VIEWPOINT

Moving Nutrition Upstream: The Case for Reframing Obesity

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ABSTRACT

Currently, nutrition is described primarily as a matter of individual responsibility, which results in a focus on limited strategies that are unlikely to be successful. Public health advocates need to change the terms of debate or "reframe" the issue so that the context around individuals—the social, economic, and political context—comes into view. This paper uses obesity as an example of the need for reframing in nutrition. The authors also offer some suggestions on reframing based on lessons learned from other public health issues.

Key Words: media advocacy, prevention, message, strategy

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INTRODUCTION

In 2004, with support from the Robert Wood Johnson Foundation and The California Endowment, the Berkeley Media Studies Group began a project to explore how research and advocacy that have been used successfully in tobacco control and other public health issues could be applied to accelerate progress in nutrition, particularly as it relates to preventing childhood obesity. The main activity was a series of small working meetings, dubbed the "Acceleration Meetings," that brought together researchers and advocates from tobacco, alcohol, firearms, and traffic hazards to identify the key "moments" when research and advocacy were applied successfully by advocates in those controversial policy debates. Participants suggested a variety of strategies for taking advantage of political opportunities, reframing the debate, supplying resources for public health advocates, and moving nutrition from an individual issue to an environmental concern.[1]

Acceleration Meeting participants agreed that one of the most powerful lessons of public health across issues is that improving environments is the best way to improve a population's health status. Consequently, a focus on public policy is essential because policy shapes the settings and circumstances in which people live, which suggests that the greatest return on investments will not be from coaxing individuals to change their eating habits, but rather from fostering policies that improve conditions for everyone. In this way, problems can be averted before they begin, an approach that is both humane and cost effective. If society stops a problem before it starts, less pain, suffering, and death will occur. And, because medical care is so costly, if prevention works, society will save money that can then be spent on other social goods.

A defining metaphor for public health—the "upstream/downstream" story—supports this notion of the primacy of prevention. It suggests that if the majority of public health workers are so busy rescuing drowning people downstream (ie, people who already have a condition), then they do not have time to go upstream to see what is causing so many people to fall into the river (ie, to develop the condition) in the first place. Of course, society needs both medical treatment and primary prevention, not just one or the other. However, the mission of public health in particular is to go upstream and identify the determinants of health status for populations, intervene, and develop policies that address these determinants and stop the problems before they start.

Though the upstream/downstream metaphor is basically about prevention versus treatment, it could be extended to consider causes of the problem and that, in turn, might point to where preventive efforts should best be targeted. Downstream prevention would be about individuals taking personal action to protect or enhance their health. In nutrition, this would mean helping people make more healthful choices about what to eat. Upstream approaches are about understanding the problem as a social, political, and economic one that requires basic social change to alter the conditions that facilitate people easily falling into the water. Upstream prevention for nutrition would be about assuring that environments support, and even foster, healthy eating choices. Both downstream and upstream approaches are necessary for good population health, just as society needs both treatment and prevention. But downstream approaches (eg, educating people about eating more

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fruits and vegetables) will only succeed at a broad population level if the environment supports them (eg, fruits and vegetables are accessible and affordable). Inevitably, however, upstream approaches are more contentious because they challenge the basic value underlying American culture: rugged individualism. Changing the terms of debate so that upstream approaches are fairly considered means public health advocates must be able to explain that other forces, besides personal choice, affect health.

In this paper, we will explore the limitations of individualizing nutrition issues, using obesity as a prime example of this practice. We will discuss the importance of reframing the way in which obesity is regarded so that a wider range of public health strategies to address the problem can be evoked. Because problems with the way that the term "obesity" is used and understood are just now being defined, we cannot offer tested, succinct alternatives. We can, however, anticipate the types of reconsiderations that will be required, examine alternative ways to regard obesity, and apply lessons from other public health issues to nutrition.

THE WRONG FRAME FOR OBESITY

"Obesity" is currently a widely discussed nutrition problem. A search of the word "obesity" published in scholarly journals during 1995 returned 3600 citations in Google's Scholar database. The same search returned 20 300 citations for papers published in 2004, an increase of 464%. The rise in the word's use may indicate a growing awareness of the public health consequences of obesity. But the way the condition itself is considered likely narrows understanding in ways that may limit the public health community's ability to address it successfully.

Current Frames on Obesity Evoke Individual Willpower and Character[2]

Considering a word or issue's "frame" is important because it reveals the current understanding and assumptions that are essential to know in order to develop appropriate responses. Frames help people make sense of what they see and hear by triggering concepts that already reside in their brains. Our brains link the incoming stimulus with knowledge already in our heads.[3,4] For example, current popular frames on obesity center around appearance and health. The default frames about obesity being bad for appearance or health contain within them an assumption that the direct cause of obesity is overeating. Expressing the frame mechanically, this means that people become obese when they overeat. Expressing the frame in terms of character, this means that people become obese when they lack willpower. A further embedded assumption is that people who lack willpower are of poor character.

These underlying assumptions about obesity can be evoked whenever obesity is referred to, without ever saying, for example, "willpower" or "character." Willpower and character can be evoked—packaged with obesity—regardless of whether the speaker intends them to be included, simply because those concepts have previously regularly been coincident with obesity. In this sense, "lack of willpower" is a default frame for obesity.

This framing package is important not only for what it includes, but also for what it excludes. The willpower/character aspect of the obesity frame is strong in part because it is an inherent part of other dominant values in American culture, especially "rugged individualism"—the idea that individual effort is the key to achieving all benefits in society.[5] This value is deeply felt and extremely pervasive, particularly in U.S. political discourse.[6]

Most audiences will understand, automatically and without further explanation, the value of strong willpower on the part of individuals to prevent or reduce obesity. However, because the environmental contributors are missing from this framing of obesity, any approaches that seek to improve environments are less likely to be understood by the public and, in turn, less likely to be supported by policymakers. In other words, environmental approaches that are largely absent from our "obesity frame" must be fully illustrated and explained before they can be recognized and accepted.

Current Frames on Obesity Obscure a Public Health Approach

The typical individualistic frames on obesity obscure the value of a public health approach to the problem in which the environment is considered a useful place for intervention. In addition, the term "obesity" likely reinforces other barriers to a public health approach by narrowing the problem, stigmatizing whole populations, favoring industry, and keeping the debate focused downstream.

"Obesity" narrows the problem inappropriately. Discomfort with the term "obesity" is starting to surface. For example, Cohen et al suggest that a focus on weight instead of nutrition leads individuals to adopt popular weight-loss diets rather than eating nutritious food.[7] "Obesity," then, narrows the problem, elevating one risk factor above others. Obesity is only one of several risk factors for diabetes and heart disease and in some cases may not be the most important one. Thin people also can be malnourished and at risk for diabetes and heart disease. A focus on obesity obscures other risk factors and equates thinness with health. From a public health perspective, it is imprecise at best and inaccurate at worst.

"Obesity" is stigmatizing. The stigma associated with obesity can lead directly to poor health outcomes. This stigma is related to the mental health problems that Cohen et al attribute to isolating weight from other risk factors.[7]

They go further to suggest that distorted cultural norms for "healthy weight" can lead to eating disorders. In addition, obese people may be too ashamed to exercise and so avoid health-promoting behaviors. Some evidence also suggests that obese women are discriminated against in health care settings and as a result avoid or postpone seeking medical care.[8] Stigmatization is more than an unfortunate social norm. It can put people's health at risk.

A narrow focus on "obesity" favors the food, beverage, pharmaceutical, and diet industries.

The food industry benefits when the focus is on obesity, because the way obesity is typically framed puts the blame on the person with the problem. The food and beverage industry can blame people's inability to control themselves and argue that problem "users," not problem products or problem promotions, cause obesity. This argument is akin to the way the alcohol industry benefits if the public focuses on alcoholics rather than the broad spectrum of alcohol problems. Pharmaceutical companies benefit from an individualized focus on obesity because it medicalizes the problem, suggesting drugs and surgery as the solutions. And, of course, the diet industry benefits because overweight and obese people are a key market for diet plans and products, despite the fact that there is little evidence showing the beneficial effects of diet products.

"Obesity" moves the conversation downstream.

Because obesity is considered a personal problem, not a social issue, the term keeps the conversation focused downstream on the bodies of specific individuals, making it harder to shift the focus upstream to the conditions that inhibit healthful eating and physical activity for the overall population. Cohen et al note that an emphasis on obesity keeps the focus away from creating healthful lifestyles, and they suggest avoiding the term so as to minimize the discrimination and isolation it engenders.[7]

A NEW FRAME IS NEEDED

We are at a defining point regarding the issue of nutrition and health. The current downstream way in which obesity is framed is primarily a behavioral, personal, individual representation that focuses us on a set of limited strategies that are unlikely to be successful. Even when nutrition problems are discussed in terms of broader environmental determinants, solutions are most often framed in terms of individual behavior.[9]

One approach that might be conceived as a reframing of obesity is the "Health At Every Size" (HAES) movement. The HAES central premise is that physical fitness, not weight, is the key determinant of health; HAES proponents maintain that "you can be fit and fat."[10] This premise, combined with the limited evidence for effective sustained weight loss programs, suggests that public health interventions should use outcome measures other than weight and size in research and clinical practice, acknowledge that people respond differently to treatment, and "go beyond teaching clients how to behave and teach them how to change behavior."[10] Although this approach addresses the stigma associated with obesity and its ineffective treatments, HAES remains focused on the individual and his or her health outcomes. Insofar as HAES interventions work to change medical, exercise, or social environments, they would contribute to an upstream reframing of obesity such as we are suggesting.

The challenge for the field is to reframe the concept of obesity so that it can be more easily understood as an upstream issue that is social, economic, and political in nature. Rather than focusing primarily on behavioral prescriptions to shape an individual's health, practitioners should shift their focus to prevention concepts and policy approaches that encourage population-wide health-promoting behaviors. Cohen et al suggest that public health practitioners focus on a social-ecological approach that puts individual behaviors in the context of the external factors that inhibit or promote good health.[7] Or, as Nancy Milio once noted, we want to make health-damaging choices more difficult to make and health-promoting choices easier to make.[11] It is true that many individuals need to take more responsibility for their behavioral choices. However, it is society's responsibility to create an environment in which good choices are not only possible but are the easier choice to make. Accountability needs to be applied across the many levels in which the problem exists, from personal to social.

Public health needs new terminology that encompasses obesity but links the problem to the settings and circumstances that surround individual decision making about what food to eat and in what quantities, and whether to be more physically active. Descriptive phrases, such as "healthful eating" and "active living environments," are cumbersome but useful, because they make the environment visible in the frame.

The task for reframing is to be able to describe these issues so they invoke the environment from which food comes and the limited options that some people have in those environments. HAES, for example, successfully reframes from disease to health—certainly a shift important for emphasizing prevention—but not necessarily from the individual to the environment. Similarly, when public health advocates frame physical activity, they need to bring the environment to mind, including how the environment fosters or hinders health-promoting choices.

A New Frame Can Lead to New Understanding

Discussing ways to change the framing of obesity from an individual focus to an environmental perspective illustrates ways that nutrition educators and the public health com-

munity can create a deeper understanding across a range of nutrition issues and how to improve those issues. Careful framing will generate a new vocabulary for use by public health researchers and community advocates. This shared vocabulary is important on at least 2 levels. First, it is essential that researchers and advocates, and others concerned about nutrition, be able to communicate effectively with one another. Public health battles on other fronts—alcohol, tobacco, violence—have taught us that the earlier that researchers, public health professionals, and groups of advocates can build well-traveled bridges among themselves, the faster we will develop strategies to enact policies that can improve health.[1] Building those bridges depends on each group having a shared understanding of basic concepts, goals, values, and tactics. This common understanding will prepare a solid structure for fostering trust.

Second, the public health world must have a larger conversation about nutrition policy that brings in elected officials, others in government, neighborhood leaders, corporate decision makers, and the public at large. To have this conversation effectively, public health advocates need new language that moves the problem definition upstream and clearly identifies the shared responsibility for addressing the problem. Advocates need to know how to articulate their values and anticipate opposition that may arise.

Tobacco control efforts provide some useful lessons for those concerned about nutrition. Over many years, advocates were able to redefine how responsibility was shared between individual and environmental causes of the problem. Tobacco control advocates learned to frame their issue from the perspective of shared responsibility: Individual smokers should do everything they can to quit, but government and industry also have responsibilities to create smoke-free environments. In many cases, it was appropriate to exact more responsibility from industry because the industry, through its aggressive marketing and deceptive practices, was responsible for creating much of the problem and benefited from its continued existence.

The language of nutrition today is where tobacco control was 30 years ago, in part because of the way in which the current framing of obesity has come to dominate public discussion. The public discussion of obesity prevention needs to shift toward accepting that a variety of environmental influences are creating a much worse public health problem than was recognized just a few years ago. That shift is necessary in order for the public and policy makers to accept that changes in the environment are an appropriate response to the issue.

IMPLICATIONS FOR RESEARCH AND PRACTICE

In essence, reframing is about who decides the terms of debate and what the terms will be. It involves more than developing a message.[12] It involves a systematic approach in which one must first decide what change will advance public health interests, followed by a clear analysis of what it takes to create change. The next step is crafting messages to make the case because, if the change is significant, it will be contested. For example, tobacco companies point out that they sell a legal product. Alcohol companies insist that most people drink responsibly. Car companies say that the key to greater safety on the road is changes in driver behavior. Similarly, food companies say that it is parents' responsibility to control what children eat. All companies feel they should not be blamed if some people abuse their products. These are tough arguments to counter. After all, each one is truthful—if incomplete. But each industry argument has a common feature; each frames the debate in terms of the single, widely held, important American value of personal responsibility. This is a self-serving argument however, when it is used to negate corporate responsibility.

Framing in a way that promotes public health involves the expression of common societal values. From a public health perspective, that expression will include the shared responsibility for solving problems between the individual and the environment. Inevitably, environmental changes are more controversial than changes in personal behavior because they generally require a shift in resources or responsibility and because they challenge vested interests. How the message is framed can either strengthen support for healthy public policy or reinforce opposition to it.[12]

Recent debate over whether to sell soda to school children is a good case in point.[13] Certainly, students should be taught to make healthful choices and take individual responsibility to do so. But students do not determine what is made available to them in the vending machines in their school, just as students are not responsible for the food available in the cafeteria or snack bar. It is the adults who are responsible for ensuring that schools are doing right by the children in their care. Although the lack of adequate funding for schools is a major justification used by defenders of vending machines, including some school administrators, it is not the responsibility of students to pay for their education by purchasing sodas and other commercial products from their schools—particularly when those products are not good for health.

We need to remember that public health practitioners are subject to the same biases and dominant frames on obesity as is the general public. But as public health practitioners, policy makers, and the public become more familiar with and accepting of the arguments against sodas and other less healthful food in schools, they should see their application to other settings. For example, some are already advocating the removal of food with little nutritional value from hospitals, arguing that hospitals ought to be providing the most healthful food for their patients and health care workforce. Other workplaces could also reasonably be expected to maintain healthful eating environments, including what food choices are available in vending machines and cafeterias. Ultimately, communities could demand that their public institutions ensure healthful food and activity environments for all residents.

Such demands would be consistent with findings from the Institute of Medicine and interventions sponsored by the Centers for Disease Prevention and Control. For example, the Institute of Medicine has maintained that preventing childhood obesity will be accomplished by transforming "the environments that surround children in their homes, schools, communities, commercial markets, and modes of entertainment"[14] and recommended that food marketing to children and youth, in particular, be addressed, including public policy approaches.[15] In another example, the CDC's VERB campaign to increase and maintain physical activity among "tweens" adopts a range of approaches, including partnering with the National School Boards Association to promote policies to replace sugary sodas with water on school campuses.[16] However, despite the acknowledgment of environmental factors, policy makers have focused obesity prevention primarily on informing and educating individuals without first having created an environment that would support the changes suggested by the information and education.[17]

Articulating Public Health Values in the Frame Requires a Focus on Strategy, Message, and Tactics

Public health is often practiced in a contentious environment in which political and commercial concerns compete with public health goals. Consequently, these issues will be debated in highly visible public settings, such as school board hearings. Typically, the arguments surrounding social change—be they policies to restrict sodas in schools or to create safe spaces for walking and play—will be contested by well-financed opponents working to protect their interests. Public health practitioners and their allies must, therefore, pay close attention to how they craft their arguments and then see that those arguments get a fair hearing in public discussion. As the public health field takes on the significant challenge of reframing nutrition and health issues such as obesity, it is useful to reiterate Gamson and Ryan's note that, "Framing matters but it is not the only thing that matters."[18] Reframing and message development need to be connected with community organizing, constituency building, and detailed knowledge about policy development and the political process. Media advocacy,[19-21] or engaging the news media in a sophisticated and purposeful way to foster policy change, is another critical aspect of creating a new frame in a larger strategic context.

For example, some nutrition advocates have expressed concerns that certain populations lack access to nutritious foods because of a dearth of supermarkets in inner cities. This lack of supermarkets is often stated factually by presenting data on supermarket location[22] or the relatively high cost of fresh fruits and vegetables.[23] But facts must be put into context. Nutrition advocates must decide how to frame the issue so as to clarify why the fact matters by explaining the implications and articulating their values. Framing this lack of availability as "food apartheid" (Marqueece Harris-Dawson, personal communication, October 8, 2004) brings justice and responsibility into the conversation, evokes values that some audiences can connect with, and provides a vivid description of a landscape that brings power into play. A frame like this may resonate with some audiences but alienate others who discount the effects of racism in this country, and it may be better delivered by some messengers rather than others.[2] Research on framing can help nutrition advocates determine how to present data about a particular issue so they can communicate why the data are important, what is unjust and unfair, and why certain environmental conditions harm people's health. Facts need to be interpreted in the context of an overarching public health framework and what various stakeholders should do about it.[24] Doing so requires understanding and articulating not only the relevant epidemiology, but also the motivation for investigating the questions in the first place.

Reframing nutrition issues like obesity will be a long-term undertaking that involves nothing less than changing the way we think about fundamental societal values that guide our day-to-day thinking. Toward that end, reframing nutrition issues also will require an investment in research on various frames and how they can be applied effectively to improve food environments. Ultimately, framing is about more than a message. It is about what a society values.

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