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The Evolution of News Discourse on a Public Health Issue

By Regina G. Lawrence
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Portland State University

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Framing Obesity

The Evolution of News Discourse on a Public Health Issue

Regina G. Lawrence

The public debate on obesity will turn on the question of who or what is responsible for causing and curing this emerging epidemic. Previous research suggests that public health problems become amenable to broad policy solutions when those problems can be reframed in systemic terms—specifically, in terms of involuntary risk, universal risk, environmental risk, and knowingly created risk. This article assesses the framing of obesity in news coverage since 1985 to determine whether obesity is being reframed in these terms. The data suggest that a vigorous frame contest is currently under way between arguments emphasizing personal responsibility for health and arguments emphasizing the social environment, including corporate and public policy. The evidence suggests that one of these frame dimensions (environmental risk) has moved decisively toward the systemic pole, while two frame dimensions (involuntary and knowingly created risk) have not moved toward the systemic pole, and the movement of the fourth dimension (risk to everyone) is uncertain.

Keywords: *news; framing; obesity; public health*

There is little doubt among public health experts that obesity has become a serious epidemic. The federal government estimates that more than 60 percent of Americans are now overweight, and that at least 25 percent are obese.¹ The incidence of obesity among children as young as six to eleven years old has doubled in the past twenty-five years, while among teenagers it has tripled, bringing the number of American children who are now obese to about nine million. The costs of this epidemic are felt both in terms of dollars and disease, and being overweight is implicated in approximately three hundred thousand deaths per year (Centers for Disease Control and Prevention 2003; Office of the Surgeon General 2003).

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These facts raise questions for public policy makers, journalists, scholars, and other opinion leaders: What *kind* of a problem is obesity, what should be done about it, and by whom? In a recent issue of the *New York Times*, reporter Kate Zernike (2003) observed,

In what is shaping up to be the great American food fight, there are two increasingly discordant sides. One insists that government must use its legislative power to slim down an increasingly obese nation. In this view, obesity, like smoking, has become a public health crisis and demands a public health solution. . . . The other side argues that government cannot legislate eating less or exercising more. How much people weigh, this side argues, is a product of personal choice and responsibility, and cannot be dictated by what it calls the Twinkie police. (P. 3)

Public opinion reflects the same debate. A poll conducted by the Harvard School of Public Health in May 2003 found that “half of those surveyed feel that obesity is a ‘private matter,’ while half said it is a ‘public health issue that society needs to help solve’ ” (Zernicke 2003: 3).

The emerging debate on obesity, I contend, will turn precisely on this question of whether the body politic bears some responsibility for the shape of individual American bodies. As policy scholar Deborah Stone (1997) has observed, a key dynamic in public debate about social issues involves the often stormy process of deciding *who* is to blame:

In politics, we look for causes not only to understand how the world works but to assign responsibility for problems. Once we think we know the cause of a problem, we use the knowledge to prevent people from causing the problem, to make them compensate other people for bearing the problem, and to punish them for having caused suffering. To identify a cause . . . is to place burdens on one set of people instead of another. (P. 189)

Who is blamed and burdened in public debate can be analyzed in terms of “individualizing” versus “systemic” frames.² Individualizing frames limit the causes of a problem to particular individuals, often those who are afflicted with the problem. Systemic frames broaden the focus, assigning responsibility to government, business, and larger social forces. Since frames are rarely “pure” in real-world political discourse, it is useful to think of individualizing and systemic frames as anchoring opposing poles of a continuum of discourse, with some arguments drawing from elements of both. The closer the overall pattern of public discourse moves toward the systemic end of the continuum, the more conducive will be the environment for public policies that burden powerful groups and hold political institutions responsible for addressing the problem. Defining a problem in individualized terms limits governmental responsibility for addressing it, while systemic frames invite governmental action.

Frame contests on a variety of social issues, such as poverty and crime, are played out on this terrain (e.g., Scheingold 1984). Research on the framing of public health issues is more limited, but it seems probable that health problems are defined on similar discursive terrain: once a health problem is “discovered,” assigning responsibility for causes and solutions forms the crux of public discourse on the issue. And as with many other social problems, in the United States public health issues face cultural and political resistance to claims of systemic causation and governmental responsibility for solutions.

While Americans have certainly called on government to “do something” about an array of health problems throughout our history, that same history shows that calls for government to protect and enhance public health have often met with considerable cultural and political resistance (Beauchamp 1976; Garrett 2000; Klinenberg 2002; Starr 1982). A continuing theme in the history of public health in America has been the struggle between “the needs of the community versus the rights of individuals,” and the cultural balancing point has moved decisively toward the individual side of the scale in the late twentieth century (Garrett 2000: 302). In fact, the model of *public* health—the collective health of populations and their environment—espoused by early public health practitioners has long contended with competing theories that focus on personal behavior or “lifestyle” (Tesh 1988). In the past few decades in particular, the traditional approach has “subtly yielded to a far more individualistic model in which each person [is] considered responsible for his or her own health status” (Garrett 2000: 391).

As Stone (1997: 205) observes, “In the world of policy, there is always a choice about which causal factors . . . to address, and different choices locate the responsibility and burden of reform differently.” It is not uncommon in American culture to readily blame individuals—the most proximate cause—for their own health afflictions. Lung cancer, alcoholism, AIDS, gun-related injuries and deaths, even the disease caused by hookworm—all have been blamed primarily on individual behavior, even though there are other plausible targets of blame as well. Reflecting the values of individualism and limited government that define American political culture (Bellah et al. 1996; Kingdon 1999; Lipset 1991), the default starting place for the social construction of most health problems in the United States thus lies close to the “individualized” pole, and it can be difficult for public understanding of health problems to move toward the systemic pole. Cultural resistance reinforces the political resistance of powerful entities that could be targeted for blame and made to bear some burden in the solution. The passage of government regulation designed to proactively shape the health environment therefore typically involves a serious battle for political and popular support. How, then, does the policy-making environment become more conducive to blaming something beyond the individual?

Reframing Health Risks and Responsibilities

Research suggests that public opinion and the policy-making environment can shift when health risks are reframed in particular ways. Reframing is certainly not the only key to policy change, which also requires assembling a supportive political coalition and taking advantage of opportunities in the political environment. But reframing health risks and responsibilities is crucial to changing the opinion environment in which policy change will be considered.

Research by Constance Nathanson (1999, 446) identifies three key dimensions of how public health risks are framed that influence public policy responses: whether the health risk is portrayed as “acquired deliberately or involuntarily (and the victim correspondingly as culpable or innocent)”; whether it is portrayed as “universal (putting us all at risk) or as particular (only putting *them* at risk)”; and whether it is portrayed as “arising from within the individual or from the environment.” A fourth reframing dimension emerges in Nathanson’s research, along with Stone’s work on other public policy debates (1997, chap. 8): Once a health risk is accepted as “real,” whether that danger was knowingly or intentionally created by others is often crucial to assigning blame. The more an issue is framed in terms of involuntary risk, universal risk, environmental risk, and knowingly created risk, the more likely the opinion environment is to be conducive to *public policy solutions that burden powerful groups*.

Perhaps the clearest example of these framing dynamics can be found in the antitobacco movement, which has culminated after decades of struggle in significant regulation of the tobacco industry, an assertive governmental information campaign about the dangers of smoking, and a decline in the numbers of Americans who smoke (though smoking still remains a leading cause of death in the United States). The antitobacco movement won these regulatory battles, Nathanson (1999) argues, once the idea gained hold that health dangers of tobacco do not merely stem from the voluntary choices of individuals to smoke. Most important, she contends, antitobacco activists drew upon new scientific evidence to call attention to the health risks of secondhand smoke. This discovery powerfully reframed public discourse by turning the libertarian defense of smoking—that smoking was something harmful only to those who willingly assumed the risk—on its head, thus turning nonsmokers into “innocent victims” of tobacco. Now the risks of smoking were acquired *involuntarily* by nonsmokers; potentially extended to *everyone* rather than just to smokers; and arose from a smoke-filled *environment*, not just from private, individual choice.

A second key discovery, that smoking was powerfully addictive, allowed a further reframing of public debate. Now smokers themselves were not entirely responsible for their own behavior, and the role of the industry in aggressively marketing addictive products came under scrutiny. Health advocates also emphasized the health risks to children, who are more easily seen as innocent

victims of an environment created by adults. Finally, health advocates seized upon evidence from internal documents that tobacco companies had knowingly created an addictive product and marketed it to children and others, and that discovery, according to some observers, decisively turned the tide (Daynard et al. 2002; Zernike 2004).

Thus, Nathanson (1999, 421) contends, “the success of health-related social movements” is associated with, among other factors, “the articulation of a socially (as well as scientifically) credible threat to the public’s health.” This research suggests that health advocates who want to bring about changes in public policy to address America’s obesity epidemic must successfully reframe obesity as a systemic problem: a risk that individuals do not assume fully voluntarily, a risk arising from the environment itself and threatening to everyone, and, perhaps, as a risk knowingly created by others.

The purpose of this study is to assess the degree to which public discourse has framed obesity in terms that are conducive to a concerted public policy response. This analysis describes the competing ways in which obesity has been framed and maps the evolution of the obesity issue in the news since 1985—a useful starting point because that was the year a National Institutes of Health panel determined for the first time that obesity is a major threat to public health (Brody 1985b).

Method

The competing frames described below were identified through extensive reading of news articles, scholarly articles, books, and Web sites, as well as personal interviews with health experts and advocates. The relative prominence of these frames in the news was measured in three ways, beginning with a content analysis of all *New York Times* page-one stories (from all sections of the paper) mentioning obesity and all editorials mentioning obesity in selected years. While the *Times* might be a poor indicator of how an issue is understood by the general, less attentive public, it is an excellent source for tracking how an issue is framed by and for elites. Choosing page-one items allowed some economy of analysis while also ensuring that the most newsworthy aspects of the obesity issue were included; analyzing editorial page items offered an especially revealing window on issue framing since the purpose of the editorial page is essentially to air competing frames of public problems. The year 1985, in which a National Institutes of Health panel determined for the first time that obesity is a major threat to public health (Brody 1985), offers a useful starting point. Then, 1990 offers a convenient midway point between 1985 and 1996, when the National Center for Health Statistics reported for the first time that overweight people outnumbered other Americans and when *New York Times* articles focusing on obesity increased for the first time by 50 percent over the previous year. The

years 2000 and 2002 represent important before-and-after comparison points bracketing the year 2001, during which the first lawsuits blaming the fast food industry for the obesity problem were filed and the *Times* first reported on the efforts of health advocates to limit the presence of “junk foods” in public schools. Finally, data from 2003 give us a picture of how recent discourse about obesity has developed.

Each of the *New York Times* items gathered from these years ($n = 136$) was coded for its topical focus and for specific claims made about the causes of and solutions for obesity, and each article was designated as either including or not including a recognizable biological, behavioral, or environmental frame. A subsample of articles was coded by a second coder not familiar with the arguments made here. Out of 72 possible points of agreement, the coders’ initial raw agreement was 87 percent, but none of the remainder proved to be actual disagreements but simply phrases one coder missed, and the errors were not skewed toward one coder or the other. These “disagreements” were easily resolved through brief discussion to arrive at the data reported in this article.

These detailed data were supplemented by data gathered from television prime time news coverage of obesity. In contrast to the *New York Times*, the network evening news programs reach a much wider and generally less attentive audience and are thus a better measure of how the obesity issue has been formulated in popular discourse. All abstracts of prime-time evening news stories mentioning obesity in the same selected years ($n = 89$) were collected from the Vanderbilt Television News Archives. Because the Vanderbilt abstracts include only brief descriptions of the content of each story along with a brief synopsis of what was said by each source that appeared on camera, the TV data most likely do not capture every claim about obesity that was made on the evening news. Therefore, the topical focus of each story was coded rather than coding specific claims about obesity.

Finally, the prevalence of the competing frames in a wider selection of news sources was assessed by performing key word searches of the Nexis database for ten major newspapers across the country. These national newspaper data help to establish the generalizability of the findings derived from the *New York Times* and evening network news.

Competing Obesity Frames

Obesity is often framed, especially by the medical and pharmaceutical industries, as a *biological* disorder that can be understood—and potentially cured—by science. This “medicalized” understanding of obesity emphasizes impersonal causes that may only be rendered controllable through further scientific discovery. As one obesity researcher recently told a *New York Times* reporter, “I think we

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ould do what we do for high blood pressure and high cholesterol. . . . We give them [overweight people] a tablet. It's not their fault. They're designed to get fat" (Grady 2002). By locating causality at the molecular level, this frame avoids the more politicized discussion of "environmental" causes, discussed below.

The most conventional way of understanding obesity is, in contrast, as a problem of *individual behavior*.³ This frame makes basic scientific sense since for many people,

excess weight gain may, at its simplest reckoning, be the result of eating more food than one burns off, and therefore the means to controlling body weight will always be a variation on decreasing caloric intake while increasing physical activity. (Angier 2000: F1)

Doctors and other health advocates continually urge individuals to make better choices, as does the Bush administration, which has made obesity one of its leading health focal points. The tag line on the White House's "Fitness" Web site, which features a photo of the president leading the pack in a three-mile run, urges individuals to take responsibility for their own health: "Make Healthy Choices. Be Physically Active Each Day. Eat a Nutritious Diet. Get Preventive Screenings."

As these examples suggest, the behavioral frame points to individualized solutions rather than to changes in the health environment, thus limiting the political ramifications of the obesity problem. If the problem is caused by and can be solved by individual choices, there is little for government to do except perhaps to ensure that people have better information about the products they consume. Indeed, encouraging "better information" is a threshold political response to emerging public health problems, a response that may burden industries and require some tax dollars but fundamentally leaves the solution in the hands of citizens-as-consumers. Informational solutions, in other words, are found closer to the individualistic end of the frame continuum.

The *environmental* frame puts individual choice in a larger context of environmental influences and policy choices. Many (though not all) public health experts and advocates frame obesity as a symptom of an unhealthy food and activity environment created (either inadvertently or intentionally) by corporate and public policy. For example, one public health advocacy organization seeks to reframe public discourse by "shifting the debate on nutrition and physical activity away from a primary focus on personal responsibility and individual choice to one that examines corporate and government practices and the role of the environment in shaping eating and activity behaviors" (Prevention Institute 2003). This frame is echoed in a 2001 report by former Surgeon General David Satcher, which argued,

People tend to think of overweight and obesity as strictly a personal matter, but. . . . When there are no safe places for children to play, or for adults to walk, jog, or ride a bike, that's a community responsibility. When school lunchrooms or workplace cafeterias don't offer healthy and appealing food choices, that is a community responsibility. . . . And when we don't require daily physical education in our schools, that is also a community responsibility. (U.S. Department of Health and Human Services 2003)

Often-quoted experts such as Dr. Marion Nestle, author of *Food Politics* (2002), and Dr. Kelly Brownell and Katherine Battle Horgen, authors of *Food Fight* (2003), also frame obesity as the result of public policy choices. Brownell presents perhaps the hardest-hitting version of the environmental frame, directly challenging both the biological and behavioral frames by claiming that the United States suffers from a "toxic food environment":

Adopting a public health model to ask why a nation is obese leads squarely to the environment as a cause. . . . [E]xcitement about genetics threatens to obscure the obvious: that genetic susceptibility, no matter how strong, will rarely create obesity in the absence of a bad environment. (Brownell 2002)

More controversially, Brownell explicitly rejects solutions that rest on personal responsibility:

Sometimes personal responsibility doesn't get the job done. Tobacco's a perfect example. We could implore parents to ask their kids not to smoke. We could ask adults themselves not to smoke, and we do those things. But it's not enough. And so we forbid smoking in public places. We put high taxes on cigarettes. We do a number of things to try to step in and do something for the overall public health, and I think we're to that place with food now as well. (National Public Radio 2003)

One particular variant of this environmental frame offers a simplified version of the "toxic environment" story: that the fast food industry's marketing practices are responsible in part for the obesity epidemic. (As with the term "obesity," the term "fast food" is used in imprecise ways, and so while these claims are often targeted at hamburger chains and the like, they also aim at other producers of highly processed convenience foods.) This frame contends that the industry has flooded highways, shopping malls, and school cafeterias with unhealthy "fast" foods while flooding the media marketplace with endless enticing ads, promotions, product placements, and other forms of "stealth advertising" (e.g., Center for Science in the Public Interest 2003). This frame has been made famous—or infamous—by lawsuits filed against McDonald's by two obese teenage girls and an obese man claiming that despite its hefty advertising budget, McDonald's did not adequately inform customers of the negative health effects of its products.

The rise of the fast food frame, a narrow variant of the environmental frame, has kicked off a vigorous frame contest with a narrow variant of the behavioral frame. The food industry's response to the increasing threat of lawsuits and other potential threats to future profits has been to take a hard personal responsibility line. The frame promoted by food industry groups such as the Center for Consumer Freedom is clear from that group's logo, which reads, "Promoting Personal Responsibility and Protecting Consumer Choice" (2003). Likewise, seeking dismissal of the suit against McDonald's, that company's lawyers argued, "Every responsible person understands what is in products such as hamburgers and fries, as well as the consequences to one's waistline, and potentially to one's health, of excessively eating those foods over a prolonged period of time" (Santora 2002: B1). A similar argument was recently made before a Senate subcommittee considering a bill that would protect the food industry from legal claims related to obesity or weight gain.⁴ Said Dr. Gerard J. Musante, CEO and founder of a residential weight-loss facility,

I am testifying before you today because I am concerned about the direction in which today's obesity discourse is headed. We cannot continue to blame any one industry or any one restaurant for the nation's obesity epidemic. Instead, we must work together as a nation to address this complex issue, and the first step is to put the responsibility back into the hands of individuals. (U.S. Senate 2003)

The Prevalence of Competing Obesity Frames in the News

Before examining how these competing frames have fared in the news, it is useful to note that the growth in real-world obesity has been mirrored, though with some delay, in the growth of news coverage of obesity. Figure 1 shows the number of stories featuring obesity on the evening network news and in the *New York Times* beginning in 1985 and, for nine other national newspapers, from 1992 through 2003.⁵ It illustrates graphically the roughly fivefold increase in media attention to the issue since 1992.

Table 1 shows the relative prevalence of these competing obesity frames in the *New York Times* from 1985 to 2003, measured as the number of news items each year containing biological, behavioral, or environmental claims regarding obesity. It may be useful to note that not every article mentioning obesity contained one of these frames, and many contained more than one, so that the number of frames reported in Table 1 does not equal the number of news articles ($n = 136$) examined. Nor do the numbers reported in Table 1 necessarily reflect the strength of each frame within individual articles but simply show how often each frame was somehow articulated across all the stories coded. The data show that in the pages of the *New York Times*, claims about obesity as an environmental

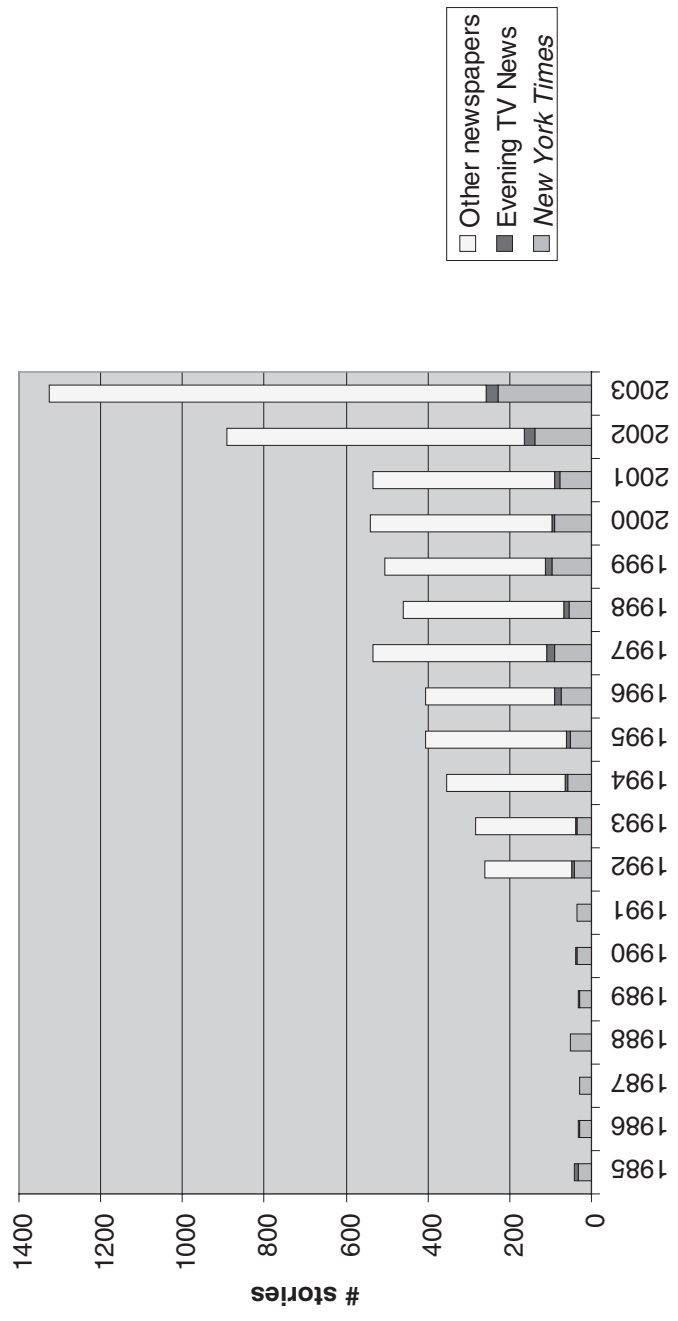


Figure 1
News Coverage of Obesity, Selected Media, 1985–2003

Table 1

Competing frames in page-one news items and editorial desk items about obesity, *New York Times*, selected years

Frame	1985 (<i>n</i> = 10)	1990 (<i>n</i> = 9)	1996 (<i>n</i> = 10)	2000 (<i>n</i> = 15)	2002 (<i>n</i> = 44)	2003 (<i>n</i> = 55)
Biological	1	2	2	5	6	2
Behavioral	3	5	4	9	19	27
Systemic	1	2	1	10	23	25
Total codable frames	5	9	7	24	47	54

Note: The *n* given in the column heads is the number of page-one and editorial page news items pertaining to obesity in each year.

problem have increased since the 1990s, but so has the behavioral frame. By this measure, these two competing frames are rather closely matched in the news.

Measuring claims about obesity in a more fine-grained way shows more vividly the increasing prevalence of the environmental frame. Table 2 shows the number of specific kinds of causal claims made about obesity in the *New York Times* across the same sample of years. By this measure, the variety and complexity of claims made about obesity has expanded, and by 2002, systemic causes of obesity were invoked twice as often as behavioral causes. An example of the expanded discourse around obesity is found in a 2003 op-ed piece in the *Times* that argued eloquently for “defining the commercialization of schools”—including but not limited to selling “junk food” to raise revenues—“as a public health issue” (Quart 2003: A19). Similarly, in 2003, the *Times* quoted Dr. Walter Willett of Harvard University, a longtime news source on obesity, linking the childhood obesity epidemic to the marketing of junk foods and to other scourges of public health in America: “We don’t sell children guns, alcohol or drugs, but we do allow them to be exploited by food companies” (Barboza 2003: 1). Interestingly, Table 2 also suggests that the behavioral frame has recently made a strong comeback, with general claims of personal responsibility for one’s own (or one’s children’s) health-related choices increasing substantially in 2003.

As obesity has become a more prominent news story, moreover, the alleged environmental causes of the problem have themselves become the focus of reporting rather than merely being mentioned somewhere in the article. In 1985, out of ten articles featuring the word “obesity,” only two *focused* on any of the topics suggested in Table 2. These were two articles about a behavioral cause, so-called “yo-yo dieting” (dieting followed by weight gain, followed again by dieting). And except for three articles whose theme was discrimination against the overweight, most articles in 1985 did not really focus on obesity at all but on related health topics or various social trends. In contrast, by 2000, the news was focused more closely on competing claims about obesity. Half of the articles (seven of fifteen) focused on one of the themes in Table 2, although most of these

Table 2Specific causal claims within editorial desk items and page-one news items, *New York Times*, selected years

	1985	1990	1996	2000	2002	2003
Biological causal claims (total)	1	2	2	8	5	4
Genetic or physiological predisposition		1		6	5	1
Biological disorder or condition	1	1	2	2		3
Behavioral causal claims (total)	4	10	6	16	23	36
Consuming too many calories	1	2	0	4	1	4
Consuming the “wrong” foods (e.g., too much dietary fat)		3	1	2	6	2
Poor nutritional habits		1			3	5
“Yo-yo” dieting	2	1				
Gluttony/lack of self-control				1	4	3
Lack of exercise	1	2	3	6	7	6
Too much time spent watching TV or at computer		1	1	3	1	1
General personal responsibility (e.g., parental responsibility, consumer choice)			1		1	15
Systemic causal claims (total)	1	2	1	23	40	42
Inadequate or inaccurate information about food/nutrition			1	2	4	3
Increased portion sizes in restaurants and packaged foods				2	4	4
Abundance of inexpensive unhealthy foods				6	7	5
Processing, packaging, and marketing of “fast”/“junk” foods, including in schools	1			2	11	12
Lack of treatment programs					1	
Lack of recognition of obesity by insurance companies inhibits treatment				1	1	1
Structural impediments to exercise (e.g., elimination of physical education and recess in schools, design of suburbs)				3	6	9
Cultural/subcultural norms regarding body weight/food				2		1
Poverty/socioeconomic class (either on its own or because it causes or aggravates other causes listed above)	0	2	0	4	6	3
Other	6	14	9	47	68	82
Total codable claims						

(five out of seven) focused on individualized or biological factors, such as consuming too many calories or not exercising enough. A dramatic change is evident by 2002, when more articles (twenty-six of forty-four) focused on the themes in Table 2 than focused on other topics. And mirroring the findings in Table 2, the processing, packaging, and marketing of fast foods and/or junk foods was the most frequent single topical focus (six items).

A final indicator of the evolution of public discourse is the shifting position of the behavioral frame from default to defense to offense. In 1996, to the degree that the causes of obesity were discussed at all, the behavioral frame was the default explanation. By 2002, the behavioral frame was often on the defensive, invoked in *response* to environmental claims. In fact, in five of the nine articles invoking the behavioral frame that year, it was specifically invoked as a counter-argument against claims of environmental causation. By 2003, however, it was making a strong comeback, with many news articles, op-ed pieces, and especially letters to the editor articulating general claims about the need for individuals to take responsibility for their own health-related choices. As one letter writer opined,

Proper exercise will more than counteract the occasional super-sized binge at McDonald's. The message to Americans who have a weight problem they believe is due to fast-food consumption should not be "Get thee to a courtroom" but rather "Get thee to a gym." (Smith 2003: A26)

Examining the themes of television news stories suggests patterns very similar to those found in the *Times*. Out of thirty stories aired in 1985, 1990, or 1996 that focused on obesity, none focused on any environmental factors. In 2000, a single story focused on an alleged environmental cause of obesity—a story on the decline of physical education classes across the country. But by 2002, ten stories out of a total of twenty-four focused on environmental themes found in Table 2. And again, fast food was the main focus, featured in five of those ten stories. By 2003, TV news about obesity became a battleground between the "fast food" systemic claim and the personal responsibility frame, with twelve out of thirty stories focusing specifically on the efforts to hold the food industry legally accountable for marketing unhealthy foods. The following descriptions of TV news stories were typical of the abstracts from 2003: "The question of whether individuals or food companies are responsible for American's obesity epidemic explored; details given about health advocates' call for restrictions on junk food and fast food" (NBC Evening News, June 25, 2003); "The fast food industry's move to fight back against litigations claiming fast food is making people fat detailed" (CBS Evening News, July 2, 2003); "The trend of law and lawsuits shifting personal responsibility away from the use of common sense examined" (ABC Evening News, June 27, 2003).

The generalizability of the key findings from the *New York Times* and television news data are verified by a simple search of obesity coverage in a sample of national newspapers. Figure 2 illustrates the growing prevalence of environmental claims about obesity in ten newspapers since 1992 (the first year for which complete data from all ten papers are available). The number of news stories in which the terms “fast food,” “junk food,” or “environment” have appeared in conjunction with “obesity” has increased each year since 1992. The increasing frequency of these terms does not simply reflect the increasing media attention to obesity, for such words appear in a higher *percentage* of articles than ever before. Mentions of “environment” increased from 1 to 9 percent of articles since 1992; mentions of “junk food” increased from 3 to 10 percent; and mentions of “fast food” grew most dramatically, from 3 percent of articles in 1992 to 19 percent in 2003. These findings echo the *New York Times* data. Recall from Table 2 that in 2000, the year before the first lawsuit against McDonald’s was filed and the year before the *Times* first reported on school-based activism against junk foods, the marketing of fast food and junk food was invoked only once in the *New York Times* to explain the epidemic of obesity. By 2002, it was invoked more than any other single cause.

Discussion

The data presented here strongly suggest that obesity has been reframed in the past two decades. At least as measured in news discourse, popular understanding of the causes of obesity has moved from the individualized and medical realms of biology and personal behavior toward the realm of environmental causation. But these data also suggest that the battle is far from over. As claims about an unhealthy food and activity environment have increased, the role of personal responsibility for one’s health has been strongly articulated in response.

Is public discourse about obesity being reframed along the lines that will create a favorable environment for policy change? As outlined above, enacting stronger governmental action on obesity requires reframing it as a health risk to everyone and not just some groups, as risk that arises from the environment and not from within individuals, as a risk that is incurred involuntarily, and (perhaps) as a risk that has been knowingly created by others. The data reported here suggest that in news coverage of obesity, one of these frame dimensions (environmental risk) has moved significantly toward the systemic pole, while two frame dimensions (involuntary and knowingly created risk) have not, and the movement of the fourth dimension (risk to everyone) is uncertain.

News coverage of obesity has become more prominently systemic in that claims about the food and activity *environment* are more common today than even two years ago. Moreover, these claims do not merely appear in the margins of the news but have become regular themes of news stories. Aided no doubt by books such as Nestle’s *Food Politics* (2002), Brownell and Horgen’s *Food Fight* (2003),

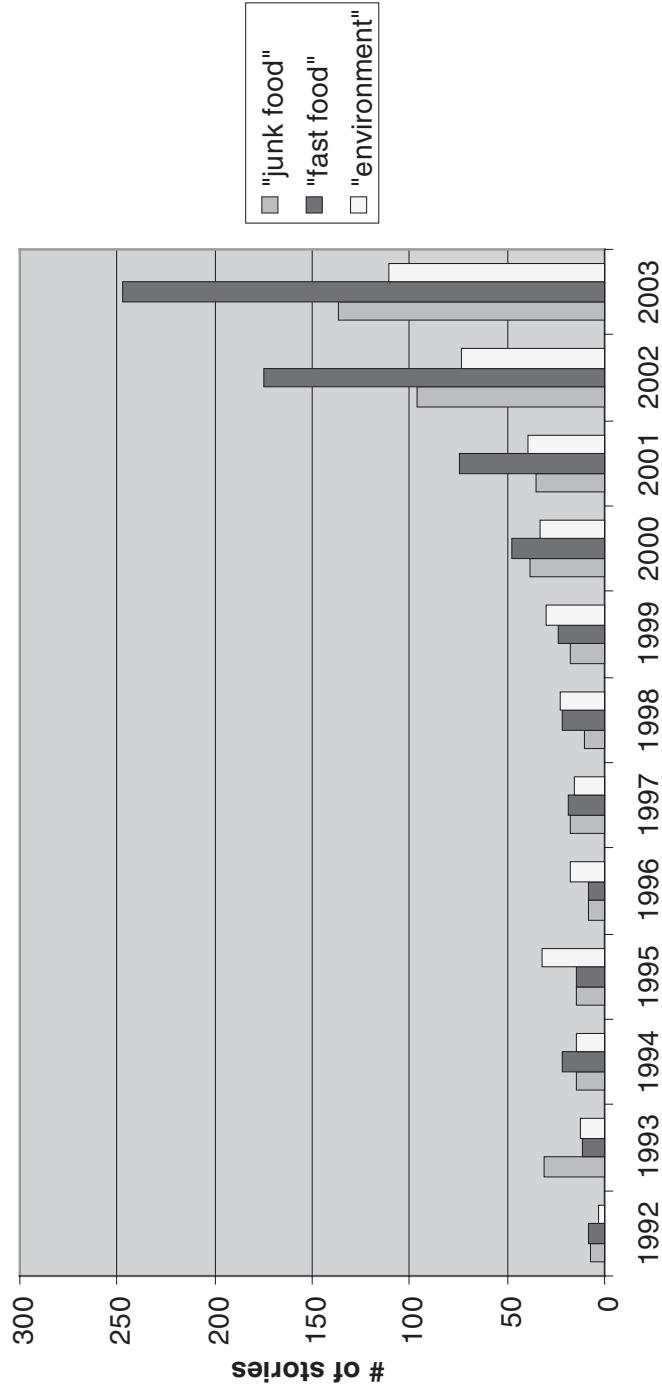


Figure 2
Selected Systemic Claims in National Newspaper Coverage of Obesity, 1992–2003

and also Eric Schlosser's *Fast Food Nation* (2002), public discourse has increasingly focused on the social environment, along with personal behavior, to interpret the obesity epidemic. Perhaps this turn to the environment is likely when official estimates of the rate of obesity have increased so dramatically in just over a decade. As columnist Verlyn Klinkenborg (2003: A22) recently wrote in the *New York Times*, "Obesity is no longer a personal problem in this country; it's an epidemiological problem."

On the other hand, while there is more talk than ever about an unhealthy environment contributing to obesity, there is less acceptance of the idea that that risk has been *incurred involuntarily* by overweight adults. To absolve individuals of all responsibility for their weight would defy cultural norms and common sense. But even relieving them of some responsibility appears difficult. In the news, this becomes particularly clear whenever the fast food frame is invoked. The McDonald's lawsuits, for example, are virtually never mentioned without a corresponding counterframe of personal responsibility. For example, one *New York Times* column observed of the McDonald's lawsuit,

What's next, a lawsuit against Anheuser-Busch for failing to warn that drinking a six-pack of Budweiser a day is likely to lead to a beer gut? . . . Where were [the claimant's] parents? Didn't they notice as she reached, oh, 220 pounds that something might be amiss? (Haberman 2002: B1)

Even an op-ed piece that argued in favor of blaming obesity on fast food began with an homage to the behavioral frame:

If ever there were a newspaper headline custom-made for Jay Leno's monologue, this was it. Kids taking on McDonald's . . . suing the company for making them fat. Isn't that like middle-aged men suing Porsche for making them get speeding tickets? Whatever happened to personal responsibility? (Zinczenko 2002: A19)

Moreover, legal suits against the food industry evoke widely shared negative stereotypes of "frivolous lawsuits" filed by whiny plaintiffs and greedy lawyers (Haltom and McCann 2004)—captured nicely in the newly coined phrase, "McScapegoat." These stereotypes have been deftly deployed by the Center for Consumer Freedom (2003) in television ads that portray a smarmy lawyer ambushing potential clients with pitches like, "How about a mega-sized lawsuit to go with those fries?"

Another frame dimension—framing the obesity risk as something that has been *knowingly created by others*—also does not appear to have moved far toward the systemic pole. In large part, this is because the legal strategies that may prove corporate culpability have not progressed very far. In the courts of law and of public opinion, claims of corporate responsibility succeeded against cigarette makers once "the overwhelming evidence of the industry's misconduct emerged

from their own documents,” and so a key strategy of lawyers and public health advocates involved in litigation against the food industry is to smoke out damning documents through the process of legal discovery (Daynard et al. 2002). If documents emerge suggesting that, similar to the tobacco companies, the food industry has knowingly deceived the public about the health effects of its products, a key corner in the public framing of obesity may be turned (Zernicke 2004), but this has not happened as of yet.

The data reported here do not allow a full assessment of whether public discourse has embraced the notion that obesity threatens everyone, not just a particular few—that it is a problem of “us” and not “them.” But some evidence suggests that this may be occurring. While social stigmatization of overweight people undoubtedly continues, news coverage has grown as the epidemic has grown, and more to the point, the news has increasingly reported that obesity has reached epidemic proportions and that overweight people are now in the majority.⁶ And the reality of the *childhood* obesity epidemic has also received increasing attention. These developments may have moved discourse in the systemic direction, particularly because children are more easily considered to be innocent victims of an environment created by adults (Schneider and Ingram 1993).

Yet unlike smoking, obesity has no obvious secondhand effects that immediately affect the health of others, and so the crucial reframing strategy that made tobacco a threat even to nonsmokers has not been available to antiobesity activists. The closest corollary may be the increases in national health care costs associated with treating obesity and related health problems, an issue that recently gained front-page attention. Some advocates have been pressing the argument that the food industry is responsible not just for the obesity epidemic but also for national health care costs that are spiraling out of control. As a provocative *New York Times* op-ed headlined “Don’t Blame the Eater” argued,

As with the tobacco industry, it may be only a matter of time before state governments begin to see a direct line between the \$1 billion that McDonald’s and Burger King spend each year on advertising and their own swelling health care costs. (Zinczenko 2002: A19)

Yet while obesity-related conditions are a significant factor in America’s health care costs, this impact of obesity on nonobese others may be perceived as indirect compared to the effects of secondhand smoke on nonsmokers.

It is difficult to know if the struggle for greater government action on obesity—especially action that moves beyond “informational” campaigns—will be contained by the food industry and its powerful allies in government or become a prolonged and far-reaching battle. But the genie of expanded public discourse seems unlikely to be squeezed back into the bottle of inattention and personal behavior frames. This frame contest will take place in tandem with—and shape—the next phase of debate about the obesity epidemic.

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Notes

1. From a medical standpoint, “overweight” is defined as having a body mass index (BMI) of greater than 25, and “obesity” begins at a BMI of greater than 30. These thresholds were lowered in 1998, raising official estimates of the prevalence of overweight in the United States; critics charge that the lowered thresholds “stigmatize too many people as overweight” (e.g., Strawbridge et al. 2000). Beyond these questions, “obesity” is often used in public discourse to refer both to overweight and obesity. These terms are used interchangeably in this article except where technical precision is called for.
2. While scholars have used different terminology, these general dimensions of issue framing are evident in the work of Bennett (1991); Edelman (1988); Entman (1993); Iyengar (1991); and Schattschneider (1960).
3. The question of whether obesity actually stems from individual choice turns out to be surprisingly thorny. The scientific research mentioned above suggests that even people who lack any special genetic predisposition to obesity may be biologically wired to eat in ways that spell trouble in today’s food-rich, sedentary world. As one recent news report put it, “To attribute dieting success or failure to willpower, researchers say, is to ignore the complex interaction of brain chemicals, behavioral conditioning, hormones, heredity and the powerful influence of habits. Telling an overweight person to use willpower is, in many ways, like telling a clinically depressed person to ‘snap out of it’ ” (Fritsch 1999: F1). Recent scientific research also suggests the role that environment plays in influencing weight gain since, for example, when presented with larger portions (even of less tasty food) people will tend to eat more than when presented with smaller portions (Grady 2002). The intuitively appealing notion that weight gain is a matter of individual responsibility is thus being challenged from both the molecular and the environmental levels.
4. In March 2004, the House of Representatives approved the bill, known as the Personal Responsibility in Food Consumption Act.
5. Newspaper data were derived from the LexisNexis Academic Universe database using a search that identified all stories in which “obesity” appeared in the headline, lead paragraph, or index terms (i.e., stories that LexisNexis archivists determined were “about” obesity). “Other papers” are the *Boston Globe*, Cleveland’s *Plain Dealer*, *Houston Chronicle*, *San Francisco Chronicle*, *Seattle Times*, *St. Louis Post-Dispatch*, *St. Petersburg Times*, *USA Today*, and the *Washington Post*. These papers are among those for which Nexis has the most extensive and complete archives. The year 1992 represents the first for which Nexis has complete archives of all these newspapers’ coverage. Television data were derived from the Vanderbilt Television News Archive (<http://tvnews.vanderbilt.edu/>) and represent all stories on the three evening network news programs that were retrieved with the search term “obesity.”
6. It bears noting that in one important sense, obesity is a problem of “them,” because this health problem, like many others, tends to disproportionately affect the poor, especially poor women. The Office of the Surgeon General (2003) reports, “For all racial and ethnic groups combined, women of lower socioeconomic status (income < 130 percent of poverty threshold) are approximately 50% more likely to be obese than those of higher socioeconomic status.” Class is not

absent from the news on obesity (see, for example, Epstein 2003), but the news often blurs the lines connecting class and obesity.

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Biographical Note

Regina G. Lawrence is an associate professor of political science in the Hatfield School of Government at Portland State University, where she teaches courses in media and politics, public opinion, and public law. She holds a Ph.D. in political science from the University of Washington and specializes in research analyzing media coverage of public policy issues. Dr. Lawrence is the author of *The Politics of Force: Media and the Construction of Police Brutality* (2000) and has published articles analyzing media coverage of public health problems, welfare reform, and the recent spate of shootings in public schools. She recently returned from a research fellowship at the Shorenstein Center.

Address: Portland State University, P.O. Box 751-PS, Portland, OR 97207-0751; phone: (503) 725-3056; e-mail: lawrencer@pdx.edu.