FIVE YEARS AFTER THE US Surgeon General’s report on obesity, has the nation made a good start on confronting the epidemic?

Some nutrition advocates say that currently they are seeing the most prominent policy events on diet in living memory. In 2005, at least 42 states passed or considered some type of legislation on nutrition. In 2006, the National Governors Association had a major project on obesity that was designed to gather information from many segments of society on how states can make progress on confronting the epidemic. Numerous school districts around the country, including several in major cities, have changed their policies to help eliminate low-nutrient foods from schools, both in terms of the cafeteria at lunchtime and at other school areas and activities.

Advocates say all those changes are in stark contrast to what they see at the national level. In one example of the policy status, the per capita consumption of sweeteners that add calories increased by 43 pounds, or 39%, between the period 1950–1959 and 2000.1 The 2001 Surgeon General’s report said overweight and obesity could reverse many of the health gains of recent decades.2 But although these facts were well known, 2 years ago U.S. government officials in 2004 objected to a World Health Organization (WHO) report that said sugar should be limited to 10% of calories.3,4 At the same time, the sugar industry asked Congress to withhold funding from the World Health Organization.5

In another indication of continuing denial, the Sugar Association, as of early 2006, stated on its Web page that sugar does not cause obesity.7 Furthermore, any legislation to actually promote better nutrition is not likely to go far.

FROM THE BOTTOM UP

Conversely, Kelly Brownell, director of the Yale Center for Eating and Weight Disorders, says the new struggle against obesity is replete with decentralized activities that parallel those that led to “one of the greatest public health victories,” the drop in tobacco use. “These are happening
at state and local levels and, again, this is exactly how we made progress with tobacco, because there was so much tobacco money in Washington that it was paralyzed,” he says.

Leslie Mikkelsen, managing director of the Prevention Institute in Oakland, California, says, “There has been just a mushrooming of action of coalitions that have been formed around the country, often led by public health departments, that are really taking a look at what do we need to do in community environments to support healthier eating and activity.”

“It is the most exciting time for me as a nutritionist,” she says. She notes that, within the past 5 years, along with the growing local interest on improving nutrition, there has been a historic shift in emphasis toward changing the food environment rather than just trying to teach people to eat healthier. Tracy Orleans, senior scientist with the Robert Wood Johnson Foundation’s interest area on childhood obesity, says, “I think we have finally begun to see how powerful the environment is. And, in the absence of that understanding, I think we had overembraced, as a nation, a personal responsibility explanation for the obesity problem.” Nutritionists also stress that, to a huge extent, the efforts to reduce obesity are working hand-in-glove with movements to increase exercise, with a full recognition that nutrition and activity are the 2 sides of the obesity equation.

THE BIG PUSH IN SCHOOLS

If there is a leading focus for the antiobesity fight, it is the schools. Among the local efforts is what Orleans calls an “absolute groundswell” for the creation of a healthy food environment in schools, as well as for increased physical activity. Twenty-one states passed legislation on nutritional standards in schools in 2005 and 9 state boards of education gave school districts new rules or recommendations, according to the Health Policy Tracking Service. Leading school initiatives include setting nutritional standards, restricting sales of “competitive foods and beverages” (any food served outside the

Ricardo Hernandez, a first-grader, uses 2 potatoes to determine the right portion sizes at Britain Elementary in Irving, Texas.
something, she asserts, that industry segments who market unhealthy foods have known for a long time.

“Companies want to be in schools because they know that childhood is a time when food preferences are developing and becoming set and so they want to sell their products in schools to cultivate brand loyalty,” she says.

Among the efforts to change school policy, the most frequent, specific focus is on eliminating or cutting down on sugar-laden sodas and other sugary drinks. Those drinks, Wooten notes, have come to be the biggest source of calories in adults’ and teens’ diets. At 7% of calories total energy intake,12 she says they are “ahead of bread, rice, meat—you know—real food.” And at 140 calories or more, she says, the excess energy in 1 such drink a day per person is enough to explain the obesity epidemic.

Efforts against provision of unhealthy drinks in schools received a real boost in May 2006 when major beverage companies announced that they would stop distributing in schools, over the next several years, the most unhealthy drinks, a commitment brokered with the American Heart Association and the Clinton Foundation.13 A number of school districts are already moving to get high-calorie drinks out of their schools.

Beyond the changes to soft drink policy, there was an additional flurry of school activity in 2006 engendered by Congressional mandates. A provision in the Child Nutrition and WIC (the Special Supplemental Nutrition program for Women, Infants, and Children) Reauthorization Act of 2004 requires most school districts to develop and implement nutrition and activity policies by the school year starting in fall 2006. The mandate does not tell the districts what to put in the policies. However, the process is encouraging some important discussions, according to several advocates, and many school districts have decided to replace...
sugary drinks and junk foods with healthier options.

Alicia Moag-Stahlberg, director of Action for Healthy Kids, notes that the requirement for local policies came without funding, so resources and energy from the local communities will be needed to ensure that the documents contain realistic health-promoting goals that can be met on a sustained basis.

EFFORTS IN OTHER AREAS

Beyond the limelight of the schools, measures to push restaurants to post nutritional information on menus or menu boards were introduced in 12 states in 2005. One such measure sponsored by Arkansas Governor Mike Huckabee gives special recognition to restaurants that make improvements such as offering healthy menu options and posting nutrition information. Ten states had bills introduced that would tax soft drinks and snacks to fund nutritional efforts. A number of states have started public awareness campaigns, including a $9.6-million antiobesity initiative in New York. Five states held obesity summits in 2005.

In addition, says Mikkelsen, there has been a dramatic increase in the past few years in the work and the diversity of efforts by community groups to create access to healthy foods. Groups are working on initiatives that include setting up farmers’ markets and community gardens, finding ways to attract supermarkets to low-income urban areas, and providing support or training for small neighborhood stores or convenience markets to sell healthier foods. Activists, Mikkelsen says, are exploring ideas such as putting taxes on soda or junk foods to raise money for healthy foods or using zoning to encourage outlets with healthy foods or discourage fast-food outlets.

STILL A MULTILAYERED CRISIS

Despite these efforts, experts stress that the nation really is at the very beginning of its antiobesity work and sometimes progress is still hindered. Wootan points out that in light of well-funded, sophisticated opposition from soft drink and snack-food industries, a number of state bills on nutrition failed to pass or were significantly compromised. In order to pass legislation to cut down on junk food in schools, some states have limited the restrictions to elementary and middle schools. But, she explains, high-school students are more likely to have money to buy junk food.

Faced with ubiquitous concern about childhood obesity, many food companies are talking about self-regulation. However, in a recent scan of the children’s television network, “Nickelodeon,” the Center for Science in the Public Interest found that 88% of the food ads were for foods of poor nutritional value. Everywhere in supermarkets, complains Wootan, are products obviously marketed to children, with cartoon characters on the packages, contest offers, or free toys. Nutritionists and market analysts suspect food marketers have increased their sponsorship of sports and other physical activities, even for preschoolers, to focus more attention on the need for more exercise, and away from the problems of the food products. Brownell says, “The food industry has enormous political power. It has been successful, at least in the United States, in fighting off anything of substance that would improve the nation’s diet.”

In comparison to the limited number of state nutrition bills that have actually passed, 20 states—8 in 2005—have passed laws limiting the ability of individuals to sue restaurants or others for obesity. Other challenges are becoming apparent. Moag-Stahlberg says that even with the surprisingly fast changes in attitudes about nutrition and physical activity in schools in recent years, health advocates still have a lot to learn from educators about the other challenges schools face and how best to make improvements to promote health. In addition, there are apparently few programs focused on adults who are not low-income.

The Center for Science in the Public Interest is working toward building bipartisan support for federal legislation for changes in child nutrition, health promotion, and school lunch programs, but the organization expects strong opposition from the food and beverage industries. The center does not see a good opportunity for passing such reforms before 2008, when the federal child nutrition bills are due to be reauthorized, although Wootan asserts, “If the industry would do the right thing and agree to stop marketing and selling junk foods to kids, we could pass the bill this year.”

THE CASE FOR EFFECTIVENESS OF RESEARCH

There is also the question of how much anyone knows about the effectiveness of current efforts. “The obesity epidemic
snuck up on us. It was happening, but we were not paying it enough heed,” Orleans says. She says the Robert Wood Johnson Foundation believes, “Environment and policy interventions are critical to helping children and families achieve different dietary patterns and achieve different exercise patterns. But we have very little data at this point to guide us about what the most feasible and effective policy and environmental changes might be.”

Citing findings from a study in Science that, for adults, the increase in obesity could be caused by just 100 excess calories a day per person,16 Orleans says we know that small changes in consumption and daily physical activity could have profound impacts, but we don’t know how to make those changes on a population level.

A goal of the Robert Wood Johnson Foundation’s obesity project, says Orleans, is to put in place an evidence base that will show some of the solutions. The foundation has geared up research support to capitalize on the changes communities are making by evaluating some of the projects, emphatically stressing that the funds are for study and not implementation level.

A recent call for proposals seeks projects that identify school policies with the greatest potential.17 Some states are doing their own research: the Health Policy Tracking Service notes that, in 2005, 5 states passed laws calling for task forces or commissions to study what to do about the rising obesity rates. A total of 24 states considered such legislation, meaning there could be more such laws in the near future.8

Despite the perceived lack of action in Washington, DC, on policy, some federal agencies are taking a lead role in research. The National Institutes of Health created a taskforce in 2003 and currently has about 2 dozen calls for research on topics ranging from diet composition and energy balance to school-based interventions and the economics of diet.18 The Centers for Disease Control and Prevention (CDC) implemented a number of efforts, including conducting surveillance to assess school programs and policies. In another example, the CDC’s Steps to a Healthier US initiative awarded grants to 40 communities to take action on factors that contribute to chronic disease, including obesity. Some community efforts include safe areas to exercise, training in communities for advocacy, subsidies for startup costs for bins and coolers to store fresh fruits and vegetables in local independent groceries, and working with health care providers to target behavioral change in patients.19

In addition, in May 2006, the Department of Health and Human Services and the Federal Trade Commission outlined a number of recommendations for voluntary industry changes in food marketing and other areas to help alleviate child obesity.20

UNDERSTANDING THE WORLD WE CREATED

Beginning efforts obviously could be more effective as the web of causation becomes better understood. But several experts carefully note that the obesity phenomenon has so many overlapping and coexisting factors that it may take years to plumb. Given that no large human population has ever lived as people in industrialized countries have learned to live in recent decades, there are whole horizons of obesity-inducing factors to be encountered. For one thing, says Brownell, “It’s really only been, say, the last 50 years that food has been really abundant in the United States, and that is way too fast for human physiology to adapt.”

As one example of the myriad changes, Brownell points to the development in the 1970s of high-fructose syrup, which is cheap to use. Its use, Brownell thinks, led the industry to sweeten foods like never before, “because they can. It is inexpensive to do so and people like things when they are sweet” He is now investigating whether American foods are sweeter than comparable foods in other countries. Other scientists are researching whether sugar sets up an addictive process. A number of nutritionists say that, in contrast to earlier times, attractive, often low-nutrient food is everywhere and people often eat sweets 2 or 3 times a day.

Wootan points out that restaurants have become providers of a major portion of people’s daily intake, rather than an occasional meal out. But, she says, those establishments have not stepped up to their responsibility in that role by providing nutrition information.

Moag-Stahlberg thinks children in today’s families often have several different caregivers making choices for them during the day. Some children are choosing their own food more often and at earlier ages, many times without the parents being aware of what they are eating, she says. Children are not seeing traditional meals being organized, she says: “Everything has occurred in a slow way to take away those natural opportunities for people to learn how to feed themselves in a balanced way.”
In the face of the complexity behind the epidemic, organizations on all levels admit they are still feeling their way around. Mikkelsen says, “Probably we need a combination of strategies, so that it is really easy when someone walks out their door to access healthy options. That is what is going to start the shift in community behavior.”

But even within the community efforts, she says, people are just beginning to understand how to use levers of power to change the environment. Actually lowering obesity levels is another question.

Woodie Kessel, child health science adviser in the Department of Health and Human Services Office of Disease Prevention and Health Promotion, told the Institute of Medicine committee on childhood obesity recently that federal agencies “have moved the flag forward in at least raising the concern about what the problem is and the multiple contributing factors.” But the hard part, he says, is choosing where to put resources for “at least a reasonable return on the investment.” Jeffrey Koplan, Emory University, who chaired that Institute of Medicine panel on child obesity, says, “We have had complex public health challenges before. And what is important is to see this one not as a one-problem area. It’s not just sugar in foods, it’s not just vending machines, it’s not just too much TV. It’s a lot of factors together. And we need to address all of them consistently, persistently, and with real energy over time if we are going to sort out this challenge.”

**ACTING ON BEST-AVAILABLE EVIDENCE**

Many advocates stress that the obesity problem is so urgent that we cannot wait to act until the research is completed. The 2005 Institute of Medicine report on childhood obesity stated, “Knowing that it is impossible to produce an optimal solution a priori, we more appropriately adopt surveillance, trial, measurement, error, success, alteration, and dissemination as our course; to be embarked on immediately. Given that the health of today’s children and future generations is at stake, we must proceed with all due urgency and vigor.”

Koplan, for one, questions whether the federal establishment has yet to take the problem seriously enough to target it with the concentration of resources that can be mustered only at the federal level. At a recent Institute of Medicine committee hearing, he pressed federal health officials, noting that the nation has invested billions of dollars in preventing potential epidemics of smallpox and avian flu: “Is the department talking about a commensurate investment in something that is wreaking havoc currently, and is likely to for the next 30 years, in this country?”

**REASON FOR HOPE**

Despite the complexity of the problem, the sheer publicity may have already had an impact. A special report on sugar from the US Department of Agriculture says consumption of caloric sweeteners has leveled off since 1999, perhaps because of awareness of associated health risks or possibly the emergence of low-calorie sweeteners. Survey numbers indicate obesity and overweight levels did not increase in women between 1999 to 2000 and 2003 to 2004.

Orleans also believes there is a greater sense of urgency than in the first years of the tobacco battles, because the public understands that obesity affects children.

Koplan believes that right now the strongest aspect of the movement is simply the broad consensus that a movement is needed: “There is little debate among informed and reasonable people that the community at large that obesity (1) is a health problem and, (2) is occurring in epidemic proportions.”

Nevertheless, Koplan indicates we may be looking at a 20-year timeframe, easily: “It has taken us decades to reach the point we are at, due to changing patterns of physical activity and changes of eating. And it is going to take us at least that long to achieve a healthier lifestyle, if we work hard at it.”

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**References**


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