



# **It's all in the lens: Qualitative differences between advocates and policy makers in facilitators and barriers to state obesity policies**

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Examine the views of state-level policy makers and advocates on obesity prevention legislation

# State Level Policy Examples

## School

PE

Recess

Vending

Food Policy



## Community

Transportation

Planning

Food access

Parks/trails



# Qualitative Study

		Childhood Obesity Rates	
		High	Low
Level of State Legislation on Childhood Obesity Prevention	High	<b>Louisiana</b> <b>New York</b> <b>Oklahoma</b>	<b>Washington</b> <b>Maine</b> <b>Colorado</b>
	Low	Arizona Kansas	South Dakota Montana

# Methods

- Chose states
- Question development
- Recruitment
- Completed interviews
- Analyzed results

# 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.

# Advocacy Interviews



- 17 respondents
- CA, WA, CO, NY, LA, ME
- Males (10) females (7)  
15 white, 2 Hispanic
- average yrs in obesity advocacy - 8.5 years;
- many mentioned additional past experience in other areas especially tobacco

# High policy vs. low policy

- High policy legislators were more likely to believe that **the evidence or science behind obesity policy proposals was strong and well communicated**, unlike legislators in low legislation states where communication of evidence is perceived as lacking.



*"In the past 10 years, much has been done...the medical evidence is good."* High Legislation State

*"Legislators want to see a proven, scientific model before they fund anything. So far, there is nothing out there."* Low Legislation State

# Perception of support

- Legislators in high legislation states were also more likely to name groups or individuals who support and /or oppose the adoption of childhood obesity legislation in their state.
- Legislators in low policy states were not able to recall any “champions” for obesity policy.

# Perception of Advocacy

- **Policy makers had mixed perceptions of the effectiveness of advocacy efforts in their states.**

*'I've seen a few things in the media - broccoli leaves dancing, telling you to eat healthy. Another is a 'get off the couch' message.'* Low Legislation State



# Perception of obesity as a problem/priority

- Legislators did not perceive any consensus among constituents about the severity of the problem.
  - *I don't believe the public values obesity policy. Most would rank concern 1) economy, 2) jobs and 3) housing market.” -Legislator*
  - *The importance of obesity to the public is growing. We (advocates) have done a good job raising the profile of the related issues – we make sure that the stakeholders get the best information...” -Advocate*

# Role of State Legislature in Obesity Prevention

- *“There is only a basic or general understanding (in the legislature) that it is more effective to prevent obesity because of the medical costs associated with the effects on the back end...” --- Legislator*
- *“There is support for prevention but not for legislation.” — Legislator*
- *“We set a policy agenda for obesity each year. Priorities are based on evidence and follow areas where we’ve had success” —Advocate*

# Perceived Opposition

- *“Our legislature passed a soda tax with revenues to go toward a state health care program. Later, the beverage industry started a “fed up with Taxes” effort that led to a repeal. The legislature was afraid. It was a sick day. I was devastated.” - Legislator*
- Advocates were less likely to view opposition as significant.
  - *“It takes persistence - let the public attention and concern catch up to you. Be there and continue to be there.” -- Advocate*

# View of obesity prevention legislation

- Policy makers viewed changes made via legislation (especially in schools) demonstrated responsibility of the legislature.

*“Our obesity efforts have been very effective – especially around diabetes and nutrition.” -Legislator*

- Advocates were more likely to point out shortcomings of the legislation.

*“We haven’t passed any obesity laws yet. We tried in the past to remove sodas and candy from schools. The schools were afraid of lost income and fought the policies.” – Advocate*

# View of obesity policy

- Legislators were less likely to believe it was possible for policies to impact childhood obesity than were advocates..

*“Can you legislate obesity?”—Legislator*



# Summary

- Many differences between policy makers and advocates
- There is a lack of understanding on how evidence can inform policy
- There is a need for persistent and collective advocacy effort

# Recommendations

- *Make research more accessible for policy audiences.*
- *Look to states with high obesity prevention legislation as models.*
- *Build relationships with state policy makers and their staff.*
- *Link formal policy with community activity that supports it.*
- *Be sensitive to perception of cost of prevention efforts.*

# Thank you!

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