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HEALTH

Who is to blame for obesity, and what should be done about it?

Is it individuals or junk food? Regardless, some workplaces now offer health-based initiatives.

By Marni Jameson

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While experts argue over whether to blame individuals, society, fast food or families for the rapid rise in obesity rates, the perhaps more pressing question is what to do about it. The answers are pouring in -- from radio talk shows, blogs, editorial pages -- amping up the feelings of the already fed up.

Individuals as targets: Some companies and institutions have moved to hold individuals specifically accountable for their weight.

Besides an attempt by Lincoln University in Pennsylvania to make students shed pounds, North Carolina now makes state employees who don't lose weight take part in a more expensive health plan. Southwest and other airlines reserve the option to make obese passengers pay for two seats. Adoption agencies are turning away prospective parents because of their obesity, and some child welfare organizations have threatened to take children away from obese parents unless the parents lose weight, said Jason Docherty, co-chairman of the National Assn. for the Advancement of Fat Acceptance. His organization routinely gets requests for support from obese people facing this brand of discrimination.

"It didn't used to be acceptable to chastise a person based on weight; now such attacks go unquestioned," he said. "Now it's even OK to criticize the surgeon general for her weight," he added, referring to current Surgeon General Regina Benjamin. "When in history has that been OK?"

Sin taxes: Another plan of attack is to tax those foods that many feel contribute to the problem.

Those in favor of adding a sin tax on junk food, candy and soda believe such taxes would encourage people to make more healthful food choices -- and punish those who don't. Similar levies are already in place on tobacco and alcohol. Illinois recently started taxing sodas and candy; San Francisco is considering such a tax, and similar proposals are afloat in other states and localities. Supporters say such levies would curb unhealthy eating among



the obese, but that remains to be seen.

Katie LeBesco, a professor of communications at Marymount Manhattan College and author of "Revolting Bodies: The Struggle to Redefine Fat Identity" (University of Massachusetts Press, 2004), is critical of such measures, characterizing them as "just another way of saying, 'Pay for your fat.' "

Dr. Reed Tuckson, chief of medical affairs for the UnitedHealth Group, opposes the tax for a different reason: "We want the food and beverage industry to be part of the solution. If we stick them with taxes, we won't get cooperation."

However, Dr. Deborah Cohen, senior natural scientist at Rand Corp. in Santa Monica and a physician who specializes in public health, is all for the tax, especially if the levy goes toward health initiatives.

On-the-job losing: That's not to say pressure can't work. Employers of the overweight and normal weight co-workers have managed to nudge overweight colleagues toward healthier behaviors, if not actual weight loss.

The number of employers offering weight-management programs increased from 6% in 2006 to 25% in 2009, according to the Kaiser Family Foundation's 2009 Annual Employee Benefits Survey. Among large employers, that number went from 28% to 53% over the same three-year period.

Since 2002, when American Specialty Health started offering its Healthy Roads weight management program, 575 companies have signed on, said Douglas Metz, chief of health services for American Specialty Health, a San Diego-based company that offers wellness programs to employers. Another national wellness company, Concentra, based in Addison, Texas, reports that its weight management program went from serving five employers in 2007 to 100 as of today.

Programs vary depending on company cultures. They can include weight counseling, on-site fitness centers, cafeteria fare that's affordable and more nutritious than fast food, and financial incentives. At some companies, the better your health, the better your benefits package. Some companies reward workers just for participating. For instance, at some companies, if an employee attends a weight-counseling program or takes a health risk assessment, the employer adds money to his or her health savings account.

Employees of American Specialty Health get more money added to their health savings accounts if they have healthy body mass indexes, normal blood pressure and good cholesterol levels. Employees who don't hit those benchmarks don't get that benefit.

"Five years ago, such programs were a nice idea," said Dr. Amy Khan, Concentra's national director of wellness. "Now companies can't afford not to do them." Khan says her clients have demonstrated a 5% reduction in healthcare costs, and program participants on average lost half a BMI point and saw a 3% to 5% weight loss.

Weight wars

Cohen says the blame for obesity is misplaced.

"Much obesity is the result of genetics and the environment. Yet we're blaming individuals when the food environment is the problem." Twenty years ago, the Rand specialist said, you didn't find food everywhere. Today

it's at the gas station, the hardware store, the carwash and the bookstore. "The most readily available and most heavily promoted food is the least nutritious. Eating is an automatic response to cues from our environment. The brain is wired to respond to cues, and those in the food industry have become exceptionally good at triggering those cues." She advocates more regulation of the food industry and of restaurants.

Meanwhile, the fat rights community adamantly argues that obesity isn't the issue and that many heavy people are healthy and active.

"I know that a lot of people discount the impact of obesity and say it's not related to health, but obesity is the problem, and it does go hand in hand with preventable chronic illness," Tuckson said. "If all people exercised according to the rules for cardiovascular health, strength conditioning and flexibility, and ate in line with their energy expenditure, they would do a very good job of preventing the medical complications that are the essence of this agenda."

The solution isn't simple, said Kenneth Thorpe, a health policy professor at Emory University in Atlanta and the lead author of a recent report on obesity's health costs. But he believes it should include programs in the workplace, schools and communities, and more research to identify evidence-based programs that work.

"I'm optimistic that we can turn this around," Thorpe said. "My hope is that everything I put in that ["Future of Obesity"] report turns out to be wrong."

Formula for change

Regardless, getting angry isn't the answer, said Tuckson, who cautions against demonizing heavy people.

"Not only is getting angry mean-spirited and antithetical to the kind of society we want to live in, but it's also counterproductive," Tuckson said. "We need to convert our concern into positive action and find ways to support individuals to make better choices."

He believes that reducing the incidence of obesity and its related health costs will require changes on four levels:

- * Individuals need to be more accountable for their choices -- and that includes what they put in their bodies.
- * Families must be responsible for what they feed their children, with parents acting as role models for healthful diet and exercise habits and schools providing proper choices.
- * Community institutions, including the workplace, must take a more active role in what foods are served and offer a healthy culture, wellness programs and financial incentives to encourage more healthful behaviors.
- * Better research is needed so we can know what works and doesn't. "Healthcare decisions are made by individuals but in the context of families and the community," Tuckson said. "That context has to change."

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