At the New York Times

Health | Personal Health

Attacking the Obesity Epidemic by First Figuring Out Its Cause

By JANE E. BRODY SEPT. 12, 2011

If you have gained a lot of unwanted pounds at any time during the last 30-odd years, you may be relieved to know that you are probably not to blame. At least not entirely.

Many environmental forces, from economic interests of the food and beverage industries to the way our cities and towns are built, have conspired to subvert the body’s natural ability to match calories in with calories out.

And the solution to the nation’s most pressing health problem — the ever-rising epidemic of overweight and obesity at all ages — lies in the answer to this question: Why did this happen in the first place?

That is the conclusion of an impressive team of experts who spent the last two years examining obesity-promoting forces globally. They recently published their findings online in a series of reports in The Lancet.

But as has happened with smoking, it will take many years, a slew of different tactics and the political will to overcome powerful lobbying by culpable industries to turn the problem around and begin to bring the prevalence of overweight and obesity back to the levels of the 1970s.

What Changed?

When I was growing up in the 1940s and ’50s, I had to walk or bike many blocks to buy an ice cream cone. There were no vending machines dispensing candy and soda, and no fast-food emporiums or shopping malls with food courts. Nor were we constantly bombarded with televised commercials for prepared foods and drinks laden with calories of fats and sugars.

Yes, we kids had our milk and cookies after school, but then we went out to run around and play until dark. Television watching (through my father’s business, my family acquired an early TV with a seven-inch screen) was mostly a weekend family affair, not a nightly ritual with constant noshing.

Most meals were prepared and eaten at home, even when both parents worked (as mine did). Eating out was a special event. “Convenience” foods were canned fruits and vegetables, not frozen lasagna or Tater Tots. A typical breakfast was hot or cold cereal sweetened with raisins or fresh fruit, not a Pop-Tart, jelly doughnut or 500-calorie bagel with 200 calories of cream cheese.

Before a mass exodus to the suburbs left hordes of Americans totally car-dependent, most people lived in cities and towns where feet served as a main means of transportation.
Since 1900, the energy requirements for daily life have decreased substantially with the advent of labor-saving devices and automobiles, yet American weights remained stable until the 1970s. Dr. Boyd A. Swinburn, an obesity researcher at Deakin University in Melbourne, Australia, and his co-authors in one Lancet paper call that decade the “tipping point.”

As more women entered the work force, the food industry, noting a growing new market, mass-produced convenience foods with palate appeal. The foods were rich in sugar, salt and fat, substances that humans are evolutionarily programmed to crave.

“Women were spending a lot less time on food preparation, but the industry figured out ways to make food more readily available for everybody,” Steven L. Gortmaker, a sociologist at the Harvard School of Public Health, said in an interview. “The industry made it easier for people to consume more calories throughout the day.”

As Dr. Swinburn and his co-authors wrote, “The 1970s saw a striking rise in the quantity of refined carbohydrates and fats in the U.S. food supply, which was paralleled by a sharp increase in the available calories and the onset of the obesity epidemic. Energy intake rose because of environmental push factors, i.e., increasingly available, cheap, tasty, highly promoted obesogenic foods.”

During a morning run in Ohio some years ago, I passed five fast-food and family restaurants in one long block, including one that advertised a “Texas-size breakfast” of three scrambled eggs, two fried potato cakes, a buttered croissant and a choice of three sausage links, three ounces of ham or four strips of bacon — enough to produce a Texas-size heart attack, and for $1.99. Americans are not known for resisting such temptations, especially if money is tight.

The Lancet authors reported that to bring the weights of Americans back to 1978 levels, steep reductions in caloric intake are needed: about 240 calories a day less for the average person and double that amount for obese adults, whose body mass index is 35 or higher.

**The Well Newsletter**

Get the best of Well, with the latest on health, fitness and nutrition, delivered to your inbox every week.

You will receive emails containing news content, updates and promotions from The New York Times. You may opt-out at any time.
‘Systems Approach’ Needed

Several coordinated, complementary policies are needed to turn the epidemic around, Dr. Gortmaker and his co-authors wrote in one report. He pointed out that four interventions worked together to drive smoking rates down to 20 percent from 40 percent.

First, tobacco advertising was banned from television. Then tobacco taxes were increased, the nicotine patch became available and smoking was banned in more and more public places.

Just as the decline in smoking did not happen overnight, a reduction in the rates of overweight and obesity will take a while, Dr. Gortmaker said. He emphasized the importance of taking action immediately, before the increase in life expectancy that Americans have enjoyed is reversed by obesity-caused diseases.

He and his co-authors listed three of the most cost-saving and health-saving measures: a 10 percent tax on unhealthy foods and drinks (like sugar-sweetened beverages, a proposal defeated in New York State by industry pressure); more obvious nutrition labeling of packaged foods, like a red, yellow or green traffic light on package fronts; and reduced advertising of “junk foods and beverages to children.”

“Marketing of food and beverages is associated with increasing obesity rates and is especially effective among children,” they wrote. Dr. Gortmaker pointed out that “very few children are born obese,” but most American children grow up in an obesogenic environment. For those who become obese by age 10 or 11, he and his co-authors said, family-based programs are needed to keep overweight from carrying over into adulthood. (In Scotland recently, authorities went so far as to remove two children from a family that had failed to control the youngsters’ girth.)

“Children aged 2 to 19 consume seven trillion calories of sugar-sweetened beverages a year. It’s a $24 billion industry just for kids alone,” Dr. Gortmaker said.

He called a tax on sugared drinks a “no-brainer,” noting that it could raise billions of dollars a year for cash-starved states. California, for example, could bring in $1.5 billion a year with a 1-cent-per-ounce excise tax on sugar-sweetened drinks, he said.

But Dr. Gortmaker and his co-authors noted, “Almost all food policies recommended as priority actions, including front-of-pack traffic light labeling, have been heavily contested by the food industry.” Although there has been some reduction in unhealthy food advertisements on children’s television, the decline has been minimal.

Also needed — and less controversial — are school-based programs to encourage healthier eating and exercise habits and to reduce television watching, the authors said. Schools that introduce healthful foods in the classroom have shown that they are more likely to be eaten in the lunchroom and at home.

Of course, the rising overweight and obesity rate is not just an American problem. The effect is being seen globally, even in low- and middle-income countries. This month the United Nations General Assembly will focus on noncommunicable diseases, with the “wicked problem” (as Brian Head, a social scientist at the University of Queensland in Australia, put it) of the global obesity epidemic
front and center.

A version of this article appears in print on September 13, 2011, on Page D7 of the New York edition with the headline: Attacking the Obesity Epidemic by First Figuring Out Its Cause.