



# POLICY BRIEF

The Massachusetts Health Policy Forum

*Findings from the Forum on Overweight and Obesity in Massachusetts: Epidemic, Hype or Policy Opportunity? Sponsored by the Massachusetts Health Policy Forum, January 2007.*

## Overweight and Obesity in Massachusetts: Epidemic, Hype or Policy Opportunity?

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### Introduction

It is clear that overweight and obesity are on the rise in Massachusetts and around the nation. It is not so clear however, what policy solutions would be most effective in addressing what some have termed an “epidemic.” On January 23<sup>rd</sup>, the *Massachusetts Health Policy Forum* hosted a panel discussion entitled *Overweight and Obesity in Massachusetts: Epidemic, Hype or Policy Opportunity?* Some important findings from that event are discussed in this *Policy Brief*.

In 2005, more than 56 percent of Massachusetts adults were overweight, a 40 percent increase from rates reported in 1990. Overall, nearly 21 percent of Massachusetts adults are obese. Overweight and obesity are associated with significant social and economic costs and consequences. The causes of obesity are complex: people are eating out more; portion sizes are larger; high calorie/high fat foods are widely available and less expensive than healthy alternatives; unhealthy foods and beverages are aggressively advertised; generally people do not engage in adequate physical activity; and education aimed at reducing food consumption and increasing exercise is largely ineffective.

Policy solutions need to be more far-reaching than simply telling people to eat less and exercise more. Healthy foods and opportunities to engage in physical activity need to become the “default.”

“Overweight and obesity have increased among all racial and ethnic groups and for people of all socio-economic status.”

Children who are given healthy choices at school lunch will eat better. Wider availability of sidewalks and safe spaces will encourage adults and children to walk and bicycle. Truth in advertising that includes nutritional information on take-out foods and restaurant menus will help people to make better food selections.

At the same time, it is counter-productive to stigmatize people who are overweight or obese. The classification of overweight and obese are constructs of a height and weight measurement known as the “body mass index,” which is imprecise and often confusing.<sup>1</sup> America’s obsession with weight can be damaging, particularly since the poor and some minorities are more likely to be overweight and obese. The goal for policy, then, should be to create environments in which everyone has the opportunity and ability to make healthy choices.

## Who is Affected by Overweight and Obesity?

Overweight and obesity have increased among all racial and ethnic groups and for people of all socio-economic status. However, there are some important differences between groups. Men are more likely than women to be overweight and obese, and adults aged 45 – 54 years are most likely to be overweight and obese. Among minority populations, the problem is even more severe than it is for whites. Both Blacks and Hispanics are more likely to be both overweight and obese, whereas Asians are the least likely to be overweight or obese. Rates of obesity are higher among low-income and less educated populations.<sup>2</sup>

Although Massachusetts rates of overweight and obesity are substantially lower than the national average, trends are similar to states with the highest rates of obesity according to Dr. Elizabeth Goodman,

<sup>1,2</sup> Go to <http://masshealthpolicyforum.brandeis.edu/forumdocs/30-Jan07/IssueBrief30.pdf> for further explanation.

Director of the Child and Adolescent Obesity Program, Tufts-New England Medical Center and the Floating Hospital for Children. For example, obesity rates have doubled in Massachusetts, which has the second to lowest rate of obesity among all 50 states *and* in Mississippi, which has the highest rate of obesity in the nation.

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### What Are the Causes of Overweight and Obesity?

Obesity is part of larger social, geographic, political and economic issues, influenced by, not only individual biology and behavior, but also community characteristics, state laws and regulations, as well as federal policies. For example, federal agricultural policy influences the cost and accessibility of certain foods. Heavy subsidies for corn, soy and wheat result in wide availability of cheap, energy-dense foods of low nutritional quality. On the other hand, healthy foods that are not subsidized are more costly and not as widely available, particularly in poor neighborhoods.

Dr. Brownell, Professor and Director of the Rudd Center for Food Policy and Obesity at Yale University, and author of “Food Fight: The Inside Story of the Food Industry, America’s Obesity Crisis, and What We Can Do About It,” points out that overall Americans are not eating healthy diets and do not engage in adequate physical activity. In an effort to illustrate how availability of unhealthy foods impacts eating preferences, Dr. Brownell presented data suggesting that when mice diets are changed from nutritionally balanced mouse chow to highly processed, high fat, high sugar foods, they not only preferentially eat those foods, but they eat more of them, gaining a significant amount of weight.

Furthermore, the food industry has a tremendous impact on public knowledge about nutrition. This is vividly illustrated by comparing public versus private budgets to promote a single food message: in one year The National Cancer Institute, with a budget of \$3 million, attempted to promote the “5-a-day” campaign to



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increase consumption of fruits and vegetables, whereas a large fast food company spent \$500 million promoting the message “We love to see you smile.”

In a discouraging exercise conducted by Dr. Brownell, few people present at the forum could name the U.S. Dietary Guidelines, but most people recognized commercial phrases advertising unhealthy food products (i.e. “...they’re grrrrreat!”). Not only is the food industry winning the “food fight,” but public health efforts to promote exercise have failed too. Therefore the default, according to Dr. Brownell, is to eat unhealthy foods in an environment not conducive to exercise. All of these forces impact overweight and obesity, either directly or indirectly, creating what Dr. Brownell refers to as a “toxic environment.”

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### **Costs and Consequences**

The costs and consequences of overweight and obesity are significant. As Dr. Goodman

outlined, roughly 112,000 deaths annually have been attributed to obesity. Among overweight and obese individuals, health care costs are 25% – 27% higher than for those who are normal weight. The direct costs for obesity related medical expenditures in Massachusetts are estimated at around \$1.8 billion, or nearly five percent of all medical expenditures in the state. Nationally, the health care costs associated with obesity and overweight are around \$78 billion annually, more than five percent of all health care expenditures.<sup>3</sup> There are also significant personal and emotional costs associated with overweight and obesity.

Mr. Campos, J.D., Professor of Law at the University of Colorado, and author of “The Obesity Myth,” believes the costs and consequences of overweight and obesity are greatly exaggerated. Overweight and obesity in and of themselves are not diseases but rather normal human variations of body size. This is particularly true for those who find themselves in the

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<sup>3</sup> Go to [www.masshealthpolicyforum.brandeis.edu/forumdocs/30-Jan07/IssueBrief30.pdf](http://www.masshealthpolicyforum.brandeis.edu/forumdocs/30-Jan07/IssueBrief30.pdf) for further explanation.

“overweight” category, with a BMI of 25-30. Mr. Campos supported this claim by presenting data from several epidemiological studies that showed the lowest mortality among men categorized as “overweight.” People who were morbidly obese had higher mortality rates, as did very thin people (e.g., BMI <20).

Furthermore, weight cycling (i.e., gaining, losing and then gaining weight again) may actually *increase* mortality risk, even more than maintaining a high BMI. As Campos pointed out, since “...we have not figured out how to turn fat people into thin people” it is not possible to know what effect weight loss will have on people’s overall health. Therefore, focusing primarily on weight loss could be the wrong public health message.

The most hurtful aspect of overweight and obesity may be the stigma attached. Viewing obesity as a disease can be damaging to those who are already stigmatized, according to Mr. Campos, since obesity rates are higher among those of lower socio-economic status

and among African American women. Furthermore, an inappropriate focus on overweight children could be socially damaging in a world that values thin.

While both Mr. Campos and Dr. Brownell agree that the stigma attached to overweight and obesity can be harmful and counterproductive, Dr. Brownell, who is in agreement with others in this area, cautions that Americans are not eating well and that policies should be implemented at the local, state and national levels to curb rising obesity rates. It is possible to reduce obesity rates without attaching stigma, he says, in the same way that the prevalence of HIV can be reduced without stigmatizing the disease itself.



Dr. Kelly Brownell:  
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### What Are Some Policy Solutions to Curb the Obesity “Epidemic”?

Public health efforts to date have focused primarily on individual behavior, encouraging better eating habits and more exercise. But these approaches have largely failed, in part be-





Dean Eileen Kennedy: “Seatbelt laws and tobacco legislation addressed one single behavior that was relatively easy to monitor. Meaningful legislation to curb rising obesity rates would need to be significantly more far-reaching.”

cause they do not address the larger environmental causes of obesity. Aggressive advertising and wide availability of unhealthy foods, lower subsidies for healthy foods as well as inadequate promotion of healthy foods, all contribute to the toxic environment, according to Dr. Brownell. In addition, focusing on weight loss alone does not necessarily improve health, and the stigma attached to overweight and obesity can be damaging. On these points, Campos, Brownell and Goodman are all in agreement.

Dr. Brownell believes that solutions need to be multifaceted and include changes at the national, state and local levels. Dr. Kennedy, Dean of the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, Tufts University agrees that a comprehensive approach is essential. Seatbelt laws and tobacco legislation addressed one single behavior that was relatively easy to monitor. Meaningful legislation to curb rising obesity rates would need to be significantly more far-reaching.

Federal policies, according to Dr. Brownell, should include marketing regulations and improved agricultural policies that encourage people to make healthy, rather than unhealthy, food choices. However, broad policy changes at the national level are unlikely because of restricted budgets, lack of political consensus and the opposition of industry. It is most likely that states will take the lead implementing policies to curb rising obesity rates.

At the state and local levels, Dr. Brownell recommends that policies should include regulating school food environments, banning trans fats and requiring nutritional labeling in fast food restaurants, zoning changes and tax incentives that bring food stores into poor neighborhoods. Initiatives by states and communities could also include creating and improving safe spaces that promote physical activity.

In Massachusetts, Representative Koutoujian introduced two pieces of legislation in the 2007 – 2008 session that mandate specific public school nutrition

requirements and that would eliminate advertising on public school property. Also in this legislative session, Senator Moore introduced a bill that would require certification of public school food service directors, public school nurses and that would also mandate specific nutrition requirements in public schools.

Much of the legislation in states has focused on changing public school food and exercise policies, even though it is mostly adults who are obese. Dr. Goodman suggests that it is easier to change school policies for children than it is to legislate changes for fellow adults. One advantage of targeting children is that healthy behaviors learned in childhood are more likely to carry over into adulthood, making the investment in prevention worthwhile. The challenge for legislators and policymakers is to change the default to a healthy one. In addition to providing individual education and regulating food and exercise in the school setting, broader reforms are needed. Real change requires that the environment be

altered in a way that promotes good health.

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## Conclusion

The multiple perspectives offered at this forum add new insight into the problem and provide direction for legislators. There are many behaviors, beliefs, attitudes and environmental forces that contribute to rising rates of obesity. Simply losing weight is not enough to guarantee good health, despite what the \$50 billion-a-year diet industry promotes. Thin people should also eat well and exercise. Overweight individuals can be healthy if they eat right and engage in physical activity. If obesity is not a disease, but a risk factor for disease, then focusing solely on obesity may be counterproductive. Furthermore, the stigma attached to the term may harm overweight people, who are more likely to be poor or minority. But as long as unhealthy, cheap, calorie-dense, good tasting foods are the most heavily subsidized,

"The challenge for legislators and policymakers is to change the default to a healthy one."

advertised, and most easily accessible, and so long as safe spaces for exercise are not widely available, then the default will not be a healthy one.

The challenge, then, is to create healthy defaults, build environments that are good for adults and children alike and that promote healthy behaviors. In Massachusetts, change could begin by creating healthy school environments that provide children with nutritious foods and encourage physical activity. Outside of the school setting, policies that provide more and better health information about food choices, encourage consumption of locally grown produce, and discourage consumption of less nutritious, high fat, high calorie options should be considered. Equally important are policies that create safe spaces in all neighborhoods and promote walking and physical activity as a part of everyday life.

Such efforts to reshape communities and make healthier living the default will take forethought and planning. The insight and multiple perspectives offered at this Forum provide legislators and policymakers with a framework to build healthier communities and, in the process, reduce overweight and obesity in Massachusetts. ~

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*For additional information about the problem of obesity and overweight in Massachusetts, please see our issue brief at <http://masshealthpolicyforum.brandeis.edu>*

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## References

<sup>1</sup> Center for Health Information, Statistics, Research, and Evaluation. *A Profile of Health Among Massachusetts Adults, 2005; Results from the Behavioral Risk Factor Surveillance System*. Massachusetts Department of Public Health; 2006.



## The Massachusetts Health Policy Forum

*A copy of the Issue Brief prepared for this event can be found on the MHPF website:  
<http://www.masshealthpolicyforum.brandeis.edu>. Desktop publishing by Lisa Andersen.*

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