Approaches to reducing obesity problems

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1 Obesity as a Problem

The discussions of obesity have dominated the media in recent years - shows like Biggest Loser and Celebrity fit club seem to survive on a revived dilemma of the choice between health and taste. This recent rise in public concern for obesity might as well be due to the increase in size of health-industry but an alarm over obesity seems well-founded. Medical evidence links obesity with severe illnesses - the overweight are more likely to experience heart disease, stroke, high blood pressure, cancers of colon, breast and prostate, and diabetes. With more than 60% of UK adults reportedly obese[1], obesity is an area of policy concern.

2 High-Calorie Substances and Pigouvian taxes

To create obesity awareness, BMI has been included in almost all health-screening tests. It being an aggregate measure, however, a category based on BMI can mark a healthy individual with more than average muscle mass as overweight. The false positives are not nearly enough to argue that obesity isn't actually rising, but a focus on BMI does tend to underweight the problems surrounding obesity and runs the risk of letting psychological problems and side-effects of other diseases be classified as obesity.

A lot of attention has also been given to the habit of overeating and the products with high-calorie density or fat. The combined effect of cheaper food and rising incomes has resulted in a trend of overeating that is purportedly responsible for obesity[2]. The past success of Pigouvian taxes for tobacco has encouraged many a politicians to introduce a prohibitive "sin" tax - but a careful analysis as well as implementation attempts has shown problems of non-identifiability, non-feasibility and moral hazards. More particularly, since the elasticities of nutrients consumption are small - a tax-regime that can sufficiently bring down the consumption of target-nutrients would need to be really high[3] (a 50% tax on dairy product, for example, would lower fat intake by a mere 3% [4]). In countries with disparities of income, such tax burdens would affect the poor more and are likely to result in discontent.

The data from household consumption itself doesn't present a promising case for a sin tax. Comparing the high-calorie consumption vs other consumption for 30-35 year old participants in the household consumption surveys from 1995 and 2000 (total expenditure indicated as "income" is between 300, 400 and 400,500 in the two graphs), one doesn't seen an alarming trend of high-calorie consumption¹. If anything, participants with higher income tend to spend less share of their income on high-calorie items and the budget share of high-calorie items is in decline- a result confirmed by the national food survey as well (See Figure 3,4).

The cross-price elasticities from the national food survey illustrate further difficulties with a calorie-based incentive scheme for food products. The income-elasticities of all food categories are <1 (normal goods) - while the cross-price elasticity is nearly 0 for meat and ≥ 0 for sugars. The cross-price elasticity for fats with respect to fresh fruit is negative - but it is negative also with respect to fresh fish and eggs. That a higher price of fats would not result in increased demand for eggs or fatty fishes cannot be ruled out $^2[5]$ - a substitution that is not necessarily healthy.

Further considerations of limits on expendable income and available time indicate that increased prices affect behaviour of a population (split across health-consciousness and physical-activity levels) quite differentially. It is argued that obesity may in fact rise for a weight-conscious and active person when taxes on high-calories items are imposed, since the active person may spend more time cooking at home instead of spending that time on physical exercise[6].

The implementation concerns with a Pigouvian fat-tax are even more severe. When such a tax was imposed in Denmark, the consumers chose to shop for fatty items in Germany[7]. The tax was revoked mostly because of the discontent expressed by both consumers and businesses, but even if had succeeded,

¹The categories seen as the high-calorie substances consisted of Butter, Margarine, Cooking oil and fats, Ham and bacon, Lamb, Beef, Sausages, Canned Meat, Cold Meat, Pies, Ready Meat and Meat type not specified.

 $^{^2}$ Cross-price elasticities tell whether the goods in consideration are substitutes, complements or independent. elasticity >0 implies a supplement, elasticity <0 implies a complement and elasticity = 0 implies an independent product.

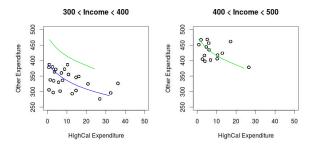


Figure 1: Consumption of High-calories foods in 1995 (Source: Household Consumption Survey)

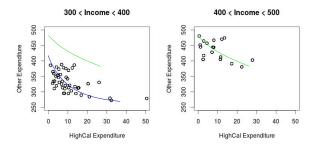


Figure 2: Consumption of High-calorie foods in 2000 (Source: UK Household Consumption Survey)

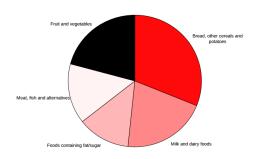


Figure 3: Proportion of Total Food - 1975 (Source: National Food Survey[5])

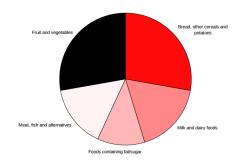


Figure 4: Proportion of Total Food - 2000 (Source: National Food Survey[5])

such a measure cannot be transplanted to another geography without considerations of income distributions, informational asymmetries (taxes used a license-to-eat) and legal difficulties[3].

In summary, a sin tax for high-calories foods is not the same as that for tobacco-products - simply because the classification of high-calorie-items is not as clearcut. In addition, high-calorie taxes apply to everybody (unlike tobacco taxes which apply only to smokers). The medical evidence of the effect of substitutes (overloading on less calorie items) on obesity is far from conclusive[7] and makes the case for the sin-tax even weaker.

3 Other Factors responsible for Obesity

The medical fact of extraneous fat accumulating in our bodies still holds - but reducing fat consumption alone cannot sufficiently address the problem of obesity. The obesity of parents, for example, is a strong indicator of the obesity of adolescents and children - genetics may as well be a cross-sectional problem and eligible to be ignored for the problem of rising rates of obesity - but it still highlights the fundamental problem with obesity - varied sensitivities of a population to technological changes (leisure, working-hours) through environmental factors (habit of overeating, economic conditions, social stratum).

The technological changes of last decades have changed our habits and incomes drastically. With food getting cheaper and disposable income having risen since the past decades (See Figure 7), food consumption has risen overall while the average hours of walking and sleeping have reduced. The growth of pharmaceutical industry has seen an increase in the average consumption of medical drugs that have obesity as side-effects (See Table1). All of these have contributed to rise in obesity - despite an increase in average number of hours spent on exercising [8, 9].

4 Suggested Solutions

Policy-makers and economists are often divided over whether the government should play a paternalistic or an advisory role. On one hand, we have adherents of ideal-diets who find penalties and ceilings necessary to have the population stick to right nutrient levels while on the other hand, we have proponents of Healthy-Living-Vouchers (HLVs) and Nudge Program who find encouragement as the only solution to the problem of obesity[10].

At first glance, <u>Vouchers</u> for less-calorie items seem an option much better than sin-taxes - since these can be distributed to a particular income group and must be used for specific items (or services e.g. gyms). Unlike sin taxes, they don't *rotate* the budget line⁴ and

⁴If total expenditure is comprising of high-calorie prod-

Туре	Contents	Side-Effects
Antidonyossants	Tricyclics	1-9 pounds per month
Antidepressants	Selective Serotonin reuptake	$15-20 \text{ pounds}^3$
	inhibitors	
Antipsychotics	Conventional Neuropleptics,	9 pounds
Antipsychotics	2nd-generation	10 pounds (clozapine), 22
	antipsychotics(SGA)	pounds per year (olanzapine)
Diabetes Treatments	Theazolidinediones	upto 17-pounds
Diabetes Treatments	Sulfonyureas	11-pounds
Seizure Medication and Mood	Anticonvulsants	upto 40-pounds
Stabilizers		
Steroid Hormones	Corticosteroids	4-to- 28 pounds gain in $50%$ of
		polymaglia rheumatica
		patients

Table 1: Common drugs with obesity as side-affects (US patients)[2]

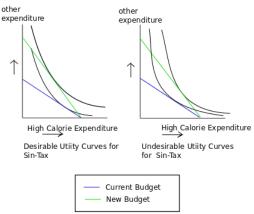


Figure 5: Problems with sin-taxes

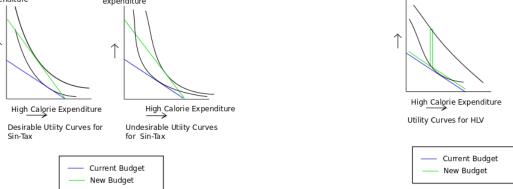


Figure 6: The case for HLVs

expenditure

avoid the substitution problems that a sin-tax would face with license-to-eat consumer behaviours (See Figures 5, 6). The major limitation of HLVs however, is their heavy costs with no immediate benefits - making their implementation somewhat difficult.

Despite their promise, Nudge programs (awareness and training) too are not likely to work for children and those with health-conditions[1]. Evidence suggests that shoppers who appear to be health-conscious do not always succeed in purchasing a diet lower in saturated fat[1]. Nudge approaches can be adjusted with framing models and social contagion[11] - so the consumer is more likely to make healthier choices[1].

That said, with almost 95 percent of those who lose weight regaining the lost pounds within five years' time [12], one needs to make sure that the environment of healthier choices doesn't change once the weight reduction targets are achieved. A control on advertising and food-prices becomes a necessary supplement to the Nudge efforts.

Implementation concerns are indeed severe for any method that attempts to ascertain consumer behaviour. In most countries, law has already receded from punishment to minimal control - as societies have turned to negotiation and persuasion rather than command and control. The attempts to control diets are to face opposition from trading organizations (e.g. WTO) on grounds of legal disparity as well[3]. The prohibitive measures, however, are easier to implement on the supply side. The way government-issued agricultural subsidies had contributed to obesity trends in the US

⁽where prices are quantities are denoted with p, x respectively). A higher price of p_F would increase the slope of the budget line (NF) with respect to F).

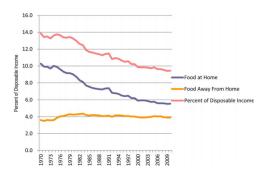


Figure 7: Expenditure on Food as fraction of Disposable Income in the US[9]

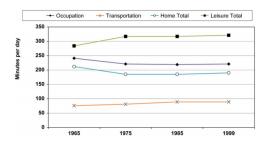


Figure 8: Time Spent on leisure in the US[9]

through provision of cheaper food [13, 14], a provision of incentives for healthier products can influence consumer decisions in the opposite direction. Addressing informational asymmetries in the health-insurance market and controlling the firm-advertising impacts on target age-groups (e.g. controlling the school environment for adolescents) is more feasible than attempting to directly control aggregate consumer behaviour.

5 Conclusion

Higher incomes have resulted in a lot of us eating more for pleasure than subsistence. Policy must consider obesity as an environmental concern and avoid focusing on implementing a super-diet - which may create a costly competition with health and food industries that have already adapted themselves to indulgent consumption. The current note considers attempts to control advertising and subsidies more sound than those to modify consumer demand - particularly due do the environmental nature of the problem of obesity.

	price 1	price 2	price 3	price 4	price 5	price 6 p	price 7 p	price 8	price 9	price 10	price 11	price 12	price 13	price 14	price 15	price 16	price 17	price 18	price 19	price 20
1 Milk and cream	-0.36	0.34	0.04	-0.09	0.38	0.56	-0.01	-0.11	-0.40	-0.16	-0.20	-0.24	-0.02	90.0	-0.13	-0.27	0.27	-0.14	-0.05	0.0
2 Cheese	0.12	-0.35	-0.01	0.02	90.0	0.02	-0.09	0.01	0.07	0.14	0.43	-0.13	-0.20	0.23	-0.03	-0.04	-0.29	0.24	0.02	-0.0
3 Carcase meat	0.05	-0.02	-0.69	0.26	0.15	0.40	0.20	0.07	0.15	0.21	0.08	0.19	-0.11	-0.09	-0.05	-0.17	0.21	-0.12	-0.03	0.19
4 Other meat and meat products	-0.14	0.10	0.53	-0.52	-0.02	0.09	0.35	-0.04	0.03	0.01	-0.26	-0.11	0.00	-0.01	-0.11	-0.11	0.04	0.11	0.27	0.0
5 Fresh fish	0.05	0.02	0.02	0.00	-0.80	-0.06	0.11	-0.09	0.14	-0.13	0.01	0.02	0.00	0.00	-0.06	0.04	0.10	90.08	0.05	0.0
6 Processed and shell fish	0.04	0.00	0.04	0.00	0.04	-0.17	-0.06	0.04	0.02	0.03	0.09	90.0	-0.02	0.00	0.02	-0.02	0.05	-0.03	0.01	-0.0
7 Prepared fish	0.00	-0.05	0.04	0.04	0.17	-0.15	0.00	-0.05	-0.22	-0.09	-0.15	-0.01	000	-0.13	0.01	-0.07	-0.22	0.01	0.01	-0.0
8 Frozen fish	-0.01	0.01	0.01	0.00	-0.10	90.0	-0.03	-0.32	0.19	0.01	0.03	0.05	90.0	90.0	-0.07	0.02	0.13	-0.02	-0.01	-0.1
9 Eggs	-0.05	0.03	0.05	0.00	0.16	0.04	-0.16	0.20	-0.28	-0.10	0.20	0.05	-0.08	0.02	-0.08	90.0	0.00	-0.01	0.02	0.0
10 Fats	-0.04	0.11	0.07	0.00	-0.30	0.12	-0.13	0.03	-0.19	-0.75	0.02	0.00	0.14	-0.07	0.01	-0.15	0.21	0.08	-0.03	0.0
11 Sugar and preserves	-0.02	0.16	0.01	-0.05	0.01	0.16	-0.10	0.03	0.20	0.01	-0.79	-0.04	0.11	-0.03	-0.01	0.04	0.07	-0.04	-0.03	0.0
12 Fresh potatoes	-0.05	-0.08	0.04	-0.01	0.04	0.15	-0.05	0.07	0.07	0.00	-0.06	-0.12	0.03	0.02	-0.02	-0.02	-0.09	0.00	-0.02	0.0
13 Fresh green vegetables	0.00	-0.11	-0.02	0.00	0.00	-0.05	0.00	90.0	-0.10	0.09	0.16	0.02	-0.66	0.01	0.00	-0.01	0.12	-0.02	0.03	0.0
14 Other fresh vegetables	0.02	0.26	-0.04	0.00	-0.01	0.00	-0.27	0.17	0.05	-0.10	-0.09	0.04	0.01	-0.33	0.03	0.09	0.05	0.04	-0.05	-0.0
15 Processed vegetables	-0.07	-0.06	-0.01	-0.04	-0.35	0.14	90.0	-0.31	-0.39	0.02	-0.05	-0.05	-0.05	90.0	-0.60	-0.05	0.03	-0.02	90.0	-0.1
16 Fresh fruit	-0.14	-0.07	-0.11	-0.03	0.16	-0.15	-0.20	90.0	0.25	-0.30	0.16	-0.06	-0.04	0.12	-0.04	-0.29	0.11	-0.10	-0.06	0.1
17 Other fruit and fruit products	0.07	-0.22	90.0	-0.01	0.23	0.17	-0.30	0.25	0.00	0.20	0.13	-0.11	0.17	0.03	0.01	0.05	-0.81	-0.02	-0.03	0.15
18 Bread	-0.07	0.36	-0.07	0.03	0.36	-0.22	0.03	-0.07	-0.04	0.15	-0.14	-0.01	-0.05	0.05	-0.05	-0.10	-0.04	-0.40	0.07	0.12
19 Other cereals and cereal products	-0.05	0.07	-0.05	0.18	0.48	0.16	90.0	-0.10	0.20	-0.15	-0.29	-0.09	0.22	-0.16	0.11	-0.13	-0.13	0.15	-0.94	-0.3
20 Beverages	-0.01	-0.02	0.07	0.00	0.00	-0.33	-0.16	-0.23	0.04	0.02	0.21	0.11	0.15	-0.02	-0.10	90.0	0.19	0.08	-0.08	-0.37

(b) An entry off the diagonal, eg row 2 column 1 is the price elasticity of demand for cheese with respect to the price of milk and cream.
(c) Homogeneity and symmetry imposed significant at 1% level significant at 1% level

Figure 9: Cross-Price elasticities 1988-2000 (Source: UK National Food Survey[5])

	Budget	Income	Standard	Lower 90%	Upper 90%
All Foods	Share 15.07	Elasticity 0.20	0.02	confidence limit 0.17	confidence limit 0.23
Milk and cream	1.26	0.20	0.02	0.17	0.23
of which:	1.20	0.05	0.03	0.01	0.10
Liquid wholemilk	0.35	-0.17	0.06	-0.27	-0.07
Yoghurt	0.33	0.19	0.06	0.10	0.29
Cheese	0.46	0.19	0.05	0.15	0.29
of which:	0.40	0.23	0.05	0.15	0.32
Natural cheese	0.41	0.22	0.06	0.13	0.31
Processed cheese	0.41	0.32	0.08	0.13	0.44
Carcase meat	0.94	0.32	0.08	0.19	0.26
of which:	0.54	0.20	0.04	0.13	0.20
Beef and yeal	0.48	0.25	0.05	0.17	0.34
Mutton and lamb	0.48	0.25	0.05	0.01	0.34
Pork	0.22	0.13	0.09	0.02	0.23
	2.54	0.13	0.07	0.14	0.24
Other meat and meat products of which:	2.54	0.19	0.03	0.14	0.24
Bacon and ham, uncooked	0.33	0.18	0.05	0.10	0.27
	0.33	0.18	0.05	0.10	0.27
Broiler chicken, uncooked Other poultry	0.15	0.16	0.00	-0.04	0.26
Frozen meat	0.15	0.10	0.12	-0.04	0.35
Fish	0.32	0.03	0.08	0.20	0.17
	0.70		0.05	-0.10	0.35
Eggs Fats	0.17	-0.01	0.05	0.00	0.08
of which:	0.35	0.06	0.04	0.00	0.13
Butter	0.11	0.20	0.06	0.11	0.30
	0.11	-0.37	0.06	-0.60	-0.14
Margarine	0.03	0.00	0.14	-0.60	0.14
Sugar and preserves	0.16	0.00	0.05	-0.08	0.09
Fresh proposed and a second and	0.31	0.09	0.04	0.02	0.15
Fresh green vegetables					
Other fresh vegetables	0.53	0.22	0.04	0.15	0.29
Processed vegetables	0.90	0.12	0.04	0.06	0.18
of which:	0.04	0.06	0.11	0.10	0.24
Frozen peas	0.04	0.05	0.11 0.07	-0.12 -0.07	0.24
Frozen chips and other	0.12			0.25	0.18
Fresh fruit of which:	0.79	0.30	0.03	0.25	0.35
	0.06	-0.07	0.14	-0.29	0.16
Apples	0.06	0.23	0.14	-0.29	0.16
Oranges					0.02
Bananas Otas fait and fait and tests	0.19	0.12	0.04	0.06	0.19
Other fruit and fruit products	0.33	0.37	0.06	0.28	0.46
of which:	0.40	0.45	0.00	0.05	0.50
Fruit juices	0.19	0.45	0.06	0.35	0.56
Bread	0.68	0.12	0.03	0.07	0.17
Cakes and biscuits	0.71	0.13	0.04	0.06	0.19
Other cereals and cereal products	1.04	0.19	0.04	0.13	0.25
of which:	0.00	0.00	0.00		
Breakfast cereals	0.33	0.19	0.05	0.12	0.27
Frozen convenience cereal foods	0.15	0.17	0.08	0.03	0.31
Beverages	0.44	0.10	0.05	0.02	0.18
of which:					
Tea	0.19	-0.02	0.06	-0.12	0.08
Instant coffee	0.17	0.16	0.07	0.04	0.28

(a) Variations in income elasticities over the period 1979 to 2000 are shown in Figures 7.1 to 7.4. For all foods, the estimated elasticity was dose to 0.20 throughout the period.

indicates significance at the 1% level indicates significance at the 5% level indicates significance at the 10% level

Figure 10: Income Elasticities 1998-2000 (Source: UK National Food Survey[5])

References

- R. Griffith and M. O. Connell, "Public policy towards food consumption," *Journal of Applied Public Economics*, vol. 31, no. 4, pp. 481–507, 2010.
- [2] E. A. Finkelstein and L. Zuckerman, Fattening of America: How Economy Makes Us Fat. John Wiley And Sons.
- [3] A. Alemanno and I. Carreno, "Fat taxes in europe a legal and policy analysis under eu and wto law," *European Food and Feed Law Review*, vol. 8, no. 2, pp. 97–112, 2013.
- [4] H. H. Chouinard, D. E. Davis, J. T. LaFrance, and J. M. Perloff, "Fat taxes: Big money for small change," Forum for Health Economics and Policy, vol. 10, no. 2, 2007.
- [5] "National food survey," 2013.
- [6] G. Yaniv, O. Rosin, and Y. Tobol, "Junk-food, home cooking, physical activity and obesity: The effect of the fat tax and the thin subsidy," *Jour*nal of Public Economics, vol. 93, pp. 823–830, 2009
- [7] C. Snowdon, "The proof of the pudding," *IEA Current Controversies*, May 2013.
- [8] A. Amarasinghe and G. D'Souza, "Individual, social, economic, and environmental model: A paradigm shift for obesity prevention," ISRN Public Health, 2012.
- [9] R. Sturm and R. An CA: A Cancer Journal for Clinicians, vol. 64, no. 5, pp. 337–350, 2014.
- [10] C. Sunstein, Nudge. Yale University Press, 2009.
- [11] N. A. Christakis, , and J. H. Fowler, "Social contagion theory: examining dynamic social networks and human behavior," *Statistics in Medicine*, 2011.
- [12] W. Bogart, Regulating Obesity?: Government, Society, and Questions of Health. Oxford University Press, 2014.
- [13] C. Franck, S. M. Grandi, and M. J. Eisenberg, "Agricultural subsidies and the american obesity epidemic," American Journal of Preventive Medicine, 2013.
- [14] J. Foster, "Subsidizing fat: How the 2012 farm bill can address america's obesity epidemic," *University of Pennsylvania Law Review*, vol. 160, pp. 235–276, Dec 2011.
- [15] O. Rosin, "The economic causes of obesity: A survey," *Journal of Economic Surveys*, vol. 22, no. 4, pp. 617–647, 2008.
- [16] D. Thompson, R. Aldritt, C. Bolton-Smith, J. Buttress, A. Chester, S. Church, N. Ritchie, S. Henson, R. Hutchins, T. Manners, M. Nelson, S. Platt, R. Price, T. Stainer, R. Wenlock, and M. Wisemann, "Report of the national food survey committee," 2000.

[17] J. G. Trogdon, E. A. Finkelstein, T. Hylands, P. S. Dellea, and S. J. Kamal-Bah, "Indirect costs of obesity: a review of the current literature," *Obesity Reviews*, no. 9, pp. 489–500, 2008.