Obesity, Health, and Physical Activity: Discourses From the United States

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This article examines the obesity, health, and physical activity discourses of the past 35 years in the context of the United States with particular reference to five social sectors: the biomedical domain; the popular media; nonprofit foundations, centers and agencies; various national and multinational corporations; and government at all levels. These categories were identified as relevant for this project based on their various roles in crafting messages related to health generally, and obesity specifically. These are the domains from which the most influential rhetoric, decisions, and policies originate. Our analysis includes an examination of the ways in which the rhetoric within these domains produces a discourse that supports the view that a public health crisis and epidemic actually exist. In addition, this specific health discourse provides the basis upon which a variety of health agendas and interventions have been developed and implemented. Although there is considerable evidence of the influence of the Western, and specifically, United States lifestyle on other developed and developing nations, this article only considers the American context. Explication of the impact of the exportation of lifestyle ideas and behavior to other nations deserves further consideration. Finally, we will consider the ways in which practitioners and scholars in the field of Physical Education have reacted to and taken responsibility for obesity among schoolchildren.

Discourse, Language, and Medicalization

We intend to demonstrate how the rhetoric and discourses associated with the issue of obesity have been constructed and continue to operate in the United States through an analysis of such key discursive examples as research reports, media programming and advertisements, statements from both corporate and nonprofit foundation entities, and government legislation. Our analysis utilizes the post-structuralist understanding of discourses as “coherent, self-referential bodies of statements that produce an account of reality by generating ‘knowledge’ about particular objects or concepts, and also by shaping the rules of what can be said and known about those entities” (Childers & Hentzi, 1995, p. 84). As applied to the topic of this article, discourse analysis serves as a means of understanding the
social, political, and economic factors that combine to form American ideology about health, obesity, and physical activity, as well as a strategy for identifying possible spaces for ideological shifts. Health discourses, such as that on obesity, emerge and take root in a society because they are congruent with the prevailing social, political, and economic context within which they are produced (Robertson, 1998). In addition to examining the content of these examples, we are also concerned with noting what is absent from the health and obesity discourse. Silences are “significant elements of discourse, conveying meaning and power as effectively as more obvious spoken and written statements” (Veri, 1999, p. 359).

Our analysis also seeks to present the complexities of agendas associated with the provision of interventions and the rhetoric associated with the obesity “epidemic.” In this regard, we recognize, but do not emphasize, the approach to the topic that dichotomizes the shift from an emphasis on individual to systemic responsibility (Lawrence, 2004).

In both the popular and scientific press, the obesity discourse has been framed by often sensationalist adjectives such as crisis, epidemic, pandemic, and war; these terms are often used inaccurately, serving to heighten the emotional, rather than scientific tone of the content. In an article published in The Nation in 2006, renowned social critics Troy Duster and Elizabeth Ransom used the term “pandemic” to describe the “coming health crisis” of “childhood obesity and Type II diabetes” (Duster & Ransom, 2006, p. 17). Pandemic is technically defined as an outbreak of a disease that spreads across a large geographical region, affecting a high proportion of the population (Merriam Webster, 1994). Indeed, the World Health Organization (WHO) website on “pandemics” refers only to communicable diseases, caused by pathogens, requiring large-scale pharmaceutical response (WHO, 2008). While obesity can be considered a risk factor for certain chronic and cardiovascular diseases, it is in itself, not a disease (Centers for Disease Control, 2006; Oliver, 2006). The misuse of scientific terminology, as seen in this example by writers for The Nation, has also contributed to the confusion surrounding the actual social and economic consequences of obesity among the American population.

The labeling of human conditions as either disease or health states has ideological benefits according to social scientists, Peter Conrad and Joseph Schneider (1980) and Irving Zola (1972). Writing on “medicalization,” Zola suggested that such labels are effective “depoliticizers” of an issue and by locating “the source and treatment of problems in an individual, other levels of intervention are effectively closed” (p. 500). In addition, the process of medicalizing the body allows social critics to introduce a moral component into discussions about physiological processes (Zieff, 1993).

In the moral campaign (rather than the biomedical one) against obesity, military metaphors have sometimes been the chosen vehicle. In his forward to the 2003 publication, Obesity: Etiology, Assessment, Treatment, and Prevention, distinguished professor Jack Wilmore wrote, “This book has been written at a very critical time in the war against overweight and obesity. For those engaged in this battle, this book will be invaluable” (Wilmore, 2003, pp. v–vi). Perceived as a battle to be fought and won through aggressive medical and educational intervention, obesity has become both a disease and an institution under whose auspices, medical writers, educators, physical educators, and public health officials, labor.
The creation of new words to describe various aspects of the epidemic, including “globesity,” “diabesity,” and “obesogenic environments,” also serves to highlight the widespread and consuming nature of the problem. Although its origin is unknown, the term “globesity” has been credited to an undated report of WHO, the principal global health agency, perhaps from early 2001 (Quinion, 2002). In 2005, diabetes specialist Dr. Francine R. Kaufman titled her polemic, Diabesity: The Obesity-Diabetes Epidemic that Threatens America—and what we must do to stop it (Kaufman, 2005). The term diabesity has been claimed as a registered trademark of “Shape Up America!”, an organization founded in 1994 by then U.S. Surgeon General C. Everett Koop dedicated to “raising awareness of obesity as a health issue and to providing responsible information on healthy weight management” (Kaufman, 2005, copyright page). Finally, the phrase “obesogenic environments” first appears in the biomedical literature in 1999 to refer to environments in which multiple conditions are set to enhance the likelihood of the resident population becoming obese (Swinburn, Egger, & Raza, 1999). Although the phrase “obesogenic environments” appeared in fewer than 50 items in a PubMed database search on February 11, 2008, seven of these were published in 2008, suggesting increasing implication of the environment in the “obesity crisis.”

Government Agencies

In the United States, governmental health agencies such as the Centers for Disease Control (CDC) also play a strong role in influencing the directions taken in both medical and popular discussions of public health issues. It is important to observe that a core group of scientists from this agency has been instrumental in defining the national obesity discourse. In 1995, the CDC outlined its national health plan for the coming decade in its Healthy People 2000 document. “Physical activity” was identified first on its list of “Leading Health Indicators” and “overweight and obesity” was listed second (Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 2007). The following year, then-acting Surgeon General Audrey F. Manley oversaw the publication of the historic Report on Physical Activity and Health in which the importance of physical activity for health was first documented (United States Department of Health and Human Services [U.S.D.H.H.S.] 1996). Healthy People 2010, launched in 2000, contains 467 objectives “designed to serve as a framework for improving the health of all people in the United States during the first decades of the 21st century” (U.S.D.H.H.S., 2007a). “Physical activity” and “overweight and obesity” continue to lead the list of “Leading Health Indicators at a Glance” (U.S.D.H.H.S., 2007b, c) despite the fact that more people die of tobacco-related deaths (third on the list) each year (Mokdad, Marks, Stroup, & Gerberding, 2004).

In 2007, acting Surgeon General Rear Admiral Kenneth Moritsugu presented a document titled: Overweight and Obesity: A Vision for the Future (U.S.D.H.H.S., 2007c). The proposal was organized around three categories: “Communication, Action, and Research and Evaluation” and within each category, the “Nation” was admonished to “work together” to “communicate with and educate the American people about health issues related to overweight and obesity” (U.S.D.H.H.S,
Although the use of the term the “Nation” is not clear, it seems that the Surgeon General is referring to the notion of collective social responsibility, a similar strategy used to exhort the American public to quit smoking since the 1960s (Centers for Disease Control, 2006).

Many researchers agree: the current scientific literature lacks absolute confirmation of the role of obesity in the development of chronic and cardiovascular disease. Even such prominent scholars as Steven Blair and Claude Bouchard have noted that “the body of knowledge on physical activity and relevant obesity outcomes is extremely limited … The net result is a general lack of … research … regarding the role of physical activity in the prevention and treatment of overweight and obesity as well as their comorbidities” (Bouchard & Blair, 1999, p.S498).

Yet, the link between obesity and chronic and cardiovascular disease is a taken-for-granted, monocular exception to this viewpoint. Indeed, recent studies have continued to be inconclusive regarding the health consequences of obesity. An article published in the European Heart Journal in July 2007 went so far as to suggest that obese or very obese patients receiving angioplasty and stints after experiencing a specific type of heart attack were more likely to survive three years later (Nagourney, 2007, p. C2). We do not intend to suggest that obesity is healthful, recommended, or lacking implication for certain unhealthy conditions; but rather that the conclusions drawn about the consequences of obesity are occasionally misinterpreted. Obesity itself is not defined as ill health, but as a disease because of its contribution to ill health; in other words, as Bruce Ross explains, “it is not a diagnosable illness in its own right, meaning that if you are fat you are ill (as cited in Gard & Wright, 2005, p. 95).

The adoption of the Body Mass Index (BMI) as the standard by which overweight and obesity are determined, has also made it possible to “medicalize” large segments of the population whether they are suffering from disease. The CDC standards for BMI are drawn from the WHO website and its 2006 document that defined an individual with a BMI equal to or more than 25 kg/m² as “overweight,” while individuals with a BMI equal to or more than 30 kg/m² were considered “obese” (World Health Organization, 2006). However, the BMI does not reflect actual personal risk to individuals with a BMI above 30 kg/m², thus leading to over-generalized conclusions about the consequences of overweight (Ross, 2005). The BMI has also been found to be problematic in its usage on specific populations including children, the very muscular and athletic, and various ethnic groups.

Further, the assumptions that underpin the BMI have not been subject to adequate scrutiny, and individual variability of amount of fat and regional distribution of body fat within the body have not been accounted for (Ross, 2005). As Gard and Wright (2005) point out, “‘overweight’ and ‘obese’ are often described as being states of disease and it is this connection—between the BMI and disease—which makes the idea that we are in the middle of an ‘epidemic’ possible” (p. 14). Even obesity researchers such as Timothy Lohman and Laurie Milliken assert that the BMI “has the largest estimation error and is not accurate for individual assessment” (p. 81). Yet, it is still commonly used; a June 9, 2008 search on the PubMed database for “BMI and Obesity” resulted in over 14,400,000 items.
The categories of overweight and obesity are also commonly used in calculations of medical costs based on the assumption that these are “disease states.” A publication on the website for the Centers for Disease Control reporting national costs attributed to both overweight (BMI 25–29.9) and obesity (BMI greater than 30), show that medical expenses accounted for 9.1% of total U.S. medical expenditures in 1998 and may have reached as high as $78.5 billion ($92.6 billion in 2002 dollars; Finkelstein, Fiebelkorn, & Wang, 2005). Recent research from The Netherlands challenges previously held assumptions about the burden of obesity on the health care system. Van Baal and his colleagues note that “Although effective obesity prevention leads to a decrease in the costs of obesity-related diseases, this decrease is offset by cost increases due to diseases unrelated to obesity in life-years gained,” (van Baal, et al., 2008, p. 242).

The estimated medical costs of obesity rival the costs of hunger in the United States. A study by the Sodexho Foundation, whose mission is to stop hunger in the U.S., noted that the economic cost of domestic hunger is $90 billion annually (Sodexho Foundation, 2008). Importantly, many hungry and malnourished individuals are also experiencing overweight or obesity. In the United States, low-income families try to stretch food dollars by buying cheaper, higher-calorie, though less healthy foods (FRAC 2006).

According to one nonprofit organization, there are an estimated one billion people in the word suffering from hunger and malnutrition (CharityUSA.com, 2008), a number equal to that of the approximately one billion overweight and obese people (WHO, 2006). Estimates of the costs of malnutrition in the European Union amount to €60 billion, with another €10.5 billion a year if the United Kingdom is included in the analysis (“Malnutrition,” 2006). The emphasis by the WHO on obesity is itself noteworthy. Although the numbers of individuals experiencing malnutrition are roughly equivalent to those counted as obese, both the WHO and the CDC increasingly emphasize issues associated with obesity. In a February 11, 2008 search on the PubMed database, 10,394 items were located using the keyword “hunger,” approximately one-tenth the number located using the keyword “obesity” suggesting that medical research—including that funded by government grants—presently favors studies of obesity.

**Legislation**

The federal government has not taken an active role in the development of policy or programming to increase physical activity or reduce the incidence of obesity and related chronic and cardiovascular diseases in the United States, and most states have neglected this area as well. The State of California is among the states that currently lack policy acknowledging the role of physical activity in the overall health of the State’s residents or its responsibility in providing opportunities for healthful physical activity. However, in 2003, Governor Arnold Schwarzenegger instituted “First 5 California,” a program funding education, health, childcare and other services for expectant parents and children up to age five from monies received from a 50-cent tax on cigarettes. Unfortunately, the promotion of physical activity receives little attention from the First 5 California agenda. In its
“Mobile Outreach Campaign,” a traveling health exhibit that visits county fairs, zoos, and amusement parks, Californians are offered “education and practical tips about health issues, including childhood obesity, oral health, and immunizations” without specific information about incorporating physical activity into daily life (“First 5 California Annual Report,” 2007). In January 2007, the Governor outlined his plan to reform California’s health care system by implementing “Healthy Action Programs,” an incentive plan to support residents’ healthier choices and include vouchers and credits from national health care agencies such as Medi-Cal as well as some commercial insurance carriers, for participating in gym and weight management programs (“Governor Schwarzenegger Joined,” 2007).

Advancing his agenda nationally, in May of this year, Governor Schwarzenegger became a co-leader of the Alliance for a Healthier Generation, the joint initiative between the Clinton Foundation and the American Heart Association. In the press release, Schwarzenegger asserted the importance of the creation of this “bipartisan coalition to reverse the dangerous, growing trend of childhood obesity” (“Governor Arnold Schwarzenegger to Co-Lead,” 2007). Schwarzenegger’s efforts to enact tough school nutrition standards to combat childhood obesity were constructed without including the necessary complement of physical activity. Yet, Schwarzenegger has been viewed in the past as an important advocate for physical education having acted, from 1990 to 1992, as Chairman of the President’s Council on Physical Fitness and Sports under President George Bush, Sr., during which time he visited all 50 states in his campaign for physical education as a permanent part of the school curriculum (“About the Council,” 2007). While using celebrity status to advance the management of social issues has value, broader government regulations are needed to safeguard the public’s health.

Food Politics

There is ample evidence to demonstrate the lack of government involvement in this public health issue at all levels and yet, to the extent that the government does intervene, this attention tends to privilege corporations that have themselves been implicated in causing the obesity “epidemic.” In his 1975 critique of economic shifts in the food and agriculture business, Jim Hightower warned that “bigger is not better” (p. 3). He was referring to the growth of monopolistic profiteering in the United States, an economic condition created by industrial conglomeration, savvy marketing campaigns, intense political lobbying, and the rise of the fast food industry. In fact, evidence suggests that Hightower (1975) was the first to sound the alarm about the “McDonaldization” of America.

In response to a food industry report in a July 1973 Business Week article, Hightower (1975) noted that “the giant consumer-product merchandisers are gearing up their food-manufacturing and merchandising capacity to grind out more convenience foods, snack foods, and fast food chains. Those are the areas where there is the most growth potential for corporate profits” (pp. 39–40). That, Hightower pointed out, promised consumers a future modeled on the manufacture and promotion of food products extraordinarily high in sugar, fat, and chemical content.

Thirty-two years later, those in the burgeoning food politics movement continue to warn consumers about the cultural, political, and economic dangers
associated with a “fast food nation” (see, e.g., Schlosser, 2002; Spurlock, 2004; Pollan, 2006a; Nestle, 2002; Kingsolver, 2007; Waters, 2006). The early 21st century discourse has notably expanded, however, to link Hightower’s prescient concerns regarding food industry trends with the rise in obesity rates among Americans, especially children, and related health disorders such as Type II diabetes and cardiovascular disease.

Much of the current debate, like Hightower’s mid-1970s polemic, is centered on the Farm Bill, a federal piece of legislation that is up for renewal every five years. The Farm Bill originated with President Roosevelt’s 1930s strategies to help rural America recover from the Great Depression. Governing United States’ farm, food, and conservation policy (Oxfam America, 2007; Dawson, 2007), the Farm Bill includes ten titles which cover areas such as commodities, nutrition, conservation, and research. Commodity programs account for the second-largest budget expenditures in the Bill, and include government subsidies to producers of a narrow range of crops—notably wheat, corn, and soybeans (Oxfam America, 2007). These subsidized crops, critics have noted, are produced in surplus quantities and are the basis for foods high in added sugars and fats, such as high-fructose corn syrup and soybean oil (Ness, 2007; Pollan, 2006a). As a result, foods with these additives are the least expensive items for consumers, while foods with the most beneficial health properties, such as fruits and vegetables, are the most expensive because their producers are not subsidized. Furthermore, subsidized surplus crops, which are the basis for fast food menu items and processed convenience foods, are mass produced by large agribusiness conglomerates contracted to food industry giants.

These behemoths spend considerable dollars on political lobbying efforts to protect their profit margin and marketing and advertising campaigns to sell their products in a competitive and oversaturated food market. This dynamic results in less healthy eating among Americans, as well as the loss of small, independently owned and operated farms across the country—consequences that health advocates, journalists, chefs, writers, and academics recently have done much to bring to public light.

Referring to 2006, New York University professor Marion Nestle claimed, “this is the year everyone discovered that food is about politics and people can do something about it” (Burros, 2006, p. D2). In a forum piece in *The Nation*, Nestle (2006) explicitly links food politics and advertising to the obesity epidemic, stating, “From a public health perspective, obesity is the most serious nutrition problem among children as well as adults in the United States. The roots of this problem can be traced to farm policies and Wall Street” (p. 14). Nestle indicts food companies for responding to fierce pressure for sales with increased production of highly profitable, high calorie, low nutrient junk foods and stealth multimedia marketing campaigns that directly target children. Moreover, she advocates for government regulation of marketing to children as necessary intervention to help prevent childhood obesity: “industry pressures killed attempts to regulate television advertising to children in the late 1970s, but obesity is a more serious problem now” (p. 14). In fact, mounting pressure from health professionals, child advocacy groups, politicians, and government agencies has led eleven big food companies to agree “to stop advertising products that do not meet certain nutritional standards to children under 12” (Barnes, 2007, p. C1). While some reform
activists view this agreement solely as an industry-wide effort to avoid regulatory intervention from the government, the chairwoman of the Federal Trade Commission lauded the company pledges as “a significant step,” claiming that “while changes in food marketing alone will not solve the nation’s childhood obesity problem, these actions will help make a healthy choice the easy choice” (Barnes, 2007, p. C4). Her statement is further evidence of the perception of media as culprit in the childhood obesity health crisis.

The Farm Bill has been under widespread scrutiny since it went up for renewal in 2007. In the same Nation food forum mentioned above, Pollan (2006b) argues that the reach of farm bill policies extends well beyond the interest of farmers to influence the cost and availability of food choices for American consumers. Pollan further contends, “in the midst of a national epidemic of diabetes and obesity our government is, in effect, subsidizing the production of high-fructose corn syrup” (2006b, p. 16). This argument is gaining greater attention in lay circles, thanks to increased popular press coverage and the advocacy efforts of Pollan, Nestle, Hightower, and other food movement leaders such as Alice Waters, Eric Schlosser, Morgan Spurlock, and Barbara Kingsolver. For example, a front page feature article in the San Francisco Chronicle (Ness, 2007) entitled “The New Food Crusade” reported on “the national trend toward local, sustainable, and conscious eating” (p. A11). Interestingly, California politicians are pushing for farm bill reform—a significant development considering that although California is the largest agricultural state, its mainly fruit and vegetable crops have never been subsidized. The bill, the article noted, “subsidizes the overproduction of corn and soy in the Midwest, which is driving up obesity and diabetes” (p. A11). Similarly, New York Times coverage reported that “increasingly, people are blaming the farm bill, and the longstanding agriculture policy it embodies, for some of the problems afflicting the country: the growth in obesity, the increase in food poisonings, and the disappearance of the family farm” (Burros, 2007, p. D1). More specifically, “health professionals” were noted as claiming calories from subsidized foods “are partly responsible for the epidemic of childhood obesity and the increased incidence of diabetes” (p. D2). Finally, a March 2006 Wall Street Journal article referred to farm subsidy opposition as “a snowballing movement” that is “stirring attention because it is unusually broad” (Kilman & Thurow, 2006, p. 1).

Farm Bill critics in the food movement argue that the subsidies allotted under its legislation have propped up the fast food industry for decades, while savvy marketing campaigns have driven up profits—a dynamic that Schlosser (2002) noted in Fast Food Nation has contributed greatly to “America’s obesity epidemic” (p. 241). His exposé of the fast food industry’s “impact upon the lives of ordinary Americans” (p. 9) raised public consciousness about food production and related health issues like obesity. This book complements and continues Hightower’s 1970s work, and perhaps has been the leading cultural influence among other early 21st century advocacy efforts (see, e.g., Spurlock’s Supersize Me, Pollan’s The Omnivore’s Dilemma (2006b), Nestle’s What to Eat (2007), and Kingsolver’s Animal, Vegetable, Miracle) to engage more Americans in the politics of food. Activism by public figures and private farmers, plus nonprofit organizations like the Alliance for a Healthier Generation and Oxfam America, expands the obesity discourse, thus creating a wider constituency calling for reform measures and public health intervention strategies.
Not surprisingly, this discursive and political shift has captured the attention of big food companies. In addition to these advertising self-regulations, snack food manufacturers have responded to consumer attempts to eat healthier by packaging foods in smaller, 100-calorie packages. These packages cost more per ounce than the original size packages, but research indicates 29% of Americans believe that the 100 calorie packages were “worth the cost”—a statistic supported by 28% growth in sales in 2006 (Peters, 2007). Snack producers use terms like “portion control” and “convenience” to explain the rationale behind their new offerings, but profit remains their primary concern. As reported in *The New York Times*, “snack food makers like 100-calorie packs because they can charge more per ounce of food” (p. B1), not necessarily because of concern for the health of their customers.

### Media

#### Biomedical Media

In the scientific and lay press reporting on science, references to obesity have increased dramatically, marking the growth of the perception of importance of this issue. An analysis of the biomedical database, PubMed, a service of the National Library of Medicine and the National Institutes of Health, shows an increase in publication of articles on obesity in the last two decades. Of the 50,433 articles indexed in a February 11, 2008 search of “adult obesity,” the first published in 1949, approximately 80% have been published since 1987, while 26,235 of those were published in the last decade. A search of the keyword “obesity” found 105,659 items—published as early as 1880—while a search of the keyword “overweight” recovered 86,155 items. The growth in production during the past 25 years is noteworthy; a possible indicator of scholarly interest, increased availability of research funds and grants in this area, and an indicator of topics viewed as publishable.

#### Popular Media

Conversely, in the popular press, at least as evidenced by one of the premier U.S. newspapers, *The New York Times*, reference to and publication of articles on obesity also increased significantly during this period. Media scholars continue to debate whether the increased interest in obesity topics originates with the popular or scientific press. Although it can be argued whether *The New York Times* represents a cross-section of the American public or an elite audience, it is one of few dailies that are available nationwide². From 1851 to 1980, a period of 129 years, 1,167 items were found in a search for the keyword “obesity” in *The New York Times*. In the last 26 years, the numbers increased dramatically. In a free, specially archived collection of articles about obesity and weight published in the *Times* since 1981, there were 2,636 items. The topics of these articles varied widely between biological and environmental causes of obesity, including, for example, articles on the health consequences of television watching, the relationship between early menarche and weight in children, political and nonprofit founda-
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A series of articles titled “Vital Signs” has been published in the *Times* since the turn of the 21st century, with obesity as its main topic of study. A general search of the keyword “obesity” in the *Times* on July 10, 2007 generated 99,454 items.

Other domains of the popular media culture can be implicated in the construction of an obesity and health discourse in the United States. Many experts, as part of this discourse, have pointed to the media as a significant contributor to rising rates of childhood obesity. In this section, we focus our analysis on key examples that include children’s television programming, documentary films, nonfiction literature, and celebrity efforts to intervene in the obesity epidemic through broadcast and Internet media. As noted in an issue brief published by the Kaiser Family Foundation (2004), “during the same period in which childhood obesity has increased so dramatically, there has also been an explosion in media targeted to children” (p. 1). Children’s media sources include TV shows, cable networks, video games, Internet websites, television commercials, and video games. Of these forms, television commercials and related marketing campaigns are most commonly cited as culprits in the obesity crisis.

A review of studies on the relationship between television viewing and childhood obesity rates found that the majority of ads aimed at children are for high-sugar cereals, junk food, and fast food restaurants (Kaiser Family Foundation, 2004). In fact, fast food chains, soft drink companies, and snack food producers spend billions of dollars a year on marketing campaigns directed at children and devote considerable resources to conducting market research and devising promotional strategies for their brands (Schlosser, 2002). Ronald McDonald, who debuted in 1963 to entice young children and their parents to patronize franchises across the country, is a key example from the fast food industry. Over the ensuing decades, McDonald’s developed more characters and sought celebrity endorsers to star in television commercials. Ironically, many of these endorsers have been elite athletes. Studies have suggested that a correlation exists between the media and childhood obesity due to the sedentary nature of watching television and using other forms of media (Kaiser Family Foundation, 2004). These studies, which have been increasingly reported in the popular press, link media viewing to physical inactivity—another noted contributor to obesity among youth. While this oft-repeated refrain makes for a compelling sound bite, some experts are careful to note that increases in time children spend watching television are only problematic if those viewing hours replace participation in physical activity (Kaiser Family Foundation, 2004). However, recent research adds an additional point about the nature of sedentary activity, suggesting that hours spent watching television have greater potential harm than other sedentary behavior because of the potential exposure to content that leads to poor nutritional choices and eating habits (Barnes, 2007; Federal Trade Commission, 2006; Kaiser Family Foundation, 2004; Nestle, 2002).

Adamant calls for media regulation based on these points of criticism to reduce rates of childhood obesity have increased over the last decade (Barnes, 2007; Federal Trade Commission, 2006; Nestle, 2006). The responsibility for regulation has been largely placed on the private sector, including individual food companies and media entertainment corporations, as well as on governmental
agencies like the Federal Trade Commission and Council of Better Business Bureaus (CBBB). In fact, the Federal Trade Commission and Department of Health and Human Services have jointly recommended that the authority of the Children’s Advertising Review Unit (CARU) of the CBBB be expanded to regulate all media forms of food marketing to children and to set nutritional standards for the food products marketed to children (Federal Trade Commission, 2006).

The popular media can also be implicated in the construction of a proactive, interventionist obesity and health discourse in the United States. In the last ten years, an emerging media-based movement has brought political issues related to food, consumption, and health to a general, rather than scientific, audience. Using various media forms as tools for social change, writers, filmmakers, television celebrity hosts, and professional athletes are part of a surprising union of social activists who have carved out a unique niche in the national debate on health, food, and physical activity.

The influence of the fast food industry in the United States has been an important topic of consideration within the popular media. Eric Schlosser’s (2002) landmark book, *Fast Food Nation*, examines how the industry has transformed the American diet, economy, workforce, and popular culture. This book, which started as a piece of investigative journalism for *Rolling Stone* magazine, details the mid-20th century origins of the fast food industry and its rise to present-day multibillion-dollar prominence. Schlosser describes labor practices in fast food chains, industry advertising strategies, fast food product design, the sources of ingredients, and the health effects of fast food consumption. In a section of the book titled “An Empire of Fat,” Schlosser links the rising rates of obesity among American adults and children with the caloric content of menu items at major fast food restaurants. He notes that “the current rise in obesity has a number of complex causes” (p. 240), such as increasingly sedentary lifestyles and the elimination of school physical education programs, yet most persistently cites the widespread availability of high-fat, inexpensive meals made possible by the fast food industry as a root cause of rising obesity rates. The purveyor he criticizes most harshly is McDonald’s.

McDonald’s is also the main target of *Super Size Me*, Morgan Spurlock’s (2004) documentary about the influence of the fast food industry on Americans’ health. The film chronicles Spurlock’s mission to eat three meals a day at McDonald’s for thirty consecutive days, by the end of which Spurlock experienced significant weight gain and increases in blood pressure and cholesterol levels that put him at risk for cardiovascular disease. Throughout the film, footage of the filmmaker’s visits to McDonald’s and his doctors’ offices was interspersed with information about advertising and food production in the fast food industry and related health disorders such as obesity. *Super Size Me* garnered critical acclaim and an Academy Award nomination; more significantly, in relation to health discourse, the film reached a widespread audience and has thus far been the eighth-highest grossing documentary in history (“Documentary Movies,” 2007).

The official film website includes statistics on the prevalence of obesity as well as description of a program, “Roadmap to Healthy Foods in Schools,” whose goal is to help schools improve their breakfast, lunch, and snack offerings to foster “a healthier, more productive environment in our kids’ schools” (“Super Size
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Me,” 2007). In addition, Spurlock released an educationally enhanced DVD edition of *Super Size Me* for integration into high school health curricula.

Television celebrities and programs have also been responsible for raising public awareness of obesity issues. For example, Rachael Ray, who became a household name as the star of the Food Network’s “30-minute Meals,” has become a vocal advocate for healthier cooking and eating. On “30-minute Meals,” Ray has increasingly emphasized “low carb” and “heart healthy” recipes. Her Food Network success led to a nationally syndicated daily talk show, where she also features cooking segments. In 2006, Ray expanded her reach by launching the Yum-o Organization—a nonprofit dedicated to helping parents improve kids’ eating habits. The organization’s website serves as a source for cooking quick, healthy, cost-effective meals (Yum-o! Organization, 2007). In 2007, Yum-o partnered with the Alliance for a Healthier Generation, the joint initiative between the William J. Clinton Foundation and the American Heart Association. Former President Clinton appeared on Ray’s talk show to announce the partnership and discuss “the causes and challenges of childhood obesity” and urge viewers to eat healthier and exercise more (Severson, 2007, p. D1). As Ray told the *New York Times*, “I don’t want to talk about obesity. I want to talk about how fun healthy food is, period” (Severson, 2007, p. D2). This telling comment suggests that some celebrities carefully avoid the politics of obesity and health even though their celebrity allows them such influence.

The Nickelodeon network has also joined the fight against obesity by partnering with Yum-o and the Alliance to promote the “Go Healthy Challenge,” part of its series “Let’s Just Play.” The Challenge helps children assess their current level of physical activity and provides ideas for how to eat better and become more physically active. In addition, kids who sign up for the Challenge online can download healthy recipes, check in with other Challengers around the country, and keep a daily journal through the Nickelodeon website (“Let’s Just Play,” 2007).

Kid Fitness serves as another example of health-conscious programming aimed at children. This program includes an interactive public television series and companion website, plus a school physical activity program (Kid Fitness, 2007). The Kid Fitness mission is to engage, educate, and inspire children to make healthy choices regarding physical activity and nutrition. The television show features characters who lead group exercise activities for children. These exercises, and related information, can also be found on the Kid Fitness website, which provides a kids link and a parents/educators link. The third part of the series’ outreach involves a physical activity and movement program designed for use in elementary school classrooms (Vitello, 2007). Although the school program is intended to be used by classroom teachers as a substitute for physical education class, its content is officially endorsed by the North American Society for Physical Education (NASPE).

Finally, NBA star Shaquille O’Neal has entered into “anti-obesity television” with his new reality series “Shaq’s Big Challenge” (Heffernan, 2007). In this series, Shaq recruits six obese middle school students to begin a diet and exercise regimen under the supervision of his team of experts, which includes celebrity chef Tyler Florence and Dr. Carlon Colker, CEO and Medical Director of Peak
Wellness, Inc. The goal of “Shaq’s Big Challenge” is to prod Americans “into taking action against one of our nation’s most critical health issues: childhood obesity” (“Shaq’s Big Challenge,” 2007).

Although not a television program, First 5 California has raised public consciousness about childhood obesity by using similar media strategies. Like the previously mentioned media examples related to fast food promotion, this California state-funded program is also using media sources such as websites to promote healthier living. For example, First 5 California maintains part of its website as a health resource for expectant parents and families with children under five years old, and has launched an advertising campaign with television, radio, print, and billboard components aimed at the same demographic (First 5 California, 2007). An advertisement for the campaign on a San Francisco bus side panel pictures a young boy and the caption “Obesity in Little Children is a Big Problem.”

While popular media outlets have been perceived as complicit in contributing to actual behavior linked to the obesity “epidemic,” as well as actively expanding the discourse about obesity, recent attempts to combat the “war” on obesity have also come from this domain. Furthermore, more debate is needed to investigate whether the media is responding to this crisis or capitalizing on a contemporary cultural obsession. A similar question arises when considering corporate sector activities related to the obesity crisis. Again, initiatives surfacing from within this domain are more likely to preserve, rather than challenge, the root causes of obesity-related health conditions in the United States. However, it is important to note that there are increasing calls for examination of the policies and practices within this sector that are perceived to contribute to the “obesity epidemic.”

**Corporate Sector**

The burden and effort of addressing the problems perceived to be associated with obesity and the promotion of physical activity has been accepted and carried out by a variety of nonprofit and corporate sources, particularly as input from the federal and many state governments has been largely absent from initiatives and policy guiding such efforts. Evidence of health and obesity discourse in the corporate sector of American society can be identified in three areas: branding, community outreach programs, and employee wellness programs.

During the last three decades, an increasing number of corporations have sought high profile opportunities to align their brand with various segments of the sport and fitness industry. This marketing trend is indicative of the immense popularity of sports in American and global culture, as well as an expanding health consciousness here and abroad. A prime example of this trend is ING, a prominent international financial services company, with a significant presence in the American market. On the recommendations of a 2002 in-house research report, ING developed a plan to secure title sponsorship of major running road race events worldwide based on its understanding of running as “a true global sport unhindered by cultural or language differences” (“Best Activation,” 2006). The marquee sponsorship in ING’s global mission to strategically brand the sport of running is the New York City Marathon—the largest one-day sporting event in the world—held in the world’s financial capital. Other ING events include San Francisco’s Bay to Breakers 12K, a race that annually includes everyone from the
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serious runner to the costumed reveler in its field of entrants. With its ubiquitous orange presence in the running segment of the sport sponsorship market, ING has successfully aligned itself with a prominent symbol of health and physical fitness that draws a vast range of elite competitors as well as casual enthusiasts.

Another example of a nonsport corporate entity affiliating with a sport entity is JPMorgan Chase bank. As part of its long-standing partnership with women’s tennis, JPMorgan Chase features official sponsorship of the US Open Women’s Singles Championship. According to the company’s website, “our relationship with the US Open, one of the world’s premier sporting events, allows us to support the best of tennis while demonstrating our commitment to hard work, excellence, and competitive spirit” (“U.S. Open Tennis,” 2007). Implicit in this brand association is regard for tennis as a valued and healthful sporting activity and large-scale support for women’s athletic opportunities. Notably, both ING and JPMorgan Chase, two profit-seeking financial services companies, have chosen to associate their respective brands with upscale sports and sporting events that reflect the activities of their clientele base but do not offer widespread accessibility within the realm of public health and recreation. The elite sport examples are included here nonetheless to demonstrate the ways that corporations sponsor events seen to benefit general public health while serving their already established clients.

Both ING and JPMorgan Chase include health-related community outreach initiatives as part of their event activation platforms. These companies promote other philanthropic initiatives and partnerships that illustrate their commitment to improving children’s physical welfare and increasing public recreational opportunities and health knowledge (“KaBoom! Builds Playground,” 2007; “U.S. Open Tennis,” 2007). Further, these endeavors arguably contribute to a health discourse that includes widespread public perception of links between financial disadvantage, childhood obesity, physical inactivity, and a lack of safe, well-funded public spaces in which to play. Moreover, these initiatives help fill a void created by government slashing of public parks and recreation funding. Since the 1970s, the public parks and recreation system has experienced significant staff cuts, service and maintenance budget reductions, and the deterioration or complete elimination of facilities. During the late 1970s, in New York City alone, public funding for parks was reduced 60% (Kelley, 1997). While it is heartening that corporate philanthropic funds and programs are revitalizing some of these services, the growing reliance on private funding for public recreation and health awareness is troubling. This privatization trend indicates a lack of governmental priority for public services and leaves the health and recreational opportunities of Americans in underserved communities to the philanthropic favor of for-profit corporations.

ING developed the Run for Something Better program as the enhancement element of its NYC Marathon sponsorship. For this program, ING collaborated with the city parks department to identify four borough parks in need of improvement. Each one was then paired with a female race contender who ran to raise capital improvement funds for her designated park (“Best Activation,” 2006).

ING has also been involved in public park improvement projects, specifically playground development efforts, through the company’s general community outreach program. The company recently partnered with KaBoom!, a national non-profit organization which aims to raise awareness and funding for increased play opportunities to provide safe places to play for every child in America (“What Is
 KaBoom,” 2007). ING is investing in KaBoom!’s Operation Playground, a two-year initiative to build 100 playgrounds in Gulf Coast neighborhoods devastated by Hurricanes Katrina and Rita (“KaBoom! Builds Playground,” 2007). This endeavor illustrates ING’s commitment to “giving back to the communities in which it operates by supporting financial literacy events, underserved youth, and wellness programs” (“Community Affairs,” 2007).

Support for underserved youth and public park recreation programs is also an integral part of JPMorgan Chase’s US Open sponsorship. Since 1997, the bank has provided free tennis camps for children in New York City, a program estimated to reach over 10,000 children in 40 parks across all five of New York’s boroughs (“U.S. Open Tennis,” 2007).

Food provision initiatives are also part of the corporate-community outreach agenda. An important example of these efforts is found within the Sodexho Corporation, the leading food and facilities management company in North America. Sodexho provides health-related community outreach services through its charitable arm, the Sodexho Foundation. Since 1999, the Foundation’s efforts have focused on fighting the root causes of hunger in the United States by addressing hunger problems related to poverty, lack of education, unemployment, and food insecurity (“Our Mission,” 2007a). Examples of outreach services include the establishment of a summer nutritious lunch program for children who are on federal food assistance during the school year and support for culinary training programs for unemployed individuals. Furthermore, the Sodexho Foundation advocates for awareness of the interrelated problems of hunger and obesity on its website (“Hunger and Obesity,” 2007).

Concern for adult health issues in the corporate sector can be seen in the increasing numbers of employee wellness programs. In fact, JPMorgan Chase combines community outreach and employee wellness in its annual Corporate Challenge, a series of runs held in various host cities throughout the year. The Series, which started in 1977, is open to teams of runners from participating companies and is viewed by JPMorgan Chase as a way to promote health, fitness, and well-being in corporate communities in the U.S. and abroad (“Taking a Great Idea,” 2007). According to the company’s website, the Series sends a message that fiscal, as well as physical fitness, is important in the corporate world. In addition, each host city of a race identifies a community beneficiary(ies). These beneficiaries are often organizations that provide youth physical activity programs, such as the YMCA. For example, the beneficiary of the 2007 San Francisco Corporate Challenge race is the YMCA of the Claire Lilienthal Learning Academy in the Presidio, in partnership with the San Francisco Unified School District. In 2006, the Series donated more than $500,000 to host city beneficiaries and was named the Charitable Event of the Year by USA Track & Field (“Events,” 2007).

More typical corporate employee wellness programs include the provision of professionally staffed on-site fitness facilities and classes, or salary allowances for outside club memberships. For example, biotechnology giant Genentech provides ergonomic specialists, onsite health seminars, Weight Watchers programs at 50% cost, and a Club Genentech fitness facility at its main campus (Genentech, 2008). Through these wellness programs and charitable initiatives, corporations can enhance the loyalty and productivity of their employees while reaping favorable publicity for addressing public health issues in underserved communities.
Non-Profit Organizations and Foundations

Coexisting with the relatively recent involvement of the corporate sector in community projects and programming is the targeted health focus, with particular reference to obesity issues, of some nonprofit organizations and foundations. The Robert Wood Johnson Foundation, the nation’s largest foundation making grants to improve health and healthcare, has identified “childhood obesity” as the first of four major current initiatives, a departure from its founding mission “To assure that all Americans have access to quality health care at reasonable cost” (“Our Mission,” 2007b). During 2006, the Foundation awarded 928 grants and contracts totaling $403 million in support of health care programs in the U.S. Of these, 10% or almost $42 million—the largest distribution in the “Targeted” portfolio—was distributed to programs aimed at addressing childhood obesity, compared with $11m for Disparities, $19m for Health Insurance Coverage, and $23m for Quality Health Care, a more than symbolic gesture of interest in this issue (Robert Wood Johnson Foundation, 2008).

One important recipient of a Robert Wood Johnson Foundation grant is the William J. Clinton Foundation and its “Alliance for a Healthier Generation” program, founded in 2003 in partnership with the American Heart Association. “Alliance for a Healthier Generation” received $8 million, or 20% of its budget from the Robert Wood Johnson Foundation for its Healthy Schools Program to “eliminate childhood obesity and to inspire all young people in the United States to develop lifelong, healthy habits” (“About the Alliance,” 2007). These efforts also suggest that large grants are being awarded to obesity initiatives even when they are not clearly aligned with the granting agency’s mission.

In mid-2007, the Alliance formed a partnership with IDEA Health and Fitness Association, an organization for fitness professionals aiming “to increase physical activity opportunities for youth and schools across the U.S.” Over 1,000 IDEA members committed to volunteer “their time and expertise to increase the physical activity resources available within their communities” (“IDEA Health & Fitness,” 2007). IDEA had already developed a platform titled “Inspire the World to Fitness®” “to mobilize local health and fitness professionals to provide kids and school staff with group exercise classes, discounted memberships to local gyms and personal training services” (“IDEA Health & Fitness,” 2007), another example of the private sector mobilizing to fill in a gap in the provision of public school physical education.

Institutes and centers affiliated with universities are also increasingly focusing attention on and research into the provision of programs for obesity and related issues. Among the most notable is the Rudd Center for Food Policy and Obesity at Yale University, one of the nation’s premier institutions of higher education. The purpose of the Rudd Center is “to improve the world’s diet, prevent obesity, and reduce weight stigma through creative connections between science and public policy, targeted research, frank dialogue among key constituents, and a commitment to real change” (“Rudd Center Mission,” 2007). The Center’s website highlights its members’ efforts toward “Changing the World’s Diet through Science, Policy, and Dialogue.” In an interesting corollary to its promotion of effective food policy, an article published on the Center’s website reported on the increasing use of personal trainers for children and youth to “lose weight and get healthy.”
Sources of professional fitness specialists could be found “at local YMCA community centers or upscale health and fitness clubs,” the author noted (“Personal Trainers,” 2007). Unfortunately, the article did not advocate for the development of policy advocating for physical education in the school curriculum. In addition, the emphasis on “weight loss” offers a substantially different orientation than the Center’s stated effort toward “reducing weight stigma.”

In some circumstances, organizations’ adoption of the responsibility for the provision of recreational and physical activity programs and facilities has replaced more traditional sources such as government supported school-based or community agencies, including YMCA’s and Boys & Girls Clubs of America. In the San Francisco Bay Area, support from the Haas Family’s five multimillion dollar foundations have contributed to the renovation of the waterfront Crissy Field recreation area, the development of trails and campground in the former military base, the Presidio, and have provided access to an Oakland, California community college campus offering inner-city children access to tennis and tutoring (Guthrie, 2007).

Small, local community agencies are another critical source for physical activity programs, particularly those aimed at a younger population. In the San Francisco Bay Area, for example, a nonprofit after-school program, Sports4Kids, offers programs for “Improving the health and well-being of children by increasing opportunities for physical activity and safe, meaningful play” (“Sports4Kids,” 2007). Based on the premise that many schools are not providing physical education or that the curricula offered are of poor quality, this program fills in the missing physical activity, albeit with staff members whose hiring requirements included a college degree “and/or demonstrated experience leading groups of children in a youth program/school setting” (“Elementary School,” 2007). Schools are often too eager to adopt such programs and pay “out-of-pocket” costs without demanding that their school district hire qualified personnel. Ideally, quality programs such as Sports4Kids, an affiliate of Americorps, the Corporation for National and Community Service founded in 1993 by President Bill Clinton, would require appropriate university training for their staff.

The successful implementation of programs such as those sponsored by the Robert Wood Johnson Foundation and the Alliance for a Healthier Generation, obscure, in part, the absence of effective policies, funding, and infrastructure provided by the government and the educational system. Limited attention has been given to the problematic aspects of the discourse in this sector, notably the substitution of a comprehensive, nation-wide program that reaches all citizens with initiatives that target specific populations.

**Physical Education in the Obesity Crisis**

Among social institutions in the United States, school-based physical education has been strongly implicated for both contributing to and for providing one source of alleviation, of the “obesity crisis.” Physical Education is defined here by national organizations such as the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) and its affiliates (e.g., the National Association for Sport and Physical Education, NASPE), and professional publica-
tions including Strategies; Journal of Teaching Elementary Physical Education (JTEPE); the Journal of Physical Education, Recreation and Dance (JOPERD); and Research Quarterly for Exercise and Sport (RQES). In addition, exemplary physical education advocacy legislation at both the state and national levels has defined the role of Physical Education in addressing the “obesity crisis.” Due to its large membership (25,000 individuals in five national and six district associations), with equal circulation numbers for JOPERD, the primary organizational publication, decisions made by AAHPERD influence large numbers of professionals directly and indirectly (AAHPERD, 2008a).

Organizational Perspectives

The AAHPERD website homepage includes a list of “News and Information,” and links to the organizational “Mission Statement” and “Strategic Goals” web pages. The word “obesity” does not appear on any of these documents, though reference to the promotion of “creative, healthy, and active lifestyles” is part of the Mission Statement. This is not to suggest that obesity prevention and reduction among schoolchildren should be a stated goal of the organization, but the absence of a clear organizational position has contributed to a “reactive” rather than “proactive” stance on the issue. In addition, it becomes more likely that the publications and actions of individual professionals are perceived to reflect widely held organizational values. If many physical educators at all levels agree that obesity prevention should be a significant portion of their jobs, it would be important to develop this issue in a position paper or other form of philosophical statement. Currently, the organization’s positioning on obesity is limited to, for example, a statement about the increase in incidence of obesity that appears in reaction to current legislation urging Congress to include physical education and health education in an amendment to the No Child Left Behind Act (AAHPERD, 2008b). Therefore, the adoption of an “anti-obesity” mission is currently largely an individual practitioner, rather than professional, objective.

Scholarship in Physical Education

The body of literature in physical education related to the topic of “obesity” and “overweight” typically presents the perspective that the obesity “crisis” exists, that the profession accepts its given role in addressing the crisis, and that lack of adequate or appropriate physical education has contributed to the problem (Anonymous, 2004; Ernst, 2005; Greenleaf & Weiler, 2005; Stewart, 2005). A general search of “obesity” and “physical education” in February 2008 on SPORTDiscus, the database that publishes many of the periodicals in physical education, elicited 563 items, though many were published in nonphysical education journals including Journal of School Health, Journal of Science and Medicine in Sport, and Journal of Physical Activity and Health. Cross-disciplinary investigations are critically important to the study of obesity; however, the database results also demonstrate limited critical analysis of the obesity discourse among physical education professionals publishing in physical education periodicals. Presently, physical activity research is being conducted by an array of public health, public policy, city planning, and other interested scholars in a variety of academic journals. A recent,
special issue of the *Sociology of Sport Journal* focuses on the “construction of fat” in American society.

Typical articles in physical education professional journals include such titles as “What changes have you observed or made in your lesson plans to curtail childhood obesity?” (Stewart, 2005) and “Is your physical education program ready to combat obesity?” (Anonymous, 2004), both appearing in *Strategies*. Among the articles of a special volume of *JOHPERD*, “Combating Obesity in K-12 Learners,” only one article provided historical perspective on the adoption of obesity as a concern of physical education thus enabling the reader to understand the process by which Physical Education adopted the obesity dictum (Guedes, 2007). Other voices raising critical questions about the obesity epidemic itself appear on the international scene including articles by David Kirk (2006), “The ‘obesity crisis’ and school physical education,” and Lisette Burrows’ (2005) “Do the ‘Right’ Thing: Chewing the Fat in Physical Education.” Both of these scholars caution the profession’s membership against a wholesale adoption of current beliefs about the social impact of obesity.

The adoption of the antiobesity project by some members of the profession has also formed the basis of efforts to raise public awareness about the status of physical education and lobby for increased physical education requirements in programs taught by credentialed instructors. As Bryan McCullick (2007) pointed out in his introduction to the publication of the NASPE papers on the topic of “Combating Obesity in K-12 Learners,” despite the lack of real attention to the issue by legislators and policy makers, “K-12 physical educators and those charged with preparing them are really the best weapons in the fight against obesity” (p. 25).

Although it is difficult to determine the extent to which this strategy has had effect, in a recent report published by the Institute of Medicine (IOM), recommendations to prevent childhood obesity included requiring daily physical education in schools (Keller, 2007). The message appears to be reaching parents who, in one study, overwhelmingly cited physical education classes as having a strong role in the prevention and treatment of childhood obesity (Murphy & Polivka, 2007). This is despite the nationwide decline in daily physical education opportunities among public school students from 42% in 1991–28% in 2003 (AAHPERD, 2006). While from 1980 to 2000, the prevalence of overweight among U.S. adolescents aged 12–19 tripled from 5 to 15%, a nationwide trend that does not appear to be abating (AAHPERD, 2006). Among children and teens aged 6–19, over 9 million are overweight (AAHPERD, 2006).

Willingness to accept professional responsibility for the obesity issue also provides grounds for demanding greater public support for physical education. As several scholars point out, although physical education programs have been identified as an important component in efforts to increase children’s physical activity and thereby reduce obesity, the field currently lacks a “comprehensive strategy for encouraging children to eat a healthful diet and engage in physical activity” (Ludwig, 2007, p. 2326).

It is critically important that physical educators be better prepared to construct a broad-based social and educational campaign to describe the functions of physical education within the school curriculum (Bryan & Solomon, 2007). Physical education is the only component of the school curriculum where students are...
taught fundamental motor skills, lifetime fitness activities, and given the opportunity to enjoy moving their physical bodies (Guedes, 2007).

**Legislative Efforts to Combat Obesity Through Physical Education**

Efforts to introduce an amendment to the No Child Left Behind (NCLB) Elementary and Education Act of 2002 to include physical education have focused on the wellness-based aspects of the field including the provision of the physical activity necessary to minimize the growing rate of overweight and obese youngsters (Tunnicliffe, Chatterton, & Arcari, 2006). Senators such as Tom Harkin of Iowa have made reducing childhood obesity and increasing physical education programs part of their national agendas. According to Harkin, “We need smarter public policies and programs to get our children off to (sic) strong start with good nutrition and plenty of physical activity” (“Statement of Senator Tom Harkin” 2007). Senator John Cornyn of Texas has also voiced support for physical education, particularly through his efforts within the Senate Appropriations Committee to secure full funding for the Carol M. White Physical Education Program (PEP) that helps “initiate, expand and improve physical education programs for K-12 students (“Sen. Cornyn Tours Pediatric Wing,” 2008)

Although physical education is positioned to adopt a definitive stance on the perceived obesity crisis, the field has failed to do so. Nonetheless, the absence of a unified position has not deterred public health officials, parents, and educators from recognizing its potential value in improving the health of schoolchildren (Murphy & Polivka, 2007). Obesity prevention, at the moment, is a school and public health issue rather than a physical education issue. Given that other health-related bodily conditions are not privileged within the physical education curriculum, care must be taken that issues of obesity and overweight are not disproportionately emphasized. Developmental, age-appropriate curricula structured around evidence-based research should increasingly provide the foundation for the goals and practices of physical education.

**Conclusions**

The American discourse on obesity, as it is expressed through the media, scientific literature, and websites for corporate and nonprofit organizations, largely expresses the view that an “epidemic” does exist; it is seen to have large public health, economic, and social consequences; and that society is responsible for developing corrective strategies. Pathologizing individuals who are overweight or obese enables social leaders to ignore the need for potentially far-ranging transformations of society, including the provision of low-cost, easily accessible physical activity opportunities; widely available healthful foods; elimination of government policies that support the growth and availability of unhealthy food and lifestyle choices; and to even adjust notions of the responsibility of city planners and urban developers in the provision of healthful living environments. At the same time, at the grass-roots level, social activists and critics have called for attention to these obesity-related issues from the political domain.
Moreover, in any analysis of discourse, the issues that are absent speak as loudly as those that are verbalized. In the aftermath of nationwide physical education programs cuts during the U.S. budgetary crises of the 1980s and 1990s, many school districts today find themselves paying private enterprises to deliver physical activity programs to elementary and secondary schoolchildren; many of these programs lack the educational mission or trained personnel of formal physical education. Various legislative efforts in the nation’s states have begun the process of reversing this adverse trend in the educational domain.

Although we have primarily considered the U.S. context, it is critical that future research considers and incorporates a broader, global perspective including issues related to world hunger, malnutrition, and the growing incidence of obesity and related diseases in developing and third-world countries. Complementary to these studies would be those investigations that examine the provision of physical activity and government level policies internationally.

One of the few medical voices to challenge contemporary views about obesity is founding editor of Medscape General Medicine and a professor of medicine at New York Medical College, Dr. Val Jones. Jones (2006) suggests, “America’s diabesity problem is not about moral failure, laziness, or lack of effort. It’s about the wrong philosophical underpinnings. We have fallen for the idea that there is a quick fix for everything—especially weight loss.” Instead of looking to fad diets, pills and other medical interventions for a miracle cure, Jones (2006) argues:

We must make a philosophical frame shift towards a rehabilitation model of weight control … that involves a long-term commitment; an acknowledgment that the opportunity for weight regain will never go away; and that an individualized, multidisciplinary approach has the best chance of success. (p. 34).

Moralizing about bodily and health related issues has been part of American society since at least the 19th century, when Catharine Beecher (1855) identified a “terrible decay” of health as an “evil . . . bringing with it an incredible extent of individual, domestic, and social suffering . . . increasing in a most alarming ratio” (as cited in Riess, 1997, p. 86). As we near the end of the first decade of the 21st century, moral concerns about diet and physical activity behavior remain part of the dominant public health discourse and guide efforts to address interventionist efforts. Indeed, our analysis suggests that the construction of the obesity discourse, framed largely within the media and corporate worlds has influenced the distribution of information leading to widespread public opinion about the nature of this “epidemic.” Public awareness about the role of diet and physical activity for health is important, yet future understanding and treatment of this issue demands that medical, educational, and government agencies critically examine the assumptions underlying their strategies, programs, and rhetoric surrounding the obesity epidemic.

Notes

1. Until May 2008, Farm Bill negotiations were deadlocked over the issues of funding sources for expanded programs and qualification criteria for farm program subsidies, while the reform measures called for in the food movement had failed to materialize (Fraas, 2008).
After minor changes in support for food stamps, nutrition programs, and fruit and vegetable growers, the Farm Bill was finally passed by Congress, over President Bush’s veto (Herszenhorn, 2008; Stout, 2008).

2. The sole nationwide daily, USA Today, listed 505 items on “obesity” in its database.
3. Notably, Michael Jordan, Wayne Gretzky, Serena Williams, and Yao Ming have served as spokespersons for McDonald’s since the 1990s (“McDonald’s,” 2007).

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