



Consolidated state political party control and the enactment of obesity-related policies in the United States



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ABSTRACT

States play a key role in addressing obesity and its risk factors through policymaking, but there is variation in state activity nationally. The goal of this study was to examine whether the presence of a consolidated Democratic or Republican “trifecta” – when a state’s governorship and both houses of the legislature are dominated by the same political party – or divided government (i.e., without a trifecta) is associated with obesity-related policy content and enactment. In 2016 and 2017, we gathered state bills and laws utilizing the CDC Chronic Disease State Policy Tracking System, and examined the association between state-level political party control and the enactment of state-level obesity-related policies in all states during 2009–2015. The three areas of interest included: policies specifically addressing obesity, nutrition, or physical activity in communities, schools, or workplaces using a public health framework; neutral policies, such as creating government task forces; and policies that employed a business-interest framework (e.g., Commonsense Consumption Acts that prohibit consumer lawsuits against restaurant establishments). Using divided governments as the reference group, we found that states with Democratic trifectas enacted significantly more laws, and more laws with a public health framework. Republican trifecta states enacted more laws related to physical activity, and in some states like Texas, Republican trifectas were exceptionally active in passing policies with a public health framework. States with Republican trifectas enacted a statistically similar amount of laws as states with divided governments. These findings suggest promise across states for obesity-related public health policymaking under a variety of political regimes.

1. Introduction

Obesity, poor nutrition, and physical inactivity are major risk factors for diabetes, cardiovascular disease, and cancer, which are among the leading causes of death and disability in the U.S. (U.S. Department of Health and Human Services, 2017; Institute of Medicine, 2012). State governments have sought to address these issues through various policy levers, but there is wide variation among the states in the amount and type of laws enacted. This may reflect varying electoral and political party support for certain policies (Welch et al., 2012). Previous research points to divisions along political party lines supporting a “personal responsibility” approach versus a multi-sectoral approach focusing on nutrition and physical activity in communities, schools, or workplaces (Kersh, 2009; Shin and McCarthy, 2013). These differences may also

reflect varying importance placed on public health as opposed to business interests (Robles and Kuo, 2017).

Previous research analyzed predictors of states passing obesity-related legislation, including political influences, although this literature is inconsistent depending on the specific exposure examined. Examining childhood obesity-related legislation passed in 2003–2005, Cawley and Liu found states with Democratic governors or legislatures not controlled by Republicans enacted more laws (Cawley and Liu, 2008), while Boehmer et al. found having bipartisan sponsorship and Democratic control of both chambers were associated with law enactment (Boehmer et al., 2008). Eyler et al. found that childhood obesity laws were more likely to be enacted during 2006–2009 when introduced with bipartisan and Republican sponsors, relative to Democratic sponsors (Eyler et al., 2012). Marlow found that law enactment

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between 2001 and 2010 focusing on preventing childhood and adult obesity, was unrelated to the political party affiliation of the governor or each house of the state legislature, assessed individually (Marlow, 2014). Donaldson et al. examined state and bill characteristics associated with the enactment of adult obesity prevention legislation introduced in 2010–2013 and found a greater proportion of Republican-sponsored bills were enacted than those introduced by others (Donaldson et al., 2015).

These prior studies reveal that state political control may be associated with the enactment of obesity-related legislation. In the current study, we build on this literature by examining a different operationalization of state political power – the presence of a consolidated Republican or Democratic “trifecta,” in which a state’s governorship and both houses of the legislature are all dominated by the same political party, or divided government (i.e., the absence of a trifecta), is associated with obesity-related policy passage and content. A trifecta may play a decisive role in the legislative process because one political party has functional control over the state government and ostensibly determines the direction of state policymaking (Lucy Burns Institute, 2017). The 2016 election resulted in 25 Republican trifectas, six Democratic trifectas and 19 states with a divided government (Lucy Burns Institute, 2017). Thus, it is important to examine how state political party consolidation influences state-level public health policymaking. The present study will provide information for practitioners and advocates regarding whether trifectas influence state adoption of specific types of obesity-related policies.

We tested the trifecta hypothesis by examining policies pertaining to obesity, nutrition, and physical activity, proposed or passed during 2009–2015 across all 50 states. Based on prior work (Welch et al., 2012; Kersh, 2009; Shin and McCarthy, 2013; Robles and Kuo, 2017; Kohut et al., 2012; Bartels and Jacobson, 2016; Pallay, 2014), we hypothesized that laws with a public health framework would more likely be enacted under a Democratic trifecta, more laws with business-interest framework would pass under Republican trifectas, and that less legislative activity would take place under a divided government. Our findings provide an evidence-based understanding of whether and how consolidation of political party control is associated with the enactment of obesity-related policy.

2. Methods

2.1. Legislative data

Legislative data were gathered from all 50 states (not including Washington, D.C.) using the CDC’s Chronic Disease State Policy Tracking System (CDSPT) in 2016 (Centers for Disease Control, 2017a). The CDC systematically identified bills and laws using a set of 49 search strings; its full methodology is described elsewhere (Centers for Disease Control, 2011). Using this database, we collected state legislation for the years 2009–2015.

The term “legislation” includes bills and laws; bills are proposed pieces of legislation while laws are enacted pieces of legislation. To identify which pieces of legislation were relevant to our study, the team evaluated the abstracts provided by CDSPT according to whether the policy focused on obesity or explicitly addressed risk factors for obesity, nutrition or physical activity, or the environments in which these risk factors take place (e.g., urban planning). Three researchers reviewed the abstracts of all 4628 bills and laws introduced or enacted in 2009–2015; 2461 were deemed potentially relevant. The most recent version of the bill or law was retrieved using the official websites of the state legislatures, the bill tracking website *LegiScan* (LegiScan, 2017), or the legal research tool LexisNexis.

2.2. Exposure

The primary exposure variable was the political party in control of

the governorship, house, and senate. Political party control was classified as Republican, Democratic, or “divided” for each of the 50 states in each of the seven years of the study period (Lucy Burns Institute, 2017).

2.3. Classification and coding

Variables of interest were coded using the software REDCap (Nashville, Tennessee) (Harris et al., 2009). The coding instrument was initially piloted with double entry of a small subset of policies to ensure an acceptable level of intercoder reliability (i.e., an interclass correlation coefficient of at least 0.75). Each piece of legislation was then coded by one of two coders; another investigator conducted random and targeted checks to ensure accuracy.

Coders abstracted several types of information from the legislation, whether: it was a bill or law; addressed obesity, a risk factor for obesity, or both; and whether the policy specifically intended to address obesity or a risk factor, or whether these would be a potential side effect of the law (e.g., by establishing bicycle lanes for safety purposes). Each piece of legislation was then categorized according to which policy topic(s) it addressed. Multiple policy topics could be addressed by a single piece of legislation.

There were three categories of policy topics. First, “core public health” legislation specifically furthered a public health framework, where legislators sought to improve obesity, nutrition, or physical activity across three settings: communities, schools, or worksites. We separately coded whether legislation proposed a sugar-sweetened beverage (SSB) tax, as this is a recent policy topic of interest.

Second, coders identified topics that employed a “business interest” framework, such as by: protecting food retailers (e.g., under Commonsense Consumption Acts (CCAs) which prohibit consumer lawsuits claiming that restaurant food caused chronic disease), disincentivizing healthy behaviors (e.g., taxing gym memberships), or reducing the authority of local governments to enact core public health policies through preemption. Preemption is when a higher level of government (here, the state) withdraws or limits the ability of a lower level of government to act on a particular issue.

Third, we coded legislation that addressed “neutral” topics, such as those relating to general school wellness programs, creating an obesity-related task force, amending food assistance programs, and targeting health insurance to address obesity or a risk factor. We categorically excluded as irrelevant full state budget and appropriations bills. The full coding instrument is in the Supplement.

2.4. Data analysis

We identified the percent of the time that there was Republican, Democratic, or divided party control overall and for each state, to establish the variation in consolidation of political party control. In the case of Nebraska, which has a unicameral legislature, we considered control of both the governorship and the legislature as a trifecta (Lucy Burns Institute, 2017).

In 2017, we characterized the sample of bills and laws, and then engaged in deeper analysis of the laws alone. In these analyses, enactment of laws by Republican and Democratic trifectas was compared to enactment under divided governments (the reference group). For these, we examined the association between consolidation of state political party control and the number of total, public health framework, and business interest framework laws, using linear regressions. We also determined the association between political party control and law content using logistic regressions, with the exception of policy topics with a business framework because of the small sample size. Finally, we examined the distribution of laws by state, although small sample sizes precluded the evaluation of statistical significance in these descriptive analyses. Analyses were conducted in StataMP 14 (College Station, Texas) and R 3.2.1 (Vienna, Austria).

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