Fat nation—the rise and fall of obesity on the political agenda

May 26 2017, by Phillip Baker

Credit: AI-generated image (disclaimer)

When we hear the word "obesity", the words "crisis" or "epidemic" often follow. And as being overweight, obese and eating an unhealthy diet are leading contributors to disease in Australia, evidence is mounting that "tackling obesity" *should* be a political priority.

But obesity is a tough political challenge. Some have referred to it as "a test case for 21st century health policy" and as a "wicked problem". That's partly because there are many interconnected drivers of obesity, there is no "quick fix", and because many stakeholders stand to win or lose from policy responses.

Obesity has risen and fallen on Australia's political agenda. But unlike tobacco control policies, which included both legislative and non-legislative interventions, the federal government has gone for a "light touch" approach, including the voluntary Health Star Rating food labelling scheme, social marketing campaigns and school sports programs.

Many of these are important, even if flawed. But they are unlikely to resolve the problem without stronger regulatory controls on the marketing, labelling, content and pricing of energy-dense foods and beverages.

Yet political priority for such regulation has been low. Our research investigated why.

What we found

We studied the rise and fall of obesity prevention on the federal government's agenda between 1990 and 2011.

First, we measured how often politicians used the word "obesity" in their parliamentary speeches. Next, we analysed media and policy documents, and interviewed 27 people, including those from government, civil society, academia and industry, to understand the barriers to prioritising a regulatory approach to managing obesity.

Although obesity rates rose steadily from the 1980s onwards, our results

(below) show, relative to tobacco, obesity only received political attention from the early-2000s.

There were two distinct periods of attention. In 2002, new evidence on the rise of childhood obesity placed it on the New South Wales government's agenda. This in turn triggered other state governments to respond. Obesity then caught the attention of the Howard government in 2004, before falling away again.

More recently, the issue was raised in the Rudd government's preventative health policy agenda. However, political priority for regulatory intervention failed to emerge.

So how can we explain this high level of political attention, but low political priority for regulatory interventions? We identified several key barriers.

What are the political barriers?

First, we found that powerful food and advertising industry groups have strongly opposed regulation every step of the way. Their power stemmed largely from their economic importance as industries and employers, their access to and influence with political decision-makers and their adoption of pre-emptive self-regulatory codes (for instance on marketing and food labelling).

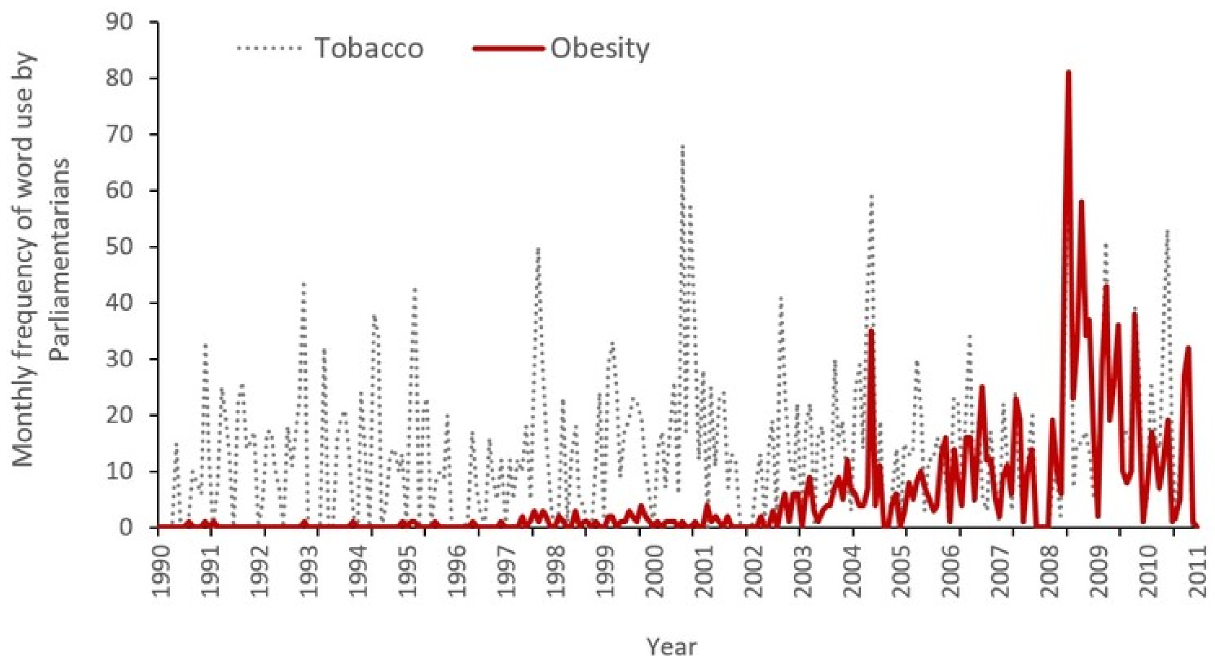
Only one of the largest 20 food corporations (as ranked by turnover) signatory to obesity-related self-regulatory codes was a wholly-owned Australian company. Thus, these industry groups largely represented the interests and drew on the political power of international capital.

However, it wasn't all just industry interference. We identified a lack of consensus within the public health community and a failure to "speak

with one voice". Nutrition, physical activity and other relevant standalone policy issues were encompassed into the singular obesity category, bringing together a wider diversity of experts.

But with diversity we discovered disagreement on how to move forward. This was seen to create a lot of extra work for those developing policy.

Similarly, we found public health groups were fragmented for several reasons, including disagreement on the food labelling issue. But most importantly, the receipt of industry funding by some public health groups was seen as a serious conflict of interest by others.



Attention to obesity versus tobacco in federal parliament, 1990-2011.

Together this fragmentation limited the influence of the public health

community, because politicians are less likely to listen to those in disagreement.

A contest of ideas

Obesity has also been very much a contest of ideas, and how they are publicly framed.

For instance, we found the "obesogenic environment" frame in the late 1990s "politicised" the issue by locating responsibility with a wider set of drivers (for instance, unhealthy food environments) outside an individual's control. In other words, this way of framing obesity helped to convert it from a private issue into a political one.

Other powerful frames we discovered were a demon "junk food" industry preying on children, and an economic frame where obesity imposes major costs on health systems and workforce productivity.

Countering these, industry groups and some parliamentarians deployed powerful "slippery slope" arguments portraying industry as vulnerable if regulations were to be adopted.

There were also individual and parental "responsibility" frames intended to deflect blame away from the commercial drivers of obesity, such as the intensive marketing of unhealthy foods and beverages.

And there was the powerful idea of the "nanny state" that portrays regulation as big government imposing itself on citizen's freedoms.

Little appetite from within government

We found regulatory interventions to tackle obesity also had little

support from within government. Senior public servants had fostered an institutional culture emphasising individual responsibility and the view that regulatory interventions were dangerous territory.

The establishment of the Australian National Preventive Health Agency in 2011 provided an important new institutional platform for government action. However, it was opposed by both industry and powerful government interests, and was one of the agencies abolished by the Abbott government in 2014.

Finally, we found the complexity of the issue to be a problem. This allowed opponents of regulatory interventions to call them "magic cures" and "silver bullets", essentially vilifying their suitability as interventions.

With politically contested policy issues, the standard of evidence required to achieve policy change is generally higher. We found this was certainly the case for obesity and an argument of "limited evidence" was consistently used to justify government inaction.

Our research did have some limitations. For example, we did not pick up on the government's "deregulation agenda" as a barrier, although others found this to be important.

Where to now?

Acknowledging these barriers to regulation and taking steps to overcome them will be important to any future efforts to prevent obesity.

First, achieving cohesion among public health experts and advocacy groups is paramount. This includes alignment on key policy positions. To what extent this has been achieved since our analysis (dating back to 2011) is unclear.

Second, both sides of politics should acknowledge the power of the transnational food industry to impede progress on Australia's obesity prevention policies. The public-private governance approach currently in use is conflicted and unlikely to resolve the problem.

Third, obesity will again receive high levels of political attention in the future. This will present a moment of opportunity for a prepared and cohesive public health community to move the agenda forward.

This article was originally published on The Conversation. Read the original article.

Provided by The Conversation

Citation: Fat nation—the rise and fall of obesity on the political agenda (2017, May 26) retrieved 19 April 2024 from
https://medicalxpress.com/news/2017-05-fat-nationthe-fall-obesity-political.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.