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## Let's Move! Biocitizens and the Fat Kids on the Block

Mary Catherine Dickman

*University of South Florida*, [mdickman82@gmail.com](mailto:mdickman82@gmail.com)

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Let's Move! Biocitizens and the Fat Kids on the Block

by

Mary C. Dickman

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
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Major Professor: Kim Golombisky, Ph.D.  
David A. Rubin, Ph.D.  
Diane Price-Herndl, Ph.D.

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## **ABSTRACT**

This project analyzed First Lady Michelle Obama's Let's Move! campaign for how it constructs obesity and health. Let's Move! is a national internet-based campaign to end childhood obesity. The literature on Let's Move! is limited and focuses on the privatization and corporatization of children's physical education in public schools. Taking an intersectional approach to critical fat studies, I use critical discourse analysis to investigate how the language used in the Let's Move! campaign (re)enforces and (re)signifies cultural notions of fat as a social problem – specifically that fat bodies are diseased, unproductive, and a financial burden. I maintain that the Let's Move! campaign is a symptomatic text that reveals a moral panic over the so-called childhood obesity epidemic by insisting that childhood obesity is a threat to national economy and security. I contend that Let's Move! constructs good citizens as informed consumers, and the biopedagogies recommended by Let's Move! promote White middle-class norms as the proper way to live while ignoring structural inequalities. Furthermore, I posit the campaign employs neoliberal discourses to frame mothers as responsible for their obese children's weight and encourages women to conform to the cultural notion of the “good mother.” Overall, I argue the Let's Move! campaign produces classed, raced, gendered, and able-bodied ideals of citizenship that function to further marginalize poor and minority groups.

## **CHAPTER ONE:**

### **INTRODUCTION**

Over that last three decades, the American media and medical establishments have reported rising rates of obesity in the United States population. Obesity is presented as a serious public health problem that needs urgent attention. The American Medical Association (AMA) reports that rates of obesity in adults have increased from 13% to 34% between 1980 and 2008 (“Related Conditions,” n.d). This amounts to over one-third of the population or 78.6 million U.S. adults who are obese (Centers for Disease Control and Prevention [CDC], 2014). The CDC (2014) estimates the medical costs associated with obesity in the United States to be \$147 billion annually. News coverage becomes alarmist when it focuses on childhood obesity as the CDC reports rates for childhood obesity having risen from 7% in 1980 to 18% in 2012 and rates for adolescents from 5% to nearly 21% for the same period (“Childhood Obesity Facts,” 2014). The CDC estimates that one-third of children and adolescents in the United States are overweight or obese (“Childhood Obesity Facts”, 2014). These rising rates of obesity have led some in the medical community to conclude there is an obesity epidemic (Troiano & Flegal, 1999; Wang & Beydoun, 2007) and might explain why First Lady Michelle Obama chose reducing rates of childhood obesity as her specific cause to promote. Her Let’s Move! campaign was launched in 2010 with the goal of ending childhood obesity within a generation. Let’s Move! is an internet-based public health campaign that aims to address the factors that contribute to childhood obesity. I argue that the discourses on obesity and health in the Let’s Move! campaign reinforce notions of health, the ideal family, and the good citizen that are untenable. This is problematic

because it excludes people who cannot or will not conform to societal expectations of what constitutes a “healthy” body and discursively constructs them as bad citizens in need of intervention.

## **Discourse**

Discourse refers to groups of historically and culturally contingent statements that construct versions of reality (Foucault, 1972). Discourse is influential in the construction of ideas, social processes, and phenomena that organize the social world. Discourse is the process by which we continuously (re)create social reality. Waitt (2005) writes that Foucaultian discourse refers to a “theoretically informed framework that investigates the rules about the production of knowledge through language (meanings) and its influence over what we do (practice)” (p. 164). Discourse entails the reiteration of statements that may relate to one another to form discursive formations that establish boundaries and determine what is accepted as truth in a given society (Foucault, 1972). Foucault (1998, 1990) argued that “regimes of truth” or knowledge are established in discourse, and regimes of truth construct normative and non-normative ways of acting, being, and knowing.

Building his analysis of language and power within a Foucauldian framework, Fairclough (1992) describes language as a social practice, a way in which people act upon each other and the world. In his analysis, discourse and social structure operate in a dialectical relationship: Discourse not only creates and maintains the social structure, but also is itself shaped and constrained by these structures. Thus, discourse is not just a representation of the world; it also assists in constructing meaning, power relations, and knowledge. Discursive practices uphold the status quo by forming systems of knowledge and beliefs; however, discourse can contribute to

the transformation of society. Since discourses are constructed socially, deconstructing them exposes the ways that language and social practice reinforce and perpetuate the existing social norms (Jørgensen & Phillips, 2002). In the present case, contemporary discourses on obesity and health have constituted not only the abject obese body but also the healthy body that must take the proper precautions to prevent weight gain. A good biocitizen is one who takes personal responsibility for his or her physical health by engaging in diet and exercise to maintain a “normal” weight for the wellbeing of society. Consequently, a bad biocitizen is one who does not maintain a “normal” weight thus avoiding personal responsibility and becoming a burden to society.

This thesis analyzed the discourse of obesity as it is deployed in Michelle Obama’s Let’s Move! campaign to reveal the taken-for-granted common sense about unhealthy bodies. Machin and Mayr (2012) argue that “language is not simply a vehicle for communication or for persuasion, but a means of social construction and domination” (p. 24). I contend that the Let’s Move! campaign is a symptomatic text indicating a moral panic over obesity and that the campaign employs biopedagogies to construct children as biocitizens. According to Walters, (1995) a symptomatic text is one that speaks to larger cultural anxieties and issues. Krinsky (2013) defines a moral panic “as an episode, often triggered by alarming media stories and reinforced by reactive laws and public policy, of exaggerated or misdirected public concern, anxiety, fear, or anger over a perceived threat to social order” (p. 1). I employ critical discourse analysis to reveal how the language of Let’s Move! (re)enforces and (re)signifies cultural notions of fatness as a social problem. I use Foucault’s (1990) concepts of biopower, biopedagogies, and biocitizens to analyze the discourse embedded in the Let’s Move! campaign. Biopower refers to the regulation of populations. This is often accomplished through biopedagogies that instruct



citizens how to live in order to be healthy. Members of society are considered biocitizens who have a duty to maintain their health for the wellbeing of society. Biopower provides an entry point to analyze the ways the discourse in the Let's Move! campaign produces classed, raced, gendered, and able-bodied ideals of citizenship. This thesis adds to the scholarship on critical fat studies by including an intersectional analysis, an analytical tool for understanding how forms of oppression intersect and affect groups in different ways, to the analysis of a U.S. government public health campaign aimed specifically at childhood obesity.

In what follows I first, in Chapter Two, provide background on the public discourse constructing a U.S. childhood obesity epidemic and the Let's Move! campaign. In Chapter Three I survey the literature on Critical Fat Studies, obesity and Body Mass Index (BMI), obesity as disease, obesity as an epidemic, and an intersectional analysis of obesity. In Chapter Three, I cover the literature on critical discourse analyses of public health campaigns aimed at overweight or obese populations and present an overview of intersectionality. In Chapter Four, I outline Foucault's concept of biopower as a useful theoretical framework for analyzing discourses in Let's Move! In Chapter Five, I describe discourse analysis and my site of analysis for the present study. In Chapter Six, I analyze Let's Move! by focusing on moral panic, neoliberal discourses of health, personal responsibility, motherhood, empowerment, and the promotion of middle-class modes of consumption. Finally, Chapter Seven presents my conclusion that the Let's Move! campaign produces classed, raced, gendered, and able-bodied ideals of citizenship that function to further marginalize poor and minority groups.

## **CHAPTER TWO:**

### **BACKGROUND**

In this chapter, I provide background on the public discourse that has constructed a U.S. childhood obesity epidemic, as well as background on “First Lady campaigns,” and a description of the Let’s Move! campaign’s goals and strategies.

#### **Public Health**

Epidemiological research has contributed to the public discussion of health in general and specifically a contemporary U.S. childhood obesity epidemic. Epidemiology is the study of “the distribution and determinants of health-related states or events in populations, and the application of this study to the control of health problems” and is the dominant research paradigm for public health (*A Dictionary of Epidemiology*, 2008, n.p.). Epidemiological research contributes to the construction of the “scientific truth” about diseases, risk factors and at-risk subjects, along with categories of normal and pathological (Petersen, 2003; Maher, Fraser, & Wright, 2010). In 2000 and 2001, the U.S. Centers for Disease Control (CDC) created maps of the United States depicting rising rates of obesity in the population that were circulated widely among the medical community and policymakers to promote the notion of an obesity epidemic (Kersh, 2009). Within the context of public concerns over rising rates of childhood obesity, U.S. First Lady Michelle Obama in 2010 launched a campaign designed to get U.S. children moving, thus healthy.

## **Let's Move! Campaign**

As the wife of the sitting president, the first lady is not an elected office and has no official duties, but the position comes with expectations of service. Watson (2000) identifies 11 roles associated with the title of first lady: wife and mother, public figure, the nation's hostess, the symbol of American womanhood, campaigner, social and political advocate, the White House manager, presidential spokesperson, presidential and political party booster, diplomat, and presidential partner (pp. 72-93). During the 20th century, the role of the first lady shifted from being the nation's hostess, to that of a distinct political actor (Watson, 1997, 2000). Over time, it has become common for first ladies to select specific causes to promote; 28 of the 46 first ladies have championed social causes (O'Connor, Nye, & Van Assendelft, 1996). Typically, the causes are not controversial and aim to improve social welfare. Recent campaigns have included Nancy Reagan's "Just Say No" campaign against drug use, Barbara Bush's "Family Literacy Foundation," Hillary Rodham Clinton's "Task Force on National Health Care Reform," and Laura Bush's "Women's Health and Wellness Initiative" and her childhood literacy promotion through the annual National Book Festival. (See Appendix A for a complete list of first lady cause.) The Let's Move! Campaign is Michelle Obama's official White House cause. Launched on Feb. 9, 2010, the campaign's goal is to eliminate childhood obesity within a generation. A White House press release (2010) describes Let's Move! as a "comprehensive, collaborative, and community-oriented" program addressing the factors that contribute to childhood obesity. The five objectives of the Let's Move! initiative are to (1) create a healthy start for children, (2) empower parents and caregivers to make healthy choices for their children, (3) provide healthy food in schools, (4) improve access to healthy affordable foods, and (5) increase physical activity

(White House, 2010). In a video posted on the Let's Move! website Michelle Obama describes her reasoning for choosing childhood obesity as her cause:

Before coming to the White House, the President and I lived lives like most families: two working parents, busy trying to maintain some balance – picking kids up from school, trying to get this done at work – just too busy, not enough time. And what I found myself doing was probably making up for it, and being unable to cook a good meal for my kids, and going to fast food a little more than I'd like. Ordering pizza. And I started to see the effects on my family, particularly my kids. It got to the point where our pediatrician basically said, "You may want to make some changes." So started making those changes, short, easy changes, but they led to some really good results. So I wanted to bring the lessons I learned to the White House. (Michelle Obama, 2011, 0:01-0:46)

Let's Move! brings together "leaders in government, medicine and science, business, education, athletics, community organizations" to "provide schools, families, and communities simple tools to help kids be more active, eat better, and get healthy" (White House, 2010).

First Lady campaigns are typically aimed at improving social welfare, and Let's Move! frames the goal of eliminating childhood obesity as a public good. Public concern over childhood obesity is fueled by epidemiological research and the so-called "scientific truths" it produces. Because I argue that Let's Move! uncritically presents obesity as a social problem, in the next chapter I review literature that problematizes this notion.

## **CHAPTER THREE:**

### **LITERATURE REVIEW**

In this chapter, I review the literature on Critical Fat Studies, which critique the construction of fat as a pathology that requires medical intervention. Obesity is defined as excess body fat. The most widely used measure of obesity is the Body Mass Index (BMI), which uses an individual's weight and height to calculate body mass. Nevertheless, I argue that BMI is a problematic measure of body fat because it is unable to differentiate between body fat and other bodily mass such as muscle. I also assert that BMI is a poor indicator of health, and the cutoff scores for the categories are arbitrarily constructed. BMI functions to construct thin bodies as "normal" and fat bodies as "deviant." Consequently, weight gain is framed as a risk to normality and health. Recently the American Medical Association has declared obesity a disease, and the medical community has claimed that we are experiencing an obesity epidemic. However, critical obesity scholars maintain that obesity is not a disease, and, thus, the obesity epidemic is a socially constructed problem. Experiences of obesity vary depending on other social identities such as gender, race, class, and ability. Intersectional analysis allows for an examination of how obesity intersects with other identities to reveal existing social inequalities. The literature on critical discourse analysis of public health obesity campaigns has found that these campaigns utilize neoliberal ideologies such as accountability, citizenship, and surveillance to promote weight loss in obese populations. These public health campaigns situate obese individuals as responsible for their weight gain and responsible for losing excess weight. Research on Let's Move! argues

that the campaign promotes the privatization and corporatization of physical education in public schools through the neoliberal ideologies of empowerment and personal responsibility.

### **Critical Fat Studies**

According to Hopkins (2012), following “in the tradition of critical race studies, queer studies, and women’s studies, fat studies is ... marked by an aggressive, consistent, rigorous critique of the negative assumptions, stereotypes, and stigma placed on the fat body” (p. 1229). Critical Fat Studies is an interdisciplinary field of study that critiques the construction of fat and fatness by analyzing the social, historical, cultural, and political aspects of obesity research, which has emerged since the classification of obesity as an epidemic (Evans, 2004; Gard & Wright, 2005; Jette, Bhagat, & Andrews, 2014; Rail, 2012). Jette et al. (2014) state that critical fat scholars focus on identifying “scientific uncertainties, complexities, and contradictions in the literature (on obesity), and explore the assumptions that inform how dominant ideas about obesity are interpreted, disseminated, and enacted” (p. 4). Critical Fat scholars argue that fatness represents human variation and bodily difference and is not a pathology that requires medical intervention. Accordingly, fat studies scholarship attempts to reframe obesity discourse: the cultural production of fat phobia is the problem, not the fat body (Evans, 2004; Gard & Wright, 2005). Critical fat studies relate to the current study because Let’s Move! uncritically accepts that overweight and obese bodies are unhealthy and relies on contested medical knowledge to support this claim.

## Obesity and BMI

The World Health Organization [WHO] (2015) defines obesity as excess body fat. The most common measure for calculating obesity is Body Mass Index (BMI). Belgian astronomer Adolphe Quetelet developed the BMI in the 1830s as a way to chart the range of heights and weights of army recruits (Oliver, 2006). An individual's BMI is calculated by dividing one's weight (in kilograms) by her/his height (in meters squared). The score derived is an estimate of one's body composition and places individuals into one of the following categories: underweight, normal weight, overweight, obese, and extremely obese (WHO, 2015). People with a BMI score of 18.4 or less are categorized as underweight; scores ranging from 18.5 and 24.9 are categorized as normal; scores between 25 and 29.9 are categorized as overweight; scores above 30 are considered obese; and scores above 40 are categorized as extremely obese (WHO, 2015). For children and adolescents, these categories are also divided by age and sex.<sup>1</sup> Children and adolescents with a BMI score between the 5th and 85th percentiles are categorized as healthy weight; those with BMI scores in the 85th and 94th percentile are categorized as overweight; and those with BMI scores above the 95th percentile are categorized as obese. Both the CDC and U.S. Surgeon General have used rising BMI scores as evidence that obesity is a health epidemic (Oliver, 2006). It is worth noting that these weight categories have not always corresponded to these particular scores. In 1998 the National Institute of Health (NIH) set new BMI guidelines that lowered the threshold for "overweight" and "obese" by 10 pounds. Prior to these changes a BMI score of 27 for men and 26 for women was defined as normal weight. The new guideline requires a score below 24.9 to be considered normal weight. This change is significant because without gaining any weight 25-30 million Americans were reclassified from normal weight to

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<sup>1</sup> The WHO does not operationalize "sex."

overweight. Although the BMI is presented as a scientific measure, it is not without problems. In the following sections, I discuss the issues with using BMI as an indicator of health and how BMI functions to normalize thin bodies while “othering” fat bodies.

### **Issues with the Body Mass Index (BMI)**

Since Let's Move! encourages visitors to measure their children's BMI, it is important to discuss concerns with this measurement. Problems with the Body Mass Index (BMI) are that it is a weak measure of body fat, a poor indicator of health, and cut-offs for various categories designating levels of health are arbitrary. Although BMI is partially correlated with an individual's percentage of body fat, it “is also correlated with bone density and mass more generally” (Nicholls, 2013, p. 11). The main issue with using BMI to determine whether someone has excess body fat is that BMI measures a body's total mass and not fat specifically. BMI is unable to distinguish weight comprised of bones, tissue, muscles, and organs from weight comprised of fat. While there are other more efficient methods of measuring a person's percentage of body fat, such as the skinfold method and air displacement plethysmography, these methods are more expensive and time consuming than the BMI (Finer, 2012). The skinfold method measures body fat by “pinching the skin with the thumb and forefinger, pulling it away from the body slightly, and placing the calipers on the fold” (Cornier et al., 2011, p. 2005). Areas of the body that can be measured are the chest, triceps, abdomen, or thigh. Air displacement plethysmography measures body fat indirectly by determining the volume of an object from the volume of air it displaces. “Body volume is calculated by subtracting the volume of air in a closed chamber with a subject inside it from the volume of air in an empty chamber” (Cornier et al., 2011, p. 2007).



BMI is a poor indicator of health because it does not measure other factors correlated with disease or mortality such as fitness, heart rate, or fat distribution (Oliver, 2006). The claim that obesity increases the risk of death is only weakly supported by epidemiological research (Troiano, Frongillo, Sobal, Levitsky, 1996). A causal relationship between excess body fat and poor health outcomes cannot be claimed because spurious variables such as poor diet, environmental pollutants, or genetics are often not considered (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2005; Troiano et al., 1996). Romero-Corral et al. (2008) point out that while “BMI has been used extensively in research and clinical practice, there are very few studies testing its diagnostic accuracy and no study has done this in a large, multiethnic adult population representing men and women of many age strata” (p. 959-960). Furthermore, epidemiological studies that investigate “the relationship between body weight and mortality do not control for fitness, exercise, diet quality, weight cycling, diet drug use, economic status, or family history” (Campos et al., 2006).

Moreover, critical fat scholars point out the cut-off scores for each category are subjective and not based on medical knowledge, particularly when applied to children (Campos, 2004; Evans & Colls, 2009; Gard & Wright, 2005). BMI for children is calculated through growth charts that track a child’s development; a child's height, weight, and age are used to determine body fat. The results are compared to children of the same age and gender. Measuring BMI in children relies on the faulty “assumption that all children grow at the same rate” (Evans & Colls, 2009, p. 1058). In sum, BMI is a weak measure of body fat and a poor indicator of health, and BMI categories are arbitrary and do not indicate that a person is or will suffer negative health outcomes simply based on their BMI categorization. Therefore, Let’s Move! promotion of BMI as a measurement to determine whether children are “healthy” relies on an

“unscientific” measure. Beyond the issues with using BMI to predict individual health outcomes the measurement functions to construct thin bodies as “normal” and fat bodies as “deviant.”

### **The Normalization of Weight through BMI**

Weight is used to normalize thin bodies and weight gain is framed in terms of the risk it presents to an individual's health. Normalization is the social process through which ideas and actions come to be seen as "normal," and once an idealized norm is constructed then individuals are rewarded or punished for conforming to or deviating from the ideal. When the word “normal” is used to classify people it is intrinsically value-laden because it refers to and homogenizes people (Hacking, 1995). Adams (1997) states that because the word normal is a “powerful organizer of everyday life, the imperative to be normal” limits possibilities and identities available to people not considered normal (p. 3). Normalcy provides a useful tool for marking deviations from the norm (Hacking, 1995). Normalization effectively exercises power by operating at the level of the individual. Norms are “socially worthy, statistically average, scientifically healthy and personally desirable” (Rose, 1999, p.76). Normality is presented as “natural,” and those who wish to achieve normality must discipline themselves, control their impulses, and instill these norms of conduct into their children. Engaging in diet and exercise are examples of technologies of the self that are utilized in an attempt to maintain or attain “normality” in regard to weight. Obesity operates as a normalizing discourse by promoting self-governance and self-discipline as necessary for the good of society (Guthman, 2009). Normalization marginalizes and excludes those who are deemed abnormal or pathological. Thus, normalization functions as a form of social control and deviance prevention. Social norms often are aligned with political goals. Using the word “normal” to describe people who are of a

particular weight and height ratio indicates that there is only one acceptable body type and that all other bodies are pathological and in need of medical intervention. Excess body fat is presented in terms of risk, and medical intervention is often suggested as a way to mitigate these risk.

Risk, specifically health risk associated with being overweight or obese, arises often within discourse on obesity. Having excess body fat is presented as a risk to one's health and well-being. Fat as a phenomena existed prior to being labelled as a "risk," but what has changed is the way that fat is now viewed as unhealthy and something that needs medical intervention (Lupton, 1999). Excess body fat has not always had the same meaning culturally. Prior to the 20th century, fatness was associated with good health, affluence, and elevated social status, while thinness was associated with poverty. In the middle of the 20th century, fatness came to be viewed as unhealthy and a medical problem in the United States, and at the end of the 20th century it became considered a public health crisis (Saguy, 2013). The use of the term obesity implies that fat bodies are pathological and in need of medical intervention.

New forms of governmentality involve identifying subjects who are in need of intervention, surveillance, and regulation based on "risk." Thus "the notion of risk and its avoidance has become a key technology of social control"(Maher, Fraser, & Wright, 2010). The population is then divided "between active citizens who can manage their own risks and target populations, those who require intervention in the management of risks" (Guthman & DuPuis, 2006, p. 443). The focus on the health risks associated with obesity have contributed to the labeling of obesity as a disease. This is problematic because at the same time that obesity becomes a chronic disease just after BMI is arbitrarily adjusted to make more people obese, other

scientists are suggesting that some forms of body fat are beneficial (fat deposits in the thighs and hips, for example).

### **Obesity as disease.**

In 2013, the American Medical Association (AMA) officially declared obesity a chronic disease. According to the AMA (2013), a disease is defined by three criteria: it must involve impairment of normal functioning of the body; it must have distinguishing symptoms; and it must cause harm or injury (“Related Conditions,” n.d). Oliver (2006) argues that for obesity to be a disease body, fat must be considered pathological. He points out that for “the vast majority of obese people, those with a BMI between 30 and 35, there is no clear evidence that their fatness is a disorder” (Oliver, 2006, p. 612). Similarly, medical sociologists have argued that medical knowledge is not neutral and does not merely reflect reality; instead, medical knowledge is embedded within social and political contexts (Conrad & Barker, 2010; Freidson, 1970; Joyce, 2008; Olafsdottir, 2013; Timmermans, 2007). Likewise, our notions of disease are interpreted within the particular social context in which we live (Joyce, 2008; Timmermans, 2007). Freidson (1970) argues that all illness and disease are socially constructed. Conrad and Barker (2012) write that “illness is shaped by social interactions, shared cultural traditions, shifting frameworks of knowledge, and relations of power” (p. 69). Farrell (2006) argues that “biological and medical problems are also cultural sites, where social power and ideological meanings are played out, contested, and transformed” (p. 517).

Critical obesity scholars insist obesity is not a disease but is a socially constructed problem. Deeming certain BMI scores as pathological is political rather than scientific because there is no proven causal relationship between fatness and illness (Boero 2007; Burgard, 2009;

Campos et al., 2006; Gard & Wright, 2005). Causal links between body fat and disease remain hypothetical (Campos, 2004). There are only two exceptions where body fat is directly linked to disease: osteoarthritis and endometrial cancer (Hochberg et al., 1995; Anderson et al., 1996). Increased body mass contributes to the deterioration of joints leading to osteoarthritis (Hochberg et al., 1995), and estrogen originating in adipose tissue may contribute to endometrial cancer (Anderson et al., 1996). Research has shown that excess body fat may buffer people from some diseases and that some body fat deposits provide health benefits (Rexrode et al., 1998; Seidell, Perusse, Despres, & Bouchard, 2001; Terry, Stefanick, Haskell, & Wood, 1991). That obesity researchers disagree about whether excess body fat is “unhealthy” illustrates the socially constructed nature of obesity and the so-called obesity epidemic.

### **Obesity as epidemic.**

By employing the language of epidemic, obesity science has amplified Americans’ fears over the rising weight of the U.S. population and has granted obesity science increased legitimacy. Guthman and DuPuis (2006) argue that “the terms ‘epidemic’ and ‘obesity’ are rhetorically loaded and must be subject to the same analytical scrutiny as the phenomena they supposedly describe” (p. 428). The rising number of people in the United States considered overweight or obese has led some in the medical community to claim an obesity epidemic (Troiano & Flegal, 1999; Wang & Beydoun, 2007). *The Oxford Companion to Medicine* (1986) defines an epidemic as “an outbreak of disease such that for a limited period of time a significantly greater number of persons in a community or region are suffering from it than is normally the case” (para. 7). In response to the rising numbers of Americans categorized as obese, some obesity researchers have called for action to reduce and prevent obesity (Eckel &

Krauss, 1998; Haskell et al., 2007). Miah and Rich (2006) argue that the language of epidemic has provided justification for escalating government spending to reduce rates of obesity and for the surveillance and regulation of the fat body.

### **Obesity as intersectional.**

The discursive and material experience of obesity differs depending on one's simultaneous identifications of gender, race, class, and ability. Intersectionality emphasizes the interconnections and interdependence between social categories of difference and forms of social oppression (Crenshaw 1991; Hill Collins, 2000). Social categories such as gender, race, ability, class, and sexual orientation are historically situated, socially constructed, and operate at micro and macro structural levels (Burgess-Proctor, 2006; Weber & ParraMedina, 2003). Brah and Phoenix (2004) declare that "different dimensions of social life cannot be separated into discrete or pure strands" (p. 76). Since individuals are members of more than one social category, they simultaneously can experience both discrimination and privilege, for example a fat White woman may experience discrimination based on her weight and gender but receive privilege associated with her race. Conversely, a thin Black woman may experience discrimination based on her race and gender but receive privilege based on her weight. Therefore, what makes an intersectional analysis so useful is "not on the intersection itself, but what the intersection reveals about power" (Dhamoon, 2008, p. 24). Taking an intersectional approach to research allows for an examination of social inequality that acknowledges how "individual experiences differ depending on the unique social space each individual occupies, with social locations determined by intersecting identities" (Ailshire & House, 2011, p. 3). Obesity interacts with other embodied identities such as gender, race, sexuality, ability, and class to amplify stigma and marginalization

(Hopkins, 2012). An intersectional analysis of the so-called “obesity epidemic” aids in uncovering the ways that “bodies and experiences such as ‘being fat’ are embodied and are located in cultural, societal and economic contexts, and cannot be adequately considered in contextually isolated ways” (Tischner & Malson, 2011, p. 20). There is not one universal “fat body,” but there a multitude of fat subjectivities that are shaped by race, gender, class, and ability. Next I review the literature on public health campaigns.

### **Critical Discourse Analysis of Public Health Campaigns**

In this section I review three studies that used Critical Discourse Analysis to analyze anti-obesity public health campaigns: (1) Elliot (2007) examined a Canadian public health campaign called “Investing in the Future,” (2) Evans and Colls (2009) examined anti-obesity health policies in the United Kingdom, and (3) Gerbensky-Kerberb (2011) examined Arkansas’ Act 1220. These studies uncovered common themes of neoliberalism and surveillance evoked to encourage weight management (Elliott, 2007; Evans & Colls, 2009; Gerbensky-Kerberb, 2011). Neoliberalism refers to an economic doctrine that promotes deregulating markets and privatizing government programs such as public education, Medicaid, public housing, and food assistance, which promote the general welfare of society. Surveillance is a process of social control where attention is directed at individuals in order to influence, manage, or protect (Lyon, 2007). Social norms and expectations become internalized by those being surveilled, and they eventually begin to self-surveil.

Elliott (2007) found themes of neoliberalism in her analysis of the 2006 Canadian public health campaign “Investing in the Future.” Specifically, she found a relationship between obesity and citizenship. She argues the campaign frames obese people as “lesser citizens.” Their fat

bodies are read as signs of moral and personal failings and are used as evidence that they are undisciplined and unrestrained. “Investing in the Future” focuses on the economic impact that obesity has on the health care system and taxpayers. The campaign focuses on accountability by emphasizing individual actions and choices as the way to combat an obesity epidemic.

According to this narrative ideal citizens are lean and thus “deemed to be in control of their bodies and are considered autonomous, constituted as full citizens, and remain generally free from government surveillance” (Elliott, 2007, p. 143).

Other researchers have focused on the surveillance aspect of anti-obesity public health campaigns (Evans & Colls, 2009; Gerbensky-Kerberb, 2011). Evans and Colls (2009) examined anti-obesity health policies in the United Kingdom, specifically the intervention of monitoring children’s weight. The policy requires children to have their BMI measured annually at school. The authors question the power afforded the BMI in anti-obesity policies. They contest the notion that measuring BMI offers truths about the bodies being measured. They contend that measuring BMI constitutes surveillance of children’s bodies and is a biopolitical strategy that combines both disciplinary and regulatory techniques to govern bodies (Evans & Colls, 2009). Evans and Colls (2009) argue that this biopolitical strategy is enacted to ensure the well-being of future economic citizens.

Back in the U.S., Gerbensky-Kerberb (2011) also analyzed a government intervention that monitors children’s weight; Act 1220 is an Arkansas law that mandates weight screenings in public schools. This law requires schools to calculate students’ BMI and inform parents of their children’s scores via report cards. Weight screenings differ from other health services required by public schools, such as vision and hearing screenings, because issues with vision or hearing are not stigmatizing in the same way as fatness. People with hearing or visual impairments are



not blamed for their conditions, but overweight or obese people may be considered complicit in their fatness. Parents of overweight and obese children are held responsible for their children's size, but mothers are most often blamed. Gerbensky-Kerberb's (2011) analysis highlights the tensions between personal freedom and social control in the discourse on public health policies and interventions. Gerbensky-Kerberb (2011) argues that decisions regarding which types of foods one eats or whether or not one engages in exercise can be viewed as issues of personal freedom.

These studies highlight that anti-obesity public health campaigns rely on neoliberal ideologies to promote health as civic duty and obesity as a social problem. The solutions presented by the campaigns are individualistic and focus on personal accountability. The campaigns studied employ surveillance through BMI screenings as a bio-political tactic to govern bodies. Next I review research conducted specifically on the Let's Move! campaign.

### **Studies of Let's Move!**

There is only one other study of Let's Move! that focuses on the neoliberal underpinnings of the campaign, specifically the physical activity component in public schools. While my study also analyses the neoliberal ideologies imbedded in Let's Move! it expands the analysis beyond children engaging in physical activity to include directives for eating and physical activity that are aimed at caregivers. Jette et al. (2014) critically evaluated the Let's Move! and argue it is not just an anti-obesity campaign. It also represents the current character of health education for children in the United States typified by increasing privatization and corporatization. Jette et al. (2014) posit the inclusion of corporate sponsors by Let's Move! encourages the outsourcing of physical education from public schools to private entities. The authors also claim that the

campaign employs the language of empowerment, personal responsibility, and chronic disease in order to encourage self-monitoring behaviors and encourage all citizens to become active partners in a struggle against childhood obesity. This language is rooted in neoliberal philosophies that focus on the free market, limited government intervention, consumer choice, and personal responsibility for health. Moreover, this language and the practices it encourages operate as a conduit of biopower, defined as the state exerting power over the bodies of its citizens. Likewise, Jette et al. (2014) contend the Let's Move! campaign's use of standardized fitness testing to reduce the risk of obesity aims to produce a disciplined child-citizen who has internalized the surveillance and will monitor her or his own health. Jette et al. (2014) focus their research on a neoliberal analysis of Let's Move! campaign and its effects on the physical education offered to U.S. schoolchildren. My study adds to this literature by providing an intersectional analysis of the discourse in the Let's Move! campaign by examining the ways Let's Move! campaign produces classed, raced, gendered, able-bodied, and nationalistic ideals of citizenship.

Obesity is more than just excess body fat. It is as social category with a history. There are scientific uncertainties and contradictory research findings as to whether excess body fat is itself “unhealthy” and requires medical intervention. Critical fat scholars deny that obesity is a disease and are skeptical as to whether the United States is experiencing an epidemic of obesity. Rather they suggest that the so-called “obesity epidemic” is a socially constructed problem that reveals our culture's fat-phobia. Not only do critical fat scholars contest the labeling of obesity as a disease they also question how obesity is measured. The Body Mass Index (BMI) is a problematic measure of body fat, a poor indicator of health, and the cut-off scores for weight categories not based on medical fact. Obesity is experienced differently depending on one's race,

class, gender, and ability. Using an intersectional lens to analyze obesity allows for a nuanced examination of social inequalities. Researchers have reported that public health campaigns rely on neoliberal ideologies such as accountability, citizenship, and surveillance to promote weight loss (Elliott, 2007; Evans & Colls, 2009; Gerbensky-Kerberb, 2011). Let's Move! uses a similar ideology to promote the privatization of physical education in the public school system (Jette et al., 2014). Let's Move! promotes specific ways to eat and move in order to exert power over the U.S. population.

## **CHAPTER FOUR:**

### **THEORETICAL FRAMEWORK**

I maintain that government public health campaigns represent examples of Foucault's (1988, 1990) concept of biopower through biopedagogies and the notion of the biocitizen. Public health campaigns use what are called biopedagogies to instruct citizens on the proper way to eat, move, and live. By engaging in and correctly enacting these biopedagogies, members of society become good biocitizens and neoliberal subjects who take personal responsibility for their health. Biopower, biopedagogies, and the biocitizen are useful tools to analyze the ways the discourse in the Let's Move! campaign promotes classed, raced, gendered, able-bodied, and nationalistic ideals of citizenship. Here I lay out the theoretical framework that will guide my analysis of the discourse in Let's Move!

#### **Biopower**

Biopower refers to the art of governance or the ways that populations are regulated through practices associated with the body in the interest of the nation or state, such as birth, death, and morbidity. Foucault (1990) claimed that biopower emerged in the 18<sup>th</sup> century with a shift from the absolute right of sovereignty to kill or refrain from killing its subjects/citizens towards the power to foster life. By this, he meant the sovereign had the power to seize things, time, bodies, and ultimately the life of subjects. The shift was from the taking of life as a form of discipline to compel people behave, to the promotion of life and management of populations through biopolitics. Biopower entails "truth" discourses as commonsense beliefs about the

character of human life along with the empowerment of authorities or experts who can express these “truths” and provide strategies in the name of life and health (Rabinow & Rose, 2006). Biopower refers to the “numerous and diverse techniques for achieving the subjugations of bodies and the control of populations” (Foucault, 1990, p. 140). Biopower claims to improve, enhance, and prolong life while making the body more productive. Biopower is enacted through governmentality. Governmentality refers to institutions that exercise power at a target population for the purpose of security and utilizes a variety of control techniques from one's control of the self to the biopolitical control of populations (Foucault, 2007). Governmentality is the art of governing and does not refer simply to state or national politics

A Foucauldian analysis requires an examination of how power operates in day-to-day life, specifically the techniques used to order, classify, and control populations. Foucault states “power is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society” (Foucault, 1990, p. 93). Power then is not an object that institutions or individual people have and wield against others; rather, power is a relational process enacted through interactions or networks of relationships. This conceptualization of power differs from power as top-down control.

Although biopower appears benevolent, it is an intrusive form of social control because it is directed at the body. Biopower takes two forms: disciplinary power and regulatory power. Disciplinary power refers to “knowledge of and power over the individual body” with the goal of making the individual “more powerful, productive, useful and docile” (Sawicki, 1991, p. 67). Disciplinary power is situated in social institutions, such as schools, prisons, and hospitals, but also in everyday activities of individuals. Disciplinary power operates “by creating desires,

attaching individuals to specific identities, and establishing norms against which individuals and their behaviors and bodies are judged and against which they police themselves” (Sawicki, 1991, p. 68). Let’s Move! enacts disciplinary power by promoting being healthy, i.e. thin, as the goal to strive for. The campaign provides citizens with the BMI categories and a calculator so they can place themselves into a weight category. Let’s Move! also presents users with biopedagogies for proper types and amounts of food and physical activity that citizen ought to engage in. Citizens can measure their own behaviors against the prescribed biopedagogies and make corrections if there are discrepancies. Different from disciplinary power, regulatory power “is focused on the “species body,” the body that serves as the basis of biological processes affecting birth, death, the level of health and longevity” and is “inscribed in policies and interventions governing the population” (Sawicki, 1991, p. 67). Let’s Move! enacts regulatory power by promoting biopedagogies such as calorie counting for pregnant women and promoting breast-feeding for infants in order to ensure the health and longevity of the country’s future citizens. The campaign is exerting biopower through biopedagogies that attempt to discipline citizens’ eating habits and shape their bodies through physical activity.

## **Biopedagogies**

Biopedagogies refer to prescriptions for how to eat, move, and live that regulate individuals within their social environment. Wright (2009) defines biopedagogies as “disciplinary and regulatory strategies that enable the governing of bodies in the name of health and life” (p. 8). The “war on obesity” uses biopedagogies to manage bodies and has created new forms of disciplinary practices with the goal of reducing obesity and “protecting” populations from the risk of becoming obese (Evans, Rich & Davies, 2004; Harwood, 2009). Obesity

discourse calls for overweight and obese people to engage in self-disciplinary processes such as diet, exercise, and sometimes even surgery to reduce their body weight. But obesity discourse is not just for those categorized as overweight or obese; everyone must be vigilant against weight gain. Biopedagogies are the normalizing and regulating discourses that instruct individuals how to think and feel about their bodies. Through biopedagogies, people learn to assess and monitor their bodies and behaviors in relation to social norms of appearance and body shape (Bordo, 2003). Biopedagogies operate by requiring individuals to monitor themselves while also increasing their knowledge about obesity and health (Harwood, 2009; Wright, 2009).

Government health campaigns function as biopedagogies by providing citizens with instructions on how to avoid becoming overweight or obese by eating healthy foods and being physically active (Wright, 2009). These interventions reflect what Foucault (1988) calls technologies of the self and provide an understanding of how subjects are dominated. Technologies of power “determine the conduct of individuals and submit them to certain ends or dominations” (Foucault, 1988, p. 18). Technologies of the self focus on the ways individuals act upon their bodies to transform themselves “in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality” (Foucault, 1988, p. 18). According to Foucault (1988), individuals do not develop technologies of the self; rather they are proposed, suggested, and imposed on them by society. Public health campaigns such as Let’s Move! provide individuals with the necessary tools or technologies of self to transform their obese (unhealthy, unhappy, unproductive) bodies into lean (healthy, happy, productive) bodies. Failure to properly engage in and enact biopedagogies has consequences.

## **Biocitizen**

From biopedagogies emerges the notion of the biocitizen. Biocitizens have the responsibility to care for not only their own weight but also their family's weight, and to further the health and economic wellbeing of others in the community and the nation (Halse, 2009; LeBesco, 2011). Under the framework of biopower and biocitizenship, the body becomes the visible marker of one's moral investment in health, normality, and ultimately one's worth as a citizen. A good biocitizen is then one who exercises discipline over her or his body by maintaining a "healthy" weight. Wright (2009) maintains that overweight and obese bodies are perceived as failing to make the right lifestyle choices and, therefore, are absconding their responsibilities to be good, i.e. healthy citizens. When overeating and inactivity are constructed as avoidable, fat bodies become evidence of moral failings (Saguy & Riley 2005). We attach social and cultural meanings to the appearance of bodies. We interpret bodies as confessing truths about people (Murray, 2009). In Western society, maintaining one's body is a visible marker of morality and a sign of living ethically (Murray, 2009). Fatness becomes evidence of neglect of the body, and this neglect is framed as a moral failure. Fat people's bodies are interpreted as neglecting a moral imperative to maintain health. Thus, they are considered immoral for not taking responsibility for their health (Murray, 2009). Fat people can redeem themselves as ethical citizens by engaging in a moral commitment to lose weight (Murray, 2009). The overweight and obese body is discursively produced as a bad citizen, who is a burden and danger to the welfare of the society (Markula, 2008; Petersen, 2003). Additionally, in our current neoliberal capitalist society, good biocitizens are those who are able to engage in the labor market, accumulate wealth, and consume. It is reasoned that obese people cannot fully



participant in the labor market and consumer culture due to ill health; therefore, they are bad neoliberal citizens.

## **Neoliberal Subjects**

Neoliberalism refers to an economic doctrine that supports global capitalism through the expansion of the free market (Rubin, 2005). Neoliberalism advocates for the reduction of state intervention in private enterprise; decreased public spending on social services such as education and health care; and deregulation, decentralization, and privatization (Martinez & Garcia, 2001). In Western societies, notions of the self are bound to discourses of the neoliberal subject. Neoliberal discourse understands subjects “as autonomous, unitary, rational actors with capacities for control and with responsibility for our own destinies” (Stephenson, 2003, p. 137). Let’s Move! relies on neoliberal ideologies to promote health as a personal responsibility.

Rose (2013) contends that neoliberalism “does not seek to govern through society but through the regulated choices of individual citizens, now construed as subjects of choices and aspirations to self-actualization and fulfillment” (p. 41). Neoliberal governmentality requires that not only must institutions, corporations, and states be lean, fit, and autonomous but also individuals’ bodies must adhere to this obligation (Lemke, 2000). Neoliberal governmentality aims to move caring obligations, such as child rearing and caring for a sick or disabled family member, from public spheres to personal spheres (Guthman, 2009). One way this is accomplished is through encouraging individuals to take control of their health in the name of individual empowerment. These discourses appear to be commonsense by invoking the familiar language of freedom, personal responsibility, and self-reliance (Rose, 1999). Therefore, the good neoliberal subject should strive for fitness in order to highlight her or his capability to be

productive in a capitalist society. Government health campaigns draw on themes of neoliberalism by promoting the notion of the liberal rational actor and focusing on the actions individuals ought to engage in to take control of their health. Thus weight management and health are conceptualized as issues of personal responsibility.

This chapter presented the concepts of biopower, biopedagogies, biocitizenship, and the neoliberal subject. Biopower refers to the regulation of populations through prescribed bodily practices in the interest of the nation. Biopower is implemented through regulatory practices called biopedagogies. Biopedagogies are pedagogies directed at the body and include instructions for how to eat, move, and live to promote health. Biocitizenship entails a responsibility to sustain one's health for the economic wellbeing of the nation. In this context, the body becomes the visible marker of one's investment in health and ultimately one's worth as a citizen. Neoliberal ideologies position citizens as entrepreneurs of their lives and health. These concepts serve as the theoretical framework for this thesis. I use them as entry points for analyzing the ways the discourse in the Let's Move! campaign promotes classed, raced, gendered, able-bodied, and nationalistic ideals of citizenship. In the next chapter, I provide rationale for my methodology and description of the site of analysis.

## **CHAPTER FIVE:**

### **METHOD**

This thesis uses critical discourse analysis to examine the construction of obesity and health in Michelle Obama's Let's Move! campaign. I aim to reveal the larger social and cultural arrangements surrounding the discourse on childhood obesity adopted by and employed in the Let's Move! campaign. Discourse analysis allows me to demonstrate how the language used by the Let's Move! campaign (re)enforces and (re)signifies cultural notions of fat as a social problem, specifically the ideology that fat bodies are diseased, unproductive, and a financial burden. I argue the Let's Move! campaign is a symptomatic text indicating a moral panic over obesity and that the campaign employs biopedagogies to construct children as bio-citizens. I use a theoretical framework of biopower, biopedagogies, and the biocitizen as tools to analyze the ways the Let's Move! campaign draws on discourses emerging from consumption, health, and childhood in classed, raced, gendered, nationalistic and able-bodied ways.

#### **Site of Analysis**

My site of inquiry is the Let's Move! website, a government sponsored national campaign backed by the First Lady of the United States, who has considerable power to influence social policy. I justify a close analysis of the Let's Move! website as discourse because the campaign as a text is primarily web-based. I examined all of the text or written material found on the official Let's Move! website. This includes the five main sections titled:

1. "Learn the Facts about Let's Move" (See Appendix B)

2. “Eating Health: Food & Nutrition” (See Appendix C)
3. “Get Active: Physical Activity” (See Appendices D)
4. “Take Action: Simple Steps to Success” (See Appendix E)
5. “Join Us: Let’s Move Together” (See Appendix F)

I chose these five sections because they constitute the main text of the Let’s Move! website.

Each of these sections includes subsections. For example, the section titled “Learn the Facts about Let’s Move” contains links:

- About Let’s Move
- The Epidemic of Childhood Obesity: Learn the Facts
- Getting Started: What is Obesity?
- Health Problems and Childhood Obesity
- Videos and Photos
- White House Task Force on Childhood Obesity
- The Partnership for a Healthier America
- Newsroom, Logo and Usage, Programs, Accomplishments, and Resources

## **Discourse Analysis**

Discourse analysis is an analytical tool for examining how language is used to (re)create social reality. Discourse analysis emphasizes the social underpinning of texts. Discourse is a text that illuminates the ways social knowledge is defined, and organized (Cramer, 1998). The aim of discourse analysis is to “uncover the codes, constructions, cultural assumptions, connotations, values, and beliefs embedded in the text” and locate connections between the text and social structures by identifying recurring patterns, themes, phrases, or rhetoric in the discourse (Cramer,

1998, p. 13). Discourse analysis explores how texts are made meaningful and how they make meaning. Discourse analysis does not focus on finding meaning in texts but rather it uncovers “processes operating beneath the surface of texts” (Waite, 2005, p. 168). The aim of discourse analysis is to examine how “discourses are constituted and circulated within texts and representations, which in turn function to produce a particular understanding or knowledge about the world that is accepted as truth” (Waite, 2005, p. 168). In the present case, Let’s Move! uncritically presents excess body fat as unhealthy.

### **Critical Discourse Analysis**

Critical Discourse Analysis (CDA) takes discourse analysis a step further to critique the power relations codified in dominant formations (Jørgensen & Phillips, 2002). CDA “primarily studies the way social power, abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context” (van Dijk, 1997, p. 353). Critical discourse analysis attempts to uncover discourses that maintain existing inequalities in a society such as poverty, racism and sexism, which ultimately benefit dominant groups such as the wealthy, White people, and men. CDA draws attention to the ideological effects of linguistic choices. For example, the Let’s Move! campaign appears simply to be promoting healthy eating and physical activity for children, but interrogating the discourses the campaign adopts and deploys reveals that the aim of the campaign seems to be to control bodies deemed unruly and dangerous to the social order.

## **CHAPTER SIX:**

### **ANALYSIS**

The purpose of this chapter is to present my analysis of the Let's Move! campaign website. My analysis consists of five sections. First, I maintain that the Let's Move! campaign is a symptomatic text that reveals a moral panic over the so-called childhood obesity epidemic by insisting that childhood obesity is a threat to the national economy and security. I focus on how the campaign constructs health as a middle-class value, the definition of a healthy body as a thin body, and the framing of the bodies of obese children as unhealthy. Next, I sketch how Let's Move! employs neoliberal discourse to frame parents as responsible for their overweight and obese children's poor health outcomes while ignoring structural inequalities that contribute to health outcomes. Subsequently, I argue that Let's Move! is a gendered campaign that utilizes neoliberal discourses of motherhood to encourage women to conform to the cultural notion of the "good mother." Moreover, the campaign uses a call to ending childhood obesity as justification to control women's bodies. Then, I outline how Let's Move! constructs good citizens as informed consumers. Finally, I examine the class assumptions embedded in the Let's Move! campaign and how the campaign promotes middle-class citizens and norms as the ideal. Such norms function as class and race signifiers by promoting such things as shopping at farmers markets and devoting leisure to physical fitness as goals for everyone. Overall, I argue that the Let's Move! campaign promotes classist, sexist, racist, ableist, and heteronormative ideals of citizenship.

## **Moral Panic**

I argue that Let's Move! signifies a moral panic over childhood obesity that reveals cultural anxieties over non-white race, women's bodies, national identity, and a reduction in U.S. military and economic security. The campaign endorses a construction of health that presents thin bodies as healthy and denies that overweight and obese bodies can be physically or emotionally healthy. Furthermore, the campaign discursively constructs obese children as financial burdens on the health care system. Let's Move! discursively constructs childhood obesity as a national epidemic that threatens the safety and security of the United States by claiming that obese children will become obese adults who will not be able to contribute to society through economic or militaristic labor.

Lets' Move! describes childhood obesity as a danger to the social order. The campaign states, "The threat of childhood obesity is real, and will remain until we take action" ("Let's Move!," n.d.). This description is indicative of moral panics, which refer to an inflated public concern over a social problem (Goode & Ben-Yehuda, 1994; Hawdon, 2001). Moral panics focus on behaviors that appear to threaten societal values and interests. Ultimately, moral panics are about convincing a population that a particular group or activity is a "threat" to social values or interests. The group(s) deemed responsible for the threatening behavior are identified, categorized, given social identities, and then admonished to conform to societal values. Thus, moral panics function to clarify the normative and ethical boundaries of a society (Goode & Ben-Yehuda, 2009). The alarm is disproportionate to the actual social problem, and the concern is inconsistent over time (Goode & Ben-Yehuda, 1994). By presenting childhood obesity as a serious "threat," the Let's Move! campaign is asserting not only that fat is a danger to children's bodies but that fat children's bodies are a danger to U.S. society. The campaign uses dominant

discourse on childhood to promote its agenda. The category childhood is a notion that “is defined and constructed by society rather than determined by biology” (Stauffer, 2014, p. 155). This claim is supported in that conceptions of childhood have changed over time and across cultures. In the early 19th century, Western cultures began to view childhood as a distinct stage of life that is “naturally innocent, pure, and malleable” (Stauffer, 2014, p. 155). In this context, childhood referred to the age range from 5 to 16 years old. This discourse of childhood created a desire to preserve childhood innocence, and it became paramount to keep children “safe from physical harm, psychological conflict and the undesirable elements of society, and free from all adult responsibility” (Stauffer, 2014, p. 155). The current discourse of childhood focuses on insulating children from “poverty, crime, violence, terrorism, and war, by situating them within the middle-class nuclear heterosexual family” (Stauffer, 2014, p. 156). Let’s Move! taps into this ideology to support the belief that children need to be protected from fat.

The first thing posted on the “Learning the Facts” section of the Let’s Move! website is a statement made by Michelle Obama during the launch of the campaign. In reference to obesity the first lady states, “The physical and emotional health of an entire generation and the economic health and security of our nation is at stake” (“Let’s Move!,” n.d.). This statement asserts that overweight and obese people cannot be physically or emotionally healthy. The characteristics of health are only attributable to people categorized as normal weight. Let’s Move! states that overweight and obese children are at risk for health problems including “heart disease, type 2 diabetes, asthma, sleep apnea, and social discrimination” (“Let’s Move!,” n.d.). According to the campaign, “obese children and teens have been found to have risk factors for cardiovascular disease (CVD), including high cholesterol levels, high blood pressure, and abnormal glucose tolerance” (“Let’s Move!,” n.d.). Let’s Move! asserts “Obese children may experience



immediate health consequences which can lead to weight-related health problems in adulthood” (“Let’s Move!,” n.d.). The campaign warns “that the current generation could actually be on track to have a shorter lifespan than their parents” (“Let’s Move!,” n.d.). Furthermore, the campaign cautions that overweight and obese children are in not only poor physical health, but also poor psychological health. Lets’ move! states:

In addition to suffering from poor physical health, overweight and obese children can often be targets of early social discrimination. The psychological stress of social stigmatization can cause low self-esteem, which, in turn, can hinder academic and social functioning, and persist into adulthood. While research is still being conducted, there have been some studies showing that obese children are not learning as well as those who are not obese. Further, physical fitness has been shown to be associated with higher achievement. (“Let’s Move!,” n.d.)

This statement takes it as a foregone conclusion that all overweight and obese children are suffering from poor physical health. The campaign also claims that obesity leads to low self-esteem and hinders learning and social functioning. To support this claim Let’s Move! states that “Teachers see the teasing and bullying; school counselors see the depression and low-self-esteem; and coaches see kids struggling to keep up, or stuck on the sidelines” (“Let’s Move!,” n.d.). Beyond begging questions about why educators are sidelining “fat” children rather than teaching students *not* to bully, Let’s Move! frames these physical and psychological problems as lifelong problems that do not end as the child ages but will persist into adulthood. By declaring “obese children are more likely to become obese as adults,” Let’s Move! purports that today’s low functioning “fat” children will become tomorrow’s low functioning “fat” adults.

Based on the belief that “fat” automatically equals “unhealthy,” Let’s Move! discursively constructs the obese body as an economic drain to the U.S. health care system and unproductive in the labor market. The campaign, by proclaiming that the “physical and emotional health of an entire generation and the economic health and security of our nation is at stake” (“Let’s Move!,” n.d.), asserts connections between obesity and the national economy and national security. Within this narrative the obese body symbolizes an economic drain through increased costs to the already overburdened health care system and represents a financial burden to “healthy” taxpayers who are not overweight. Let’s Move! states, “Economic experts tell us that we’re spending outrageous amounts of money treating obesity-related conditions like diabetes, heart disease, and cancer” (“Let’s Move!,” n.d.). The campaign lists the health risks associated with being overweight or obese:

Physical activity is an essential component of a healthy lifestyle. In combination with healthy eating, it can help prevent a range of chronic diseases, including heart disease, cancer, and stroke, which are the three leading causes of death. (“Let’s Move!,” n.d.) Let’s Move! states that a failure to eat healthy foods and engage in physical activity will foster chronic diseases and lead to death.

Beyond the estimated “outrageous” medical costs of obesity, Let’s Move! constructs the obese body as economically unproductive; people categorized as obese are presented as unable to fully participate in the labor market. The campaign maintains that obesity will inhibit America’s youth from achieving their full potential:

Think about the effect it [obesity] will have on every aspect of their lives. Whether they can keep up with their classmates on the playground and stay focused in the classroom. Whether they have the self-confidence to pursue careers of their dreams, and the stamina

to succeed in those careers. Whether they'll have the energy and strength to teach their own kids how to throw a ball or ride a bike, and whether they'll live long enough to see their grandkids grow up – maybe even their great grandkids too. (“Let’s Move!,” n.d.)

This statement implies that obese children will struggle to be on a par with their fellow non-obese classmates due to an inability to focus. Additionally, obese children will not be confident enough to seek prestigious careers, and even if they do, their fatness will prevent them from being successful. The campaign suggests that obesity is a cycle, and once the cycle begins it will not end without outside intervention. The assertion is that obese children will become obese adults who will have obese children. The implication is that obese parents are bad parents who do not have the strength or energy to teach their children how to be good citizens. Furthermore, the assertion is that childhood obesity will lead to premature death, which will cause pain and suffering to future potential children and grandchildren. This statement reinforces fatness as failure: failure of self-control and discipline necessary to be a productive citizen and failure to be a responsible parent and even grandparent. Let’s Move! upholds the idea that only thin bodies can be healthy and that fat bodies present a danger to the national economy due to medical costs and lost economic labor. The campaign insists that fat kids represent wasted potential and are a danger to the nation.

Let’s Move! maintains that the so-called “obesity epidemic” poses a risk to national security. Let’s Move! states, “Military leaders report that obesity is now one of the most common disqualifiers for military service” (“Let’s Move!,” n.d.). This statement is in reference to a 2011 U.S. Department of Defense (DOD) report titled *Too Fat to Fight*, declaring obesity a threat to national security. This report argued that “over 27 percent of all Americans 17 to 24 years of age, over nine million young men and women, are too heavy to join the military if they

want to do so” (“Too Fat to Fight,” 2011, p. 2). The U.S. military maintains that the “obesity epidemic” is reducing the numbers of qualified recruits for the nation’s military, and unless something is done, the military will face long-term eligibility shortages. The report discusses other disqualifiers that impede the military’s ability to recruit soldiers such as educational deficits, criminal records, medical issues such as asthma or drug abuse, which combined accounts for the 50 percent of Americans 17 to 24 years old who are unable to enlist in the military (DOD, p. 3). If half of the people in the target age for recruitment are disqualified for reasons other than obesity, it seems the panic over childhood obesity is misplaced. If the goal is to increase the number of Americans eligible to enlist, the government could focus its resources on increasing funding for public schools, allowing more Americans to expunge their criminal records, reducing environmental pollutants that contribute to health issues, and improving access to healthcare and rehabilitation for drug dependency. Moreover, it is not clear whether the DOD’s statistic of 27% is an increase over previous periods of time. Nor do we know if this number accounts for the 1998 BMI change that increased the number of obese Americans not because they gained weight but because of a statistical maneuver.

The focus on U.S. economic health and national security illustrates that the concern over childhood obesity is about more than just excess body fat. It exposes anxieties that the United States could lose status globally as a military and economic superpower by reducing the number of citizens who are able to work in the labor market and enlist in the military. Let’s Move! asserts that ending childhood obesity “is our obligation, not just as parents who love our kids, but as citizens who love this country” (“Let’s Move!,” n.d.). This statement illustrates the call to nationalism and patriotism embedded in the campaign. Nationalism is a social construction that develops from inclusions and exclusions regarding citizenship and national belonging (Giroux,

1995). “Within this narrative, national identity is structured through a notion of citizenship and patriotism that subordinates ethnic, racial, and cultural differences to the assimilating logic of a common culture” (Giroux, 1995, p. 46). Nationalism views difference as a threat to national security and unity. The discourse of nationalism situates the state as the center of activities, and everything done is an effort to strengthen and protect it (Camicia & Zhu, 2011). It is important to note that nationalist discourse often benefits the ideological and material interests of the nation’s elite. Let’s Move! employs nationalist discourse to encourage parents to maintain their children’s weight for the good of the nation. Using fears of a reduced labor force to justify ending the obesity epidemic exemplifies biopower; Let’s Move! is attempting to make Americans’ bodies more productive.

The campaign supports the idea that fat equates to unhealthy and that overweight and obese bodies cannot be physically or emotionally healthy. Furthermore, the campaign discursively constructs obese children as financial burdens on the health care system and economically unproductive. The Lets’ Move! campaign discursively constructs childhood obesity as a national epidemic that threatens the safety and security of the United States by claiming that obese children will become obese adults unable to contribute to society through economic and militaristic labor. Promoting the idea that childhood obesity is a threat to the safety and security of the country reinforces normative boundaries that discipline the body, specifically it encourages neoliberal ideologies of personal responsibility.

### **Neoliberal Discourse of Health and Personal Responsibility**

Let’s Move! seems to frame itself as a collaborative effort that all Americans need to be involved in order to end childhood obesity. I maintain, however, that Let’s Move! is an

individualistic campaign that asserts biopower through neoliberal discourses of personal responsibility and self-reliance. The campaign is presented as a call to action by proclaiming that “everyone has a role to play in ending childhood obesity: parents, elected officials, schools, health care professionals, faith-based organizations and private industry” (“Let’s Move!,” n.d.). But upon closer inspection the responsibility is ultimately placed on the individual citizen to make the “right” choices. The campaign provides an origin story for the so-called obesity epidemic. According to the campaign, the story begins in the 1980s, and while it appears to address structural issues, such as food deserts and food insecurity, that have contributed to the rising weights of minors in the United States, the campaign actually focuses on individual behaviors: children not walking, exercising, or playing enough. Website visitors are told that children are eating too many snacks as well as unhealthy food such as fast food. Portion sizes are too large leading to an increase in daily caloric intake. Kids are also consuming too much sedentary entertainment as well as too much food. Yet this origin story is an ideological sleight of hand that presents a doublebind. If children are playing outside and skipping prepackaged snacks in favor of fresh produce, then they are not being good citizen consumers addicted to screen entertainment and eating branded snackfoods.

The campaign relies on neoliberal discourses of personal responsibility by providing specific biopedagogies regarding the types and amount of food and physical activity to engage in to be healthy. Moreover, the campaign employs neoliberal discourses to frame overweight and obese citizens as responsible for their poor health outcomes while ignoring structural inequalities that prevent people from eating healthy foods. Petersen (2003) argues that “citizens are increasingly expected, as a condition of access to health care services, to play their role in minimizing their contribution to health care costs by becoming more responsible health care

consumers and adopting appropriate practices of prevention” (p. 194). According to this discourse, maintaining a “healthy” weight is a civic duty. Neoliberal discourses of health situate patients as active participants who are ultimately responsible for their own health outcomes (Inthorn & Boyce, 2010). Let’s Move! constructs fat as not only unhealthy but also an entirely controllable and avoidable health risk. Health in this context refers to self-control, self-discipline, and willpower.

Let’s Move! does mention some structural issues that create barriers to healthy eating such as food deserts and food insecurity. Food deserts refer to geographic areas where residents have limited access to affordable and nutritious foods due to a lack of supermarkets or grocery stores (Signs, Darcey, Carney, Evans, & Quinlan, 2011). Food deserts are typically in low-income urban or rural areas. Moore and Diez Roux (2006) found that poor and minority neighborhoods have fewer supermarkets than wealthy and White neighborhoods; these neighborhoods also “have fewer fruit and vegetable markets, bakeries, specialty stores, and natural food stores” (p. 329). Conversely, food swamps refer to areas where there is an overabundance of low nutrient foods in comparison to healthy foods, and these also tend to be in low-income and minority neighborhoods. Low nutrient foods refer to processed foods with added sugar and fat that lack vitamins and minerals. These include foods such as candy, potato chips, and soda. These would be the ubiquitous “convenience” stores’ wares.

Additionally, Let’s Move! briefly mentions food insecurity. The U.S. Department of Agriculture (USDA) defines food insecurity as “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable food in socially acceptable ways” (Hamilton et al., 1997, p. 3). In 2013, 14.3 percent (17.5 million U.S. households) were food insecure at some point in the year (Coleman-Jensen, Gregory, & Singh,

2014). For a family to be considered "food insecure" its members must be habitually concerned about their food situation or an adult in the family occasionally goes without food (Coleman-Jensen, Gregory, & Singh, 2014). Food insecurity is substantially higher in households with incomes near or below the Federal poverty line currently set at \$24,250 a year for a household of four (Department of Health and Human Services, 2015), households with children headed by single caregiver, and households headed by Blacks and Hispanics (Coleman-Jensen, Gregory, & Singh, 2014). Additionally "food insecurity was more common in large cities and rural areas than in suburban areas and exurban areas around large cities" (Coleman-Jensen, Gregory, & Singh, 2014, p. v). Research indicates that in the United States food insecurity is correlated with obesity (Eisenmann, Gundersen, Lohman, Garasky, & Stewart, 2011; Jyoti, Frongillo, & Jones, 2005; Larson & Story, 2011). The campaign does not address structural issues that contribute to food deserts, food swamps, or food insecurity in any significant way. Let's Move! states that it is "committed to helping ensure that all families have access to healthy, affordable food in their communities" ("Let's Move!," n.d.). Yet the campaign does not provide any concrete solutions to ending structural barriers that inhibit citizens' ability to access healthy food. Let's Move! states:

Get started by initiating a conversation about childhood obesity in your community.

Bring together everyone who has a role: parents, city offices, faith-based and community-based organizations, schools, parks and recreation departments, businesses, childcare facilities and hospitals. Then, work together to make neighborhoods healthier by creating opportunities for physical activity and access to healthy, affordable food. ("Let's Move!," n.d.)



This proposed solution illustrates that the campaign views ending food deserts and food insecurity as citizens' responsibility. Paradoxically the people who have the time, education, and means to eradicate food deserts or food insecurity do not live in food deserts or suffer from food insecurity. The focus on actions that individuals need to do to end the so-called "obesity epidemic" highlights the neoliberal underpinnings of the Let's Move! campaign. It is ultimately an individualistic intervention that does not address the underlying structural issues such as residential racial segregation, a stagnant minimum wage, high unemployment rates, or lack of efficient mass transportation that may contribute to reduced access to healthy foods. The campaign absolves the U.S. government from responsibility for the health of its citizens by utilizing neoliberal discourses that frame overweight and obese citizens as responsible for their poor health outcomes. Let's Move! urges Americans to maintain their weight and thus their health regardless of their economic status in order to be good neoliberal subjects. However, a close examination of the campaign reveals that personal responsibility for health in the campaign is not distributed equally; it falls more heavily on certain types of individuals, primarily women and mothers.

### **Neoliberal Discourse of Motherhood**

Let's Move! is a gendered campaign that uses ending childhood obesity as a justification to surveil, discipline, and control women's bodies. The campaign uses accountability to encourage women to conform to the cultural notion of the "good mother" who sacrifices herself for the wellbeing of her children. The campaign places responsibility for childhood obesity on mothers/female-bodied caregivers by promoting specific biopedagogies regarding healthy eating and physical activity towards pregnant and breastfeeding women while not once mentioning

fathers' responsibilities. For example, in the Eating Healthy section of the website, the link for "healthy moms" is placed above the link for "healthy families." Since women have been the traditional caregivers in the home, they are frequently held responsible for their children's health and weight (Murphy, 2000). The campaign is indicating that in order to have healthy families you must first have healthy moms; female-bodied parents are responsible for the health of the entire family. Let's Move! states that "the first step you can take towards a healthy family is starting your child on a path to a healthy life by eating well during pregnancy and breastfeeding" ("Let's Move!," n.d.). This statement employs cultural discourse surrounding motherhood and the pregnant body that dictates that a woman must engage in the certain behaviors her to protect her health as well as her future child's.

Internal and external surveillance are used as forms of control over the pregnant female body. External surveillance of the pregnant body is usually enacted through the advice and mandates of doctors, nurses, and other authorities in the medical community. They typically include restrictions and outright prohibition on ingesting certain foods and beverages. Let's Move! warns women, "Studies have shown that a child's risk of becoming obese may begin before birth if the mother uses tobacco, gains excessive weight, or has diabetes" ("Let's Move!," n.d.). This narrative of maternal obesity constructs fat women as irresponsible mothers and deficient citizens who put their bad habits ahead of the health of their unborn children. According to Let's Move!, mothering responsibilities begin even before pregnancy, and the campaign cautions women that weight gain any time prior to pregnancy puts their potential future children at risk for obesity. Women must maintain their weight for the entirety of their reproductive years or they could cause their potential future children to be obese and thus unhealthy. Focusing on women's pre-pregnancy weight essentializes women, reducing them to

their reproductive capacities and exposing them to increased state interference of their reproductive choices and behaviors. Furthermore, it assumes that all women will be mothers and should consider themselves future mothers. Additionally, this removes women from the center of health interventions, and their health becomes something to secure for others rather than for themselves (Patterson & Johnston, 2012).

Internalized surveillance occurs when women begin to monitor and amend their own behaviors in order to meet these external expectations. Crawley and Broad (2008) posit that after being exposed to omnipresent surveillance women begin to monitor themselves. Pregnant women discipline themselves through self-surveillance and correction in order meet the internal and external pressure to make the right choices for their unborn child. This discipline is enacted when women accept the advice and mandates of their doctors and actively make changes to their daily habits, including but not limited to changes in diet and exercise when pregnant or trying to become pregnant. Let's Move! provides a link to the USDA ChooseMyPlate.gov website that offers pregnant and breastfeeding women a daily food plan and a calorie counter, not to help pregnant women ensure they consume *enough* calories, but to monitor their daily caloric intake and prevent weight gain.

While all women are held accountable for their enactment of gender, mothers and women who are pregnant or nursing are held to a stricter standard. The women who display the characteristics of the “good mother” are the ones who do everything in their power to protect the fetus inside of them. The “good mother” is one who does not question and passively accepts her subordination while the “bad mother” is any woman who resists. The cultural narrative of the bad mother stands as a warning for all women to perform the appropriate gender characteristics. West and Zimmerman (1987) argue that if individuals do not meet the societal expectation for

their gender then they will have their character, motives, and predispositions called into question. Obese children's bodies are used as evidence of "irresponsible" parenting or "bad mothering," while thin children's bodies indicate "responsible" parenting or "good mothering." In the case of Let's Move!, the campaign creates an imperative for mothers to monitor their children's weight, and the website provides a BMI calculator for just that. Let's Move! encourages parents to "calculate your child's BMI percentile" (Let's Move!, n.d.). If a child's BMI is high for that child's age or gender, the campaign recommends engaging the prescribed biopedagogies and taking the child to a medical professional.

While prescribing gendered advice to mothers but never employing the word "father," Let's Move! also promotes a heteronormative ideal of family. In every instance that the campaign refers to an adult, it is in the plural. The plural "parents and caregivers" implies that all families have two adults present, regardless of not only the realities of U.S. single-parenting but also the genders or sexualities of said pair of "parents or caregivers." This argument remains a heteronormative framework because of the supposition of a woman clearly labeled "mother" who provides for the primary care of children. Even if this model accommodates lesbian families, the assumptions about motherhood preclude same-sex families with two fathers, single fathers, indeed working single mothers, and any other nontraditional household arrangement. Moreover, the assumption that today's obese children will affect their future grandchildren reveals the reproductive heteronormative family.

Let's Move! is a gendered heteronormative campaign that uses ending childhood obesity as a justification to surveil, discipline, and control women's bodies. The campaign relies on neoliberal ideologies of motherhood to encourage women to conform to the cultural notion of the "good mother." The neoliberal mother lavishes her children with time, energy, and money. The

campaign asserts that women must maintain a “healthy” weight in the interest of their children, families, communities, and nation. To do otherwise, according to the campaign, is to abscond one’s responsibilities as a good biocitizen and a good mother. Women are required not only physically to produce “healthy” children but also to socialize children to be good citizen consumers. The assumption that today’s obese children will affect their future grandchildren reveals the reproductive heteronormative family.

### **Neoliberal Discourse of Consumption**

Constructions of obesity and health in Let’s Move! are linked to notions of citizenship and consumerism by focusing on neoliberal discourses of empowerment, self-reliance, and personal responsibility. This is accomplished by providing detailed biopedagogies that citizens ought to engage in to be “healthy,” and maintaining a “healthy” weight is constructed as a civic duty. Let’s Move! endorses the notion that to be a good citizen one must be empowered with knowledge of health and be an informed consumer. The neoliberal discourse employed by Let’s Move! presents health and obesity as simply a matter of individual choice. The problem with this is that it ignores structural issues such as poverty, lack of access to health care, and exposure to environmental pollutants, which contribute to poor health outcomes.

Let’s Move! has partnerships with corporations such as Walmart, Disney, and Walgreens. These partnerships highlight the tension in the campaign between consumption and over-consumption. According to neoliberal discourse, a good citizen is one who consumes but does not consume so much that she becomes obese. Let’s Move! endorses the good citizen who must be a consumer, but not just any consumer, an informed consumer. Therefore, citizens need tools to help them make the “right” decisions for themselves and their families, and the Let’s Move!

website provides just such tools. The section titled “Eating Health: Food & Nutrition” contains a paragraph titled “Empower Consumers.” This paragraph explains that the U.S. Food and Drug Administration (FDA) is working to “enhance the usefulness to consumers of point-of-purchase nutrition information” (“Let’s Move!,” n.d.). The website maintains that new nutrition labels provide “65 million parents in America with easy access to the information they need to make healthy choices for their children” (“Let’s Move!,” n.d.). The aim of front-of-package labeling is to provide visible information regarding the calorie and nutritional information that “consumers will notice, trust, understand, and use to make healthier food choices when shopping” (Let’s Move!, n.d.). It appears that the campaign is presenting contradictory directives. Fresh foods such as fruits and vegetables usually do not have nutrition labels. Typically only processed foods have nutrition labels with calorie information. So the campaign seems to contradict itself by promoting the purchase and consumption of unhealthy processed foods with improved package nutritional labeling.

The campaign insists that parents must instill healthy eating habits in their children so their children can grow up to be good citizens who participant in the labor market to keep the economy functioning by consuming. Yet corporate sponsors are not held responsible for saturating the food market with high-calorie, low-nutrient food. Rather the responsibility falls on the shoulders of individual consumers to empower themselves with knowledge of healthy food provided by Let’s Move! and then make the “right food choices.” For example, instead of requiring that corporate food manufacturers to remove unhealthy processed foods from school lunchrooms, Let’s Move! asks individual chefs to “get involved with their local schools as part of the Chefs Move to Schools initiative” by “adopting a school and working with teachers,

parents, school nutritionists and administrators to help educate children and show that nutrition can be fun” (“Let’s Move!,” n.d).

The Let’s Move! campaign discursively constructs citizens as consumers, and in order to be a good citizen one must be an informed consumer. The campaign promotes middle-class values that hinge on particular ways of consuming, i.e. middle-class modes of consumption. In the next section I argue that the specific biopedagogies promoted by Let’s Move! regarding eating and physical activity are based on middle-class values. And these middle-class values are actually code for White values. Ultimately, Let’s Move! is promoting White middle-class lifestyles as inherently “healthy” and as desirable goals for *all* Americans emulate.

### **Promotion of Middle-class Modes of Consumption and Activity**

The Let’s Move! campaign promotes a particular type of ideal citizen who is middle-class. Examining the biopedagogies that Let’s Move! promotes exposes the classist norms the campaign is founded on. By analyzing Let’s Move!’s recommendations for eating healthy and for physical activity for classist assumptions, it is clear that “health” is a proxy for middle-class values. The promotion of middle-class values is framed as encouraging “healthy” behaviors, but it also implies that lower class behaviors are by definition “unhealthy.” Additionally, the normative values that Let’s Move! encourages are not just classist. They also function as racial signifiers by promoting foods and activities that are typically associated with White middle-class “culture.”

In the United States middle-class status for two-parent two-children homes requires an annual income between \$50,800- \$122,800 and for one-parent two-child homes requires an annual income between \$13,200- \$44,000 (“Middle Class,” 2010). However, the middle-class

represents more than simply an income bracket. It includes a collection of normative values, including aspirations to own one's own home and car, to save money for retirement, to send one's children to college, and to take the occasional family vacation ("Middle Class," 2010). Middle-class values additionally extend to include preferences for food and physical activity.

### **Biopedagogies for eating healthy.**

The class assumptions in the Let's Move! campaign are apparent from the onset. Let's Move! is an internet-based campaign so in order to engage with the campaign one must have access to a computer or smart phone and some form of internet access. Examining the biopedagogies that are promoted in the Let's Move! campaign reveals what the government considers the ideal U.S. citizen. The Let's Move! campaign promotes a specific type of lifestyle as healthy; this healthy lifestyle emulates middle-class modes of consumption that require a middle-class income along with the cultural capital necessary to accomplish it. The website offers citizens meticulous instructions on what constitutes proper diet and exercise, including the exact types and amounts of food to consume and physical activity to engage in. The "Eating Health: Food & Nutrition" and "Get Active: Physical Activity" sections present parents with tools to reduce their children's risks of becoming overweight or obese. "Eating Health: Food & Nutrition" focuses on the appropriate foods that parents should be providing for their children. This section provides links to the U.S. Department of Agriculture (USDA) and the new food icon, MyPlate, which has replaced the Food Pyramid as the national dietary guide. MyPlate "serves as a quick visual reminder to all consumers to make healthy food choices when you choose your next meal" ("Let's Move!," n.d.). MyPlate consists of an illustration of a plate, cup, and fork. The cup represents the recommended daily amount of dairy. The plate is divided into



four unequal sections which represent the recommended daily amount of vegetables, fruits, grains, and protein. This is a biopedagogy that describes in detail the proper categories and proportions of food Americans should be eating. Clicking on the “Dietary Guidelines” link reroutes the user to the USDA website, which advises Americans to consume fewer calories, make informed food choices, and be physically active in order to attain a healthy weight. Let’s Move states:

When families sit down and eat together, children are more likely to eat more fruits and vegetables and fewer junk foods. Eating together is also a chance to model good behavior and regularly scheduled meal and snack times help kids learn structure for eating. So, keep the television off and spend time eating and talking together around the table.

(“Let’s Move!,” n.d.)

Many of these suggestions to obtain a healthy lifestyle, such as having regularly scheduled meals, eating together as a family, and planning meals out a week ahead, may be challenging for poor or working-class families to enact. These suggestions require time or money that many families do not have. Low wage jobs often have non-traditional and irregular hours, and workers are not given set schedules that would allow them to eat meals with their families at regularly scheduled times. A report by the Economic Policy Institute found that 17 % of the U.S. workforce has unstable work schedules, 10 % of these workers are assigned irregular and on-call work shift times, and the other 7 % are assigned rotating shifts (Golden, 2015). This report found that the lowest income workers face the most irregular work schedules with workers earning less than \$22,500 per year more likely to work on irregular schedules. “Irregular scheduling is most prevalent in agriculture, personal services, business/repair services, entertainment/recreation, finance/insurance/real estate, retail trade, and transportation communications” (Golden, 2015, p.

2). Workers often receive schedules only one week in advance, sometimes even less, and consequently, this inhibits employees' ability to "balance" work, social, and family responsibilities (McNamara, Bohle, & Quinlan, 2011; Zeytinoglu, Lillevik, Seaton, & Moruz, 2004). This problem is compounded for on-call workers who have to be constantly available for work; this produces a daily struggle to resolve competing caregiving and workplace demands (Correll, Kelly, Trimble-O'Connor, & Williams, 2014). These irregular work schedule issues disproportionately affect single mothers. The U.S. Census (2014) reported that there are 12 million single-parent households in the United States and that 83% of these are headed by single mothers. Additionally, 74% of single mothers with children under the age of 18 work outside the home ("Women of Working Age," n.d.). Yet Let's Move!'s prescriptions to improve the health of children ostensibly target poor and working-class women who lack the time and resources to enact them.

What is more, Let's Move! provides tips for stretching a budget to afford healthy foods. Most of the cost-saving tips require a time commitment that someone working and caring for children will not have. Planning meals, shopping for ingredients, buying fresh food in small amounts requires more than one trip to the grocery store a week; planting your own garden is time consuming and requires green space, tools, knowledge, and skills. In order to save money, the campaign advises buying uncut fresh fruits and vegetables, but it does not factor in the prep time required for such fresh foods.

As part of the "Nutrition Education Series," the campaign recommends purchasing fresh fruit and vegetables frequently from a local farmers market. Visiting a local farmer's market is not feasible for people who do not live in an area with farmers markets, do not have a car or reliable affordable mass transit, are the primary caregiver for children whom they must take

along on shopping trips, or have jobs with irregular hours or work on the weekends when most farmers markets operate. Nor does this suggestion take into account that poor people who receive food assistance and working class people are often paid only once or twice a month. Thus budgeting and shopping are often done just once or twice for the whole month. This makes buying fresh food impractical and processed food a sensible solution. These tips promote middle-class modes of consumption, i.e. shopping at farmers markets, or purchasing the latest superfood as goals for everyone. The specific biopedagogies suggested by Let's Move! require that all citizens must adopt middle-class eating habits and food choices in order to be healthy that poor and working-class people cannot afford. More importantly it reinforces the idea that poor and working-class people's eating habits and food choices are inherently "unhealthy" and thus bad. It devalues ethnic and cultural food ways in favor of White middle-class foods. One of the campaign's partnerships is a Pinterest page that provides healthy recipes. Many of the recipes provided use ingredients that are trendy fad or "super" foods, which are not carried in supermarkets or farmers markets in all regions of the country. And certainly these foods are not on shelves in privately owned convenient stores or bodegas. Some ingredients, such as spirulina (an algae high in protein and antioxidants), or Kombu (a sea vegetable that provides iodine, calcium, magnesium and iron) can be found only in boutique or health food stores, which are often more expensive than traditional grocery stores. Let's Move!'s biopedagogies for eating speak to middle-class parents as the ideal, i.e., those who have the time, knowledge, energy, and resources to purchase and prepare home-cooked meals from fresh foods. The next section focuses on the middle-class values endorsed by the types of physical activity Let's Move! advocates.

### **Biopedagogies for physical activity.**

In addition to lessons on eating, Let's Move! also provides biopedagogies for the kinds of physical activity that citizens ought to engage in. The section "Get Active: Physical Activity" of the Let's Move! website focuses on the proper amounts of physical activity that children should engage in and describes the health benefits associated with the prescribed physical activity. According to this section, children between the ages of 6 and 17 should be active for an hour a day, at least 5 days a week, for 6 out of 8 weeks. For anyone over the age of 18, this section recommends 30 minutes of physical activity a day, at least 5 days a week, for 6 out of 8 weeks. Included in this section are subsections that provide targeted information for ways that families, schools, and communities can encourage increased physical activity. The "Active Families" link provides a list of activities and steps that can be taken to "get started on a path to a healthier lifestyle" ("MyPlate," n.d.). Some suggestions include: "Give children toys that encourage physical activity like balls, kites, and jump ropes," "Limit TV time and keep the TV out of a child's bedroom," "Make a new house rule: no sitting still during television commercials," and "Find time to spend together doing a fun activity: family park day, swim day or bike day" ("Let's Move!," n.d.).

However, many of the Let's Move! recommendations for physical activities are costly, time consuming, and require a personal vehicle or that one live in an area with reliable mass transit, not to mention the kind of embodiment capable to participating in these normative physical activities. One such suggestion is to walk your children to school a few times a week, or to walk around the block after meals. These suggested activities presuppose that everyone lives in neighborhoods that are safe to walk in, that all neighborhoods have sidewalks and are well lit,

that traffic is not dangerous, or that crime is not an issue. Even if safety is not an issue, these suggestions assume that everyone has the time to walk their children to school. Caregivers are also told to volunteer with their children's afterschool physical activity programs or sports teams. While stay-at-home caregivers may have the time and energy to volunteer, many employed caregivers would find this suggestion difficult to enact. According to the most recent U.S Census, there are 5.2 million stay-at-home mothers, compared to 211,000 stay-at-home fathers ("Mother's Day," 2015). Additionally, White women are twice as likely to as Black women to be stay-at-home parents ("Mother's Day," 2015). It may not be reasonable to assume that working caregivers have flexible work schedules that accommodate coming in late or leaving early for such volunteer endeavors. Parents and caregivers are also urged to speak to their children's principal or write a letter to the superintendent asking to incorporate more physical education in school and ask the school have recess before lunch. This recommendation assumes that caregivers have time to write to school administrators, that caregivers are literate and speak English, and that they even know that this is an option, not to mention whether such efforts would be welcomed anyway.

The campaign provides a link to "Let's Move Outside" that offers recommendations for outside activities that are fun and affordable. The physical activities promoted by the campaign require a middle-class income to achieve because they require disposable income to accomplish, such as encouraging your children to join a sports team or having a family park day, swim day, or bike day. The site's lists of necessary items to bring for these outside activities include "a backpack, water for everyone, healthy snacks, sunscreen, hats or sunglasses, rain gear, and extra layers" ("Let's Move!," n.d.). Bikes and biking equipment such as helmets and lights are expensive, and 22 states have laws requiring cycling helmets. The suggestion to buy "children

toys that encourage physical activity like balls, kites, and jump ropes” (“Let’s Move!,” n.d.) presumes that parents can afford to spend money on new toys that their children may not want or use. Other instructions to limit children’s television time and keep screens out of bedrooms assume financial resources to have multiple screens in the house as well as an adult present who will monitor screen time.

Suggestions for outdoor activities assume that all caregivers work a traditional Monday through Friday 9 a.m. to 5 p.m. job and that there would be day light left to engage in these outdoor activities after work and on the weekends. Caregivers who work low-wage jobs with non-traditional hours are most likely working during the few hours of daylight between when their children return home from school and when the sun sets. Again, these outdoor activities reveal an assumption that everyone has access to a safe local park to walk, swim, or ride bikes. These tips also assume able-bodiedness, that all people have the ability to shop and prepare food by oneself without assistance. In this way able-bodiedness is framed as the universal ideal and a normal way of life. The campaign’s prescribed physical activity underscores cultural presumption of able-bodiedness by assuming that all citizens are capable of engaging in the amount or type of recommended physical activity, not to mention food shopping and preparation the site recommends.

### **Implied whiteness of middle-class values.**

Middle-class normative values that Let’s Move! promotes are more than classist. They employ racial signifiers as well. Lawson and Elwood (2014) posit that “middle-class-ness is also a technique of government that exerts cultural and political dominance by representing somatic and behavioral norms of whiteness, educational achievement, and upward mobility” (p.213). A

U. S. Department of Commerce Economics and Statistics (2010) report states that “families at a wide variety of income levels aspire to be middle-class and under certain circumstances can put together budgets that allow them to obtain a middle-class lifestyle” (“Middle Class,” 2010, p. viii). This middle-class lifestyle is imbued with normative values that include:

a strong orientation toward planning for the future; control over one’s destiny; movement up the socio-economic ladder through hard work and education; a well-rounded education for one’s children; protection against hardship, including crime, poverty, and health problems; access to home ownership and financial assets such as a savings account; and respect for the law. (“Middle Class,” 2010, p. 4)

These middle-class values are in line with the neoliberal discourse that promotes economic development and personal responsibility in all areas of life but completely ignores structural racism such as discrimination in employment, housing, education, and health care that create barriers for enacting these middle-class values.

Obesity is highly correlated with race, class, gender, and geographic location (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). In the United States, non-White children are more likely than White children to be overweight or obese (Ogden et al., 2010). Additionally, poor children have higher rates of obesity (Ogden et al., 2010; Vieweg, Johnston, Lanier, Fernandez, & Pandurangi, 2007). According to the U.S. Census Bureau (2014), African Americans and Hispanics are two to three times more likely to be poor than non-Hispanic Whites. In 2013, 12.3% of Whites were living in poverty, by comparison 23.5% of Hispanics, 27.2% of African Americans, and 29.1% of American Indians and Alaska Natives were living in poverty (U.S. Census, 2014). What these statistics fail to indicate is that non-White populations are more likely to experience structural inequality such as racial residential segregation. For African Americans,

residential segregation is associated with increased poverty and unemployment (Massey & Denton, 1993). Poverty increases the likelihood of obesity; “children of low socioeconomic status (SES) are 1.6 times more likely to be obese than high-SES children” (Lee, Andrew, Gebremariam, Lumeng, & Lee, 2014, p. 70). Moreover, neoliberal discourse of poverty claims that poverty is “a result of individual deficiencies, immoral behavior or poor choices” (Lawson & Elwood, 2014, p. 209). The neoliberal discourse of poverty positions poor people as bad citizens. In this way, neoliberal discourse frames the poor body and the obese body similarly, both are presented as lacking, flawed, and personally responsible for their plight. Guthman and DuPuis (2006) maintain that “fat has become another way to police the bounds of normalcy and class” (p. 434). The idealized White middle-class subject is used to discipline the bodies of poor people who are disproportionately overweight or obese and members of racial minority groups. This delegitimizes the experiences and lives of non-White people and requires them to situate themselves within a White narrative of health.

Although Let’s Move! appears to call on all Americans to do their part to end childhood obesity, the campaign has features that target minority groups. The campaign’s particular focus on Blacks, Latinos, and Native Indians/Native Alaskans is evident by minority outreach strategies. Let’s Move! created separate fact sheets geared toward African Americans, Hispanics, and Native Americans. All three fact sheets are exactly the same except for the title and the obesity statistics provided. The fact sheet for African Americans states:

In the African American community alone, nearly 40% of children are overweight or obese. Among young African American children, over 11% of those ages two-five already are obese. The statistics for African American adolescent girls ages 12–19, who



have the highest prevalence of obesity of any group by gender, race or ethnicity, are equally alarming. (“The Facts for African Americans,” n.d., p. 1)

The fact sheet for Hispanics states:

Childhood obesity in the Hispanic population is growing faster than all other population segments with nearly two in five Hispanic children ages 2–19 being overweight or obese. The obesity rate among Hispanic preschoolers is higher than their White or African American peers. Hispanic children are at great risk of being overweight and obese throughout all stages of their childhood and adolescence. (“The Facts for Hispanics,” n.d., p. 1)

The fact sheet for Indian Americans/Alaska Natives states:

Obesity is more than two times more common among American Indian/Alaska Native children (31%) than among White (16%) or Asian (13%) children. This rate is higher than any other racial or ethnic group studied. (“The Facts for Indian Americans/Alaska Natives,” n.d., p. 1)

That Let’s Move! does not have a fact sheet for White Americans indicates the campaign does not consider White to be a race and that White is regarded as the default for humans. This functions to “other” anyone not considered White. Dyer (1997) observes that Whiteness is constructed as colorless, neutral, and the moral standard that can only be recognized against its opposite Other. In Let’s Move!, the absence of data specific to Whites indicates that “white Anglo remains the unraced standard against which non-white non-Anglo students are constructed” (Golombisky, 2006, p. 103). The Let’s Move! campaign employs neoliberal discourse that advocates for “thin bodies which are often White and privileged as normal, controlled, healthy, and desirable citizens” (LeBesco, 2004, p. 23). Neoliberal discourse of

obesity alleges that obese bodies are failed citizens and implies that marginalized groups are lazy, lack self-control, and willpower; this operates to legitimize existing social inequalities. If obesity is constructed as a simply problem of personal responsibility, then fat people are to blame for their plight, and proposed solutions will be individualized rather than structural or systemic. Focusing on fixing obese individuals leaves wider social problems such as poverty, discrimination, racism, and sexism hidden and unaddressed.

The Let's Move! campaign promotes a particular type of ideal U.S. citizens who are thin, White, middle-class, gendered, able-bodied. Let's Move!'s recommendations for eating healthy and for physical activity rely on classist assumptions that promote middle-class foods and activities as "healthy" and thus "good." Middle-class values stand in as code for White values by promoting middle-class norms such as shopping at farmers markets and devoting leisure to physical fitness. Indeed, the notion of leisure time itself is reflective of class assumptions regarding the privilege of free time. Such norms are forms of regulatory power that discipline the bodies of poor and work-class people while marginalizing them as undeserving of the privileges that such norms promote. The middle-class normative values of food consumption that Let's Move! advertises are not just classist, they also serve as racial signifiers. Food consumption is intertwined with race and class, and reflects social and economic hierarchies. There are culturally defined ways to eat that are tied to racial identities. Food is subject to normative judgments in that certain foods are presented as "healthy" while others are considered "unhealthy." Additionally, particular foods are associated with cultural or racial identities, i.e. non-White, and those who eat differently are marked as "other" and less valuable. Often foods associated with marginalized groups become stigmatized. For example, soul food is considered "unhealthy" and is associated with the African-American community. This logic situates White middle-class

values as superior and as goals that all people should strive to emulate. Let's Move! presents "healthy" food, which reflects White cultural histories and practices in the guise of class aspiration. Let's Move! taps into these norms of thinness as healthy and "good" in order to discipline and control bodies deemed unruly and problematic. Yet the unruly and problematic bodies are disadvantaged in ways that preclude success at adhering to advice of Let's Move!

I argue that the Let's Move! campaign is an attempt to regulate citizens' bodies by promoting specific biopedagogies that detail the types and amount of foods and physical exercise that citizens ought to consume to maintain a "healthy" weight in the interest of the nation. Many of the biopedagogies promoted are difficult or impossible for poor or working-class people to enact. As a result, poor and working-class families may find themselves in a class double bind. In a double bind, an individual is trapped in an "unresolvable sequence of expectation" (Bateson, 1972, p. 156). A double bind can be thought of as a "type of knot that gets tighter when either end is pulled" (Jenkins, 2014, p. 267). For example, in order to afford to purchase healthy foods such as raw fruits and vegetables for their families, caregivers who are primarily women must work in the labor market. In turn this labor reduces the amount of time they have to prepare meals and eat together. The ability to forego participating in the paid labor market in order to grow one's own fruits and vegetables is not a realistic option for most caregivers. The difficulty of accomplishing these recommendations increases when applied to single-headed households, where one caregiver is responsible for engaging in both the paid and unpaid labor required to support children. The biopedagogies, such as purchasing fresh fruits and vegetables from local farmers markets, presented in Let's Move! create expectations for middle-class modes of consumption that many families cannot realistically meet under their current economic situation. Poor and working-class families typically do not have the political capital to effect the change

that would allow them to engage in these middle-class modes of consumption or activities, such as increasing the minimum wage and public assistance, affordable housing options in safe neighborhoods, and free childcare programs for working parents.

Let's Move! positions itself as a collaborative campaign while the neoliberal discourses such as personal responsibility it relies on remain invisible. Let's Move!'s use of neoliberal discourses is problematic because it individualizes the causes and solutions to the so-called obesity epidemic. The focus on individual responsibility diverts attention from structural inequality that contributes to the inability of minorities and poor people to access healthy foods and engage in physical activity. Additionally, the "individualized framing of obesity allows for an ethical foundation for fat stigma" (Patterson & Johnson, 2012, p. 285). Since fat is considered a personal and moral failing, the burden is placed on already marginalized groups to conform to White middle-class standards of health and consumption.

The classist biopedagogies prescribed by Let's Move! reinforce the perception that thinness and health are attributes of the White middle-class, while "the danger of obesity emanates from racial, cultural, and socio-economic others" (Biltekoff, 2007, p. 40). Aronowitz (2008) claims that upper-middle-class Americans' concerns over the "obesity epidemic" are propelled by a desire to distance themselves symbolically from people of lower socioeconomic status. He argues the medicalization of fatness is used to mark and preserve social difference between upper and lower social class citizens. Although the focus on reducing obesity rates in minority groups may be done with benevolent intentions, ultimately it perpetuates negative stereotypes about Blacks, Latinos, Native Americans, and the poor as unfit for citizenship and a danger to the nation. Moreover, it serves to pathologize cultural differences in the production and consumption of food, parenting styles, and beauty standards. I also argue a pathologized "obesity

epidemic” opens possibilities for new neoliberal markets that profit from medical and insurance services, the weight loss industry, consumer food and beverages, fitness, and outdoor leisure, among others.

Let’s Move! is a gendered campaign that uses ending childhood obesity as a justification to surveil, discipline, and control women’s bodies. The campaign exerts regulatory power over women by placing responsibility for childhood obesity on mothers/female bodied caregivers. Fat women are seen as irresponsible mothers, and fat children are seen as evidence of this irresponsibility. Let’s Move! taps into these norms of thinness as healthy and good to discipline and control bodies deemed unruly and problematic.

I argue that Let’s Move! presents fat as a social problem per se, but the campaign is enacting regulations on citizens through neoliberal ideology. By presenting childhood obesity as a serious “threat,” the Let’s Move! campaign is exercising governmental power to discipline and scrutinize the U.S. population. Let’s Move! frames obesity as a risk to the nation, not just to individual bodies. Let’s Move! utilizes social norms of weight to exert power over and regulate citizens’ bodies to insure national interests. The exertion of regulatory power over obese bodies is linked to existing inequality and oppression. Obese bodies are symbols of laziness, ignorance, irresponsibility, and absconding civil duty.

## **CHAPTER SEVEN:**

### **CONCLUSION**

This thesis analyzed Let's Move!, which is First Lady Michelle Obama's campaign to end childhood obesity. Through discourse analysis, I identified key themes of personal responsibility, citizenship, motherhood, class, and race. I contend the Let's Move! campaign relies on neoliberal discourses that reinforce narrow notions of health as thinness, the ideal family as heteronormative, and the "good" citizen as a consuming citizen. The campaign admonishes mothers as citizens to do their duty to the nation and government, but the campaign does not mention any duties that the government has to the people.

I posit the Let's Move! campaign is a symptomatic text indicating a moral panic over obesity that reveals cultural anxieties over race, women's bodies, national identity, and a reduction in U.S. military and economic security. The Let's Move! campaign (re)enforces and (re)signifies cultural notions of fatness as a social problem by depicting obese people as economic drains. Fat bodies are discursively constructed as diseased, unproductive, and a financial burden to the health care system. To solve this problem, the campaign promotes biopedagogies for the proper diet and exercise citizens ought to engage in. The campaign constructs mothers and children as bio-citizens who must maintain their weight in order to contribute economic and militaristic labor. All women are potential mothers, and mothers are told they must maintain their weight for the health of their future children and to prevent their children from becoming obese adults.

This construction of obesity as a social problem stigmatizes people who are deemed to have undesirable bodies, who are disproportionately poor, and racial and ethnic minorities who are disproportionately represented in statistics on poverty, and further marginalizes members of these groups. Obesity now becomes another marker that poor people have failed to live up to middle-class values. “The ideal body has less to do with health and more to do with ideas of perfection, goodness, and femininity” (Guthman & DuPuis, 2006, p. 434). The discourse in the Let’s Move! campaign produces the ideal female U.S. citizen as thin, White, heterosexual, able-bodied, and middle-class. Ignoring the experiences of non-White poor and working-class women, Let’s Move! justifies these women’s marginalization. Thus, an intersectional analysis of Let’s Move! has enabled a more nuanced examination of the ways different sets of identities impact individuals’ opportunities. In the case of Let’s Move!, an intersectional accounting of the discourse reveals that individual bodies, policies, and norms interconnect in discussions of bodily difference.

My analysis focuses on the text that appears on the campaign’s website and does not include analysis of the campaign videos. An analysis of the campaign videos might provide insight into the ways this discourse enters the vernacular of popular culture. For example, Let’s Move! campaign videos include NFL players such as Drew Brees of the New Orleans Saints, Sesame Street character Elmo, celebrity chefs such as Rachel Ray, and pop music star Beyonce. Meanwhile, will Let’s Move! endure and if so will its strategy evolve? In the fight to end the “obesity epidemic,” the Centers for Disease Control reported a 43% reduction in obesity rates for children aged 2 to 5 (“Progress on Childhood Obesity, 2014). Let’s Move! touts this decrease in obesity, stating “Bottom line: We are making progress!” (Let’s Move!, n.d.). If a so-called obesity epidemic continues, future research should monitor the ways its discourse functions in

terms of biopedagogies enlisting biocitizens who labor to consume. While it is out of the scope of the current project, further research should analyze Michelle Obama's intersecting identities as a Black, upper-class, able-bodied, fit, heterosexual mother and how her positionality relates to Let's Move!'s prescriptions for health.

A moral panic over childhood obesity enables neoliberal biopedagogies that serve the interest of the state by enlisting women to produce fit future citizens who can produce and consume on behalf of the U.S. nation state. The lessons that the biopedagogies teach are to value heterosexual, White, middle-class, thin, fit, and able bodies. However, large portions of the U.S. population are not White, live in poverty in non-traditional households, and have bodies that are obese according to social standards. Thus, they face a national logic that makes them responsible for failure to achieve these ideals and furthermore shames them as burdens to society. At the same time working towards the ideals represents a kind of homework or exercise that keeps the neoliberal machine functioning. From critical fat studies, we learn that obesity is a social construction that pathologizes and stigmatizes. Obesity hinges on ignoring intersections of race, gender, class, and ability to construct a universal obese body.



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## Appendices

### Appendix A: First Lady Causes or Charities Rifkind (2007)

Martha Washington	1789-1797	Revolutionary War Veterans
Abigail Adams	1797-1801	Education of Girls
Martha Jefferson Randolph	1801-1809	No specific charities or causes
Dolley Madison	1809-1817	Rebuilding of White House; orphans
Elizabeth Kortright Monroe	1817-1825	Redecoration of White House
Louisa Adams	1825-1829	No specific charities or causes
Emily Donelson	1829-1836	No specific charities or causes
Sarah Yorke Jackson	1834-1837	No specific charities or causes
Angelica Van Buren	1837-1841	No specific charities or causes
Anna Harrison	1841	No specific charities or causes
Jane Irwin Harrison	1841	No specific charities or causes
Letitia Christian Tyler	1841-1842	No specific charities or causes
Priscilla Cooper Tyler	1842-1844	No specific charities or causes
Julia Gardiner Tyler	1844-1845	Texas annexation; states' rights
Sarah Childress Polk	1845-1849	Expansionism
Margaret Taylor	1849-1850	No specific charities or causes
Abigail Fillmore	1850-1853	White House library; literacy
Jane Pierce	1853-1857	No specific charities or causes
Harriet Lane	1857-1861	No specific charities or causes
Mary Todd Lincoln	1861-1865	Wounded Civil War soldiers



Eliza McCardle Johnson	1865-1869	No specific charities or causes
Julia Grant	1869-1877	No specific charities or causes
Lucy Webb Hayes	1877-1881	Temperance; women's suffrage; living conditions for the poor; anti-immigration
Lucretia Rudolph Garfield	1881	No specific charities or causes
Mary Arthur McElroy	1881-1885	No specific charities or causes
Rose Cleveland	1885-1886	No specific charities or causes
Frances Folsom Cleveland	1886-1889	Women's Christian Temperance
	1893-1897	Unions; African American children's charities; women's education and professional employment
Caroline Harrison	1889-1892	Women's equality
Mary Harrison McKee	1892-1893	No specific charities or causes
Ida Saxton McKinley	1897-1901	No specific charities or causes
Edith Roosevelt	1901-1909	First Ladies portrait collection
Helen Herron Taft	1909-1913	Education for women; beatification and public works; Titanic memorial; First Ladies gown collection
Ellen Axson Wilson	1913-1914	Housing for the poor; child labor and truancy; neglected children; adult education; mental health care
Edith Wilson	1915-1921	War-related charities
Florence Harding	1921-1923	Disabled veterans; women's equality
Grace Coolidge	1923-1929	Deaf education; child welfare
Lou Henry Hoover	1929-1933	Women's equality; Girl Scouts
Eleanor Roosevelt	1933-1945	Civil Rights; women's and workers' rights; child welfare; youth employment; United Nations
Elizabeth Truman	1945-1953	No specific charities or causes

Mamie Eisenhower	1953-1961	Cancer and polio; American Heart Association; United Nations
Jacqueline Kennedy	1961-1963	Historic preservation; the arts
Claudia "Lady Bird" Johnson	1963-1969	Beautification and the environmental conservation, urban renewal; Great Society Programs
Pat Nixon	1969-1974	Volunteerism; Equal Rights Amendment
Betty Ford	1974-1977	Equal Rights Amendment; abortion rights; civil rights; the arts; cancer; special needs children
Rosalynn Carter	1977-1981	Mental health care; the elderly; community activism and volunteerism; Equal Rights Amendment
Nancy Reagan	1981-1989	Drug Awareness, Just Say No Campaign
Barbara Bush	1989-1993	Literacy; homelessness; AIDS; cancer; single working mothers
Hillary Rodham Clinton	1993-2001	Child welfare; health care
Laura Bush	2001-2009	Literacy; Women's health
Michelle Obama	2009-	Childhood obesity

## Appendices B: Let's Move! Learn the Facts

The screenshot shows a web browser window with the URL [www.letsmove.gov/learn-facts/epidemic-childhood-obesity](http://www.letsmove.gov/learn-facts/epidemic-childhood-obesity). The website features the Let's Move! logo and navigation links: HOME, BLOG, ABOUT LET'S MOVE, EMAIL UPDATES, and EN ESPAÑOL. A search bar is also present.

The main navigation bar includes five colored buttons: **Learn the Facts** (orange), **Eat Healthy** (green), **Get Active** (purple), **Take Action** (blue), and **Join Us** (red).

The 'Learn the Facts' section is highlighted. It includes a sidebar with links: About Let's Move, The Epidemic of Childhood Obesity, Learn the Facts, Videos and Photos, White House Task Force on Childhood Obesity, The Partnership for a Healthier America, Newsroom, Logo and Usage, Programs, Accomplishments, and Resources.

The main content area features a large image of children in yellow shirts looking at a bowl of food, with the text **Learn the Facts** overlaid. Below this image, the section is titled **Learn The Facts** and includes a quote: *"The physical and emotional health of an entire generation and the economic health and security of our nation is at stake."* It also mentions: *- First Lady Michelle Obama at the Let's Move! launch on February 9, 2010*.

Below the quote, the section is titled **Obesity by the numbers** and contains the following text: 

Over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America are overweight or obese. The numbers are even higher in African American and Hispanic communities, where nearly 40% of the children are overweight or obese. If we don't solve this problem, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.

Below the text, the section is titled **How Did We Get Here?**

The right sidebar contains several sections: **WHAT'S NEW** with a link to **GET E-MAIL UPDATES**; **White House Task Force on Childhood Obesity** with a link to **Report to the President** and a **VIEW REPORT** button; **LET'S MOVE WITH Michelle Obama** with a photo of Michelle Obama and a link to **HEAR FROM THE FIRST LADY**; and **STAY CONNECTED** with social media icons for Twitter, Facebook, YouTube, and LinkedIn, and a **Share/Bookmark** button.

The Windows taskbar at the bottom shows the time as 9:13 PM on 4/12/2015.

## Appendices C: Let's Move! Eat Healthy

**LET'S MOVE!** America's Move to Raise a Healthier Generation of Kids

HOME • BLOG • ABOUT LET'S MOVE • EMAIL UPDATES • EN ESPAÑOL

Search LetsMove.gov

**Learn the Facts** ABOUT LET'S MOVE!  
**Eat Healthy** FOOD & NUTRITION  
**Get Active** PHYSICAL ACTIVITY  
**Take Action** SIMPLE STEPS TO SUCCESS  
**Join Us** LET'S MOVE TOGETHER

Home • Eat Healthy

**Eat Healthy**

Healthy Moms  
Healthy Families  
Healthy Schools  
Healthy Communities  
Gardening Guide  
Related Posts  
Kids' State Dinner  
Kids' State Dinner Winners

**Eat Healthy**

Parents and caregivers play a key role in not only making healthy choices for children and teaching children to make healthy choices for themselves. But in today's busy world, this isn't always easy. So Let's Move! offers parents and caregivers the tools, support and information they need to make healthier choices while instilling healthy eating habits in children that will last a lifetime.

**Nutrition Information**

The *Dietary Guidelines for Americans*, put forth by the U.S. Department of Agriculture (USDA), provide science-based advice for individuals over the age of two to promote health and reduce the risk of major chronic diseases. The current Dietary Guidelines, encourage most Americans to eat fewer calories, be more physically active, and make wiser food choices.

**MyPlate**

USDA's new food icon, *MyPlate*, serves as a quick visual reminder to all consumers to

**PLANT A GARDEN**  
LEARN MORE  
www.letsmove.gov

**WHAT'S NEW**  
GET E-MAIL UPDATES

**Chefs Move TO SCHOOLS**  
Bringing chefs & local schools together to promote healthy choices  
SIGN UP

**STAY CONNECTED**

Share/Bookmark

9:15 PM 4/12/2015

## Appendices D: Let's Move! Get Active

Get Active | Let's Move! x

www.letsmove.gov/get-active

LET'S MOVE! America's Move to Raise a Healthier Generation of Kids

HOME • BLOG • ABOUT LET'S MOVE • EMAIL UPDATES • EN ESPAÑOL

Search LetsMove.gov GO

Learn the Facts ABOUT LET'S MOVE!

Eat Healthy FOOD & NUTRITION

Get Active PHYSICAL ACTIVITY

Take Action SIMPLE STEPS TO SUCCESS

Join Us LET'S MOVE TOGETHER

Home • Get Active

Get Active

Active Families

Active Schools

Active Communities

Let's Move Outside

Related Posts

The PALA Challenge

Get Active

Physical activity is an essential component of a healthy lifestyle. In combination with healthy eating, it can help prevent a range of chronic diseases, including heart disease, cancer, and stroke, which are the three leading causes of death. Physical activity helps control weight, builds lean muscle, reduces fat, promotes strong bone, muscle and joint development, and decreases the risk of obesity. Children need 60 minutes of play with moderate to vigorous activity every day to grow up to a healthy weight.

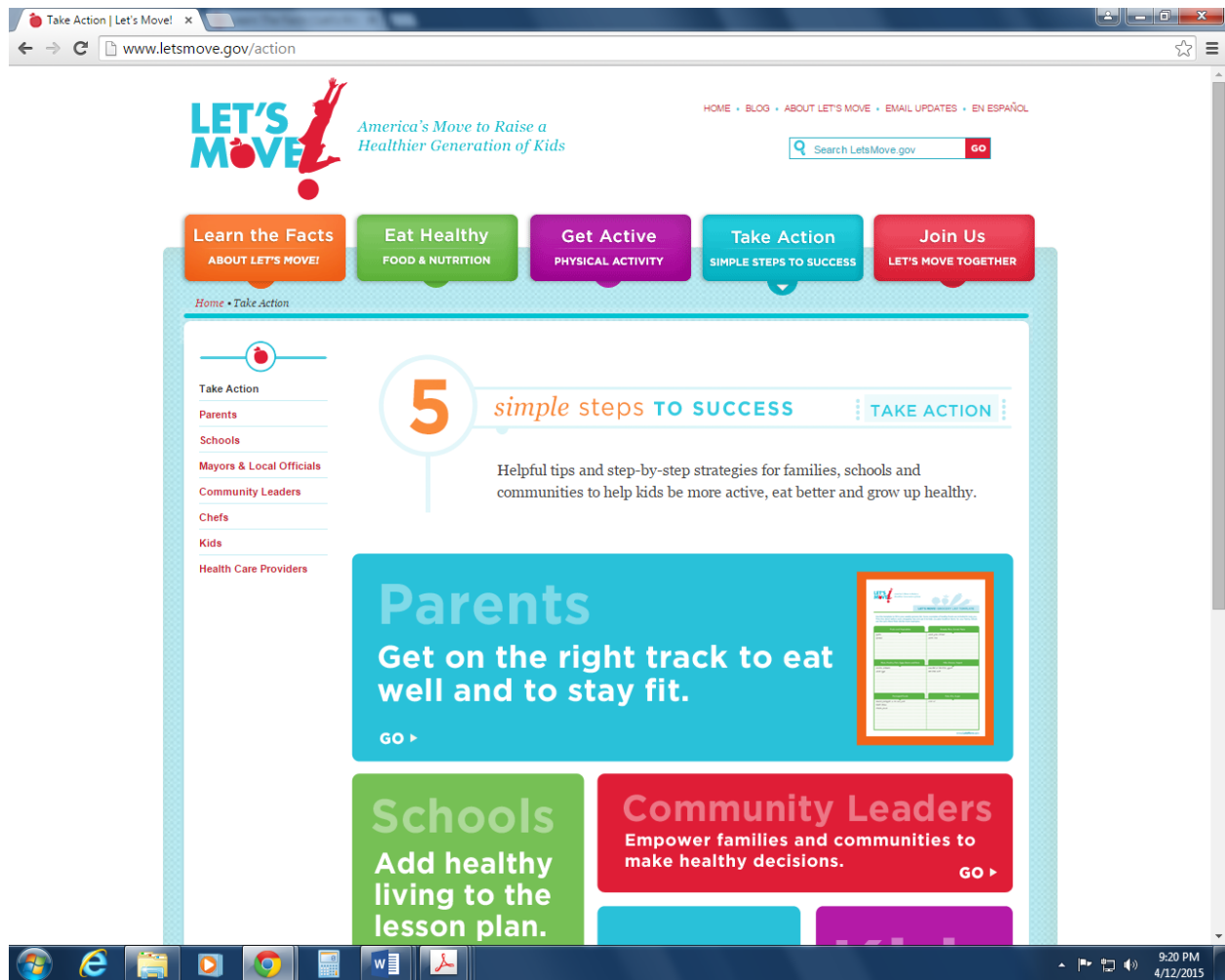
If this sounds like a lot, consider that eight to 18 year old adolescents spend an average of 7.5 hours a day using entertainment media including TV, computers, video games, cell phones and movies in a typical day, and only one-third of high school students get the recommended levels of physical activity. To increase physical activity, today's children need safe routes to walk and bike ride to school, parks, playgrounds and community centers where they can play after school, and activities like sports, dance or fitness programs that are exciting and challenging enough to keep them engaged.

Let's Move! aims to increase opportunities for kids to be physically active, both in and out of school, and to create new opportunities for families to move together.

WHAT'S NEW  
GET E-MAIL UPDATES

LET'S MOVE Outside  
Find forests, parks, and play spaces  
GO

## Appendices E: Let's Move! Take Action



The screenshot shows the 'Take Action' page of the Let's Move! website. The browser address bar displays 'www.letsmove.gov/action'. The page features a navigation bar with the Let's Move! logo and the tagline 'America's Move to Raise a Healthier Generation of Kids'. A search bar is located in the top right corner. Below the navigation bar, there are five main categories: 'Learn the Facts', 'Eat Healthy', 'Get Active', 'Take Action', and 'Join Us'. The 'Take Action' category is highlighted, showing a sub-menu with '5 simple steps TO SUCCESS'. The main content area includes a sidebar with links to 'Take Action', 'Parents', 'Schools', 'Mayors & Local Officials', 'Community Leaders', 'Chefs', 'Kids', and 'Health Care Providers'. The main content area features a large blue box for 'Parents' with the text 'Get on the right track to eat well and to stay fit.' and a 'GO' button. Below this, there are two more boxes: 'Schools' with the text 'Add healthy living to the lesson plan.' and 'Community Leaders' with the text 'Empower families and communities to make healthy decisions.' and a 'GO' button. The Windows taskbar at the bottom shows the time as 9:20 PM on 4/12/2015.

Take Action | Let's Move! x  
www.letsmove.gov/action

LET'S MOVE! America's Move to Raise a Healthier Generation of Kids

HOME • BLOG • ABOUT LET'S MOVE • EMAIL UPDATES • EN ESPAÑOL

Search LetsMove.gov GO

Learn the Facts ABOUT LET'S MOVE!  
Eat Healthy FOOD & NUTRITION  
Get Active PHYSICAL ACTIVITY  
Take Action SIMPLE STEPS TO SUCCESS  
Join Us LET'S MOVE TOGETHER

Home • Take Action

Take Action  
Parents  
Schools  
Mayors & Local Officials  
Community Leaders  
Chefs  
Kids  
Health Care Providers

5 simple steps TO SUCCESS TAKE ACTION

Helpful tips and step-by-step strategies for families, schools and communities to help kids be more active, eat better and grow up healthy.

Parents  
Get on the right track to eat well and to stay fit.  
GO ▶

Schools  
Add healthy living to the lesson plan.

Community Leaders  
Empower families and communities to make healthy decisions.  
GO ▶

9:20 PM 4/12/2015



## Appendices F: Let's Move! Join Us

Join Us | Let's Move!

www.letsmove.gov/join-us

LET'S MOVE! America's Move to Raise a Healthier Generation of Kids

HOME • BLOG • ABOUT LET'S MOVE • EMAIL UPDATES • EN ESPAÑOL

Search LetsMove.gov

Learn the Facts ABOUT LET'S MOVE!

Eat Healthy FOOD & NUTRITION

Get Active PHYSICAL ACTIVITY

Take Action SIMPLE STEPS TO SUCCESS

Join Us LET'S MOVE TOGETHER

Home • Join Us

Join Us

Our Pledge

The Partnership for a Healthier America

Join America's Move

Activities Across the U.S.A.

Join Us

Take Our Pledge. Join Us! GO

Join The Partnership for a Healthier America GO

Check out preventobesity.net GO

PreventObesity.net is a social networking website launched by the Robert Wood Johnson Foundation. On this site, individuals can create profiles and connect with others in a community who are interested in getting involved in projects