The War Against Obesity

By Chuck Dinerstein, MD, MBA — January 29, 2021

Obesity remains a health problem for individuals, and collectively as a public health issue. The war against obesity, like that against drugs, has been waged for many years without significant change. A new study looks at why policy has so little effect.

To answer that question, researchers reviewed the 14 different government strategies directed at obesity in the UK since 1991. Overall, each strategy was associated with a median of 35 policies. To make sense of a wide range of approaches, the researchers categorized strategies along a series of parameters.

Targets

“No matter how well-intended and evidence-informed a policy is, if it is nebulously written without a clear target, it makes implementation difficult, and it is unlikely the policy will be deemed successful.”
33% of strategies targeted diet, 25% physical activity; the rest were a combination or non-specific. While the majority had targets, a little less than half quantified them as numbers. Without clear endpoints, it is difficult, if not impossible, to measure success or failure.

**Policy Types**

Policies were directed at institutions providing guidance or supporting further evaluation, research and monitoring. Or directed towards individuals again, giving advice as well as enabling or restricting behavioral choices. And policy could provide fiscal and non-fiscal incentives, e.g., free nutritious food or disincentives, e.g., taxations.

Half provided guidance or education, while 20% enabled better behavior. Less than 3% of strategies involved restricting choices or requiring reformulation of products. Even fewer suggested eliminating options or providing fiscal penalties or rewards.

**Viability of the implementation – when policy meets the real world**

Were there specific target populations, responsible agencies, monitoring and evaluation protocols, time frames, cost estimates, or direct budget allocations? In short, were the policy’s designed with real-world implementation.

The answer is no. Only 8% of policies fulfilled all the criteria for viable implementation. 29% had none of the requirements, making them more wishful thinking that useful direction. Not surprisingly, only a quarter had a plan to monitor and evaluate the policy’s outcome – without feedback, the policies can take on a life of their own.

**Regulatory approaches and the demands upon “agency.”**

There is a range of interventions, education about obesity, self-regulation on the part of individuals or industry, governmental regulation and laws, and finally, prohibitions. Agency refers to our effort to meet these goals. These can begin with self-regulation, which requires the most effort and action on our part, and then nudges like labels and calorie counts seeking to channel our efforts along the right path. Finally, there are structural changes that require no effort on our part to comply, like banning soda from schools or removing advertising for “junk-food.”

Of the policies that required behavioral changes, 43% required individuals “to draw on substantial personal resources to engage with an intervention effectively and would thus be less likely to be effective or equitable.” Nudges were favored over structural changes, and voluntary behavior trumped regulatory requirements. Over time though, as more and more policies fail, structural change has become increasingly prominent. Undeterred by evaluating their efforts, governmental policy has increasingly turned to structural changes and deterrent measures, specific nutritional labeling, restriction of advertising, and of course, a favorite, taxation of sugary beverages.

“Overall, these policies were not proposed in a way that could readily lead to effective implementation.”

As this paper shows, policy failure has many causes, but the most important is a failure to develop
an implementation strategy. We see this play out globally as COVID-19 vaccinations flail about due to failures to communicate and the inability to let those honored “boots on the ground” actually carry out programs. As the authors write,

“Many of the policies proposed were similar or exactly the same in multiple strategies over multiple years, often with no reference to having been proposed in a previous strategy.”

Isn’t that the definition of insanity?