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

<table>
<thead>
<tr>
<th>Level of State Legislation on Childhood Obesity Prevention</th>
<th>Childhood Obesity Rates</th>
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<tbody>
<tr>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Louisiana, New York, Oklahoma</td>
<td>Washington, Maine, Colorado</td>
</tr>
<tr>
<td>Low</td>
<td>Low</td>
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<tr>
<td>Arizona, Kansas</td>
<td>South Dakota, Montana</td>
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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

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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