

# Obesity in the United States: Public Perceptions



T. Tompson, J. Benz, J. Agiesta, K.H. Brewer, L. Bye, R. Reimer, D. Junius

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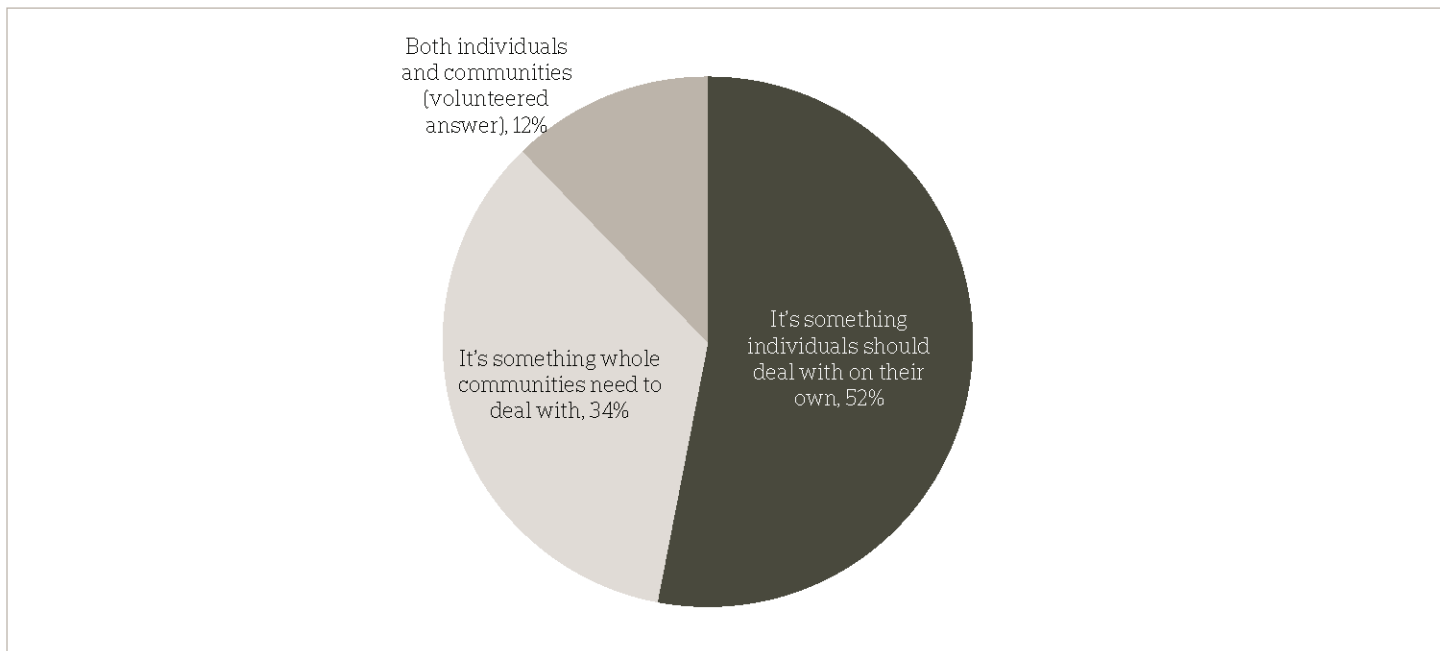
The Associated Press-NORC Center for Public Affairs Research conducted a nationally representative household survey about obesity and diabetes with 1,011 American adults. The survey assessed how the general public understands the causes and consequences of obesity, the link between obesity and a variety of chronic conditions, and the role of government in addressing the nation's obesity problems. Key findings from the survey are provided below. Additional information, including the survey's complete Topline Findings, can be found on the AP-NORC Center's website at [www.apnorc.org](http://www.apnorc.org).

## **OBESITY IS VIEWED AS A SERIOUS HEALTH PROBLEM. SOLUTIONS ARE SEEN PRIMARILY AS THE RESPONSIBILITY OF INDIVIDUALS AND FAMILIES, BUT WITH A ROLE FOR GOVERNMENT AND COMMUNITIES.**

A majority of the U.S. public, 75 percent, reports that being overweight or obese is an extremely or very serious health problem for people in this country. Together, overweight and obesity rank second only to cancer (81%), and higher than diabetes (70%), heart disease (70%), alcohol and drug abuse (62%), smoking and tobacco use (48%), HIV/AIDS (48%), and mental illness (43%) with regard to public perceptions of seriousness. Compared to women, men are less likely to view most of the previously listed health issues as serious. Heart disease and alcohol and drug abuse are exceptions to this general trend; men are as likely as women to indicate that these issues are severe. For obesity, women (81%) are more likely than men (69%) to say that overweight and obesity are serious health problems for the country. Women perceived obesity to be nearly as serious as cancer (85% say cancer is serious, 81% obesity); among men, obesity lags behind in perceived severity (77% cancer, 69% obesity).

A slight majority of the public indicates that obesity is a problem that individuals and families should contend with on their own. When asked if maintaining a healthy weight is an issue for individuals and families to deal with or something that communities should deal with, 52 percent said that it is up to individuals and families to deal with on their own, compared to 34 percent who report that it is something that the whole community, including schools, government, health care providers, and the food industry, should address. An additional 12 percent volunteered a response that it is an issue for both individuals and communities.

**Some people believe that maintaining a healthy weight is up to individuals and families to deal with on their own. Others feel it is something that the whole community, including the schools, government, health care providers, and the food industry should deal with. Which is closer to your opinion?**



When asked how much responsibility different groups share for solving the country's obesity problems, individuals and families are seen as having the most responsibility, with 88 and 87 percent of the public saying that they have a very large or large amount of the responsibility. Health care providers (57%), the food industry (53%), and schools (50%) are the only other groups where a majority of the public believes they

have a very large or large amount of responsibility for solving the problem. Health insurance companies, the U.S. government, state and local governments, and employers are viewed by less than a third of the public as having a very large or large amount of the responsibility. Employers are the only group with a majority (56%) who believe they have little or no responsibility for solving the country's obesity problems.

**How much responsibility do you think each of the following groups has for solving the country's obesity problems?**

	<b>Very large/large responsibility (%)</b>	<b>Moderate amount (%)</b>	<b>Little/no responsibility (%)</b>
Individual people	88	8	4
Parents and other family members	87	10	3
Doctors and other health care professionals	57	30	13
The food industry	53	26	21
Schools	50	32	17
Health insurance companies	33	31	35
The U.S. government	23	29	47
State and local governments	23	31	45
Employers	14	30	56

## PERCEIVED CAUSES OF OBESITY INCLUDE INDIVIDUAL AND ENVIRONMENTAL FACTORS, AND ATTRIBUTIONS VARY BY DEMOGRAPHIC FACTORS.

Perceptions about factors that are causing increases in rates of obesity include both individual factors and environmental factors that are largely outside an individual’s personal control. Individual-level factors are among several of the major reasons cited for this country’s obesity problems, including too much time in front of TV and computers (82%), that people don’t want to change (64%), and that people do not know how to control their weight (52%). Other major reasons perceived by the public are generally outside an individual’s control, including that fast food is inexpensive and easy to find (75%) and that there is too much advertising of unhealthy foods, snacks, and drinks (51%).

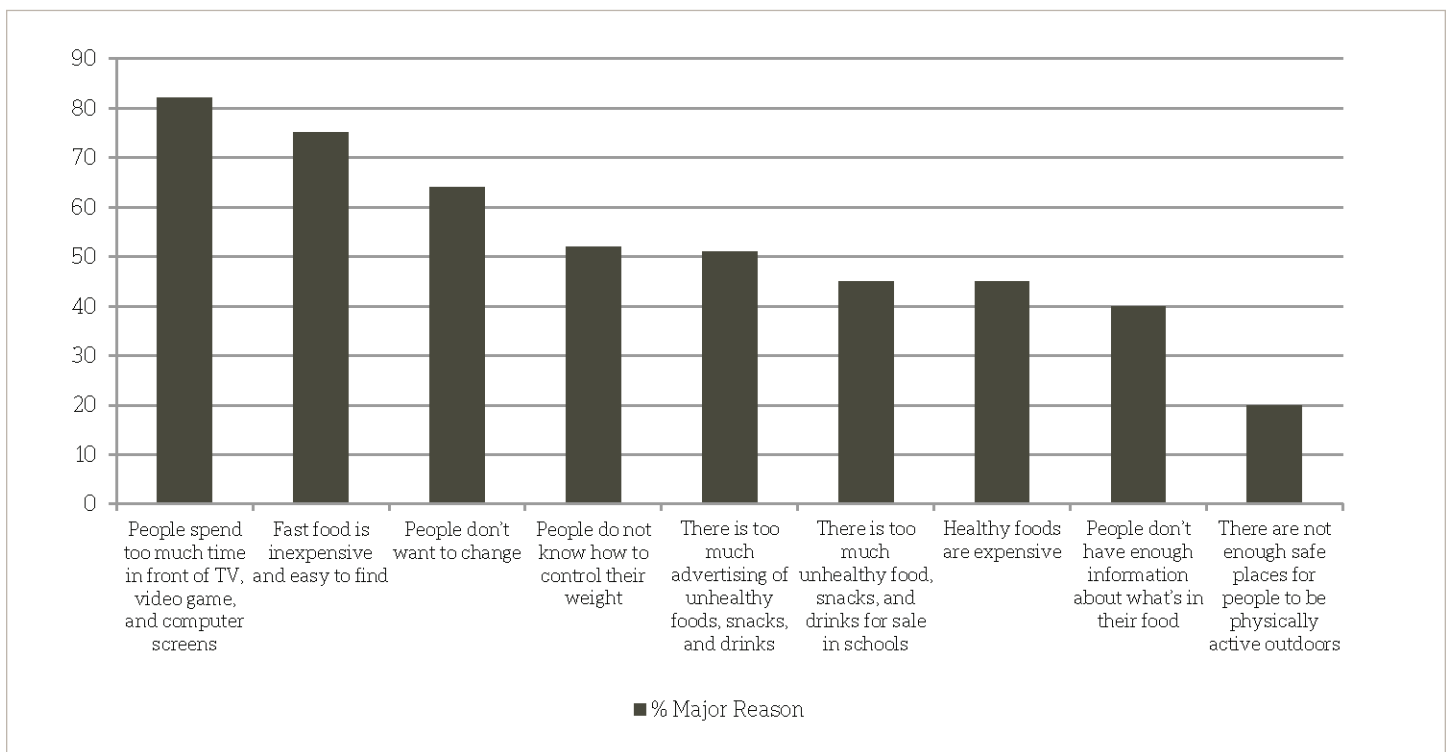
Several demographic factors are associated with opinions about the causes of obesity, including gender, age, and race. Women are more likely than men to blame cost factors, with 52 percent of women saying that the high cost of healthy foods is a major reason why so many people are overweight in the United States, compared to 37 percent of men. Women are also more apt than men to attribute obesity to inexpensive fast food; 82 percent of women say that is a major reason compared with 69 percent of men. Women are more inclined than men to blame too much screen time (89% of women, 76% of men), too many ads for unhealthy foods (57% of women, 46% of men) and a lack of information on what is in the foods they eat (45% of women, 34% of men).

Younger adults are less likely to place the blame for obesity on too much screen time. Seventy-three percent of those under age 30 say it is a major cause of obesity compared with more than 80 percent among older respondents. Additionally, respondents over age 50 are more likely than younger respondents to blame the epidemic of overweight Americans on too many advertisements for unhealthy foods. Sixty percent of those over age 50 cite such ads as a major reason for the problem, compared with 45 percent of those under age 50. Respondents over 50 are also more likely to attribute the sale of unhealthy food, snacks, and drinks in schools as a major cause of obesity. Fifty-three percent of those over 50 say unhealthy foods in schools are a major reason for the obesity problem, compared to 40 percent of those under 50.

Blacks are more likely than whites to attribute a lack of knowledge about how to control weight as a major reason for the country’s obesity problems. Sixty-three percent of blacks report that people do not know how to control their weight as a major reason for the problem, compared to 48 percent of whites.

There are no significant differences of opinion on the causes of obesity among individuals who are overweight, obese, or of a healthy weight. There are also no differences by weight status in attitudes about the seriousness of various diseases, including obesity, or in preferences for policy solutions.

**Doctors say that more people are becoming overweight and obese these days. I’m going to mention some things that might be causes of this problem. For each, please tell me if you think it is a major reason, a minor reason, or not a reason at all for this country’s obesity problem.**



When asked about the place where they live, individuals describe physical environments with some attributes that are conducive to maintaining a healthy weight and some that are barriers. Eighty-four percent of respondents say it is very or somewhat easy to get to a supermarket well stocked with fresh fruit and vegetables, but a near equal number, 81 percent, also say that it is easy to get to fast food restaurants. Similarly, while 81 percent say that it is very or somewhat easy to find safe places to be physically active outdoors, significantly fewer say that it is easy to find areas away from traffic to exercise (69%) or to get to places without a car (35%). Sixty-two percent report that access to fresh produce from farmers markets, stands, and other small stores is easy for them, while 68 percent indicate that it is very or somewhat easy for kids to find junk food and fast food on their way to or from school.

People's perceptions of where they live vary by income and urban, suburban, or rural status. Higher income respondents

are more likely to say that it is very or somewhat easy to find safe places outdoors to be physically active and to get to farmers markets, farm stands, and other small stores that sell fresh fruits and vegetables. Ninety-four percent of respondents with household incomes over \$100,000 per year think it is easy to find safe places to be physically active outdoors compared with 72 percent of respondents with incomes under \$50,000 per year. Similarly, 73 percent of high-income respondents find it easy to get to farmers markets compared to 56 percent of lower income respondents.

Respondents living in rural areas are less likely to say that it is easy to find places to exercise away from traffic, to go places without a car, and to get to a supermarket that is well stocked with fresh fruits and vegetables. However, rural respondents are also less likely than urban or suburban respondents to say that it is easy to get to fast food restaurants and for kids to buy junk food or fast food on their way home from school.

Is it easy to...	% Urban	% Suburban	% Rural
Find sidewalks or paths to jog, walk, or ride bikes away from traffic?	71	76	60
Shop, run errands, and go places you want without a car?	54	29	26
Get to a supermarket well stocked with fresh fruits and vegetables?	84	89	80
Buy junk food or fast food when kids are on their way to or from school?	76	72	58
Get to fast food restaurants?	87	86	72

## THE PUBLIC MAINTAINS BROAD SUPPORT FOR GOVERNMENT POLICIES THAT WOULD FACILITATE A HEALTHIER LIFESTYLE, BUT DRAWS THE LINE AT POLICIES THAT LIMIT CONSUMER CHOICE.

The public is divided about the appropriate level of involvement of the government in finding solutions to the country's obesity problem. A third of the public believes that the government should be extremely or very involved, 31 percent say moderately involved, and 36 percent say slightly or not at all involved. A slight minority of Democrats (48%) say the government should be extremely or very involved compared to 13 percent of Republicans. Non-whites (47%) are more likely than whites (25%) to say the government should be very or extremely involved in finding solutions to the country's obesity problem.

When asked about preferences for specific government policies, the public generally has a favorable view of policies aimed at changing the environment or the market to make it easier for individuals to manage their own weight. Solid majorities strongly or somewhat favor policies that add more physical activity time in schools (84%), provide information to people to make healthy choices (83%), fund farmers markets and bike paths (74%), provide incentives to the food industry to produce healthier options (73%), or require restaurants to post calorie information on menus (70%).

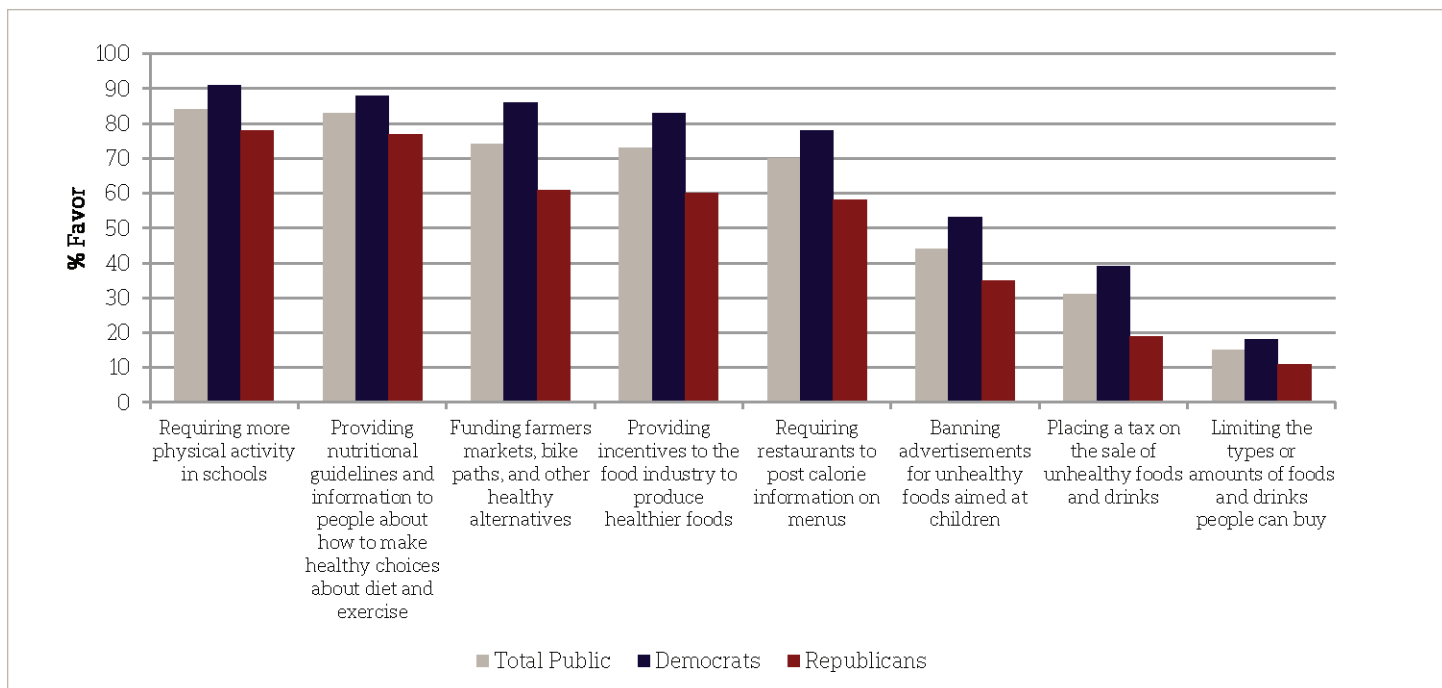
However, the public is also opposed to policies that constrain consumer choices. Seventy-four percent strongly or somewhat oppose limiting the types or amounts of food and drinks that people can buy, and 59 percent oppose placing a tax on the sale of unhealthy foods and drinks. There is mixed support for policies that ban unhealthy food advertising aimed at children, with 44 percent strongly or somewhat in favor and 46 percent strongly or somewhat opposed.

Overweight and obese respondents are no more likely than individuals of a healthy weight to favor government programs that would help them to live a healthier lifestyle. While Democrats are significantly more likely to favor these policies than Republicans, majorities in both parties oppose policies that limit consumer choice, and majorities in both parties support policies aimed at changing the environment or the market. The one exception is that 58 percent of Democrats favor banning advertisements that are aimed at children for unhealthy foods compared to 35 percent of Republicans.

When provided with additional information about the consequences of obesity for the nation in terms of either the costs of medical care or preventable deaths, the public generally did not become any more supportive of these policies. The only exceptions were that providing additional information about the economic costs of obesity led to an

increase of 11 percentage points in support for banning advertisements that are aimed at children for unhealthy foods (from 44 to 55 percent). Providing respondents with additional information about deaths attributable to obesity led to an increase of 7 percentage points in support for taxing the sale of unhealthy foods, from 31 to 38 percent.

**Do you favor the following government policies?**



**THE PUBLIC IS AWARE OF SOME COMMON HEALTH RISKS OF OBESITY, INCLUDING GROWING AWARENESS OF THE LINK BETWEEN OBESITY AND DIABETES.**

The public appears knowledgeable about many of the consequences of obesity. When asked to list the most serious health impacts of being overweight or obese, 78 percent mentioned heart disease or heart attack and 70 percent mentioned diabetes. But individuals are far less likely to mention other serious health impacts including high blood pressure (21%), arthritis or joint problems (14%), high cholesterol (12%), depression and mental health issues (11%), stroke (10%), death (8%), and cancer (7%).

Thinking generally about the link between health and being overweight or obese, 89 percent say that it is possible for someone to be a little overweight and healthy, and 23 percent say that it is possible for someone to be significantly overweight and healthy.

When asked how much discrimination obese people face in their daily lives due to their weight status, three out of four people say that obese people experience a lot (65%) or a little (10%) discrimination, 20 percent say obese people face some discrimination, and only 4 percent say obese people do not

experience very much discrimination or experience none at all. Women are far more likely than men to think obese people face serious discrimination in their daily lives. Three-quarters of women say obese people face a lot of discrimination, while just over half of men believe that obese people face a lot of discrimination (54%). Overweight and obese respondents are no more likely than respondents of a healthy weight to perceive higher levels of discrimination due to weight.

A misperception exists among the public regarding childhood obesity. According to the U.S. Centers for Disease Control and Prevention,<sup>1</sup> 17 percent of children are obese, yet only 12 percent of parents in the survey consider their children to meet the lower threshold of being overweight.

When asked directly about the connection between being overweight or obese and Type 2 diabetes, 65 percent say they have heard a great deal or quite a bit about the trend of increasing rates of Type 2 diabetes. Awareness of this trend appears to increase with age and education. Forty-seven percent of 18-29 year olds report hearing a lot or a great deal

<sup>1</sup> Centers for Disease Control and Prevention. Obesity and Overweight. Available at: <http://www.cdc.gov/obesity/childhood/>, accessed December 28, 2012.

about the trend; this awareness increases significantly to 66 percent among 30-49 year olds, 72 percent for those 50-64, and 73 percent for those 65 and over. College-educated respondents (77%) report hearing about the trend more often than those with less education (60%). Additionally, men (60%) are slightly less likely than women (70%) to have heard much about the trend.

For many, this awareness may stem from personal connections to the disease. While 11 percent of respondents say they have been told by a doctor or health professional that

they have Type 2 diabetes,<sup>2</sup> 38 percent believe someone in their family has Type 2 diabetes, and 43 percent say they have a friend with Type 2 diabetes.

Seventy-four percent of respondents say that Type 2 diabetes is an extremely or very serious condition for people who have been diagnosed. Only 2 percent say that it is only a little serious or not serious at all. Twenty-one percent of respondents believe that they are very or somewhat likely to develop Type 2 diabetes at some point in their life.

### OVERWEIGHT, BUT NOT OBESE, INDIVIDUALS TEND TO MISPERCEIVE THEIR OWN WEIGHT STATUS.

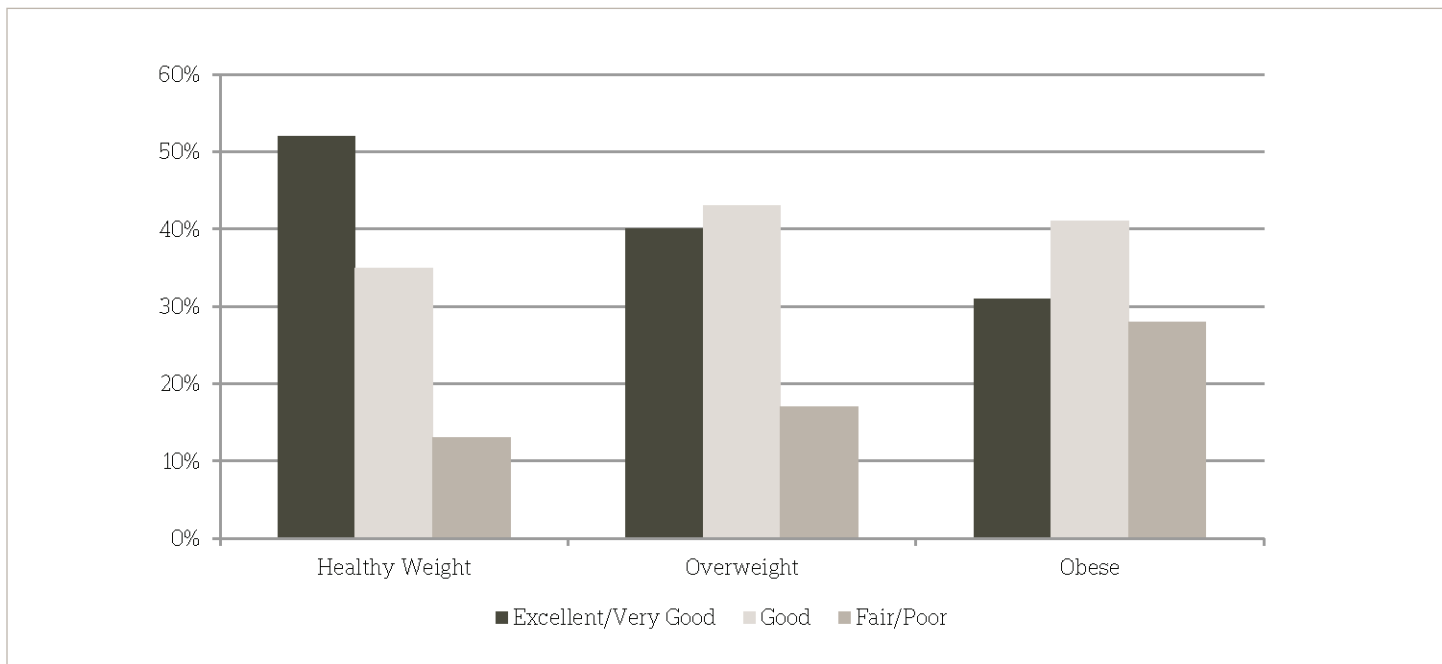
Using self-reported height and weight to calculate BMI, we assessed individuals' perceptions of their own weight status. Eighty-two percent of obese respondents correctly classified themselves as being overweight rather than underweight or at about the right weight. However, significantly fewer individuals whose BMI places them in the overweight range, 57 percent, correctly classified themselves as overweight. Forty-one percent of overweight respondents consider their weight to be about right.

Similarly, in assessing their personal risk of developing Type 2 diabetes at some point in their life, 34 percent of obese respondents believe they are somewhat or very likely to

develop the disease. Overweight individuals tend to assess their risk at a similar level to healthy weight individuals. Nineteen percent of overweight respondents and 15 percent of healthy weight respondents think they are somewhat or very likely to develop Type 2 diabetes.

When thinking about their own health, overweight and obese individuals are less likely than individuals of a healthy weight to report that they are in excellent or very good health. Fifty-two percent of individuals of a healthy weight rate their health as excellent or very good, compared to 40 percent of overweight respondents and 31 percent of obese respondents.

**In general, how would you rate your overall health?**

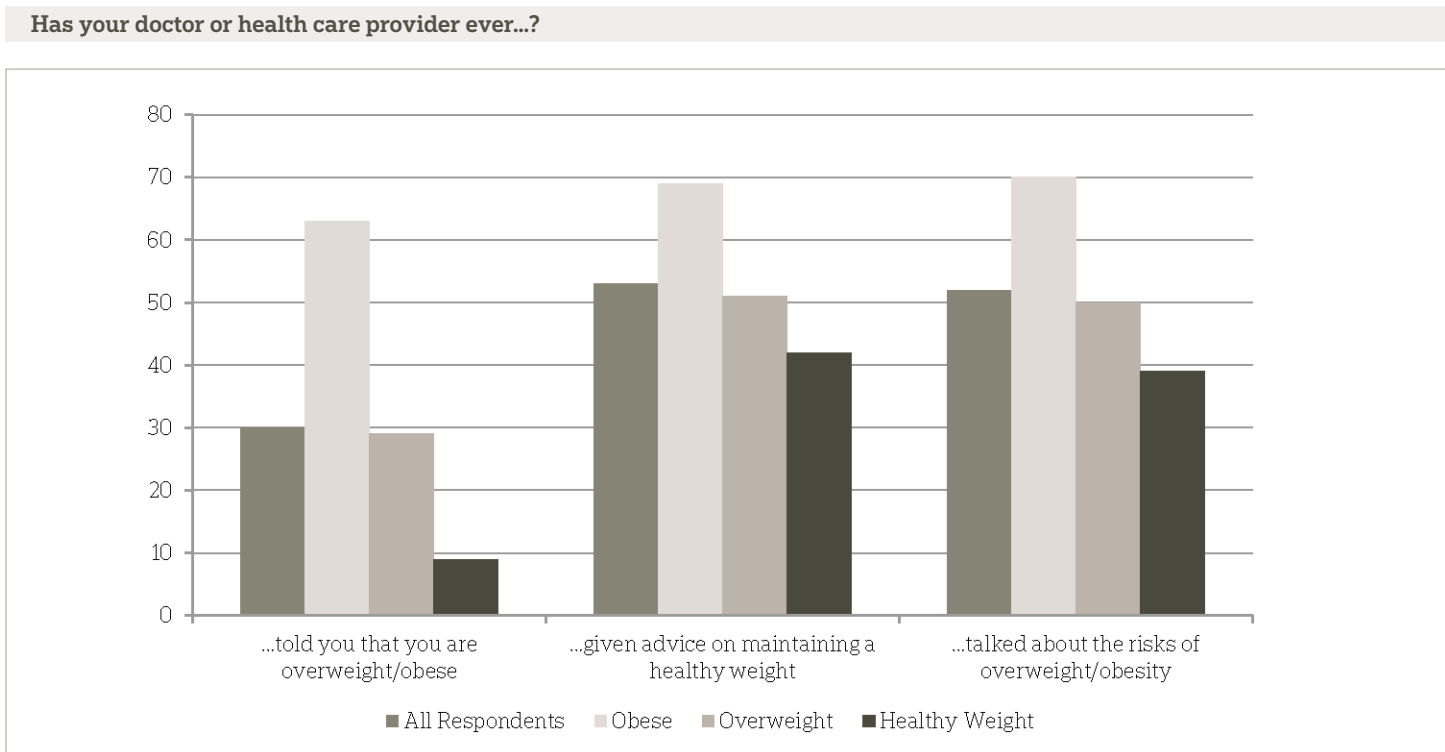


<sup>2</sup> The 2011 National Health Interview Survey estimates that 8.9 percent (95% confidence interval 8.51-9.30%) of all adults have ever been told by a doctor that they have diabetes. The 11 percent estimate presented here has a confidence interval of 8.52-13.35 percent. NHIS data are located here: [http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201206\\_14.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201206_14.pdf), accessed December 24, 2012.

## HEALTH CARE PROVIDERS MAY NOT BE COMMUNICATING INFORMATION ABOUT WEIGHT STATUS WITH THEIR PATIENTS.

The misperceptions of overweight respondents may stem from a lack of communication about weight status during interactions with health care providers. Sixty-three percent of obese respondents report that they have been told by a doctor or health professional that they are overweight or obese. Significantly fewer overweight respondents, 29 percent, have ever been told by a doctor that they are overweight or obese. Even among overweight individuals who have been to a doctor in the last six months, only 34 percent were told by the doctor that they are overweight.

Overall, just over half of respondents, 53 percent, say their health care provider has ever given them advice about strategies to maintain a healthy weight or to lose weight. A slim majority of individuals, 52 percent, are receiving information about the health risks of being or becoming overweight or obese from their health care providers. Obese individuals are far more likely to receive this information than overweight individuals and individuals of a healthy weight.



### STUDY METHODOLOGY

This survey was funded and conducted by The Associated Press-NORC Center for Public Affairs Research. The survey was conducted from November 21 through December 14, 2012. NORC staff collaborated on all aspects of the study, with input from NORC's Public Health Research department and AP's subject matter experts.

This nationally representative survey was conducted via telephone with 1,011 American adults age 18 or older. This group of adults included 599 respondents on landlines and 412 respondents on cellular telephones. Cellular telephone respondents were offered a small monetary incentive for participating, as compensation for telephone usage charges. Interviews were conducted in both English and Spanish, depending on respondent preference. All interviews were completed by professional interviewers who were carefully trained on the specific survey for this study.

The final response rate was 21 percent, based on the widely accepted Council of American Survey Research Organizations (CASRO) method. Under this method, our response rate is calculated as the product of the resolution rate (72%), the screener rate (63%), and the interview completion rate (47%). The overall margin of error was +/- 4.2 percentage points.

Sampling weights were calculated to adjust for sample design aspects (such as unequal probabilities of selection) and for nonresponse bias arising from differential response rates across various demographic groups. Poststratification variables included age, sex, race, region, education, and landline/cellular telephone use. The weighted data, which thus reflect the U.S. general population, were used for all analyses.

All analyses were conducted using STATA (version 12), which allows for adjustment of standard errors for complex sample designs. All differences reported between subgroups of the U.S. population are at the 95 percent level of statistical significance, meaning that there is only a 5 percent (or less) probability that the observed differences could be attributed to chance variation in sampling. Additionally, bivariate

differences between subgroups are only reported when they also remain robust in a multivariate model controlling for other demographic, political, and socioeconomic covariates. A comprehensive listing of all study questions complete with tabulations of top-level results for each question is available on the AP-NORC Center for Public Affairs Research website: [www.apnorc.org](http://www.apnorc.org).

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### About the Authors:

Jennifer Agiesta, *Director of Polling*, The Associated Press

Jennifer Benz, Ph.D., *Senior Research Scientist*, The Associated Press-NORC Center for Public Affairs Research

Karen Harris Brewer, M.P.H., *Senior Research Scientist*, Public Health Research, NORC at the University of Chicago

Larry L. Bye, M.A., *Senior Fellow*, Public Health Research, NORC at the University of Chicago

Dennis Junius, M.A., *News Survey Specialist*, The Associated Press

Rebecca L. Reimer, M.A., *Principal Research Analyst*, Public Health Research, NORC at the University of Chicago

Trevor Tompson, *Director*, The Associated Press-NORC Center for Public Affairs Research

For more information, visit [www.apnorc.org](http://www.apnorc.org)  
or email [info@apnorc.org](mailto:info@apnorc.org)