

Stakeholder appraisal of policy options for responding to obesity in Europe

Doctoral theses

Zoltánné Horváth

Semmelweis University
Doctoral School of Pathological Sciences



Supervisor: Prof. István Szabolcs M.D., D.Sc.

Official reviewers: Zsuzsanna Soósné Kiss PhD.
Prof. György Bíró M.D. DSc

President of PhD theoretical exam committee:
Prof. Péter Lakatos M.D., D.Sc.

Members of PhD theoretical exam committee:
Dr. József Fövényi M.D., C.Sc.
Mónika Horváth PhD.

Budapest
2010

Introduction

Reaching epidemic proportions obesity became a challenging medical and economic problem.

Variety of ways in which obesity was treated at individual level has failed including diet, exercise and behavioural modifications thus currently researchers are turning attention at environmental factors.

Our current food environment promotes excessive food intake, coupled with the current car usage instead of active transportation and the environment contributing to a lifestyle requiring only low levels of physical activity at work and leisure time. Health industry still focuses on treatment rather than prevention of diseases. The present day humans are exposed to “obesogenic environment” which induces obesogenic behaviour.

To respond to the rising trend in the incidence of obesity in Europe we need changes of those environmental determinants of nutrition and physical activity behaviours that could support decision makers and individuals making healthy choices easier.

Expressed efforts designed to reverse the obesity trend are taken by governments.

Mapping key public policy actions combating obesity and collecting different stakeholder views on these possible approaches allows decision makers to identify the portfolio of most applicable options.

Being involved in a project with participation of nine European countries I had the opportunity to identify stakeholder’s views on different policy options combating obesity. The nine participating

countries were: Cyprus, Finland, France, Greece, Hungary, Italy, Poland, Spain, and the UK.

Countries were selected with the aim to cover different demographic, socio-cultural, economic and geographic regions of Europe.

Hungary participated with research team from the Department of Dietetics and Nutrition Sciences Faculty of Health Sciences, Semmelweis University.

Aims

Research targeted to identify key public policy options that might have a bearing on how to respond to the rising trend in the incidence of obesity in Europe. The project aimed to find answer on several questions: which way are stakeholders supportive of the different types of options; what are the criteria being used by the different stakeholders to influence their judgements; and what are the similarities and differences between stakeholder's views on these possible approaches in nine countries, representing a broad range of dietary and physical activity patterns as well as geographic and demographic types?

Method

A systematic process was conducted to identify key public policy options combating to the rising trend in the incidence of obesity in the EU.

Using Multi Criteria Mapping (MCM) method, the innovative software based social science research and risk analysis tool

quantitative and qualitative data were gathered from representatives of 21 types of organisations representing relevant stakeholder interest groups and were analysed in different ways.

Action plans combating obesity epidemic usually address only a couple of dimensions.

Attempt was made to identify as wide a range as possible of the policy options to be appraised. The set of options included options concerning both the food and physical activity aspects of the obesity problem and included a relevant range of different types of policy instruments: educational and information-related initiatives, technological innovations, economic instruments and institutional reforms.

21 stakeholders covering a wide range of interest groups were interviewed in the nine countries: representatives of farming-, pharmaceutical-, advertising- and life insurance industry, food processing company, large commercial catering chains, large food retailers, small 'health' food retailers, public sector caterers, consumer groups, trades unions, public health professionals, town and transport planners, commercial sport or fitness providers, school teachers, health journalists, members of expert nutrition/obesity advisory committees, Senior official government policy makers in health and in finance ministry, public health non-governmental representatives and public interest sport and fitness non-governmental organisations.

The structured interviews followed 4 steps:

- 1 After characterising a wide range of relevant alternative ways to achieve a particular policy aim tackling obesity epidemics (*'options'*), stakeholders were invited to appraise a set of 20 policy options defined in advance and also were free to add additional ones.
- 2 Interviewees were asked to choose and define a set of their own *'criteria'* to represent the issues that are relevant to the appraising of those options.
- 3 Evaluating under each criterion in turn with numerical *'scores'* to reflect the performance of each option under each criterion for a given viewpoint was the next step.
- 4 They were also invited to assign a quantitative *'weighting'* to each criterion, in order to reflect its relative importance under the viewpoint in question.

The end product of these four steps is the calculation of an overall performance *rank* for each option under all the criteria taken together for a particular viewpoint. It provides overall rankings of the policy options in relation to each other.

MCM can adopt the most straightforward of theoretically valid mathematical procedures used in decision analysis, thus enhancing the important qualities of accessibility (to participants) and transparency (to third parties).

A systematic picture of the precise way in which different perspectives vary on the issues and options in question, a rich body

of information concerning the reasons for differing views, as well as their practical implications for the overall performance of the selected options could be gained.

Care was taken to ensuring that full use was made of the qualitative data in the form of text notes and nuggets in order to test and reform hypotheses that result from scoring.

The research team then analysed the data gathered in the interviews by stakeholder perspectives, clusters of options and issues of criteria in order to present specific suggestions as to the policy options for obesity prevention.

Results and conclusions

It was evident from all appraisals that none of the participants suggested that a single option would be sufficient to reverse the trends in obesity prevalence. The data gathered for this study collectively indicate that reversing current obesity trends will require a multifaceted public health policy approach.

Obesity results from a complex interaction between diet, physical activity and the environment. There is a vigorous need to change a broad range of the obesogenic environmental factors as well as it is crucial to create the health conscious attitude and responsibility of individuals and society.

When scoring the wide range of different options societal benefits, efficacy, social acceptability and practical feasibility were weighted to be more important than any kind of costs.

Educational initiatives (increasing and improving health education in schools and to the public, training for health professionals) as well as the improvement of sports facilities, modifying the food supply and mandatory nutritional labelling were well supported in most countries.

Technological innovations, such as increased use of fat and sugar substitutes or medications as well as economic instruments, such as taxes on obesogenic foods and/or subsidies on relatively healthy foods were not widely supported

Overall, the general consensus among the wide range of stakeholders interviewed, in the context of changing conditions are that to address the challenge of obesity, policy-makers should consider implementing policies in the following areas, with special focus on:

- 1) Improving levels of knowledge and understanding about food, diet, health and fitness:
 - a) Addressing food and health in the school curriculum
 - b) Improving health education offered to the general public
 - c) Further training for health professionals in obesity care and prevention:
- 2) Increasing opportunities and incentives for physical activity
 - a) Improving communal sport facilities, enabling schools and communities to have access to adequate sports facilities
 - b) Improving planning and transport policies so that more physical activity can be incorporated into daily life

- 3) Modifying patterns of demand for and supply of food stuffs and beverages:
 - a) Providing incentives to caterers to provide healthier menus, especially in schools
 - b) Establishing controls on the provision and sale of fatty snacks, confectionery and sweet drinks in public institutions such as schools and hospitals
- 4) Improving the quantity and quality of information available to citizens concerning food, diet, physical activity, fitness and health:
 - a) Establishing controls on the use of marketing terms ('diet', 'light', 'lite' etc)
 - b) Ratifying mandatory nutritional information labelling for all processed food
 - c) Implementing controls on the advertising and promotion of food and drink products, especially those targeted at children

New scientific results

- To identify stakeholder's views on different policy options combating obesity, Multi Criteria Mapping, the innovative software based social science research and risk analysis tool was first used in Hungary.
- Representatives of such a broad range of organisations representing relevant stakeholder interest groups were first time

investigated. Involving 21 different stakeholder categories made it possible to take into account new aspects.

- Interviewees in Hungary for the first time had the possibility to comment on such a wide range of possible strategic actions at the same time and also to prioritize between those options.
- An analysis of stakeholder views is an important complement to the available medical and nutritional scientific evidence. The social-level data collection and ranking the options leads to a complex approach to the obesity epidemic.
- To reverse the negative trends in the incidence of obesity it will be necessary to implement a portfolio of several different kinds of measures taking into account the relevant needs and preferences of different interest and social groups.
- The costs of the various policy options were judged less important than their social and health benefits, efficacy, acceptability and practical feasibility.
- In Hungary options related to behaviour change through education are still the most valued by stakeholders, and so are those that aim at improving communal sport facilities and establishing controls on use of marketing terms.
- Comparison of findings in nine country resulted in a consensus that the relative costs of implementing a programme of measures were not considered as high as the potential costs of not taking action.

Exploitation of results

Analysing the rich body of information concerning the reasons for differing views of a broad range of stakeholder perspectives in different countries may help decision-makers to find the best way interventions could be introduced and communicated to different stakeholder interest groups resulting in line of least resistance.

Getting familiar with the novel Multi Criteria Mapping method enabled me to gather detailed intelligence on how a wide range of policy options were perceived, assessed and evaluated by a broad range of relevant stakeholders. The methodology has a wide applicability to other issues too and it might be successfully used in further research also. Widening the range of relevant stakeholders enables us to gather more detailed information about the preferences and reasons for their choices and judgments. It may help decision-makers to find the best way interventions could be introduced and communicated to different stakeholder interest groups resulting in line of least resistance.

Publications

1. **Zoltanne Horvath**, Maria Gilinger Pankotai, Istvan Szabolcs: Stakeholder appraisal of policy options for responding to obesity in Hungary; *Obesity reviews*, 2007, 8(Suppl. 2): 75-81 **IF: 7,821**
2. Laura Gonzalez-Zapata, Carlos Alvarez-Dardet, Rocio Ortiz-Moncada, Vicente Clemente, Michelle Holdsworth, Katerina Sarri, Giulio Tarlao, **Zoltanne Horvath**, Erik Millstone, Tim Lobstein, and Savvas Savva: Policy options for obesity in Europe: a comparison of public health specialists with other stakeholders, *Public Health Nutrition*, 2009 12(7):896-908. **IF:2,123**
3. Laura Gonzalez-Zapata, Carlos Alvarez-Dardet, Erik Millstone, Vicente Clemente-Gómez, Michelle Holdsworth, Rocio Ortiz-Moncada, Tim Lobstein, Katerina Sarri, Bruna De Marchi, **Katalin Z. Horvath**: The potential role of taxes and subsidies on food in the prevention of obesity in Europe, *Journal of Epidemiology and Community Health*, 2009, doi: 10.1136/jech.2008.079228 **IF:3,186**
4. **Horváth Zoltánné**, Gilingerné Pankotai Mária, Szabolcs István: Obezitáspolitiká - Az elhízás terjedésének megakadályozását szolgáló stratégiák nemzetközi összehasonlító elemzése. *Magyar Orvos*; 2008, 16(11): 41-42