



Overcoming Obesity: Can Big Food Help?

It is possible to improve public health and keep big food profitable.

Everyone with an interest in health—or just with open eyes—knows that obesity has reached epidemic levels, and not just in the rich world. **More than** 50 percent of men in Tonga and 50 percent of women in Kuwait, Kiribati, Micronesia, Libya, Qatar, Tonga and Samoa are obese (compared with 34 percent of women in the United States).

Now the business world is starting to pay attention. A McKinsey report published just last week, **Overcoming obesity: An initial economic analysis**, estimates the economic impact of obesity at US\$2 trillion annually, or 2.8 percent of global GDP. Reacting to this publication, **the Financial Times explained** that this is almost equal to the global cost of war and terrorism. The Economist has also been diligently documenting the **massive impact of obesity** on everything from earnings to marriages.

The McKinsey report summarised what we know about the effectiveness of 44 interventions aimed at reducing obesity. Unsurprisingly, the report recommended a multi-pronged approach requiring engagement from governments, educators, healthcare providers, individuals, but also the food industry. The problem is that these solutions focus on taxation, restriction, warning, and, more generally, promoting long-term health over the short-term pleasure of eating on which the food industry is currently built. No wonder then that these

measures are bitterly opposed by the food industry in areas ranging from **labelling laws** to **what food can be served in school lunches**.

Can “big food” actually help fight obesity?

I can already imagine my friends and colleagues in health science rolling their eyes at this question. Not only do they see food marketing as one of the major contributors of the obesity crisis (and they are right, as I have made myself clear in a recent **review paper**). They have concluded that big food cannot possibly play “**any constructive role**” in this crisis and that they are just as bad, or perhaps even **worse than “big tobacco.”**

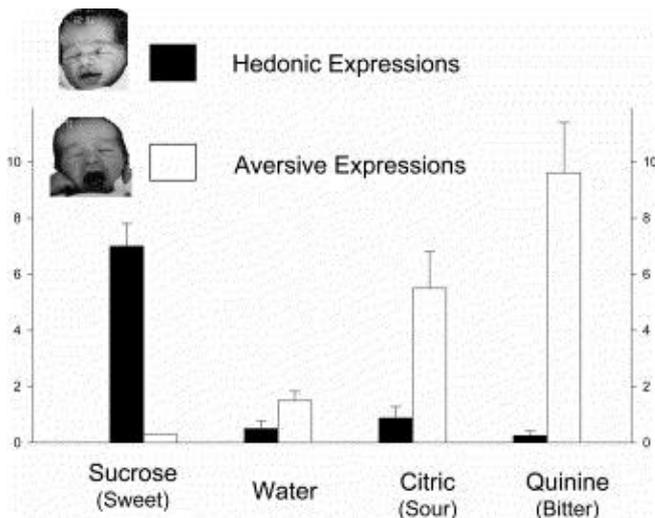
The research I have conducted at INSEAD over the last 10 years shows that it is possible to improve public health while preserving the economic health of a vital sector of our industry. But before we get to the solution, we need to understand why companies cannot simply choose to sell healthier foods or reformulate them to be healthier.

Let them sell broccoli

I know that some parents have been able to train their kids to love salad and spurn chocolate, but they are the exception. Neonatal facial expressions in infant humans, apes, monkeys and lemurs show happiness after tasting sugar but express disgust

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after tasting bitter tastes.



Source: [Steiner et al. 2001](#)

Still unconvinced? Watch this hilarious television commercial for Crest toothpaste showing, in hidden camera, how kids react to vegetable-based healthy Halloween candies.

And it's not just children. In this [video](#), George H.W. Bush, explains that he does not like broccoli, that his mother made him eat it, but as President of the United States he'd decided not to eat it anymore. That's why Mondelez [launched Broccolu](#), its newest healthy snack, on April 1st (a joke, of course).



Health halos and the limits of food reformulation

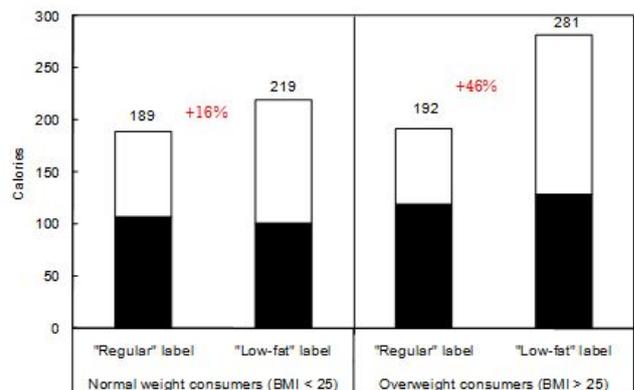
Because big food can't just switch to selling broccoli, they have invested a lot of effort and science to improve the nutritional quality of the food that people enjoy by removing salt, sugar and fat. This is all good until consumers find out. When people think that food has been "improved" to be healthier

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(i.e., "processed"), they react in two ways that are both negative from a business and healthy eating standpoint.

The first response, most common among men, is to reject the "Frankenfood" because they **cannot believe that food can be both healthy and tasty—which is and will remain the number one factor driving food choices**. This explains why food companies have often experimented with food reformulation for their "healthier" sub-brands (say nonfat yoghurt), while leaving their main brands untouched—and **unimproved**. Or they have stealthily improved their food without trumpeting it, and therefore without getting any credit for it.

The second response, which is particularly common among people who are dieting or overweight, is to choose the healthier food but eat more of it—a lot more. With my colleague [Brian Wansink](#), we bought M&M's® and told people that they were "low-fat" M&M's or just regular M&M's. The **results?** Consumption increased by 16 percent among people with a normal weight and by 46 percent for people who were overweight. Worse, people expected that their calorie intake had stayed the same because, as they said "if they are low-fat, they have fewer calories and you can eat more, right?" Wrong. A "low-fat" label means that the amount of fat has been reduced by at least 30 percent, but it says nothing about calories. Often, the number of calories stays the same because the fat is simply replaced with more sugar.



Source: [Wansink & Chandon 2006](#)

Nutrition claims are not the only way foods acquire this "health halo" which leads to overeating. In another [study](#) conducted at INSEAD, I showed that people underestimate the calorie content of foods that are generally considered healthy and overestimate it for the foods that are considered unhealthy (a sort of "health horn" if you like). For example, people think that a can of Minute Maid® apple juice with no sugar added contains 43 percent fewer calories than a can of Coca-Cola® when it actually has 10 percent more calories.

