

Why do States Differ in the Level of Childhood Obesity Legislation?

Ellen Jones, PhD (ABD)

San Diego, CA

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Amy Eyler, Washington University, St. Louis

Leah Nguyen, Washington University, St. Louis

Ross Brownson, Washington University, St. Louis

Walter Young, National Assn. Chronic Disease Dir.

Kim Case, Research Assistant





PREVENT

Objectives – to examine influence of

- **Type of legislature**
- **Legislator factors**
- **Political context**
- **Bill content**
- **Public support**



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Factors in State Obesity Policy

Legislative Factors

Legislator Factors



2 x 2 Table

	Low Obesity	High Obesity
Low Legislation	SOUTH DAKOTA MONTANA	ARIZONA KANSAS
High Legislation	WASHINGTON MAINE	LOUISIANA NEW YORK

Division of Legislation Tertiles:

Low Legislation=0-3 Adopted Bills—17 states

Median=4-7—16 states

High=8-30—17 states

Division of Childhood Obesity Tertiles:

Lower Childhood Obesity=lowest (9.6%) to 13.2%—14 states

Median=13.3% to 16%—21 states

High=16.1% to highest (21.9%)—15 states



Descriptive Analysis – Legislators

- 15 White, 3 Black, 2 Hispanic
- Children or grandchildren
- 9 Males, 11 Females
- 10 R, 10 D
- Senate Democrats
- 8 Chair, VC; 12 members



From left, New York's Senator Joseph L. Bruno, Senator Hugh T. Farley, Gov. David A. Paterson and Assemblyman Sheldon Silver.



Senators Being Led in Physical Exercises by Physultopathy Founder Bernarr Macfadden, 1924: Black and White Photograph from the Library of Congress features American Work Outs throughout history

Descriptive Analysis – Legislative Factors

- 3 R Gov, 5 D Gov
- Party in House 3 D and 3 R
- Party in Senate 4 D and 3 R
- Term limits gov - 5 yes
- Term limits leg – 5 yes
- 1 professional legislatures
- 3 hybrid legislatures
- 4 part time legislatures



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Introduction Results

- **Legislator role (in and out of session) influences intent**
- **Impetus for action not articulated**
- **Discomfort in state policy role**
- **Discomfort with evidence and results**
- **Philosophical support vs. policy action**

Introduction Quotes

- “there’s support for prevention, but not for legislation”
- “In 10 yrs debate, several (bills) introduced but none passed...”
- “can you legislate obesity?”
- “well aware there is a problem; but the question is how to address it”



Bill Content Results

- **Unclear cost or new cost is barrier**
- **Need for immediate results**
- **No consensus around role of legislature**
- **Different definitions**
- **Different expectations of evidence/science**

Bill Content Quote

- “not a whole lot of it is science....I think a lot of it is anecdotal...”
- “the science is hard because policies are so new”
- ...any proposed policies with start up money will be hard pressed”
- “cost is a make or break issue”

Political Context Results

- Legislators expect but don't act on public health message
- No compelling social movement
- Opposition viewed as well planned
- Loss outweighs gain
- It's the economy...



Maine's Speaker of the House, Hannah Pingree announcing policies to curb obesity

Political Context Quotes

- “several people introduced bills but no one is consistently pushing and prodding”...
- “no one comes to mind”
- “are you kidding me? Cost is a very critical issue – a deciding factor”
- “overwhelming budget deficit makes funding obesity policy difficult”

Different Motivators

End User:	Researcher	Legislator	Staff
Time in Job	long	shortest	short
Accountability	university	voters	decision makers
Constituents	funders publishers	voters, party, supporters	Chair, VC, Members, party
External factors	funding, teaching, writing	media, money, public support	habit, relationships, culture
Time on issue	long	shortest	short
Data used	peer reviewed	Stories, real life, testimony, results	internal/ external support, data

Public Support Results

- Lack consensus on state role
- Unclear wishes of constituents
- Uncertain evidence will work
- Not tied to current priorities
- Media messages inconsistent
- No tie to policy actions
- Engagement not seen as a desire of constituents



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Public Support Quotes

- “...interest in home level, NOT the government...”
- “1) economy, 2) jobs, 3) housing market”
- “Messages would be important as long as they are giving me specific ideas what to do”
- “even if it saves money, it wouldn’t be now, we have to balance a budget now...”

So What?

- Importance of non-modifiable factors
- Legislator discomfort with role and science
- Political context inhibits passage
- Philosophical support vs. policy action



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Factors in State Obesity Policy

