

Sizing Up America

Public Policy Deliberation Guide



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How Was This Guide Developed?

Some 655 members of the American Association of Family & Consumer Sciences (AAFCS) responded to a survey to determine if they believe that obesity is a problem, to obtain insights regarding the cause of the problem and to solicit ideas regarding what should be done to address this problem.

Survey respondents overwhelmingly expressed grave concern for the obesity epidemic facing our country. They offered a variety of suggested solutions for the problem that have implications for public policies that might be implemented to address this complex and challenging social problem. Based on AAFCS member responses, a draft deliberation guide was developed that included three possible public policy directions for addressing the obesity issue.

The initial guide was distributed to over 900 participants of an Obesity Summit conducted during the 2005 AAFCS Annual Meeting. Participants were asked to carefully consider the policy choices presented in the draft guide, provide thoughts to enhance the three approaches presented, and to suggest other public policy choices that should be considered. The wealth of input provided by those participants was used to revise this deliberation guide.



How Will The Deliberation Guide Be Used?

The *Sizing Up America: Public Policy Deliberation Guide* will be used to conduct deliberative forums across the United States. These forums are designed to discover common ground on the issue of obesity.

The prerequisite to any legitimate public action is to base action on the public voice--judgments people make about the purposes and directions of their communities, states, and the nation. The public voice is obtained by carefully considering what people think about a given issue and further, what they want to do to address it with any local, state, or national action or policy. Moving citizens to common ground often requires a positive catalyst.

A deliberative guide does not provide answers to challenging questions related to social problems but does provide a framework to help people thoughtfully and carefully consider a variety of policy directions designed to address the problem. It assists the public in coming to thoughtful judgment about what should be done about a challenging social issue.

Public deliberation is a means for citizens to make tough choices about the basic purpose and direction for their communities and country—a way of reasoning and talking together. It is neither a partisan argument where opposing sides try to win, nor a casual conversation conducted with polite civility.

Deliberative forums provide a safe non-partisan venue for citizens to struggle with challenging issues facing their communities and nation. These forums are based on the idea that in a democracy citizens have a responsibility to get together to talk through their common concerns, to weigh possible alternative actions to address these problems and eventually send signals to officeholders and others about the desired direction for public action. This is how a public puts its social capital to work.

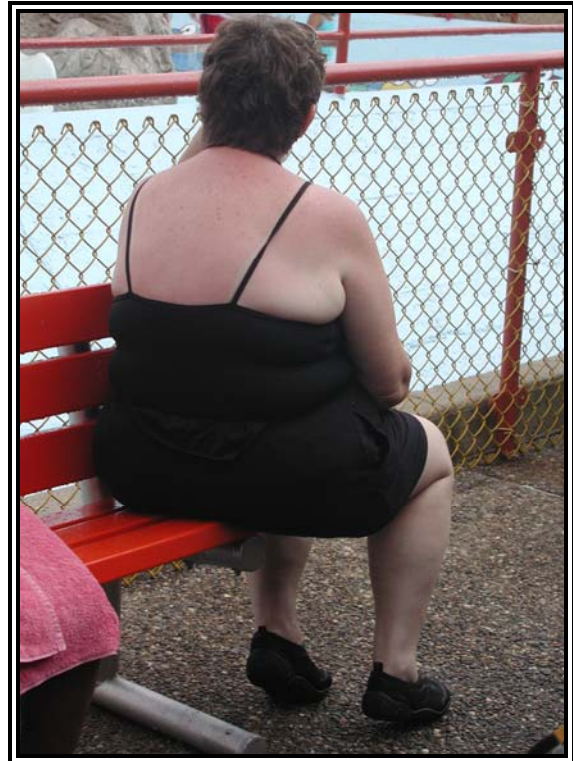
Deliberative action occurs when participants gain a sense of what steps may be taken on an issue as a result of the forum. Many “products” or actions can result from forums; some can be readily observed and many cannot.

Deliberation is a long-term investment, not a “quick fix.” The process is not linear or orderly. Many things can be happening simultaneously.

There is no “right” path or action resulting from the deliberative process.

As a result of participating in deliberative forums, individuals might:

- Make personal use of ideas generated during the forum.
- Adopt the deliberative process in other areas of life.
- Work to articulate the public voice on the problem and distribute this information to the wider community including public decision makers; or
- Make a commitment to act together with other citizens or groups.



Sizing Up America: Public Policy Deliberation Guide

Sixty-five percent of U. S. adults are either overweight or obese (CDC). Among children; 15% are overweight (Hedley). Being overweight means that a person has a body mass index of 25 or more, while a person who is obese has a body mass index of 30 or more.



Introduction

Just turn on the television or radio or look at a newspaper or magazine and you will be sure to find something about obesity and Americans' struggle with being overweight. In 2002, our national obesity epidemic linked to diabetes, heart disease and other conditions accounted for an estimated annual U. S. medical expenditure of \$93 billion. The economic cost of obesity to business, including health, life and disability insurance and paid sick leave by private sector firms was estimated to be at least \$15.4 billion (DHHS).

Addressing both of these situations presents serious and challenging public policy questions.

According to the authors of the book *Generation Extra Large*, "In this as in so many global trends, the United States...the country behind such innovations as chili dogs, cheese stuffed pizza crusts and sixty-four ounce servings of soda...is leading the way." Although genetic influences may be a factor in childhood obesity, environmental factors and behaviors may greatly increase the risk for experiencing obesity and its negative impacts or outcomes.

Yes, busy families may consume more fast food and take-out, and fewer home cooked meals. It doesn't help that the advertising industry is aiming some 40,000 ads toward us and our children. Kids see about 11 food commercials per hour of TV and advertisers sure aren't marketing for the hottest new apples or carrot sticks. United States Department of Agriculture (USDA) spent \$1million (1999) in advertising while McDonalds spent \$572 million and Burger King spent \$407 million (1998). Our school lunches are heavy on pizza, burritos, French fries and the vending machines (which are big business) are filled with candy and soda. "Super sizing" or "value marketing" has not helped.

Poverty can be especially conducive to obesity. Low-income parents stretch their food dollars by choosing high-density foods that tend to be fattening, and fresh fruits and vegetables may not be readily available or affordable in low-income neighborhoods.

The obesity epidemic is not just a U. S. problem. Obesity has created a "double burden" of disease in many parts of the developing world still struggling to overcome undernutrition and its consequences for future generations. Childhood and adolescent overweight and obesity already present massive problems in many parts of the developing world, which are already on the fast track to a massive explosion in type 2 diabetes. The economic burden from an obese and overweight population will act as a brake on development, which depends on having a healthy and productive workforce.

In 2005, the New England Journal of Medicine reported the average life expectancy of today's adults, roughly 77 years, is at least *four to nine months shorter than it would be if there was no obesity*. That means that obesity is already shortening average life spans by a greater rate than accidents, homicides and suicides combined. Olshansky et al. (2005) says that because of obesity, the children of today could wind up living two to five years less than they otherwise would, a negative effect on life span that could be greater than that caused by cancer or coronary heart disease. "Obesity is such that this generation of children could be the first basically in the history of the United States to live less healthful and shorter lives than their parents," according to Dr. David S. Ludwig, director of the obesity program at Children's Hospital Boston.

Drug makers seem to be in a race to "cash in" on the obesity epidemic. Some drug makers say they are tackling fat in response to public health warnings of a national obesity epidemic, however, many drug industry analysts see a potentially even bigger market if such a weight-loss drug also catches on among the more than 60 percent of adults in this country who are categorized as overweight. Industry forecasters say that an effective weight-loss drug could have annual sales far surpassing the current best-selling drug, the cholesterol treatment Lipitor, which reached \$12 billion last year. This is especially relevant now that Medicare says it will pay for "effective" obesity treatments.

There does seem to be some political recognition of the problem. In 2005, Iowa Senator, Tom Harkin, secured funds for a landmark report, "Preventing Childhood Obesity: Health in the Balance." The report calls for a major comprehensive plan to address the emerging childhood obesity epidemic. Harkin plans to reintroduce the Healthy Lifestyles and Prevention (HeLP) American Act to comprehensively promote healthy lifestyles and prevent chronic disease. In 2005, former President Clinton and the American Heart Association have announced a new joint initiative to tackle childhood obesity by targeting areas with potential for reversing rising

rates of childhood obesity in the United States. The Administration on Aging has been promoting good nutrition and activity for older Americans. Even USDA is looking at putting a physician in a food safety post.

With all the negative effects of being overweight or obese, is there hope that we can turn this trend around?

Maria Golan, a nutritionist at the School of Nutritional Sciences at the Hebrew University of Jerusalem, believes that "even in the face of all the unhealthy influences in the world, parents have an astonishing power to shape their kids eating habits." Community pressures can help schools take responsibility for providing nutritious food and an environment where healthy choices are possible.

What can we, as concerned citizens, do personally, as a community, and as a nation, to fight this debilitating epidemic?



Possible Approaches to the Issue

This guide presents three approaches to address the obesity/overweight issue.

Approach One Prevent the Obesity Epidemic

Supporters of this approach indicate that all sectors of our country have a vital role to play in helping the general public, parents, and young people avoid becoming overweight and obese. Further, they argue that public schools, government and individual communities must work to help people manage their weight before a problem occurs. We need to work with children at an early age about healthy food choices and, which needs to be part of the school curriculum from K-12.

What can be done?

- Provide educational programs for the general public.
- Require nutrition education in public schools.
- Increase consumer awareness of nutritional content of foods.
- Implement government policies to promote health.
- Make physical education mandatory in schools.

Concerns about this approach:

- Educational programs aimed at the general public are costly and not effective.
- Schools can't teach the subjects they need to teach now. There is no time to teach additional subjects.
- Issues related to nutrition and health should be taught at home.
- People may feel as though they are being given too much education about healthy eating and feel like they are being told what to eat, how much to exercise, and how to live life.
- We don't have enough qualified nutrition instructors to educate our children let alone the public.

Likely Trade-offs:

- I support spending time and money on education to prevent obesity even if this action takes time and money away from basic education such as math, science and English.
- We should invest in education to prevent obesity even if it has a limited success rate.



Approach Two Change Our Lifestyle

Many contend that our lives are out of control! Stress is causing many of the problems we are seeing in youth and adults such as alcohol and drug addiction and yes, over-eating and lack of exercise. Concerned citizens, both lay and professional, point to dependence on motorized transportation, long work days, people too busy with activities, lack of commitment to healthy living, sedentary lifestyles and the use of food to meet psychological need as the causes for our overweight country. Supporters of this approach argue the only way to correct the problem is to change our lifestyles and address these problems.

What can be done?

- Support community groups that promote exercise and healthy eating.
- Create an interactive web-site so people can help each other. Each one teaches one.
- Reduce lifestyle stress.
- Improve exercise habits.

- Offer healthier options, put nutritional values of food on menus and serve smaller portion sizes in restaurants.
- Eliminate advertising for non-nutritious foods and increase advertising for healthy living.

Concerns about this approach:

- Many kids won't get parental support to stick with a healthy lifestyle program.
- Our country is based on free choice... advertisers have to make a living also.
- Do you invade people's rights to make their own lifestyle choices when you tell them they shouldn't be overweight or obese?
- Not everyone can afford fresh fruits and vegetables and other foods that would help them eat healthier because they just don't have the money.

Likely Tradeoffs:

- I am willing to allow government to provide guidance on weight even if I give up some freedom.
- I support the efforts of business and industry to improve health through lifestyle changes even if this means passing on the costs to consumers.



**Approach Three
Protect Your Pocketbook**

The World Bank's Worldwatch Institute has estimated the cost of obesity in the U. S. at 12 percent of the national health care budget. Six years ago that was \$102.2 billion dollars, so one can imagine what it would be today. The obesity epidemic equates to millions of dollars being spent on health care, worker compensation, fast food, etc. It's time we started giving monetary incentives to people who ARE healthy!

What can be done?

- Hold people accountable for their lifestyle choices, increasing insurance premiums and costs for health care for those considered obese.
- Give health care premium incentives for being healthy and not obese.
- Have work place incentives for exercising and living healthy.
- Offer grants for walkable, healthy lifestyle communities.
- Fund government research on obesity.
- Fund government parks and public exercise areas.

Concerns about this approach:

- You discriminate against overweight people if you raise insurance costs.
- Why doesn't government spend more money to cure cancer and AIDS...forget obese people.
- You discriminate against overweight people if you raise insurance costs.
- Government should not be involved in telling people what to eat...it's my choice.
- The drug companies will be the ones to "cash in" on the obesity epidemic with their pills for weight loss.
- Who determines who gets paid what for being "healthy"...and what is the definition of healthy?

Likely Tradeoffs:

- Support rewards for healthy lifestyle choices such as reduced health care premiums even if taxes increase to subsidize the health care industry.
- Spend money on obesity research even if we take money away from other life-threatening diseases.

Recommended Reading:

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For additional policy materials see:

Tool Kit on Trends and Policy Solutions for Adult Obesity and Youth Obesity
<http://www.healthystates.csg.org/Public+Health+Issues/Nutrition+and+Physical+Activity/Obesity+Resources.htm>

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Copies of this guidebook and accompanying forum guide are available at www.aafcs.org



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