

# Policy Action on Obesity Mostly at State Level

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TORONTO — Political conditions still aren't ripe for significant U.S. government action on the obesity front, Michelle Mello, J.D., Ph.D., said at the annual meeting of the Endocrine Society.

Several highly active and influential public health groups support government action on obesity, but a well-funded lobby of food and beverage manufacturers and the restaurant industry have spent a lot of money trying to convince lawmakers that increased regulation of food products is unnecessary.

"It's still a difficult row to hoe for a policy maker who would like to do something legally about obesity," said Dr. Mello of the Harvard School of Public Health, Boston.

Legal authority is another obstacle to action at the federal level. The federal government's authority over public health policy is actually relatively limited, she said. Most of that authority is granted to the states; in order to get involved, the federal government has to find a "jurisdictional hook" relating to interstate commerce or federal spending, she said.

Another likely reason why politicians aren't eager to pursue policy related to obesity is that the public support isn't there yet.

In a 2004 survey of more than 1,000 adults, which looked at the issue of childhood obesity, only 17% said the government has a lot of responsibility to reduce childhood obesity. The lion's share of the responsibility rests with parents, according to 91% of survey respondents. About 30% of those surveyed said that the schools

bear a lot of responsibility, too (Am. J. Prev. Med. 2005;28:26-32).

"The findings don't demonstrate broad support for interventions outside of the schools," Dr. Mello said.

Although the federal government has not taken action on obesity, there has been limited action at the state and local level. For example, some states have initiated financial disincentives by allowing some kinds of unhealthy foods to be taxable.

There have also been some attempts to condition the receipt of government benefits on individuals' making healthy lifestyle choices. In West Virginia, for example, the state Medicaid program offers an enhanced benefits package if beneficiaries sign a personal responsibility agreement.

Food products are also being regulated directly in some places. Officials in New York City have banned the use of artifi-

cial trans fats in the city's restaurants after July 2008.

Dr. Mello predicted that future government actions regulating obesity are most likely to be supported if they focus on children. "We can make all kinds of arguments about individual choice, but they make a lot less sense when we're talking about an 8-year-old than when we're talking about a 38-year-old," Dr. Mello said.

Future success will also depend on improving the evidence base. For example, scientists need to show not only that sugary beverages contribute to obesity but also that specific regulation of these drinks will reduce obesity, she said.

"All of these things have to advance incrementally as culture evolves, as our own public opinions of obesity and the food industry change over time," Dr. Mello said. ■

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