No, say Michael Grossman, Ph.D., and Naci Mocan, Ph.D. In fact, their study on the causes of obesity shows that policy interventions often come with unforeseen negative consequences, and that some previously implemented public policies may explain a portion of the rapid and sustained rise in the U.S. obesity rate since 1980.

Between 1980 and 2000, the percentage of obese adults more than doubled and the percentage of obese children almost tripled in the United States. Between 100,000 and 300,000 Americans die each year from obesity-related illnesses. Obesity costs more in annual medical care expenditures than cigarette smoking — around $147 billion in 2008 — because of the long and costly treatments for its complications. A large percentage of these costs are borne by Medicare, Medicaid, private health-insurance companies and, ultimately, by the population at large rather than by the obese.

Public policies that have inadvertently led to obesity include higher cigarette taxes, which have caused more smokers to quit — and possibly eat more as a result. Low food prices, courtesy of government policies, lead to more food on the table and second or third helpings. The U.S. interstate highway system made suburban life possible, but commuters — unlike city dwellers in densely populated areas — drive more and burn fewer calories walking to their destinations, note Grossman and Mocan in their study.

One current policy option that targets obesity is a tax on sugar-sweetened beverages (such as sodas). However, researchers have found the policy would be ineffective, possibly because a tax on soda would lead to increased consumption of other high-calorie drinks, such as milk and juice.

Another policy is to have restaurants display the amount of calories in each food item. A study of consumption at Starbucks after the implementation of the policy in New York suggests that increasing customers’ access to relevant calorie information may reduce their calorie intake. The study data showed a 6 percent decrease in average calories per transaction.

Studies of policies that encourage weight loss through exercise have shown that financial incentives may be motivating but only provide modest reductions in obesity; the cost-effectiveness of incentive programs has not been analyzed.

Perhaps the main message conveyed in Grossman and Mocan’s study is that there is no free lunch; with benefits come costs. Positive changes such as reduced smoking, increased female participation in the labor force, and improvements in technology that lowered the real price of food have also carried unforeseen negative consequences.

The authors do not suggest that people start smoking to become thin, or that women should abandon the workforce to provide home-cooked meals for their families. They merely demonstrate that whether public policies should be pursued that offset the ignored or unanticipated consequences of previous policies that contributed to the rise in obesity will depend, in the end, on evaluations of the external costs and benefits of these policies.
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