Generating political priority for regulatory interventions targeting obesity prevention: an Australian case study

Phillip Baker [a, *], Timothy Gill [b], Sharon Friel [a], Gemma Carey [c], Adrian Kay [d]

[a] School of Regulation and Global Governance (RegNet), Australian National University, Canberra, Australia
[b] Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, University of Sydney, Sydney, Australia
[c] Centre for Public Service Research, University of New South Wales Canberra, Australia
[d] Crawford School of Public Policy, Australian National University, Canberra, Australia

ARTICLE INFO

ABSTRACT

Effective obesity prevention requires a synergistic mix of population-level interventions including a strong role for government and the regulation of the marketing, labelling, content and pricing of energy-dense foods and beverages. In this paper we adopt the agenda of the Australian Federal Government (AFG) as a case study to understand the factors generating or hindering political priority for such 'regulatory interventions' between 1990 and 2011. Using a theoretically-guided process tracing method we undertook documentary analysis and conducted 27 interviews with a diversity of actors involved in obesity politics. The analysis was structured by a theoretical framework comprising four dimensions: the power of actors involved; the ideas the actors deploy to interpret and portray the issue; the institutional and political context; and issue characteristics. Despite two periods of sustained political attention, political priority for regulatory interventions did not emerge and was hindered by factors from all four dimensions. Within the public health community, limited cohesion among experts and advocacy groups hampered technical responses and collective action efforts. An initial focus on children (child obesity), framing the determinants of obesity as 'obesogenic environments', and the deployment of 'protecting kids', 'industry demonization' and 'economic costs' frames generated political attention. Institutional norms within government effectively selected out regulatory interventions from consideration. The 'productive power' and activities of the food and advertising industries presented formidable barriers, buttressed by a libertarian/neolibertarian rhetoric emphasizing individual responsibility, a negative view of freedom (as free from 'nanny-state' intervention) and the idea that regulation imposes an unacceptable cost on business. Issue complexity, the absence of a supportive evidence base and a strict 'evidence-based' policy-making approach were used as rationales to defer political priority. Overcoming these challenges may be important to future collective action efforts attempting to generate and sustain political priority for regulatory interventions targeting obesity.

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1. Introduction

Since the turn of the century obesity has emerged onto the agendas of multiple governments (Kurzer and Cooper, 2011; Oliver, 2006), in parallel with a surge of attention from researchers, the media and business (Saguy and Riley, 2005). It is now common to hear of the 'obesity epidemic' with broad recognition that tackling the problem *should be* a political priority. Obesity is, however, a formidable political challenge. It has been referred to as 'a test case for 21st century health policy' and as a 'wicked policy problem' with many interconnected determinants, and coordinated action required 'at all levels of government and in many sectors of society' (Kickbusch and Buckett, 2010, p13).

A cost-effective and equitable approach to obesity prevention requires a mix of population-level interventions, including a strong role for government and the use of law and regulation (Gortmaker et al., 2011; Swinburn et al., 2011). This includes *inter alia* the regulation of the marketing, labelling, content, and pricing of energy-dense foods and beverages (referred to hereon as

'regulatory interventions'). Experts argue that without addressing these determinants of 'obesogenic environments' policy responses are likely to be ineffective (Sassi et al., 2012; Swinburn et al., 2011).

Despite widespread attention to the issue, however, political priority for action to tackle obesogenic environments is low in many countries. Responses have favoured programme and education-based interventions (Lachat et al., 2013), despite evidence that such interventions *in isolation* have limited efficacy and cost-effectiveness (Lemmens et al., 2008; Summerbell et al., 2005). Indeed, obesity experts assert that '[t]he degree of political difficulty for implementation of…regulatory interventions is typically much higher than that for program-based and education-based interventions' (Swinburn et al., 2011, p810).

Recognizing such challenges, a small number of studies elaborate on the political dimensions of obesity in Australia (Crammond et al., 2013; Shill et al., 2012). Crammond et al., for example, investigated the barriers to the adoption of regulatory interventions by the Executive Branch of the Australian Government. Yet, in focusing only on government actors these studies do not account for the broader network of non-state actors, including civil society, experts, and business groups, that also shape political responses to obesity. Thus, we conceptualise obesity as 'governed' by a plurality of actors in society rather than through the machinations of 'government' alone (Baldwin et al., 2012).

In this paper we bring key questions into play: Why are regulatory interventions politically difficult to achieve? Under what conditions do regulatory interventions receive political priority? Such questions concern the 'agenda-setting' phase of the policy cycle, when some problems rise to the attention of policy-makers while others receive minimal attention, or none at all (Kingdon, 2003). Political attention is a necessary but insufficient condition for political action. Hence, we view this concept as related to but distinct from 'political priority', the extent to which political leaders respond to the issue by mobilising official institutions and wider political systems into providing resources and enacting interventions commensurable with the severity of the issue (Shiffman and Smith, 2007).

Although obesity and poor diet are the leading causes of death and disability in Australia (Australian Institute of Health and Welfare, 2014), political priority for regulatory interventions has been notably absent. This paper adopts the agenda of the Australian Federal Government (AFG) as a case study and determines the factors generating or hindering political priority for regulatory interventions targeting obesity prevention, thereby helping to understand how future political priority might come about.

2. Materials and methods

2.1. Scope and setting of the case study design

A qualitative within case-study design was adopted because the temporally dynamic and multi-variable nature of the topic made an experimental design impossible (George and Bennett, 2005). The Australian Federal Government (AFG) was selected as a case study of national agenda-setting, beginning with the year prior to the establishment of the Australia New Zealand Obesity Society in 1991, and ending in November 2011 with the final statement by the AFG on its response to obesity.

Australia has a liberal-democratic federal system of government comprising the AFG, state/territory, and local, governments, as well as linkages to the international system. The AFG is elected on a three-year term and includes a bicameral Parliamentary legislature (House of Representatives and Senate) and an Executive led by the Prime Minister and Cabinet. Two political parties dominate Australian politics: the libertarian conservative Liberal Party of Australia (LPA) which usually governs in coalition with the conservative National Party, and the democratic socialist Australian Labor Party (ALP). From hereon the residing Government will be referred to as AFG (LPA) or (ALP). The Australian Public Service (APS) administers AFG policy with responsibilities for making, monitoring, and enforcing regulation (Parkin et al., 2002).

With regards to obesity prevention, Parliament legislates exclusively in the areas of advertising standards with implementing regulation established by the Australian Communications and Media Authority, and general taxation with tax policy the responsibility of the Commonwealth Treasury. Other areas are governed jointly with state governments through the Council of Australian Governments (COAG) and various inter-ministerial councils. For example, food standards (including labelling) policy is made by the Australia and New Zealand Ministerial Forum on Food Regulation, standards are set by the statutory authority Food Standards Australia New Zealand, and state and territory governments enact the standards into legislation.

2.2. Method

A theoretically guided process-tracing method was adopted because it is well suited to the study of complex political phenomena and partly addresses limitations of the within-case study design (George and Bennett, 2005). To minimise bias multiple data sources were used. Semi-structured interviews were conducted by the principal investigator (XX) between September 2010 and April 2011 with 27 informants spanning a diversity of sectors (Table 1), recruited using a purposive snowball sampling strategy (Goodman, 1961). Interviews lasted between 40 and 75 min 23 were conducted face-to-face and four by phone. Interviews were recorded and transcribed verbatim. Given the sensitive nature of the topic informants were de-identified.

Documents were sourced from government websites including media releases, speeches and Hansard transcripts of the House of Representatives, the Senate, and Parliamentary Committees available from the ParlInfo database. Other grey literature was sourced from the websites of relevant non-government organizations (NGOs). Media articles were sourced from Factiva and journal articles from the Scopus and Pubmed databases using a combination of obesity and policy related search terms.

2.3. Theoretical framework

We adopted a social constructionist view of agenda-setting whereby political priority is determined less by the material importance of the issue (e.g. attributable mortality and morbidity) and more by how effective political actors are at interpreting and

Table 1
Characteristics of key informants.

Position/sector	No.	Non-respondents
Politicians	1	2
Federal public servants	3	3
Health advocates	9	0
Industry lobbyists	3	2
Industry executives	2	1
Academics	9	1
Total	27	9