Special report:  
Obesity

Government intervention

The nanny state’s biggest test

Should governments make their citizens exercise more and eat less?

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NEW YORK has been at the forefront of the battle of the bulge. Its mayor, Michael Bloomberg, thinks he knows best, and he is rich enough not to care if others disagree. He did encounter vocal opposition when he proposed last summer to ban the sale of giant containers of sugary drinks. In a hearing conducted by New York City’s Board of Health, Marty Markowitz, the borough president of Brooklyn, testified against Mr Bloomberg’s plan. “I’m overweight not because I drink Big Gulp sodas, but frankly because I eat too much pasta, pastrami sandwiches, pizza, bagels with cream cheese and lox, red velvet cake and cheesecake, don’t exercise as much as I should, and my genes are working against me. I was an overweight kid and I’m an overweight adult.”

He proceeded to supply an update to John Stuart Mill, a 19th-century philosopher who wrote about the limits of state intervention. Government, said Mr Markowitz, “can educate, inform, advocate and inspire, but should not be the final decision-maker when it comes down to what is best for me.” There was uproar, but the Board of Health approved Mr Bloomberg’s ban. It will take effect in March unless the courts stop it.

Politicians around the world are faced with the same questions as Mr Bloomberg. How can governments get citizens to take in fewer calories and exercise more? Should they even try? In the past governments have concentrated mainly on treating diseases rather than preventing them. But as the world grows older and rounder, chronic disease has attracted new attention.
Ageing may be inevitable but obesity can be prevented, and changes in behaviour can make older people healthier. Last year the United Nations devoted an entire meeting of its General Assembly to chronic disease, including those brought on by obesity. But there was confusion over what the state can or should do. The WHO has since set a target to reduce deaths from chronic disease by 25% by 2025. Governments now have to find ways of meeting that goal.

“The approach politicians favour is to nudge citizens into healthy behaviour by making it easier than the alternative”

Some think that governments have no business telling people what to eat and how to move. Those who overeat, like Mr Markowitz, take pleasure from it. According to Mill, “over himself, over his body and mind, the individual is sovereign.” But Mill allowed for state intervention when an individual’s actions might harm others. The more each person eats, particularly meat, the greater the pressure on food supplies. And as overweight children turn into fat adults, military strategists already worry about the health of future soldiers and employers gripe about productivity.

The biggest costs fall on health care. Estimates vary widely, but America’s Institute of Medicine reckons that Americans spend between $150 billion and $190 billion a year on obesity-related illnesses. Health-care costs for obese patients are about 40% higher than for those of normal weight. That has made many governments more inclined to act. But what can they do?

The obvious model is the battle against smoking, which at least in rich countries has been wildly successful. The campaign started in the 1960s, mostly with efforts to educate people about the dangers. In the 1970s the argument for stopping was strengthened by evidence that cigarettes might harm bystanders. Stronger measures followed, including bans on cigarette advertising, tax hikes and restrictions on where smokers can light up. Where such policies have been adopted, smoking rates have dived.

But obesity is much harder to fight than smoking, and the food industry finds it easier to resist regulation. It is three times the size of the tobacco industry. A cigarette has no place in a healthy lifestyle, but junk food, enjoyed in moderation, can still play a part in a varied diet.

Perhaps most important, stopping smoking requires individuals to do only one thing: resist lighting up. Yet someone who wants to slim down must change a broader set of habits, including doing more exercise, eating less and choosing different foods. Someone who has quit smoking need never pick up a cigarette again, but someone who is trying to lose weight will be tempted to overeat at each meal. “The difference with the obesity epidemic”, says Dr Swinburn of Deakin University, “is there is no single policy recommendation that can tell me how I should behave.”
So governments are trying various tactics. One is to punish the obese for their excessive girth. In an attempt to bring down health-care costs, Japanese employers, for example, must provide waist measurements for all 40-74-year-olds. If they do not reduce the number of fat workers on their payroll, they may get fined. Only in a skinny country could such a scheme become law. But American companies are already adopting measures that point in the same direction, and the government is encouraging them. For example, Safeway, a big grocery company, gives employees who are not overweight a discount on their health insurance.

However, Kevin Volpp of the University of Pennsylvania advises caution. A crudely designed penalty will do little to change behaviour. What works best is frequent prompts, not once-a-year punishment. And strict penalties assume that obesity is due to lack of willpower, when research suggests it has as much to do with biology and socio-economic conditions.

The approach politicians favour is to nudge citizens into healthy behaviour by making it easier than the alternative. “Soft paternalism” is increasingly in vogue in all areas of government. Barack Obama’s regulatory tsar in his first term, Cass Sunstein, wrote a book about it (“Nudge”, with Richard Thaler). Britain’s prime minister, David Cameron, has set up a “Behavioural Insight Team” or “nudge unit” to suggest strategies for tackling social problems. Nudging holds particular promise for fighting obesity. The idea is to provide small impulses so that health becomes the obvious choice. Some companies are already trying to do this (see box at the end of this section). Governments have to find policies that are strong enough to work well but subtle enough not to get up people’s noses.

Encouraging exercise is one of them. For example, Abu Dhabi, as part of a broader push for better health, has introduced new urban-planning rules to slow traffic and make pavements more appealing for pedestrians. Britain launched a series of exercise programmes tied to the Olympics. The world’s most ambitious plan to boost exercise is under way in Brazil. On any given morning in Belo Horizonte a group of women run around a basketball court and lift makeshift sets of weights in a “health academy”. By 2015 such free exercise classes will be available in 4,000 sites across the country.

For Ronilda Cristina De Jesus, aged 41, the health academy in Belo Horizonte has had a dramatic impact. Still catching her breath from class, she says she has always been heavy. Her blood pressure got very high and her glucose levels were out of control. “My doctor said, ‘if you don’t do anything, you’ll die’.” So she started taking proper medication, trying to eat smaller portions and coming to the health academy three times a week. She is still severely overweight but has lost 17.5kg. “I know I have a long way to go,” she says proudly, “but I feel like it’s a victory.”

Physical activity helps to lower the risk of a wide range of ailments, including heart disease,
diabetes, breast cancer and depression. But academics remain sceptical that exercise alone can reverse obesity trends, despite some success stories, because the calories thus spent are often replenished by a bigger meal later, as suggested by the phrase “work up an appetite”. Exercise was once thought to speed up the metabolism, causing more calories to be burned all round. Sadly research suggests that it does no such thing. Most experts now agree that a change in diet is the single most effective way to lose weight.

**What do you know?**

Again, governments are trying all kinds of things to persuade people to eat more healthily. Providing them with more information, as was done with smoking, would seem to be a good start. New York was the first city in America to require chain restaurants to list the number of calories per serving. Mr Obama’s new health law will extend this rule across the country. But evidence on the effect of menu labelling is mixed. One study in the *British Medical Journal* found that only 15% of customers used New York’s calorie information in making their choice, though those who did went for meals that contained, on average, 106 fewer calories than the rest.

Another study, in the *American Journal of Preventive Medicine*, compared purchases at Taco Time restaurants where calorie information was mandatory and where it was not. The menu law seemed to have no significant effect. In general, if you want to change behaviour, “information does not work, and it certainly does not work quickly,” explains Daniel Kahneman, a Nobel prize-winner and the world’s foremost expert on the subject.

Rules on marketing may not work either. In 2007 Britain became the first country to impose strict regulations on marketing junk food to children, but it did not seem to do much good. A recent paper in *PLoS One*, a scientific journal, found that the population’s exposure to junk-food advertising has increased.

Changing the food served up in school cafeterias is more promising and not too difficult to do. In Brazil at least 70% of school food has to be fresh or minimally processed. America introduced new rules for its school lunches in 2010, with detailed guidance on the amount of fat, whole grains, fruit and vegetables they should contain. Mexico has asked schools to reduce portions, cut down on fried foods and salt and eliminate sugary drinks. But schools do not always comply, says Juan Rivera of Mexico’s National Institute of Public Health.

America has the opposite problem, with strict implementation of the rules producing nonsensical results. The school nutritionist in Clinton, Mississippi, says that because of limits on fat she sometimes adds a cookie to meet the minimum calorie content for the day. Students in Kansas protested against the lunch law by making a video called “We are hungry.” Its star
wears a T-shirt that reads “I Love Beef.”

Michelle Obama, the American president’s wife, is the world’s most prominent crusader against obesity. She supported the school-lunch law along with new dietary guidelines. But her “Let’s Move!” campaign has generally had a light touch, trying to persuade rather than regulate. Eventually her work may drive demand for healthier food. Other governments are taking a similar approach, some setting voluntary targets.

Mr Bloomberg, however, wants to move much faster. New York has brought in scores of changes to promote health. Fruit carts dot the city. New bicycle lanes have encouraged a much wider range of people to take up cycling. All this may do some good, says Thomas Farley, the city’s health commissioner; but what would make a real difference is for the government to bring down the consumption of junk food.

A stronger hand

New York’s subway riders are presented with ads that show fizzy drinks turning to lard, which may dissuade some of them from buying the next can. But the simplest—and most contentious—way to lower consumption of junk is to make it more expensive. Removing corn subsidies is a much-touted solution. However, a paper by Bradley Rickard of Cornell University argues that removing America’s subsidies for corn and soyabees would have produced only a small dip in calorie consumption.

A more effective way to raise prices would be through a tax. France taxes sugary drinks and is considering a levy on palm oil. Hungary’s exchequer penalises not only fizzy drinks but also sugary, fatty foods. But so far such measures have been ill-conceived or too timid. To have much effect, taxes of this kind must be levied at 20% or higher, according to a paper in
the *British Medical Journal*. And Denmark recently announced that it would scrap a one-year-old tax on saturated fat and a planned tax on sugar. The fat tax had resulted in corporate grumbles and fatty shopping sprees abroad.

Mr Bloomberg tried to introduce a heavy tax on soda, but it failed in New York’s state legislature. Since then he has become the first politician to try to limit the size of sugary drinks on sale. He argues that people who want more than 16 fluid ounces (473 millilitres) of soda can simply buy two bottles. Not surprisingly, the fast-food chains are not happy. “I think that is the absolutely wrong approach,” says Yum!’s Mr Blum, whose KFC, Pizza Hut and Taco Bell restaurants would have to scrap their bigger drinks. “It says you’re not smart enough to put in your body what you should eat.” America’s drinks lobby spent more than $2.5m crushing a soda tax in a small city in California.

It would be easier to advocate big changes if it were clear which ones are effective. In one small study, Cornell’s Dr Wansink and his colleagues examined the impact of a soda tax in Utica, New York, and found that households used to buying beer simply bought more of that. America’s NIH is funding new studies to gauge the effect of different policies. But for now politicians will continue to experiment to see what works.

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