

Is Globalization Bad for Your Health: A Cross-Country Analysis of the Effects of
Globalization on Obesity Rates

A Senior Honors Thesis

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List of Acronyms

European Union (EU)

European Association for the Study of Obesity (EASO)

Gross Domestic Product (GDP)

International Association for the Study of Obesity (IASO)

International Obesity Task Force (IOTF)

National Diet and Nutrition Survey (NDNS)

National Health Service (NHS)

Organization for Economic Co-Operation and Development (OECD)

United Kingdom (UK)

World Health Organization (WHO)

Chapter One

Introduction

Globalization has proponents and opponents; there have been multiple publications laying out its pros and cons, such as Jagdish Bhagwati's *In Defense of Globalization* and Joseph Stiglitz's *Globalization and its Discontents*, but regardless of what either side may argue, globalization is fairly unstoppable. The way people live their everyday lives has been completely changed. While most changes brought on by globalization present you with a choice, such as having a cell phone or making do with a landline, others can be more complicated. Avoiding the mass advertisements for the many varied fast food chains, disregarding the allure of providing a quick, inexpensive meal for yourself or your family, or keeping your part time job to ensure that you will not be at the office for those forty mandatory hours are all very difficult choices to make in the world we live.

The changes attributed to globalization seem to have made life easier: things are more convenient, nearly nothing needs to be cooked from scratch, incomes are higher, and more choice is available from MP3 player brands to frozen dinners. But, are all of these changes that are making our lives easier hurting our health? Is the convenience of McDonald's or pre-packaged processed dinners, the added time at the office away from our homes, and the bigger bank accounts attributing to the increasing levels of obesity that developed, and even some developing, nations are facing? This thesis attempts to answer this very question: is globalization bad for your health? To do so, the thesis utilizes case studies of England and one of France.

While, there have been many recent works discussing globalization, relatively little attention has been paid to the possible correlations between globalization and the increasing obesity epidemic. Recent articles, such as Time Magazine's March 27, 2006 article entitled *The Politics of Fat* are beginning to ask questions similar to mine. Likewise, institutions such as the World Health Organization (WHO) and the American Heart Foundation have acknowledged that changes in environment caused by globalization could be contributing to increasing obesity levels, but no empirical data has been collected. This paper attempts to change that.

I begin by providing the definition of a social problem and explaining how social problems, such as obesity, evolve. The thesis continues by providing a historical background for obesity as a social problem. Since the obesity epidemic is a fairly recent development, Chapter Two focuses on who began the claims that obesity was a problem, citing medical findings, and governmental involvement. The formation and role of international institutions in this social problem are also discussed. More recently, the media has played a dominant role in the obesity epidemic, but that has not always been the case. Until the beginning of this decade very little was published regarding obesity in either England or France. However, as obesity rates began to rise, so did the number of articles published on this topic. This increased media attention is correlated with the increasing amount of attention from policymakers as well.

Chapter Three begins by reviewing the objective causes of obesity. These range from genetic makeup, to poor nutrition, to the availability and accessibility of unhealthy foods. This chapter continues by presenting factors that are affected by globalization. The factors presented are: changes in Gross Domestic Product (GDP), opening of trade

borders, increased numbers of men and women entering the workforce, longer work week, accessibility and availability of processed foods, increasing number of fast food restaurants, prices of processed foods, and decreasing fertility rates. These factors represent either a change in culture or society linked to increased globalization or are direct indicators of globalization such as increasing GDP or decreasing fertility rates.

Chapter Three then presents the data sets constructed for this thesis. These three data sets, the society structure data set, economic structure data set, and the breakdown of family structure data set were chosen based on their theoretical links to globalization. As the basis of my data collection, I chose two developed countries, England and France. Since developed countries were chosen rather than developing countries, I wanted to work with one considered to be on the frontiers of globalization, (England) and one that has been more modest in allowing globalization to change all facets of daily life, (France). Based on the empirical evidence presented and the implications drawn from the evidence, I argue that globalization is indeed correlated with increasing obesity. My evidence shows that as each country becomes more globalized in ways such as increasing numbers of fast food restaurants, increasing women entering the work force, lengthening the work week/spending more time away from the home, decreasing number of children per household, increasing consumption of “on-the-go” or “takeaway” meals, and overall increasing dietary intakes, their levels of obesity and the number of overweight people have been rising.

Since this paper presents two cases, England and France, they are compared side by side. England is no doubt more globalized than France, with a longer work week, less vacation time, more women entering the workforce, and more McDonald’s and Subway

restaurants and is in turn facing higher levels of obesity than France. However, France is catching up in all the variables mentioned and its obesity levels are increasing more and more each year.

Globalization however can not be stopped. So, policies and strategies to combat this problem are not as simple as creating a law to stop globalization. Likewise, since it is not one factor of globalization but a combination of many that are contributing to the increase in obesity levels worldwide, multiple strategies need to be in place in order to slow down this epidemic. Chapter Four discusses those solutions, policies, and strategies that are in place currently and that are being proposed in England, France, and by international institutions such as the World Health Organization.

This chapter reveals interesting findings. For instance, although France has been dealing with this epidemic more recently than England and is dealing with a relatively smaller scale epidemic, the French have been proposing the most aggressive policies. France is at the forefront of making laws to prevent obesity. Last year, France put in place a ban on vending machines in schools and started placing a 1.5% tax on unhealthy food advertisements that did not contain an approved health warning. France had a five year *National Nutritional Health Programme* in place that was aiming at improving the treatment of the obese through increasing fruit and vegetable consumption, decreasing childhood obesity, and increasing nutritional education. Likewise, both France and England have promised to improve school lunches. England has somewhat followed in France's footsteps with promoting nutritional education in schools and aiming to improve school physical facilities. England has also made it a priority to research causes of obesity as they differ by region, ethnicity, age, and gender so that improved local

strategies can be implemented to target those various groups. England is also focusing on the treatment aspect of the obesity problem, by putting forth efforts to strengthen the government's relationship with the medical profession in dealing with this problem.

While England has not been as aggressive as France in actual policy to combat obesity, it has been making strides. International institutions, mainly the WHO, have also been involved in the creation of programs to prevent and treat obesity. The WHO stresses the need for partnerships between the private and public sector for dealing with this program and has recommended fruit and vegetable consumption programs in a variety of countries.

Chapter Five of this paper briefly discusses the problem of obesity in the United States, citing its similarities to the problems in England and France, and the strategies and policies that have been suggested. I argue that the United States is what England and France can expect to look like in the years to come if the obesity epidemic continues to grow. The United States has the highest levels of obesity in the world and is also considered to be the most globalized. While the United States has the biggest problem, it seems to be doing the least about it. Many policies have been proposed, but few programs or laws have been passed. Likewise, the United States has an emphasis on the preventative side of the problem, rather than the treatment. Ironically, considering 55% of American adults are now overweight and one in four Americans are considered obese.¹ Finally, Chapter Six presents overall conclusions and implications that this paper has for future policy making and for dealing with the growing occurrence of obesity in developing nations.

¹ World Health Organization, *A Global Response to a Global Problem: the Epidemic of Overnutrition*, 2002

Chapter Two

Obesity as a Social Problem

Having a few extra pounds around the waistline, being overweight, or even fat used to be a symbol of wealth and prosperity; it was a sign of being able to afford rich foods, something that set the affluent and the peasantry apart. Overweight and curvy women were seen as more desirable wives and mothers. Notions of dieting or the “Battle of the Bulge” did not exist. However, today obesity is recognized as a global epidemic, with over 300 million adults in industrialized and developing countries classified as obese and nearly 1.1 billion people are classified as overweight.² Obesity is not just affecting the health of the world, but the pocketbook too. In the United States obesity eats up 12% of the national health care budget³ and the airline industry estimates that all the extra weight of Americans increased its fuel costs by \$275 million in 2000.⁴ Does this mean that the wealth of the world has increased? Quite the contrary, obesity is regarded as a social problem that needs to be brought to a halt.

The United States, England, France and other developed nations have taken this problem head on, developing centers for national research, legislative policies, and encouraging extensive media coverage. Rising heart disease, diabetes, and health care costs, have changed the role of obesity in society and helped in labeling it as a social problem. This chapter details the process of how a social problem evolves and how obesity developed into a social problem in both England and France.

² *Controlling the Global Obesity Epidemic*, <http://www.who.int/nut/obs.htm> (2003)

³ *Costs of Obesity*, <http://www.obesity.org/treatment/cost.shtml> (2005)

Definition and Evolution of a Social Problem

Every person could generate a list of so-called social problems -- problems that nations as well as its citizens are concerned with and feel harm society. These problems do not just fall from the sky, they must first be recognized and then developed. One definition of a social problem is “a condition that: (1) is widely regarded as undesirable or as a source of difficulties; (2) is caused by the actions or inactions of people or of society; [and] (3) affects or is thought to affect a large number of people.”⁵ Obesity meets all three requirements of this definition: it is regarded as a source of unhappiness, job discrimination, and overall shame, it is caused by over eating or not exercising, and it affects a large portion of society.

This type of definition is recognized as objectivist. Joel Best explains, “These definitions suggest that the essence of social problems lies in objective social conditions and that some conditions are problems.”⁶ Best argues that a variety of problems that are not considered social problems also fit the objectivist definition, proving the subjectivity of social problems. He states, “Social problems are what people view as social problems.”⁷ Best claims that definitions of social problems through the objectivist view have nothing in common: “They fail to recognize that the identification of any condition as a social problem is inevitably subjective; and they cannot guide our thinking about social problems because the conditions identified have so little in common.”⁸ For

⁴ *Feds: Obesity Raising Airline Fuel Costs*, http://www.usatoday.com/travel/news/2004-11-05-obese-fliers_x.htm (2004)

⁵ Farley, 1987:2

⁶ Best, Joel, *Images of Issues*, (New York, 1989) pg XV

⁷ *Ibid.*, XVI

⁸ *Ibid.*, XVII

example, the social problem of obesity has nothing in common with the problem of child abuse.

The only thing in common that social problems defined by objectivist terms have is that they are all considered to be harmful conditions to individuals or society. The weakness of this way of looking at social problems is the subjectivity of social problems. The definition is very broad encompassing any condition that society recognizes as harming part or all of society. However, many conditions that are harmful are not generally considered social problems. For example, procrastination can be very harmful to one's productivity and the quality of work produced, yet it is generally not considered a social problem, at least not beyond the scope of the college campus. Likewise, Joel Best gives another example: nutrition is not considered to be a social problem in the United States, yet the majority of Americans' diets are high in fat and cholesterol, which is not only harmful to the individual, but society in the form of healthcare costs as well. Consequently, poor nutrition is not classified as a social problem explicitly, although a harmful condition, but tends to fall under the umbrella of the social problem of obesity. This makes sense because as Best says, "Social problems are what people view as social problems."⁹ Thus, people do not view simply poor nutrition as a social problem until it evolves into an even more harmful condition, such as obesity.

Best goes on to discuss the importance of subjective judgments in the histories of particular social problems. He cites the contemporary feminist movement as an example, recognizing that men had been chosen for jobs over women long before the movement, but it was not until the 1970s that the word sexism appeared. This idea of subjective judgments applies to poor nutrition and obesity as well. Formerly, the idea of nutrition,

terms such as saturated fat and cholesterol had not yet been coined. As Best would explain, this problem has a subjective history.¹⁰ Society had to evolve past fatness being a symbol of wealth. Then, scientists had to identify ideas such as nutrition, saturated fat, high cholesterol and calories and then recognize their potential undesirable consequences. Physicians and researchers had to discover the link between high cholesterol and heart problems and the link between poor nutrition and obesity to diabetes and then bring it to public attention. Politicians had to then link the increase of obesity rates to the increase in health care expenditures. Then the media had to take hold, running stories on child obesity and publicizing lawsuits against the fast food industry. Not many people will argue these days that being obese is good for your health; it has been named as a contributor to or cause of a plethora of diseases. However, if the negative effects of being overweight and obese had not been discovered and brought to light as a social problem, obesity would still be contributing or causing diabetes, heart disease, etc. Therefore, proving the flaw in the objectivist definition that Best points out, social problems are not social problems until someone considers them to be social problems.

Due to the weaknesses of the objectivist definition, sociologists, such as Best, analyze how a social problem is produced or constructed. Constructivists define social problems by analyzing the social activities surrounding the problem, such as articles published by researchers or stories run by the media.¹¹ The constructivist view realizes that a social problem is constructed; it is a product of social activities.¹² This view focuses on who is making the claims, the claims-makers. Thus, constructivist sociologists

⁹ Best, Joel, *Images of Issues*, (New York, 1989) pg xvi

¹⁰ Best, Joel, *Images of Issues*, (New York, 1989)

¹¹ *Ibid.*, pg xviii

¹² *Ibid.*, xviii

look at “the activities of individuals or groups making assertions of grievances and claims to some putative conditions.”¹³ The people initiating and engaging in these activities are labeled as “claims-makers.”¹⁴ “Claims-makers” can be doctors, politicians, activists, and news reporters, anyone bringing attention to a harmful condition. Constructivists research who is making the claims and the activities or “claims-making” surrounding the condition to understand how a social problem evolves.

The strength of the constructivist way of defining a social problem lies in the ability to discover similarities in claims-making activities or the claims-makers themselves. For example, the social problems of child abuse and obesity have little in common, other than that both conditions are harmful to individuals or society, under the objectivist definition. But under the constructivist definition the problem was first introduced to the public through the social activities of articles published in medical journals. Similarly, both social problems have a subjective history. As discussed earlier, medical findings such as saturated fat, high cholesterol, and causes of heart disease and diabetes had to be discovered before the harmful condition of obesity could evolve into a social problem. A similar situation happened for child abuse: John M. Johnson points out that the concept of “The Battered Child Syndrome” had to be discovered to illustrate the profound harmful effects that child abuse has on the victim.¹⁵ So while the objectivist view enables in the identification and definition of a social problem, the constructivist perspective is really more of a means of analyzing the similarities and differences of social problems through a study of their evolution.¹⁶ The constructivist perspective can

¹³ Best, Joel, *Images of Issues*, (New York, 1989)

¹⁴ Spector and Kitsuse (New York 1987) xviii

¹⁵ Best, Joel, *Images of Issues*, (New York, 1989) pg 6

¹⁶ *Ibid.*, 249

also be used by potential claims-makers to understand the most effective claims-making activities.

By examining what the claims-makers are saying, sociologists can identify who is making the claims, what kinds of claims are being made, and what responses these claims receive. For example, the social problem of child abuse is a fairly new phenomenon. Claims-making was made by doctors through a publication documenting the problem in the *Journal of American Medical Association*, in 1962.¹⁷ A year later state legislation was passed.¹⁸ Eventually media attention was attracted after an article on “The Battered Child Syndrome” was published; this increase in attention helped the political agenda of the movement against child abuse.¹⁹ Different claims-makers made different claims regarding child abuse, doctors regarding the physical and mental treatment of the child and politicians regarding the punishment of the abuser and safety of the victim. As different groups of people make claims about a social problem causes and solutions can vary widely, but it is the variety of claims that constructs the issue into a social problem.

This applies to obesity as a social problem in many ways. When a doctor or member of the medical field makes claims about obesity, it is said to be a disease that needs to be researched to determine if it is caused by nature or nurture. But, when a policy maker makes claims about obesity, the cause is a lack of attention from society. Likewise, an economist making claims about obesity might not discuss the cause, but instead focus on the solutions of trying to reduce health care costs. Therefore, obesity is able to be defined as a social problem by the objectivist definition because of the various claims-makers. Thus, a social problem arises from various claims-makers bringing light

¹⁷ Best, Joel, *Images of Issues*, (New York, 1989) pg 6

¹⁸ *Ibid.*, 6

to the issue, giving causes, and solutions, thereby enabling the public to view the social problem as an undesirable condition, caused by actions or inactions that affect a large portion of society. In both England and France, a similar sequence of events unfolded in case of the social problem of obesity.

History and Evolution of Obesity as a Social Problem In England

In 1979, obesity made the World Health Organization's international classification of diseases list. Developed nations were addressing the problem before that though; in 1961 talks began in Great Britain to create an organization on obesity. In 1966, a steering committee was formed and the following year the first meeting of the Obesity Association was held in London.²⁰ A similar type of organization, The Fogarty Center International Conference on Obesity, was formed in the United States in early 1970s as part of the National Institute of Health. Talks between the two organizations inspired the need for a continuing international conference dedicated to the disease as well as a publication devoted to work in the field. Thus, in 1974, the First International Conference on Obesity was held in London. Then, in 1977, the first issue of the International Journal of Obesity was published.²¹

While Great Britain was working on increasing obesity awareness worldwide, research was also being done at home. In 1968, *Research on Obesity*, a report of the Department of Health and Social Security and the Medical Research Council, was published, documenting the prevalence and history of obesity in the United Kingdom (UK), how obesity is defined, prevention methods, effects of social factors on obesity,

¹⁹ Ibid., 6

²⁰ International Obesity Taskforce, *Historical Overview* <http://www.iaso.org/history.asp> n.d.

and recommendations of solutions to the problem.²² In the preface of the report, J.C. Waterlow, Chairman of the Medical Research Group, states, “There is widespread anxiety among the general public as well as the medical profession about the prevalence of obesity in this country.”²³ It is ironic that the public and medical communities are thought to be so concerned since, in the introduction of the report, it states, “research into obesity and its causes has been neglected in this country.”²⁴ So while, the country as a whole was aware of the problem of obesity, little was being done about it.

The year 1968 marked the medical community’s as well as government’s first actions and recognition of obesity as a social problem. In looking at the prevalence of obesity in the United Kingdom, the report used a measure called “Desirable weight.” These tables were introduced in 1943 by the Metropolitan Life Insurance Company; they were designed to indicate low mortality rates. The tables are made up of corresponding weights according to height and body frame with the measurements accommodating for indoor clothing -- five pounds for males and three pounds for females and a one inch shoe height.²⁵ Based on this measurement the report found that a large portion of people surveyed were above the desirable weight and that this trend increased with age.²⁶ While this report was published and various conferences and organizations on obesity were forming, that was the scope of the issue; legislation had not yet been passed and the media was not involved.

²¹ Ibid.

²² Department of Health and Social Security and Medical Research Council, *Research on Obesity*, (1968).

²³ Ibid., IX

²⁴ Ibid., pg 1

²⁵ University of Michigan, *Ideal Weight Tables for Men and Women*, <http://www.med.umich.edu/1libr/primry/life15.htm> n.d.

²⁶ Department of Health and Social Security and Medical Research Council, *Research on Obesity*, (1968). pg 8

According to Lexis Nexis Academic there is only one document from 1960 to 1980 in European News Sources dealing with obesity and England (See Figure 1). In the period following, 1980-1995, there are 146 documents and, in 1995-2000, 603 documents. The period of 2000-2005 yields more than 1,000 documents with 397 in 2000-2001, 632 in 2001-2002, more than 1,000 in 2002-2003, 2003-2004, and 2004-2005.²⁷ Coverage of obesity in the media begins to noticeably increase after 1995, with extensive coverage starting in 2000. Stories highlighting the drastic increase of England's obesity rates, rising health care costs, safety of obesity drugs, and the effects of obesity on life span were published regularly.

Consequently, as the media began to increase coverage on obesity, more and more organizations were formed. In 1988, the first European Congress on Obesity was held in Stockholm, Sweden, with help from the Obesity Association in London. Similarly, in 1983 the International Association for the Study of Obesity (IASO) was formed based on the need for an international group of scientists to study obesity, and then in 1995, the International Obesity Task Force (IOTF) was formed by Phillip James, as a subcommittee of the IASO.²⁸

After 1995, media coverage exploded as did the number of policy recommendations and eventually policies. In 2000, the World Health Organization Regional Committee for Europe endorsed the first action plan for food and nutrition policy. In response to the increased media coverage of obesity, McDonald's issued a statement regarding their new line for Europe which would include more salads and

²⁷ Lexis Nexis Academic, World News, European News Sources, Obesity and England

²⁸ International Obesity Taskforce, *Historical Overview* <http://www.iaso.org/history.asp> n.d.

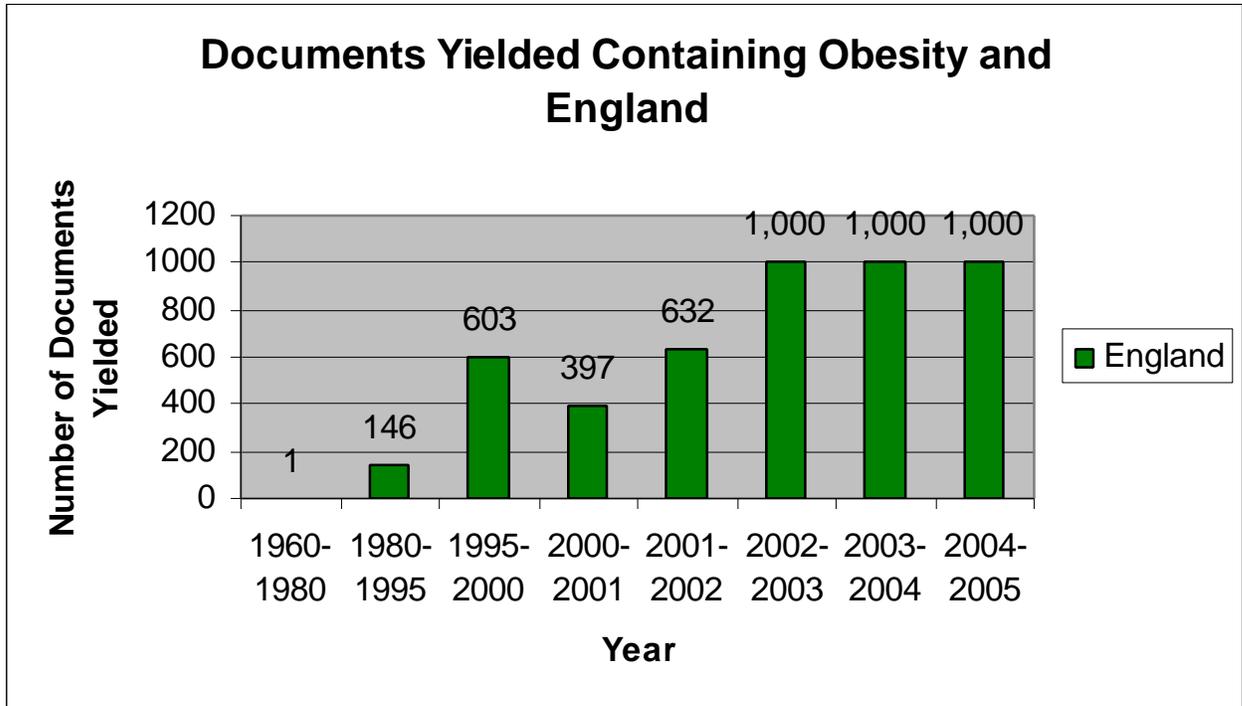


Figure 1: Results of a Lexis Nexis search of documents containing the words obesity and England from 1960-2005. Note for time periods 2002-2003, 2003-2004, 2004-2005 over 1,000 documents were yielded.

fewer burgers.²⁹ In May 2004, the 57th World Health Assembly adopted the global strategy on diet, physical activity, and health. Later that month, BBC News published a story entitled; *Experts Call for EU Obesity Plan*.³⁰ Also in May, the United Nations launched a global campaign against Obesity. In November of the same year, the United Kingdom's White Paper, with a foreword written by Prime Minister Tony Blair, produced a 207 page document titled, *Choosing Health: Making Healthy Choices Easier*.³¹ Most recently, legislation is on the books to remove vending machines dispensing sugar and fizzy drinks from schools to combat increasing rates of child obesity. England has not only established obesity as a social problem, as a result of the increased media coverage, political action, and the dedication to the formation of obesity foundations, but is actively trying to fight it.

Claims-Makers and Claims in England

England was very involved in the beginning stages of forming international institutions for the research of the rising problem of obesity. Politicians were the claims-makers in initiating England's involvement internationally. Likewise, in 1966, the English government sponsored a research report on obesity rates in England. So, in England the social problem of obesity was brought to light by both the government and the medical community. Following, the introduction of obesity as a social problem, the media began running stories, just a few at first, but as the obesity rates rose more and

²⁹ *McDonald's Goes Slim-Line for Europe*, Deutsche-Welle, (March 2004).

³⁰ *Experts Call for EU Obesity Plan*, BBC News Online, <http://news.bbc.co.uk/2/hi/health/3754507.stm> (May 27, 2004).

³¹ *Choosing Health: Making Healthy Choices Easier*, Department of Health UK, http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor (2004).

more media attention was paid to obesity. As time passed more specialized research on obesity followed, focusing on child obesity or obesity ranging by socio-economic classes. Each of these claims-makers presented various claims to the public detailing different aspects of the condition that are harmful to individuals and society.

England's appearance on the international obesity research scene was preceded by the United States' introduction of conferences of major diseases affecting the country, with diabetes and then obesity following. Politicians were the claims-makers behind this appearance making the claim of their concern for the rising rates. The Committee on Public Accounts of the United Kingdom parliament blames "an increasingly sedentary lifestyle combined with changes in eating patterns" for the continued rise in obesity rates.³² Politicians are concerned with rising health care costs, an increase in premature mortality, and the scope of involvement the government can take on this issue.³³ The parliament call to action various government branches and agencies for the prevention and solutions to the obesity problem, realizing that gender, socio-economic status, and regional location vary the cause of the disease.

Parliament is stressing programs to encourage lifestyle changes of a healthier diet and increased exercise. The committee is urging to help the people avoid overweight and potentially obese lifestyles and support for those already suffering from obesity.³⁴ However, the parliament recognizes that there is not a short-term solution to the United Kingdom's problem and that an effective strategy to combat the obesity problem will have to be long-term. The committee outlined numerous strategies to begin the fight

³² United Kingdom, *Committee on Public Accounts Ninth Report, Tackling Obesity in England*, <http://www.publications.parliament.uk/pa/cm200102/cmselect/cmpubacc/421/42103.htm> (Jan. 2002).

³³ Ibid.

³⁴ Ibid.

ranging from the Food Agency requiring and providing better food labeling to the upgrading of exercise facilities in schools.³⁵ The media is also making similar claims, citing research from the government to support claims of the rising obesity problem, spreading awareness of the child obesity problem, and helping to promote nationwide fitness programs.

History and Evolution of Obesity as a Social Problem in France

France is at the forefront of the battle against raising obesity levels, which is surprising because obesity rates in France are 10-20% lower than other developed nations. As mentioned above, the social problem of obesity did not register on the French radar until recent years, because, until recent years, due to insulation of French eating habits and a resistance to the globalization of cultures, the French had low levels of obesity. France did participate in international obesity organizations, even hosting the third European Congress on Obesity in Nice in 1991. France also hosted the eighth International Congress on Obesity in Paris in 1998, but they were not at the forefront of developing the task forces or organizations like their British and American counterparts.

Correspondingly, as Figure 2 demonstrates, even less media attention was given to the problem of obesity in France before 1995. According to Lexis Nexis Academic, there are no documents involving obesity and France from 1960-1980 and only 50 documents from 1980-1995. There was a slight increase in the period of 1995-2000 with 181 documents. However, there was not the same expansion of media coverage in 2000 as in England. Between 2000-2001 only 127 documents were published, 158 from 2001-

³⁵ United Kingdom, *Committee on Public Accounts Ninth Report, Tackling Obesity in England*, <http://www.publications.parliament.uk/pa/cm200102/cmselect/cmpubacc/421/42103.htm> (Jan. 2002).

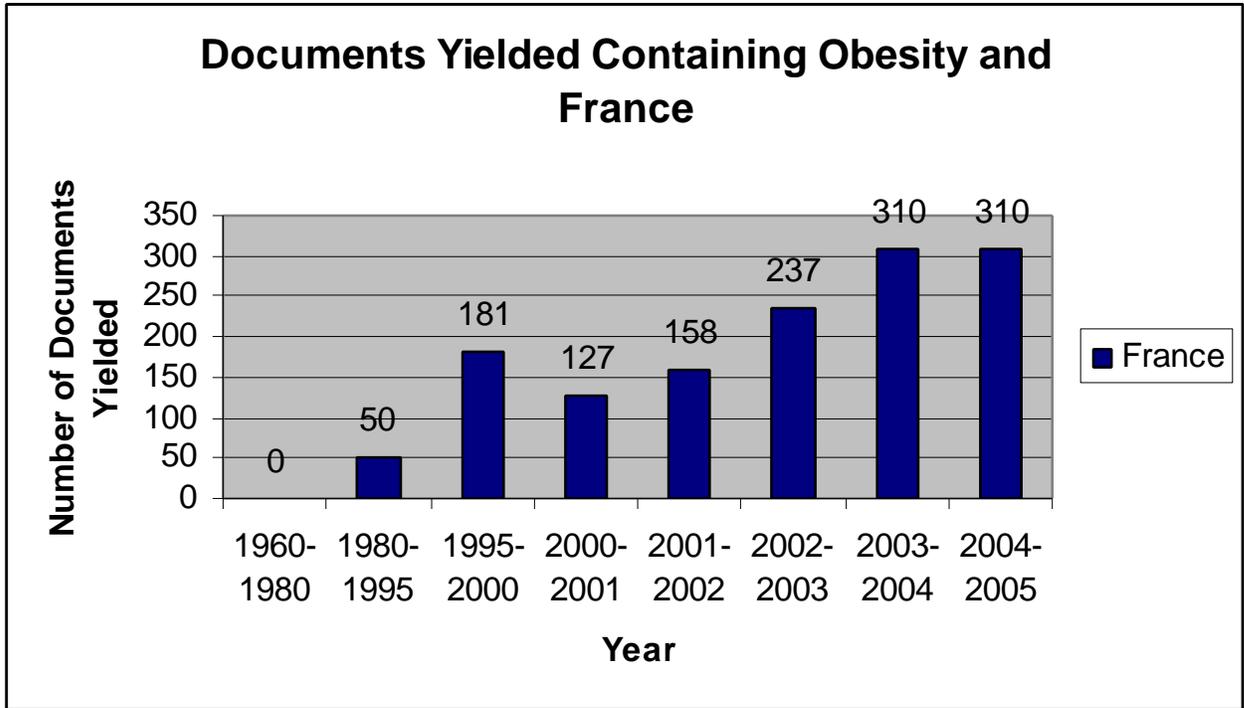


Figure 2: Results of a Lexis Nexis search of documents containing the words obesity and France from 1960-2005.

2002, 237 from 2002-2003, 310 from 2003-2004, and 310 from 2004-2005. The large increase in media attention of obesity in France comes in 2004-2005 with 674 documents being published in European News Sources. Articles were published with headlines such as “France Says “Non” to Child Obesity” and “Even the French are Fighting Obesity”. Some claims-makers in France attribute their increased levels of obesity to the breakdown of the French meal structure, for example, the average length of a French meal in 1978 was an hour and twenty-two minutes, today it is only thirty-eight.³⁶ Others point to the increased and seemingly inevitable McDonaldization of society.³⁷

The increase in media attention is correlated with legislation being enacted in France to combat child obesity rates. As early as 2001, France launched a National Healthy Nutrition Programme. This plan was designed to extend over five years into 2005 to help educate the French people about proper nutrition, encourage research, implement public health actions, and urge the healthcare system to prioritize nutritional problems³⁸. Similarly, currently, the French have a ban in place on vending machines selling sweets and fizzy drinks in all middle and secondary schools.³⁹ In March 2005, Jean-Marie Le Guen, Deputy Health Minister, doctor, and socialist member of the French parliament proposed wide ranging legislation to combat his country’s expanding girth.⁴⁰ Also, in January of this year, legislation was put in place for food manufacturers of sugary or processed foods to pay a 1.5% tax on advertising or display a prominent health

³⁶ Rosenthal, Elizabeth, *Even the French are Fighting Obesity*, International Herald Tribune, <http://www.iht.com/articles/2005/05/03/news/obese.php> (May 2004).

³⁷ Schlosser, Eric, *Fast Food Nation: The Dark Side of the All-American Meal*, 2005.

³⁸ French Department of Health, *La Nutrition*, <http://www.sante.gouv.fr/htm/pointsur/nutrition/1nbis.htm>

³⁹ Borowiec, Anthony, *France Says “Non” to Obesity*, The Washington Times, <http://www.washtimes.com/world/20040823-093432-7922r.htm> n.d.

⁴⁰ Tiplady, Rachel, *Yes, Even the French are Fatter*, Business Week Online, http://www.businessweek.com/bwdaily/dnflash/apr2005/nf20050419_5664_db089.htm?chan=gb, (April, 19, 2005).

warning approved by the Health Ministry.⁴¹ Interestingly, although France's obesity rates are lower, the French are more active domestically in fighting obesity than the British. Regardless, the social problem of obesity developed the same way in both countries, just at different speeds.

Claims-Makers and Claims in France

Much like England, politicians were active in publicizing the woes of obesity, but at a much slower rate than in England. In the early 90s, the French government was active in trying to get involved with combating obesity on the regional level, by holding the Third European Congress on Obesity in Nice. Then in the late 90s, France's politicians felt it was important to be more involved on the international level by hosting the Eighth International Congress on Obesity in Paris. Although, involved internationally and regionally with the social problem of obesity, physicians did not play prominent roles in claims-making, due to France's formerly low levels of obesity. Likewise, political claims-makers did not emphasize much the need for research on obesity in France. It has not been until recent years, as politicians have called for more research on obesity in France, that physicians have become involved as claims-makers. The media community as claims-makers also extends to pharmaceutical companies. In 2003, Roche financed a survey conducted by Sofres research agency and the national institute of medical research on obesity in France.⁴²

⁴¹ Sciolino, Elaine, New York Times, *France Battles a That Grows and Grows: Fat*, <http://www.nytimes.com/2006/01/25/international/europe/25obese.html?ex=1295845200&en=62437468eaf6ef08&ei=5090>, (Jan. 2006).

⁴² *French Face Obesity Fears*, Medical News Today, <http://www.medicalnewstoday.com/medicalnews.php?newsid=4088>, (Aug. 2003).

Unlike other developed nations, activists as claims-makers against obesity have played a larger role. In 1999, Jose Bove demolished a McDonald's Restaurant due to dislike of American companies, but this also shed light on the effects of fast food on the French. Similarly, the cinema industry has become a claims-maker in France, producing a film titled, "L'Outremangeur" (The Excessive Eater), which deals with the growing prevalence of obesity in the country.⁴³

Because claims-makers in France were slower to act than in other nations, there was not as much of a gap in time between political involvement and media involvement. Like England, the media in France played a huge role in exposing obesity as a social problem and is continuing to claim a large share of social activities to broadcast the harmful condition of obesity.

The main claim being made by political claims-makers in France is that French obesity levels if not dealt with, will rise to those of the United States.⁴⁴ The socialist party in France has been active in requesting new laws to combat rising obesity levels, claiming that fast food, vending machines, television advertising, and uninformative and incomplete nutrition labels are to blame for the high increase in child obesity rates. Another solution the French have come up with making school lunches more attractive to children and adolescents by preparing high quality, classic French cuisine at a reasonable price, (around €1.4).⁴⁵ As in England, French politicians are also speaking on the

⁴³ *French Face Obesity Fears*, Medical News Today, <http://www.medicalnewstoday.com/medicalnews.php?newsid=4088>, (Aug. 2003).

⁴⁴ *France Fuels Obesity Fight Concerns, New Laws Proposed*, <http://www.meatprocess.com/news/ng.asp?id=59128-france-fuels-obesity>, (Jan. 2005).

⁴⁵ Sage, Adam, *How France Keeps Children out of McDonald's*, Times Online, <http://www.timesonline.co.uk/article/0,,3-1324807,00.html>, (Oct. 2004).

economic problems obesity brings, mainly rising health care costs, and have proposed legislation to combat the alleged sources of the problem.

The media's main claim is that despite a general belief in a slim French physique, the French are actually obese, and is publishing articles titled, "Even the French are Fighting Obesity".⁴⁶ The media is also giving voice to physicians who are refuting books such as "French Women Don't Get Fat" and citing evidence on the contrary.⁴⁷ Physicians are also claiming that France does not only have an obesity problem, but a crisis on its hands, based on obesity rates rising at "alarming" levels.⁴⁸ Some physicians attribute this to the breakdown of the French meal and the attractiveness of "food on-the-go" options. Another interesting claim is being made in the nation famous for fashion and gaunt models, namely that overweight it beautiful. Currently, plus-size models are trying to break into the fashion scene and be seen in advertisements.⁴⁹

Politicians, the media, and physicians alike are all very concerned with the growing levels of obesity in France, claiming that levels will match the United States in the future. French claims-makers are claiming that fast food, loss of French eating habits, and lack of exercise are to blame for increased levels. Currently, some of these same claims-makers are looking to solutions that have already been tried in the United States. Solutions such as gastric-bypass surgery and anti-obesity drugs will be explored in May

⁴⁶ Rosenthal, Elizabeth, *Even the French are Fighting Obesity*, International Herald Tribune, <http://www.ihb.com/articles/2005/05/03/news/obese.php>, (May 2005).

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ *Large Fashion Models in France*, Documentography Issue 5, http://www.documentography.com/issue/5/ph/magali_corouge/1.html, (n.d.).

of this year in Paris at the First European Congress on Therapies against Obesity: Perspectives for Pharmaceutical and Natural Products at the Institut Pasteur.⁵⁰

Conclusion

Lately, awareness of the global problem of obesity has increased dramatically. It is not unusual to see something about the problem of obesity weekly in the national or even local news. England and France have not been excluded from the natural evolution of this problem. Both countries are extending media coverage and developing policies to control their rising obesity rates. The existence of this identification of obesity as a social problem is a result of the beginning claims-makers who helped extend media coverage and therefore political attention. I would expect that as media coverage continues more and more action will be taken in France, England, and globally to solve this social problem.

⁵⁰ Paris Anti-Obesity Therapy 2006, First World Congress on Therapies Against Obesity, <http://www.isanh.com/anti-obesity/program.php>, (n.d.).

Chapter Three

The Objective Causes of Obesity and Links to Globalization

Overview of Objective Causes of Obesity

The phenomenon of obesity has been given much thought in recent years. Everyone from the medical community to dairy farmers has been concerned with the causes and solutions to the world's problem of expanding waistlines. Multiple causes have been suggested as the true cause of obesity, but in recent years it seems that experts agree there really is no one specific cause. It is a collection of things, nature and nurture, that are fueling this problem. Furthermore, due to globalization, people's surroundings have changed more in the last decade than in all of mankind. In this chapter the multiple causes of obesity are discussed and how causes of obesity are linked to factors of globalization. This chapter also presents the data sets for this thesis and gives implications and conclusions showing the link between globalization and obesity.

One of the first causes attributed to obesity was poor nutrition. Once the concepts of fat and high cholesterol were established and their negative effects realized, an unhealthy diet and lack of daily exercise became the main source of obesity. The medical community then linked diabetes and heart disease as complications of obesity⁵¹, putting an even greater emphasis on improving diet and engaging in physical activity as solutions to combating obesity. Governments began pushing healthy diet programs such as "5 a day"⁵² and stressing nutritional guidelines like the food pyramid.

⁵¹ In 2001 of the 270,000 heart attacks in the UK, 28,000 are directly attributable to obesity, "Obesity Rate Triples"

⁵² "5 a day" are programs that encourage the consumption of at least five fruits and vegetables. These programs are in many countries and are normally government sponsored. These types of programs were started following recommendations of the World Health Organization.

As more knowledge of the condition was uncovered, doctors began calling obesity a disease⁵³ and other causes became apparent. The medical community pinpointed a person's genetic makeup⁵⁴ as the reason for some peoples' relatively slow metabolisms and tendency to hold on to excess weight. This finding relieved the obese community of some of the responsibility of being over-weight. Socio-economic factors have also been linked to obesity rates: "People with lower incomes tend to eat more meat, fat, and sugar, while the better educated tend to consume more fruit and vegetables. A sedentary lifestyle is more common in poorly educated and low-income groups."⁵⁵ Further reports have indicated that there is an inverse relationship between obesity and socioeconomic status.⁵⁶

Most recently, the medical community, political community, and the media have forced blame on society and the unhealthy food industry.⁵⁷ The media cited commercials for sugar-based cereals and fried snacks that are targeted at children, claiming that such marketing is setting youth up for unhealthy lifestyles. Also, parents have been targeted for not encouraging healthy food and life choices, such as exercise and pushing fruit and vegetables over fast foods. Schools have also been critiqued at for nutritionally inadequate school lunches, accessibility to vending machines stocked with unhealthy

⁵³ WHO organization labeled obesity as a disease in the year (insert from chapter 2) and obesity was described as a global epidemic in the year 1998 after a publication documenting the worldwide spread was released.

⁵⁴ This cause was discovered during the thirteen years of the Human Genome Project, a project which identified over 20,000 genes in the human body. During this period of time, many diseases were attributed to undesirable or mutated genes in the body.

⁵⁵ World Health Organization Europe, "*The Challenge of Obesity in the WHO European Region,*" September 12, 2005

⁵⁶ Economic and Social Research Council, "*Diet and Obesity in the UK*"

⁵⁷ Fast food restaurants, especially McDonald's, sugary cereals geared towards children, Frito Lay products, etc.

foods, and “food court” style cafeterias.⁵⁸ Finally, the experts on obesity have begun to notice the epidemic affecting not just industrialized nations, but developing nations as well. This phenomenon has shifted weight of blame to factors of globalization, mainly rising income and an influx in inexpensive processed foods flooding through open markets.

Overview of Factors that are Affected by Globalization

Globalization refers to the worldwide phenomenon of technological, economic, and cultural change, as brought about by expanding facilities for intercommunication and interdependency between traditionally isolated cultures. Dramatically increased international trade and finance have established a medium wherein deeper cultural exchanges have taken place — greatly increasing the impact of global issues at the local scale.⁵⁹ As a nation globalizes, many beneficial economical and cultural changes occur. On the most basic level, globalization affects a country’s life expectancy, literacy rates, and fertility rates in positive ways. Economically, research shows that the more open a nations’ borders are to trade and the more industrialized and competitive on the world market a country becomes, the greater the increase in their Gross Domestic Product⁶⁰, thereby increasing the GPD per capita or income per capita of the citizens. But, to be competitive on the world market and industrialize requires a large labor force. So, as the country becomes more globalized more men and women tend to enter the workforce.

⁵⁸ “Food Court” style cafeterias consist of cafeterias with either outside vendors such as Wendy’s or KFC or a selection of different food stations ranging from hamburgers and fries to pizza and tacos.

⁵⁹ Wikipedia The Free Encyclopedia ,*Globalization*, [www.wikipedia.com](http://en.wikipedia.org/wiki/Globalization), <http://en.wikipedia.org/wiki/Globalization> (April 2006).

⁶⁰ The Gross Domestic Product of a country essentially measures the income level of a country and as economic theory tells us according to the laws of David Ricardo’s Comparative Advantage that once a country finds its niche in the global trading economy, its profits and income will increase over time.

Likewise, in order for a country to stay competitive and keep up with the international demands of the global economy, lengths of the work week and work days must change in order to increase or maintain productivity.

When a country reaches the point of globalization in which opening trade borders becomes beneficial, increased amounts of new products flood into the markets. With a new variety of goods adding more competition to the market, prices of certain goods decrease. One type of good is processed foods. As more and more foods enter the market, especially from highly industrialized nations, such as the United States, unhealthy processed foods such as snack foods, processed fruits and vegetables, and pre-packaged frozen dinners decrease in price making them more available to the rich as well as the poor.⁶¹ At the peak of the globalization process, foreign direct investment dramatically increases and multi-national companies began starting businesses in the country. Culturally speaking, foreign foods and customs also generally become more accepted in a country and changes in working environments and breakdowns of the family structure can occur. Finally, imported brand names such as Coca-Cola and McDonald's become more recognized and demanded, they can even be seen as a status symbol.

⁶¹“ Processed foods aren't just cheap, tasty and filling. They're also more accessible. One study found that 28% of Americans live in what nutritionists call "food deserts," places where big supermarkets are at least 10 miles, or a 20-min. drive, away. People who live in these places wind up buying much of their daily groceries from convenience stores or gas stations, where they can find Chef Boyardee but not baby carrots.” Cullen, Lisa Takeuchi, *“Not Too Rich or Too Thin Is a Healthy Diet Hard on the Wallet?”*, Time Magazine Online, June 7, 2004.

Presentation of Potential Factors Contributing to Rise of Obesity

This chapter explores the correlations and links between changes correlated with globalization and the rising obesity rates in countries. The dependent variable collected was obesity rates, which have been increasing over time in both the United Kingdom and France. To measure this linkage, three categories of data sets are examined: variables relating to changes in economic structure caused by globalization, variables relating to changes in society structure caused by globalization, and variables relating to the breakdown of the family structure caused by globalization.

Variables included in the changes in economic structure data set are: income or GDP per capita, rate of openness in trading, and the price of fruits, vegetables, and processed or fast foods, which indicate the level of globalization of a country. In the society structure data set, the variables gathered were length of work day and length of work week data, which not only indicate the level of economic globalization, but as in the case of the French indicates a cultural change brought on by globalization. Also in this category is the number of McDonald's per country to indicate foreign direct investment spurred by globalization, cultural shift in eating trends towards (unhealthy) fast foods, "Americanization" of society, and the level of popularity of fast food in a country. Fruit and vegetable consumption versus soft drink and confectionary consumption is analyzed to indicate whether or not as a country becomes more globalized if nutrition habits are affected. Finally, the dietary culture of the country is analyzed, looking at energy (kcal), fat, and protein consumption over the years, compared to an increase in income.

The final data set presented is comprised of variables related to the breakdown of the family structure. These variables include: number of women in the workforce again

indicating level of globalization and how the culture of the family and (in most cases) main care-giver was affected. Also in this data set is number of children per household which also indicates the level of globalization because as a country becomes more globalized fertility rates decrease. Likewise this variable also gives implications on how much money a household has to spend on children. Other variables included in this data set are the length of the typical meal, which for France is an important indicator of cultural globalization and how nutrition has been affected. Also consumption of take-out or “on the go” meals data is used to indicate the popularity of food not prepared at home. This shows globalization because as a country’s income level rises eating out becomes more the norm and less of a treat.

Presentation of Data and Implications over Various Time Periods for England and France

Society Structure Data Set:

Obese and Overweight Men and Women in England and France

As shown in Figures 3 and 4; both England and France have been experiencing rising percentages of obese and overweight men and women in recent years. Data collected from the International Obesity Taskforce (IOTF) show that in England in 2001, overall one in five British were obese with 21% of males and 23.5% of females falling into that category;⁶² also in 2001, 46.5% of males and 43% of females were overweight.⁶³ (See Figures 5 and 6). Two years later in 2004, obesity in males increased

⁶² Obesity is defined as having a Body Mass Index (BMI) greater than 30

⁶³ Overweight is defined as having a BMI between 25 and 29.9

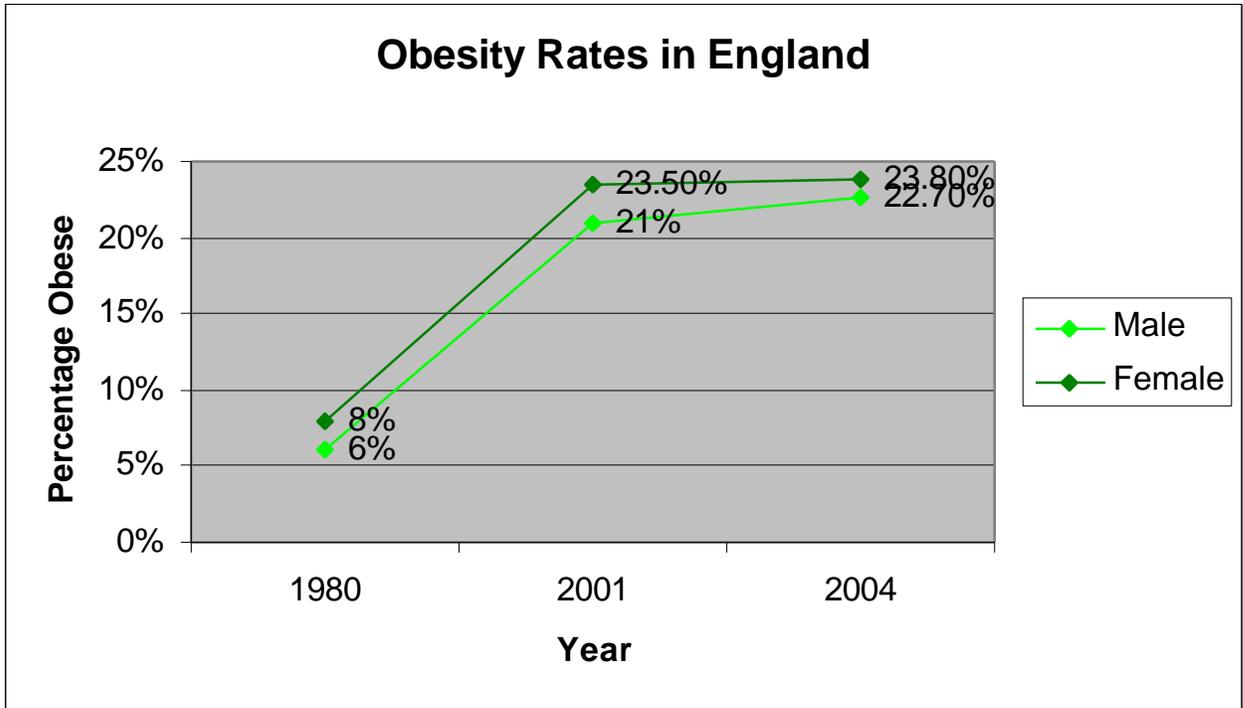


Figure 3: Obesity Rates in England for males and females from 1980 to 2004.

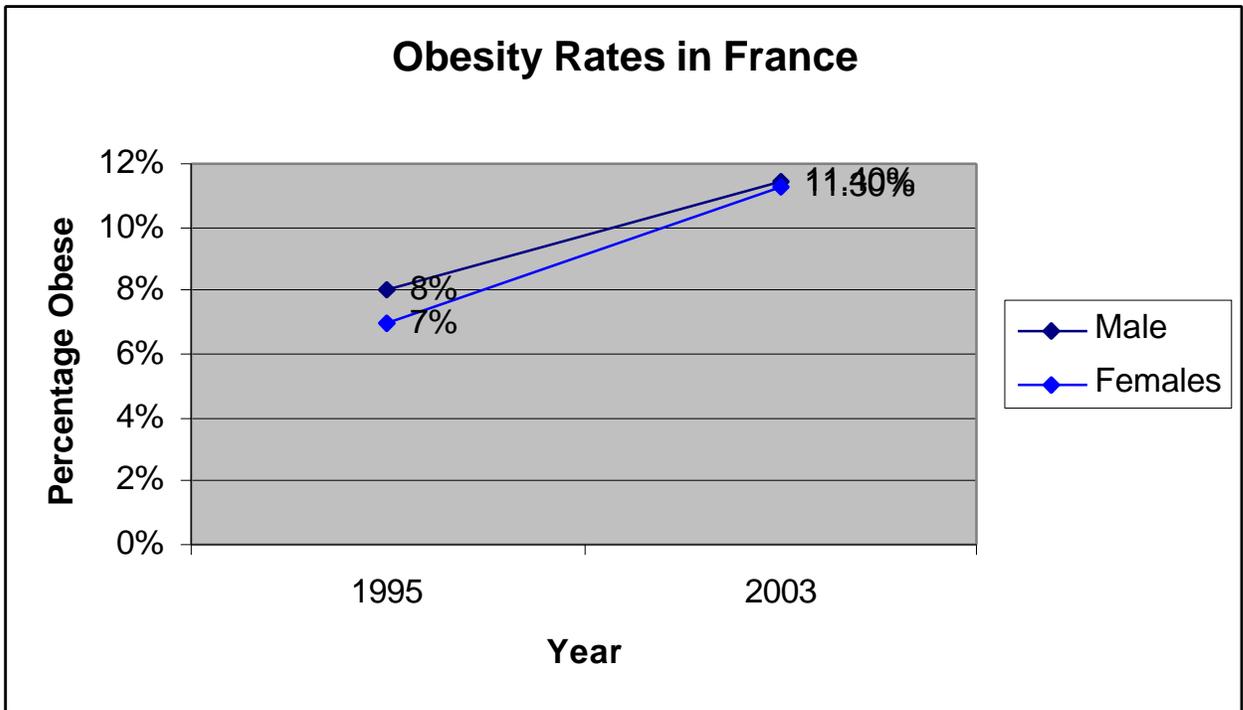


Figure 4: Obesity rates in France for males and females for 1995-2003.

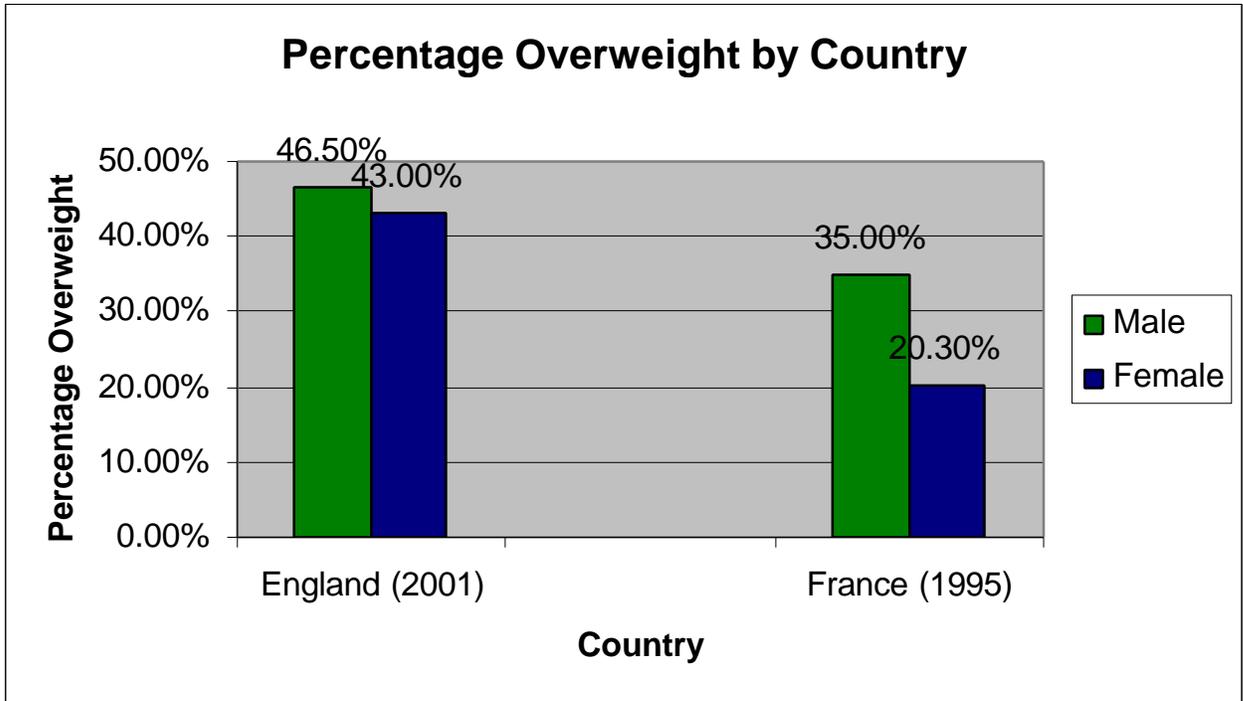


Figure 5: Percentage of overweight males and females shown by country for England in 2001 and in France in 1995.

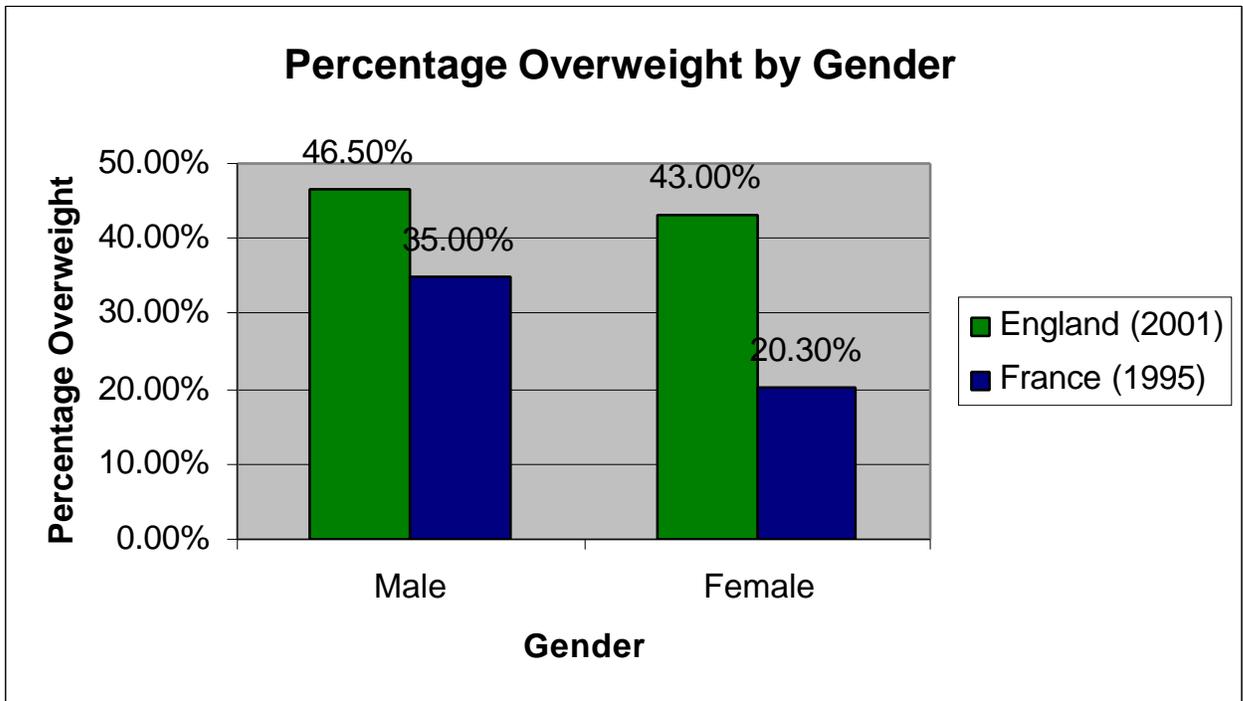


Figure 6: Percentage of overweight males and females shown by gender in England in 2001 and in France in 1995.

to 22.7% and slightly in females to 23.8%, for a total of 22% of English population⁶⁴ being classified as obese. (See Figure 7).

Even though France has enjoyed lower obesity rates than other developed countries, the French still experienced an increase. In 1995, 8% of males and 7% of females were obese, with 35% of males and 23.3% of females classified as overweight. (See Figures 4, 5, and 6) Seven years later, in 2003 France experienced an average increase of 3.85% bringing the rates to 11.4% in males and 11.3% in females. (See Figure 4) Finally, according to the International Obesity Task Force, the percentage of the total population classified as obese increased from 8.2% in 1997 to 11.3% in 2003.⁶⁵ (See Figure 8)

Length of Work Week

Length of work week varies per country; it also tends to reflect the productivity of a country. Due to globalization, countries must increase their productivity in order to stay competitive in the global economy. Thus, countries with longer work weeks such as the United States can be considered more globalized than others. England, for example, has one of the longest work weeks of countries in the European Union (EU), with employees working up to 48 hours⁶⁶ per week for full-time employees, and the average employee working 35-38 hours. (See Figure 9) France has a less strenuous work week with a maximum of 35 hours per week. Lately, many French companies have complained that the shorter work week has been hurting their competitiveness in the global economy and

⁶⁴ Total population of England being defined as ages 16 and older.

⁶⁵ International Obesity Task Force Data

⁶⁶ Working in the United Kingdom, *Know your Rights and How to Get Help and Advice*, pg 7, http://www.dti.gov.uk/er/agency/lithuanian_workers_eng.pdf (April 2004).

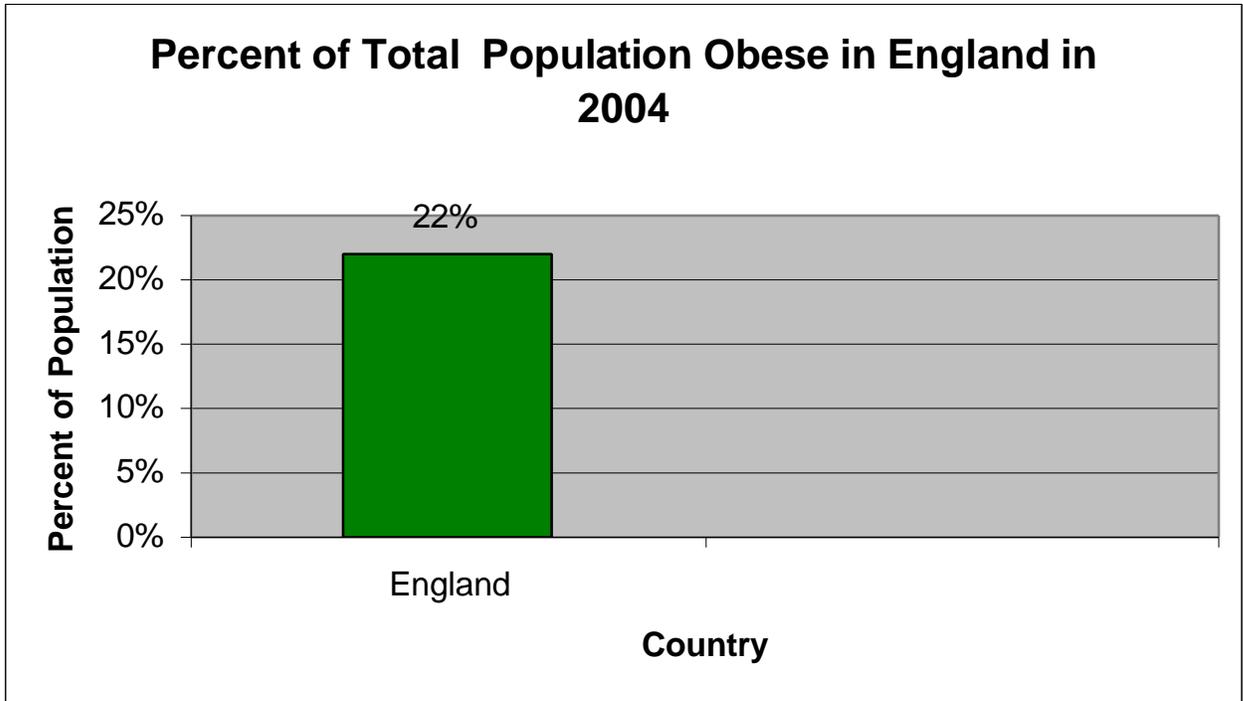


Figure 7: Percent of total population that is obese in England in 2004.

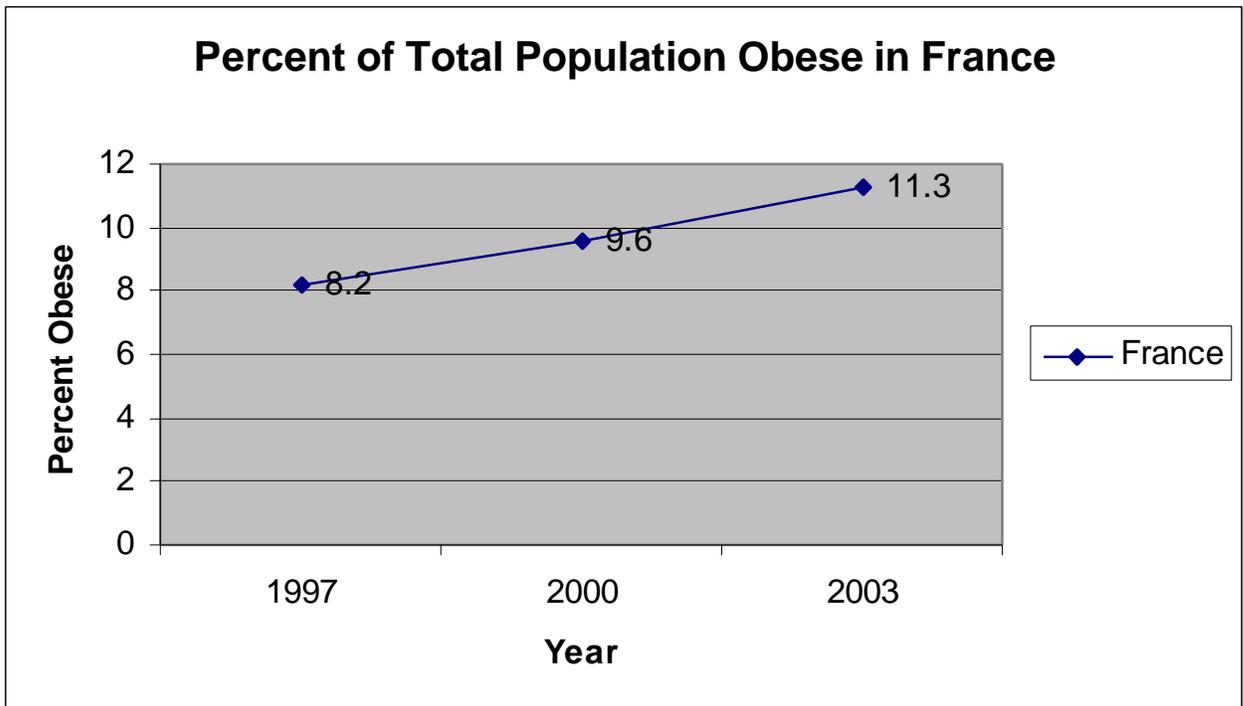


Figure 8: Percent of total population obese in France in 1997, 2000, and 2003.

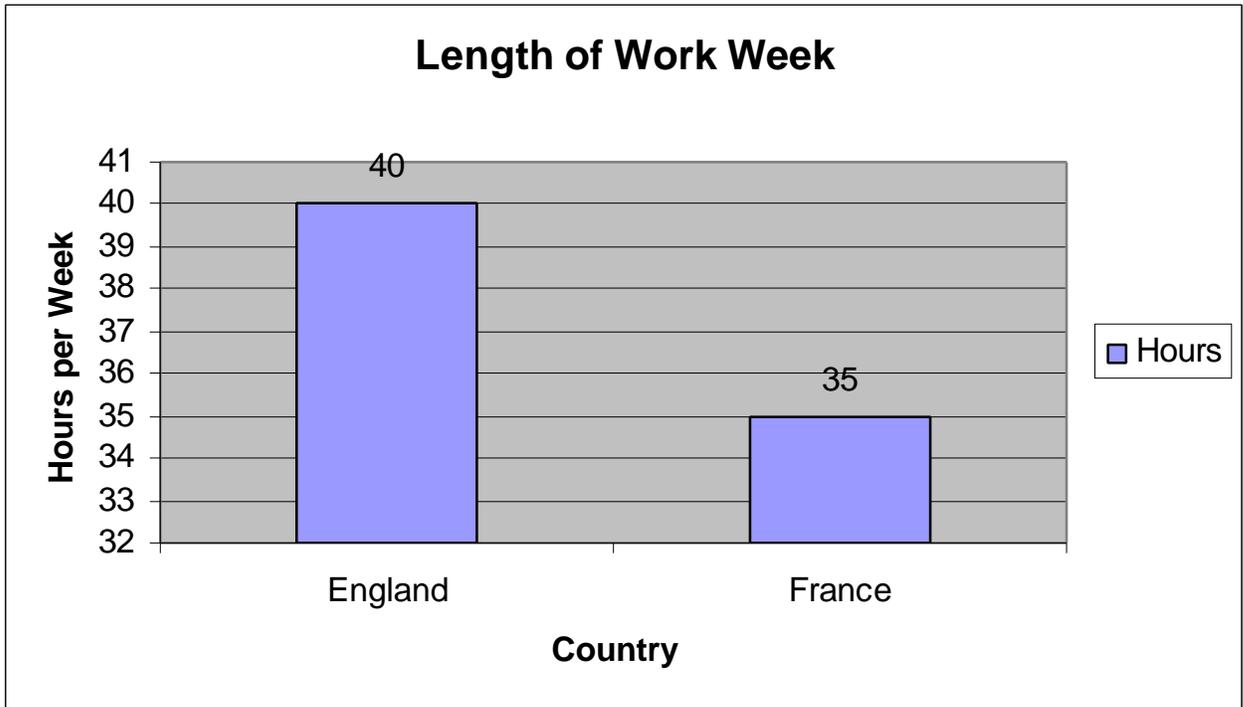


Figure 9: Length of work week in both England and France measured in hours.

there has been pressure to lengthen the work week to 39 hours per week. The average employee in France only works seven hours a day, whereas in England the average employee works eight hours a day. The French then have on average one more hour each day during the work week for grocery shopping, preparing food, and leisure activities such as exercising. France also enjoys a considerable amount of time off, with a minimum of five weeks of vacation, compared to England's four week minimum.⁶⁷ So, due to England's busy work week, the English have less time for meals, which increases the possibility of on-the-go or take-away meals that tend to be less nutritious and higher in fat and calorie content. Since the French do not spend as much time away from the home during the week, this correlates with their lower obesity rates.

Number of Fast Food Restaurants per Country

The “supersize” king, McDonald's, has been accused for contributing to America's obesity problem, with the majority of their happy meals being made up of high calorie, high-fat, low nutrition food, and it might just be hurting other countries as well. While no other country even comes close to the number of McDonald's in the restaurant's home country, the United States, both the United Kingdom and France have their fair share. According to statistics on [nationmaster.com](http://www.nationmaster.com), the United Kingdom comes in fourth for the highest number of Golden Arches, behind the U.S., Japan, and Canada with 1,115 restaurants.⁶⁸ France is sixth, behind Germany, with 857 restaurants.⁶⁹ (See Figure 10) Also by the end of 2004, the United Kingdom had over 1,330 McDonald's

⁶⁷ *Ibid.*, 7-8

⁶⁸ *Nationmaster.com, McDonald's Restaurant*, http://www.nationmaster.com/graph-T/foo_mcd_res (2002).

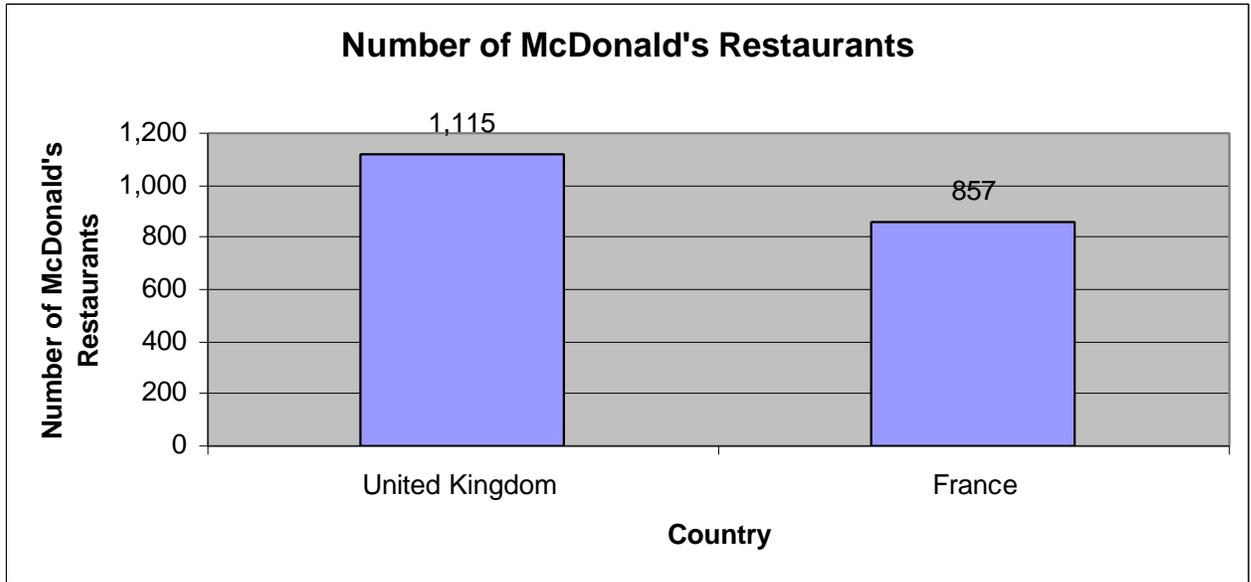


Figure 10: Number of McDonald's restaurants in the United Kingdom and France before 2004.

⁶⁹ Ibid.

restaurants⁷⁰ and France had increased to over 1,000 restaurants.⁷¹ (See Figure 11) The large amount of restaurants, of a global chain such as McDonald's, indicates the globalization level of both countries. England not surprisingly has more locations than France; the French who have always fought against "America Imperialism" somewhere along the road let the restaurant chain sneak in. The high number of McDonald's in both countries implies high levels of globalization and shows the accessibility to a quick and unhealthy meal. The relatively large number⁷² of restaurants in each country also shows the popularity of the cuisine; while the first restaurant may have been pushed in via political pressure, the chain would not have flourished in either country without a strong demand.

McDonald's is not the only American chain making a name for itself in Europe, Subway Restaurants are popping up all over. With 564 in the United Kingdom in 2006, and over a 100 in the greater London area,⁷³ the Brits have been embracing the "Eat Fresh" mentality. (See Figure 12) Subway is a step up from McDonald's offering choices that are low in fat, but subs such as the Tuna Sub with 530 calories and 31 grams of fat,⁷⁴ more calories and more fat than a hamburger and fries,⁷⁵ can be deceiving. Furthermore, Subway features a daily sub deal for just £1.99, with Tuna Subs being featured on Fridays. The Subway craze has not spread as quickly to France, with just 27

⁷⁰ The Times 100K Marketing Theory Business Case Studies, *McDonald's*, http://www.thetimes100.co.uk/case_study.php?cID=28&csID=194 (December 2004).

⁷¹ Sage, Adam, World Times Online, *How France Keeps Children Out of McDonald's*, <http://www.timesonline.co.uk/article/0,,3-1324807,00.html> (Oct. 2003).

⁷² Relatively large in the sense that for a country such as France, that prior to McDonald's entry had very few chain restaurants 857 is significant.

⁷³ Nation Master. Com, *Subway Restaurants*, http://www.nationmaster.com/graph-T/foo_sub_res (2006).

⁷⁴ Nutritional Information based on a 6-inch tuna sub without cheese. Source: Subway website, www.subway.com

⁷⁵ Hamburger and small fry has 510 calories, and 22 grams of fat. Source: McDonald's website, www.mcdonalds.com

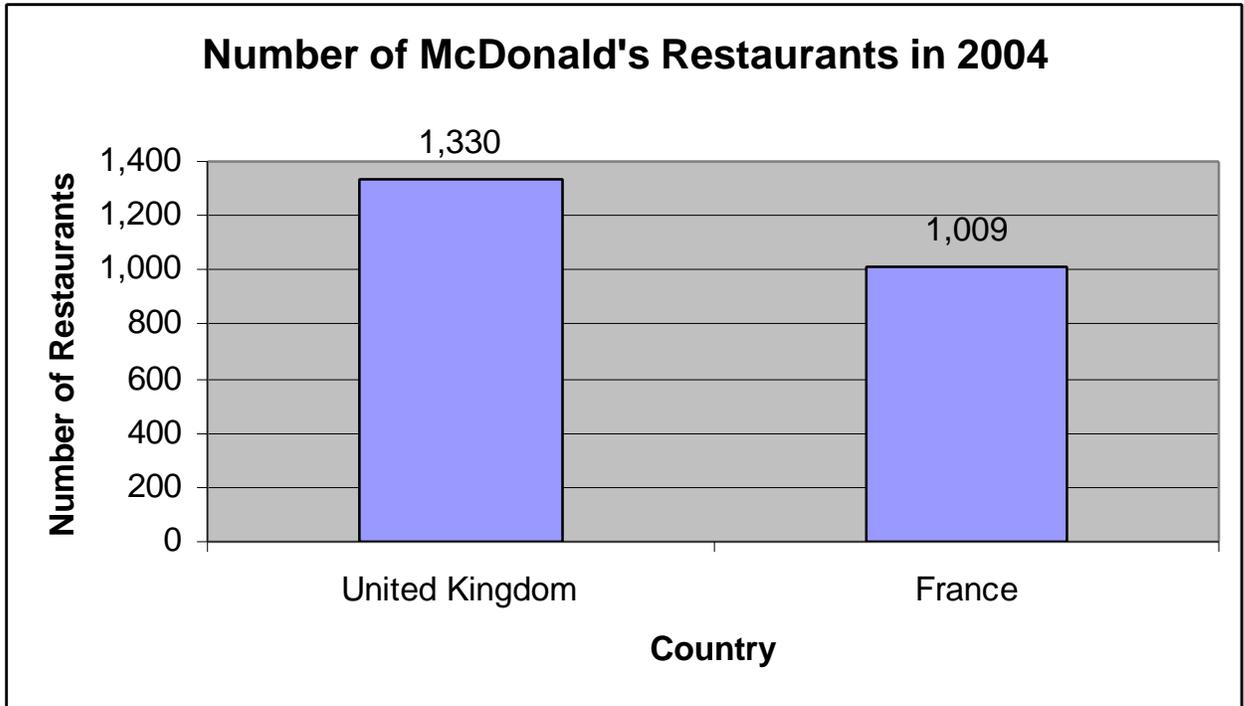


Figure 11: Number of McDonald's restaurants in the United Kingdom and France in 2004.

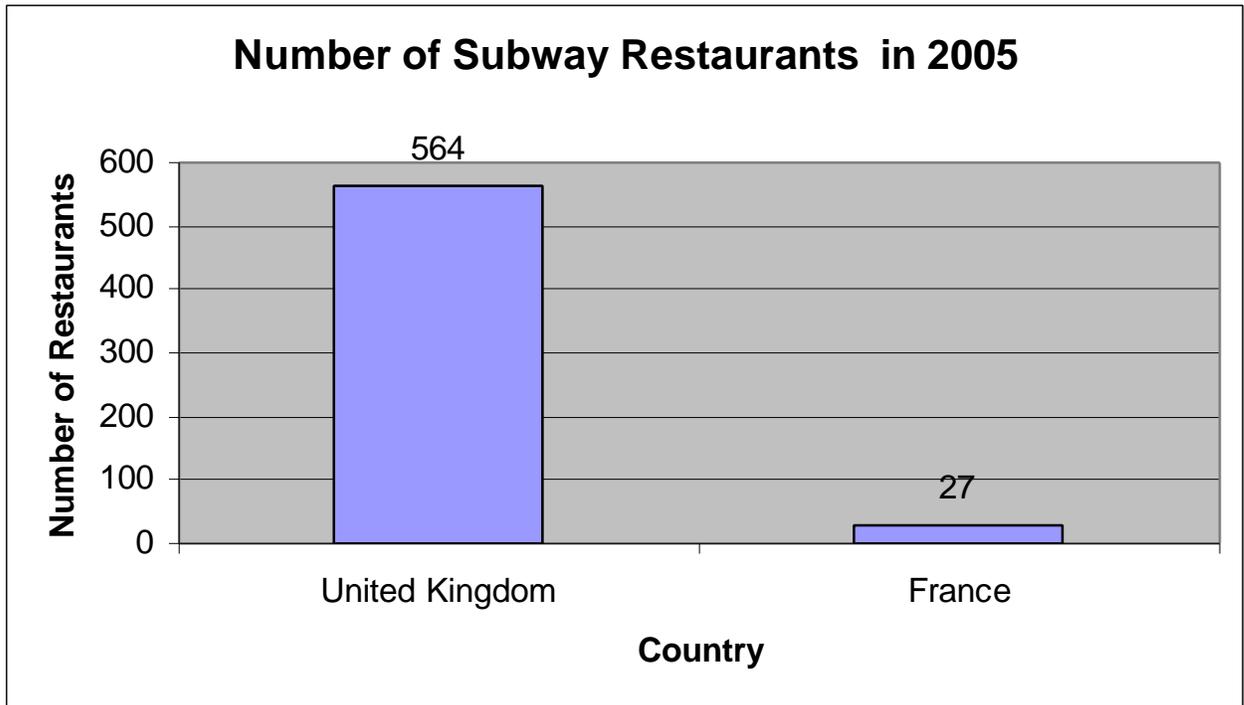


Figure 12: Number of Subway restaurants in the United Kingdom and France in 2006.

restaurants located in big cities such as Lyon, Lille, Paris, and Marseilles.⁷⁶ This data could also help explain the difference in obesity rates; not only has the United Kingdom embraced American fast food chains more readily, but there are more choices available, which may be considered more healthy when in reality they are just as bad.

Fruit and Vegetable Consumption Data in England

In 2000, data from the latest *National Diet and Nutrition Survey (NDNS)* for adults show that in Great Britain just 13% of men and 15% of women consume the daily recommended five or more portions of fruit and vegetables.⁷⁷ This corresponds with the data from statistics collected by the British government that shows an overall decrease in vegetable consumption.⁷⁸ In 1974, the British consumed 2,578 grams per person per week of vegetables including potatoes, and in 2003, just 1,943 grams were consumed.⁷⁹ (See Figure 13) A similar drop in fresh green vegetables is observed, between 1974 and 2003, with 364 grams consumed per person in 1974 and 228 grams in 2003.⁸⁰ (See Figure 14) Another aspect of vegetable consumption, fresh potatoes vs. processed potatoes, shows a similar trend. Fresh potato consumption decreased over the years dropping from 1,318 grams in 1974 to just 600 grams per person in 2003.⁸¹ (See Figure 15) However, consumption of processed potatoes has increased, rising from 119 grams in 1974 to 264 grams in 2003.⁸² These data sets have important implications for rising obesity rates; not

⁷⁶ Nation Master. Com, *Subway Restaurants*, http://www.nationmaster.com/graph-T/foo_sub_res (2006).

⁷⁷ British Heart Foundation Statistics Website, *Most Adults in the UK Do Not Eat Enough Fruits and Vegetables*, <http://www.heartstats.org/datapage.asp?id=4189>

⁷⁸ United Kingdom National Expenditure and Food Survey 2003-2004, Chapter Three, *Trends in Household Purchases* pg 23-24, <http://statistics.defra.gov.uk/esg/publications/efs/2004/chapter3.pdf> (2004).

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² Ibid.

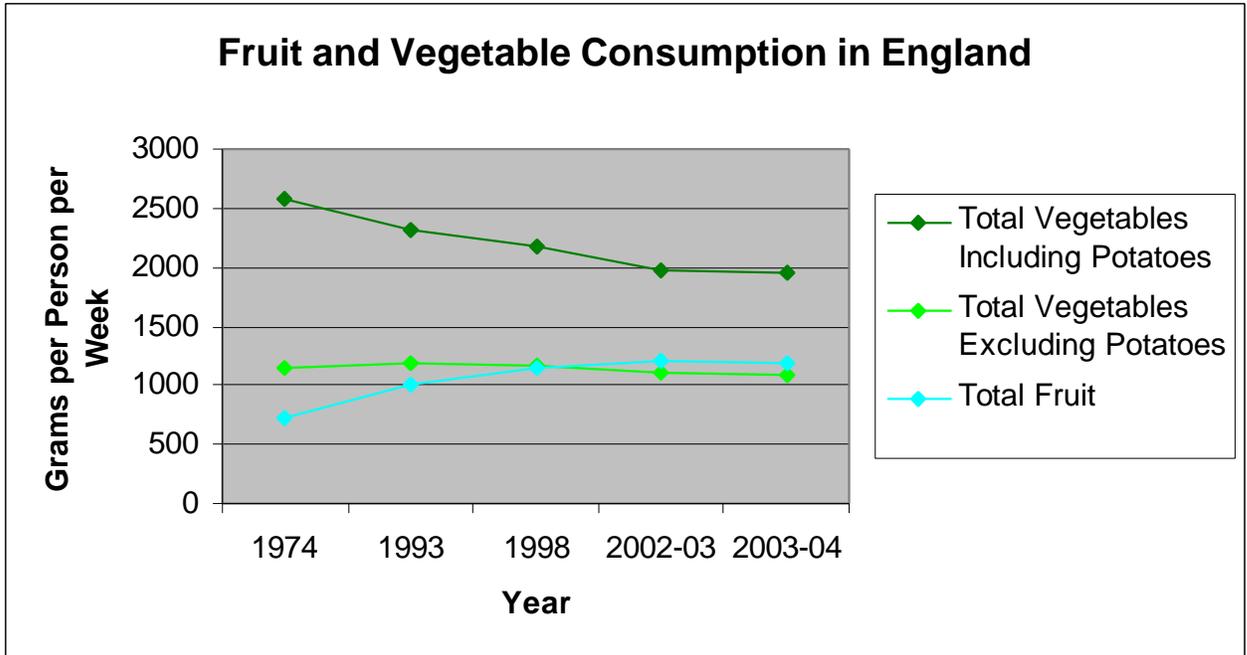


Figure 13: Total vegetable consumption including potatoes, total vegetable consumption excluding potatoes and total fruit consumption in England from 1974 to 2004, measure in grams per person per week.

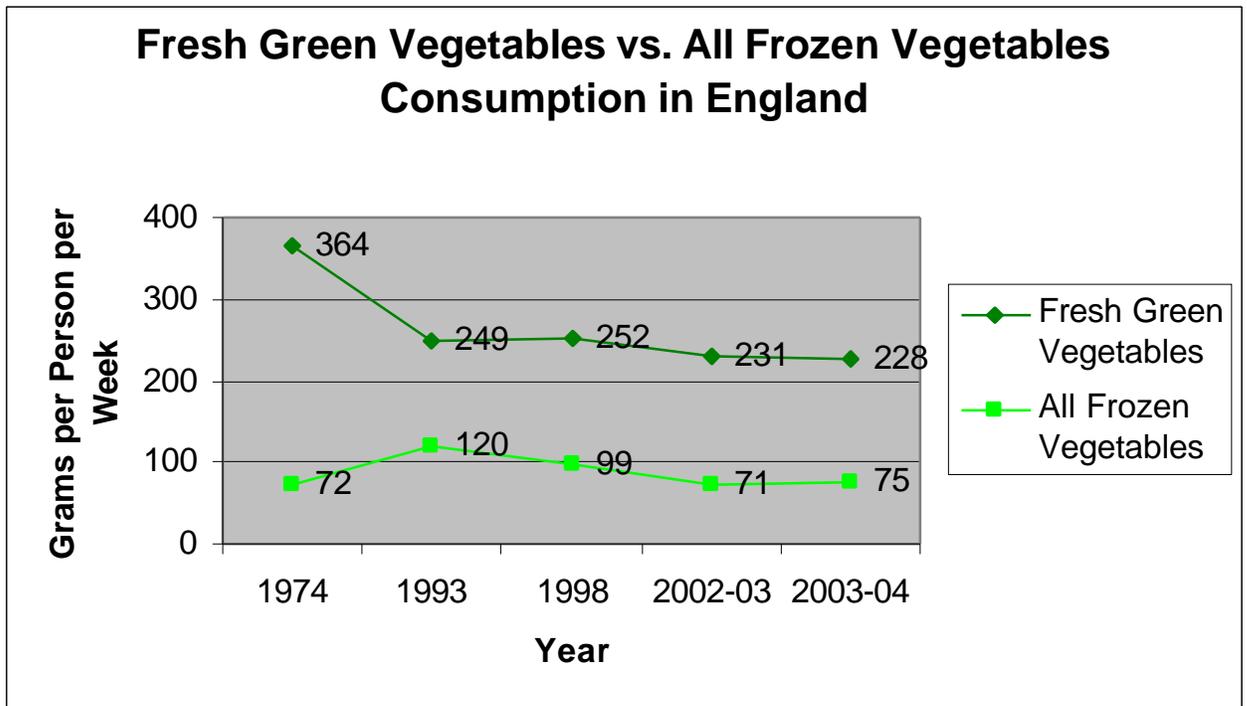


Figure 14: Fresh green vegetables and frozen vegetable consumption in England from 1974 to 2004, measured in grams per person per week.

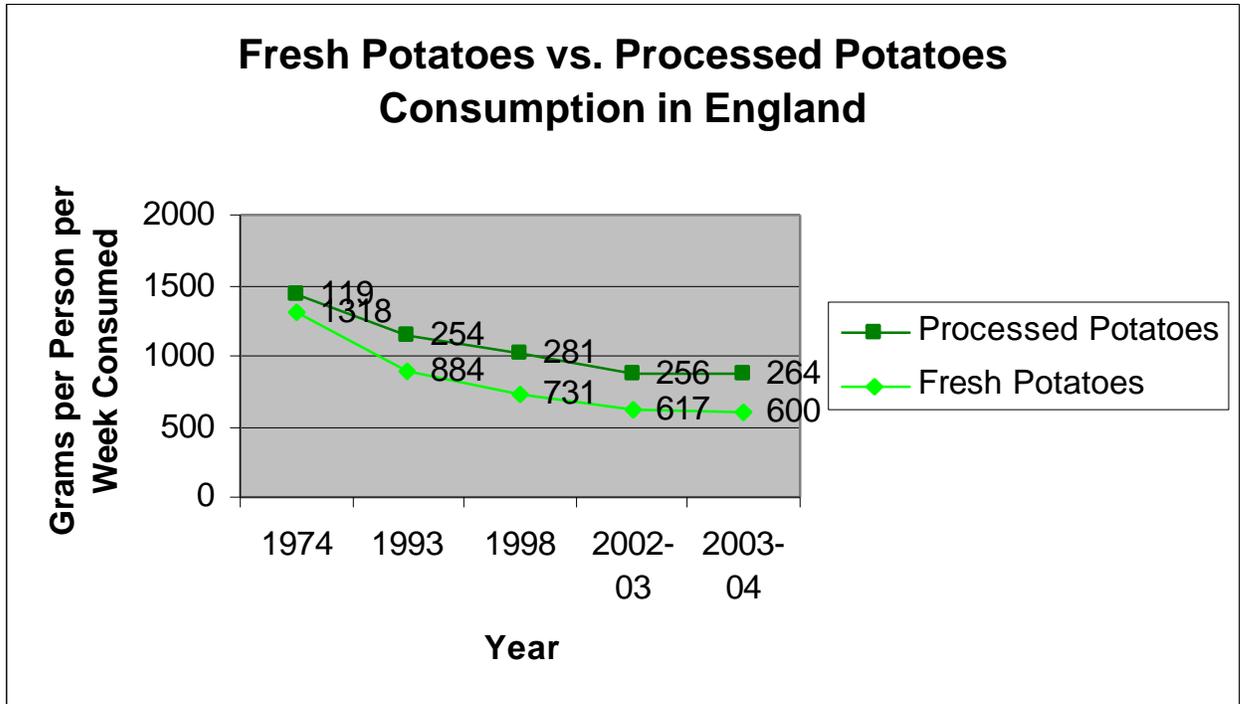


Figure 15: Fresh potato and processed potato consumption in England from 1974 to 2004, measured in grams per person per week.

only have the British been consuming less vegetables since the 1970s, but also less highly nutrient fresh green vegetables have been consumed. Likewise, fresh potatoes consumed have decreased, while processed potato consumption has increased, correlating with the increased availability of processed foods, and to increased globalization.

Fruit consumption in England, on the other hand, has increased, rising from 731 grams per person per day in 1974 to 1,190 grams in 2003.⁸³ (See Figure 13) This difference could be attributed to a variety of things. One possibility is that the United Kingdom's healthy nutrition programs that promote fruit and vegetable consumption are making an impact, but only on fruit consumption. This explanation seems plausible since a piece of fruit is easier to eat on the go in today's busy lifestyles than perhaps a head of lettuce. Finally, because obesity rates were still increasing during this time period, it might just be that along with the unhealthy food consumption, the British have been consuming more fruits as well, or have been just been over-consuming all types of foods.

Fruit and Vegetable Consumption Data in France

Fruit and vegetable consumption in France showed an increase from 2002 to 2003. In 2002, the French consumed 1,774,104.00 tons of fruit, that number increased in 2003 to 1,804,958.00, showing a 1.7% change.⁸⁴ (See Figure 16) The French also began eating more vegetables in 2003, consuming 1,752,560 tons, up from 1,728,550 tons in 2002,

⁸³ Ibid.

⁸⁴ Freshfel Europe, *Fruit and Vegetable Market Consumption Monitor*, pg 8-9, http://193.90.90.233/attachments/24372_Freshfel%20Monitor%20Consumption%202004%20Forbruk%20Europa.pdf, (2004).

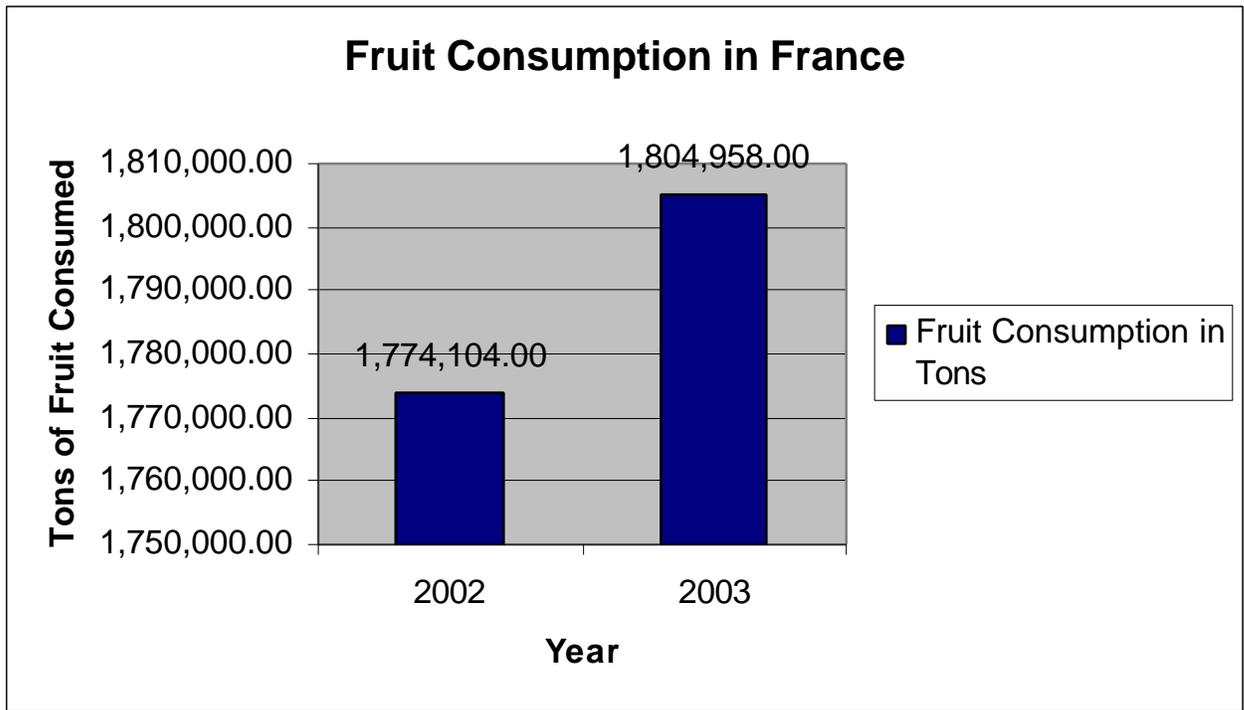


Figure 16: Fruit consumption in France from 2002 to 2003 measured in tons.

showing a 1.2% increase.⁸⁵ (See Figure 17) This increase could be attributed to many things; it could be consumer response to the many promotional campaigns to encourage citizens to eat more fruits and vegetables, or to the campaigns aimed at promoting healthy eating.⁸⁶ The increase could also be caused by a substitution effect; simply that the French are more concerned with their dietary habits and rising obesity rates and therefore are replacing more buttery croissants with healthy apples. However, since obesity rates were increasing steadily over this time period, the increase of fruits and vegetables could be in addition to other less nutritious food choices, causing an overall increase in calories consumed.

Soft Drink and Confection Consumption

While vegetable consumption rates were decreasing in England, soft drink and confection rates were increasing. Data collected starting in 1993 show that the British were consuming 1,471 milliliters per person per week of soft drinks,⁸⁷ which increased to 1,933 milliliters in 2003.⁸⁸ (See Figure 18) Consumption of confections was also on the rise, increasing slightly from 124 grams per person per week in 1993 to 129 grams per person per week in 2003.⁸⁹ This inverse relationship with vegetable consumption implies

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Total soft drinks includes, regular and diet, concentrated and ready to drink

⁸⁸ United Kingdom National Expenditure and Food Survey 2003-2004, Chapter Three, *Trends in Household Purchases* pg 27-28, <http://statistics.defra.gov.uk/esg/publications/efs/2004/chapter3.pdf> (2004).

⁸⁹ Ibid.

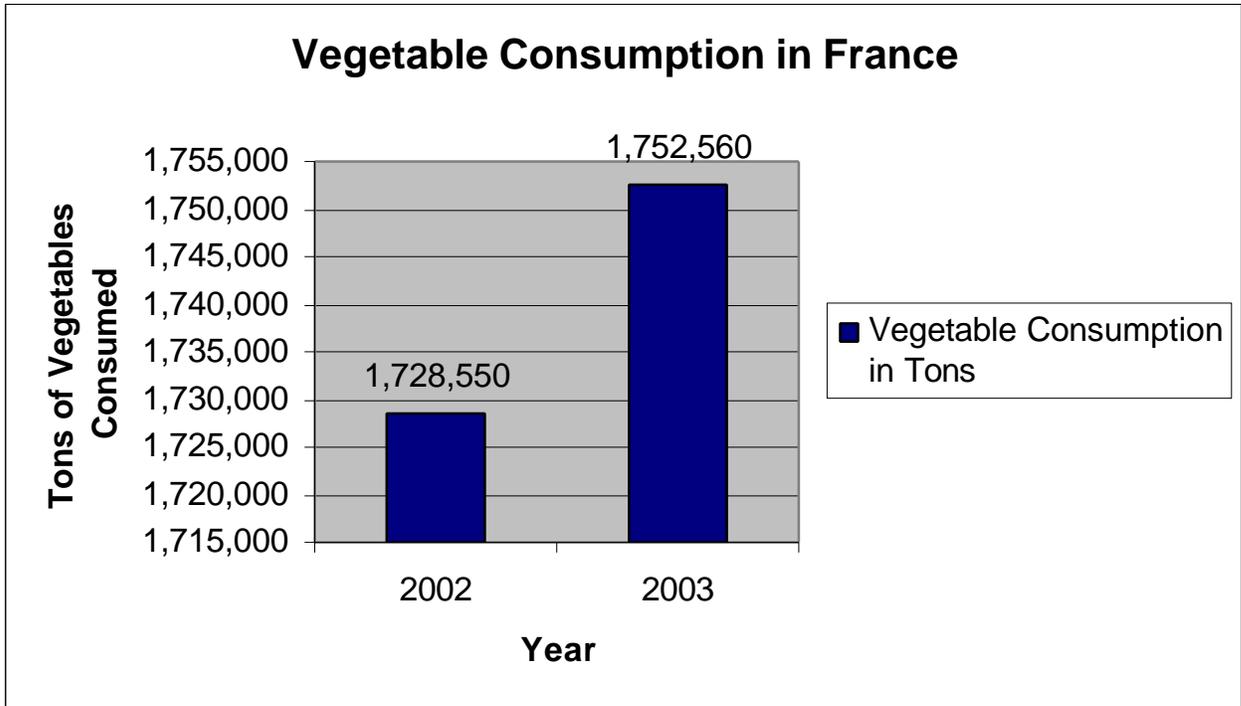


Figure 17: Vegetable consumption in France from 2002 to 2003 measured in tons

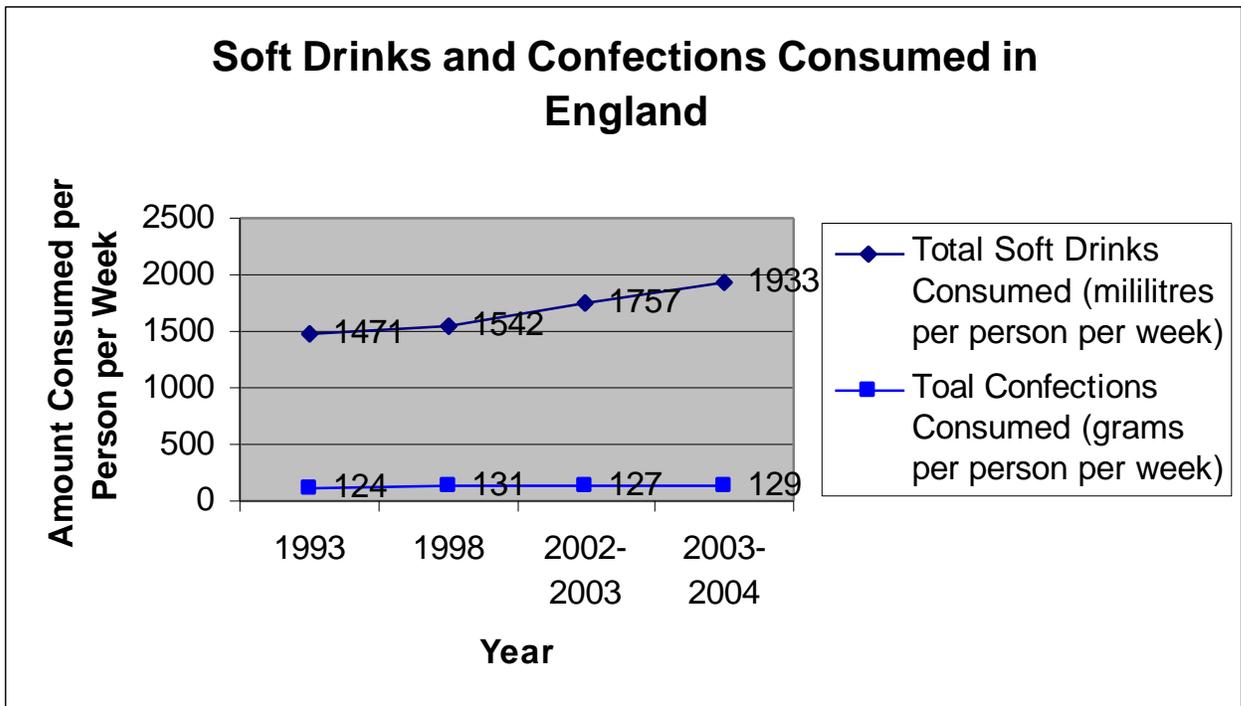


Figure 18: Soft drink and confections consumed in England from 1993 to 2004, measured in millitres per person per week and grams per person per week.

that while fewer vegetables were consumed, more soft drinks and confections were consumed.

Soft drink consumption measured in liters per year for France shows that in 2002, the French consumed 37.2 liters of soft drinks per person,⁹⁰ which is significantly lower than the British who consumed 96.5 liters of soft drinks per person per year.⁹¹ (See Figure 19) So, this again correlates with the lower obesity rates of the French compared to the British, who are not consuming as much fizzy drinks.

Energy, Protein, and Fat Consumption in England and France

Diet statistics of energy, protein, and fat consumption all show an increase in both England and France from 1979 to 2002.⁹² Energy consumption, defined as kilo calories per person per day, increased from 3,170 in England from 1979 to 3,400 kilo calories per person per day in 2002.⁹³ (See Figure 20) Protein consumption also increased from 89 grams per person per day in 1979 to 101 grams per person per day in 2002.⁹⁴ Fat consumption showed the slightest increase, going from 137 grams per person per day to 141 grams per person per day.⁹⁵ The steady increase in calories explains the obesity rates in England and is related to the purchasing ability to buy more food as GDP per capita increased. Furthermore, the continued increase in kilo calories coupled with fruit consumption data, from both England and France provided above, proves that although

⁹⁰ Nationmaster.com, *Soft Drink Consumption*, http://www.nationmaster.com/graph-T/foo_sof_dri_con (2002).

⁹¹ Ibid.

⁹² FAO Statistical Yearbook, *Section D. Consumption: Dietary Energy, Protein, and Fat Consumption*, http://www.fao.org/statistics/yearbook/vol_1_1/pdf/d01.pdf (2005).

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ FAO Statistical Yearbook, *Section D. Consumption: Dietary Energy, Protein, and Fat Consumption*, http://www.fao.org/statistics/yearbook/vol_1_1/pdf/d01.pdf (2005).

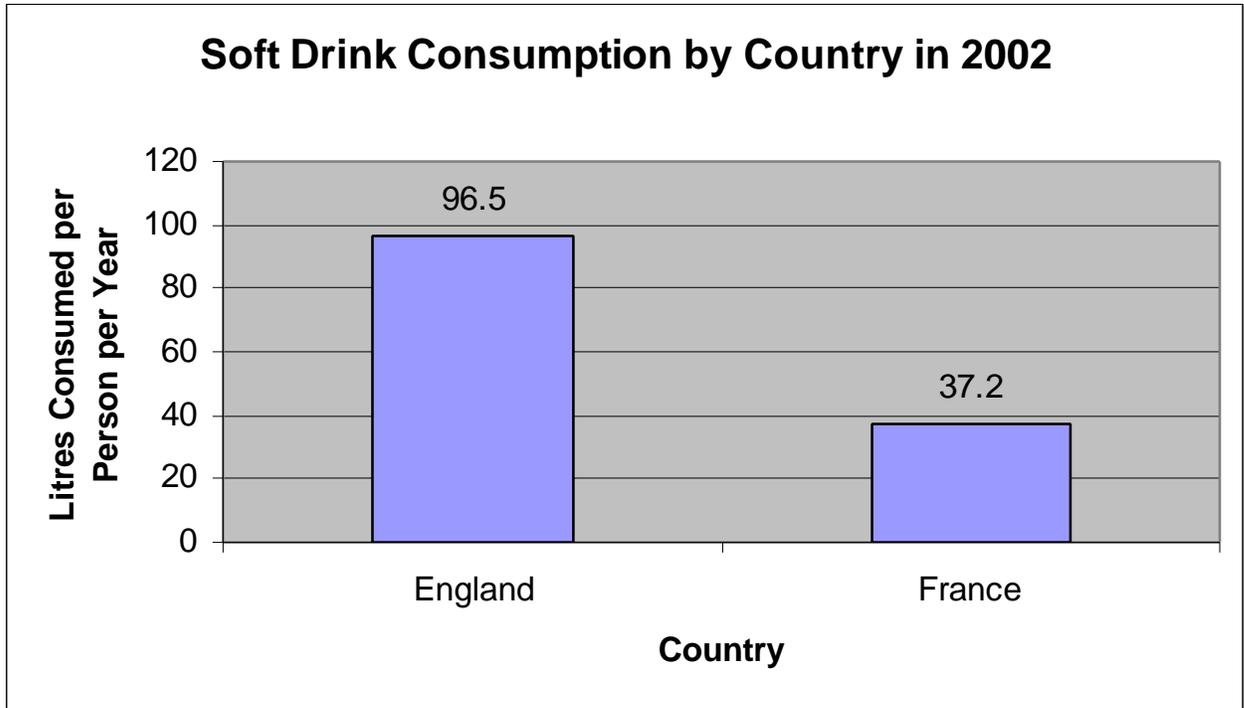


Figure 19: Soft drinks consumed in England and France in 2002, measured in litres per person per year.

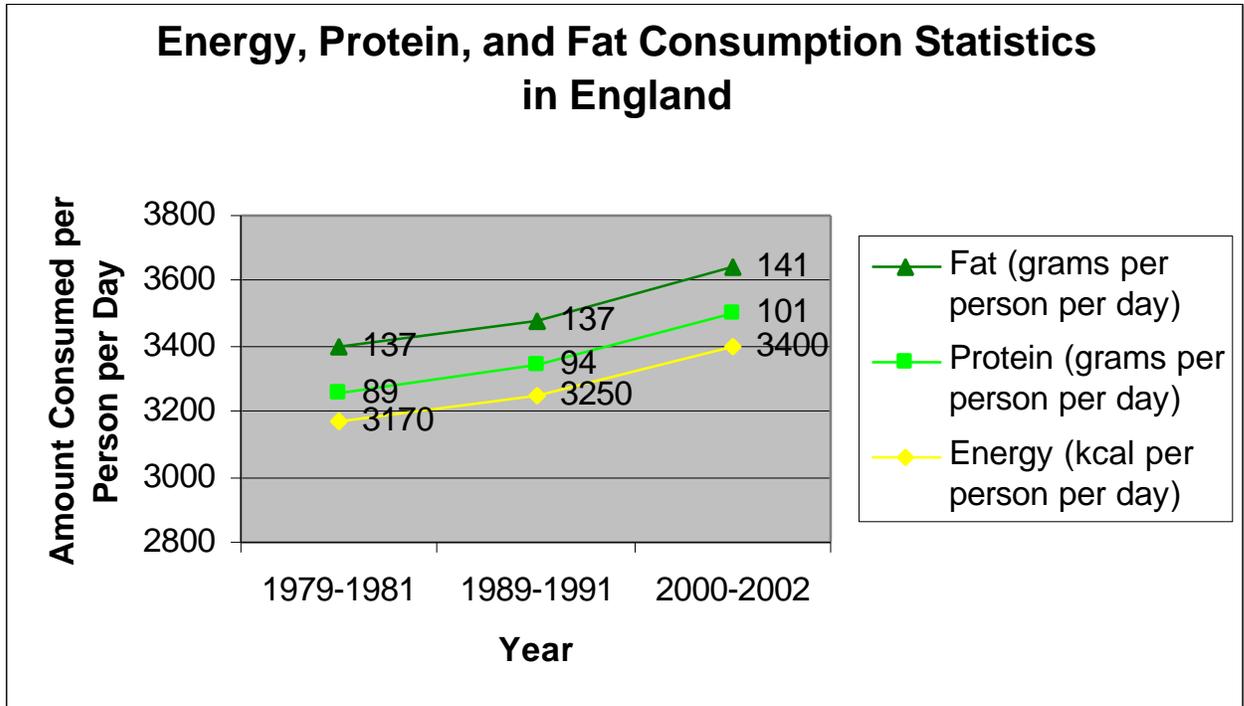


Figure 20: Energy, protein, and fat consumption in England from 1979 to 2002, with fat and protein measured in grams per person per day and energy measured in kilo calories per day.

fruit consumption is increasing, more fruit was consumed in addition to other items. An increase in protein is also correlated with an increase in income level since protein products tend to be more expensive than cereals or fruits and vegetables. The relatively lower increase in fat consumption could be attributed to nutritional guidelines or the more recent low-fat food craze.⁹⁶

In France, the same trends were observed. Energy consumption increased from 3,390 kilo calories per person per day in 1979 to 3,630 kilo calories in 2002.⁹⁷ (See Figure 21) Protein consumption increased from 112 grams in 1979 to 119 grams in 2002.⁹⁸ Fat consumption in France increased relatively more than in England, going from 148 grams in 1979 to 169 grams in 2002.⁹⁹ The larger increase in fat grams in France correlates with the rising obesity rates France has been experiencing since the early 1990s. The increase in calories combined with the increase in fruit and vegetable consumption implies the same as England, that more fruits and vegetables are being consumed in addition to other items, causing a rise in calories. The overall higher energy, fat, and protein consumption of the French, yet lower obesity rates than England, could indicate either a lifestyle difference that encourages more routine exercise, such as walking places rather than driving, a genetic difference, or it could be attributed to France's high rate of smoking.

⁹⁶ Many "low-fat" foods are high in calories instead.

⁹⁷ FAO Statistical Yearbook, *Section D. Consumption: Dietary Energy, Protein, and Fat Consumption*, http://www.fao.org/statistics/yearbook/vol_1_1/pdf/d01.pdf (2005).

⁹⁸ Ibid.

⁹⁹ Ibid.

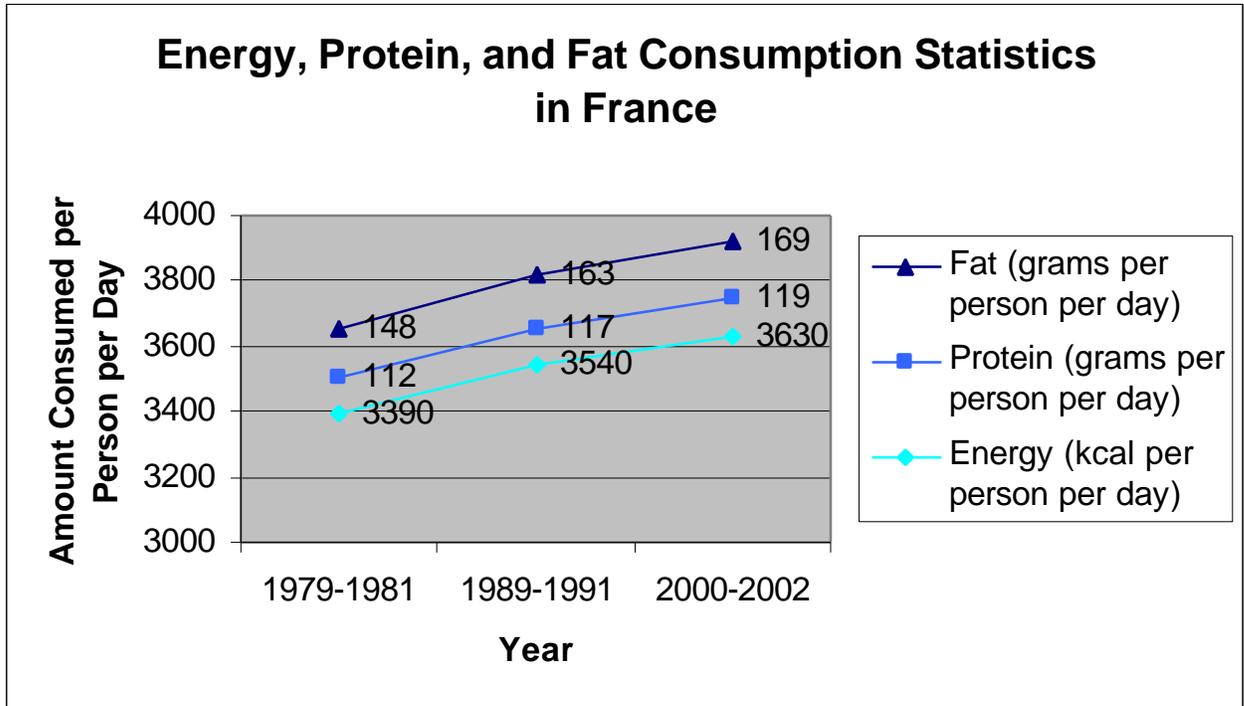


Figure 21: Energy, protein, and fat consumption in France from 1979 to 2002, with fat and protein measured in grams per person per day and energy measured in kilo calories per day.

Economic Structure Data Set

Income per Capita of England and France

The Gross Domestic Product per capita of each country has begun rising steadily for years.¹⁰⁰ England and France's GDP per capita in 2004 differed by just nine-hundred dollars, with England at \$29,600 and France at \$28,700.¹⁰¹ (See Figures 22 and 23) However, those nine-hundred dollars can make a large difference in a person's livelihood and spending power. England led France again in 2005, with a GDP per capita of \$30,900 for England and \$29,900 for France.¹⁰² While both countries experienced a positive change in their income levels, the difference in income levels correlates with the differences in each country's rising obesity rates. Likewise, since England's GDP per capita is higher than France's, one could speculate that England is more globalized.

Trade in Goods Percentage of Gross Domestic Product/ Rate of Openness

The percentage of a country's GDP that is trade in goods shows a level of openness of a country's borders and is another aspect of globalization. Recently, this percentage has been surprisingly higher in France than in England. However, in 1990 England had 41.2% of their GDP in trade in goods, France had 37.1%.¹⁰³ (See Figure 24) In 2002, France took the lead increasing to 46.2%, England decreased to 39.9%.¹⁰⁴ These results show that France has over time become more open to trading and more globalized on that level; these figures also correlate with France's rising obesity rates, implying that

¹⁰⁰ With the exception of any worldwide depressions

¹⁰¹ CIA World Factbook, <http://www.cia.gov/cia/publications/factbook/geos/xx.html> (2006).

¹⁰² Ibid.

¹⁰³ World Bank, *2004 World Development Indicators Integration with the Global Economy*, (2004).

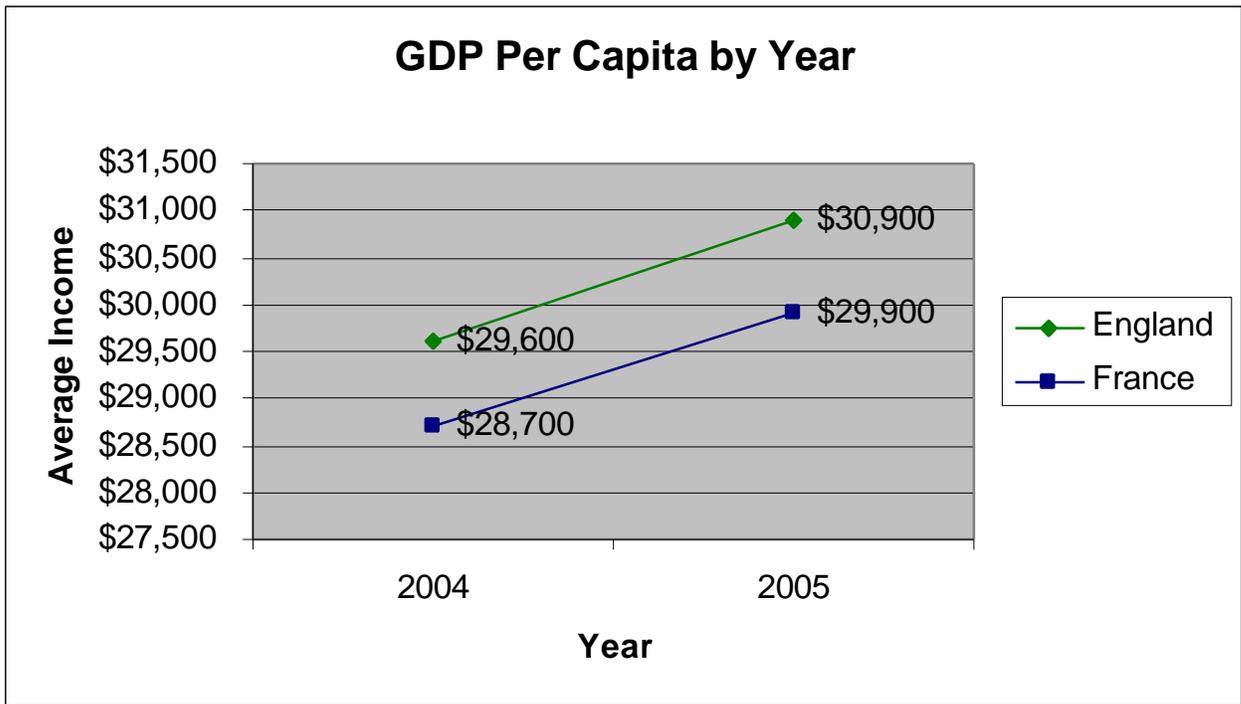


Figure 22: Gross domestic product per capita for England and France in 2004 and 2005

¹⁰⁴ Ibid.

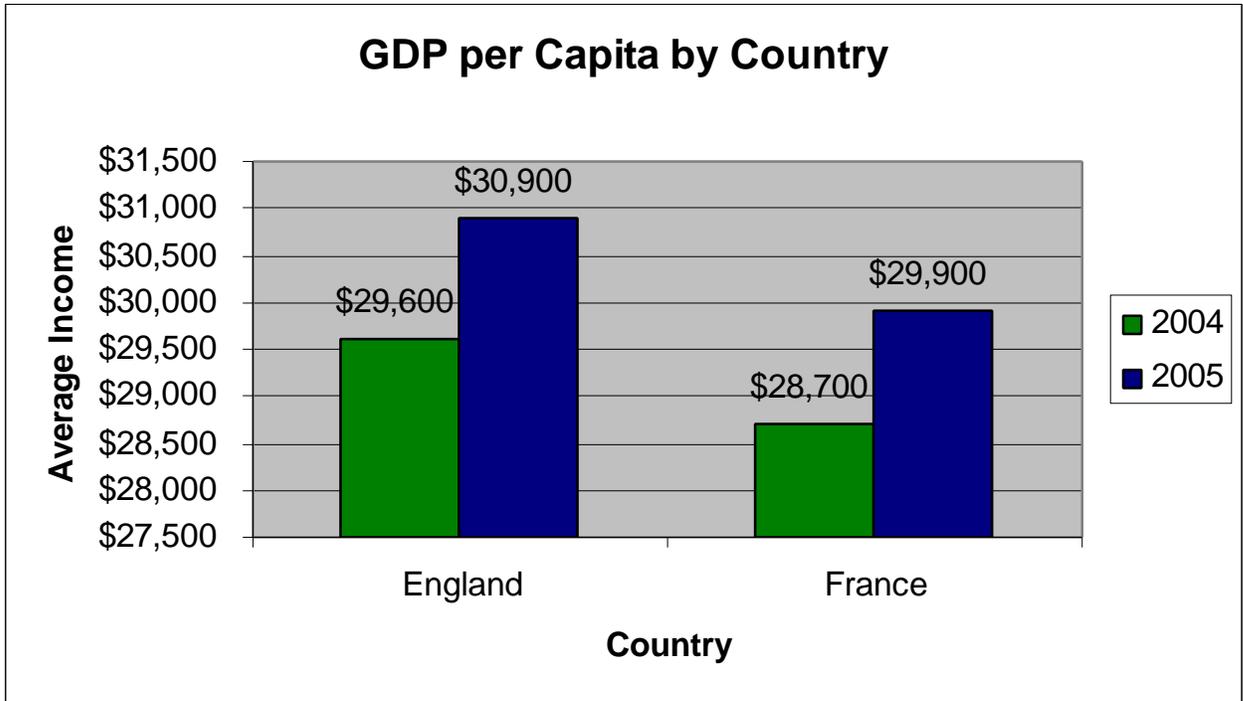


Figure 23: Gross domestic product per capita for England and France in 2004 and 2005



Figure 24: Trade in goods in England and France for 1990 and 2002, measured in percentage of gross domestic product

as more of France's GDP is spent on goods, these goods could be contributing to the obesity levels. England on the other hand has been decreasing its percentages of trade, possibly as domestic production has increased.

Big Mac Index

The "Big Mac index," developed by *The Economist* to show purchasing power parities in a more tangible way, is the cost of the popular sandwich in various countries that have McDonald's Restaurants. For this paper's purposes it will be used as the price of

processed fast foods. Data from 2002 show that a Big Mac in England cost \$2.88 and the average price of a Big Mac in other European countries was \$2.37.¹⁰⁵ (See Figure 25)

Two years later, two whole beef patties, special sauce, on a sesame seed bun, increased in price in both countries, making it \$3.37 in England and \$3.28 on average in the rest of

¹⁰⁵ Euro average is used by *The Economist* rather than individual country prices, all prices are in US Dollars to share purchasing power parity.

Europe. Again, in 2005, the sandwich increased to \$3.44 in England, with the Euro Average at \$3.58. These data results do not produce as clear of implications are previous data, because one would expect to see consistently lower processed food prices in the country with the higher obesity rates. This not being the case, the implication could be that since England enjoys a higher income level, the English are simply able to afford more of this luxury fast food item compared to the French. Also as previously observed, there are more McDonald's Restaurants in England making it a more accessible and obvious choice.

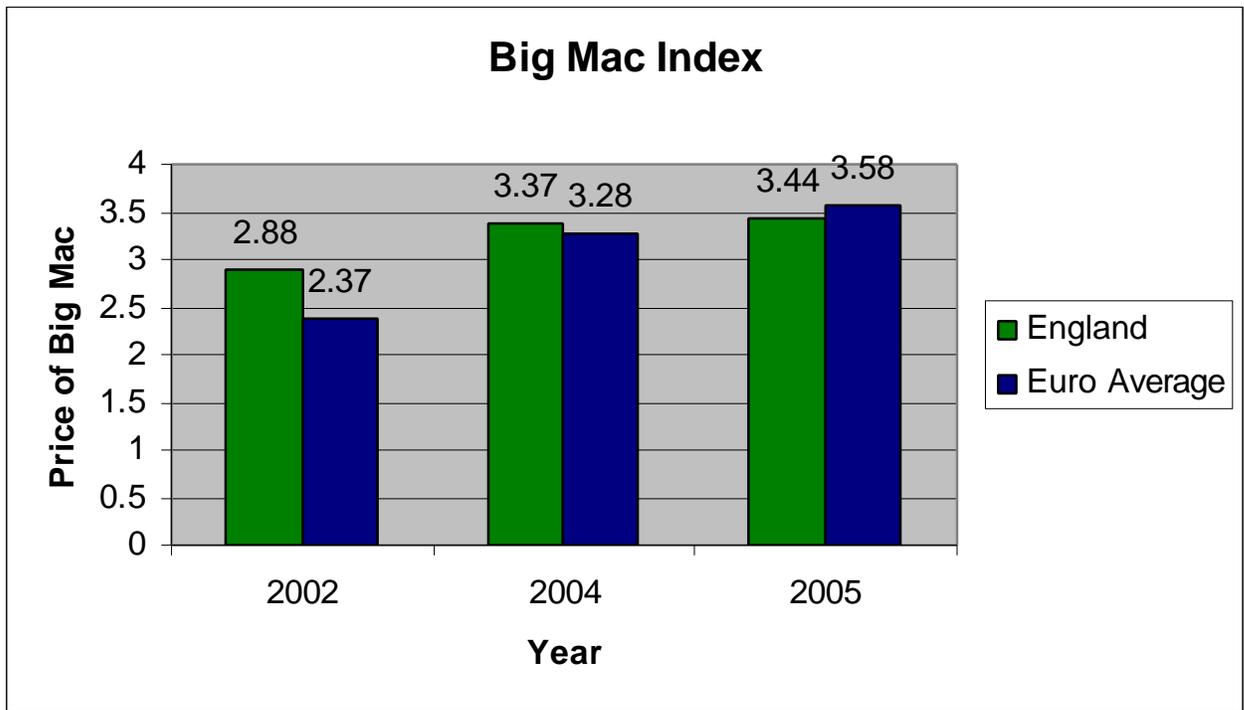


Figure 25: Price of a McDonald's Big Mac in England and the average price in European countries in 2002, 2004, and 2005

Breakdown of Family Structure Data Set

Women in the Workforce in England and France

Since at least 1994, the number of women employed in both England and France has been rising. Data collected from the Organization for Economic Co-Operation and Development (OECD) show that during a span of ten years, 1994-2003, the number of women employed in both the United Kingdom and France has been increasing. As Figures 26, 27, and 28 show, in 1994, the UK had 11,544,000 women working and then in 2003 there were 12,900,100 women working.¹⁰⁶ In France in 1994, there were 9,759,000 women working and then in 2003 there were 11,326,000.¹⁰⁷ Other data from the OECD, state that, in 2001, the proportion of working mothers, i.e., mothers with children under the age of six, was 55 in England and 59 in France.¹⁰⁸ (See Figure 29)

¹⁰⁶ OECD, Labour Market Statistics Data Query, Women Employed in France and the United Kingdom from 1994-2003

¹⁰⁷ Ibid.

¹⁰⁸ OECD, United Kingdom and France Fact Sheet, Social Development Indicators *****

Data was also collected on the number of minutes worked per day by women in England and France in 1995. (See Figure 30) In England, women worked 413 minutes per day and, in France, women worked 391 minutes per day.¹⁰⁹

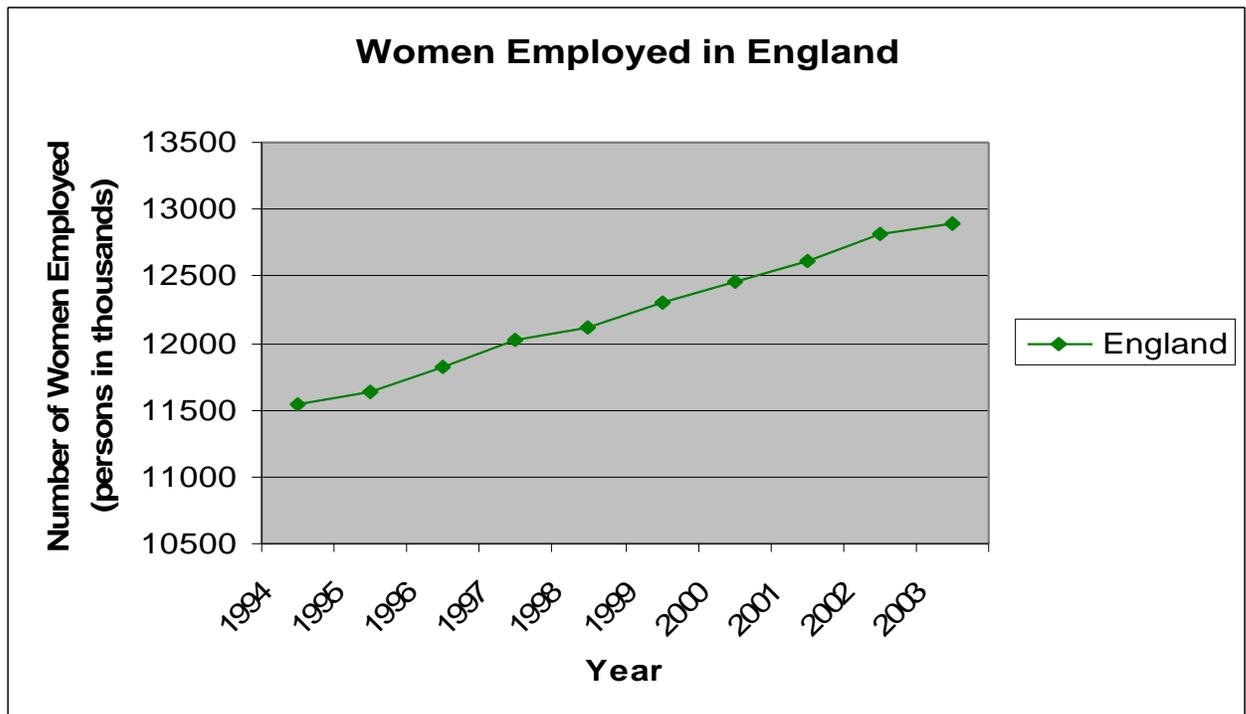


Figure 26: Number of women employed in England from 1994 to 2003 measured in persons in thousands

¹⁰⁹ Nationmaster.com, Total Work Time Females, http://www.nationmaster.com/graph-T/lab_tot_wor_tim_fem (2005).

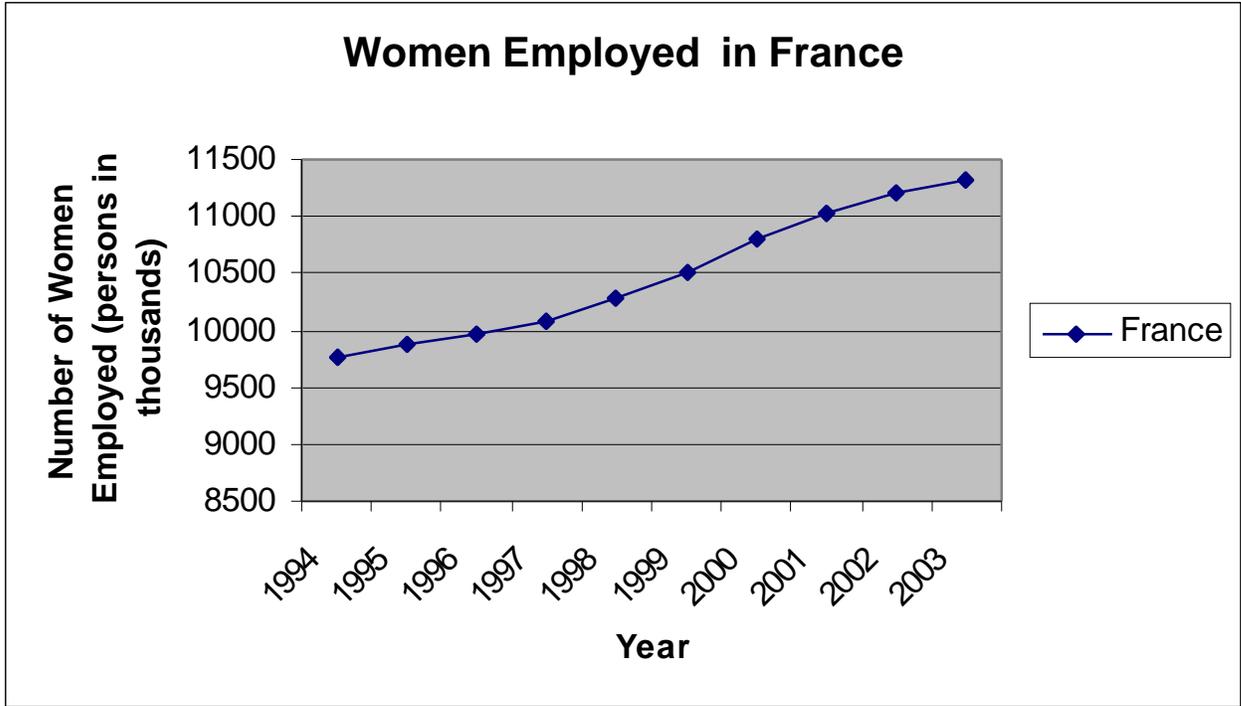


Figure 27: Number of women employed in France from 1994 to 2003 measured in person in thousands

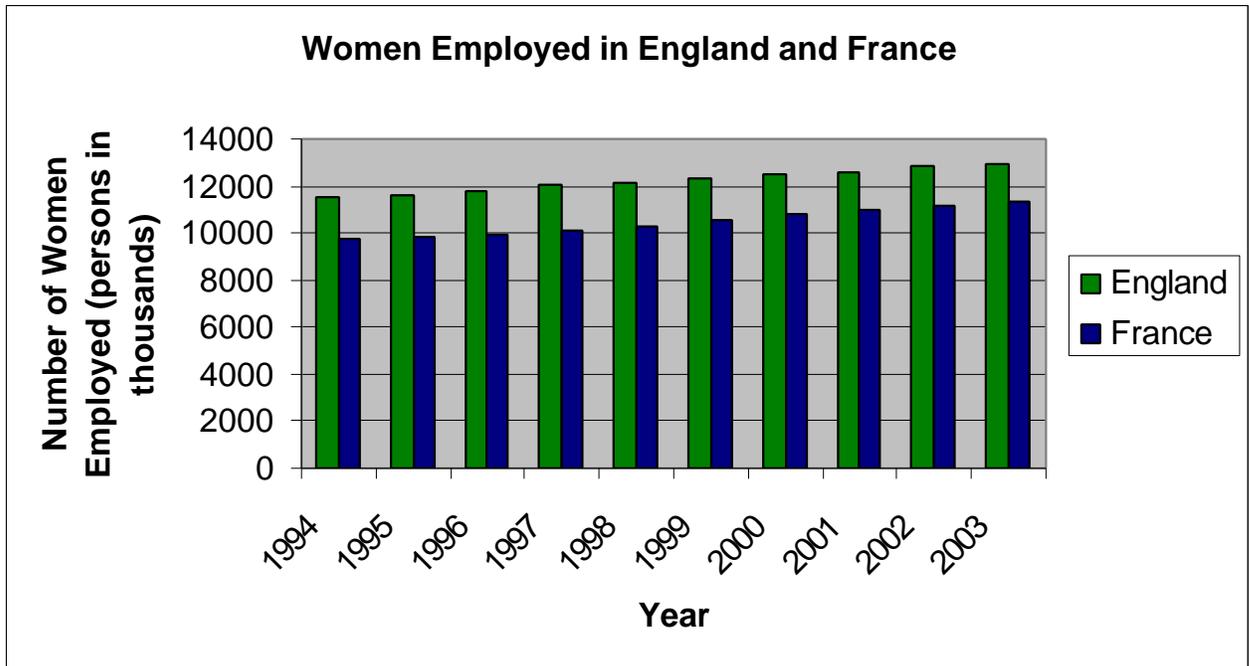


Figure 28: Women employed in England from 1994 to 2003 compared to women employed in France from 1994 to 2003, measured in persons in thousands

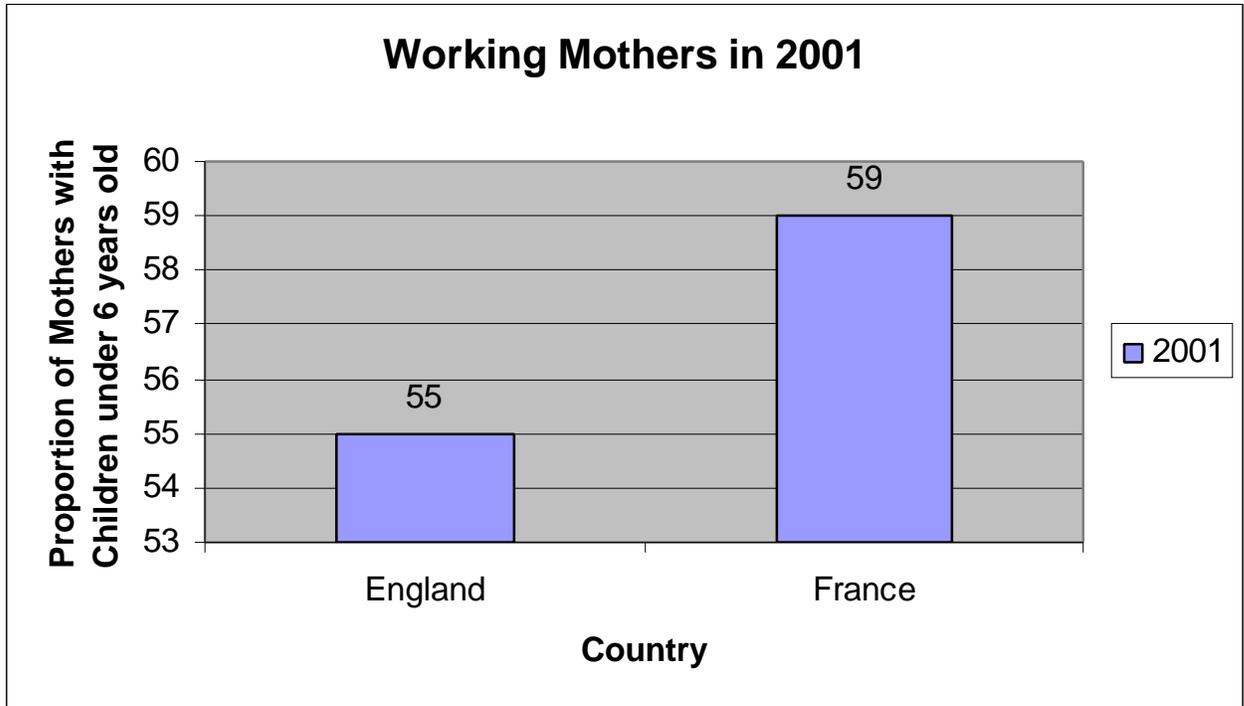


Figure 29: Proportion of working mothers with children under six years old in England and France in 2001

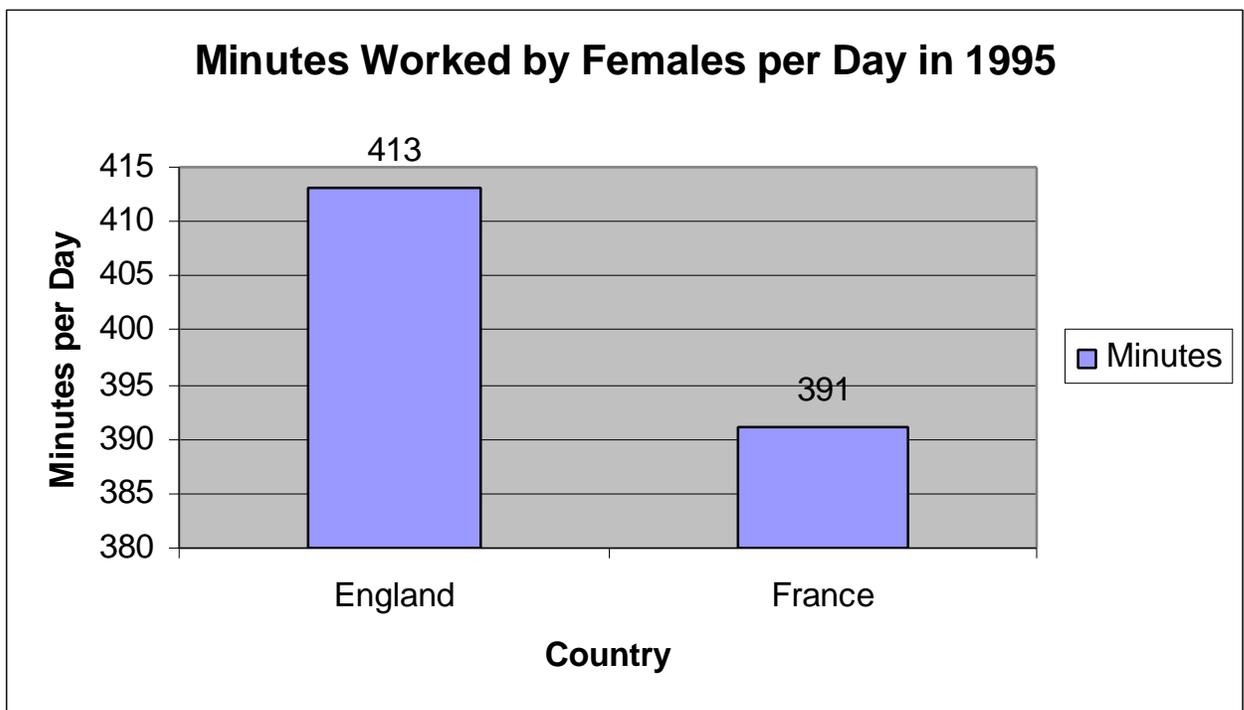


Figure 30: Minutes worked by females per day in England and France in 1995

These results clearly show a correlation between the increasing number of women employed and the increasing obesity rates. As more women enter the workforce, there is less time for the traditional nurturing role that mothers and wives tend to play. This could imply that these working mothers and wives have less time for grocery shopping, monitoring food intake, and preparing meals. Less time to prepare meals could make more convenient, modern pre-packaged or pre-prepared meals more attractive, than time consuming traditional meals. One final piece of data correlates with this finding as well: in France a culture traditionally known for appreciating and taking time to enjoy the gourmet food of their culture, the length of the tradition meal has decreased from eighty-eight minutes in 1978 to just thirty-eight minutes in 2005.¹¹⁰ (See Figure 31)

Children per Household

Research on globalization shows that as a country becomes more globalized, its fertility rate decreases. This is caused by an increase in literacy rates and education programs, an increase in sanitation and hygiene knowledge and eventually medical knowledge, and finally a more industrialized society with a lower a need for manual labor. The average children per household in England of 2005 was 1.66¹¹¹; in France the average is slightly higher at 1.88.¹¹² (See Figure 32) These rates drastically contrast with a less developed country, such as Somalia, whose fertility rates in 2005 were 6.84

¹¹⁰ Rosenthal, Elizabeth, *Even the French are Fighting Obesity*, International Herald Tribune, <http://www.iht.com/articles/2005/05/03/news/obese.php>, (May 2005).

¹¹¹ CIA World Factbook, United Kingdom, <http://www.cia.gov/cia/publications/factbook/geos/uk.html>, (2005).

¹¹² CIA World Factbook, France, <http://www.cia.gov/cia/publications/factbook/geos/fr.html>, (2005).

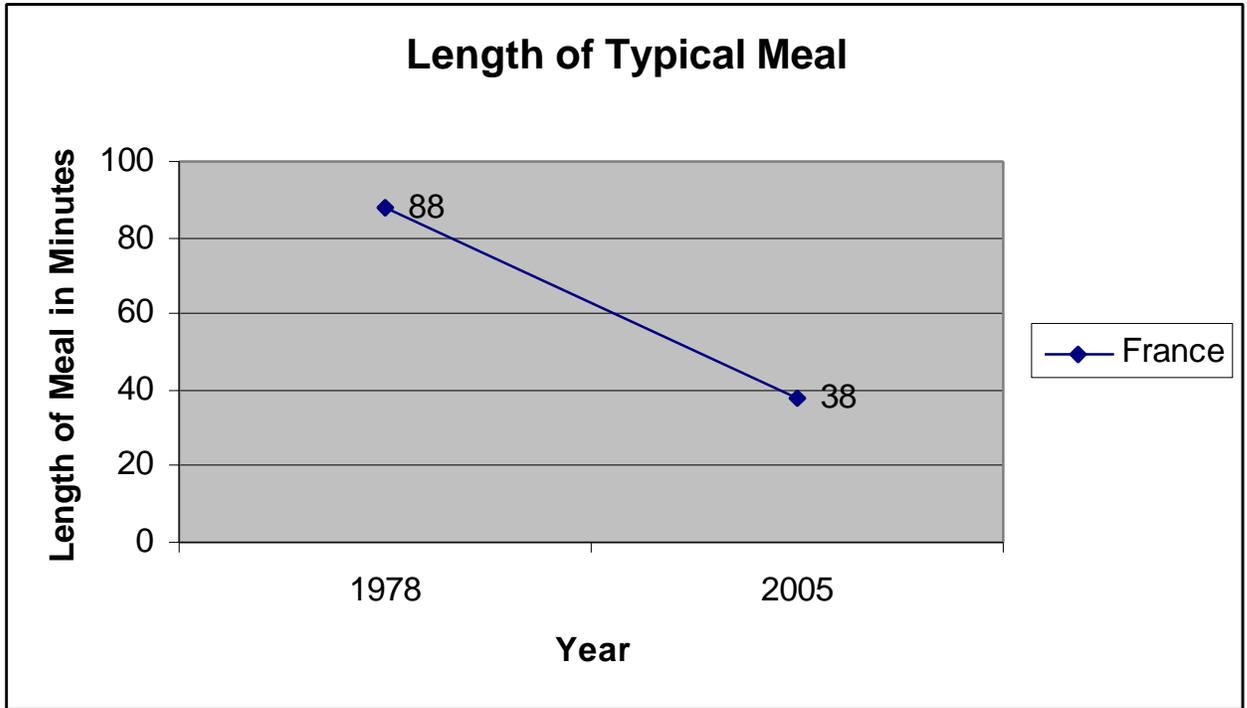


Figure 31: Length of a typical French meal from 1978 to 2005, measured in minutes

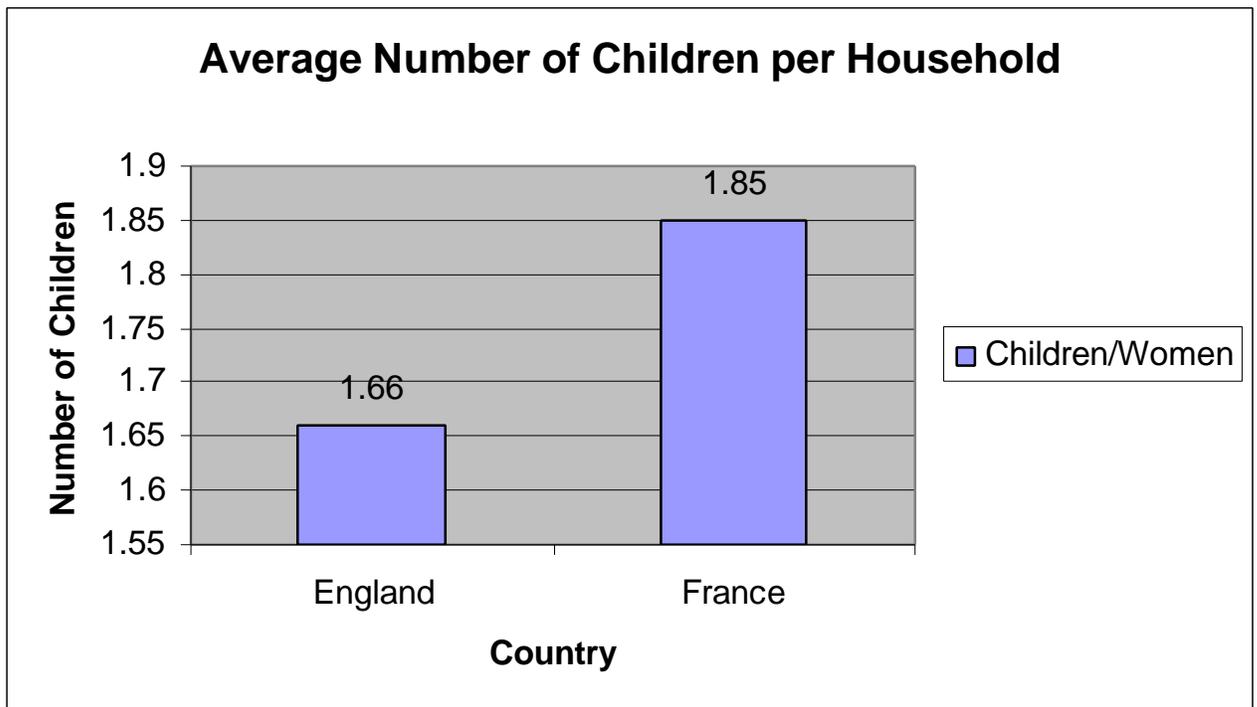


Figure 32: Average number of children per household in England and France in 2005

children born per women.¹¹³ These results show the high level of globalization enjoyed by both England and France. This coupled with both countries' high level of income implies that, with fewer mouths to feed, there is more being given to each child and other family members. Also more money available for food makes luxury or exception items, like fast food or sweets, more attainable for children and the family as the whole.

Consumption and Expenditure of Eating Out in England

In England in 2003, the average British person spent 10.93 pounds per week on eating out or around 19.3 dollars. (See Figure 33) This amount is a significant average. Consumption of take-away meals is also on the rise. Statistics taken from a study on English household purchases show that since 1974, consumption of burgers and buns, pizza, kebabs, sandwiches, and meat based meals have all increased.¹¹⁴ Consumption of burgers and buns increased from one gram per person per week in 1974 to six grams per person per week in 2002.¹¹⁵ Pizza increased from zero grams to nineteen grams; kebabs from two grams to nine grams.¹¹⁶ Sandwiches went from one gram to three grams, and meat based meals went from eleven grams to forty grams.¹¹⁷ These steadily increasing statistics show a trend towards high calorie take-away foods, which would contribute to the increasing obesity rates. Likewise, since 1974 these foods have become more readily available all over the world, not only in the England, but in the United States as well.

¹¹³ CIA World Factbook, Somalia, <http://www.cia.gov/cia/publications/factbook/geos/so.html>, (2005).

¹¹⁴ United Kingdom National Expenditure and Food Survey 2003-2004, Chapter Three, *Trends in Household Purchases* pg 28-29, <http://statistics.defra.gov.uk/esg/publications/efs/2004/chapter3.pdf> (2004)

¹¹⁵ Ibid.

¹¹⁶ Ibid.

¹¹⁷ Ibid.

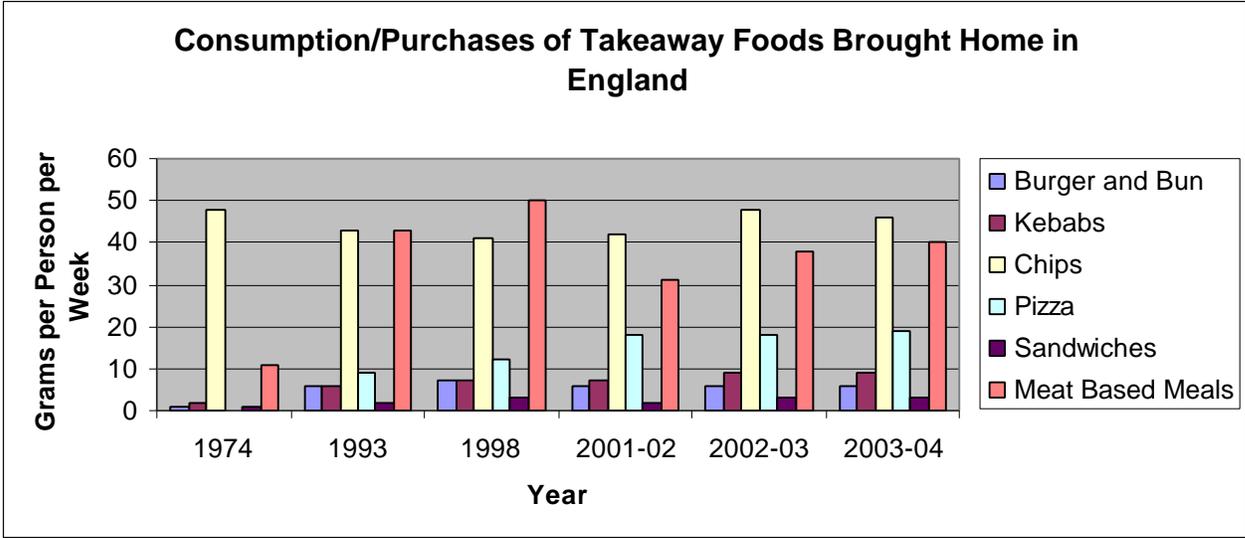


Figure 33: Consumption of “Takeaway” foods brought home in England from 1974 to 2004, measured in grams per persons per week

Other statistics included in this study surveyed total vegetable take away purchases. The total in 1974 was 50 grams per person per week, 48 of those grams came from chips.¹¹⁸ In 2002, total vegetable take away purchases was 57 grams, with 46 of those from chips.¹¹⁹ There is no disputing it, the English love their chips. But, these results also correspond with consumption statistics of processed potatoes, showing that processed potatoes have been a large portion of the English diet for decades. This inherent love of chips coupled with increasing tastes and now the availabilities of fast food from other countries, for example, American burgers, Italian pizza, and Turkish kebabs further explains England's rising obesity rates.

Conclusions

When you bring all of these results together it is clear that increased globalization is playing a role in rising obesity rates. England, which arguably globalized sooner than France, has a higher income per capita, on average fewer children per household, more women in the workforce, a longer work week, and less vacation time, more McDonald's and Subway restaurants, and higher obesity rates. All these factors are linked. There is more money to be spent on food items that normally would be saved for more special occasions, eating out, and food in general. There are fewer mouths per household to feed, so again more money to spend on each child. There are more wives and mothers in the workforce, which decreases time for food preparation, grocery shopping, and encouraging and enforcing healthy food choices. Longer work weeks and less vacation time takes these women and main nurturers away from their family longer than their

¹¹⁸ Ibid.

¹¹⁹ Ibid.

French counterparts. More McDonald's, Subways, and countless other inexpensive and convenient food choices are available to entice every member of the family into making potentially unhealthy food choices and starting an unhealthy lifestyle.

England also has experienced a continual increase in kilo calorie, protein, and fat consumption since the 1970s, which is no doubt correlated with these factors. Similarly, the decrease in vegetable consumption has an inverse relationship with soft drink and confectionary consumption. And although fruit consumption has increased, since kilo calories have also, these fruits were consumed in addition to other food choices, rather than as a substitution for unhealthy food choices. The English have also been spending a significant amount on take-away food and consumption of burgers, pizza, and kebabs, has all been increasing as well. All of these factors have been affected or made possible through globalization, thus globalization has impacted obesity rates.

The French have been more stubborn than other developed countries in the cultural aspect, especially regarding food. The French pride themselves in being culinary experts and tend to laugh at the American specialty, the cheeseburger. However, the French are increasingly laughing while they are eating these cheeseburgers. McDonald's and other American restaurants are slowly but surely creeping into the country. France has not been as resilient to other aspects of globalization, such as increasing income per capita, a low average of children per household, increasing women entering the workforce, pressures to lengthen the work week, and a decrease in the length of a typical French meal.

All of these factors combined are linked to the rise in obesity rates France has recently been seeing. More women are being taken away from homes, which is cutting

into food preparation time, and time spent eating at home. Like England, there are fewer mouths to feed so there is more money for those foods traditionally only enjoyed on special occasions, more money for eating out, and more money for more food in general. Also, more fast food restaurants are gaining popularity in the French market, encouraging different ones to enter France. A greater accessibility and more varied choices ranging from McDonald's to Pizza Hut to Subway makes fast food as a regular meal option more enticing to those working mothers and wives. Likewise, this could be contributing to the consistently increasing kilo calorie, protein, and fat consumption rates. Since, although fruit and vegetable consumption is increasing, since dietary intake is as well something else is being eaten in addition to this fresh produce.

Chapter Four

Solutions, Policies, and Strategies to Combat Obesity

Solutions Offered

The obesity epidemic seems to be on the agenda of every developed country these days, resulting in many different viewpoints about what the best policies and solutions should be. Some solutions offered are national nutritional recommendations or guidelines, programs to push healthy diet and exercise, and programs aimed at increasing fruit and vegetable consumption.¹²⁰ Other suggestions have included, more closely monitoring lunch programs in schools to embed healthy lifestyles to children early on.¹²¹ Finally, many experts have suggested that more extensive food labeling for groceries as well as take away items and items in restaurants could be the key to encouraging healthier food choices. English and French governments both currently have policies in place aimed at hopefully halting rising obesity rates. Other institutions have also given their own policy recommendations, (such as the World Health Organization and the European Union). While the European Union and the World Health Organization are active in setting guidelines and making recommendations, innovative policies and strategies are being developed on the more local level. This chapter will outline the various policies that are in currently in place and those policies that have been suggested by each country and by international institutions.

¹²⁰ World Health Organization, *Controlling the Global Obesity Epidemic*, <http://www.who.int/nutrition/topics/obesity/en/index.html> (2006).

¹²¹ The Center for Health and Healthcare in Schools, *School Health Issues: Obesity & Nutrition*, <http://www.healthinschools.org/sh/obesity.asp> (Nov. 2005).

Policies and Strategies to Combat Obesity in England

The problem of obesity in England has come to the forefront of policy in recent years. Constantly rising obesity rates is affecting the country economically and the quality of life in the country. With one in five British people being obese, the problem is too large for the government not to do something. The British have been extremely concerned with the widening waistlines of English children.

*Ninth Report: Tackling Obesity in England*¹²²

The Committee of Public Accounts released a report detailing the obesity problem and recommendations of how to remedy it in January of 2002. The report begins by outlining the problem and stressing the need for a multi-lateral approach, “involving Government departments and local agencies across a range of different policy areas” to encourage better nutrition and more physical activity. The report also stresses the importance of focusing on children and young adults.¹²³ Two overall conclusions and course of action are drawn in this report. The first was that, the government needed to understand that there is not one specific cause for obesity and that causes vary by region, class, gender, and ethnic group, so a greater understanding of these various causes needs to be established and local programs and strategies need to be put in place. Secondly, while important to combating the current obesity problem through treatment of those already affected, the same amount of energy needs to be focused on a preventative program.

¹²² The Committee of Public Accounts, *Ninth Report: Tackling Obesity in England*, (Jan. 2002)

¹²³ Recognition to earlier programs is also given, such as the National Health Service Plan, which provided that every health authority would have a plan in place for dealing with the obese and overweight by April

To achieve both of these goals, the report lays out multiple detailed steps for how to improve management of obesity within the National Health Service (NHS) and how to develop preventative strategies linking education, physical activity and healthy eating across government.¹²⁴ The report calls for evaluations and enhancements of local health programs to enable better local obesity treatment and prevention. Educating the health sector, on how to identify, treat, and give advice for patients with weight problems is a top priority. Also, encouraging more educated doctors, nurses, and dieticians to play a larger role in schools is a key component for fighting the epidemic. NHS also wants to allow for a greater of flexibility in treatments that health professionals can prescribe, such as different diets, drug therapy, surgeries, or even a prescription for exercise.

With regards to developing preventative strategies the report gives steps to be carried out by numerous governmental departments. The Department of Health is called on to form relationships with those outside of the health industry, such as local authorities, local healthy bodies, charities, and the private sector to promote healthy lifestyle choices.¹²⁵ Likewise, it is their responsibility to carry out the annual Health Survey and develop frameworks for treatment and prevention to be implemented locally.¹²⁶ Finally, the Department of Health is responsible for carrying out further research and for defining the role of the health sector as identifiers of overweight and obese people.¹²⁷ The Food Standards Agency is told to advance the process of labeling food products to make them more helpful. Also it states that, “The Agency should work

2001. However at the time of the Ninth Report not all evaluations of said programs had been conducted and their effectiveness was not known.

¹²⁴ The Committee on Public Actions, *Ninth Report: Tackling Obesity in England*, (Jan. 2002).

¹²⁵ *Ibid.*, 3

¹²⁶ *Ibid.*, 6

¹²⁷ *Ibid.*

with the food industry to develop a code of conduct with regard to the amount and nature of food advertising aimed at children.”¹²⁸

The Department for Education and Skills is asked to help in providing and improving physical facilities so that children may engage in at least two hours of exercise per week. Likewise, the Department is also asked to help improve the nutritional standards of school lunches, with an emphasis on increased fruit and vegetable consumption.¹²⁹ Another solution set to be completed by 2005 requires the help of the Department of Transportation, Local Government, and the Regions with the production of 8,000 miles of cycling paths.¹³⁰ The Department for Education and Employment was asked to continue its investment of £120 million to hire sport coordinators for schools. It was expected that by 2004, 1000 school sport coordinators would be in place. In addition the Department teamed up with the Department for Culture, Media, and Sport to improve arts and sports facilities all over England, while providing a publication titled, *A Safer Journey to School*, which encourages traveling to school by foot or bike.¹³¹

General strategies that involve many departments include educating children on the benefits of a healthy active life and the dangers of being overweight. Also, all departments should help in promoting fruit and vegetable consumption to help foster good eating habits during childhood that will carry on into adulthood. Other preventative strategies include teaching children, cooking and physical skills that make healthy eating and exercising more enjoyable, encouraging kids to join school sport teams, and making

¹²⁸ The Committee on Public Actions, *Ninth Report: Tackling Obesity in England*, pg 3 (Jan. 2002).

¹²⁹ Ibid.

¹³⁰ Ibid., 4

¹³¹ Ibid., 10

communities safer, while promoting going to school by bike or foot.¹³² Also, the creation of an inter-ministerial group designated to promote and monitor physical activity of children is suggested.¹³³ Finally, general strategies with regards to diet include trying out a free fruit-in-schools program, closer monitoring of unhealthy advertisements aimed at children, stressing the idea of a balanced diet and not blaming certain products for weight problems, working with the food industry for the production of foods lower in fat and sodium, and careful monitoring of physical opportunities available in poorer regions of the country.¹³⁴

*Improving School Meals*¹³⁵

In 2005, the British government reported that it would invest £280 million into improving the quality of the food served to school pupils.¹³⁶ With the belief that improved nutritional choices presented at an early age will not only combat rising obesity in children, but prevent it. However, the English made this move in the wake of French proposals. In March of the same year, Secretary of Education, Ruth Kelly promised to strengthen the meals programs in school by imposing stricter minimum standards of nutrition. This was spurred by survey results reported by the BBC, which showed that 40% of children ate chips that day in school, while 85% ate something sweet, cake or biscuits.¹³⁷ Also in 2005, as part of the Hungry for Success effort,¹³⁸ children from

¹³² The Committee on Public Actions, *Ninth Report: Tackling Obesity in England*, pg 9 (Jan. 2002).

¹³³ *Ibid.*, 10

¹³⁴ *Ibid.*, 12-14

¹³⁵ BBC News Online, *Food Matters: School Food in Focus*, http://www.bbc.co.uk/food/food_matters/schoolmeals.shtml#school_food_in_focus (2005-2006).

¹³⁶ *Ibid.*

¹³⁷ BBC News, *School Dinners Around the World*, http://news.bbc.co.uk/2/hi/uk_news/education/4298245.stm (3/12/2005).

primary one and two received free fruit three times a week. British Health Minister Andy Kerr commented on the campaign, “We have embarked upon a mission to improve our healthy as a nation and it is now working.”¹³⁹ Peter Peacock, the British Minister of Education, believes that school aged children are enjoying the more nutritional meals and daily access to fresh fruit and water.¹⁴⁰

Suggestions for Future Policies in England

Prime Minister Tony Blair suggested granting tax breaks for health club memberships in 2003 to help encourage increasing physical activity.¹⁴¹ Other suggestions include proposals for a “fat tax” that would place a 17.5 percent tax on high in fat, low in nutritional value foods. However, critics of this proposal feel that the lower classes would bear the brunt of this new tax.¹⁴²

Policies and Strategies to Combat Obesity in France

Although, their obesity rates are significantly lower than other developed countries, the French are making great strides in the development of anti-obesity legislation and programs. French officials, worried about the speculation of adult and child obesity rates soaring to levels equal to those of England and the United States, have been pushing advanced and potentially controversial programs to fight the epidemic.

¹³⁸ Program aimed at increasing the nutritional content of school meals and encouraging more balanced diets (BBC News)

¹³⁹ BBC News, *Anti-junk Food Push “A Success”*, <http://news.bbc.co.uk/1/hi/scotland/4566212.stm> (12/29/05).

¹⁴⁰ Ibid.

¹⁴¹ Ardell, Donald, *We’re Not Alone: Obesity in England and Other Parts of Europe*, <http://www.seekwellness.com/wellness/reports/2003-11-07.htm> (Nov. 2003).

*National Nutritional Health Programme*¹⁴³:

In 2001, France launched a five year National Nutritional Health Programme with the objective of improving the overall health of the state by focusing on nutrition.¹⁴⁴ This program which laid out nine nutritional objectives consisted of increasing fruit and vegetable consumption so that the portion of French citizens consuming only a small amount was decreased by 25%. The program also called for an increase in calcium intake which would also aid in vitamin D deficiency. Another increase called for increasing the consumption of carbohydrates to 50% of the daily energy intake, hopefully increasing fibre intake while decreasing simple sugar consumption.

Physical activity is also one of the priorities, with the programme calling for a 25% increase in the number of people engaging in thirty minutes of brisk walking each day. Reductions to the diet included reducing fat consumption to less than 35% of daily energy intake, reducing alcohol consumption to two glasses of wine a day, reduction of the mean blood cholesterol level of the population, and reducing blood pressure in adults. Finally, in combination with all of these things, the programme called for the reduction in overweight and obesity rates by at least 20%, hopefully stopping the increase in both adults and children.

¹⁴² Ibid.

¹⁴³ *National Nutritional Health Programme, La Nutrition*, <http://www.sante.gouv.fr/htm/pointsur/nutrition/1nbis.htm#genobj> (2001-2005).

Another report put out by the Objectif Nutrition in September of 2004 outlines the effects that socio-economic status has on childhood obesity. The report gives detailed data on rates of obesity and overweight children by region and relates those to household income. Finally, the report emphasizes the need for an understanding of the direct correlation of socio-economic factors and childhood obesity and the realization that prevention through education of the dangers of obesity is not enough. The report urges the proposed policies take into account that a balanced diet and the ability to engage in physical activity has a cost and for many lower class families this cost creates a huge barrier to enjoying healthy lifestyles.

¹⁴⁴ *National Nutritional Health Programme, La Nutrition*, <http://www.sante.gouv.fr/htm/pointsur/nutrition/1nbis.htm#genobj> (2001-2005).

To help in the execution of the nine objectives, the programme also defines six strategies. The programme recognizes the important factor that ultimately food choice is a personal, individual decision; so one strategy to help the public make healthier decisions is to inform, guide, and educate adults and children on the basics of good nutrition. Another strategy is to include the food industry and consumers in the implementation of the programme's objectives. Strategies number three and four included prevention, screening, and limitation by the healthcare system of nutritional disorders and putting in place a system to monitor dietary and nutritional trends of the country. The programme also sets goals for increased research in human nutrition and focusing on targeted parts of the population as the recipient of complementary public health action.¹⁴⁵

Specifically, the programme calls for multiple actions ranging from creation of a logo and website to aid in informing the public of nutritional guidelines to a national food guide with guidelines for particular groups. Most relevant to this project, the programme called for a mass media campaign in 2001 with the goal of promoting of fruit and vegetable consumption, and with the long term goal of a new different media campaign each year. Also, free fruit distribution to children in schools began in 2002. Improvement of food systems in schools and integrating nutrition into curriculum of schools are the main actions to combat rising obesity in children. Other actions include increasing accessibility to nutritional consultants and educating the food industry in the nutritional field with the potential of healthier foods being produced.

¹⁴⁵ *National Nutritional Health Programme, La Nutrition*, <http://www.sante.gouv.fr/htm/pointsur/nutrition/1nbis.htm#genobj> (2001-2005).

*Improvement of School Lunches*¹⁴⁶

As well as providing free fruit in schools, the French are also hiring top-notch chefs to cook their school meals. In an article written by the Times Online in October of 2004, Dominique Valadier, chef of Lycée de L'Empéri in Salon de Provence, Dominique is interviewed. With a budget of only €1.70 per person, chef Valadier creates dishes such as leek soufflé and squid in its ink with fresh pasta and salmon. The students are only charged €2.30 per meal and are taking advantage of the gourmet cuisine at an extremely inexpensive price. Chef Valadier, in true French tradition, openly admits that his concern is the taste of his food rather than the nutritional value, but something must be working. Valadier said in the article, "I went past the McDonald's opposite the lycée and it was empty."¹⁴⁷

*French Socialist Party Proposals*¹⁴⁸

The French socialist party, led by Jean-Marie Le Guen, has been very active in spreading awareness of the problem of increasing obesity and overweight percentages in France and proposing solutions to this problem. In January of 2005, the socialists proposed a very pro-active approach, urging for the implementation of strategies already proposed or in place in countries with much higher rates of obesity. One of their main proposals is to change the nutritional labeling systems of foods so that information such as calorie content, fat, sugar, and sodium levels are easier to understand. Other suggestions include putting health warnings on unhealthy food products, regulating the

¹⁴⁶ Sage, Adam, *How France Keeps Children out of McDonald's*, The Times Online, <http://www.timesonline.co.uk/article/0,,3-1324807,00.html> (Oct 2004).

¹⁴⁷ Ibid.

amount of advertising for junk foods on TV, and having nutrition labels for cafeteria foods. Le Guen's party also wants children to engage in physical activity for at least thirty minutes a day and hopes to create a new committee in the health minister's department whose focus would be facilitating relationships between the public sector and food industry to deal with this rising epidemic.

Advertising Ban Laws

In October of 2005, the French parliament passed a law which will impose a 1.5% tax on the advertising budgets of food companies that do not promote healthy diets and lifestyles.¹⁴⁹ Food companies will have the choice of attaching one of four approved messages to their commercials or paying the tax. The messages are, "Pour votre sante, mangez au moins cinq fruits et legumes chaque jour" (For the sake of your health, eat at least five pieces of fruits or vegetables each day); "Pour votre sante, pratiquez une activite physique reguliere" (For the sake of your health, practice physical activity regularly); "Pour votre sante, ne mangez pas trop de gras, pas trop sucre, pas trop sale" (For the sake of your health, don't eat too much fat, or too much sugar, or too much salty food); and, "Pour votre sante, evitez de grignoter entre les repas" (For the sake of your health, avoid eating snacks between meals).¹⁵⁰

One of these four messages must be said after radio announcements, appear in press and internet ads, and for television must either run along the bottom covering at

¹⁴⁸ *France Fuels Obesity Fight Concerns, New Laws Proposed*,

<http://meatprocess.com/news/ng.asp?id=59128&n=wh14&c=%23emailcode> (Jan 2005).

¹⁴⁹ The Economist, *Gross National Product: Contrary to Popular Myth, French People Do Get Fat*, December 20, 2005

¹⁵⁰ Le Figaro, *French Food Advertising Laws will Prove Ineffective Admen Say*,

http://www.fromeuropewithlove.net/new_food_advertising_laws_ineffective_say_industry_heads.htm (May 2005).

least 7% of the screen or be shown at the end of the commercial on its own page.

Marketing associates in France say with the increased cost of giving the message its own last page, most advertisers will choose the strip.¹⁵¹ Unfortunately, many do not see this law affecting public health; Vice-President of the French Advertising Agency AACC Christophe Lambert explains, “The tests show that the banners are ineffective. It is impossible to communicate two types of information in a single ad”.¹⁵²

Vending Machine Ban

Along with advertising bans, France has also passed a law that will ban vending machines from schools throughout the country. The September 2005 law bans the sale of food and drinks from vending machines, everything from carbonated beverages to bottled water, candy bars, and chips.¹⁵³ While some believe this law is too harsh, some schools have installed drinking fountains in place of vending machines to supply cool water for students. Others, such as the Union for Popular Movement Party (UMP), feel the law should be amended to allow vending machines in schools only if they are stocked with healthy foods.¹⁵⁴ However, the French government has taken the more extreme route in the hopes of discouraging snacking and combating widening children’s waistlines by removing the temptation all together.

¹⁵¹ Le Figaro, *French Food Advertising Laws will Prove Ineffective Admen Say*, http://www.fromeuropewithlove.net/new_food_advertising_laws_ineffective_say_industry_heads.htm (May 2005).

¹⁵² Ibid.

¹⁵³ Beverage Daily.com, *France Launches Controversial School Vending Machine Ban*, <http://www.beveragedaily.com/news/ng.asp?id=62247> (Feb 2005).

¹⁵⁴ Ibid.

Strategies and Policies to Combat Obesity in the European Region

While British and French governments are doing their fair share to shed light on the obesity problem, international institutions are active as well. Institutions, such as the World Health Organization, The International Obesity Taskforce, and the European Association for the Study of Obesity (EASO) are all concerned with rising obesity rates in Europe. Scared of obesity levels reaching American proportions, these organizations have their own recommendations and strategies to combat the problem in the various European countries.

*World Health Organization Bulletin: A Global Response to a Global Problem: the Epidemic of Overnutrition*¹⁵⁵

Promoting healthy lifestyle choices and leaving the bulk of the responsibility on individuals to change their behavior is simply not enough according to the WHO. This report published in 2002 discusses the need for a new approach to the epidemic of obesity. Use of the mass media, pricing policy, educational programs in communities, workplaces, and schools, and potentially international law are all avenues the WHO believes should be utilized. WHO is looking to form a partnership between the public and private sector and include the food industry in achieving goals such as “adding fruits and vegetables to diets, increasing physical activity, more availability and affordability of health foods, and encouraging the maintenance of healthy body weights”.¹⁵⁶ Other issues include endorsement of reasonable portions, food labeling that is more easily understood,

¹⁵⁵ Chopra, Mickey, Galbraith, Sarah, Darnton-Hill, Ian, *World Health Organization Bulletin: A Global Response to a Global Problem: the Epidemic of Overnutrition*, pg 954, [http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf) (2002).

¹⁵⁶ Ibid.

and food advertisements targeted at children.¹⁵⁷ Limitation of personal food choices is not the a goal either; WHO wants consumers to make their own informed choices and wants to create environments in which making healthy food and lifestyle choices is easy.¹⁵⁸

The strategy, which is structured much like the strategy to decrease tobacco usage, has one key difference: "...unlike tobacco, which kills half its regular users if consumed as intended, 'foods are not deadly products...We all need food for living and we all want to enjoy the food we eat'."¹⁵⁹ So, WHO recognizes the need for involvement by the industry, stating, "The food, sports, insurance, advertising, and many other sectors can endorse and assist in dissemination of nutrition messages, and improve their products across the board to be healthier and contain less harmful nutrition components."¹⁶⁰ Likewise, WHO feels that involving international law mechanisms is an important tool as well. Currently, there is a program called the Codex Alimentarius. The Codex Alimentarius is sponsored jointly by the Food and Agricultural Organization (FAO) and the WHO, and outlines recommended codes of conduct and rules with regards to food safety and fair food trading practices. In 1995, the Codex standards were accepted as the basis for food trading during the World Trade Uruguay Round. Because the Codex Alimentarius has now formally been accepted into the international trade system, WHO believes that certain committees of the Codex Alimentarius could be utilized in the problem of overnutrition. Such committees include committees that regulate food

¹⁵⁷ Chopra, Mickey, Galbraith, Sarah, Darnton-Hill, Ian, *World Health Organization Bulletin: A Global Response to a Global Problem: the Epidemic of Overnutrition*, pg 954, [http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf) (2002).

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid., 954-955

labeling standards and the committee on nutrition and foods for special dietary uses.

WHO realizes that if the scope of the Codex could be broadened that it would be a useful tool for the promotion of better food labels and regulation of value adding items, like sugar and salt, to food products.¹⁶¹

Another suggestion for utilizing international law in this problem is the creation and establishment of a code of conduct to regulate advertising and trading of certain foods. Such a code would be similar to the International Code on Breast-feeding Substitutes, which is a non-binding recommendation provided by the World Health Assembly. Any violations of the code that have occurred just encouraged states to create legislation to handle future problems.¹⁶² A code to help with the obesity epidemic would also encourage the participation of non-governmental organizations to play a role in surveillance of the code. Trade law could also be utilized by encouraging the WTO to put in place stricter nutritional labeling standards, and regulate quantities and advertising of certain foods.

Finally, the creation of non-binding or “soft-law” agreements between countries to be facilitated by the WHO could be effective. While “soft-law” is much more informal and non-compliance can be an issue, “soft-law” requires the participation of non-state actors, as well as all parties concerned, in the creation of guidelines which can in turn promote compliance.¹⁶³ “The enormous advantage of a “soft-law” approach is that it allows countries to tackle problems collectively when they do not want to restrict their

¹⁶¹ Chopra, Mickey, Galbraith, Sarah, Darnton-Hill, Ian, *World Health Organization Bulletin: A Global Response to a Global Problem: the Epidemic of Overnutrition*, pg 955, [http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf) (2002).

¹⁶² Ibid.

¹⁶³ Ibid.

freedom of action unduly.”¹⁶⁴ However, a collective agreement may be hard to establish due to the scope of global influence that food and beverage companies have. Similarly, the depth and complexity of this issue makes codes of conduct and treaties a stretch for solving the problem. Regardless, WHO standards and their importance should not be underestimated, “encouraging countries to develop specific legally binding obligations related to the right to health, and publicizing their compliance or non-compliance, can be powerful influences on countries to rethink their priorities.”¹⁶⁵

*World Health Organization Global Strategy on Diet, Physical Activity and Health*¹⁶⁶

The strategy published in 2003 begins by giving a brief overview of the obesity problem as it was, showing how obesity and overweight are defined,¹⁶⁷ stating the extent of the problem, supplying health dangers associated with the obesity, and explaining reasons why this problem is becoming an epidemic. The reasons given, without empirical evidence to support them, are similar to the changes linked to globalization as outlined in Chapter Three. To refresh, the WHO feels that,

“The rising epidemic reflects the profound changes in society and in behavioral patterns of communities over recent decades...Economic growth, modernization,

¹⁶⁴ Ibid., 955-56

¹⁶⁵ Chopra, Mickey, Galbraith, Sarah, Darnton-Hill, Ian, *World Health Organization Bulletin: A Global Response to a Global Problem: the Epidemic of Overnutrition*, pg 955, [http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf) (2002).

¹⁶⁶ *World Health Organization Global Strategy on Diet, Physical Activity and Health*, http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf (2002).

¹⁶⁷ Obesity and overweight are defined by using the Body Mass Index, which weight in kilograms divided by the square of the height in meters (kg/m²), with a BMI of over 25 as overweight and a BMI of over 30 as obese.

urbanization, and globalization of food markets are just some of the forces thought to underlie the epidemic.”¹⁶⁸

The WHO also relates increasing income, increase in consumption of fat and sugars, and sedentary lifestyles as causes to the growing epidemic. Finally, the report supplies answers to what we can do about it, noting that any solution must contain multiple long-term strategies including “prevention, weight maintenance, and management of co-morbidities and weight loss.”¹⁶⁹ The WHO suggests the use of public policy to establish supportive environments, increased accessibility to healthy food choices and exercise. Also, the WHO wants healthy lifestyles to be endorsed through programs to increase fruit, vegetable, and whole grain consumption as well as healthy fat consumption such as nuts. At least thirty minutes of moderate exercise per day, reduction in the amount of foods high in fat, sugar, and saturated fats should be practiced and promoted. Likewise, changes in the clinical response to overweight and obese individuals should be enhanced through educational and clinical programs.

World Health Organization: Promoting Fruit and Vegetable Consumption Around the World

“Overall it is estimated that up to 2.7 million lives could potentially be saved each year if fruit and vegetable consumption were sufficiently increased.”¹⁷⁰ Statistics such as these are very alarming, which is why the WHO is stressing the importance of this issue not just in relation to preventing obesity, but other disease such as cancer and

¹⁶⁸ *World Health Organization Global Strategy on Diet, Physical Activity and Health*, http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf pg 1 (2002).

¹⁶⁹ *Ibid.*, 2

cardiovascular diseases. Tackling this issue, the WHO has joined with the FAO to work on initiatives to make fruits and vegetables available to all, so that everyone can consume the minimum of 400g of fruits and vegetables per day (excluding potatoes).¹⁷¹ Member states of the WHO urged the need for a coalition to help them in this feat. Worldwide, the WHO is striving to encourage fruit and vegetable consumption, through published research, attending and holding fruit and vegetable conferences and symposiums, assisting in the incorporation of school health programs, and making this part of the goals of national noncommunicable disease (NCD) prevention.¹⁷²

World Health Organization Europe: The Challenge of Obesity in the WHO European Region

This World Health Organization report published in 2005, focusing specifically on the obesity epidemic in Europe, states, “Obesity poses one of the greatest public health challenges for the 21st century, with particularly alarming trends in several parts of the world, including the WHO European Region.”¹⁷³ The report gives an overview of the extent of the problem in Europe, its economic costs, and policy responses. Those policies include accepting that society is to blame for some of this growing epidemic, balancing individual and public approaches, and balancing education preventative based and treatment based approaches.¹⁷⁴ The focus of these policies is on “optimizing the diet”¹⁷⁵

¹⁷⁰ World Health Organization, *Promoting Fruit and Vegetable Consumption Around the World*, pg 1, <http://www.who.int/dietphysicalactivity/fruit/en/> (n.d.).

¹⁷¹ World Health Organization, *Promoting Fruit and Vegetable Consumption Around the World*, pg 1, <http://www.who.int/dietphysicalactivity/fruit/en/> (n.d.).

¹⁷² *Ibid.*, 3

¹⁷³ World Health Organization Europe, *The Challenge of Obesity in the WHO European Region*, pg 1, <http://www.euro.who.int/document/mediacentre/fs1305e.pdf> (May 2005).

¹⁷⁴ *Ibid.*, 2

and increasing physical activity.”¹⁷⁶ Places in which strategies to reach these goals should be put in place are in schools (nutrition added to the curriculum, school meal programs, activities during free time), local communities (transportation, accessibility to outdoor recreation facilities, variations in food supply), the health sector (health care provided to families), and the workplace (promotion of healthy lifestyle choices while at work). Plans to organize a ministerial conference in November 2006 on combating obesity are also in the works in addition to these general recommendations and strategies.

*International Obesity Task Force and European Association for the Study of Obesity:
European Union Platform on Diet, Physical Activity, and Health*¹⁷⁷

An EU platform briefing paper was published in March of 2005 detailing the prevalence of childhood and adult rising overweight and obesity levels. The paper begins by discussing the risks associated with obesity and why focusing on the prevention and treatment of childhood obesity is important. Type 2 diabetes and other diseases such as coronary disease that are generally found in the adult population have recently been affecting more and more young people, and experts are pointing to problem of obesity.¹⁷⁸ While the report does not give specific policy recommendations, the IOTF and EASO do believe that, “Achieving higher standards of nutrition and physical activity to improve the

¹⁷⁵ Optimizing the diet means balancing and in some cases limited food intake, with particular focus on limiting intake of fat, “free” sugars and salt, as well as ensuring a shift towards unsaturated fats and iodized salt and increasing consumption of fruits and vegetables (WHO)

¹⁷⁶ World Health Organization Europe, *The Challenge of Obesity in the WHO European Region*, pg 1, <http://www.euro.who.int/document/mediacentre/fs1305e.pdf> (May 2005). Increasing physical activity is defined as at least 30 minutes of regular, moderate-intensity physical activity on most days of the week (WHO)

¹⁷⁷ International Obesity Task Force and European Association for the Study of Obesity, *EU Platform on Diet, Physical Activity, and Health*, http://www.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/iotf_en.pdf, (March 2005).

wellbeing and protect the health of European citizens young and old must be a major public healthy priority.”¹⁷⁹

With regards to adults, the paper stresses that simply treating those that are morbidly or extremely obese is the wrong way of approaching this problem. Finally, one recommendation given is for the improvement of national surveys on the subject of obesity.¹⁸⁰ Many of these surveys are self-reported or have low response rates, which can misconstrue and as the IOTF believes grossly underestimate actual overweight and obesity rates. Underestimates put the country at a disadvantage, because without proper data and analysis adequate public health policy responses are more difficult to achieve. The paper suggests the improvement or development of monitoring systems so that more accurate and useful statistics can be gathered.

Conclusions

Many policies, solutions, strategies, and recommendations have been offered in this chapter dating back to 2001, however obesity rates are still increasing. Based on empirical data, the only program that appears to be working is the initiatives in both countries to increase fruit and vegetable consumption. Among these propositions the most interesting proactive ones come from France, which is surprising considering France’s obesity rates are still significantly lower than other developed countries. But, if countries with more advanced obesity problems, like England and the United States had

¹⁷⁸ Ibid., 3

¹⁷⁹ International Obesity Task Force and European Association for the Study of Obesity, *EU Platform on Diet, Physical Activity, and Health*, pg 3
http://www.eu.int/comm/health/ph_determinants/life_style/nutrition/documents/iotf_en.pdf, (March 2005).

¹⁸⁰ Ibid., 6

been more aggressively trying to supply solutions to the problem possibly their obesity rates would not have risen/ be rising so quickly. Recommendations and strategies presented that were provided by international organizations seemed to generally be in agreement about solutions to offer: education and more advanced monitoring systems came up again and again and there is agreement that globalization and modernization is a huge contributing factor to the growing epidemic. However, actual policies to address aspects of globalization that are contributing to the epidemic are rare. In the WHO report, *A Global Response to a Global Problem: the Epidemic of Overnutrition*, collective action and utilization of international law was recommended, yet four years later, little has been done. Likewise, the costs associated with being healthy¹⁸¹ were only emphasized in one of the reports, and the only policy relating to it was just a proposal.

Globalization and modernization can not be stopped or impeded, but there are policies which can help cushion the damaging effects on health that developed and developing countries are feeling. Strategies proposed by the WHO would regulate the amount of trade of certain foods, in order to introduce processed and fast foods onto the market slowly so that developing countries, with more traditional diets, can become more used to these high fat, calorie, and sugar foods. Similarly, the WHO and others have suggested stricter labeling standards, labeling of take-away foods, and labeling of cafeteria foods to aid those in developed countries whose markets are already saturated with high fat, calorie, and sugar foods, in making smarter food choices. Finally, more drastic use of law, like prohibiting vending machines and trying to regulate advertising, needs to be implemented in other countries besides France.

¹⁸¹ Fast food and processed foods are cheaper than fresh foods and the cost of having time to exercise.

Chapter Five

Similarities, Causes, and Solutions of the Obesity Epidemic in the United States

Looking at obesity levels in the United States is like taking a glimpse into the future of England and France if drastic actions are not taken to impede their own growing epidemics. Currently, obesity levels in the United States are setting the bar, with an estimated 55% of adults being overweight and one in four obese in 2002.¹⁸² While, France's rates may be significantly lower, it has been estimated that if the French keep on their current path, their obesity levels will reach the level of the United States by 2020. England, however is only a few steps behind the United States, and will match and possibly could surpass U.S. levels. Newspapers, magazines, and television are flooded with stories detailing the growing problem of obesity in the United States, books have been published claiming there really is no epidemic and it is all a hoax, and politicians have proposed everything from banning vending machines to a "Twinkie tax". This chapter gives a quick look into the United States' obesity problem by discussing causes and policies proposed and its similarities and differences as compared to England and France.

Similarities of Causes of Obesity between England and France and the United States

¹⁸² Chopra, Mickey, Galbraith, Sarah, Darnton-Hill, Ian, *World Health Organization Bulletin: A Global Response to a Global Problem: the Epidemic of Overnutrition*, [http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf) (2002).

Obesity – A Global Epidemic, a recent report published in May of 2005 by the American Obesity Association (AOA), explains the problem of increasing overweight and obesity levels worldwide and gives causes for this epidemic. Socioeconomic transition, modernization, and urbanization are the three main culprits cited in the report. With the United States having traditionally been a trail blazer and proponent of globalization and modernization, it is not surprising based on our empirical evidence from other countries that the United States is experiencing higher levels of obesity than other developed countries. With high levels of globalization comes high income per capita. The United States' GDP per capita is \$41,800, over \$10,000 more per year than England or France to spend on food and other leisure activities,¹⁸³ which may or may not include physical activity. However, this high rate of income does not come easily, the majority of workers in the United States are expected to work forty hours a week to be eligible for health benefits, and many work overtime regularly. Likewise, Americans enjoy a life of convenience, meaning nearly all stores and restaurants are open seven days a week.

Not only has the United States been a proponent of globalization and free-trade¹⁸⁴ for decades, but the United States is the birthplace of nearly all of the fast food restaurants that are flooding the global marketplace today, McDonald's, Pizza Hut, Kentucky Fried Chicken, Subway, and Burger King. Being the birthplace in this case means having a fast food restaurant, sometimes even two or three, on every corner. Data from the World Health Organization estimate that there are over 170,000 fast food

¹⁸³ Leisure activities such as going to the movies, renting movies, watching televisions, owning cars, etc.

¹⁸⁴ Free-trade in the most limited sense of the word. Since I understand that the US and other developed countries have a number of protectionist policies in place, such as quotas, subsidies, etc.

restaurants and three million soft drink vending machines in the U.S.¹⁸⁵ This accessibility to a variety of high calorie, high fat, high sugar, and low nutritional value food has clearly taken a toll on the American waistline. Further data from the WHO coincide with evidence and implications provided for England and France; “A recent survey in the USA found that only 38% of meals were home-made and that many people never cooked a meal from basic ingredients; an average restaurant meal provides 1000-2000 kcal, i.e. up to 100% of portions are increasing. Moreover there is a greater tendency to snack between meals

So, not only are Americans more likely to be eating out, but they are eating meals packed with calories. Likewise, with the majority of “home-made” meals being cooked with the help of processed time-saver items, potentially full of sugars and salt, even those eating at home are not eating healthy. There is also empirical evidence that correlates higher prices of fruits and vegetables to the increased chances of excessive weight gain in children. A study released in 2005 by RAND states, “Young school-age children who live in communities where fruits and vegetables are expensive are more likely to gain excessive amounts of weight than children who live in areas where fruits and vegetables cost less.”¹⁸⁶ Children in Mobile, Alabama, the city with the highest relative fruit and vegetable prices, gained an estimated fifty percent more excess weight than children around the country.¹⁸⁷ All factors given in Chapter Three that are correlated to obesity are correlated to the United States, but in greater magnitude.

¹⁸⁵ Chopra, Mickey, Galbraith, Sarah, Darnton-Hill, Ian, *World Health Organization Bulletin: A Global Response to a Global Problem: the Epidemic of Overnutrition*, [http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf) (2002).

¹⁸⁶ News Release, *Rand Study Links Higher Prices for Fruits and Vegetables to Excess Weight Gain Among School Children*, <http://www.rand.org/news/press.05/10.05.html> (Oct 2005).

¹⁸⁷ Ibid.

Policies Proposed to Combat Obesity in the United States

Like England and France, many policies have been proposed by politicians, doctors, lawyers, and those in the media to fight obesity. However, there is more of an emphasis on prevention rather than treatment in the United States. Much of the recent attention to finding a solution to America's widening waistline is spurred by rising direct costs, such as health care, and indirect costs such as more fuel needed to fly planes. Health and Human Services Secretary Tommy G. Thompson stated that the United States spends nearly \$117 billion each year on obesity-related health care.¹⁸⁸

It was recently reported that there are more than 140 bills targeted at fighting obesity being proposed in 25 different states.¹⁸⁹ Some of the most aggressive policies include a proposed "Twinkie Tax", which would place a one percent tax on junk food, generating tax revenues in the billions. "A national tax of one cent per 12-ounce soft drink would generate [an estimated] \$1.5 billion annually."¹⁹⁰ This money could then be used to subsidize healthy foods and for the funding of educational and exercise programs.¹⁹¹ The U.S. Food and Drug Administration (FDA) gave recommendations for ways to improve nutritional food labeling and developing "meaningful" serving sizes.¹⁹² Other proposals have included stricter regulations on advertisements for food aimed at children. This proposal reported in December of 2005, comes after the advertising ban was put into effect in France. However, this proposal would not only encompass

¹⁸⁸ Longley, Robert, *Big Brother – Thinner Brother : Can Legislation Prevent Obesity in America?* <http://usgovinfo.about.com/cs/consumer/a/aathinner.htm> (2006).

¹⁸⁹ Ibid.

¹⁹⁰ Leigh, Suzanne, "Twinkie Tax" Worth a Try in Fight Against Obesity, http://www.usatoday.com/news/opinion/editorials/2004-12-01-obesity-edit_x.htm (2004).

¹⁹¹ Ibid.

¹⁹² Ibid.

television and billboard advertisements targeted at children, but the use of icons such as SpongeBob SquarePants and other cartoons that endorse sugary cereals and other unhealthy food items.¹⁹³

Policies to implement changes in schools have also been proposed, such as stricter regulation of nutritional standards for food sold in schools and requiring chain restaurants to provide consumers with calorie information on menus.¹⁹⁴ A new policy in place in New York City schools bans the sale of whole milk. The nation's largest school district will only be offering one percent, chocolate skim milk and regular skim milk from now on. This decision comes as part of a larger goal to improve nutrition in the district. New York is not the only school banning the higher fat, higher calorie milk, Los Angeles banned whole milk in 2000 and other states like Illinois, New Jersey and Connecticut have also made the move. However, New York is the strictest, with just two flavors being offered, white and chocolate.¹⁹⁵ New York City schools have also banned white bread; every type of bread served to the over 1.1 million children is wheat, from hot dog buns to sliced bread.¹⁹⁶

Other plans for schools are also being put into action; Hartford's legislature announced in February of 2006 that they reached an agreement to ban sales of sugary drinks in public schools.¹⁹⁷ Senator Donald E. Williams Jr. states, "This is the best and

¹⁹³ Burros, Marian, *Federal Advisory Group Calls for Change in Food Marketing to Children*, <http://www.nytimes.com/2005/12/07/business/media/07kids.html?ex=1146110400&en=17881880952046eb&ei=5070> (Dec. 2005).

¹⁹⁴ Burros, Marian, *Federal Advisory Group Calls for Change in Food Marketing to Children*, December 7, 2005, www.nytimes.com

¹⁹⁵ As opposed to strawberry or vanilla low-fat milk that is offered in the other school districts mentioned.

¹⁹⁶ Herszenhorn, David, *In New York Schools, Whole Milk is Cast From the Menu*, <http://www.nytimes.com/2006/02/02/nyregion/02milk.html?ex=1296536400&en=6ea25a679e170ebc&ei=5090&partner=rssuserland&emc=rss> (Feb 2006).

¹⁹⁷ Stowe, Stacy, *Citing Obesity Rates, Hartford Plans to Ban School Sales of Sugary Drinks*, <http://endhungerct.org/PDF/NYTIMES0202.pdf> (February 2006).

strongest bill in terms of standards for nutritious beverages in the country.”¹⁹⁸ The proposed policy would ban vending machine sales of sugary drinks in all public schools, elementary to high school. Chips and other snack foods such as candy are still allowed, but soda, sports drinks, and juices containing less than 100% fruit juice are included in the ban. There would also be a financial incentive to encourage schools to improve nutritional standards. “The state would offer to increase its school lunch subsidies to those districts that sell healthy snack foods and balanced meals, to 15 cents per meal from 5 cents.”¹⁹⁹ While this may seem like a tremendous leap forward in treating and preventing child obesity, Connecticut still has a long road to preventing childhood obesity though since shockingly physical education classes are still not required in their public schools.²⁰⁰

Ironically, this ban comes after an announcement made in August of 2005, by the American Beverage Association: “...beverage companies would stop selling soda and other drinks with added sugar in elementary schools and would restrict the sale of regular, full-calorie soda in middle schools to after-school hours only.”²⁰¹ This voluntary removal of sugary drinks from schools has to be in result of the many fingers being pointed at the beverage and vending machine industry for rising childhood obesity levels.

¹⁹⁸ Ibid.

¹⁹⁹ Stowe, Stacy, *Citing Obesity Rates, Hartford Plans to Ban School Sales of Sugary Drinks*, <http://endhungerct.org/PDF/NYTIMES0202.pdf> (February 2006).

²⁰⁰ Ibid.

²⁰¹ Warner, Melanie, *Lines are Drawn for Big Suit Over Soda*, <http://www.nytimes.com/2005/12/07/business/07soda.html?ex=1291611600&en=fe4fd5f9668ab07b&ei=5088&partner=rssnyt&emc=rss> (Dec 2005).

Conclusions

Proposed policies in the United States, such as advertising regulations, improved food labeling, and vending machine bans, are almost identical to the proposals and policies being implemented in England and France. There is one key difference; the United States' proposals seem to be focused almost entirely on prevention, rather than treatment. Kelly Brownell, director of the Yale Center for Eating and Weight Disorders explains, "Once you are obese, it is very hard to treat, so prevention makes sense...And when you focus on children, you get away from the libertarian argument that adults are just doing this to themselves."²⁰² Policies that are related to treatment, such as the proposed "Twinkie Tax", hopefully dissuading those individuals from buying junk foods, have been largely protested in the United States, stating that the government has no right to regulate what one eats. Thus, due to opposition, policies regarding prevention and especially prevention amongst children have been more effectively passed.

With all of these various policies being proposed why do the statistics not show a change in obesity levels? America is a capitalistic society and it has capitalized on the weight loss industry, which may be part of the cause for a lack of treatment programs. Late night info-mercials advertising for new fad diets, or new and improved pills are a dime a dozen, but they aren't just being shown late-night anymore. Dr. Atkins, creator of the Atkins Diet, has almost become a household name. Other weight loss products such as The South Beach Diet and FDA-banned weight-loss drug ephedra are all very recognizable. Online dating services for full figured people and resorts that are figure friendly are advertised. It is almost as if being overweight has been accepted as part of

²⁰² Connolly, Ceci, *Obesity Gets Part of Blame for Care Costs*, <http://www.washingtonpost.com/wp-dyn/articles/A46123-2004Oct19.html> (Oct 2004).

the culture of Americans. Likewise, with nearly \$10 billion a year being spent on food advertisements aimed at children, childhood obesity is not likely to see a change in the near future.²⁰³ This seems to be the key difference between the obesity epidemic in the United States and the epidemic facing other nations such as England and France -- the land of the free and home of the brave has capitalized on the fat of Americans and many people are becoming rich at the expense of the health of others. So, proposing practically identical policies to those of the French, who are experiencing obesity levels less than half those of the United States, is simply not enough. More drastic aggressive policies aimed at prevention and treatment need to be proposed.

²⁰³ Burros, Marian, *Federal Advisory Group Calls for Change in Food Marketing to Children*, <http://www.nytimes.com/2005/12/07/business/media/07kids.html?ex=1146110400&en=17881880952046eb&ei=5070> (Dec. 2005).

Chapter Six

Conclusions and Implications

Obesity is a growing problem worldwide. Globalization is an unstoppable growing worldwide phenomenon. Globalization is correlated with rising levels of obesity. So, what can be done? Obviously, stopping globalization is not a solution, but addressing the factors affected by globalization as presented in this paper is. England and France are making strides towards combating their obesity problems, but these policies and programs are still not translating into decreasing rates of obesity in either country. But, it is a start and lessons can be learned from these case studies.

In countries where obesity is already at epidemic proportions, mainly the developed world, both treatment and prevention programs need to be emphasized. Although treatment is seemingly more difficult than prevention, it is an important element to solving this problem, especially since leaving those affected untreated only forces more money to be spent on complications of the disease rather than treatment or prevention. However, the obesity problem should not be solved simply because it is affecting health care costs; it should be solved because even though people are living a more convenient life they are also living healthier ones. Treatment can be achieved. The World Health Organization states, “Adverse dietary trends can be reversed if the obesogenic environment is challenged through price manipulation, public education, and clear food labeling.”²⁰⁴ These solutions will involve both treatment and prevention. Creative policies as well as more obvious policies need to be implemented such as tax breaks for health club memberships, and possibly a tax on fatty foods, or things as simple

as improved nutritional value in school lunches or labeling of menu items at restaurants. One would hopefully not order a very popular deep-fried onion appetizer plus an entrée if they were aware that the appetizer alone contained 2,710 calories and 203 grams of fat.²⁰⁵ Most restaurants only supply nutrition facts on the menu for their healthy items, if at all. While this information is available online, most of the population does not look at it, but these facts would be unavoidable if they were on the menu. Most importantly on top of the need for increased nutritional education in schools and through the media, there needs to be a sense of responsibility placed on those that are overweight or obese. While the government should be creating positive programs to combat obesity such as tax breaks for health club memberships it is the responsibility of those affected by this epidemic to try to make lifestyle changes.

Drastic measures need to be taken in countries such as the United States and England in which one in four and one in five citizens are obese. When looking just at obesity levels the numbers are shocking compared to what is being done to stop it. In all three countries looked at, the United States, England, and France heavy agricultural subsidies are given in order to keep out produce from the developing world. This also keeps healthy food at higher prices than other processed foods. Maybe the problem isn't that these countries have become more globalized, but rather that they have not fully globalized. Maintaining agricultural subsidies is costly to the government and to the developing world. True economic globalization lets the market decide the price of goods

²⁰⁴ Chopra Mickey, Galbraith, Sarah, Darnton-Hill, Ian, World Health Organization, *A Global Response to a Global Problem: the Epidemic of Overnutrition*, pg 954 (2002).

²⁰⁵ Chili's Restaurant Nutritional Facts, *Awesome Blossom Nutritional Facts*
http://www.chilis.com/menu/default.asp?Unit_ID=001%2E005%2E0362&tierID=2&menuType=Dine+In&menu=1 (2006).

and services and agricultural subsidies is affecting not only globalization but the health of developed countries.

Other lessons learned can be applied and explain the rising levels of obesity in the developing world. If countries such as the United States, England, and France are wooed by the appeal of fast food chains and pre-packaged processed foods, think of how appealing those items are in the developing world. Due to globalization, brand name recognition is at an all time high. These big name companies like Coca-Cola and McDonald's are more than just convenience and taste in the developing world; they are status symbols. So, as globalization continues, and more and more of these "status symbols" are flooding into the markets of the developing world, it can become unmanageable. "Within a comparatively short period after the introduction of Coca-Cola, Pepsi, and Nestle into China, these brand names were recognized by 65%, 42%, and 40% of the population, respectively."²⁰⁶ Ten, even five, years ago, some of these people had never even seen a hamburger before. Diets consisted of simple, natural things, fresh produce, grains, and fresh meat and cheeses, not high saturated fats and items loaded with sodium and sugar.

With the influx and availability of these items coming at such a high speed, developing countries do not gradually add these things to their diets; they binge and thus become overweight. In Mexico, Mexicans drink more Coca-Cola than milk.²⁰⁷ Something must be done, and the establishment of these chains can be slowed down. Furthermore, as

²⁰⁶ Chopra Mickey, Galbraith, Sarah, Darnton-Hill, Ian, World Health Organization, *A Global Response to a Global Problem: the Epidemic of Overnutrition*, pg 954 (2002).

²⁰⁷ Ibid.

one application of Engel's Law²⁰⁸ suggests, as these citizens of developing countries experience an increase in income a greater proportion of that income will be spent on food, which may or may not be healthy. These findings support even further the need for tempering of fast food chains and processed food access into developing nations. Also, advertisements featuring celebrities can be decreased, and the volume of advertisements in general can be decreased. Anything that will lower the amount of status given to an unhealthy item like a McDonald's cheeseburger.

There is one main thing slowing down the implementation of all of these policies, capital. Capitalism drives globalization and unfortunately unhealthy foods and now even weight loss supplements and diet foods constitute a large market. Restaurants do not want nutritional facts on their menus, since this could hurt business if people knew how fat that one meal was going to make them.

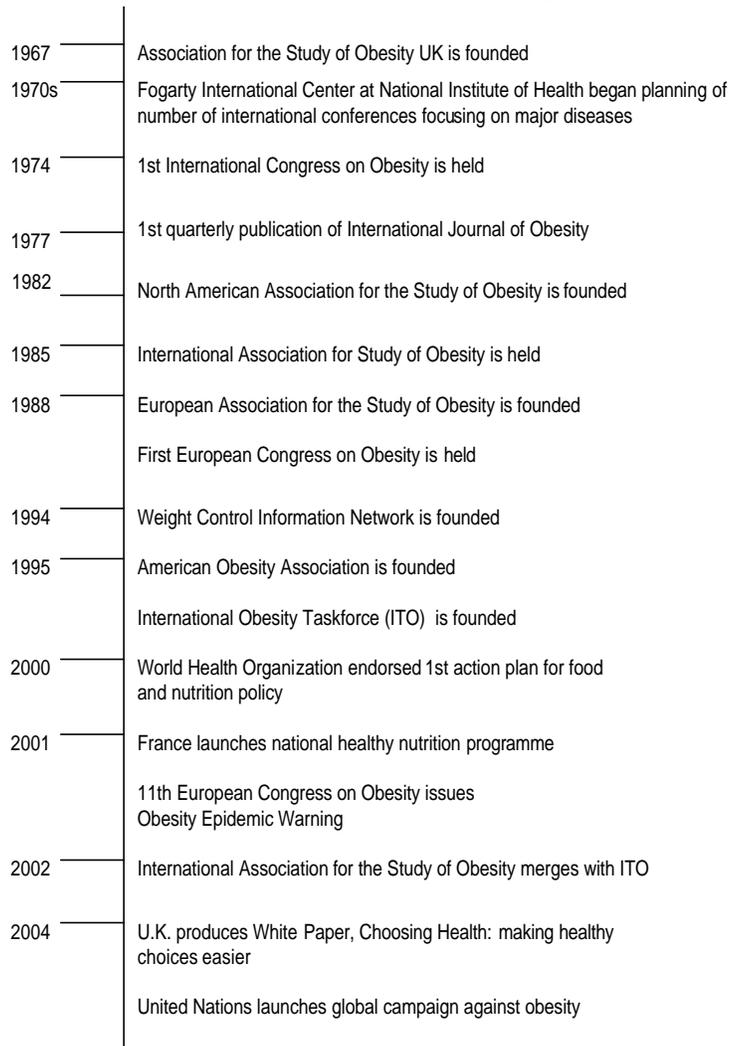
Likewise, advertisers do not want to cut down on advertising to children. There is a commercial running recently for Baked Cheetos, in which cartoon characters carry around bags of Cheetos; but the word Baked is never printed or said during the commercial. The only reason I knew they were baked was because of the color of the bag. So, Frito Lay is still advertising for the Cheetos brand with cartoons. The cartoons are not telling the children that baked chips are better than fried chips, rather the general message is buy Cheeto brand snacks. Even when advertisers claim to be cutting down on advertising unhealthy items to children, there is always a way around it. All of the things that need to be changed and companies that need to be affected have a large lobby behind them. The battle with obesity has been compared to the battle with the tobacco

²⁰⁸ Engel's law is an observation in economics stating that, with a given set of tastes and preferences, as income rises, the proportion of income spent on food falls, even if actual expenditure on food rises. In

companies. There is big money in unhealthy, delicious, inexpensive, convenient food and these companies are not willing to let go of their markets.

other words, the income elasticity of demand of food is less than 1. (wikipedia.com)

Additional Figures



Timeline of Major Events Involving the Social Problem of Obesity

Figure 34: Timeline showing the major events with regards to the development of the social problem of obesity

Works Cited

- "Anti-Junk Food Push 'A Success'." BBC News Online December 29, 2005. 01/12/2006
<<http://news.bbc.co.uk/1/hi/scotland/4566212.stm>>.
- Ardell, Donald B.. "We're Not Alone: Obesity in England and Other Parts of Europe." Seekwellness. November 2003. 02/11/2006
<<http://www.seekwellness.com/wellness/reports/2003-11-07.htm>>.
- Best, Joel. Images of Issue. New York: Aldine de Gruyter, 1989.
- Borowiec, Anthony. "France Says 'Non' to Child Obesity." The Washington Times
(2004) 01/12/2006 <<http://www.washtimes.com/world/20040823-093432-7922r.htm>>.
- "Big Mac Index." Economist.com. January 12, 2006. The Economist. 01/13/2006
<http://www.economist.com/markets/bigmac/displayStory.cfm?story_id=5389856>.
- Burros, Marian. "Federal Advisory Group Calls for Change in Food Marketing to Children." The New York Times December 2005 01/12/2006
<<http://www.nytimes.com/2005/12/07/business/media/07kids.html?ex=1146888000&en=31a8b0d41e864b00&ei=5070>>.
- Chopra, Mickey, Galbraith, Sarah, Darnton-Hill, Ian. World Health Organization. A Global Response to a Global Problem: the Epidemic of Overnutrition. (2002) 10/15/2005
<[http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf)>
- Connolly, Ceci. "Obesity Gets Part of Blame for Care Costs." Washington Post October 2004 12/22/2006 <<http://www.washingtonpost.com/wp-dyn/articles/A46123-2004Oct19.html>>.
- "CIA World Factbook." World Factbook. (2006). CIA. 02/11/2006
<<http://www.cia.gov/cia/publications/factbook/geos/xx.html>>.
- "Controlling the Global Obesity Epidemic ." World Health Organization. n.d.. World Health Organization. 11/13/2006
<<http://www.who.int/nutrition/topics/obesity/en/index.html>>.
- "Costs of Obesity." American Obesity Association. May 2, 2005. American Obesity Association. 10/20/2005 <<http://www.obesity.org/treatment/cost.shtml>>.

Cullen, Lisa Takeuchi. "Obesity Not Too Rich or Too Thin Is a Healthy Diet Hard on Your Wallet?." Time Magazine June 7, 2004 April 11, 2006
<http://www2.msstate.edu/~tcb44/not_too_rich_or_too_thi01a.htm>.

DHSS/MRC Group on Obesity Research, Research on obesity : a report of the DHSS/MRC group / compiled by W. P. T. James ; [for the] Department of Health and Social Security [and the] Medical Research Council. London: H.M.S.O., 1976.

"Diet and Obesity in the UK." Economic and Social Research Council Society Today. n.d.. Economic and Social Research Council. 10/20/2005
<<http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/facts/UK/index55.aspx?ComponentId=12741&SourcePageId=14975>>.

Ellis, Hattie. "Food Matters-School Dinners." BBC News n.d. 01/2/2006
<http://www.bbc.co.uk/food/food_matters/schoolmeals.shtml#what's_being_done?>.

"Experts Call for EU Obesity Plan." BBC News Online May 27, 2004 10/13/2005
<<http://news.bbc.co.uk/1/hi/health/3754507.stm>>.

"FAO Statistical Yearbook 2004: Dietary Energy, Protein, and Fat Consumption" Vol. 1/1 (2005) 10/21/2006
<http://www.fao.org/statistics/yearbook/vol_1_1/index.asp>.

Farley, John E.1971 "Social Problems as Collective Behavior," *Social Problems* 18: 298-306.

"Feds: Obesity Raising Airline Fuel Costs." USA Today Online November 5, 2004 10/13/2005 <http://www.usatoday.com/travel/news/2004-11-05-obese-fliers_x.htm>.

"France Fuels Obesity Fight Concerns, New Laws Proposed." MeatProcess. January 2004. 02/11/2006 <<http://www.meatprocess.com/news/ng.asp?id=59128-france-fuels-obesity>>.

"France's New Laws on Food Advertising Will Prove Ineffective Admen Say." From Europe with Love. May 2005. Le Figaro. 03/5/2006
<http://www.fromeuropewithlove.net/new_food_advertising_laws_ineffective_say_industry_heads.htm>.

"French Face Obesity Fears." Medical News Today. August 2003. 02/11/2006
<<http://www.medicalnewstoday.com/medicalnews.php?newsid=4088>>.

"Globalization." Wikipedia, the Free Encyclopedia. (2006). Wikipedia. 11/13/2006

<<http://en.wikipedia.org/wiki/Globalization>>.

"Global Strategy on Diet, Physical Activity and Health." World Health Organization.
May 2004. World Health Organization. 12/15/2006
<http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf>.

Herszenhorn, David M. . "In New York Schools, Whole Milk Is Cast From the Menu."
The New York Times February 2006 02/28/2006
<<http://www.nytimes.com/2006/02/02/nyregion/02milk.html?ex=1296536400&en=6ea25a679e170ebc&ei=5090&partner=rssuserland&emc=rss>>.

"Ideal Weight Table for Men and Women." University of Michigan Health System. n.d..
University of Michigan. 10/20/2005
<<http://www.med.umich.edu/1libr/primry/life15.htm>>.

"International Obesity Task Force Historical Overview." International Association for the Study of Obesity. n.d..
International Association for the Study of Obesity.
12/11/2005 <<http://www.iaso.org/history.asp>>.

"Know Your Rights and How to Get Help and Advice: Working in the UK." Department of Trade and Industry. April 2004. Department of Trade and Industry. 01/11/06
<http://www.dti.gov.uk/er/agency/lithuanian_workers_eng.pdf>.

"La Nutrition: National Nutritional Health Programme." Sante.gov. (2001). 10/25/2005
<<http://www.sante.gouv.fr/hm/pointsur/nutrition/1nbis.htm#genobj>>.

"OECD Query." OECD Data. 2005. Organization for Economic Co-Operation and Development. 01/17/2006 <<http://www1.oecd.org/scripts/cde/GetMetaData.asp>>.

"Large Fashion Models In France." Issue 5: Magali Corouge. n.d..
Documentography. 10/25/2005 <http://www.documentography.com/issue/5/ph/magali_corouge/1.html>.

Leigh, Suzanne. "'Twinkie Tax' Worth a Try in a Fight Against Obesity." USA Today
December 2004 02/15/2006
<http://www.usatoday.com/news/opinion/editorials/2004-12-01-obesity-edit_x.htm>.

Longley, Robert. "Big Brother – Thinner Brother: States Considering Laws to Prevent Obesity in America." About Inc..
(2006). About Inc.. 02/15/2006
<<http://usgovinfo.about.com/cs/consumer/a/aathinner.htm>>.

- "Map and Graph: Countries by Food> Soft Drink Consumption." Nationmaster. 2002. Nationmaster. 10/10/2005 <http://www.nationmaster.com/graph-T/foo_sof_dri_con>.
- "McDonald's Goes Slim Line for Europe." Deutsche Welle December 3, 2004 10/13/2005 <<http://www.dw-world.de/dw/article/0,2144,1138422,00.html>>.
- "McDonald's Restaurants-Recruiting, Selecting, and Training and Success." The Times 100. n.d.. 01/11/06 <http://www.thetimes100.co.uk/case_study.php?cID=28&csID=194>.
- Mercer, Chris. "France Launches Controversial School Vending Machine Ban." Beverage Daily. February 2005. 12/15/2005 <<http://www.beveragedaily.com/news/ng.asp?id=62247>>.
- "Most Adults in the UK Do Not Eat Enough Fruits and Vegetables." British Heart Foundation Statistics Website. (2006). British Heart Foundation. 01/2/2006 <<http://www.heartstats.org/datapage.asp?id=4189>>.
- "New Guidelines for School Meals." BBC News UK February 10, 2005 01/2/2006 <http://news.bbc.co.uk/2/hi/uk_news/education/4251253.stm>.
- "Official SUBWAY Restaurants' Nutrition Information ." Subway. (2006). Subway Restaurants. 03/5/2006 <<http://www.subway.com/applications/NutritionInfo/index.aspx>>.
- "Paris Anti-Obesity Therapie 2006." First World Congress on Therapies Against Obesity. 2006. Societe Francaise des Antioxydants. 02/11/2006 <<http://www.isanh.com/anti-obesity/program.php>>.
- "Promoting Fruit and Vegetable Consumption Around the World." World Health Organization. (2006). World Health Organization. 12/15/2005 <<http://www.who.int/dietphysicalactivity/fruit/en/>>.
- "RAND Study Links Higher Prices for Fruits and Vegetables to Excess Weight Gain Among School Children." RAND. October 2005. Rand Corporation. 02/15/2006 <<http://www.rand.org/news/press.05/10.05.html>>.
- Rosenthal, Elizabeth. "Even the French Are Fighting Obesity." International Herald Tribune May 4, 2005 02/28/2006 <<http://www.iht.com/articles/2005/05/03/news/obese.php>>.
- Sage, Adam. "How France Keeps Children Out of McDonald's." The Times Online

October 23, 2004 01/21/2006 <http://www.timesonline.co.uk/article/0,,3-1324807,00.html>.

Schlosser, Eric. Fast Food Nation. London=: Allen Lane Penguin Press, 2001.

"School Health Issues: Obesity and Nutrition ." The Center for Health and Health Care in Schools. November 2005. The Center for Health and Healthcare in Schools. 11/13/2005 <<http://www.healthinschools.org/sh/obesity.asp>>.

Sciolino, Elaine. "France Battles a Problem That Grows and Grows: Fat." The New York Times January 25, 2006 02/15/2006 <<http://www.nytimes.com/2006/01/25/international/europe/25obese.html?ex=1295845200&en=62437468eaf6ef08&ei=5090>>.

Spector, Malcolm and John I. Kitsuse
1987 Constructing Social Problems. New York: Aldine de Gruyter.

Stowe, Stacey. "Citing Obesity Rates, Hartford Plans to Ban School Sales of Sugary Drinks." The New York Times February 2006 03/10/2006 <<http://endhungerct.org/PDF/NYTIMES0202.pdf>>.

"The Challenge of Obesity in the WHO European Region." World Health Organization Europe. September 2005. World Health Organization. 12/15/2005 <<http://www.euro.who.int/document/mediacentre/fs1305e.pdf>>.

Tiplady, Rachel. "Yes, Even the French Are Fatter." Business Week Online April 19, 2005 01/12/2006 <http://www.businessweek.com/bwdaily/dnflash/apr2005/nf20050419_5664_db089.htm?chan=gb>.

"Trends in Household Purchases." United Kingdom National Expenditure and Food Survey Chapter Three(2004) 11/27/2005 <<http://statistics.defra.gov.uk/esg/publications/efs/2004/chapter3.pdf>>.

United Kingdom. Department of Health. White Paper: Choosing Health: Making Healthy Choices Easier. Crown, 2004.

United Kingdom. House of Commons, Committe of Public Accounts.Ninth Report, Tackling Obesity In England. Parliamentary, 2002. <http://www.publications.parliament.uk/pa/cm200102/cmselect/cmpubacc/421/42103.htm>.

Warner, Melanie. "Lines Are Drawn for Big Suit Over Sodas." The New York Times December 2005 01/12/2006 <<http://www.nytimes.com/2005/12/07/business/07soda.html?ex=1291611600&en=fe4fd5f9668ab07b&ei=5088&partner=rssnyt&emc=rss>>.

World Bank. 2004. World Development Indicators CD-Rom. Washington, DC. The World Bank