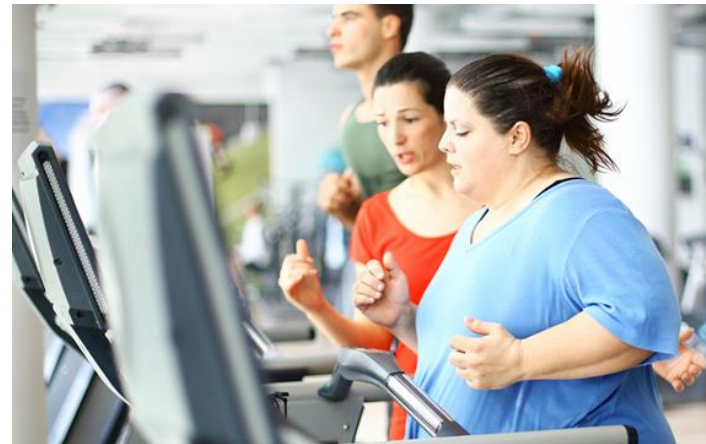


NEW INSIGHTS INTO AMERICANS' PERCEPTIONS AND MISPERCEPTIONS OF OBESITY TREATMENTS, AND THE STRUGGLES MANY FACE

To Americans, obesity ties cancer as the most serious health problem in America. The vast majority identify obesity as a serious problem, and they rate it as more serious a threat than heart disease and diabetes. However, in spite of their understanding of the seriousness of obesity, few seem to know how to achieve long-term weight loss, overestimating the effectiveness of some treatments and underestimating the effectiveness and safety of others, according to a new study from the American Society for Metabolic and Bariatric Surgery (ASMBS) and NORC at the University of Chicago.¹

The survey finds about 60 percent of Americans are currently trying to lose weight, primarily through diet and exercise, in order to be healthier, improve their appearance, and live longer. Almost 4 in 5 Americans consider diet and exercise to be the most effective method of weight loss, though 1 in 5 Americans who are currently obese have made 20 or more attempts to lose weight through diet or exercise in their lifetimes.

The poll reveals that the public's understanding of the severity of obesity and its associated health risks has evolved in recent years, but stereotypes and misperceptions still affect people's attitudes and actions. A lack of individual willpower is still cited as the biggest barrier to weight loss, and a majority of people with obesity attempt to lose weight without the help of medical professionals. This is the case



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Three Things You Should Know

about the ASMBS and NORC Survey on Obesity Among American Adults...

- 1) Three quarters say they have tried to lose weight some time in their lives. Those who are obese are twice as likely to describe their experiences as frustrating (52 vs. 27 percent) and less likely to say they've been worthwhile (46 percent vs. 64 percent) than those who are not obese.
- 2) More than 6 in 10 believe that health insurance should cover obesity treatments such as losing weight with the help of a doctor through diet or exercise, weight loss surgery, one-on-one dietary counseling, prescription medications, and formal exercise programs.
- 3) Among those who are obese who have health insurance, 1 in 4 say they have looked into whether their insurance covers any methods for long-term weight loss.

¹ <http://www.norc.org/Research/Projects/Pages/the-asmbnorc-obesity-poll.aspx>

despite widespread public knowledge of the high risk of premature death and other serious health conditions, including heart disease and diabetes, which are associated with obesity.

According to the Centers for Disease Control and Prevention (CDC), from 2011-2014, 37 percent of U.S. adults and 17 percent of youth are obese.² The high prevalence of obesity and the increased risk it poses for a number of chronic health conditions, including heart disease, stroke, type 2 diabetes, and certain types of cancer, have a high economic impact: the annual medical cost of obesity is estimated to be \$149.4 billion.³

The obesity epidemic in America has garnered attention not only from policymakers and the medical and public health communities but also from the popular press. Much of this media coverage has focused on diet and exercise as the main solutions available to address the obesity epidemic. While encouraging a healthy lifestyle that includes good nutrition and regular physical activity is essential to preventing childhood obesity and promoting Americans' overall health, diet and exercise alone are often ineffective as methods for adults who have obesity to achieve long-term weight loss.⁴ Moreover, television programs and popular magazines often promote crash diets and extreme exercise regimes, which are unhealthy, unrealistic, and unsustainable for long-term weight loss. Medical treatments for obesity, such as prescription medications and weight loss surgery, have received less media coverage, and Americans' perceptions of such medical treatments are unclear.^{5,6}

The poll finds Americans, in fact, overestimate the effectiveness of diet and exercise alone for long-term weight loss, and tend to underestimate both the safety and effectiveness of medical and surgical treatments.

A poll by The Associated Press-NORC Center for Public Affairs Research in 2013 explored the public's opinions on obesity and obesity-related health issues in the United States. Key findings included Americans' knowledge of the health impacts of obesity and their support for policies to prevent obesity. This new poll builds on those original findings by focusing on individuals' personal experiences with weight loss, their perceptions of the safety and effectiveness of different methods for weight loss, and their support for insurance coverage for these methods.

The new poll shows that three-quarters of Americans have tried to lose weight at some time in their lives, and nearly as many (60 percent) are currently trying to lose weight. Among all Americans, diet and exercise are by far the most popular weight loss methods; 9 out of 10 adults who have tried to lose weight have attempted to do so on their own through diet and exercise. Yet about half of those who have ever used diet or exercise report having made at least 5 different attempts to lose weight, and 20 percent of Americans who have obesity have made 20 or more attempts to lose weight through diet or exercise.

Despite these limitations in producing sustained weight loss, losing weight on one's own through diet and exercise is still perceived to be the most effective long-term weight-loss method (78 percent), higher than weight-loss surgery (60 percent) or prescription medications (25 percent). People with obesity place less faith in diet and exercise than those who are not obese (70 percent vs. 83 percent) but have similar views on the effectiveness of weight-loss surgery and prescription medications.

² <https://www.cdc.gov/nchs/data/databriefs/db219.pdf>

³ <https://www.ncbi.nlm.nih.gov/pubmed/27565277>

⁴ <http://www.nejm.org/doi/pdf/10.1056/NEJMsa1208051>

⁵ <https://escholarship.org/uc/item/7q0761qt>

⁶ http://www.sscnet.ucla.edu/soc/faculty/saguy/fatinsociologicalforum.pdf?origin=publication_detail

When it comes to American's perceptions of safety, losing weight with the help of a doctor through diet or exercise rates the highest (90 percent), while prescription medications (15 percent) and dietary supplements (16 percent) rate the lowest. As for the risks of weight-loss surgery, Americans are divided, with one-third each believing it to be safe, unsafe, or neither safe nor unsafe. A majority of Americans (68 percent), however, believe that living with obesity is riskier than having weight-loss surgery. Still, only 1 in 4 Americans with obesity report ever having looked into whether or not their health insurance covers treatments for long-term weight loss, and just a quarter say they have ever considered having weight-loss surgery. Only 3 percent of Americans report having some form of weight-loss surgery.

Experiences with weight loss and perceptions of barriers to weight loss vary across demographic groups. For example, 2 in 10 African Americans and the same number of Hispanics say "easy" describes their experiences trying to lose weight compared with just 1 in 10 whites. African Americans are also less likely than whites to say that barriers to weight loss include a lack of willpower (64 percent vs. 77 percent) and spending too much time in front of TV, video games, or computer screens (52 percent vs. 66 percent). And, compared to whites, Hispanics are more likely to say that methods for losing weight are too expensive (59 percent vs. 47 percent).

Men and women also perceive barriers to weight loss differently. Compared to men, women are less likely to say that barriers to weight loss include spending too much time in front of TV, video games, or computer screens (58 percent vs. 69 percent). On the other hand, women are more likely than men to say methods for losing weight are too expensive, that there are not enough safe or low cost options to be physically active, being genetically predisposed to overweight or obesity, that weight loss methods are not covered by health insurance, and not getting enough support from family or friends are barriers to weight loss. Women—regardless of weight—are more likely than men to have made weight loss attempts and are more likely to have ever used each of many weight loss methods asked about on the survey. In particular, women are three times as likely as men to report they have considered weight-loss surgery (18 percent vs. 6 percent). And, women express higher support than men for health insurance coverage of most medical methods, including losing weight with the help of a doctor, dietary counseling, and weight-loss surgery.

The nationally-representative survey of 1,509 adults included oversamples of African Americans and Hispanics. It was funded by ASMBS, which received partial support for the study from Medtronic, Ethicon, the ASMBS Corporate Council, and the ASMBS Foundation. It was funded by ASMBS and used AmeriSpeak®, the probability-based panel of NORC at the University of Chicago. Interviews were conducted between August 11 and September 21, 2016, online and using landlines and cell phones.

Other key findings from the poll include:

- Americans who are obese are more likely to describe their experiences trying to lose weight as "frustrating" (52 percent), and less likely to say they have been "worthwhile" (46 percent) than those who are not obese (27 percent and 64 percent, respectively).
- Overall, a majority of Americans say they have complete or quite a bit of control of their weight (58 percent), 30 percent say they have a moderate amount of control, and 12 percent say they have only a little or no control. However, those with obesity perceive the amount of control they have over their weight differently from those who are not obese.
- Americans who have tried to lose weight report the biggest barrier to doing so is a lack of willpower, with 34 percent citing it as a major barrier and 41 percent as a minor barrier. This is

followed closely by the number saying that unhealthy foods are too convenient, affordable, or available, with 38 percent citing it as a major barrier and 35 percent as a minor barrier.

- Majorities consider one-on-one dietary counseling, weight loss surgery, and formal weight-loss programs to be effective weight-loss methods, though not as effective as diet and exercise. But, fewer than 3 in 10 consider dietary supplements, prescription medications, meal replacements, and other treatments or methods effective.
- Nine in 10 Americans consider losing weight on your own or with the help of your doctor through diet or exercise, one-on-one dietary counseling with a dietician, and formal exercise programs to be safe, though fewer think formal weight loss programs (66 percent) or meal replacements (40 percent) are safe.
- Prescription medications and dietary supplements both receive low ratings for safety, with only about 15 percent of Americans rating these methods as very safe or safe.
- Forty-one percent of those with obesity currently meet the criteria to be a candidate for weight-loss surgery. Yet, just 1 in 3 eligible adults have considered it, and even fewer have been told by a doctor or health professional that they are a candidate, suggesting a disconnect between the options available to adults who have severe obesity and the options presented to them.

FEW AMERICANS SAY TRYING TO LOSE WEIGHT IS EASY, BUT AMERICANS WITH OBESITY ARE FAR MORE LIKELY TO PERCEIVE WEIGHT-LOSS ATTEMPTS NEGATIVELY.

Three-quarters of Americans say they have tried to lose weight some time in their lives, and nearly as many (60 percent) are currently trying to lose weight. Women and adults who are obese are more likely to have made weight loss attempts.

Few Americans (13 percent) describe their experiences trying to lose weight as easy, and those who are obese are half as likely as those who are not to describe their weight loss as easy. Two in 10 African Americans and the same number of Hispanics say “easy” describes their experience, compared with just 1 in 10 whites.

Indeed, nearly all of those who are not obese report being at least moderately successful at losing weight (87 percent) and keeping it off (87 percent), while those who are obese report less success with losing weight (66 percent) and maintaining weight loss (58 percent). Americans who are obese are more likely to describe their experiences trying to lose weight as frustrating (52 percent), and less likely to say they have been worthwhile (46 percent) than those who are not obese (27 percent and 64 percent, respectively).

MOST AMERICANS HAVE TRIED TO LOSE WEIGHT, BUT THOSE WITH OBESITY ARE FAR LESS LIKELY TO FEEL LIKE THEY HAVE CONTROL OVER THEIR WEIGHT.

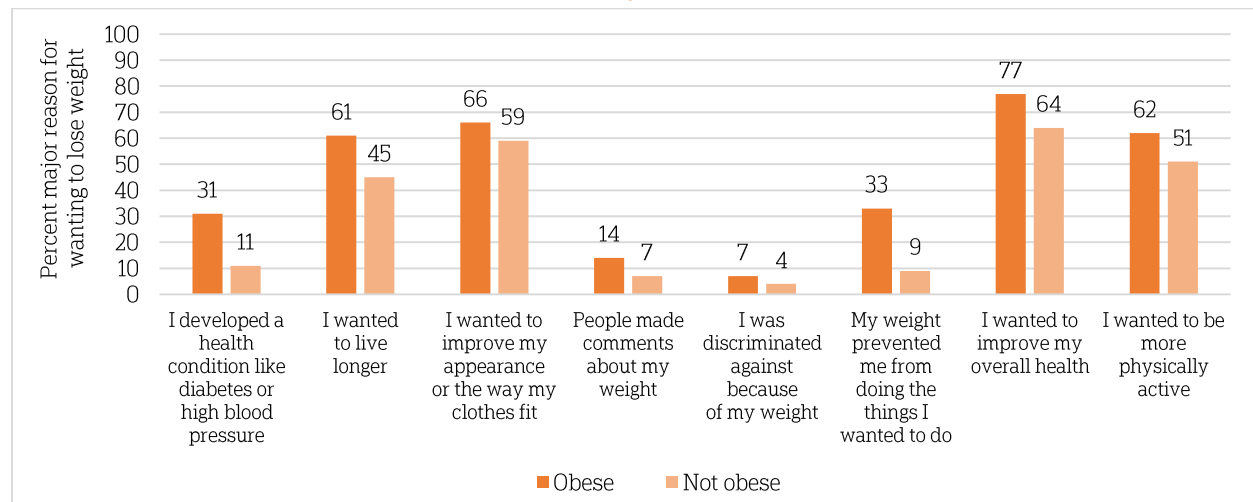
Three-quarters of American adults have tried to lose weight at some point in their lives, an increase from three years ago when 64 percent had tried to lose weight. Almost as many (60 percent) are currently trying to lose weight, which has also increased since 2013 (51 percent).⁷

⁷ http://www.aarp.org/content/dam/aarp/research/surveys_statistics/general/2014/Weight-Loss-Among-the-18-Plus-AARP-res-gen.pdf

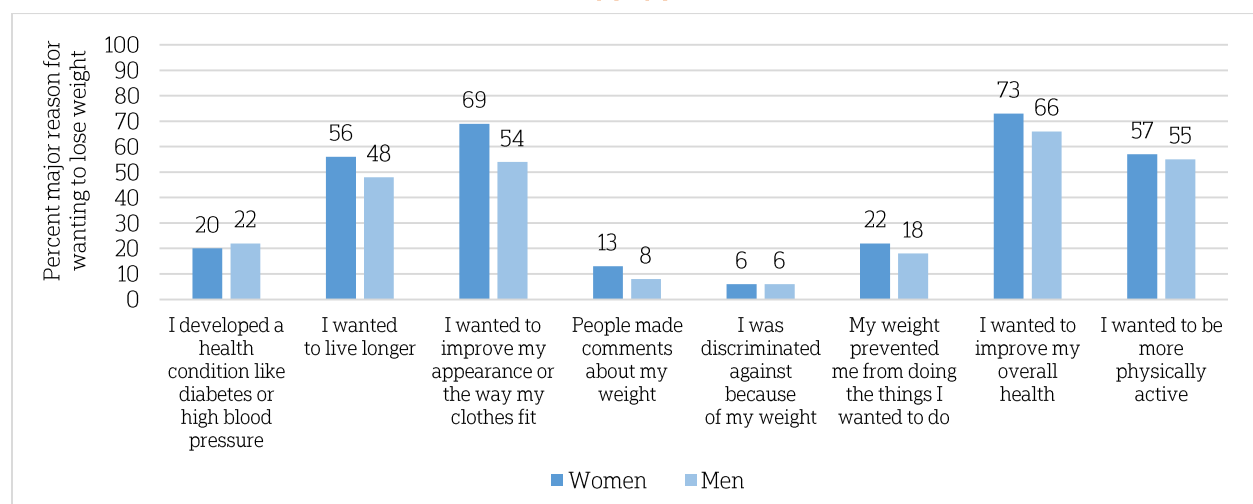
Those who are trying to lose weight do so for a variety of reasons, with improvements in overall health, physical appearance, living longer, and being more active as primary drivers. The motivations for weight loss differ substantially between those who are and are not obese, by gender, and by race and ethnicity.

Americans with obesity are more likely than those who are not to cite health conditions and not being able to do the things they want to do as reasons they tried to lose weight.

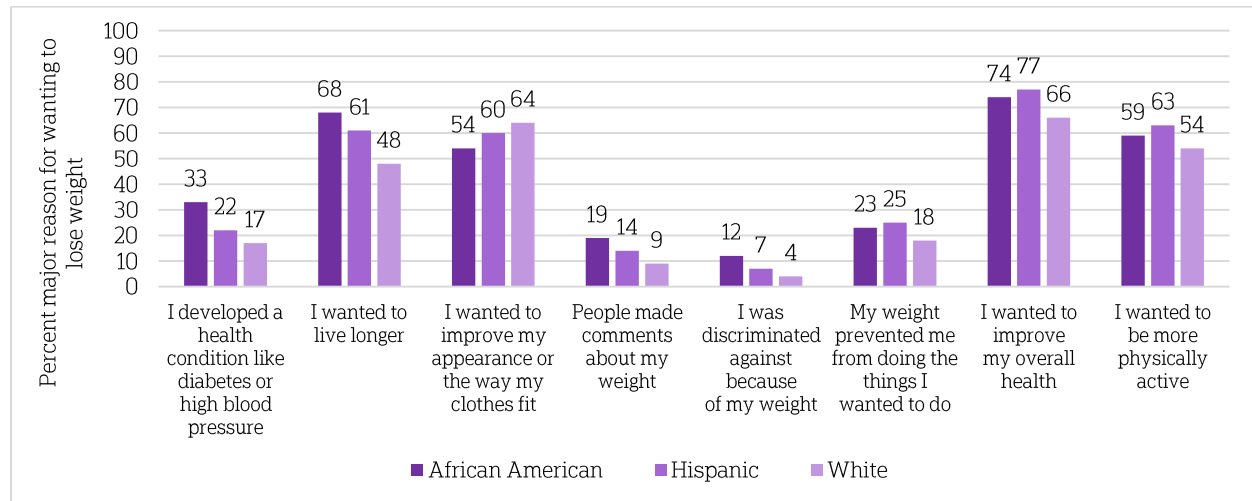
Obesity status



Gender



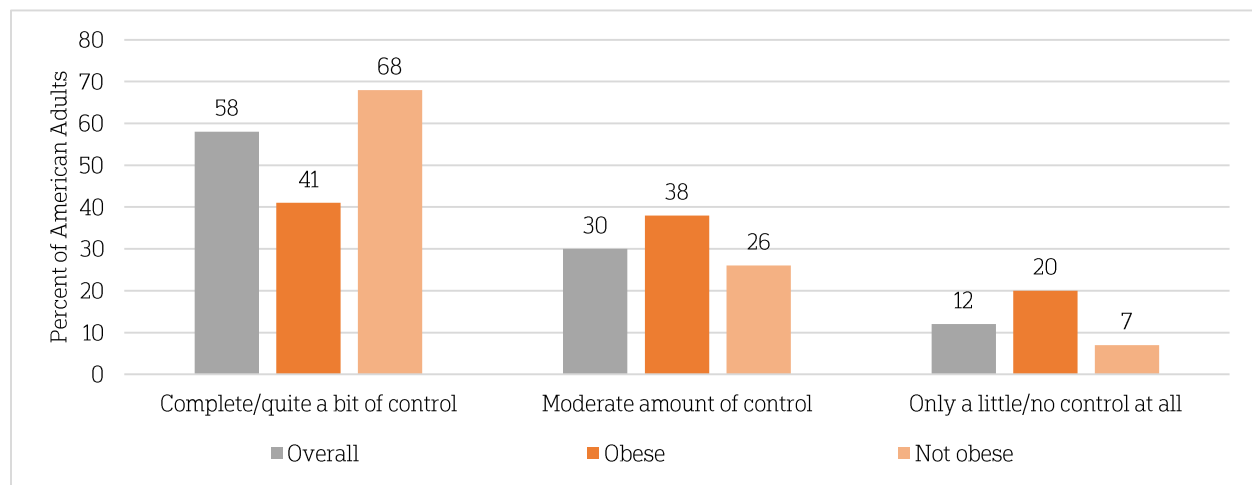
Race and ethnicity



Question: Was each of the following a major reason, minor reason, or not a reason at all that you decided to try to lose weight?

Overall, a majority of American adults say they have complete or quite a bit of control of their weight (58 percent), 30 percent say they have a moderate amount of control, and 12 percent say they have only a little or no control. In line with the findings showing that those with obesity are more likely to feel frustrated by weight-loss attempts, they are also less likely to feel they have control over their weight compared to those who are not obese.

Americans with obesity feel less in control of their weight than those who are not obese.



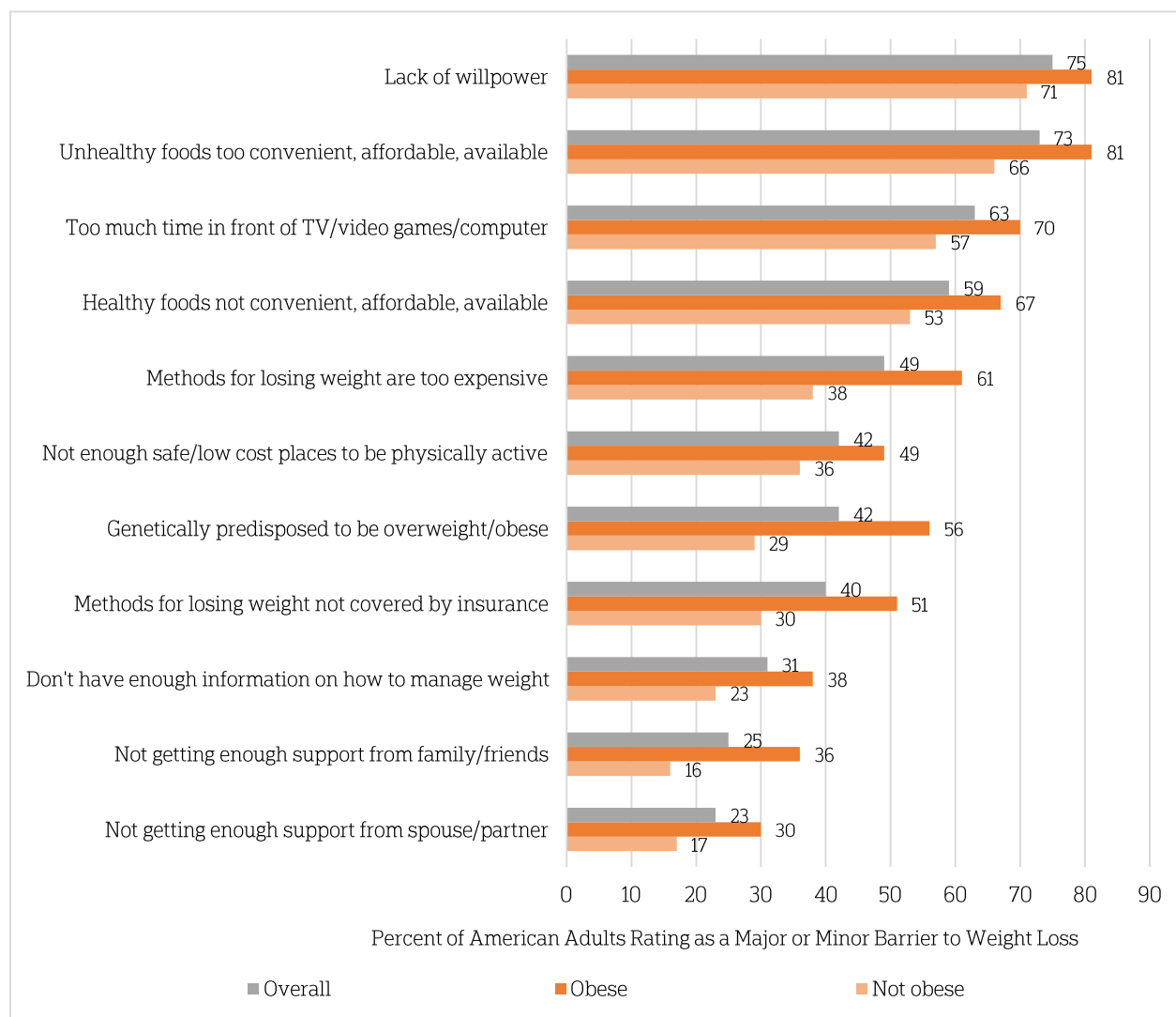
Question: When it comes to managing your weight, how much control do you feel like you have over your weight?

AMERICANS CITE A LACK OF WILLPOWER AND EASY ACCESS TO UNHEALTHY FOODS AS THE TWO BIGGEST BARRIERS TO WEIGHT LOSS.

Americans who have tried to lose weight report the biggest barrier is a lack of willpower, with 34 percent citing it as a major barrier and 41 percent as a minor barrier to their attempts to lose weight. This is followed closely by the number who say that unhealthy foods are too convenient, affordable, or available, with 38 percent citing it as a major barrier and 35 percent as a minor barrier.

Compared to Americans who are not obese, those who are obese are more likely to cite several barriers to weight loss.

Perceived barriers to weight loss differ for Americans who are obese and those who are not obese.



Question: Is each of the following a major barrier, a minor barrier, or not a barrier at all to your attempts to lose weight?

Perceived barriers to weight loss also vary between men and women and those from different racial and ethnic groups. Compared to men, women are less likely to say that barriers to weight loss include spending too much time in front of TV, video games, or computer screens (58 percent vs. 69 percent). On the other hand, women are more likely than men to cite as barriers that methods for losing weight

are too expensive (57 percent vs. 38 percent), there are not enough safe or low cost options to be physically active (46 percent vs. 37 percent), being genetically predisposed to overweight or obesity (45 percent vs. 37 percent), weight loss methods are not covered by health insurance (45 percent vs. 33 percent), and not getting enough support from family or friends (29 percent vs. 21 percent).

Compared to whites, African Americans are less likely to say that barriers to weight loss include a lack of willpower (64 percent vs. 77 percent) and spending too much time in front of TV, video games, or computer screens (52 percent vs. 65 percent).

Additionally, compared to whites, Hispanics are more likely to say that methods for losing weight are too expensive (59 percent vs. 47 percent).

MANY AMERICANS OVERESTIMATE THE EFFECTIVENESS OF DIET AND EXERCISE FOR ACHIEVING SIGNIFICANT, LONG-TERM WEIGHT LOSS.

Americans who are obese and women, regardless of weight, use weight-loss methods at similar rates, and are more likely to have ever used each of many weight-loss methods asked about on the survey compared to people who are not obese or men.

Among all Americans, diet and exercise are by far the most popular weight-loss methods: 9 out of 10 adults who have tried to lose weight have attempted to do so on their own through diet and exercise.

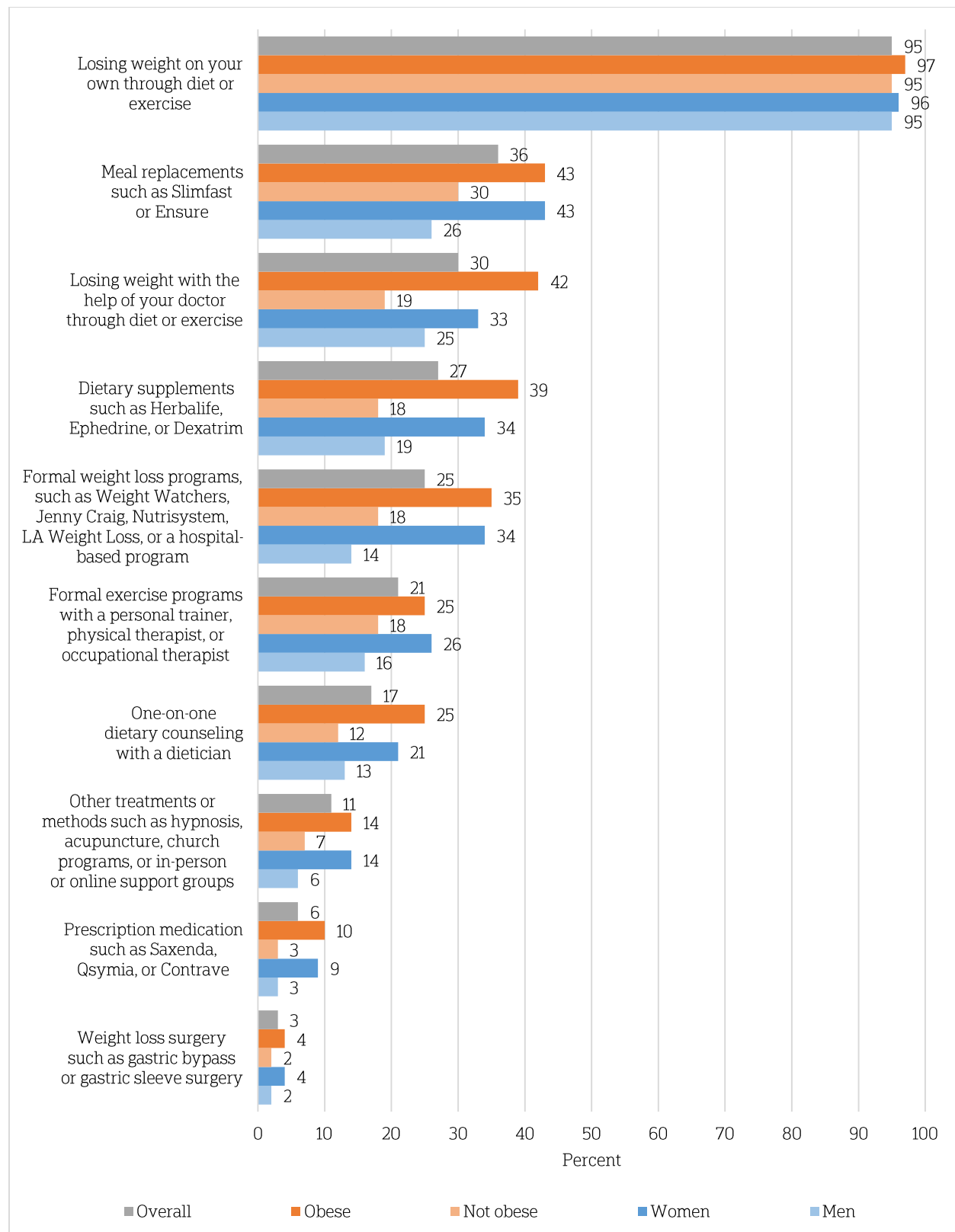
Yet, about half of those who have ever used diet or exercise methods to lose weight report having done so at least 5 different times throughout their lives, and 20 percent of Americans who are obese have made 20 or more attempts to lose weight through diet or exercise methods, suggesting that these methods are not effective for long-term weight loss.⁸

Despite its limitations in producing long-term weight loss, losing weight on one's own through diet and exercise is perceived to be the most effective long-term weight-loss method, with 78 percent saying it is very effective or effective. Majorities also consider formal exercise programs, losing weight with the help of your doctor through diet or exercise, one-on-one dietary counseling, weight loss surgery, and formal weight loss programs to be effective methods, while fewer than 3 in 10 consider dietary supplements, prescription medications, meal replacements, and other treatments or methods effective. People with obesity place less faith in diet and exercise than those who are not obese (70 percent vs. 83 percent), but have similar views on the effectiveness of weight-loss surgery and prescription medications.

⁸Includes losing weight on your own or with the help of a doctor through diet and exercise, one-on-one dietary counseling, formal exercise programs, formal weight loss programs, and the use of meal replacements.

Diet and exercise are the most popular weight loss methods for Americans.

Percent who have ever tried...



Question: Please check all methods you are currently using or have tried to use in the past to lose weight.

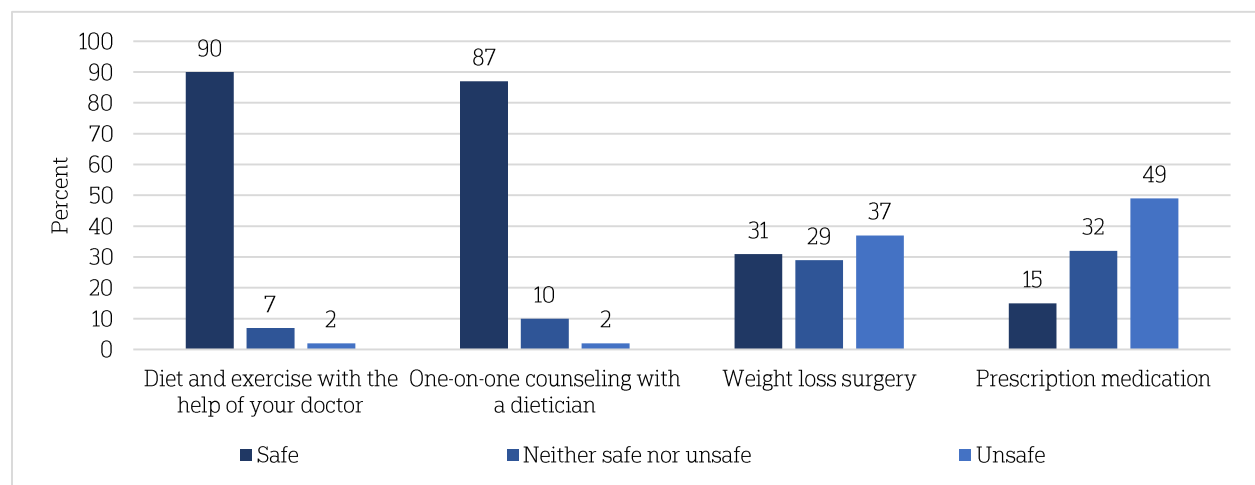
MANY AMERICANS SEE RISKS IN TREATMENTS THAT GO BEYOND TRADITIONAL DIET AND EXERCISE.

Many adults believe most forms of diet and exercise are low-risk whether or not they are supervised by a doctor or other health provider. Nine in 10 Americans consider losing weight on your own or with the help of your doctor through diet or exercise, one-on-one dietary counseling with a dietician, or formal exercise programs to be safe, though fewer think formal weight loss programs (66 percent) or meal replacements (40 percent) are safe.

Americans are even less confident about the safety of methods other than traditional diet and exercise. When it comes to weight loss surgery, Americans are divided, with one-third each believing it to be safe, unsafe, or neither safe nor unsafe.

Prescription medications and dietary supplements both receive low ratings for safety, with only about 15 percent of Americans rating these methods as very safe or safe. Slightly more people with obesity, however, say prescription medications are safe (22 percent) compared to those who are not obese (12 percent).

Americans say diet and exercise are safe ways to lose weight, while methods like surgery and prescription medication are perceived as more risky.



Question: Even if you've never used it, please rate how safe you think each method is for significant, long-term weight loss? [Losing weight with the help of your doctor through diet or exercise] [One-on-one dietary counseling with a dietician] [Weight loss surgery such as gastric bypass or gastric sleeve surgery] [Prescription medication such as Saxenda, Qsymia, or Contrave]

A MAJORITY OF AMERICANS BELIEVE THAT TREATMENTS FOR WEIGHT LOSS ADMINISTERED BY A DOCTOR OR HEALTH PROVIDER SHOULD BE COVERED BY HEALTH INSURANCE.

Many Americans believe health insurance should cover losing weight with the help of a doctor through diet or exercise (78 percent), weight loss surgery (75 percent), one-on-one dietary counseling (73 percent), prescription medications (61 percent), or formal exercise programs (60 percent). Yet, even among those with obesity, 35 percent have not involved medical professionals for help losing weight.

Americans with obesity are more likely than those who are not obese to favor insurance coverage for all medical weight loss methods. Those who are overweight or obese tend to be more supportive than

those whose weight is “normal” or underweight of insurance coverage for methods centered on diet and exercise, such as losing weight with the help of a doctor through diet or exercise and formal exercise programs.

Women express higher support than men for health insurance coverage for most medical methods, including losing weight with the help of a doctor, dietary counseling, and weight-loss surgery. Democrats are more likely than Republicans to believe all medical methods should be covered.

Nine in 10 Americans with obesity say they have health insurance coverage, similar to the rate of insurance coverage reported by those who are not obese. Among those with obesity who have insurance, just 1 in 4 say they have looked into whether their insurance covers any methods for long-term weight loss.

MOST AMERICANS SAY THAT LIVING WITH OBESITY IS RISKIER THAN WEIGHT-LOSS SURGERY, BUT FEW WITH OBESITY HAVE BEEN TOLD BY A DOCTOR THAT THEY ARE A CANDIDATE FOR SURGERY.

While Americans perceive the risk for diet and exercise to be much lower than the risk for medical treatments such as weight-loss surgery and prescription medication, they say that for those with obesity, doing nothing about excessive weight is even riskier. More Americans believe that living with obesity is riskier than having weight-loss surgery (68 percent) than believe that having weight-loss surgery is riskier than living with obesity (29 percent).

A quarter of those with obesity say they have considered weight-loss surgery. Women are three times as likely as men to report they have considered weight-loss surgery (18 percent vs. 6 percent). Individuals who have been diagnosed with one or more chronic medical conditions are more likely than those without any chronic conditions to report having considered surgery (16 percent vs. 8 percent). Compared to younger adults, those age 65 and older are less likely to consider weight-loss surgery. Just 6 percent of those age 65 and older have done so compared to 15 percent of those age 18 to 29. Seventeen percent of those age 30 to 49 and 11 percent of those age 50 to 64 have considered surgery.

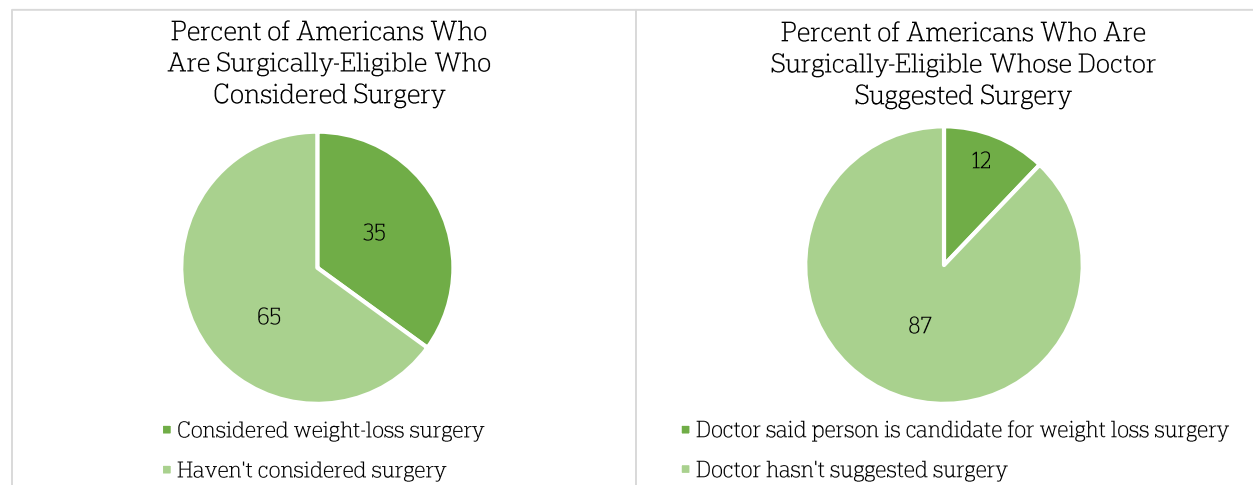
For many Americans who are obese, weight-loss surgery may be an option, whether or not they have considered it. According to the National Institutes of Health, good candidates for bariatric surgery include persons with a BMI of 40 or higher, or persons with a BMI of 35 or higher along with at least one serious health problem linked to obesity.⁹ Forty-one percent of those who are obese currently meet one of these two criteria.¹⁰

Yet, just 1 in 3 eligible adults have considered weight-loss surgery, and even fewer have been told by a doctor or health professional that they are a candidate, suggesting a disconnect between the options available to adults who are morbidly obese and the options presented to them.

⁹ <https://www.niddk.nih.gov/health-information/health-topics/weight-control/bariatric-surgery/Pages/potential-candidates.aspx>

¹⁰ Survey respondents were categorized as obese based on their self-reported height and weight, which was used to calculate Body Mass Index (BMI). Those who reported a BMI of 40 or a BMI of 35 and at least one chronic health condition were categorized as being eligible for surgery.

One third of Americans who are surgically-eligible have considered weight-loss surgery, but very few have had a doctor tell them they are a candidate for surgery.



Question: Have you ever considered having weight loss surgery, or haven't you ever considered it? Has a doctor or other health professional ever told you that you are a candidate for weight loss surgery?

And, just 3 percent of American adults report having actually used surgery as a weight-loss method at some point in their lives. The small number of individuals who have had weight-loss surgery report as the main reasons for doing so: wanting to lose weight or being tired of being overweight (26 percent), improving their health or quality of life (20 percent), and having failed to lose weight through all other methods (20 percent), among other reasons (25 percent).

Among those who say that they considered surgery or that their doctor told them they were a candidate for surgery but who did not go on to have surgery, 4 out of 10 say the main reason they did not have surgery was the cost, with 29 percent saying they could not afford it and 11 percent saying their insurance would not cover it. Another 16 percent say they did not have surgery because they were not that overweight or were not a good candidate for surgery for another reason. A similar number say they did not have surgery because they were nervous or scared (10 percent) or because they were concerned about the level of risk or side effects (6 percent). Other reasons for not having surgery mentioned by less than 10 percent of those who considered it or whose doctor recommended it include: preferring to lose weight on one's own, not wanting surgery, not needing surgery, not being ready yet to have surgery, not talking with their doctor, or their doctor not recommending it, among other reasons.

ABOUT THE STUDY

Survey Methodology

This survey was conducted by NORC at the University of Chicago with funding from the American Society for Metabolic and Bariatric Surgery. Partial funding for the survey was provided to ASMBS by Medtronic, Ethicon, the ASMBS Corporate Council, and the ASMBS Foundation. Data were collected using AmeriSpeak®, a probability-based panel designed to be representative of the U.S. household population. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame and then contacted by U.S. mail, email, telephone, and field interviewers (face-to-face).

Interviews for this survey were conducted between August 11 and September 21, 2016, with adults age 18 and over representing the 50 states and the District of Columbia. Panel members were randomly drawn from AmeriSpeak®. There were 1,509 completed surveys—1,178 via the web and 331 via telephone. Interviews were conducted in both English and Spanish, depending on respondent preference. The survey included oversamples of African Americans and Hispanics for a total of 390 interviews with African Americans and 453 interviews with Hispanics. The final stage completion rate is 32.9 percent, the weighted household panel response rate is 33.5 percent, and the weighted household panel retention rate is 93.9 percent, for a cumulative response rate of 10.3 percent. The overall margin of sampling error is +/- 3.5 percentage points at the 95 percent confidence level, including the design effect. The margin of sampling error for the subgroup of African Americans is +/- 6.1 percentage points including the design effect, and +/- 5.5 percentage points for the subgroup of Hispanics.

All respondents were offered a cash equivalent incentive to complete the survey, with African Americans and Hispanics offered an additional incentive.

Once the sample has been selected and fielded, and all the study data have been collected and made final, a poststratification process is used to adjust for any survey nonresponse as well as any non-coverage or under- and oversampling resulting from the study-specific sample design. Poststratification variables included age, gender, census division, race/ethnicity, and household phone status. The weighted data, which reflect the U.S. population of adults age 18 and over, were used for all analyses.

All differences reported between subgroups of the U.S. population are at the 95 percent level of statistical significance, meaning that there is only a 5 percent (or lower) probability that the observed differences could be attributed to chance variation in sampling.

ABOUT THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS)

The ASMBS is the largest organization for bariatric surgeons in the nation. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients.

www.asmbs.org

ABOUT NORC AT THE UNIVERSITY OF CHICAGO

NORC at the University of Chicago is an independent research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. Since 1941, NORC has conducted groundbreaking studies, created and applied innovative methods and tools, and advanced principles of scientific integrity and collaboration. Today, government, corporate, and nonprofit clients around the world partner with NORC to transform increasingly complex information into useful knowledge.

NORC conducts research in five main areas: Economics, Markets, and the Workforce; Education, Training, and Learning; Global Development; Health and Well-Being; and Society, Media, and Public Affairs.

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