

**The Obesity Crisis:
Origins, Scope, and Responses**

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Mom, Friends, Professors:

Thanks.

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CHAPTER ONE: INTRODUCTION

Overview

The Declaration of Independence of United States of America asserts that all men are entitled to the inalienable rights of life, liberty, and the pursuit of happiness, so long as they adhere to John Locke's principle that enjoyment of said rights may not infringe upon the liberties of another man ("Life, liberty, and the pursuit," 2007). As the world's wealthiest nation, many basic resources and luxuries are abundant, and its citizens are free to indulge in as much as they can afford. Additionally, American corporations have enjoyed great prosperity because of the capitalist nature of our society, which allows—if not encourages—businesses to employ the tactics that will best sell their product. As long as honest information about products is available to consumers, companies are allowed to sell and customers are allowed to buy. Yet, the question of responsibility arises when such an exchange results in the overconsumption of dangerous products that leads to a public health crisis (Nguyen, 2006).

Modern history's most notorious case of a widespread public health epidemic that resulted from product consumption has been tobacco use, which currently claims over 400,000 American lives per year (U.S. Department of Health and Human Services, 2002). Until the late 1900s, smoking was a glorified and glamorous activity as movie stars, singers, and other popular icons were often depicted smoking in mainstream media (Wolburg, 2006). Smoking was allowed in bars and restaurants, and attractive advertisements with enticing slogans were rampant. People who smoked were considered sexy, charming, and cool, and the health consequences were seldom addressed. However, when the Surgeon General issued the first report of the Advisory

Committee on Smoking and Health in 1964, smoking began to gain a negative reputation for its health effects, as cigarette smoking was for the first time identified as the leading cause of preventable death in the United States (Bartechi, MacKenzie & Schrier, 1994).

Subsequently, the harmful effects of tobacco use garnered widespread media attention, especially in the late-1990s after highly publicized lawsuits yielded devastating financial consequences for the four largest tobacco manufacturers, Phillip Morris USA, Reynolds Tobacco Company, and Lorillard Tobacco Company (Wilson, 1999). Found responsible for knowing the deadly and addictive nature of their products yet continuing to aggressively market them for the sake of their own profits, tobacco companies were forced to spend billions on anti-smoking advertising, compensation for attorney fees, and damages to smokers' families, and cease many of its advertising techniques, among other penalties (Wilson, 1999). The fall of big tobacco represented one of the biggest defeats a major industry had experienced, and since it was catalyzed by public outrage over the effects of dangerous products, some scholars foresee troubles for the food industry arising as the detriments of obesity become increasingly apparent to American society ("Fat kids: Are fast food companies to blame," 2002).

In recent years, obesity has emerged as a serious public health crisis, and with lawsuits being filed against the food industry, is showing the potential of becoming the next tobacco. At the turn of the millennium, decades of steadily expanding waistlines began to seize the attention of the American people (Centers for Disease Control, 2007). Though health experts have warned that obesity is unhealthy since the 1950s (Harvard School of Public Health, Department of Nutrition, 1952, as cited in Nestle & Jacobson, 2000), the very recent realization that over sixty percent of Americans were either overweight or obese ignited a wave of increased concern as obesity was on the brink of replacing smoking as the leading cause of preventable death in the

United States (Weisberg, 2002). In a 2002 “Call to Action,” Surgeon General David Satcher warned that obesity and overweight in America had reached “epidemic proportions,” as the conditions were claiming approximately 300,000 American lives per year, and costing \$117 billion in medical expenses (U.S. Department of Health and Human Services, 2002).

The obesity problem has gotten so drastic, in fact, that it has been compared to the worldwide epidemic of starvation. According to Michelson (2004), there are currently over one million people in the world who are overweight or obese, which is almost equivalent to the number of people who suffer from malnutrition. To quote one journalist, “The face of death is no longer the starving African; it’s the grotesquely overweight Westerner” (Arner, 2003).

But while the obesity epidemic is similar to tobacco in terms of its magnitude, cultural dynamics make finding a solution and a scapegoat more complex. It was relatively easy to pinpoint tobacco companies as villains, and to convince Americans that smoking is an unnecessary and inherently unhealthy activity. Food, on the other hand, is something that humans need to survive, and food manufacturers are not the only party that is culpable in fueling obesity. Personal eating choices and inadequate physical activity by Americans have also contributed to the prevalence of the condition. Therefore, the ramifications for food manufacturers have not been as severe as those for the tobacco industry, as it has thus far been impossible to prove that food manufacturers are deliberately manipulating consumers to eat themselves to death.

Nonetheless, the food industry faced inevitable negative financial consequences as the medical, economic, and social ramifications of obesity were realized by the public at large, and it became increasingly impossible for the issue to be ignored. In order to survive, the food industry had to adapt to the changing concerns of the American public, as the fatty burgers and greasy

fries on which they built their fortunes were no longer adequate in a market that demanded healthier options. But while the food industry has been forced to adapt for the selfish reason of its own survival, the government has an obligation to respond not for itself, but for the welfare of the nation. Instead of strategizing ways to avoid losing business, the government is seeking ways to make the country whole again, as many forces – from academics to medical professionals – are analyzing the causes of obesity and making recommendations as to what the government needs to do to stop it. If society decides that intervention is necessary and the government does not provide a sufficient response, the government could be at risk of facing an image crisis. This paper will examine the response by the food industry, and detail why a hard-line response from the government is necessary if America has any hope of recovering from the obesity crisis.

Purpose Of The Thesis

As overweight and obesity have become increasingly widespread with clear detriments to society's overall well being, many concerned parties including federal officials, academics, health experts, public interest groups, and journalists are bringing the issue to the forefront of the public arena (Kersh & Morone, 2002). When these forces banded together in an effort to search for causes and solutions to the obesity epidemic, two facts became exceedingly apparent: the first was that as waistlines expanded so had the prevalence of cheap, fattening food (Blumenthal, Hendi & Morone, 2002), and second, that if the epidemic is ever going to come to an end, the government is going to have to step in and regulate (Mello, Studdert & Brennan, 2006).

The purpose of this thesis is to illuminate the implications of the obesity epidemic for the country's general well being. It will show the health and economic consequences, the daunting nature of the contributing factors, and why cultural and sociological forces have made it so

difficult to combat. This thesis compiles a broad array of data to clearly demonstrate the elements that perpetuate the obesity epidemic, the controversy surrounding finding a solution and recommendations on how to bring it to a halt. Through analysis of the cultural complexities of the public health crisis, this paper will argue that government involvement is imperative to finding a solution.

On a macro level, through the analysis of how the government and food industry have responded, this thesis will show how different organizations react to crisis situations given different motivations. The response between the government and the food industry are very different, as the food industry has been the subject of intense blame for the epidemic and was forced to change its image and menus in order to survive. Conversely, government action is required not because of any personal culpability, but because the country is in crisis, and as such, the government is required to help bring the nation out of its troubled phase. The analysis of these cases will provide an example that parallels the way institutions respond in many other crisis situations, thus affirming Steven Fink's natural stages model of crisis management.

Methodology Of The Thesis

This thesis will employ Steven Fink's Natural Stages theory to analyze the way in which each institution responds to the obesity epidemic. According to Fink (1986), a crisis is defined as "an unstable time or state of affairs in which a decisive change is impending--either one with the distinct possibility of a highly undesirable outcome or one with the distinct possibility of a highly desirable and extremely positive outcome" and that crisis periods are times that are "characterized by a high degree of uncertainty and risk" (p. 15). Furthermore, crises are pivotal

moments for organizations, where their “credibility” and “reputation” can be dramatically affected (Berge, p.7).

Fink’s stages model argues that companies undergo four stages when dealing with crises. The first is the prodromal stage, in which warning signs of potential dangers are apparent, and need to be noticed by the crisis manager so that the organization can either avoid the crisis, or prepare to deal with it (Fink, p. 7). Fink argues that this period affords companies with capable crisis management teams an opportunity to use “crisis avoidance techniques” that will allow the company to undergo as little damage as possible (p. 14). According to Fink, if an organization communicates before the crisis, they will have an easier time surviving than if they wait, because early communication allows the organization’s side to be heard first (Fink, p. 11).

Secondly, the acute stage is the time when the crisis is at its most intense and the company’s well-being is in serious peril. During this period, which according to Fink is usually the shortest, events occur at a rapid pace and it is critical that the organization quickly identifies and addresses the problem (Fink, p. 23). The acute phase includes any or all of the following five characteristics: the problem becomes more intense; the situation garners increased attention from the media or government; distractions occur that interfere with regular business of the organization; the image of the company is damaged; and the organization is hurt financially (Fink, pp. 15-16).

Third is the chronic stage during which the organization employs strategies to correct the problems that triggered the crisis. This phase is the longest, and often determines whether or not an organization can be saved.

The crisis resolution phase is last, and it is the point when the company has made a full recovery and is “well and whole again” (Fink, 1986, p. 25). As Fink’s model is cyclical, once the

company has reached the crisis resolution stage the prodromal stage begins again, and it is critical that warning signs are anticipated to prevent future crises (Fink, 1986). This thesis will analyze which stage each institution is in and why.

Organization Of The Thesis

The following is an outline for the thesis, which is divided into five chapters:

- I. Introduction
- II. The obesity epidemic
- III. Response from the food industry
- IV. Necessity of government response
- V. Conclusion

Following this introductory chapter, which has given the big picture of the obesity crisis, response by the food industry, and necessity of government intervention, the second chapter will analyze the obesity crisis itself, beginning with the definition of the epidemic, exploring the historical trends, detailing the consequences and ending with an examination of the causes. Chapter three will analyze the response by the food industry. It will discuss how companies within the industry traveled through Fink's stages model to return to a prosperous financial situation after the dawn of the obesity crisis, why they need to continue looking for new prodromes, and why the food industry's response was not enough to salvage the condition of the country. The fourth chapter will analyze the government's role in managing the obesity crisis, why government intervention is essential in order for the obesity crisis to subside, and the steps it needs to take to pull the country into the crisis resolution phase of the epidemic. Finally, the conclusion will compare the responses by the two institutions, look at prospects for the future and affirm the essentiality for government intervention.

CHAPTER TWO: AMERICA'S OBESITY CRISIS

American attitudes toward weight have evolved alongside the dramatic changes in the country's cultural norms. In the years prior to the development of medical advancements that prevented widespread illness by debilitating diseases like tuberculosis, which caused its victims to become dreadfully feeble as they slowly died, being heavy was considered a sign of strength (Smith, 2004). Additionally, at times when food was scarce, a rotund physique was regarded as a status symbol, as it indicated prosperity and good health (Cassell, 1995). Full figured women were considered beautiful in Renaissance artwork (Chicago & Lucie-Smith, 1999), and leaders such as Louis the XIV inserted padding beneath their clothing to make themselves appear larger and thus more powerful (Smith, 2004).

But as times changed, the association of overweight with wealth, health, and aristocracy was replaced with a general sentiment that those who were heavysset were greedy and lacking in self-control (Smith, 2004). Social disapproval of obesity emerged in the 1890s when food was plentiful and thinness was considered fashionable (Kersh & Morone, 2002; Cassell, 1995), and this became reflected in popular culture and media. In 1914, a popular magazine called the Living Age labeled obesity "an indiscretion, and almost a crime" (Smith, 2004), and throughout the late twentieth century and even continuing today, overweight characters in movies and television shows are portrayed as less attractive and less worthy of affection than their healthy weight counterparts (Bradley, Greenberg, Eastin, Hofschire, Lachlan & Brownell, 2003). These negative stigmas only worsened as the effects that overweight and obesity had on health were

discovered and the conditions became so prevalent that Americans could no longer dismiss them as maladies limited to the weak and greedy.

At the turn of the millennium, decades of steadily expanding waistlines powerfully seized the attention of the American people (Centers for Disease Control, 2007). A surge of increased concern about obesity and other obesity-related health problems was rising as obesity was on the brink of replacing smoking as the leading cause of preventable death in the United States (Weisberg, 2002). In a 2002 “Call to Action,” Surgeon General David Satcher warned that obesity and overweight in America had reached “epidemic proportions,” as obesity and overweight were claiming approximately 300,000 American lives per year, and costing \$117 billion in medical expenses (U.S. Department of Health and Human Services, 2002).

Defining Overweight And Obesity

The Centers for Disease Control define overweight and obesity as “labels for ranges of weight that are greater than what is generally considered healthy for a given height” (Centers for Disease Control, 2006). Overweight refers to a ratio of weight to height that is above the standard considered normal, while obesity is defined as an excessive amount of fat tissue in relation to lean tissue (National Center for Chronic Disease Prevention and Health Promotion, 2004). A healthy weight range for a given height is most often determined by calculating a person’s Body Mass Index, or BMI, a system that generally is able to determine an approximate amount of body fat for an individual. For adults, a BMI between twenty-five and twenty-nine point nine is considered overweight, and a BMI of thirty or above is considered obese (Centers for Disease Control, 2006). For children and teens, these calculations are similar, but are labeled “at risk for overweight” and “overweight” respectively so as not to attach negative stigma to

children, and take into consideration body fat differences for boys and girls (Centers for Disease Control, 2006). The National Heart, Lung, and Blood Institute guidelines also identify two other predictors of overweight and obesity: a person's waist circumference, which should be no more than forty inches for a man and thirty-five inches for a woman (American Obesity Association, 2002); and the presence of other risk factors for obesity such as high blood pressure or physical inactivity (Centers for Disease Control, 2006). Being either overweight or obese has been proven to significantly increase a person's chances of developing many serious health complications.

Recent Trends In Overweight And Obesity

The realization of how dramatically the prevalence of overweight and obesity had increased was alarming, as an astonishing sixty-four and a half percent of Americans are currently estimated to be overweight or obese (American Obesity Association, 2002). Whereas the obesity rate between 1976 and 1980 was fifteen percent for adults aged twenty to seventy-four, that number had more than doubled to over thirty-two percent when studied from 2003 to 2004 (Centers for Disease Control, 2007). Translated into actual weights, this means that from 1960 to 2002, the average weight for men jumped from 166 to 191 pounds, and from 140 to 164 pounds for women (Centers for Disease Control, 2004). Furthermore, the number of severely obese people, or those with a BMI of over forty, increased as well. Whereas in 1980 one in every 200 people was severely obese, by the year 2000 one in every fifty people was severely obese (Witt, 2003).

The trend of expanding waistlines was not only true for adults, but also trickled down to affect children of all ages. For people between the ages of two and five, the prevalence of overweight and obesity increased from five to almost fourteen percent, from six and a half to

almost nineteen percent for children aged six to eleven years, and from five to seventeen and a half percent for adolescents between the ages of twelve and nineteen (Centers for Disease Control, 2007). Since overweight children are significantly more likely to become overweight adults, and because so many life-threatening health consequences are associated with overweight and obesity, some who study obesity have estimated that this generation of children may be the first to die younger than their parents (Witt, 2003).

To accommodate the increasing number of overweight individuals, sizes of everyday items have expanded along with Americans' waistlines. In 1985, the average American woman wore a size eight, but today she has ballooned to a size fourteen, and the rise for men has been similar (American Sports Data, Inc., 2006). In response to this increase in size, there has been a dramatic attitude shift toward providing merchandise for plus-sized consumers. Whereas in the 1990s fashion designers did not focus on the heavier demographic of society, the country's steadily increasing weight distribution has led to a change in that tendency. According to the market research firm NPD Fashionworld, sales of plus-sized clothing for both women and men now account for twenty-three percent of retail sales, and recognizing the potential profit gains, retailers have changed their attitudes to capitalize on the overweight market (Pressler, 2003). In addition to the increased prevalence of plus-sizes, restaurant and airline seats have expanded as well, after a woman crushed by the obese man sitting next to her on a long flight was awarded significant damages in a lawsuit (Arner, 2003). Finally, a trend that serves as a reminder of obesity's dire consequences, Goliath Casket, one of the country's largest manufacturers of specialty coffins, reports an exponential increase in its triple-wide model casket since the early 1980s (American Sports Data, Inc., 2006).

Looking at the rising rates of overweight and obesity in terms of national prevalence shifts the epidemic into even better perspective, as obesity and overweight are phenomena that have gradually spread across the entire nation. In 1991 only four states were reporting obesity rates of fifteen to nineteen percent, and none were reporting more than twenty percent to the Behavioral Risk Factor Surveillance System (Centers for Disease Control, 2006). Four years later in 1995, still none of the fifty states reported obesity in over twenty percent of the population, but in the year 2000 this statistic changed dramatically as the obesity rate in twenty-eight states had soared to above twenty percent (Centers for Disease Control, 2006). In 2005, however, the crisis was at an all time peak, as only four states in the entire country were reporting obesity rates of less than twenty percent, seventeen of which were reporting obesity rates over twenty-five percent (Centers for Disease Control, 2006). Given the fact that overweight and obesity equally affected people of all ages, races, and genders, in every region of the country, it was disease that had reached catastrophic proportions (U.S. Department of Health and Human Services, 2002).

Health And Economic Consequences Of Overweight And Obesity

Beyond simply being stigmatized as unappealing in a society where stick-thin, finely-chiseled physiques are glorified, obesity and overweight are also associated with a plethora of undesirable health consequences. People who carry extra body weight are at an increased risk of suffering from multiple diseases and health conditions including type two diabetes, coronary heart disease, high cholesterol, hypertension, stroke, gallbladder disease, sleep apnea, high blood pressure, respiratory problems, osteoarthritis, and various cancers, including breast and colon (Centers for Disease Control, 2006). In overweight people diagnosed with these problems,

ninety-seven percent of diabetes cases; seventy percent of heart disease cases; eleven percent of breast cancer cases; and ten percent of colon cancer cases, are a direct result of their extra weight (Pratt, 1994). A 2003 study found that adults who were obese at the age of forty had a life expectancy six to seven years less than that of a normal weight forty-year-old (Peeters, Barendregt, Willekens, Mackenbach, Mamun & Bonneaux, 2003).

Furthermore, since the majority of Americans suffer from overweight and obesity, the economic ramifications for the nation as a whole are severe as well. Much of the medical care for treatment of obesity-related ailments is financed by tax-driven programs (Centers for Disease Control, 2006), making overweight and obesity a relevant problem for all Americans, whether or not they personally are overweight. According to the Centers for Disease Control, based on surveys conducted by the health watchdog agency surveys the 1998 Medical Expenditure Panel Survey and the 1996 and 1997 National Health Interview Surveys, medical expenses in 1998 for overweight and obese patients accounted for over nine percent of the total medical expenditures in the United States (Centers for Disease Control, 2006). Of the approximately seventy-eight and a half billion dollars spent on health care, about half were paid by Medicaid and Medicare (Centers for Disease Control, 2006). Furthermore, beyond these direct costs of preventive, diagnostic, and treatment services, the indirect costs of morbidity, defined as the value of income lost from decreased productivity, and mortality, the value of future income lost by premature death, are also associated with overweight and obesity, and contribute to the costs for the greater public (Centers for Disease Control, 2006).

Contributing Factors

The dramatic increase in the prevalence of overweight and obesity was precipitated by many different factors that have compounded one another to make the obesity problem exceedingly difficult to combat. In his book Fat Land: How Americans Became the Fattest People in the World, Greg Critser (2003) argues that the slippery slope toward obesity began during Richard Nixon's presidency, when Secretary of Agriculture Earl Butz's goal was to enable the production of cheaper food. By providing financial benefits to farmers, corn crops increased exponentially while Butz was in office, which led to a considerable influx in the supply of high fructose corn syrup, a form of liquid sugar derived from corn starch that is six times sweeter than pure cane sugar (Arner, 2003). This allowed for the cheaper production of many more extra-sweet, high-calorie foods for many food manufacturers, including fast food restaurants, pre-packaged grocery brands, and beverage companies (Arner, 2003). As Critser (2003) notes, "In short, Butz had delivered everything the modern American consumer had wanted. Cheap, abundant and tasty calories had arrived. It was time to eat" (p. 36).

As a result of the reduction in food production costs, the food supply in the United States began to far exceed the demand, as the food industry now produces enough calories per day for each American to have almost twice the recommended daily allowance. This enables large amounts of food to be sold at a low price (Raeburn, Forster, Foust & Brady, 2002), and for the unnecessary increase in serving sizes. Whereas twenty years ago an average serving of French fries was just over three ounces, today an average serving is almost four, an increase of sixty-eight calories per serving (Lee, 2003). Additionally, the average hamburger has increased in size from five and a half ounces to seven, an increase of ninety-seven calories per serving (Lee, 2003). This amounts to an increase from the late-1970s average calorie consumption of 1,826 per

day to 2,002 calories per day in the mid-1990s (Raeburn et al, 2002). Compounding the problem of excessively larger-than-necessary serving sizes of meals is the fact that the more food people are given, the more they eat (Arner, 2003). According to a Penn State University study, human satiety, unlike that of other animals, is not related to stomach size or caloric needs (Arner, 2003). Therefore, as portion sizes increase, people simply consume more, and knowing this, the food industry has produced more to feed Americans' insatiable appetites with such promotions as super-sized meals and the production nutritionally void snack foods. For example, by the late 1980s approximately 2000 snack products per year were introduced (Arner, 2003).

Current economic pressures have also contributed to the surge in overweight and obesity incidences in America (Whelan, 2002). Because the cost of living has become more prohibitive, mothers have left their roles as homemakers to earn extra income, and as both parents have joined the work force, home-cooked meals have been replaced by options that are both more affordable and less time-consuming, like fast-food drive through and pizza delivery (Arner, 2003). While fast-food restaurants are a convenient alternative to cooking, they are being overused to the point that instead of an occasional time saver, have become a regular habit (Arner, 2003). This is a problem because meals from restaurants outside the home on average contain more fat and less nutrients than food cooked at home, which in a culture where people dine out all the time leads to serious weight gain consequences (Nestle & Jacobson, 2000).

To add to the already excessive amount of calories attributed to overeating, the amount of sugar- and calorie-loaded beverages consumed by Americans contributes to the epidemic as well (Senay, 2004). Drinking excessive amounts of sugar-sweetened soda is particularly bad because though high in calories, sodas are almost completely devoid of nutritional value. It is a common misconception that since beverages are not solid food, they do not make people fat. This,

however, is not the case, as over-consumption of sugar-sweetened juices and soft drinks leads to significant weight gain. According to a 2001 University of North Carolina study, for the first time in history, Americans now consume more calories from soft drinks than from the more nutritious alternative of milk (Senay, 2004). The study also found that since 1977, the amount of calories from sweetened beverages increased by 135 percent daily, which is extremely problematic because increased calories without increased exercise leads to weight gain. Take into consideration that 3,500 excess calories is what it takes to gain one pound (Collins, 2007). Drinking one twelve-ounce, 180-calorie bottle of soda per day amounts to a calorie total of 55,000 in a year, which would account for a total weight gain of fifteen pounds (UCSF Children's Hospital, 2006). Most Americans drink an average of 144 calories per day from sugar-sweetened sodas, and even more when other sugar sweetened drinks like juice and sports drinks are included, so beverages do play a large role in fueling the epidemic (Senay, 2004).

Furthermore, in addition to the fact that Americans are eating oversized portions of fattening food, they are also less active than they used to be. According to the Behavioral Risk Factor Surveillance System, twenty-six percent of Americans report doing absolutely no physical activity during their leisure time (Centers for Disease Control, 2006). One reason is that new technology has enabled the development of time and labor saving products, including cars, elevators, computers, dishwashers, televisions, and remote controls that have decreased the amount of calories burned daily by performing simple tasks (Centers for Disease Control, 2006). Instead of having to walk a mile to perform a nearby errand, they now only have to walk a few steps to their cars; instead of performing more labor-intensive jobs, now they have sedentary desk jobs where they spend all day at the computer; and instead of children running and playing outdoors, they watch television and play video games (Witt, 2003). The average American child

watches an estimated three hours of television per day, and spends another three to four hours engaging in other sedentary forms of media such as computer or video games (Nestle & Jacobson, 2006). Even the number of schools that offer physical education classes has declined (Nestle & Jacobson, 2006), which is illuminated by the fact that the percentage of high-school students who participated in daily physical education classes dropped from forty-two percent in 1991 to twenty-eight percent in 2003 (Cawley et al, 2006).

But as if all of the damage Americans are doing to their weight by eating too much and exercising too little was not enough, underlying all of the societal contributors is a theory by Patrick O'Neil, director of the Weight Management Center at the University of South Carolina, who suggests that genetics are a factor for forty percent of the country's weight problems (Witt, 2003). O'Neill argues that because Homo sapiens evolved under circumstances where food prevalence was uncertain and rigorous work was required for survival, humans are genetically predisposed to storing energy from our meals (Witt, 2003). Since humans are a relatively new species, our bodies have not yet adapted to be able to process the excessive amounts of unhealthy food we have ready access to, and the result therefore is the epidemic levels of obesity that have developed (Witt, 2003). In other words, our bodies are not evolutionarily ready for ridiculously fattening environment that we have created for ourselves (Brody, 2005).

Implications Of Obesity On Society

The magnitude of obesity's effects has been felt across all levels of society. Aside from the two thirds of the country that is overweight and obese, the epidemic has had an effect on the country culturally, financially, and health wise. And while obesity affects everyone, it has had an especially significant impact on institutions that directly relate to weight and health. During the

peak of the frenzy over the health consequences of obesity, the food industry experienced scrutiny and decreased sales as they received a portion of the blame for the epidemic's spread.

The government has also been forced to react to the obesity epidemic, because any crisis that so impacts the general welfare of the country is one in which the government has to intervene.

CHAPTER THREE:
**THE RISE, FALL, AND RESURGENCE OF THE FOOD INDUSTRY
IN THE WAKE OF OBESITY**

All of the attention garnered by the obesity epidemic left the public searching for causes in hopes of reaching a solution. Despite the acknowledgement that personal choice plays a role in weight maintenance, the most conspicuous fact was that waistlines in America had increased parallel to the prevalence of cheap, fattening, convenient food (Blumenthal, Hendi & Marsillo, 2002). As the hype surrounding obesity intensified, companies within the food industry underwent a tumultuous period that would determine whether they would survive in a newly health-conscious America.

Steven Fink (1986) posits that before a company enters into a crisis, a prodromal stage occurs in which warning signs are apparent that a crisis situation may be impending. This stage provides organizations with the opportunity to fix problems before they arise, or to be prepared to respond once they do (Fink, 1986). The time period during which the food industry began to face increasing scrutiny over food-related health concerns served as the prodromal phase for their corporate crisis.

With heightened awareness of the outrageous prevalence of obesity and the negative consequences with which it was associated, the public sought to assign blame to institutions that perpetuated the problem. While other factors such as decreased physical activity also played a role in the rise in obesity, the food industry, particularly fast-food restaurants were a conspicuous contributor, as the \$26 billion they spent on advertisements combined with the density of restaurant locations made them a pervasive aspect of American culture (Blumenthal et al, 2002). The public wanted to hold someone accountable for the problem, and food restaurants were an

easier target than themselves. As the long time market leader, McDonald's was an easy target and therefore suffered the earliest and largest amount of scrutiny (Mann & Lake, 2005), but their counterparts in the industry also shared in their persecution.

Evolution Of The Food Industry In Pre-Obese America

Since humans beings need to eat in order to live, food is a commodity that has always been a part of culture. At the time when the food industry originated, malnutrition was the country's principle dietary concern ("Obesity blame falls on food industry," 2006), and choices were limited by regional availability and affordability (United States Department of Agriculture, 2007). Before the cultural shift propelled both parents into professions outside of the home, dinner was almost always a balanced meat and two-vegetable meal (Whelan, 2002). But with cultural and technological changes of modern times, the food industry has been forced to adapt to current lifestyles.

Over the past fifty years, fast-food restaurants have become a staple in everyday American life. Since World War II, more roads and increased number of Americans living in the suburbs led to an increased popularity of drive-in, walk-up, and take-away restaurants (Buchholz, 2004). Ray A. Kroc, the founder of the infamous McDonald's chain, was the first to open a successful, nationwide fast-food chain. Spotting the trend that people were beginning to work and travel more by car, and were therefore spending more time on the road and less at the dinner table, Kroc established the first McDonald's restaurant on April 15th, 1955, with the intention of providing a place where people could get good food fast without spending a lot of money (Mann & Lake, 2005). On the opening day of its first restaurant in Des Plaines, Illinois, McDonald's made \$366.12 selling fifteen-cent hamburgers and ten-cent fries (Mann & Lake,

2005), and today the chain's earnings have increased exponentially, averaging over fifty-two million dollars in earnings per day (Mann & Lake, 2005).

From its inception, the establishment of a nation-wide fast-food chain was a revolutionary concept. While selling paper cups and milkshake mixes, Kroc met the McDonald brothers, whose walk-up restaurant generated an enormous demand for its quick fifteen-cent hamburgers, inspiring Kroc's vision to turn the restaurant into a nationwide chain (Clark, 1990). The McDonald brothers allowed Kroc to franchise their restaurants, and eventually sold him the name, trademarks, formulas, and all copyrights to the business (Clark, 1990). Kroc was the first to recognize that "everyone in this country eats on the run--they run like hell. It's that kind of a country. Speed is the thing" (McDonald's 20th Anniversary Journal, 1975, p. 28, as cited in Clark, 1990, p. 4), and seeing this demand allowed the company to have early and continued success. Within five years of the first restaurant's opening, 288 additional McDonald's restaurants were added (Clark, 1990), and the chain's growth has not stopped.

A trend led by McDonald's, the convenient access to fast, tasty, cheap food has become a ubiquitous staple of America's fast-paced culture (Schlosser, 2001), as the average American eats three hamburgers and four orders of French fries every week (Russo, 2001). In addition to the 30,000 McDonald's restaurants in located in 119 countries around the world and serve fifty million customers daily (McDonald's Corporation, 2005-2006), other fast food chains such as second-most popular Burger King, third-place Wendy's, and Yum! Brands chains Taco Bell, KFC, and Pizza Hut are also densely packed across the globe. According to the U.S. Census Bureau (1997), in 1997 there were already 170,000 fast-food restaurants around the country, and that number is still on the rise (Nestle & Jacobson, 2000). The existence of these chains has

significantly altered the nation's culture, as speed is valued over nutrition; quantity over quality (Arner, 2003).

Contributing to the fast-food industry's overwhelming success has been its superior innovation and marketing strategies. Fast-food chains have a broad appeal, with customers in every demographic, from children who are attracted to characters, indoor playgrounds and kids' meals, to adults who appreciate the restaurants' convenience and affordability (Clark, 1990; Spethmann, 2004). Fast-food chains have also seen incredible international success, as they alter their menus to be appealing to customers in each of the different countries it serves. For instance, in India where the cow is considered sacred, McDonald's offers the Maharaja Mac, which is made of mutton instead of beef (King, 2002). Furthermore, according to Fortune, McDonald's iconic character, Ronald McDonald, ranks among Mickey Mouse and Santa Clause as one of the three most recognizable figures in the world (Mann & Lake, 2005).

The mold first set up by McDonald's, promising quality food products, efficient and friendly service, cleanliness in their restaurants, and products at a good value, has paid off for the corporation, and the other fast-food chains who have used McDonald's as a template for their businesses (Clark, 1990; Schlosser, 2001). Sales numbers reflect this. In 1975, the year of McDonald's twentieth anniversary, the restaurant was already a major corporation with sales totaling two and a half billion dollars, yet it still continued to expand, opening more restaurants all over the world (Clark, 1990). Growth was so rapid that in 1989, for instance, a new McDonald's restaurant opened every fifteen hours (Clark, 1990), and by the year 2004 the company grossed an astounding nineteen billion dollars in sales (Mann & Lake, 2005). With growth like this, it is no wonder that fast-food restaurants have become such and insidious part of American culture.

Another reason that fast-food restaurants and other food brands continue to enjoy such outstanding success is that its restaurants are conveniently located virtually everywhere. The ubiquity of the food brands was very much by design, as a Coca-Cola executive explained, “To build pervasiveness of our products, we’re putting ice-cold coca-cola classic and our other brands within reach, wherever you look: at the supermarket, the video store, the soccer field, the gas station—everywhere” (Nestle & Jacobson, 2000).

Furthermore, customers appreciate that they can count on consistent quality of service and taste of food at every location (Perlick & Hume, 1999-2006). Chains achieve this using meticulous training for their associates. For instance, McDonald’s maintains their level of reliability by requiring franchisees, managers, and crew people to participate in a management-training program at Hamburger University, where graduates receive a B.H.--Bachelor of Hamburgerology--Degree (Clark, 1990). The consistent dining experience that has resulted from the Hamburger University program has been a major factor in solidifying the brand’s image and reputation across the world (Clark, 1990).

Although fast-food restaurants by and large share similar characteristics, each has tried to separate itself from the others by emphasizing distinguishing characteristics. In addition to the fast, friendly customer service, and consistent quality dining experience template established by McDonald’s, Burger King long used the slogan “Have it your way right away” in its advertisements, emphasizing that at Burger King each customer would be served his meal the way he wanted it (Doig, 2006). They also stressed the “flame-broiled” taste of their burgers, a trait which they believed would attract customers who craved real food. Wendy’s, on the other hand, built its reputation on slightly more expensive but better-tasting meals (Cohen, 2003), while Yum! Brands also copied the generic fast-food mold, but stepped outside of the box with

its menus, as it is parent company to Pizza Hut, Taco Bell, and KFC (“Yum! Brands, Inc. SWOT Analysis,” 2004). Despite their best efforts, however, none have been able to seize McDonald’s crown as the leader of the fast food industry.

Even grocery brands have evolved in concurrence with the fast-food phenomenon. Instead of going to farmer’s markets and smaller vendors for food, consumers now frequent supermarkets, which have become exceedingly popular for their ease and convenience as “one-stop shops” for a variety of products (“Is healthy food too expensive,” 2007). Developments like pre-sliced and packaged meats and self-checkout lines are examples of how grocery stores have emerged to make it easier customers to grab what they need and go without spending all day in the grocery store. Microwave dinners and one-step meals, which were made possible by the advent of new food preservation technologies, have also become popular time-saving conveniences (“How TV dinner is made,” 2007). Furthermore, grocery stores have even gone so far as to adopt the traditionally fast-food service of delivering to customer’s homes with services such as Peapod.

But despite remarkable growth, the well-loved, convenient, highly-fattening meals that allowed the food industry, particularly fast-food restaurants, to be so successful, caused the industry to face a crisis that would significantly alter their tactics, menus, and product lines. As the conspicuous industry leader, McDonald’s was the leading target of scrutiny, and consequently from 2001 through 2003 faced the greatest financial struggle it had ever seen. When customers realized that frequenting the Golden Arches and other fast-food restaurants could lead to obesity and related health complications, McDonald’s saw its first ever quarterly loss (Mello, Rimm & Studdert, 2003), and its industry competitors saw decreased sales as well. The question of whether fast-food restaurants would rise to the challenge of adapting to society’s

increased fervor for health and fitness proved to be one of the greatest tests in industry history, and changed the focus of fast-food marketing around the world.

Food Industry Under Fire: The Crisis Intensifies

The food industry had already begun to experience negative consequences in light of the public's heightened health concerns, as business was suffering as a general theme across the restaurants (Buchholz, 2004). For instance, in 2001 McDonald's restaurants, whose sales figures had risen steadily since its founding in 1955 (Clark, 1990), experienced the worst year for profits the corporation had ever seen (Raeburn et al, 2002). The industry's real troubles officially started, however, when American's began to bring the obesity battle into the courtroom. In August of 2002, a group of overweight teenagers filed suit against McDonald's, blaming it for causing their obesity and the diabetes and high blood pressure that came along with it (Mello et al, 2003; "Big food and drink fights back," 2004). The plaintiffs in Pelman v. McDonald's Corporation were trying to force the company to compensate them for their health issues, provide better nutritional information on their labeling, and fund a program that would educate consumers about the dangers of fast-food consumption (Pelman v. McDonald's Corp., 2002, as cited in Mello et al, 2003).

Despite the fact that Judge Thomas Sweet dismissed the case in January 2003 on the grounds that "If consumers know the potential ill-effect of eating at McDonald's, they cannot blame McDonald's if they choose...to satiate their appetite with a surfeit of Super Size McDonald's products" ("Big food and drink," 2003), the "McLawsuit" still proved to be detrimental to McDonald's, as it attracted negative media coverage and vilified the corporation in the public eye (Mello et al, 2003).

McDonald's was not the only restaurant targeted for the spread of obesity. In July of 2002, Caesar Barber, a Bronx, New York maintenance worker standing at five-feet ten-inches, and weighing in at a heartily obese 272 pounds, filed a class action law suit against McDonald's along with Burger King, KFC, and Wendy's, claiming that the restaurants knew about the negative health impact of their food, but relentlessly and irresponsibly marketed it anyway (Amer, 2002). The lawsuit complained:

The Defendants...negligently, recklessly, carelessly, and/or intentionally engaged in the distribution, ownership, retail, manufacture, sale, marketing, and/or production of food products that are high in fat, salt, sugar, and cholesterol content, which numerous studies have shown cause obesity, diabetes, coronary heart disease, high blood pressure, strokes, elevated cholesterol intake, related cancers, and/or other detrimental and adverse health effects and/or diseases. (Amer, 2002).

The allegations detailed in the lawsuit dragged on, claiming that the companies failed to adequately warn consumers of the dangers, were responsible for contributing to the significant weight gain in children, and engaged in unfair and immoral marketing practices (Amer, 2002). These lawsuits were filed by people who were appalled by the fact that fast-food restaurants were profiting off of their extremely fattening meals while the rest of Americans suffered the health and economic consequences, and they wanted the restaurants to take a more responsible role in changing the obesity trend in the country (Whelan, 2002).

One area for which fast-food restaurants received much criticism was their marketing practices, which many classified as immoral. Viewed as especially heinous manipulation was the fact that fast-food companies aggressively marketed to children by offering toys in kids meals,

using cartoon characters such as Ronald McDonald and the Hamburglar in McDonald's Happy Meals, and the existence of "Playplace" playgrounds at many restaurants (Spurlock, 2004). According to Russo (2001), over ninety percent of American children visit McDonald's every month. McDonald's targeting of children was seen as especially malicious because children are a demographic more easily persuaded than other groups, and the marketing could brainwash them to adopt unhealthy eating practices at a young age (Spethmann, 2004). Also cited in the Pelman vs. McDonald's (2002) case were promotional materials that encouraged consumers to eat an unhealthy amount of McDonald's, such as the "Big N' Tasty Everyday!" advertising campaign (Mello et al, 2003). Furthermore, fast-food restaurants' low prices, appetizing food, and fast service--the overarching principles that lie at the heart of these corporations--received criticism for making the industry's products too difficult to resist, and therefore almost forcing a lifestyle unhealthiness and obesity (Spethmann, 2004), a trait also true of their fast-food competitors.

In addition, the Pelman case (2002) accused McDonald's of providing misleading information about the nutritional content of their food. For example, the Filet-O-Fish sandwich was advertised as containing 100 percent fish with a hint of salt for taste, but was alleged to actually contain additional ingredients including dextrose, cellulose gum, citric acid, and modified cornstarch ("Big food and drink," 2004). Similarly, Caesar Barber accused McDonald's and the other brands he sued of not only containing impure and unhealthy ingredients, but intentionally hiding how poor the nutritional content of their food was to consumers (Amer, 2002). These claims cast doubt upon the purity of fast-food, as even the judge in the Pelman trial, who threw the case against McDonald's out, called the infamous Chicken McNuggets "McFrankenstein creations" (Weiser, 2003).

Also contributing to the negative shift in public attitude toward the food industry were a slew of books and movies that drew increased attention to the food manufacturers' practices. Fast Food Nation, a 2001 book by Eric Schlosser, is one that has received much attention. While acknowledging that fast-food is in fact quite tasty, Schlosser also points out the evils of the industry: how it permeates almost every aspect of our culture; promotes values that embody capitalism at its worst; and serves products that are amalgamations of countless different animals, flavorings, and chemicals (Russo, 2001). Studies like these gave America a glance of the ugly side of their favorite restaurants, and they did not like what they saw. Furthermore, in 2004 a documentary entitled Super Size Me, in which film maker Morgan Spurlock consumed all three of his daily meals from McDonald's for thirty days, was released at movie theatres across the country. As a condition of his McDonald's binge, he accepted the "Super Size" option, which for just a few more cents added hundreds of calories to a meal, every time it was offered (Spurlock, 2004). To the dismay of even the medical professionals consulted in the movie, over the course of just one month Spurlock developed a slew of health problems, including high cholesterol, a twenty-four pound weight gain, and sexual dysfunction ("Anti-fast food drive raging," 2004). Though released after McDonald's had already begun to regain its healthy profits, the widely viewed movie called attention to the serious health detriments that could be caused by over consumption of fast-food restaurants' fat-laden, over-portioned food (Mann & Lake, 2005).

In the wake of the lawsuits, release of various popular culture critiques of the fast-food industry, and increased public awareness about health concerns, sales at fast-food restaurants declined. For example, McDonald's experienced its first ever quarterly loss in the fourth quarter of 2002, and the corporation continued to reel as sales declined for the rest of 2002 and remained

stagnant in the first quarter of 2003 (Mello et al, 2003), and those years were just as bad for restaurants across the entire industry (Herman, 2005). To make matters worse, even McDonald's own investors joined the scrutinizing bandwagon, questioning why the company had failed to adequately respond to the public. At a 2002 shareholders meeting with CEO Jack Greenberg, investors were most concerned about the lack of healthy choices on the menu (Raeburn et al, 2002). Facing widespread dissatisfaction with the company from many critical parties, McDonald's was forced to drive forward with serious changes.

The bombardment suffered by the industry during this time accounted for the second, or acute stage of Fink's (1986) crisis model, as it was the point at which the crisis was most severe. This phase, which is usually the shortest but seems like the longest, is characterized by five conditions, any or all of which may be present: the crisis significantly worsens; the situation draws increased media or government scrutiny; normal business activity is interrupted; the company's positive image and the officers' reputation are threatened; and the company's financial situation are threatened (Fink, 1986, pp. 15-16). During this phase, the organization's most important goal is to detect the problem and hinder its progression (Fink, 1986). Restaurants throughout the industry identified that the source of its crisis was that due to their unhealthy perception, the hamburgers and fries that were the very foundation of the companies' success were no longer highly esteemed by the society that once embraced them, and that in order to survive, it was imperative that they alter their image to fit into the more health conscious outlook.

Damage Control: The Industry Shifts Into Recovery Mode

Initially, lawsuits against fast-food companies for making consumers fat were seen as a joke. How could people blame fast-food restaurants for making them fat when there was no way to avoid warnings that excessive consumption of their foods would lead to weight gain? Various spokespeople for food manufacturers were quoted criticizing the lawsuits, including Terri Dort, president of the National Council of Chain Restaurants, who called the notion of people blaming food companies for making them fat “completely and utterly ridiculous, absurd, and crazy” (Amer, 2002). CEO of the National Restaurant Association added, “This sort of action gives ‘frivolous’ a bad name” (Amer, 2002). Even an obese forty-one-year-old woman said of her own weight problems, “I would love to blame somebody else. The reality is it’s each person’s responsibility. You put the food on your own plate. You choose whether to eat it” (Obesity blame falls on food industry,” 2006). However there were enough people who believed that food companies had some responsibility that litigation was pursued, and the laughter stopped when fast-food restaurants’ profits began to suffer as a result of the scrutiny.

In the early stages of the debacle, companies and organizations working on behalf of the food industry went on the defensive, not claiming personal responsibility for their role in the spread of the epidemic. Some restaurants failed to even entertain the thought that obesity awareness would harm their sales. Papa John’s pizza chain, Whataburger, and White Castle restaurants acknowledged that obesity was a problem, but pointed out that their customers did not patronize them for their health food, but for the greasy food they offered already (Amer, 2002). These brands did not see a need to change their image, as their customers knew what they were getting and liked it.

Other restaurants deflected the blame onto the customers, saying that people knew their foods were fattening, and still made the personal decision to indulge in them, and on top of that failed to exercise. E. Neville Isdell, for instance, the chairman and CEO of Coca-Cola, attacked critics of the food industry, saying that the main culprit for the obesity epidemic was Americans' lack of exercise, not an increase in calorie intake, and that Coke simply supplies the products that consumers demand (Terhune, 2004). The National Restaurant Association, the default spokesperson for many restaurant chains, was a major voice in downplaying the blameworthiness of fast food companies, as they boiled the issue down to the basics: obesity is caused by a lack of balance in exercise and nutrition, and that fast-food could be incorporated into a healthy diet (Amer, 2002). Echoing this sentiment, a McDonald's spokesperson pointed out that their Happy Meals contained exactly one-third of the recommended caloric intake for a child, and could therefore clearly be worked in to a balanced diet (Amer, 2002).

As attention to the obesity problem continued, however, the industry could no longer avoid the problem. McDonald's was a leader in making significant changes in an effort to recover from its crisis. First, like many corporations do in times of crisis, McDonald's replaced CEO Jack Greenberg with retired executive with Jim Cantaloupo, in a desperate attempt to revive the company's sales (Flavelle, 2004). Shortly after his appointment, Cantaloupo called a meeting of McDonald's managers from the corporation's top ten selling countries to discuss strategies to help the corporation regain its number one status by returning to its fundamentals: people, pricing, product, place, and promotion (Flavelle, 2004). In expressing McDonald's determination to improve, Cantaloupo asserted, "We get it. We do. McDonald's has changed before, and we will continue to change with the consumer" (Grainger, 2003).

Fast-food companies made changes within restaurants as well. In direct response to its reputation of offering only fattening foods, McDonald's revamped its menu to include healthier options such as low-fat yogurt, apple slices, premium salads, and milk (Flavelle, 2004). Other fast-food restaurants followed suit, as Burger King introduced healthier options such as a grilled chicken sandwich on baguette and veggie burger, and Wendy's introduced a line of entrée-sized salads and healthier sandwiches (Amer, 2002). Even non-burger joints updated their menus, as Pizza Hut introduced a twenty-five percent lower-fat pizza called the "Fit 'N Delicious," which became the country's first healthier choice launched by a pizza chain ("Yum! Brands, Inc – SWOT Analysis, 2004), and Taco Bell began promoting its Fresco Style options, as an alternative to the cheese and sauces the bulk of their foods are smothered in (Whitney, 2004). Also, in the months following the release of Super Size Me, McDonald's eliminated the super-size option from the menu, although claiming their actions had already been planned and were not in reaction to the documentary (Raeburn et al, 2002). Furthermore, the company added an option to substitute fries with apples or juice or milk with soda to the kids' meal, a move that pleased parents (Spethmann, 2004), and introduced the "Go Active! Happy Meal," a healthier combo targeted at adults which consisted of a salad, a beverage and a pedometer (Spethmann, 2004).

Even restaurants a notch above fast-food chains expanded their menus. The Ruby Tuesday restaurant chain introduced a low-carbohydrate menu and changed from cooking with soybean oil to cooking with canola oil to increase the healthiness of their dishes (Witt, 2003). These alterations helped the companies regain customers, as fast-food restaurants had now become an option for the fitness conscious consumer, who would not have considered dining at a fast-food restaurant prior to the health-oriented changes.

In another effort to improve their images, restaurants in the industry began to be more forthcoming in their disclosure of nutritional information. According to McDonald's Corporation, nutritional information had been available to its customers for thirty years, most recently providing the information on posters located behind the counter and on the back of tray covers; however, continuing complaints showed that perhaps those efforts were not enough (Flavelle, 2005). Therefore, citing that "there is nothing more important to McDonald's than building customer trust and loyalty around the world," the restaurant launched a plan to provide nutritional information including fat, protein, and carbohydrates content, directly on the packaging (Flavelle, 2005). Wendy's made an effort to provide easier access to nutritional information to their customers as well, adding a statement to their bags, tray liners, and menu boards directing customers to wendys.com for nutritional information ("Wendy's joins health information wave," 2003). This served to quell allegations that the corporation was dishonest by putting the information consumers needed to make healthy decisions in a place where they could not miss it.

Restaurants even went so far as to address the importance of physical activity for their costumers. To compliment its healthy food choices and openly revealed nutrition facts, McDonald's also introduced a marketing campaign that encouraged customers to lead more active lifestyles. A television ad that first aired in June of 2005 featured Ronald McDonald, a trademark character formerly known for being cheerful despite of his plumpness (Mann & Lake, 2005), participating in activities such as snowboarding, skateboarding, and juggling fruit (Piccalo, 2005). In 2005, McDonald's also launched a global education campaign to promote a healthier lifestyle ("Uphill climb," 2005). The campaign, which featured famous athletes including tennis icon Venus Williams, basketball star Yao Ming, and hockey legend Wayne

Gretsky, and several Olympians to promote its healthy lifestyle, received tremendous praise (“Uphill climb,” 2005).

Other chains followed suit as well. In 2003 Burger King formed a year-long partnership with the President’s Challenge program to bring the Presidential Active Lifestyle and Physical Fitness Awards to more than 200 U.S. Schools, and Kraft partnered with the all-women’s gym Curves for a year-long series of fitness promotions (“Big food and drink, 2004). The increased focus on physical activity in its advertisements portrayed the image that consumer health was a genuine concern for the companies and not just a frivolous public relations strategy (“Uphill climb,” 2005).

Learning from the ordeal experienced by their cousins in the fast-food industry, grocery brands also took steps to fight obesity by expanding their product lines to include healthier options and marketing more responsibly. From 2004 to 2005, a third of grocery products saw a reduction in salt, fifteen percent less fat, and ten percent less sugar (“We’ve chosen health,” 2005). Kraft, the parent company of brands like Oreo, Oscar Mayer, and Velveeta, was one of the first to alter its image. In July of 2003, Kraft launched an anti-obesity campaign which called for improving the nutritional content of their products, smaller serving sizes, ending marketing in schools, and creating guidelines for more responsible marketing toward children (Witt, 2003; Thomson, 2005).

The Grocery Manufacturers Association even imposed voluntary restrictions on food advertisements directed toward children due to increased pressure from lawmakers and child advocacy groups regarding their part in contributing to childhood obesity (“Food industry to propose voluntary ad limits,” 2005). Additionally, in 2004, Unilever, a Dutch company whose brands include Hellmans, Ben & Jerry’s, and Lipton, vowed to spend more money to develop

healthier foods, saying they “did not want to profit from making its customers obese” (Michelson, 2004). In 2002, Frito-Lay announced that it would remove trans-fats from its salty snacks (Velshi, Kiernan, & Rogers, 2003). All of these efforts demonstrate the food industry’s determination to fix the problems they faced in the crisis in an effort to move on.

According to Fink (1986), during the chronic stage, the longest of the four phases, the focus becomes addressing the issues presented in the acute phase. This is the stage where the corporation engages in actions that will fix whatever problems the crisis caused, or that caused the crisis (Fink, 1986). The food industry’s changes during this phase were critical in helping the companies regain their favorable image in the public light. The steps taken by food manufacturers during this stage were drastic and costly, but paid off in the long run as they drew praise from the public once again.

The Food Industry’s Return To The Top

Fink (1986) defines the final, or crisis resolution, stage of a crisis as the time when the organization has recovered from the crisis, and is “well and whole again” (Fink, 1986, p. 25). As the stages process is a cycle, once the organization reaches the crisis resolution phase it needs to begin to look out for more prodromes in order to prevent future crises (Fink, 1986). The food industry reached this phase within a couple of years of the crisis, when its earnings recovered from the abysmal years of 2001 through 2003 (Herman, 2005), and the companies now continue to earn substantial profits annually (Mann & Lake, 2005). Fast food restaurants’ current state of financial success was made possible by the triumphant resolution of the issues they confronted during their crisis.

Not only were the Pelman v. McDonald's case and Caesar Barber's suit against McDonald's, Burger King, KFC, and Wendy's dropped, but an appeals were also denied, and the U.S. Congress passed the Personal Responsibility in Food Consumption Act--dubbed "the Cheeseburger Bill"--which prevented fast-food consumers from filing suit against fast-food restaurants for causing their weight gain ("Big food and drink," 2004). While it did not completely rule out the possibility of future litigation being brought against food manufacturers, the act did eliminate an enormous source of concern from the companies' agenda. No longer having to worry about bearing the burden for individuals' lack of self-control and personal decisions to dine at their restaurants allowed companies in the industry to focus on taking the necessary actions to stay competitive in the market.

Another reason that the food industry was able to make such an impressive recovery was the effectiveness of their new marketing strategies, particularly their emphasis on health. For example, according to McDonald's Corporate Responsibility Brochure (2006), implementation of the company's health conscious programs has been so successful that since it started selling apples, McDonald's has become the nation's largest apple vendor, selling thirty-four million pounds of the fruit in 2005.

Restaurants within the industry also made other, non-health related, improvements that led to boosts in their profits. Fast-food chains supplemented their menus with non-health focused additions. For example, McDonald's added options such as enhanced breakfast options, higher quality coffee, premium chicken, and snack wraps (Moore, 2006), and Burger King heavily promoted a newly added, 730-calorie, 47-grams of fat omelet breakfast sandwich, that was unapologetically fattening and marketed to those who appreciated a real breakfast ("A big breakfast at Burger King," 2005). McDonald's also attempted to attract more customers by

refurbishing run-down stores by replacing signs and seating (King, 2002), and improving customer service with faster, friendlier, and more accurate employee response, and longer restaurant hours (Flavelle, 2004). Though these improvements were not related to health or obesity, they generated increased business for fast-food restaurants and thus helped them rebound from their crisis (King, 2002).

But while the actions that the food industry itself undertook were crucial to resolving the crisis, there were also external factors beyond the company's control that helped restore its image. According to William Benoit (1997), a corporate crisis occurs when the conditions are present that first, the accused is held responsible for an action, and second, the action is considered offensive. Certain social dynamics existed that allowed food merchandisers not to be viewed as the sole villain in the obesity crisis.

Despite the fact that eating fast-food was admittedly not the healthiest choice a consumer could make, there was no denying the fact that people made independent, willing decisions to eat it anyway. When Pelman v. McDonald's Corporation was initially filed, it was generally viewed as a "cartoon of a lawsuit" and abuse of the legal system, winning fifth place on Citizens Against Lawsuit Abuse's "Best of the Bizarre" for the year 2002 (Mello et al, 2003, 207). In dismissing the case in January of 2003, Judge Thomas Sweeney wrote:

Where should the line be drawn between an individual's own responsibility to take care of herself and society's responsibility to ensure others shield her? The complaint fails to allege the McDonald's products consumed by the plaintiffs were dangerous in any way other than that which was open and obvious to a reasonable consumer. (Wald, 2003).

Since those who were attacking fast-food restaurants for “making them fat” were capable of making informed decisions about the foods they ate, McDonald’s could not be held completely blameworthy for the obesity situation.

Additionally, even in light of the uproar surrounding the food industry’s role in contributing to the obesity crisis, fast-food restaurants have become an inescapable aspect of society that is heavily entrenched in America’s culture (Schlosser, 2001). American’s are used to being able to grab a quick bite, they like the taste of fast-food, and as unhealthy as it might be, it is not something that they are going to willingly give up any time soon (Russo, 2001).

Back To Prodromal: Using Lessons From The Past To Prevent Future Crises

As the food industry has resolved its financial and image difficulties and is therefore back at the beginning of Fink’s (1986) stages cycle, the companies should now be in the process of watching for conditions that could lead to future trouble. In looking toward the past, perhaps if food manufacturers had been able to better anticipate that the increased attention on the American obesity epidemic would lead the industry into financial peril, it would not have experienced its crisis. The industry could have gotten ahead of the trend and introduced healthier options to the menu or promoted an active lifestyle before the crisis, which could have prevented their being viewed as a careless contributor to the obesity epidemic. Members of the food industry can use this lesson, however, in precluding future crises.

In some ways, the food industry has already been successful in identifying and dealing with new prodromes. McDonald’s has been a leader in forging strategies to avoid future crises. For example, McDonald’s implemented a preemptive public relations campaign in response to the news that Eric Schlosser, the author of the highly critical Fast Food Nation, was releasing a

fictionalized movie based on the book, and a second exposé of the fast-food industry entitled Chew on This: Everything You Don't Want to Know about Fast Food (Adamy & Gibson, 2006). Remembering the impact that the first book had, McDonald's created a strategy for dealing with the second film and book in advance. The company planned to unleash a "truth squad" in its franchises to spread the real story about McDonald's healthy menu options and fair treatment of employees (Adamy & Gibson, 2006).

This advance planning allowed McDonald's to get its message out first, so that it was not left trying to defend itself and rebuild its image in the wake of Schlosser's materials.

McDonald's presenting their side of the story first was a wise strategic move, as history has shown that it is much harder for an organization to convince the public of its benevolence when it has already made up its mind. Kraft also made a decision to scale back on its advertisements targeted toward kids before they were mandated to do so by an outside organization. While this angered its competitors, it was a smart strategy as it allowed the company to be perceived and more sensitive and conscious of the effects of their actions (Thompson, 2005).

McDonald's also exhibited strategic foresight in early 2006 when it disclosed its finding that its French fries contained one-third more trans-fat than they originally believed (Associated Press, 2006). One of the biggest allegations against McDonald's in the Pelman case was that the restaurant was dishonest about the extent to which its foods were unhealthy, and when the judge dismissed the case he essentially encouraged future legal action if a plaintiff could prove that McDonald's was intentionally deceptive in its marketing (Mello et al, 2003). As the discovery that the amount of trans-fats in fries was significantly higher than what McDonald's had originally claimed could have caused major legal problems for the company, McDonald's likely avoided a potentially serious crisis by disclosing this information.

But even though food manufacturers have been successful in preventing some potential future crises, a very threatening prodrome that the food industry should be wary of is the fact that John F. Banzhaf III, a George Washington University law professor who was a leader in the late 1900s persecution tobacco companies, is lying in wait along with a team of nutritionists, legislators, lobbyists, and health professionals to catch the food industry engaging in deceptive practices (Stern, 2002). Some warn that fast-food could become the next big tobacco, as many have already waged war against the fast-food industry with the “anti-fat movement” in an effort to hold food manufacturers responsible for America’s obesity epidemic (Vroom, 2005). The fact the director of the Yale University Center for Eating and Weight Disorders declared, “To me, there is no difference between Joe Camel and Ronald McDonald” (“Fat kids: Are fast food companies to blame,” 2000), is a strong caveat that food companies are not out of danger yet.

Considering the fact that the Pelman and Barber suits were largely dismissed as absurd and that the plaintiffs had no legitimate proof against the defendants, the cases still had a powerful affect on the food industry’s public image and financial situation. If a case that has little legitimate standing could cause so many problems for the company, it is imperative that the food industry work hard to ensure they do not face a more serious lawsuit that actually has some reasonable claims. In accordance with Fink’s (1986) prodromal stage, this means eliminating any practices with questionable legality to in order to prevent a crisis, but also preparing an effective crisis communication strategy, so that the company can survive with minimal damage incase it does. Despite the dismissal of the company’s first obesity related lawsuit, McDonald’s should not relax, as Banzhaf delivered an ominous reminder that when tobacco lawsuits were first introduced, people laughed too, but they ultimately proved devastating for tobacco companies (Stern, 2002).

Though the food industry recovered nicely from its first major obesity crisis, obesity and overweight rates in the country are still rising, and therefore the industry is not out of the woods. If obesity rates continue to escalate, the public is likely to get increasingly frustrated, which could lead to a reexamination of the food industry's accountability in the matter, and next time, they might not be so lucky.

CHAPTER FOUR: THE NEED FOR GOVERNMENT INTERVENTION

The food industry may have already undergone Fink's (1986) natural stages model and regained its comfortable spot in the hearts and wallets of consumers, but the rest of the country is still reeling in crisis. With Americans as obese as they have ever been and trends showing no signs of slowing, the obesity epidemic continues to take a severe toll on the nation's health, finances, and culture (Nestle & Jacobson, 2000). As such, the government is in a crisis phase as well, because any crisis that threatens the general health of the nation is a crisis for the government, as maintenance of the public's well-being is one of its most critical duties (Nguyen, 2006). Regardless of the fact that members of food industry have emerged victorious from much of the scrutiny they suffered by altering their images to appear more health-conscious, there has still been no positive change to the unhealthy state of the country.

Placed within Fink's (1986) stages framework, the country is presently on the border between the acute and chronic crisis phases. Acute characteristics include increased public scrutiny, damage to positive image, distractions from normal activity, and financial strain (Fink, 1986), all of which are problems that the country is experiencing. The chronic crisis phase has begun as well, however, as steps are being taken by the government to correct the problems that are causing the acute stage of the epidemic. As people are continually getting fatter, hundreds of thousands are afflicted with obesity related diseases, and obesity is having extremely detrimental effects on society, concerned parties are realizing that the government needs to intervene, and local governments are already launching efforts to return the country to a healthy state.

Unlike the food industry, the government has not been held directly responsible for fueling the obesity epidemic. While the food industry was an easy target for blame because of its conspicuous advertisements and omnipresence, the government does not constantly tempt consumers to indulge in fattening meals and sugary beverages. Therefore, the government does not face as much of a crisis in terms of protecting its own image. On the contrary, the government's crisis is much larger than that of the food industry, because in the grand scheme, relieving an entire nation of a critical health issue is far more challenging, and more important, than keeping a business open. The food industry changed its image to promote healthier eating habits for the self-serving reason of its own survival, as they had to appear more health conscious in order to regain sales. The government, however, is being called upon more and more to intervene in the situation and impose regulations to reverse the current trends and prevent obesity from spreading.

Controversy Surrounding Government Intervention

The government identified the prodromal warning signs that obesity was a huge health risk many years ago. In 1952, the American Heart Association had recognized that obesity and overweight were risk factors for heart illnesses, and could be changed through proper diet and exercise (Harvard School of Public Health, Department of Nutrition, 1952, as cited in Nestle & Jacobson, 2000). After these findings, various federal agencies and other organizations devoted to the prevention of public health crises caused by obesity issued guidelines informing Americans of healthy ways to balance calorie consumption and physical exercise to maintain a healthy weight (Nestle & Jacobson, 2000).

Even as early as 1974, an article described obesity as “the most important nutritional disease in the affluent countries of the world” (Nestle & Jacobson, 2000, 12). Between the years of 1952 and 1999, more than thirty-six separate sets of guidelines addressing obesity prevention were released by government agencies and health organizations, all of which shared the characteristics of focusing on individual behavior, addressing exercise and dietary habits, and being non-compelling (Nestle & Jacobson, 2000). Despite the seemingly abundant number of publications regarding obesity, however, these efforts were clearly not enough, as evidenced by the fact that the incidence of overweight and obesity in America have continued to increase substantially (Nestle & Jacobson, 2000).

So now the now the question is whether or not it is appropriate--if not necessary--for the government to take more dramatic steps in preventing the continued spread of obesity. The preamble of the U.S. Constitution states that part of the government’s function is to “promote the general welfare” of the public (United States Constitution, 1787), and throughout history the law has proven to be an effective tool in maintaining and improving public health (Mello, Studdert, & Brennan, 2006). Furthermore, the Constitution reserves the government’s right of police power, which allows it to regulate actions by coercion, taxes, and subsidies to control citizens’ behavior (Mello et al, 2006).

Throughout history, the government has placed limits on many activities that were shown to negatively impact the general public good. Through litigation, legislation, and increased enforcement of regulations, the government has significantly improved many public safety situations, including the minimization of lead exposure, reduction of smoking rates, improvement of road safety, reduction in the incidence of workplace accidents, and increase in vaccination rates (Mello et al, 2006). But despite all of the victories achieved by the

government's intervention in other public health crises, when it comes to the issue of taking steps to prevent obesity, controversy exists as to whether or not it is the government's place to intervene.

Because of the complexities of the factors contributing to obesity, finding a solution has posed a challenge in for the nation to “seek an appropriate balance between private liberty and public health” (Mello et al, 2006). Opponents to the public health approach believe that the government should not have the authority to enforce regulations on the food industry or food advertising because it infringes upon the basic freedoms of speech, choice, and contract, and undermines citizens' personal responsibility to take care of themselves (Mello et al, 2006). Washington University professor Russell Roberts asserts, “The government should stay out of personal choices I make. My eating habits or yours don't justify the government's involvement in the kitchen” (Kersh & Morone, 2002). Furthermore, while the government can enforce laws requiring people to wear seatbelts in cars or helmets on bicycles, it is impossible to force citizens to exercise or eat healthily (Nguyen, 2006).

On the anti-legislation bandwagon are such parties as the food industry and rights-focused consumer groups. Even the U.S. Congress passed legislation in the early twenty-first century to protect food manufacturers against lawsuits that would render them responsible for the unhealthy consequences of consumers' poor eating decisions (“Big food and drink,” 2004). These adversaries believe that government intervention would be an unnecessary and paternalistic infringement upon the rights of both American citizens and the corporations who have thrived off of marketing their fattening products successfully for so many years (Mello et al, 2006).

On the contrary, advocates of the public health approach to obesity prevention believe that because of the complexity and extent of the obesity crisis, government intervention is the only hope that Americans have for the epidemic to end (Nestle & Jacobson, 2000). According to recent polls, the onslaught of attention to obesity in current mainstream media, including popular movies and bestselling books, has caused the majority of Americans to believe that the government should take serious action in the battle against obesity (Mello et al, 2006). But beyond polls of average Americans, most experts in the fields of medicine and public health policy insist that government intervention is imperative in stopping the proliferation of the obesity epidemic (Witt, 2003). They believe that it is particularly important because despite the fact that the amount we eat and exercise is a personal decision, our culture has reached a point where self-control is becoming increasingly impossible in the face of overwhelming temptation (Arner, 2003).

Chronic Crisis Phase: Action In Local Governments

As of yet, the government has not launched a full-scale national offensive against the obesity epidemic. Federal agencies have issued warnings and guidelines about the deleterious consequences of being above the healthy weight, but their actions have not extended far past investigational efforts (Jacobson, 2004). There are some significant investigational projects that have been undertaken by government agencies. The National Institutes of Health has sponsored research on weight-loss diets; the Centers for Disease Control created a series of public service announcements to encourage kids to exercise more; the Food and Drug Administration has had meetings about the correlation between food labeling and obesity; and the United States Department of Agriculture revised the food pyramid to promote healthier eating habits

(Jacobson, 2004). However beyond extensive research and updated messages to the public, thus far, no legislation or federal laws have been enacted that regulate or control the forces that have been identified as contributors to America's obesity problem.

There have been, however, some promising actions taken on a smaller scale by many state and local governments. Schools are at the forefront of local initiatives against obesity, as obesity among children is so alarmingly widespread. Access to unhealthy foods during school hours is said to be one of the leading contributors to the prevalence of childhood obesity (Nestle & Jacobson, 2000). In 2003, the nation's two largest public school districts, Los Angeles and New York City, both banned the use of soda vending machines during school hours, and New York went even further to also forbid the presence of snack vending machines in schools, and reducing the fat content of foods served in school cafeterias (Witt, 2003).

Additionally, understanding the importance of exercise to a healthy lifestyle, school boards around the country also have been increasing the amount of physical education required of their students. For example, Alabama proposed hiring 289 more physical education teachers, Kentucky began to require thirty minutes of physical education daily, and Maryland appointed a director of physical education for the entire state (Cawley, Meyerhoefer & Newhouse, 2006). The hope for regulations geared toward children is that the combination of teaching proper eating habits and habits for proper exercise will prevent them from getting fat in the short run, and instill healthy routines that will last a lifetime (Nestle & Jacobson, 2000).

In addition to taking actions aimed at preventing obesity in children, local governments have also targeted the health of the greater public. Just as it was one of the first local governments in the country to enforce regulations in public schools, New York City also issued a controversial obesity-prevention law in all of the city's restaurants. Passed in December of 2006,

every restaurant in the city – from fast food chains to the finest cuisine – will be required to eliminate trans fats from all of their foods by July of 2008. Much to the dismay of the food manufacturers, who think the ban is burdensome and unnecessary, the New York City Board of Health was ahead of even the Food and Drug Administration in deeming trans fats unacceptable for consumption (“New York City passes trans fat ban,” 2006). Trans fats, which are a product of turning liquid oils into solid fats by the process of hydrogenation, have been identified as particularly detrimental to the health of those who consume them because they lower good cholesterol and raise bad cholesterol (“New York City passes,” 2006).

While many health and medical groups praise New York for its bold move, others decry that the city had no right to mandate laws on what people can and cannot eat. In response to the criticism the city’s mayor Michael Bloomberg responded, “Nobody wants to take away your hamburgers and French fries... but if you can make them with something that is less damaging to your health, [you] should do that” (“New York City passes,” 2006).

Another leader in enforcing regulations designed to curb obesity has been California, which implemented a seven and a quarter percent tax on junk food and soda in an effort to curb people from buying it and thus sparing them some extra calories (Amer, 2002). Local governments in other areas have made smaller alterations to reduce obesity rates. For example, in many counties across the nation, funds to build outdoor facilities like pools, recreation centers, and playgrounds have been increased in hopes of stimulating the amount of exercise done by residents (Nestle & Jacobson, 2000).

But although these local efforts are steps in the right direction, the obesity crisis will not be resolved until contributing factors are combated on the national level, as there is only so much of an effect local regulations can have if the attitude remains the same for the country at large.

The efforts that have been undertaken so far show promise for inciting further action, but they have not had enough of an effect on reducing the prevalence of obesity, as obesity rates are in fact still on the rise (Witt, 2003). Since the current methods have been ineffective in curbing obesity, experts suggest that it is time for a more comprehensive government initiative, and many have made recommendations for how to shift the country in that direction.

According to Fink's (1986) model, the crisis resolution phase is supposed to be the stage at which the organization addresses the problems that arose during the acute crisis phase so that it can become whole again. Though the steps taken by local governments represent valiant efforts to stop the obesity epidemic, so many contributing factors are at play that small measures are not having a significant effect. In order for real progress to be made, more radical steps will have to be taken in controlling multiple obesity factors at once so that Americans can have a fighting chance to enter the crisis resolution phase.

Shifting Into Crisis Resolution: The Need For National Government Response

America has become an environment where outrageous rates of obesity are almost inevitable, as Americans have extremely easy access to fattening foods and are constantly inundated by messages from popular media that it is acceptable to eat as much food as they can (Arner, 2003). Despite the efforts that the government has made to warn the public to change its behavior to prevent obesity, these measures have been ineffective because our heavy eating and sedentary living habits are so thoroughly ingrained in our culture. Additionally, what little the government has done so far has been no competition for the efforts of the food industry, as food manufacturer's multi-billion dollar advertising campaigns have easily eclipsed the government's messages in the battle for Americans' attention (Nestle & Jacobson, 2000). Changing the

behavioral and environmental hindrances to solving the obesity crisis will not be an easy task at all, and that is precisely why experts believe that the focus needs to shift to an effort to prevent obesity, instead of reducing it once it has happened already, and that using the government is the only way it will be possible (Mello et al, 2006).

Set forth by the U.S. Public Health Service (PHS), one of the national health objectives for the year 2010 is to reduce obesity rates among American adults to less than fifteen percent (Centers for Disease Control, 2007). The PHS's ten year plan entitled Healthy People 2010 details three major goals: increasing the number of Americans at healthy weight, decreasing the prevalence of obesity among adults, and reducing overweight and obesity among children (Nestle & Jacobson, 2000). To achieve this goal, the PHS stresses not only the importance of diet and exercise, but also points out that if the plan is to be successful there needs to be a "concerted public effort" (HHS, 2000, as cited in Nestle & Jacobson, 2000). But judging by the ineffectiveness of past efforts, bringing the PHS's goals into fruition is going to take a lot more than their just publishing the report, and will require the government to become involved on a variety of different levels (Nestle & Jacobson, 2000).

According to public health experts, the most important areas for the government to focus on are those which most directly affect obesity: energy consumption and energy use, which are also the most difficult to influence because behavior opposite of what is considered healthy has already become the norm in culture (Nestle & Jacobson, 2000). Therefore, affective programs and communication campaigns that address both of these issues need to be developed, and fervent participation from government at all levels, from the smallest local agencies to the U.S. Congress, will be necessary to combat the problem.

Just as in state and local efforts, children are the heaviest focus of the legislation discussion, as they are the ones most vulnerable to manipulation into developing unhealthy eating habits that have the potential to last a lifetime. Therefore, a main focus is in schools. Proponents of government legislation want programs to be enforced that shield children from exposure to advertisements for junk food, teach healthy lifestyles, and promote physical activity. This would include mandates to prohibit junk food from being served within schools, and a requirement for physical education classes (Mello et al, 2006). Using schools, the government could require and fund daily exercise classes and train new teachers in nutrition and weight management so that they would be able to impart healthy living information to all children (Nestle & Jacobson, 2000). This would be particularly beneficial in the plight against obesity because children tend to carry behavior learned in childhood with them throughout their lives (Witt, 2003).

Furthermore, those in the anti-obesity camp point out that food advertising geared toward children should also be restricted (Silverman, 2004). Of the eleven billion dollars the food industry spends annually on advertising, a large percentage is geared toward children, resulting in American kids absorbing dozens of commercials for sugary drinks, greasy fast foods, and fattening snacks everyday (Nestle & Jacobson, 2002). Children watch an estimated 40,000 food commercials per year, approximately seventy-two percent of which are for candy, cereal, and fast food (Kunkel, 2004, as cited in Mello et al, 2006). Recent studies have shown that children under the age of ten are unable to comprehend the idea that commercials are intended to sell, and are not necessarily neutral facts, and are thus highly persuaded by what they see in advertisements (Nestle & Jacobson, 2002). Therefore, experts recommend that the government

prohibit commercials for junk food during programs watched primarily by children below the age of ten (Nestle & Jacobson, 2002).

In conjunction with focusing efforts on the education of children, another recommended tactic to achieve the desired reduction in the prevalence of overweight and obesity is through better education of the public at large (Nestle & Jacobson, 2000). In order for individuals to care about changing their behavior, it is imperative that they understand the consequences of it. To spread this message, one suggestion is that the government use the media to launch compelling and culturally relevant campaigns to promote healthy eating and physical activity (Nestle & Jacobson, 2000). Potential program suggestions include advertising campaigns encouraging Americans to replace television use with physical activity, and to eat five servings of fruit and vegetables per day (Nestle & Jacobson, 2000). These initiatives would help educate people about the potentially deadly ramifications of their eating habits, and ideally motivate them to stop or prevent them from starting in the first place.

Another suggestion in the task of informing the public about obesity is to require mandatory labels on food packaging and better disclosure of nutritional information in advertisements (Nestle & Jacobson, 2000). If nutritional information is listed clearly on the packaging of products, consumers can make an informed decision about what they are choosing to put in their bodies. This would include requiring all restaurant chains to follow in the footsteps of leaders McDonald's and other brands to make nutritional information readily accessible to consumers. This would also hold true for beverages and snacks sold at venues such as movie theatres and concerts, and packaging of meats sold at grocery stores (Nestle & Jacobson, 2000). This would even hold true for advertisements. Nestle and Jacobson (2000) suggest that advertisers should be required to disclose nutritional information on food advertisements so that

the seductive messages calculated by food marketers would be offset by the health consequences of consumption (Nestle & Jacobson, 2000).

To stimulate physical activity, Nestle and Jacobson (2000) suggest that the government increase funding for the building of pools, bike paths, recreation centers, parks, and sidewalks, so that Americans will have ready access to areas where they can engage in physical activity. In modern American society, the environment in which we live has become non-conducive to outdoor activity (Nestle & Jacobson, 2000). While many middle-class subdivision neighborhoods are constructed such that all of the basic necessities are just a car ride away, but across major roadways so that walking is impossible, in less affluent inner-city neighborhoods where crime tends to be higher, many avoid outdoor activity because they feel safer inside their homes (Nestle & Jacobson, 2000). If the government provided funding to create more places safe and suitable for people to engage in leisurely physical activity, eliminating some of the excuses for sedentary lifestyles, obesity rates would be more likely to decline.

Regulations on pricing could also be used to discourage unhealthy eating (Nestle & Jacobson, 2000). Currently, it is significantly more expensive to buy fresh fruits and vegetables than it is to buy junky snack foods (“Is healthy food too expensive,” 2007). Since the affordability of food is one of the determining factors in what we eat, if Congress mandated that produce prices be lowered and junk food prices raised, people might be more inclined to purchase healthier foods (Nestle & Jacobson, 2000). This could also be achieved by creating higher taxes on unhealthy foods. This so-called “sin taxes” strategy has used before with successful results in reducing the rates of tobacco use nationwide (Blumenthal et al, 2002). These taxes would serve to make fatty foods less affordable, and therefore a less desirable option for

the average consumer, and as an added bonus the funds raised by the taxes could be spent on funding programs for obesity and nutrition education (Amer, 2002).

While each of the recommended government offensives has individual value, in order to truly confront the obesity crisis, the strategies will need to be used together. Since obesity is fueled by such a monumental array of contributing factors, the government's defense must be dynamic as well, or it will stand no match against obesity, and thus will stagnate in Fink's chronic crisis phase for an indefinite time period.

What Will It Take For The Government to Act?

If the government were to successfully implement some of the recommended policies to reduce the prevalence of obesity, fewer Americans would be obese, and the country would face less of a burden coping with the consequences of an unhealthy populace. In Fink's stages model, this would constitute the crisis resolution phase, whereupon the organization has fully recovered from crisis and is "well and whole again" (Fink, 1986, p. 25). But despite the undeniable benefits that would result from reducing the prevalence of obesity and overweight in America, the government has failed to significantly intervene beyond providing funding for basic research (Jacobson, 2004).

The most commonly used reason for why the government should not respond is that eating and exercise are such inherently personal decisions that intervention by the government thus would be overly paternalistic (Mello et al, 2006). Historically, however, the government has been known to intervene in behaviors that were previously considered private, including alcohol and tobacco use (Kersh & Morone, 2002; Mello et al, 2006). Certain factors in each of these cases provided an impetus for the government to decide to act, and if obesity follows the pattern

of public health crises of the past, the same political conditions will have to arise in order to provide enough the government enough motivation to take action (Kersh & Morone, 2002).

In the cases of tobacco and alcohol use, the medical evidence of their consequences was severe enough that society was convinced to change its behavior (Kersh & Morone, 2002; Mello et al, 2006). By “medicalizing” problems, evidence of consequences often sparks increased fear and desire to avoid the danger in question (Mello et al, 2006). When physicians spread word in the 1830s that excessive consumption of alcoholic beverages was unhealthy, the public’s use of rum dropped seventy-five percent in just three years (Kersh & Morone, 2002). Likewise, overwhelming data regarding the detriments of tobacco use finally grasped the attention of smoking rates reduced dramatically (Blumenthal et al, 2002). Though the consequences of obesity are well known and many have urged the importance of government intervention, there is enough sentiment among Americans that succumbing to obesity is individuals’ own fault that government action has not been drastic (Kersh & Morone, 2002).

Having a clear source of blame also helps catalyze movement toward government action (Kersh & Morone, 2002). The presence of a “demon industry” allows those opposed to the unhealthy institution to channel their energy toward making a change (Kersh & Morone, 2002). The suppliers of the “poison” in the cases of tobacco and alcohol were painted as monsters who gained wealth by manipulating consumers into using unhealthy products (Kersh & Morone, 2002). As a result, the government was easily able to pinpoint taking action against alcohol and tobacco manufacturers as a way to ameliorate the societal problems they caused. This is lacking in the case of obesity, however, because there are so many forces to blame that there is not one clear scapegoat. While many have pointed fingers at food industry giants such as McDonald’s as the cause of all the country’s obesity problems, the reality is that obesity is the result of the

combination of many different cultural factors, which makes it more difficult to charge toward an easy solution (Nguyen, 2006).

Presence of the above factors contributes to the last and probably most important element in triggering government interaction: that a widespread tone of social disapproval needs to arise (Kersh & Morone, 2002). One of the realities of living in a democracy, where those in power are elected by the people, is that representatives are motivated to act according to the concerns of their constituents so that they will be reelected. Therefore, if something upsets a critical mass of the population, legislators are likely to respond in order to keep their positions of power. Social disapproval of the deleterious effects of smoking placed pressure on the government to take action against tobacco companies, and the government in turn enforced regulations to reduce the pervasiveness of cigarette smoke, and enacted widespread prohibitions on advertising, bans on smoking, and taxes on tobacco products (Wilson, 1999).

While many health organizations and private citizens in America have grown alarmed in response to the obesity crisis, there are still too many who are apathetic to the situation, have come to accept it as part of American life, or believe that it is a personal decision that does not warrant government intervention. Therefore, public disapproval for the obesity epidemic is not yet severe enough to spark government intervention, and as such the crisis resolution phase may not begin for a long time.

CHAPTER FIVE:

CONCLUSION

The obesity epidemic in the United States has taken colossal health, financial, and cultural tolls on society. Precipitated by such contemporary phenomena as the ever pervasive fast-food restaurants that serve oversized portions of fat-laden foods, modern technologies that reduce the need for basic physical activity, and food advertisements that constantly assail consumers with temptation to indulge in unhealthy meals, obesity and overweight have become the second leading cause of preventable death in America, behind only tobacco use. Today, with approximately two-thirds of the population afflicted with either overweight or obesity, the epidemic claims 300,000 American lives per year and costs over \$117 billion dollars in medical expenses (U.S. Department of Health and Human Services, 2002). As the epidemic has clearly had a significant bearing on society, institutions affected by public health and attitudes toward fitness have been directly impacted and forced to alter their practices to adapt to the current state of American culture.

The food industry and government have been the two organizations most impacted by the advent of obesity; however, their interests and responsibilities in addressing the matter are dramatically different, and thus the implications of their actions for society have been unique. Comparing the impact of the government and food industry's responses highlights fundamental distinctions between the motivations behind these organizations' strategic decisions, and the extent to which they impact society. The analysis also exposes layers of complexity within the construct of the American obesity epidemic that make the problem so difficult to solve.

Food manufacturers were forced to modify their business practices because the increased awareness to the obesity epidemic rendered members of the food industry, particularly fast-food chains, conspicuous targets of blame, as fast-food restaurants were located on practically every street corner, and constantly infiltrated mainstream media with advertisements pushing their unhealthy products. Since the acute phase of the crisis brought such significant losses in sales and even lawsuits, during the chronic phase the food industry had to adapt to the public's increased zeal for healthier options if they were to survive the crisis. Restaurants in the food industry saw a remarkably swift recovery after updating their menus with healthier options and launching ad campaigns that stressed physical activity. Presenting the appearance that they cared about the public's health helped them protect what they were really concerned with: their own profits. Food manufacturers withstood Fink's natural stages crisis cycle, and emerged as powerful as they had ever been.

In contrast, the government has been faced with the challenge of finding a way to bring America's obesity crisis, in the midst of its acute phase, to a halt. Unlike the food industry, the government's responsibility in the matter is not simply to devise strategies to protect itself from profit loss and public backlash, but to promote the general welfare of its citizens. Therefore, the government is not able to make a few simple tweaks to change its reputation, but has to spend the chronic phase engaging in significant battles against deeply embedded societal factors to bring about a healthier state of affairs for the country. As of yet, the complexity of barriers preventing significant progress on the obesity front has prevented the government from shifting into the crisis resolution phase of the epidemic.

The reactions by the government and food industries reveal an inherent conflict between the two institutions: if one succeeds in resolving its crisis, the other suffers. Currently, the

government is the party on the losing end of this balance. In addition to other factors, overabundance of fast-food consumption is one of the most powerful contributors to the obesity epidemic. That being true, the very fact that the food industry rebounded so healthily from the losses they suffered in the wake of the obesity crisis illuminates the major societal issue that feeds the epidemic itself – that despite their failing health, Americans will not surrender their beloved fast-food for their own well-being. The food industry's return to such a prosperous position is proof that in the grand scheme, the country has a long way to go before the obesity epidemic ends.

Part of the reason that the food industry has had such remarkable success in becoming a staple in American life has been the billions of dollars they spend annually on advertisements. The constant messages food manufacturers send to Americans coupled with their convenience and affordability make them a formidable opponent in the fight against obesity, as the government's lackluster health pamphlets and public service announcements are easily squelched by the mega ads put forth by food companies. If the government is to have a realistic shot at swaying public opinion toward a healthier lifestyle, they too will have to launch a comprehensive communications campaign that focuses on promoting healthy eating and plentiful exercise in a way that truly seizes the attention of the public. This means that the government needs to send powerful messages through major media outlets in order to counteract the arsenal of TV, radio, print, and billboard messages that tell Americans to eat fattening foods. Through these campaigns, the government needs to make the idea of a healthily beating heart more appealing than that of a glistening greasy cheeseburger.

Furthermore, an element critical to the government's success in stopping the spread of obesity is that the overall focus of its efforts needs to be on obesity prevention, not reduction, as

it is much more difficult to change behavior once habits have been established (Mello et al, 2006). The best way to do this is to copy a trend that the food industry has already discovered in targeting children, because they are an easily influenced demographic whose childhood eating patterns tend to carry throughout their lifetimes (Spethmann, 2004). By focusing on children and instilling principles for living a healthy lifestyle at a young age, the government can prevent obesity from afflicting an entire generation.

The partnership between the enactment of legislation that will minimize driving forces of obesity and the creation of a communication campaign designed to change public behavior is the government's best shot at stopping the crisis, and freeing the country from the death trap of obesity with which it has surrounded itself. In fitting into Fink's (1986) model, after the government corrects the issues that are fueling the acute phase of the crisis, the country will finally move into the crisis resolution phase, and will no longer have to suffer the health and economic tolls it now faces because of obesity.

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