CHAPTER 6

WHAT CAUSES OBESITY? AND WHY HAS IT GROWN SO MUCH?

Introduction

In recent years, economists have attempted to explain the rising levels of obesity not only in the United States during the last three decades, but also in many developed countries. For the most part, these economists’ models have utilized neoclassical economic tools and relied on the conventional wisdom of health science practitioners. The results of this theorizing have been disappointing at best. The main purpose of this chapter is to develop an alternative socioeconomic model of obesity based more on behavioral economics concepts and on an alternative to the conventional health science wisdom. The development of this model is important because it involves an attempt at a novel synthesis of all the key factors contributing to the obesity problem. Instead of fully rational economic decision makers, this chapter assumes decision makers are partly or limitedly rational. Instead of weight gain and obesity being strictly determined by the amount of calories consumed minus the calories expended, weight gain is determined much more by what people eat. Also, the weight-obesity outcome is determined by how different people respond to the growing infrastructure of obesity (notably the suppliers of fast food and processed foods). In general, obesity in the present model is the result of individual decisions to choose poor diets and poor life behavior patterns (including exercise). Unlike in the rational obesity model, these are not decisions of rational economic men or women. Although more than a few economists have analyzed obesity as an example of rational economic behavior, it is fair to say that few noneconomists consider it to be a product of rational economic behavior. The rising obesity levels are the result of poor decisions by many not so rational individuals who have encountered very significant changes in food supplying industries and society overall.

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A secondary purpose of this chapter is to characterize obesity as a negative socioeconomic pattern that represents a developmental failure, a persistent failure of the socioeconomy to develop in ways contributing to the well-being of its populace. That failure is shown by the magnitude, breadth, and the growth of the incidence of obesity. Also, that failure is indicated by the degree to which the obesity problem has become embedded in the functioning of important socioeconomic institutions. In other words, there is reason to believe that the socioeconomy’s growth has become stuck on a particularly detrimental developmental trajectory with all too few signs of becoming unstuck. It is argued that the socioeconomic model of obesity developed in this chapter is much more useful in characterizing the socioeconomic pattern and developmental failure associated with obesity than is the rational obesity model. Moreover, because of its realism, there is reason to believe that the socioeconomic model of obesity is also much more useful than the rational obesity model with respect to devising remedies to the obesity problem. Note that the negative obesity pattern is not just problematic for individual health; it is problematic for the functioning of the entire economy. This is true to the extent that dealing with the health problems associated with obesity absorbs a great amount of resources and reduces labor productivity, thereby lowering overall economic growth.

The Magnitude of the Obesity Problem

Obesity rates in the United States are high and have been rapidly rising over the last 30 years albeit with some leveling off of the growth very recently. Using body mass index (BMI) greater than 30 as the criterion, the percent of the adult population who are obese was 13.95 in 1976–1980. By 1999–2000, this figure had risen to 29.57 percent, and by all reports was continuing to rise (Rosin 2007, p. 619). The US obesity rate is substantially higher than even the European countries (United Kingdom, Germany) with the highest rates (p. 620). Further, the percent of overweight and obese children has also been rapidly rising over the last 30 years (pp. 620–622). The problem is not just in the United States. Rates of obesity are rising in almost all developed and developing countries, even in Japan that has one of the lowest rates in the world (Bleich et al. 2008, pp. 280–281; Delpeuch et al. 2009, pp. 7–9).

Obesity is a major health problem in that it “is a major risk factor for many chronic conditions [the diseases of civilization, also known as the Western diseases], including type 2 diabetes, cardiovascular disease, hypertension, hypercholesterolemia, certain types of cancer . . . stroke . . .” and six other conditions (diabetes is the one most closely linked to