



Targeting population nutrition through municipal health and food policy: Implications of New York City's experiences in regulatory obesity prevention



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ABSTRACT

Obesity remains a major public health challenge across OECD countries and policy-makers globally require successful policy precedents. This paper analyzes New York City's innovative experiences in regulatory approaches to nutrition. We combined a systematic documentary review and key informant interviews ($n=9$) with individuals directly involved in nutrition policy development and decision-making. Thematic analysis was guided by Kingdon's three-streams-model and the International Obesity Task Force's evidence-based decision-making framework. Our findings indicate that decisive mayoral leadership spearheaded initial agenda-change and built executive capacity to support evidence-driven policy. Policy-makers in the executive branch recognized the dearth of evidence for concrete policy interventions, and made contributing to the evidence base an explicit goal. Their approach preferred decision-making through executive action and rules passed by the Board of Health that successfully banned trans-fats from food outlets, set institutional food standards, introduced menu labeling requirements for chain restaurants, and improved access to healthy foods for disadvantaged populations. Although the Health Department collaborated with the legislature on legal and programmatic food access measures, there was limited engagement with elected representatives and the community on regulatory obesity prevention. Our analysis suggests that this hurt the administration's ability to successfully communicate the public health messages motivating these contentious proposals; contributing to unexpected opposition from food access and minority advocates, and fueling charges of executive overreach. Overall, NYC presents a case of expert-driven policy change, underpinned by evidence-based environmental approaches. The city's experience demonstrates that there is scope to redefine municipal responsibilities for public health and that incremental change and contentious public discussion can impact social norms around nutrition.

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Introduction

During Michael Bloomberg's 12 year tenure as mayor, his administration actively promoted New York City (NYC) as a trail-blazer of international significance in chronic disease prevention (Bloomberg, 2011; DOHMH, 2012c). Successive City Health Commissioners and Department of Health and Mental Hygiene (DOHMH) staff have publicly outlined city policy choices aimed at improving population nutrition and advocated for complementary interventions at higher jurisdictional levels (Brownell and Frieden, 2009; Dowell and Farley, 2012; Farley, 2012; Farley

et al., 2009; Frieden et al., 2008). Some regulatory proposals did not pass judicial scrutiny (Pigott, 2014) or were rejected at higher jurisdictional levels (USDA, 2011; Farley and Dowell, 2014). Others have been replicated: for example, calorie posting imposed on chain restaurants has been brought to federal level in slightly modified form (Nestle, 2010). Descriptive accounts and early evaluations of new rules directly connected to obesity prevention or to healthy food access more generally have been published by public agencies and academics (e.g. Angell et al., 2012; Baronberg et al., 2013; Dannefer et al., 2012a,b; Dumanovsky et al., 2010, 2011; Freudenberg et al., 2010; Fuchs et al., 2014; Tan, 2009; Vadiveloo et al., 2011). However, the broad NYC experience as a comprehensive policy effort has remained largely unexamined. We therefore provide an overview of barriers and facilitators to policy-making for obesity prevention. Our findings, while case-specific, can

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inform political discussions and guide other jurisdictions on the feasibility and acceptability of different regulatory options.

Material and methods

We used a case study methodology which is well suited to “retain the holistic and meaningful characteristics of real-life events” (Yin, 2009: 4) while using a wide range of evidence. Given that this study focusses on the policy-making processes around NYC’s dietary obesity prevention efforts and the factors that shaped their content, we have concentrated on accounts from policy-makers, notably civil servants and appointed and elected leaders who possess knowledge of all stages of the policy-making process. External stakeholders’ influence is reflected in the documentary review and policy-makers’ accounts. The choice of NYC as our case study and the subsequent selection of interviewees followed a non-probability, purposive sampling approach (Given, 2008).

The two-stage data collection process comprised a document review and key informant interviews. The document review encompassed research articles and policy documents from 2002, when Mayor Bloomberg took office, to August 2014. As summarized in Fig. 1, systematic searches of PubMed, GreyLit, and the DOHMH website for documents pertaining to NYC-specific obesity prevention policies located 114 relevant records that were included in the subsequent analysis.

Review data informed development of the key informant interview schedule and complemented evidence from interviews. Qualitative research does not have consistent standards for sample size (e.g. Morse, 1995; Patton, 2002) and recommendations vary widely (e.g. Back, 2012; Brannen, 2012; Miller, 2012). The theoretical endpoint of data collection and analysis and a gauge of internal study validity is data saturation, described by Morse (1995, p. 147–148) as “‘data adequacy’ operationalized as collecting data until no new

Table 1
Institutional affiliation (former or current) of interviewees.

New York City Department of Health and Mental Hygiene (DOHMH)	4 interviewees
New York City Board of Health	2 interviewees
City Hall	2 interviewees
City Council	1 interviewee

information is obtained [and resulting in] enough data to build a comprehensive and convincing theory”. However, as Patton (2002, p. 246) notes, “sampling to the point of redundancy is an ideal, one that works best for basic research, unlimited timelines, and unconstrained resources.” He suggests that “qualitative sampling designs specify minimum samples based on expected reasonable coverage of the phenomenon given the purpose of the study and stakeholder interests” (Patton, 2002, p. 246). Among the considerations determining adequate sampling size are research scope and purpose (Back, 2012; Brannen, 2012; Miller, 2012), but also target audience characteristics (Brannen, 2012) and project resources (Miller, 2012). In this case study, we applied these principles to determine that four key government institutions involved in health and food policy (see Table 1) needed to be represented in our sample by interviewees who individually or collectively covered the entire Bloomberg mayoralty. Interviewees were selected based on their professional role. Authorship of articles and reports and/or mention in policy documents identified during the review allowed us to establish an initial list of twelve possible participants. We then used snowball sampling to identify an additional four participants involved in relevant policy processes. Sixteen interview requests were submitted: nine requests were granted (see Table 1), two participants declined and five did not respond to multiple requests. In line with Morse’s (1995, p. 148) suggestion that “the tighter and more restrictive the sample and more clearly

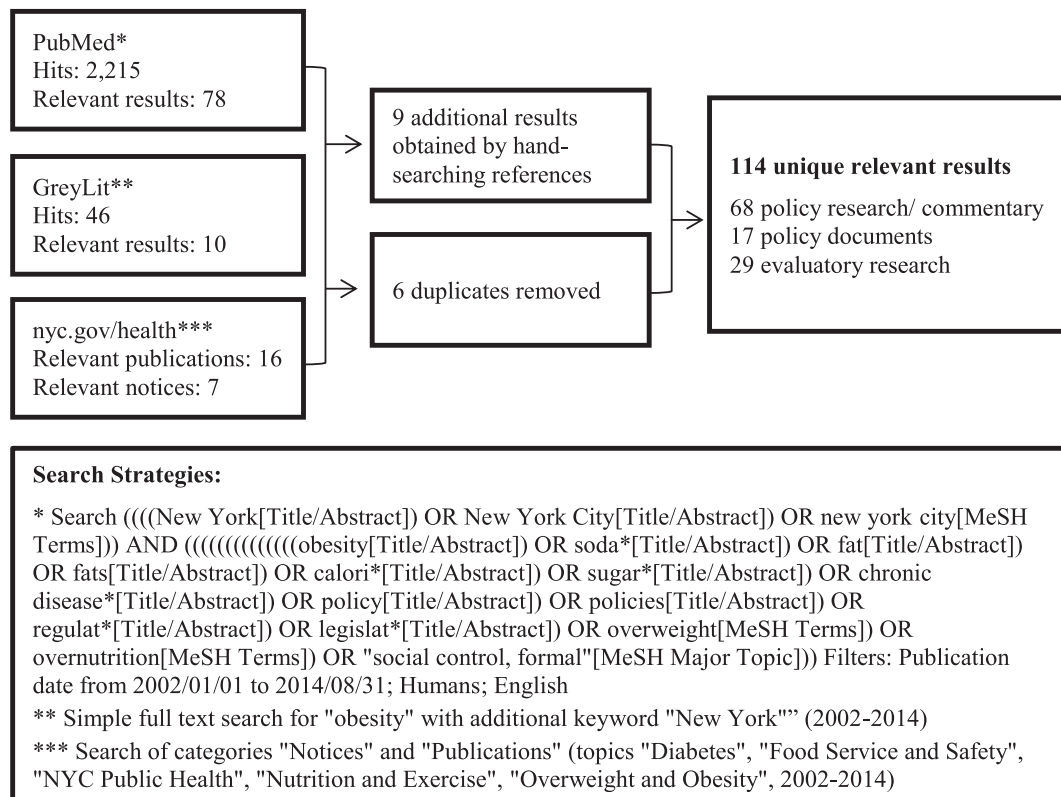


Fig. 1. Document review process.

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