It is appropriate to begin considerations of how one might approach obesity prevention with a view of the relevant landscape, at the center of which are those individuals who are overweight and obese as well as others at risk for becoming overweight and who may experience constant worry about weight. The statistics are alarming as indicated by figures from the National Center for Health Statistics: only a third of adults have body weights in the range considered healthy while 65% are overweight or obese; 16% of children are overweight (the category that is equivalent to obesity in adults), and another 14% of children are at risk of overweight (Hedley et al., 2004). These percentages are even higher in African American and Mexican Americans. If weight concern is assessed by asking people if they are actively trying to lose or maintain their weight, then even larger proportions are affected. For example, Behavioral Risk Factor Survey data for 2000 indicate that 76% of adults are trying to lose or maintain weight, and this does not include all of those in the obese categories who could, presumably, obtain health benefits from losing some weight (Bish et al., 2005).

In an ideal society, this large group of consumers would be understood, served, protected, and empowered by their government(s) and by those in a position to affect their well-being. Unfortunately, however, the consumer experience with food, physical activity and obesity is fraught with mixed messages and with powerful influences pulling in opposite directions. The net impact is a major public health problem, widespread personal distress and societal concern about chaotic eating, unprecedented sedentary behavior, and body weight rising around the world in what appears to be an inexorable triumph of a toxic or obesigenic environment over self-regulation.

The purpose of this chapter is to examine the factors that shape individual’s experience with food, activity, and obesity from a consumer perspective and to discuss how this experience can inform the changes necessary to reverse the rising prevalence of obesity and therefore prevent the consequent diseases.

**A Consumer Perspective Should be Worldwide**

This text focuses on obesity in the United States, but it is critical to avoid a U.S.-centered view of public health issues, including obesity. Obesity is very much a global problem (Brownell & Yach, 2005; Lobstein et al., 2004; Rigby,

The tobacco experience provides a compelling case to warn against viewing the problem or solutions to obesity as only a national problem. Much of the world has been complacent on tobacco issues. While American authorities celebrated reductions in the number of U.S. smokers, the tobacco industry expanded their business elsewhere so there are now more smokers worldwide than ever. It is important to avoid this trap with obesity (Yach, Hawkes, Gould, & Hofman, 2004; Yach, Leeder, Bell, & Kistnasamy, 2005). As a sign of how the obesity problem will hit developing countries hard, Figure 6.1 shows the projected increase in diabetes in these compared to developed countries.

Many of the factors that contribute to obesity and to the consumer experience are global in nature (Chopra, Galbraith, & Darnton-Hill, 2002; Yach, Stuckler, & Brownell et al., 2006). The price of food is affected by international trade policy, agriculture subsidies that affect the cost of food internationally, expansion of global markets by multinational food companies, technology that decreases the need for physical labor, and more. Perceptions of obesity affect national and international policies on prevention. And finally, much of the creative thinking on the obesity problem, especially among government officials, is occurring outside the U.S., particularly in countries from the European Union (European Union, 2005). It is important, therefore, to consider what occurs outside the United States.

Personal Responsibility: The Politics, Scientific Evidence, and a Possible Balance

At the heart of the consumer experience is a dominating paradox, one that strikes to the heart of what causes obesity and who is responsible for the solution (Brownell & Horgen, 2004). At the same time individuals face a “toxic” or “obesogenic” environment that undermines personal responsibility and guarantees rising prevalence, people are blamed for their weight, face discrimination by virtue of being stigmatized, and are expected to prevail over the environment no matter how unhealthy it becomes.