

BOOKS

A wicked problem

XXL: Obesity and the Limits of Shame
Neil Seeman and Patrick Luciani
University of Toronto Press; 2012

One has to admire the ambition of this slim edition (160 pages in four chapters) from two thoughtful individuals, both personally motivated to dig into a big and challenging public health policy problem. Obesity now affects the populations of all continents to different degrees, but particularly North Americans. This problem arises from the massive asymmetry between caloric intake (from food) and caloric output (from exercise). While life expectancy continues to rise globally, a major jump at the turn of the 20th century has been well linked historically with mass production of food, improvements in nutrition and the consequent reduction of stunting and improvement in workers' health, productivity and wealth.¹ The WHO notes that one in six adults globally are now obese, one in three is hypertensive and one in ten is diabetic. This is where our intrepid authors weigh in.

XXL takes on the multifactorial issues associated with the rise of obesity, its perils, its personal challenges, and its possible — but so far elusive — policy remedies. The monograph is a fairly thorough narrative review designed to set up a platform for the “big idea” in reducing obesity.

Along the way there is a tour of many worrisome facts, including the rise in childhood obesity and the multi-genic basis for obesity (over 20 genetic loci are associated with obesity and type 2 diabetes), signaling no imminent single, targeted therapy is possible. Children of obese parents without the metabolic syndrome leading to diabetes nevertheless have a high heritability likelihood of becoming obese (40%–70% of these children will inherit their parent's obesity). The authors do a critical and workman-like job of reviewing psychological factors, the nature-nurture balance, even the nature via nurture role of epigenetics. When they comment on current public



health solutions, they cross the bridge from critical reviewers to utopian denial.

According to the authors, the most promising solution to avert the public-health-nanny state's rush to dish out remedies is to hive off some existing health tax resources into portable Healthy Living Vouchers and let the invisible hand of the consumer do the rest. Vouchers grew out of economist Milton Freedman's idea to provide parents with education purchasing vouchers which are tied to educational taxes. The increased consumer sovereignty would allow families to select the best schools for their children, not only the local public school. The idea is simple and compelling: empowering the citizen as consumer and he or she will choose wisely and buy lifestyle, diet and exercise experiences tailored to his or her needs to lose weight. Seeman and Luciani describe an interesting number of voucher-like experiments which are underway in several parts of the world. Education vouchers in the United States, appear to benefit the most socioeconomically disadvantaged populations in the US: poor black Americans. It is also worth noting that few public policy ideas are more controversial because of the ideological right-left divides which attend the idea, whether in the US or in Sweden or else-

where where vouchers have had experimentation. The idea veers eerily close to Medical Savings Accounts, which may be nice as a private insurance benefit, but hold little value as a fair or viable public policy option in this country.²

The authors suggest we allocate a decent chunk of the health care budget to Healthy Living Vouchers. But the suggestion that governments would allocate say, 10% of the health care budget to get us started without consideration of where that should come from or what opportunities would be foregone — is somewhere between hopeful and implausible. They note that at least one voucher initiative already exists in Canada: the federal Child Fitness Tax Credit from 2007 to encourage fitness among young people. This initiative has had its own critique as a public health measure and tends to have an uptake which is inversely related to population need.³

Despite this paucity of pragmatism, the authors wisely note that no single solution to obesity has appeared to date with other techniques. The voucher solution may be a touch too close to a one-trick pony in a world where many taxpayers might want their government to spend the money elsewhere. Nevertheless they have provided us with a clear summary of our current obesity challenges alongside the range of possible avenues to take on this “wicked problem,” all smartly compiled in this readable book.

Terrence Sullivan PhD

Professor
Institute of Health Policy,
Management & Evaluation and
Dalla Lana School of Public Health
University of Toronto
Toronto, Ont.

References

1. Frank JW, Mustard F. The determinants of health from a historical perspective. *Daedalus* 1994;123: 1-17.
2. Hurley J. Medical Savings accounts will not advance Canadian health care objectives. *CMAJ* 2002;167:152-3.
3. Tigerstrom B, Larre T, Sauder J, et al. Using the tax system to promote physical activity: critical analysis of Canadian initiatives. *Am J Public Health* 2011; 101:e10-6.

CMAJ 2013. DOI:10.1503/cmaj.121844