Advocacy for Using Evidence in Public Health Nutrition Policy Making

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Abstract

Do advocates for using evidence make a difference? A case study of public health nutrition policymaking in New Zealand.

There is a growing body of evidence supporting interventions that will effectively address nutrition-related non-communicable disease. However, researchers and other stakeholders often despair that such evidence is not informing government policy. The emerging field of ‘evidence-informed’ policy addresses the question, ‘What works?’ to improve the use of evidence in policymaking. This thesis aims to contribute to this enquiry by exploring how advocates for the use of evidence can make a difference. Advocacy can connect science, society and politics and build ‘multiple footbridges’ between the worlds of decision makers and those who generate evidence.

A theoretical model for advocacy for evidence use was developed following an extensive literature review. The model was evaluated against a rival explanation in a policy case study of food marketing to children. Data were collected by interviews with senior members of the New Zealand public health nutrition policy community, documentary analysis and field notes.

Results indicate that current policymaking systems are ad hoc and non-deliberate, informal relationships are the primary channel by which evidence informs bureaucrats’ decision making and the powerful role of meta-level policy is largely unknown. Major determinants of advocacy activity are access to resources and the opportunities presented by political timing. Concurrently the trend for sovereign government to be replaced by governance mechanisms and a government agenda to give science a greater role in policymaking are shifting established policy processes. These factors, together with a growing realisation that public health nutrition policymaking needs a paradigm shift, are creating opportunities for advocacy for the use of evidence.

The findings of this research lead to the conclusion that public health nutrition policy processes will deliver better outcomes when the ‘idea’ of using evidence is actively advocated. Politically aware advocacy should enhance evidence use when it brings about shifts in meta-level policy, policymaking processes and relationships across the policy community.
Acknowledgements

I acknowledge with gratitude the stimulus of Professor Jim Mann who commented, ‘evidence was all too often not used in formulating Nutrition Policy’. This comment provided the ‘carrot’ that stimulated thinking and research on the topic of evidence. A ‘stick’ in which he dryly observed that academic research was not emerging from the Otago Dietetic Programme suitably reinforced the carrot. For this stimulation and the encouragement to develop thinking in the area of Nutrition Policy, I am most grateful.

I also thank Professor Robin Gauld and Associate Professor Mark Lawrence for their encouragement and insightful advice over the duration of this project.

I am thankful for the unstinting support of my husband Jim, my family, friends and colleagues, who have walked with me on this journey. My brother Russ whose young life was cut short before he completed his degree in Political Science would, I hope, have appreciated the main thesis of this work and undoubtedly debated the arguments.
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<tbody>
<tr>
<td>ACF</td>
<td>Advocacy Coalition Framework</td>
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<tr>
<td>AEU</td>
<td>Advocacy for Evidence Use</td>
</tr>
<tr>
<td>ANA</td>
<td>Agencies for Nutrition Action</td>
</tr>
<tr>
<td>ASA</td>
<td>Advertising Standards Authority</td>
</tr>
<tr>
<td>BINGO</td>
<td>Business Interest Non Government Organisation</td>
</tr>
<tr>
<td>CFBAI</td>
<td>Children's Food and Beverage Advertising Initiative</td>
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<tr>
<td>CONSORT</td>
<td>Consolidated Standards of Reporting Trials</td>
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<tr>
<td>DRI</td>
<td>Dietary Reference Intake</td>
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<tr>
<td>DALY</td>
<td>Disability-adjusted life-years</td>
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<tr>
<td>EBM</td>
<td>Evidence based medicine</td>
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<td>EIP</td>
<td>Evidence-informed policy</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organisation</td>
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<td>FIG</td>
<td>Food Industry Group</td>
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<tr>
<td>FSA</td>
<td>Food Safety Authority</td>
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<tr>
<td>FOE</td>
<td>Fight the Obesity Epidemic</td>
</tr>
<tr>
<td>GRADE</td>
<td>Grading of Recommendation, Assessment, Development and Evaluation</td>
</tr>
<tr>
<td>HEHA</td>
<td>Healthy Eating - Healthy Action</td>
</tr>
<tr>
<td>HSC</td>
<td>Health Select Committee</td>
</tr>
<tr>
<td>HFSS</td>
<td>High fat, salt, sugar</td>
</tr>
<tr>
<td>L.E.A.D.</td>
<td>Locate evidence, Evaluate evidence, Assemble evidence, inform Decisions</td>
</tr>
<tr>
<td>IOM</td>
<td>Institute of Medicine</td>
</tr>
<tr>
<td>IOTF</td>
<td>International Obesity Task Force</td>
</tr>
<tr>
<td>MAF</td>
<td>Ministry for Agriculture and Fisheries</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MPI</td>
<td>Ministry for Primary Industries</td>
</tr>
<tr>
<td>NAC</td>
<td>Nutrition Advisory Committee</td>
</tr>
<tr>
<td>NHF</td>
<td>National Heart Foundation</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Clinical Excellence</td>
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<tr>
<td>NZ</td>
<td>New Zealand</td>
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<tr>
<td>NZTBC</td>
<td>NZ Television Broadcasters’ Council Code</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-communicable disease</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
</tr>
<tr>
<td>PMCSA</td>
<td>Prime Ministers Chief Science Advisor</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomised control trial</td>
</tr>
<tr>
<td>TREND</td>
<td>Transparent reporting of evaluation of non-randomised designs</td>
</tr>
<tr>
<td>FTC</td>
<td>US Federal Trade Commission</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>WCRF</td>
<td>World Cancer Research Fund</td>
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<tr>
<td>WFA</td>
<td>World Federation of Advertisers</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Chapter One: Introduction

Rationale

When good evidence is used well by policymakers, the resulting policies are more likely to achieve their objectives and deliver health gains\(^1\). Public health nutrition research evidence, along with other areas of research, evidence rarely achieves this goal\(^2\)-\(^8\). The central premise of this work is that the use of evidence in public health nutrition policymaking is enhanced by advocacy. This proposition is explored by examining the challenges policymakers, researchers and non-government organisations experience in advocating for enhanced use of evidence. Public health nutrition is an ideal area for study as it exemplifies many of the challenges faced by the wider public health policy community. There is an abundance of ‘wicked’ issues, that are open-ended, complex and intractable, and interest groups abound in equal measure with prevailing government ideologies. If good evidence can be well used in these situations, both societies and economies will make large gains\(^9\),\(^10\).

One reason for seeking to provide insights into factors that enhance or hinder evidence use is the particular challenges faced by public health policymakers. The policy issues are turbulent, characterised by high risk, complexity, value conflict and rapid change\(^9\),\(^11\),\(^12\). These factors create substantial obstacles to the systematic and transparent use of evidence. The policymaking process itself often forces policymakers to make decisions with incomplete evidence, in short time frames whilst encountering organisational barriers to accessing broad sources of evidence even when they do exist\(^13\),\(^14\). Meanwhile, the pressures for evidence-informed public health policy are mounting. Although evidence is increasingly available on the morbidity and mortality burden of preventable disease and cost-effective interventions, this evidence is frequently not used or used selectively in policy processes, resulting in less effective policies\(^15\)-\(^18\).
Taken together, these issues create a need for exploring and establishing new approaches to decision making, stimulated by understandings from political science, evidence-informed policy, social interaction and public health nutrition. The broad aim of this study is to explore new possibilities and expectations for government and society around how evidence can inform public health nutrition policy development.

This work is part of an emerging paradigm in public governance that is still interacting uncomfortably with existing administrative systems\(^1\). Over the last fifteen years evidence-informed policy scholars have been addressing the question, ‘what kinds of processes are needed in order to enable evidence to be well used?’ In general, government responses are characterised more by rhetoric around ‘better policymaking’ than substantive changes to policymaking systems and structures\(^2\).

Two antecedents to evidence-informed health policy provide useful insights into the concepts underpinning this evolving field and this thesis. The evidence based medicine movement has been fuelled by the rapid expansion in knowledge and calls for greater professional accountability. In parallel, the exposure of wider society to an explosion of easily accessible information has ignited the consumer movement and demands for greater accountability in public sector management. Behind both movements is the post-positivist paradigm, which promotes discourse and interpretation over the inherent superiority of rational ideas\(^2\).

The complexity of policy decision making and clinical decision making requires models that capture multiple processes as opposed to more rational linear conceptualisations of evidence directly changing policy and practice. Consequently, theoretical, methodological and practical challenges abound for those who seek to advance the understanding of how evidence is used in policymaking processes.

1.1 Previous work

Work to date in the evidence-informed policy field has sought to address these challenges through a range of approaches. Over the last ten years the literature has grown rapidly reflecting increasing acknowledgement of the complexity of the issue and its relevance to policymakers, society and academics. Early work focused on the different paradigms occupied by policymakers and researchers and proposed strategies for building bridges
between these two worlds\(^{(21-25)}\). Other, empirical work employed a pragmatic approach to exploring ‘what works’ when policymakers use evidence by comparing circumstances and strategies across policy sectors\(^{(26-28)}\). More recently this line of enquiry has focussed on the capability of the wider policy community to generate and use policy-relevant evidence\(^{(1, 7)}\). In recent times there has been increased use of the term ‘implementation science’ including a journal in this area.

The central theme of this thesis pursues a proposition made by scholars applying management concepts to the ‘idea’ or ‘problem’ of evidence-informed policy. At the intersection of the ‘diffusion of innovation’ literature and ‘knowledge management’ literature is a strong theoretical argument that the idea of using evidence needs to be widely adopted before systems will change. Although advocacy for using evidence appears in the early literature, it has not been developed further, either theoretically or through empirical studies\(^{(29, 30)}\).

Another response to the complexity of evidence use in policymaking is literature addressing two theoretical questions, ‘What counts as evidence?’ and ‘What does evidence use mean?’\(^{(20)}\) This body of work expounds the inherent uncertainties of research evidence, the epistemological tensions between different types of evidence and frameworks for synthesizing different types of evidence\(^{(31-33)}\). The heterogeneous nature of evidence that is relevant to policy is highlighted by the recent literature which examines the contribution of stakeholders to evidence synthesis processes\(^{(34, 35)}\).

In parallel to these lines of enquiry, is the meta level policy approach to enhancing evidence use. Leading exponents argue that the policymaking rules have a profound influence on the place evidence has as a policy input\(^{(11, 20)}\). Both institutional contexts and informal policymaking rules are seen as determining the role played by vested interest groups, ideologies and information in decision making. Therefore, priority is placed on changing meta level policy arrangements to give evidence a privileged role as a policy input.

Emerging forms of government and new roles for civil society add yet another dimension to the study of evidence use in policy. Political scientists view the recent emergence of more collaborative forms of government as a response to the increasing complexity of policy issues\(^{(36)}\). Newer approaches to citizen democracy are consistent with collaborative approaches and are seen as acknowledging the breadth of evidence required for effective policymaking in the twenty-first century\(^{(37)}\). However, as an emerging area with a low
profile, the impact of collaborative forms of government on evidence use has yet to be examined.

1.2 Theoretical Approach

This thesis aims to contribute conceptual understandings to the emerging field of evidence use in public health policymaking. It does not, however, extend to the development of an integrative theory. In summary, a public health approach is used to explore the factors influencing how evidence is used in government policymaking. Public health is an integrative discipline as ideas and theories from other disciplines are brought together and applied to public health issues. Because public health issues reflect many of the complexities inherent in society, no one theoretical lens is capable of providing a complete understanding. Instead, synthesised understandings of the social, economic and political circumstances shaping policy and practice are required for effective action. Consequently, public health actions involve skillful choice and use of theory to understand what works, when and why\(^{(38)}\).

Within public health, public health nutrition is the discipline that aims to promote and maintain the nutrition-related health and wellbeing of populations through the organised efforts and informed choices of society. Attention is focused on the social, economic, political and human rights dimensions of nutrition\(^{(39)}\). Therefore, as in the broader public health arena, interdisciplinary and context-specific analyses are needed to develop effective society-wide responses. This approach prevents single theories on cause and effect driving policy solutions, for example, the view that obesity is genetically determined resulting in the development of nutrigenomic based policy solutions\(^{(12)}\).

Lacking a single theory to unify the discipline, the theoretical approach used in public health and public health nutrition is to integrate insights from contextually relevant fields. This integrative approach provides the rationale for the approach taken in this project. Four bodies of literature each from a particular discipline are reviewed to explore one aspect of public health nutrition policy making. Each literature offers a complementary understanding of factors influencing the use of evidence in the policymaking process.

The unifying framework for this approach is described below (see fig.1). Three complementary bodies of literature are represented in the boxes on the left. Insights from
these related disciplines are then viewed through a ‘lens’ that considers their relevance to public health nutrition, the fourth body of literature. The outcome, shown in the circle on the right, is a synthesised framework for advancing evidence use in public health nutrition policy.

![Diagram](image)

**Figure 1. Theoretical approach to examining evidence use in public health nutrition policy**

Firstly, literature from the evidence-informed policy and research utilisation fields is reviewed for foundational insights into evidence use in policy processes. Three areas are included: arguments for evidence-informed policy; appreciation of the uncertainties in research evidence and range of relevant evidence; and the many ways policy makers use evidence.

The evidence-informed policy literature also provides concepts for understanding the wider policy process and structural factors influencing evidence use. Here, four theoretical lenses relevant to the question, ‘What works to improve the use of evidence?’ are reviewed. The review provides complementary understandings about the role of communication, adoption
of new ideas, the nature of an evidence base and policy context, and the role of policy system ‘rules’.

The political science literature offers insights into the process and structural issues highlighted in the evidence informed policy literature. Concepts and insights about how policy is made and factors that influence the policy outcome forms the first section of Chapter 5. As policymaking is inherently a political activity within public health nutrition frameworks, examining how power is exercised provides useful lenses for understanding the politics of policy making. The role of meta policy or ‘policymaking rules’ is explored further as they are a potentially significant yet little recognized influence on evidence use. These ideas complement the concept from the policy frames literature that the use of evidence may be enhanced through skillful framing of issues at the meta policy level.

To develop a deeper understanding of the role of communication in spreading the ‘idea’ of evidence use necessitates a review of the social interaction literature. This field offers useful models of policymaking as an interactive process; these are reviewed in the second section of Chapter 5.

Applying the key concepts from these literatures to the use of evidence in public health nutrition policy puts the spotlight on two aspects of public health nutrition. These are reviewed in the final section of Chapter 5.

1.3 Unique contribution

Within the evidence-informed policy field, this thesis is unique in the approach to examining and extending advocacy for evidence use. The research has integrated literature from the four disciplines discussed above and has extended work commenced by Nutley et al.\(^\text{(29, 30)}\). It is also novel in seeking to advance evidence use in public health nutrition policymaking in New Zealand. The aim is to complement other work that assesses evidence use in health policy and public health policy by examining the value of advocacy for using evidence\(^\text{(34, 40, 41)}\). Advocacy means working proactively to change upstream environmental factors like policies and institutional practices and regulations which influence the personal health choices of large population groups\(^\text{(42)}\). Effective policy advocacy usually involves a range of influence strategies at interpersonal and organisational levels.
The New Zealand public health nutrition environment offers an excellent microcosm of broader public health policy making; the issues have high stakes and the evidence base is changing rapidly. The current Government that has held office from 2008 - 2014 has a clear position of minimal action on public health nutrition issues and economically powerful food industry groups are active in promoting their own evidence to protect their commercial interests.

1.4 Specific purpose

This thesis seeks to be theoretically and empirically robust by developing a theoretical framework and then assessing the robustness of the proposed framework through a public health nutrition case study\(^1\). The framework identifies three areas where advocacy for using evidence will shift the policymaking system towards more and better use of evidence, meta policy, on-going relationships across the policy community and deliberative policy processes.

The primary research question is: how adequately does the framework explain the role of evidence advocates in facilitating evidence use?

This question gives rise to specific research questions on public health nutrition policymaking in NZ.

The questions are:

1. How and why does advocacy at the meta policy level for evidence-inclusive processes influence the policymaking rules?

2. How and why does advocacy for sustained relationships among members of the policy community shape the policymaking process?

3. How and why does advocacy for the deliberative use of transparent and collaborative policy inputs change the process?

4. Further to this is the question that explores an alternative explanation for evidence use in public health nutrition policy in NZ: How and why does political influence explain the impact of advocacy for using evidence?

\(^{1}\) Appendix 1 contains the author’s papers published on the proposed framework and background to the case study.
Given these questions, this research defines evidence in the broadest possible way to recognize the totality of evidence required to develop effective public health nutrition policy(3, 43). An additional influence on public health nutrition comes from the food industry which has a role in determining population food choice and hence public health nutrition outcomes(44).

The project scope focuses on public interest advocacy and does not examine the strengths and weaknesses of the evidence base for any particular policy. As the research is limited to public health nutrition, no comparison is undertaken with policymaking processes in other areas of public health or other policy sectors. However, some findings from the case study may provide useful insights into the dynamics operating in the wider public health arena. No intervention into policy processes was conducted, apart from raising the profile of these issues with members of the policy community through interviews.

1.5 Structure

Chapter 2 introduces a case study on evidence use in a topical public health nutrition area, namely food marketing to children. Chapter 3 explores the concepts of policy-relevant evidence and evidence use. Chapter 4 examines four lines of enquiry in evidence-informed policy from a policy process and structural influences perspective, Chapter 5 explores the political science and social interaction literature before looking at policy-making in public health nutrition. Chapter 6 integrates these literatures into the proposed framework for evidence use in public health nutrition policymaking.

Chapters 6, 7 and 8 assess the proposed framework through the case study. Chapter 7 sets out the methods used to collect case study data. Chapters 8 and 9 summarise the findings, which are then discussed in Chapter 10 in relation to the proposed framework. Chapter 11 contains the overall conclusions and propositions.
Chapter Two: Case study – Food Marketing to New Zealand Children

Introduction

To provide a context for the literature reviewed in Chapters 3, 4 and 5 this chapter presents the case chosen to examine evidence use in public health nutrition policymaking, using the central topic of food marketing to New Zealand (NZ) children.

Case Study Data Collection Methods

To inform the choice of the case study and to identify potential interviewees a review of literature and documents on food marketing to children was undertaken in 2004. These sources continued to be reviewed over the duration of the study to assemble contextual case study data. In addition, key meetings were attended and notes taken.

Published literature on food marketing to children was obtained through searches of the main health science and social science databases and NZ databases, Web of Science, Proquest, Medline (Ovid SP), Academic Search Complete (EBSCOhost), Index New Zealand, Te Puna. A combination of search terms was used: ‘food marketing’, ‘food advertising’, ‘children’, ‘kids’, ‘self-regulation’, ‘industry’, ‘cognitive development’, ‘policy’. The first literature review was conducted over 2004 – 2008; between 2009 and 2013, the key databases were monitored for new papers and searches undertaken for new papers by leading authors in each area. Included articles described the prevalence and impact of food marketing to children, presented policy tools to control marketing and arguments for and against government regulation.

This study primarily used documents, physical including e-documents, to corroborate information from other sources and to identify gaps in information that needed to be filled as far as possible. Documents are recognised as being a rich source of information in case
They are stable over time, able to be collected unobtrusively, potentially broad in scope and can be assessed objectively. However, as a source of evidence they may be difficult to retrieve and subject to selection bias.\(^{45,46}\)

Over the period of the study (2004 – 2013) documents relating to food marketing to children were collected to assemble background information on the position of key stakeholders and the national and international policy context, assist in identifying key stakeholders and develop a timeline of events. Key documents included:

- internal government documents obtained under New Zealand’s Official Information Act,
- publically available government select committee reports and NGO position statements,
- Advertising Standards Authority review documents, Food Industry Group’s website statements,
- publically available and indexed media reports, and
- publically available reports of meetings convened by academic groups.

These two methods were supplemented by participant observation and field notes to provide complementary sources of case study evidence, contextual data and insights into interpersonal behaviour.\(^{45-47}\) This method was used to a limited extent, as it is time-consuming and generates data that requires rounds of reflexive interpretation.

As resources permitted, the researcher attended key meetings and took field notes. Records of these meetings are included in the case study database, which was commenced in 2004 and added to over the course of the study (Appendix 9). At the beginning of the study, the researcher participated in a three-day meeting on Research Impact hosted by the University of St Andrews’ Research Unit for Research Utilisation in Scotland.

**Food Marketing to NZ Children Overview**

Food marketing to children is a controversial policy issue in NZ. Unlike a number of their counterparts in the developed world, NZ policymakers have not instigated policies to promote healthy weight in children through the regulation of food marketing.\(^{48-50}\) Policymakers have maintained this position despite increasing concern by the global policymaking, health professional and research communities around the rising rates of

10
One in five (20.9%) NZ children are overweight and one in twelve (8.3%) obese, increasing their risk of morbidity, disability and premature death.\(^{(52, 53)}\)

The NZ government has consciously employed an industry self-regulation policy in the face of the growing body of literature highlighting the role environmental factors play in diet and disease. Over the last ten years a number of international systematic reviews have concluded that the marketing of energy dense, high fat, salt, sugar (HFSS) foods influences children’s diet-related behaviours and health outcomes\(^{(54-56)}\). Moreover, recent literature draws attention to the rapidly changing context for food marketing to children, especially the use of new technologies and new strategies that are all designed to create and reinforce demand for unhealthy foods.\(^{(51)}\) Food advertisers are using an increasing number of communication media and marketing techniques to promote food to children including websites, SMS messaging, sponsorship, product placement and static media such as billboards and branding. The scope of this case study is limited to the major broadcast media used by food advertisers - television; it does not include other forms of marketing.

This government response is not confined to internal discussions within NZ; a recent World Health Organisation (WHO) report identified the elimination of marketing of HFSS foods to children as an immediate priority action for governments. Even this WHO report has not persuaded the NZ government to waver from its self-regulatory policy approach.\(^{(57, 58)}\) Given these issues and the increasing published evidence on the benefits of regulatory policy for food marketing to children and the policy development in other countries, the current NZ situation provides a useful case study on the barriers and enablers to advocacy for using evidence in policymaking.\(^{(59-61)}\)

Following an introduction to the varied evidence base on food marketing to children, an overview of the international and national policy context is presented. This is followed by a summary of the recent policy situation in NZ including a critique of the role of key stakeholders and their use of evidence.

Policy developed by individual companies has been examined by others and is beyond the scope of this research.\(^{(62, 63)}\)
2.1 Case study context

2.1.1 Why is the evidence for food marketing to children policy divisive?

Policymakers are faced with two conflicting bodies of evidence as to whether food marketing influences children’s food consumption and weight. Proponents of government regulation generally cite four sources of science-based evidence, whereas self-regulation advocates draw upon marketing, policy and economic sources. However, these different sources of evidence alone do not provide a satisfactory explanation for the current policy impasse. The distinction between ends and means types of evidence provides a more useful way of understanding the influence of different types of evidence.

Within the scientific community there is a growing evidence base for the role of environmental determinants in childhood obesity, yet development of an evidence base for policy approaches to this health issue remains limited. This imbalance between ends and means types of evidence is evident in the bodies of science-based evidence used to support arguments for government regulation of food marketing to children.

Evidence from environmental monitoring studies reports the increasing prevalence of food marketing to young people in the developed and developing world\(^4\). This body of evidence captures data on the type of media, the level of exposure of children to promotions and the nutritional profile of promoted foods. There is a growing database of studies monitoring the popularity with children of food product promotions, parental acquiescence to requests for promoted foods, the dominance of promotion of HFSS foods and the absence of promotion of foods consistent with healthy diets\(^{51, 65-68}\). Although television remains the dominant medium for promotional marketing of foods to children, newer marketing techniques and media are emerging. This is reflected in the rise in spending on internet and other non-traditional digital advertising\(^{51}\).

The second body of end-type evidence is based in nutritional science, and addresses the impact of marketing on food choice and diets. A number of major systematic reviews including those by the WHO and the Institute of Medicine have strengthened the evidence base demonstrating links between food promotion, children’s dietary behaviour and health outcomes. This effect is reported to be as strong as the impact of family, parents and peers\(^{54, 56, 65}\).
Social psychology research has contributed the third body of end-type evidence used by pro-regulation advocates. This body of work explores two propositions, one that young children do not have the cognitive ability to comprehend their exposure to advertising, and secondly the proposition that although older children are able to understand advertisers’ intent they are unable to summon defences against advertising automatically. Evidence from this work underpins arguments that marketing communications targeting children are inherently conducive to deception and coercion. This leads to arguments from ethicists that marketing techniques that invoke ‘pester power’ and undermine parental authority are unethical and illegal\(^{69, 70}\). Protective actions by the state are justified as protecting vulnerable members of society. Ethical arguments are also mounted based on human rights principles, for example, the International Obesity Task Force’s (IOTF) statement that children have a ‘right to freedom from obesity’\(^{59, 71}\).

One body of means type evidence is also used in arguments for regulation of food marketing. This argument presents sophisticated modeling of the effectiveness, cost benefit and health impact implications of different government policy interventions. For example, recent European modelling predicts that zero exposure to food marketing would lower the prevalence of obesity in boys and girls\(^{72}\). Detailed Australian modelling of the cost benefit of reducing junk food advertising to children (0-14) years showed that this was one of the most cost-effective policy interventions for reducing obesity, in terms of disability-adjusted life-years (DALY) and total cost savings across the entire population\(^{73}\). In public health nutrition this means type evidence has emerged more recently. The scientific community are increasingly aware that traditional ends type evidence is having little influence on government policy and so new avenues need to be explored\(^{74}\).

In contrast means type evidence dominates arguments for continued industry self-regulation. Food industry sources and other proponents of industry self-regulatory policy argue that there is no evidence that marketing causes obesity nor any evidence that regulations have been effective in preventing obesity\(^{75, 76}\). This evidence frequently addresses economic and social factors beyond nutritional science. For example, estimates of the cost of government regulation, particularly monitoring and compliance, may be quoted. Human rights based arguments that place emphasis on the rights of parents to choose for their children, and free market ideology arguments based in economic theory, may also be cited\(^{77}\).
Major food companies and advertisers cite product reformulation, voluntary nutrition criteria programmes and compliance with self-regulatory codes as evidence of their contribution to reducing childhood obesity and trustworthiness as corporate citizens\(^{(78, 79)}\). Some companies profile their involvement in public health activities, for example, school breakfast programmes, as further evidence of their intent to ‘be part of the solution’\(^{(80)}\). Formal evaluations of the impact of any of these industry activities were difficult to find, as were international examples of food companies agreeing nutrient targets with public health groups and or governments. Evidence of advertising causing consumers to switch brands without necessarily increasing consumption is often based on market research by individual companies, and in common with much of this type of evidence, not published in the academic literature\(^{(56, 81)}\). To date, this configuration of means type evidence advanced by food industry sources has been more politically influential in New Zealand than pro-regulation arguments dominated by science-based ends type evidence.

Whilst distinct, both types of evidence are necessary for the development of evidence-informed policy. Means type and ends type evidence reflect different aspects of the policymaking context. Means type evidence provides understandings about the policy process environment, whereas ends type evidence contributes understandings about the policy issue to inform policy content. Evidence-informed policy offers a framework for appreciating the complementary value of both types of evidence.

The ends-means distinction introduces the idea that public health nutrition policy making draws on a range of evidence types and defines the context for comprehensive debate. Chapter 3 section 2 examines alternative constructs of policy-relevant evidence including ‘colloquial’ evidence that integrates different types of evidence.

2.1.2 Policy context- public health nutrition policy in NZ

Two aspects of the wider policy context for public health nutrition exert considerable influence on policy for food marketing to children: the broader government adoption of neo-liberalism, and the privileged attention given to medical issues over public health problems\(^{(82)}\).

In recent years the NZ government’s neo-liberal agenda has been evident in shifts towards less regulation, promotion of free market ideologies and the State passing some of its tradition responsibilities to other bodies. These trends are evident in the recent history of
public health nutrition policy in NZ. In 2003, the Minister of Health in a Labour Party led government responded to evidence of an obesity epidemic with the ‘Healthy Eating Healthy Action’ (HEHA) strategy which had long term goals to improve nutrition, increase physical activity and reduce obesity. Conservative estimates suggest that between 2005 and 2010, high-level government funding for HEHA related activities was around NZ$328 million. The ‘Progress on Implementing the Strategy 2007 report’ indicated that the Ministry of Health (MoH) was committed to

"Working with the Food Industry Group, the Ministry will develop an action plan to implement changes to the marketing and availability of high fat, sugar and salt foods to children. In addition, the Ministry will work towards agreement on timeframes for changes to television advertising of foods high in fat, sugar and salt during children’s viewing times."

However, in 2009 the incoming National Party led government withdrew the funding for the implementation of HEHA, halted the HEHA evaluation project and redirected MoH staff onto other projects. Throughout this period, a self-regulatory regime for food marketing to children was retained and has continued.

The privileged policy attention given to medical issues is evident in the history of broad public health policy in NZ. This government-level situation mirrors that of other developed countries in which prevention of communicable disease is frequently prioritised over non-communicable diseases (NCDs). NZ has ready examples of well-funded population-wide immunization programmes being widely available and on occasion being instigated in short time frames. In NZ, since the late 1990’s government public health policy has had a wide inter-sector focus on reducing inequalities. Whilst health care providers have been incentivized to reduce inequalities, and new public health policy has emerged to reduce the incidence of some non-communicable diseases, notably tobacco and alcohol-related, policy addressing nutrition issues has been turbulent and short-lived.

Non-communicable disease prevention has also received some policy attention, most notably cancer prevention which has a well-developed MoH funded structure and strategy. Since the disestablishment of the HEHA programme, public health nutrition has received little policy attention or funding. The only activity is through the MoH funded agency the Health Promotion Agency, and by the two large non-government organisations (NGOs), the
National Heart Foundation and Agencies for Nutrition Action which are contracted by the MoH to deliver a small number of targeted nutrition promotion activities.

Many people argue that food is inseparable from nutrition and that the nutritional outcomes of food consumption should be regarded as food security and food safety issues\(^{(58)}\). However, the NZ Government has made a clear distinction between food and nutrition by separating responsibility for each area. The MoH is responsible for nutrition policy, health services and public health, whereas the Ministry for Primary Industries (MPI) for food policy. The MPI was formed in 2012 from an amalgamation of the Food Safety Authority (FSA) and the Ministry for Agriculture and Fisheries (MAF). The MPI focuses on encouraging food innovation that will generate export earnings for NZ. Apart from food safety issues the MPI has no stated responsibility for the health of New Zealanders.

2.1.3 International policy context for food marketing to children

Globally, public health nutrition is an area where a new 21st century approach to public health policy is becoming evident as policy-makers direct their attention to health promotion, social and environmental determinants of health, and equity issues\(^{(38)}\).

The food marketing to children policy issues arising in NZ sits within an active international context. Over the last ten years, there has been a global and rapid increase in policy and research activity. A brief summary of documents and use of evidence by international organisations including the WHO, food industry and public health NGO groups, governments, and academics follows. These need to be considered in the context of varying policy responses in countries similar to NZ. Table 1 below shows NZ’s policy position to be weaker in level of government regulation than four European comparisons and more aligned to the position of the Australian and United States governments. Internationally Danish children are the most protected by their government with advertising being restricted until they reach 18 years of age.

Senior high profile public health nutrition advocates have argued in journals and at international meetings for greater government intervention in the formulation and marketing of food. For example, Beaglehole et al. in the Lancet “The food industry in all countries should start to reformulate processed foods and stop the promotion of unhealthy products to children. Strong government encouragement, including regulatory and fiscal measures, will be needed to ensure rapid progress”\(^{(60)}\).
Table 1. Selected Country Comparison Food Marketing to Children Policy

<table>
<thead>
<tr>
<th>Country</th>
<th>Upper age of childhood</th>
<th>Policy for Broadcast Advertising</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Netherlands&lt;sup&gt;(90)&lt;/sup&gt;</td>
<td>12</td>
<td>Statutory codes</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>15</td>
<td>Statutory codes</td>
</tr>
<tr>
<td>Sweden&lt;sup&gt;(90)&lt;/sup&gt;</td>
<td>12</td>
<td>Statutory ban</td>
</tr>
<tr>
<td>Denmark&lt;sup&gt;(90)&lt;/sup&gt;</td>
<td>18</td>
<td>Statutory codes</td>
</tr>
<tr>
<td>United States of America&lt;sup&gt;(91)&lt;/sup&gt;</td>
<td>13</td>
<td>Industry self-regulation</td>
</tr>
<tr>
<td>Australia&lt;sup&gt;(92)&lt;/sup&gt;</td>
<td>14</td>
<td>Industry self-regulation</td>
</tr>
<tr>
<td>New Zealand&lt;sup&gt;(48)&lt;/sup&gt;</td>
<td>14</td>
<td>Industry self-regulation</td>
</tr>
</tbody>
</table>

Source: Author

In 2010, the WHO encouraged Member States to develop policies to reduce the impact on children of marketing of HFSS as a policy approach to dietary risk reduction. This strategy contributes to WHO global targets for major reductions in NCDs and their associated risk factors by 2025<sup>(93, 94)</sup>. It is relevant to note that the NZ Minister of Health chose not to attend the January 2010 WHO Assembly meeting where these recommendations were being discussed<sup>(95)</sup>. The WHO first released recommendations on restricting food marketing in 2004. The original Global Strategy on Diet, Physical Activity and Health signalled to governments, industry and civil society that they needed to take action to reduce the amount of marketing that encourages unhealthy dietary practices<sup>(96)</sup>.

Independent monitoring of the food and advertising industries’ marketing practices has increased since 2003<sup>(66)</sup>. For example, a major report in 2012 by the US Federal Trade Commission (FTC) stated that food companies have increased their advertising to children via mobile devices and social media even as they spend less money overall on youth marketing, particularly television advertising. Furthermore, the FTC found that between 2006 when its first report was released and 2009, the food industry had marketed slightly more nutritious foods to children. However, with few exceptions, they had failed to limit the use of promotional brand characters and to replace advertisements with material identifying more nutritious food during children's programming<sup>(62)</sup>. 17
One of the most influential reports in the global food marketing to children field was published prior to these monitoring reports. In Dec 2005 the National Academies’ Institute of Medicine (IOM) published ‘Food Marketing to Children: Threat or Opportunity?’(65) that provided a comprehensive evidence base before concluding:

“Among many factors, food and beverage marketing influences the preferences and purchase requests of children, influences short-term consumption, may contribute to less healthful diets, and contributes to an environment that puts their health at risk.”

This report built on the earlier work in the United Kingdom (UK) by Hastings and colleagues whose 2003 systematic review reached a number of conclusions:

1. There is a lot of food advertising to children.
2. The advertised foods are less healthy than recommended foods.
3. Children enjoy and engage with food promotion.
4. Food promotion is having an effect, particularly on children’s preferences, purchase behaviour and consumption. This effect is independent of other factors and operates at both a brand and category level(97).

Whilst the conclusions of Hastings et al. did not amount to proof of effect they argued there was sufficient evidence to conclude that an effect exists. Despite the Hastings report being criticized by the food advertising industry, in 2007 the British government introduced the most restrictive statutory regulations of any developed country at the time(81, 98).

In the following year (2008), an international NGO the IOTF commenced disseminating their seven principles (the ‘Sydney Principles’) to guide policy action on changing food and beverage marketing practices that target children(59). The children’s rights approach embedded in these principles continues to inform international debate and research on food marketing to children(70, 99).

Social psychology again offered another perspective to the international debate. Since a systematic review by the American Psychological Association in 2004, many public health arguments for government regulation have been based on children’s cognitive development(59, 100, 101).
The monitoring of government policy responses has captured the changes in the policy environments over time\(^{91, 102}\). For example, a 2011 report by Hawkes and Lobstein on responses in 59 countries found 26 have explicit statements on food marketing to children in strategy documents and 20 have, or were developing, explicit policies in the form of statutory measures, official guidelines or approved forms of self-regulation\(^{61}\). Although some countries were resisting any change, the authors found significant movement towards greater restriction on promotional marketing to children. Whilst government endorsed forms of self-regulation have been the dominant response some governments have adopted statutory measures.

In response to the activities of the international public health community the international food and advertising industries have moved quickly to ensure that governments and international bodies understand their position and their views. Global industry groups, for example, the World Federation ofAdvertisers (WFA) were actively supporting their members’ advocacy for self-regulation policies. The WFA’s commitment to a “best practice model of effective self-regulation and robust codes of conduct” illustrates this international agenda\(^{79}\). The underpinning tenet of the WFA’s argument is that governments and society should trust industry to self-regulate because industry understands responsible practice. The WFA’s activities include a ‘Responsible Advertising to Children Programme’ to champion good practice in marketing to children. The programme emphasises the need for trust in the advertising industry and encourages members to abide by the International Commerce Commission’s ‘Framework for Responsible Food and Beverage Marketing Communications’\(^{103}\). This framework reflects an alternative view on children’s rights:

> “Responsible Marketing to Children. As children were consumers of food and beverages, they were legitimately a focus of marketing and had the right to information about the products that interest them. However, because of their lack of experience as consumers, children deserve especially careful treatment by marketers in any marketing communications directed to them.” \(^{103}\)

In developed countries, numerous coalitions appear to exist among food and advertising companies and their representative groups. Typically, these groupings of industry representatives formulate industry-wide responses to local criticisms and make statements and pledges on behalf of members. For example in the US in 2006, the food industry
responded to FTC’s first criticism of its marketing practices by forming the Children's Food and Beverage Advertising Initiative (CFBAI) under the Council of Better Business Bureaus. The CFBAI’s role was to monitor child-directed food advertising\(^{104}\). Similarly, in Canada a Canadian Children’s Food and Beverage Initiative commenced in 2007 as a voluntary collaboration amongst 19 of Canada's largest food and beverage companies to promote and support healthy dietary choices and healthy lifestyles to children under 12 years of age\(^{105}\).

As well as participating in advocacy coalitions, a number of the large global and national food companies and coalitions have been actively developing policies and pledges for providing nutrient profiles of foods and reformulating products. Hawkes and Harris’s 2011 comprehensive review of food companies pledges and commitments to public health initiatives notes the inconsistencies between and within companies, and limitations in pledge coverage\(^{63}\). Fewer than half of the companies that had signed up to more than one pledge used consistent definitions of child-targeted media across all pledges. There was some commitment to restricting specific marketing techniques on some communication channels, but no pledge restricted the use of an entire marketing channel. None of the pledges restricted the use of entire communication channels. While advertising is the predominant technique covered by pledges there is substantial scope for a range of other marketing techniques to be used.

2.2 Food Marketing to NZ Children

2.2.1 Current NZ policy on food marketing to children

New Zealand has an industry self-regulatory framework for food marketing to children\(^{106}\). This policy approach has persisted despite attempts by public health advocates to persuade policymakers to regulate, see Timeline of Activities, Appendix 2. The framework endorses a suite of self-regulatory codes administered by the industry-funded Advertising Standards Authority (ASA)\(^{107}\). The Children's Code for Advertising Food 2010 is based on three principles:
• “Food advertisements should not undermine the food and nutrition policies of Government, the Ministry of Health Food and Nutrition Guidelines nor the health and wellbeing of children.

• In interpreting the code, emphasis will be placed on compliance with both the principles and the spirit and intention of the code.

• Advertisements should comply with the laws of New Zealand and appropriate industry codes including the New Zealand Television Broadcasters code "Getting It Right for Children"\(^{106}\).

Whilst the ASA code does not provide any restriction on television viewing times, the NZ Television Broadcasters’ Council Code (NZTBC) code disseminated by an association of television broadcasters ‘Think TV’ prohibits advertising in designated preschool television programming times. The NZTBC code also restricts advertising in school age children’s designated viewing times to ten minutes per hour, morning and afternoon, with restrictions ending no earlier than 5.30pm\(^{108}\).

The ASA and NZTBC codes have been criticised on a number of grounds, including the following\(^{49, 50, 71, 99, 109}\).
• School age children’s actual television watching times extend well beyond the 5.30pm cut off.
• Code restrictions apply only to television; other media are governed by principles only.
• Weak complaint mechanisms favour advertisers.
• The small number of complaints in recent years.
• The Code breaches the United Nations Rights of the Child: the right to restrict the freedom of expression in order to protect public health.
• Defining children as under 14 years of age, not using the United Nations criterion of under 18 years.
• The Code does not address newer media to which children are increasingly exposed.
• Voluntary codes that rely on public complaints to achieve outcomes are a weak regulatory mechanism.

2.2.2 Stakeholders in NZ Food Marketing to Children Policy Community

Over the period of this study, three discernable groups of NZ stakeholders have been actively involved in food marketing to children issues. Each group has a unique view of the issue, draws on a particular evidence base and reflects a level of vested interest. The comparative summary in Table 2 below reveals the nature of the food industry’s evidence base and key arguments that underpin current government policy. Public good arguments behind the public health groups and policymakers’ positions have not influenced successive governments. The activities of the influential food industry and the other groups which have resulted in an on-going self-regulatory policy in NZ are discussed in the following sections, 2.2.3 – 2.2.5.

2.2.3 The Food Industry

In recent years, the food industry in NZ has played an active role in shaping policy on food marketing to children. A summary of key initiatives follows.

In 2003, a defining event occurred when members of the food and advertising industries formed the Food Industry Group (FIG) in response to public debate and government interest in regulating food marketing to children. Key FIG members were representatives
from the Association of New Zealand Advertisers, NZTBC, Communications Agencies Association of New Zealand and New Zealand Food & Grocery Council.

During 2003 and 2004 FIG members undertook a range of activities to build relationships with government decision makers and selected academics(110). This initiative led to the FIG signing a voluntary agreement with the MoH in September 2004, known as the Food Industry Accord in which FIG committed:

“To do all that is possible to encourage all sectors of the food industry to create commercially successful products and services that will make a positive contribution to the health of New Zealanders”(111).

Between 2005 and 2008 the FIG members held fortnightly ‘Dialogue and Influence’ meetings with MoH officials(112). Industry representatives also used the 2006 Government Health Select Committee Inquiry into Obesity and Type 2 Diabetes to advocate for continued industry self-regulation. Their arguments for voluntary codes centred on the existing codes being socially responsible and effective, as the NZTBC’s submission illustrates:

“An effective, socially responsible fabric of rules and regulations exists across all advertising with television being at the forefront of offering a socially responsible approach in New Zealand (based around Broadcasting Standards Authority and Advertising Standards Authority codes)… this framework works well. The NZTBC has seen no information that the incidence of obesity would be reduced through greater regulation (s293, p4)”(113).
Table 2. Stakeholders in Food Marketing to Children in NZ (2003 – 2012)

<table>
<thead>
<tr>
<th></th>
<th>Food Industry</th>
<th>Public Health</th>
<th>Policymakers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key actors</strong></td>
<td>• Food Industry Coalitions</td>
<td>• NGO coalitions</td>
<td>• MoH bureaucrats</td>
</tr>
<tr>
<td></td>
<td>• Individual food companies</td>
<td>• Individual academics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Individual NGOs</td>
<td>• Individual academics</td>
<td></td>
</tr>
<tr>
<td><strong>Major coalitions, organisations</strong></td>
<td>• Food Industry Group</td>
<td>• National Heart Foundation,</td>
<td>• Not identifiable</td>
</tr>
<tr>
<td></td>
<td>• Food and Grocery Council</td>
<td>• Agencies for Nutrition Action,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Obesity Action Coalition until March 2010, Chronic Disease Prevention Peak group (currently in abeyance)</td>
<td>• Obesity Action Coalition</td>
<td></td>
</tr>
<tr>
<td><strong>Key arguments</strong></td>
<td>• Self-regulation is effective,</td>
<td>• Increasing child obesity,</td>
<td>• Public Health legislation</td>
</tr>
<tr>
<td></td>
<td>• Parental rights,</td>
<td>• Social environmental determinants,</td>
<td>opportunity for government intervention</td>
</tr>
<tr>
<td></td>
<td>• Autonomy,</td>
<td>• Influence of marketing on children,</td>
<td>on NCDs</td>
</tr>
<tr>
<td></td>
<td>• Cost of regulation,</td>
<td>• Cost benefit of regulatory policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Marketing encourages brand switching not increased consumption</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Key criticisms</strong></td>
<td>• Powerful vested interests have undue influence,</td>
<td>• No causal evidence link between marketing and obesity</td>
<td>• Political interference,</td>
</tr>
<tr>
<td></td>
<td>• Evidence weak</td>
<td></td>
<td>• Lack robust structures and processes</td>
</tr>
<tr>
<td><strong>Evidence base</strong></td>
<td>• Consumer marketing</td>
<td>• Nutritional science</td>
<td>• Nutritional science,</td>
</tr>
<tr>
<td></td>
<td>• Industry reports</td>
<td>• Social psychology</td>
<td>• Political and economic risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ethics, Human rights</td>
<td></td>
</tr>
<tr>
<td><strong>Level of vested interest</strong></td>
<td>Very High</td>
<td>High</td>
<td>Medium – High</td>
</tr>
</tbody>
</table>

Source: Author

In critiquing the submission, it is noted: the statement that the incidence of obesity would not be reduced through regulation was not referenced. Other industry submissions to the Inquiry identify that the industry position with respect to obesity is that it is a matter of individual choice, autonomy and education:
“At the centre of the solution is the individual... Given the range and availability of food items on offer, the key is in giving people the knowledge and ability to make healthy choices. It comes down to teaching people the basic principles of how much they consume vs. how much they move…”

“We live in a democracy, not a dictatorship, and thus we cannot tell people that they cannot eat some foods but eat lots of others. We can only exhort. It is how well we exhort the consumption of healthy diets and living healthy lifestyles that will achieve the objectives of reducing obesity and the incidence of type 2 diabetes\(^{(113)}\).

Furthermore, a frequently expressed argument was that more evidence was needed on appropriate obesity prevention strategies before policy action could be taken, as the FIG submission illustrates:

“Some people claim that even though we do not know enough about the causes of the problem, we must still act – as if panicking blindly will be more helpful than taking a moment to size up the situation. If we do not answer the questions above (about causes), then New Zealand runs the risk of attempting solutions which unnecessarily impact on all New Zealanders while being unlikely to make any significant impact on those who were obese (s157, p9)\(^{(113)}\).

Also relevant is the assertion by the FIG that their advocacy was evidence based and highly influential:

“The submissions presented by industry have provided in-depth, evidence based information that has made a major contribution to the debate\(^{(114)}\).

However, most of the evidence FIG cited was either unpublished reports or from minor journals\(^{(115)}\). Nevertheless the Select Committee recommended to Government that self-regulation continue with the Food Industry Group and MoH jointly being given targets and timeframes to address the: “advertising, marketing and promotion of healthier diets, especially to children…”\(^{(116)}\)

In 2007 - 2008 a Government initiated review of NZ’s major and overarching piece of public health legislation the Health Act (1956), provided the food industry with another opportunity to advocate for self-regulation. In the draft revision of the Public Health Bill policymakers recommended a moderate level of government intervention for non-
communicable diseases, including obesity\textsuperscript{(117)}. Despite policymakers proposing formal government - industry partnerships to oversee the increased regulation, food industry retained their position. A human rights argument was added to their previous case, as the submission by one large food company illustrates:

\textit{“Powers to regulate were unnecessary, unreasonable and conflicted with the Bill of Rights. To introduce overt state coercion in the food choices of citizens is going one step too far”\textsuperscript{(118)}.}

Alongside and subsequent to these submissions to government bodies, the NZ food industry maintained a public profile around their public health promotion activities. These include involvement in community initiatives, working with NGOs notably the National Heart Foundation (NHF), maintaining relationships with the MoH and voluntary product reformulation\textsuperscript{(119)}. The 2011 - 2012 FIG annual report profiles a number of these activities. This report reveals a shift in the industry case for self-regulation, with the addition of cost of regulation and whole of society burden arguments:

\textit{“ There have been many proposals from lobby groups for taxes, bans and new labelling regulations that will add costs and inconvenience to all consumers not just those suffering from obesity. What’s more concerning is that many of these calls come with no supporting evidence that these impositions will actually solve the underlying problem.”\textsuperscript{(120)}}

This 2011/2012 report also conveyed a high level of industry confidence in the relationship they have with the current government:

\textit{“It was refreshing that both New Zealand and overseas government bodies have embraced the place of industry self-regulation as part of the solution.”}

Since 2003, the only industry initiated public consultation process was the 2010 revision of two ASA codes. Public submissions were invited to “assist” the review of the 2006 Food Code and Children’s Code. Thirty-five submissions were received including eight from organisations with industry associations\textsuperscript{(121)}. Of these eight, two of the three food companies and one of the three industry associations were interviewed for this research. As the submissions were not in the public domain and not under the jurisdiction of the Official
Information Act 1982, it was not possible to record any additional observations about the use of evidence or evolution of the industry position on self-regulation.

2.2.4 Non-government public health advocates; NGOs and Academics

The second identifiable stakeholder group comprises NGOs, academic interest groups and professional associations who share a public health concern for childhood obesity.

Compared to the food industry coalition (FIG) NGOs involve a larger number of smaller organisations and individuals, most with lower levels of financial resource. At the beginning of the case study data collection in 2004, three nutrition NGO coalitions existed: the Obesity Action Coalition, Agencies for Nutrition Action and the Chronic Disease Prevention Peak group. These coalitions included the major nutrition NGO groups in NZ and had a high level of overlap in membership. The NHF and Diabetes NZ belonged to all three coalitions; the Cancer Society, Dietitians NZ and Te Hotu Manawa Maori (the indigenous branch of the NHF) belonged to two coalitions. Several of these coalitions had a chequered history. The Obesity Action Coalition funded by the MoH from 2003 until 2009, ceased to exist in 2010 when the funding policy of restricting advocacy activities was imposed\(^\text{122}\). Peak group members struggled to reach agreement on a range of issues and the group is currently in abeyance. Agencies for Nutrition Action (ANA) remain as the only functioning nutrition NGO coalition. A politically active NGO, the Fight the Obesity Epidemic (FOE) group was the second casualty of government funding retrenchments, however unlike OAC, FOE is a charitable trust and has continued low-level activities since the 2009 funding cuts\(^\text{123}\). As FOE’s top priority is prohibition of food advertising to children their large media advocacy role since 2000 has made a notable contribution to the issue’s public profile.

Through partnerships with academics, these coalition groups and their individual members overtly positioned themselves as the ‘voice of scientific reason’. Their approach was to use scientific evidence to support their position: that obesity prevention needs to address the wider environmental and social determinants. International evidence and precedents were frequently cited as the basis for their case that government regulation is needed to influence the environmental determinants of obesity, as the NHF’s submission to the 2006 Health Select Committee inquiry on Obesity and Type 2 Diabetes illustrated:
“The government should consider obesity a normal response to an abnormal environment. Many of the determinants of obesity were structural and environmental and were outside the control of families/whanau and individuals. Therefore focusing interventions solely on educating people and trying to get them to ‘pull themselves up by their bootstraps’ … ignores all that we know about what determines health and well-being. Worse, it is an ineffective, naïve and futile approach that delays effective actions and widens … disparities”\(^{(124)}\).

Other submissions by NGOs to the same Inquiry argued that evidence of ‘what works’ overseas should be applied to NZ:

“…international experience showed that voluntary codes and self-regulations did not bring about significant change for children”\(^{(125)}\).

Although the NZ Medical Association is not a member of these NGO coalitions, they also argued the same pro-regulation position from a research-led evidence base. The association adopted the position held by the wider international medical community that:

“some measures need to be taken to regulate the type of food advertising aimed at children”\(^{(126)}\).

Typically, public health groups and community groups conducted their advocacy in the public domain through press releases, television and radio interviews. Whilst this media profile enabled their views to be shared with the New Zealand public, there was little coordination between groups and issues were usually short lived. Public health academics on the other hand only engaged with the media following the publication or presentation of a research paper of public interest or contributed to media debates upon request. NGO groups appeared to engage in media activities in response to topical political interest or to advance an issue of strategic importance to their organisation. Apart from the NZMA, other groups representing health professionals and especially Dietitians and Nutritionists had a very low media profile.

Both of the large nutrition NGOs - the NHF and ANA had developed evidence based position statements and reports on food marketing to children\(^{(127, 128)}\). Although these documents contained recommendations for government policy, neither group actively disseminated their position. Early in its existence the Peak coalition group commissioned
novel research with parents: the ‘2007 Survey of Public Opinions about Advertising Food to Children’\textsuperscript{(129)}. The Survey found that most parents and grandparents of children aged up to 13 years were very concerned about children being obese or overweight. They were also concerned about the role of food and drink advertising targeting children. Over 80 per cent were in favour of stopping advertising of unhealthy food and drinks to children\textsuperscript{(129)}. When released this research had a high media profile; however together with the Peak group both the report and the issue of expressed parental concern subsequently had a very low public profile.

2.2.5 Government policymakers

The third identifiable group of stakeholders was policy makers employed by government departments to provide policy advice to elected officials. Within government, influential individuals were more difficult to identify. In NZ’s political system, which is modelled on the Westminster system of government, employees of an apolitical government service are not able to make public statements. This right is afforded only to the Chief Executive or the Minister\textsuperscript{(130)}. Bureaucrats are directly answerable to politicians who can set clear expectations on the role of organisations outside government as the then Minister of Health, Hon Pete Hodgson illustrated in his address to a 2006 food industry conference:

\begin{quote}
‘Those of you sitting in this room, and the organisations you represent have the collective power to change New Zealand’s food environment - what is available to buy, how it is priced and how we purchase it. There is a strong sense of urgency to make these changes in light of the obesity epidemic we were now facing’\textsuperscript{(131)}.\end{quote}

Despite these ‘signals’ from their Minister, health policy makers proposed a regulatory framework in the 2007 Public Health Bill which included food marketing. This draft legislation was released in the policy window following the presentation of the Obesity and Type 2 Diabetes Inquiry report and before the Government had produced their response\textsuperscript{(132)}. The proposed regulatory framework however had a short life following its introduction to Parliament in the first month of office of the next Minister of Health, the Hon David Cunliffe. The Health Select Committee (HSC) considering the Bill did not support regulatory policy. In their June 2008 report back to Parliament, this HSC recommended that voluntary codes continue, on the condition that targets and timeframes were met. To appease the majority of submitters who favoured regulation, the HSC recommended the Minister of Health be given powers to propose regulation if after two years there was no
significant progress in achieving the target and timeframe objectives\textsuperscript{(133)}. The Government continued to signal support for self-regulatory policy in their response to the Obesity and Diabetes Inquiry report\textsuperscript{(134)}.

Throughout this period the minority political party, the Green Party remained strongly supportive of the policymakers’ and NGOs’ pro-regulatory position\textsuperscript{(135)}.

However, following a change of Government in November 2008 the Public Health Bill did not proceed in any form. The next Minister of Health, Hon Tony Ryall, expressed commitment to continuing to support industry self-regulation in his 2010 statement to advertising, communication and food industry representatives:

\textit{“Working with industry and food manufacturers constructively is an approach Government supports and we want to see more examples of the achievements in this area”}\textsuperscript{(136)}.

Because of this position by the 2008 – 2014 Government, NZ has had a sustained and continuing industry-controlled self-regulatory policy for food marketing to children.

Since the beginning in 2008 of the National Party led Government’s term of office, the MoH pursued a focus on clinically measurable targets. These were originally set out in an overarching National Party manifesto ‘Better, Sooner, More Convenient’\textsuperscript{(137)}. During their first term the Government concentrated on reducing hospital waiting times and improving the quality and performance of the health system\textsuperscript{(138)}. In their second-term the Government started to address a small number of public health issues, for example rheumatic fever\textsuperscript{(139)}. However the only nutrition activity was the 2012 release of updated Food and Nutrition guidelines for children and older adults\textsuperscript{(140)} and the July 2013 announcement of funding for up-skilling health professionals to deliver motivational food choice messages to mothers of young children\textsuperscript{(141)}.

\textbf{Conclusion}

Between 2004 and 2012, three broadly defined groups were active in the food marketing to children policy ‘space’ in NZ. The food industry undertook a number of initiatives that appeared to persuade the Government to discount the evidence of public health and NGO
groups of a link between food marketing and rising rates of childhood obesity. The Government prioritised political agendas over the advice of bureaucrats who recommended regulation. This interaction occurred in the wider context of a growing body of international and national scientific evidence on the benefits of regulation, strong policy signals from the WHO, precedents established in other countries, and use of a precautionary approach on public health issues. The precautionary approach is argued to be appropriate for public health policy where there were threats of serious or irreversible damage, and lack of full scientific certainty is not a justifiable reason for inaction on measures which were known to be cost effective\(^\text{142}\).
Chapter Three: Evidence-informed Policy

Introduction

This chapter reviews the evidence-informed policy literature to extract the key concepts. First, an overview of the rationale for evidence-informed policy is provided, followed by a critique of the debate as to what types of evidence is relevant to inform policy. This section concludes with the definition of evidence used throughout this thesis.

The research utilisation literature is then reviewed to explore concepts of ‘evidence use’ and factors influencing use. Finally, a review of emerging theoretical models for evidence-informed policy and an examination of the criticisms of evidence-informed approaches to policymaking is provided.

Literature Review Methods

The method used to review the literature presented in this Chapter and Chapters 4 and 5 was driven by identification of key ideas and debates in the evidence-informed policy field over the duration of the project. This process was complemented by a review of the political science literature related to policymaking. The reference lists of each article were reviewed to find additional articles. An on-going review of the food marketing to children literature was undertaken with an increasing focus on policy related literature as this field expanded rapidly over the course of the study. The evidence-informed policy literature review sought to identify gaps in theory to permit the development of a novel conceptual framework with the potential to add to this emerging field. The focus was on literature relevant to evidence use in health policy and public health policy particularly nutrition policy.

Published literature on evidence-informed policy was accessed through searching key health and social science databases: Proquest, Medline (Ovid SP), Web of Science, Factiva,
Academic Search Complete (EBSCOhost), JStor, using combinations of the search terms ‘evidence use policy’ ‘evidence based health policy’ ‘research utilisation policy’ ‘public health nutrition’ and ‘evidence use nutrition’. Because evidence use in policymaking is a rapidly evolving field, a number of papers and study results were available on organisational websites. Three websites were monitored for relevant documents, the Research Unit for Research Utilisation (RURU) at the Universities of Edinburgh and St Andrews, the Canadian Foundation for Healthcare Improvement, formerly the Canadian Health Services Research Foundation and the Overseas Development Institute, London. Included articles discussed factors influencing evidence use in policymaking processes. Key theories, models and emerging ideas were critiqued for their congruence or divergence from the original, ‘What works?’ literature (for getting evidence used in policy) and the social influence literature. In 2004, much of the evidence-informed policy literature was new. The ideas being debated shaped the direction of this research as gaps emerged in understandings of processes at the interpersonal level. Full bibliographic records were kept using Endnote® software.

3.1 The value of evidence-informed policy

Central government policymakers have a long history of using advice given by internal policy analysts and researchers. A commonly held view of how evidence contributes to policy making is of a political process, where the relative role of evidence changes with political agendas. If they consider scientific evidence at all, the weighting policymakers give it is likely to reflect their differing views as to its strength, relevance and quality\(^{(143)}\). Moreover, political scientists have extensively documented the influence institutional structures, politics, values and other information have on policy decision making. As research evidence is only one component of the available information, many advocates of its importance seek to produce policies where evidence overtly contributes at all stages, i.e. to the prior agenda, the formulation and the implementation of policy\(^{(21, 25, 143-145)}\).

Internationally interest in evidence based decision making is increasing in a context where governments wrestle with issues of cost containment, quality improvement and accountability\(^{(146)}\). Early empirical work suggested policymakers see a number of benefits in using research evidence because:

1. Research uncovers reasons for reform or for developing new policy.
2. The presentation of research enhances the process of reaching consensus in groups with different interests.

3. The policymaking process is more efficient when expert opinion and, or lessons from previous research, are used.

4. A better understanding of complex policy areas is achieved enabling policies to be fine-tuned and develop outcome assessments\(^{(21,147)}\).

Policymakers in the health sector are under pressure to use evidence for a number of reasons. Central among these are: the rapidly increasing costs of healthcare, an increasing realisation that many of determinants of health are influenced by policies from other sectors and calls from clinicians for government decision making to be subject to the same level of accountability as evidence based health practice\(^{(148)}\).

The same interpretive caution applies to health policy as in health care practice around the use of the term ‘evidence based’. As evidence is only one input to the complex process of policymaking, the term could be construed as overstating the role that evidence does or should have. Nutley et al. advocate for use of ‘evidence-informed or influenced or aware’ to reflect a more realistic representation of what can be achieved\(^{(33)}\). The term evidence based policy has infiltrated the commonly used language in the same way that evidence based practice has become part of professional parlance in the developed world.

To develop a deeper understanding of evidence use in policymaking, the body of literature examining two theoretical questions- ‘What is evidence?’, and ‘How is it used?’ is reviewed in sections 2 and 3 below.

### 3.2 What counts as evidence?

Traditionally the notion of ‘evidence’ being used in making policy contains an implicit assumption that evidence refers to truth, which is represented by facts. This view of evidence reflects the positivist paradigm which sees knowledge generated by the scientific method as the only source of truth\(^{(149)}\). A dictionary definition gives a wider interpretation as: “the available facts, circumstances … supporting or otherwise a belief, proposition etc. or indicating whether or not a thing is true or valid”\(^{(150)}\). At one end of this continuum, scientific rules of proof determine what counts as evidence, whereas at the other end evidence is information that provides general support for a position.
There is widespread consensus that obtaining agreement as to what counts as evidence in a particular circumstance is critical to enhancing evidence use in policy\(^{1, 21, 33, 151}\). Increasingly the views of those who generate evidence and those who use evidence are seen as relevant. Lomas and colleagues found the scientific community held a generally homogenous view of evidence based on methods that produce explicit, systematic and replicable knowledge. By contrast evidence users’ viewed evidence as “anything that establishes a fact, or gives reason for believing something”\(^{146}\). Evidence users reported drawing on multiple sources and using a broad definition for evidence. These differing views capture the two ends of the spectrum in the literature on policy-relevant evidence. Lomas et al. adopt a middle ground in their conclusion, “When evidence is defined as science its inclusion as part of guidance is determined through methodological tests. When it is defined colloquially, its inclusion is determined through tests of local relevance”\(^{146}\).

A definition of evidence is further complicated by the tensions within the field of ‘scientific’ evidence, namely between the assumptions and values underpinning quantitative and qualitative methodologies. Typically these tensions centre on the use of facts by scientists from the positivist tradition and the ability of social scientists to contextualise these facts\(^{149}\). This tension is particularly challenging for health policy, which is strongly influenced by the evidence based medicine (EBM) movement. EBM was conceived within the positivist scientific tradition and accords a privileged status to evidence generated by systematic reviews of randomised control trials. Although health sector policy and practice have been dominated by hierarchical assessments of evidence, there is increasing recognition of the influence contextual factors have on health outcomes, particularly in public health policy\(^{152, 153}\).

While early discussions on evidence for policy focussed on the relative merits of qualitative and quantitative enquiry, more recent literature reflects an increasing acceptance of the value of evidence generated by both quantitative and qualitative methods\(^{149, 151, 154, 155}\). Pragmatists argue that the knowledge of ‘What works?’ is influenced by the kind of question asked, and is often provisional and highly context dependent. Whilst this methodological pluralism acknowledges the value of complementary contributions made by differing research designs, robust processes are needed for deciding which research techniques are appropriate for investigating particular policy questions\(^{151}\).
3.2.1 Quantitative Evidence

Quantitative research methods dominate health care practice in societies where professionals are attributed status based on their specialist knowledge. In recent decades pressures have arisen from a number of sources to increase the rigour of evidence generation and assessment\(^{(156, 157)}\). In response, a hierarchical evaluation of scientific evidence has been widely adopted as the basis for decision making in health care practice\(^{(158)}\). This hierarchy assigns grades to study designs on the basis of their potential to eliminate bias, with weight being given to systematic reviews and meta analyses of experiments that have used a double-blinded randomised control trial design. This level of evidence approach is now widely used to guide a range of health related decisions, including prognosis, diagnosis and economic analysis\(^{(159)}\). Mainstream academic clinical journals have promoted the hierarchal approach with a range of standards established for reporting studies of effectiveness\(^{(160-162)}\).

Critics of this evidence hierarchy approach argue that the underpinning epistemologies of positivism and realism result in evidence from randomised control trials being highly privileged over the contextualised, negotiated evidence required in non-biomedical health care. In addition evidence hierarchies are seen as being inconsistent with Sackett’s original concept of EBM in being “the judicious use of the best evidence in making decisions”\(^{(163, 164)}\).

3.2.2 Qualitative Evidence

In contrast to quantitative methods, qualitative research methods produce findings that are context and culture specific. Davies argues that both qualitative and quantitative research methods and their evidence outcomes are essential in helping policymakers define four policy inputs:

- The questions which require evidence,
- What counts as evidence, and
- The appropriate methodological procedures for finding, and
- Critically appraising the best available evidence\(^{(156)}\).

Qualitative evaluation research that addresses questions at a practice, programme and policy level although not routinely collected as part of policy practice, provides information...
for policymakers that is conceptually distinct and highly valuable\textsuperscript{(165)}. In common with quantitative research, policymakers are faced with a range of reporting standards for published qualitative research. The TREND statement (transparent reporting of evaluation of non-randomised designs) developed by the American Journal of Public Health\textsuperscript{(166)} reflects an increasingly widespread recognition that successful evaluation of public health interventions will entail the use of various research designs, including both randomised control trials and qualitative studies, with various types of evidence often used in combination. Whilst the TREND statement received strong international support, it has not been as widely adopted or subject to as many refinements as the Consolidated Standards of Reporting Trials (CONSORT)\textsuperscript{(35, 153, 167)}.

The development of quality standards for qualitative research is a controversial issue, with views ranging from the incompatibility of the notion of quality standards with the process and outputs of qualitative enquiry to an articulated need for greater rigour and standardised criteria\textsuperscript{(154)}. Social scientists claiming to represent a middle ground perspective have proposed five criteria for assessing quality:

- **Credibility** - the results being credible from the perspective of the research participant and the findings make sense.
- **Fittingness or transferability** - the degree to which the results can be generalised or transferred to another context or setting.
- **Auditability** - the account given of the ever-changing context within which the research occurs. The process of the study is consistent, stable over time and across different researchers and methods.
- **Confirm-ability** - the extent to which the research could be confirmed or corroborated by others.
- **Appropriateness of the methodology** – judged by individuals experienced in qualitative methodology following guidelines as to how the judgement is to be made\textsuperscript{(168)}.

Although the development of an agreed hierarchy is problematic for some social scientists, Khan argues that qualitative results will only be valued when there is methodological acceptability and systems which permit credible reviews\textsuperscript{(169)}. 
3.2.3 Colloquial Evidence

Whilst debates continue in the scientific community over the relative merits of qualitative and quantitative evidence, research among health decision makers has shown that in practice they use three forms of evidence: context-free and quantitative, context specific and qualitative, and colloquial evidence. Lomas’ original work in this field defines colloquial evidence as “the values, expertise, interests and perceived realities of stakeholders”\(^{(146)}\). These forms of evidence are conceptualised as being interrelated with each other and to scientific evidence (see fig. 2).

![Figure 2. Types of Colloquial Evidence\(^{(146)}\)](image)

Recognition of these other types of ‘evidence’ is supported by evidence-informed policy pragmatists who believe that what is important is to know what works and why\(^{(26, 29, 156, 170)}\).

In the absence of methodological criteria for colloquial evidence, Lomas proposes that relevance and availability determine its inclusion in decision making processes\(^{(146)}\). Early work in evidence-informed policy by Nutley et al. characterised this un-coded ‘tacit knowledge’ as the 'know how' (knowing how to put into practice), know who (knowledge of clients’ needs and of the solution’s stakeholders) and know why (knowledge about why the action is required in relation to values)\(^{(144)}\). Policymakers develop and use this knowledge through the process of articulating problems, developing policy solutions and evaluating outcomes.
The ends – means type evidence construct introduced in Chapter 2 is helpful for highlighting the complementary nature of outcome evidence and process evidence. These different types of knowledge are portrayed in Lomas’ inner and outer circles. Lomas’ concept of colloquial evidence expands the understanding of means type evidence by distinguishing seven categories of context-specific stakeholder driven evidence. In recent years, it is apparent that recognition of the value of codified means type policy evidence is increasing. This development is linked to a growing recognition that health sector policy objectives frequently involve complex social interventions that may be implemented by a number of different policy tools\(^{171}\). Policy process evidence has also grown in stature as awareness increases that policy is initiated and implemented within a wider policy context, political environment and policymaking system. In public health nutrition the aim is to develop effective policy by using evidence from nutritional science, public health and related disciplines together with evidence from policy specialists within public health and beyond. Use of means and ends type evidence is reflected in the recent frameworks for assembling public health nutrition evidence, which is reviewed in Chapter 5, section 3.2.

### 3.2.4 Systematic Review evidence

**More traditional Systematic Reviews**

A number of studies report the preference of decision-makers’ for reliable systematic reviews over reports of single studies\(^{21, 172}\). The quality assessment inherent in rigorous systematic review processes ensures the effectiveness of interventions is not masked or exaggerated, thus allowing decision-makers to more readily judge the applicability and value of the findings\(^{169}\). Mays and co-workers argue that reviews are most useful when they clearly define their purpose and make a distinction between knowledge support (summarising published evidence) and decision support (broader analysis to allow a decision to be made). Decision support involves consideration of wide sources of evidence, and may include modelling and simulation\(^{154}\).

However, for public health policymaking the evidence produced by traditional systematic reviews of quantitative evidence is considered problematic due to its inability to address underlying issues or mechanisms\(^{173, 174}\). Systematic reviews of qualitative studies have the potential to fill this evidence gap, yet they also encounter criticism. The number of rigorous studies with eligible designs may be limited especially in complex social interventions. Estimates of benefit or harm from interventions may be isolated from their context and the
potential for learning from less rigorous studies is lost when they are excluded from reviews\textsuperscript{(173)}.

User-led Reviews

Another approach to systematic reviews involves the commissioners and users of reviews being actively involved in the review process\textsuperscript{(175-177)}. This approach is based on the hypothesis that early user involvement will have a significant impact on the usefulness and subsequent end use of the final report. At the beginning of the review process policymakers’ requirements for evidence, data and information are identified. The review is then expected to go beneath the ‘what works’ question to include implementation, management and refinement and packaging of policy programme\textsuperscript{(172, 173, 178, 179)}. The early involvement of users distinguishes user-led reviews from more traditional approaches where the findings are presented to key groups as part of a dissemination strategy\textsuperscript{(176, 177, 180)}.

Rapid Reviews: Evidence Summaries

In contrast to systematic reviews, which typically take 6 – 24 months to complete, rapid reviews aim to produce results in around five weeks. Rapid reviews have emerged as a novel approach to meeting decision makers’ needs for a reliable summary of current evidence in a short time frame. Their uses include briefing stakeholders for a policy discussion and supporting the direction and evidence base for a health policy initiative\textsuperscript{(181)}. In the absence of an accepted definition and agreed methodologies, the validity of rapid reviews has been questioned and has led to the publication of guidance on review methodologies by some organisations\textsuperscript{(181)}.

3.2.5 Evidence Synthesis for Policy

Evidence synthesis is an emerging approach for developing evidence for health sector decision-makers. Findings from different sources may be juxtaposed, common themes identified and extracted, or data integrated from several sources to produce new insights or theories. The outputs are claimed to answer multiple policy questions including the need for an intervention, its feasibility and acceptability, appropriate evaluation, the effects of the intervention and to identify strategies to support effective implementation\textsuperscript{(154)}. These questions are wider than the traditional effectiveness questions and so require the inclusion of social process intervention reviews.
Despite the differences between quantitative and qualitative research noted above, methods for systematically reviewing qualitative research have facilitated the development of integrative evidence frameworks. The balance between quantitative and qualitative evidence generally reflect the role(s) of qualitative research as either an enhancing role assisting understandings of why interventions work or generating new and independent insights or providing understanding of the question\textsuperscript{182}. Further developments arise from mixed method studies that employ a dual approach to evidence generation, and synthesis approaches that are able to incorporate a wide range of evidence types. The relationships between these approaches are illustrated in the comparison of five synthesis approaches relevant to public health nutrition policy and summarised in Table 3.

**Table 3. Comparison of Evidence Synthesis for Policy Framework**

<table>
<thead>
<tr>
<th>Framework</th>
<th>Methods</th>
<th>Type of evidence produced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrative\textsuperscript{(32)}</td>
<td>Use of concepts or variables to summarise stable data</td>
<td>Data summaries including meta analyses or narrative summaries</td>
</tr>
<tr>
<td>Summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretive\textsuperscript{(183)}</td>
<td>Conceptual synthesis of concepts from empirical data</td>
<td>Theory</td>
</tr>
<tr>
<td>Generative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realist\textsuperscript{(184)}</td>
<td>Systematic reviews of ‘families of mechanisms’ across a range of policy contexts</td>
<td>Transferable theory, what works for whom and in what circumstances?</td>
</tr>
<tr>
<td>Identify underlying resources which allow subjects to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Views Studies\textsuperscript{(185)}</td>
<td>Deconstruct, reconstruct view study data to develop comparisons, generate themes</td>
<td>Themes of views in relation to a policy</td>
</tr>
<tr>
<td>Summary of ‘voices’ of people affected by a policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Synthesis\textsuperscript{(186, 187)}</td>
<td>Deliberate synthesis of published literature, grey literature, decision makers’ experiences, researcher’s knowledge and experiences</td>
<td>Best practice recommendations acceptable to policymakers</td>
</tr>
<tr>
<td>Process includes stakeholders and lay public</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Author

Table 3 indicates the different type of ‘policy-relevant evidence’ produced by each framework. Most summary approaches especially meta analyses are widely known however; elements of the other approaches are incorporated into most policy synthesis frameworks. Realist synthesis methods produce a unique type of evidence relevant to public health nutrition policy.
public health nutrition policy because complex social interventions are included, and policymakers are known to be more likely to respond to new ideas than new data\(^{(184)}\). Realist syntheses aim to produce a transferable theory in the form of ‘what works for whom and in what circumstances’ providing decision makers with a deeper understanding of an intervention and how it could work. The assembly and synthesis of policy-relevant information differs from other approaches by treating positive and negative instances as equally important. In contrast, meta analysis and narrative review each in their own way, focus on the best outcomes. For realist synthesis, good policymaking depends as much on avoiding errors of the past as on imitating success. Examining cases at the margin contributes to theory that accounts for phenomena. Negative cases are used to either widen the scope of the theory or as the basis for a new hypothesis. Realist synthesis approaches appear to have few critics. However Mays et al. point out that in the absence of established quality criteria considerations of relevance to purpose, transparency of methods, breadth and relevance of scope of evidence reviewed are important\(^{(154)}\).

Syntheses of views studies use a different approach by developing policy recommendations based on the extent to which evaluations of interventions match with people’s views. Recommendations address the need for an intervention, its design and development and give predictions on likely acceptability, feasibility and effectiveness.

Policy synthesis approaches appear to have few critics despite of a lack of clarity around methods for synthesising decision makers’ and researchers’ experiences. As the methodology evolves the type of evidence contributed by decision makers may clarify whether it is experience of what constitutes politically acceptable policy or the efficacy of specific regulatory tools. Concerns have been expressed that the experiences of the researchers involved may be given undue weight\(^{(155)}\).

Advocates for deliberative approaches claim the inclusion of stakeholders’ broader value judgements increases the acceptability of the advice to both the decision-makers and the wider community\(^{(186)}\). Thoughtful approaches have the potential to integrate means type evidence on policy process with ends type evidence on policy issues.
In conclusion, the choice of the type of synthesis approach for assembling evidence for policy depends on four factors:

- The purpose, whether ‘decision support’ or ‘knowledge support’
- The specific problem being addressed
- The nature and balance of the evidence available, whether most of it is quantitative or qualitative, ends or means type, and
- The stage of policy development.

Reaching agreement as to ‘what counts as evidence’ requires an understanding of the inherent uncertainties of research evidence, the heterogeneous nature of evidence and the epistemological tensions between evidence types. These issues are acknowledged in the definition of evidence use in this research, see below. Inclusion of stakeholders in the synthesis process or in the policy advice process allows policy makers to receive the views of key participants and obtain their support for the policy decision. However those who generate and synthesise evidence should remain mindful that the way in which policymakers weigh evidence is likely to reflect their differing views as to its strength, relevance and quality\(^{(143)}\).

**Definition of evidence used throughout this project**

For the purposes of this research, evidence is defined broadly to include; quantitative, qualitative and synthesised evidence produced by a range of methods including stakeholders’ views.

Given the direct impact on health of inappropriate nutrition, the need to assess the quality of evidence is acknowledged, as is the need carefully to consider the weighting given to various types of evidence.

**3.3 What is evidence use?**

**Introduction**

From the previous sections addressing the question, ‘What counts as evidence?’, it can be concluded that there is wide acknowledgement of the value from policymakers considering a range of evidence. This review now addresses the factors around how, when and why policymakers use research. The basic positivist premise of this literature needs to be
affirmed: that research use is good, more use is better and that increasing the use of research will result in improved quality of government policy decision making. This proposition is considered by some to be an idealised academic model of utilisation in which scientific researchers strive to improve the human condition through their work, much of which they believe is underutilised\(^{(188)}\). However, some policymakers suggest that they find research reports unintelligible, untimely relative to their immediate problems and insensitive to the pressures under which they must perform\(^{(23, 33, 189)}\). Despite this worldview, the research utilisation field has produced useful conceptual models, which highlight the factors facilitating and hindering research use. The models considered below are consistent with rational approaches to policymaking; they do not reflect Kingdon and others views of policymaking involving a random process of agenda setting; where problems, policies and politics flow along in independent streams\(^{(190, 191)}\). The implication of the rational approach to policymaking is that research is more likely to be used if it fits within a range of what can be seen as ‘good advice’\(^{(98)}\). Kingdon's model may be criticised for assuming evidence is a neutral or passive element in decision making. In that, concept frame models of research utilisation offer no privileged status to ‘quality’ research and do not address the quantity of research on an issue.

3.3.1 Models of Research Utilisation

The extent to which knowledge is considered utilised depends on how use is conceptualised. A rationalistic perspective views the acquisition, dissemination and utilisation of information as positive activities in the interests of all. Those who do not seek, or avoid seeking information are seen as not acting in a ‘rational’ manner. The rational perspective does not take account of the reason, or reasons, for collecting information; a particular use to which it is put; the negative or unintended consequences of using information; or decisions to consider and then ignore information, or to actively reject information\(^{(192)}\). Rich distinguishes between use and impact:

**Use** means information that has been received and read; it does not automatically imply that it has been understood

**Impact** is when information has been received, understood and it has led to some concrete action\(^{(193)}\).
Other models portray a more nuanced view of utilisation. Early work in the research utilisation field by Weiss produced a seminal seven-point framework[194]. This has been the subject of considerable theoretical and empirical development during the last 30 years, and has been condensed into a widely accepted model capturing three types of utilisation[22, 195, 196].

**Instrumental use** is defined as acting on research in specific and direct ways, leading to action, such as solving a particular problem at hand.

**Conceptual use** involves a more general and indirect form of enlightenment. Awareness, thinking or understanding may change on a specific issue.

**Symbolic use** occurs when research is used to justify a position, action or inaction. This type of use is also known as political use.

One strength of this model is the integration of process and outcome in each type of use; including both the decision-maker’s response to the research and the outcome of this action. These three types of use have been found to be complementary, with decision makers employing all three types depending on the decision making situation[21, 197].

The contextual situation of the decision maker has been shown to exert considerable influence on how evidence is used. In particular the narratives and discourses among policymakers, the extent of demand for new ideas, the degree of political contestation, the nature of political culture and the degree of openness all shape the evidence use processes[98]. Further discussion of these influences is hindered by the limited empirical work in this area.

Another conceptualisation of research utilisation focuses on the research use process. Typically, the research use process is conceptualised as compromising multiple stages, rather than as the product of decision making. A researcher perspective is common in this literature, and is illustrated by Landry et al.’s Ladder of Utilisation, (see fig. 3)[198].
Figure 3. Landry’s Descriptive Stages of the Ladder of Knowledge Utilisation

The ladder represents a series of dependent variables with progress up the ladder requiring achievement of the preceding step. Empirical work examining explanations for the different stages of utilisation found that few researchers have the skills, expertise or resources to support the customisation of research findings for policy decision makers. This scenario intensified as the research findings became more specific and as the number of users decreased.

No one of these outcome or process models represents a fully satisfactory answer to the question of how an organisation best mobilises its research to inform public action or to paraphrase Hanney, ‘Enables researchers to consider how they can improve the contribution that research makes to the wisdom of policy’.

Research Impact

The research impact literature offers a complementary perspective on research utilisation by exploring impact as opposed to use, particularly types of impact and strategies for increasing impact. Health research impact scholars including Hanney believe that research has an impact on policy more frequently than is acknowledged. Walter et al. claim that accepted forms of impact should include: changes in access to research; changes in the

| Stage One: Transmission. | I transmitted my research results to the practitioners and professionals concerned. |
| Stage Two: Cognition. | My research reports were read and understood by the practitioners and professionals concerned. |
| Stage Three: Reference. | My research has been cited as a reference in the reports, studies and strategies of action elaborated by practitioners and professionals. |
| Stage Four: Effort. | Efforts were made to adopt the results of my research by practitioners and professionals. |
| Stage Five: Influence. | My research results influenced the choice and decision of practitioners and professionals. |
| Stage Six: Application. | My research results gave rise to applications and extension by the practitioners and professionals concerned. |
extent to which research is considered; referred to or read; and changes in knowledge, understanding, attitudes and behaviours.\(^{(202)}\).

Approaches to increasing the impact of research address both individual behaviours and organisational level factors. Activities are portrayed as increasing research impact through either cumulative ladder effects or working in parallel\(^{(28, 200)}\). Dissemination, education, social influence and collaboration appear to be effective in producing a range of types of impact. Appendix 3 provides a review of approaches to increasing impact.

Both the research impact and research utilisation literature emphasise the value of interaction as an important means for increasing research use. Whilst the research utilisation literature highlights the value of transactions over long periods of time, the research impact literature suggests that when influential individuals receive personalised education, research is more likely to have an impact\(^{(202)}\).

Barriers to impact are understood to operate at two levels:

1. At the policy decision maker level. Barriers include time constraints, competing priorities, poor communication of research within organisations, relevance, threats to political interests, perceptions of the value of research and absence of organisational support.

2. At the policy level. When health policies are embedded within broader policy trajectories, policy conditions prevent or modify the approach of policymakers to considering research evidence, usually at the policy prioritisation stage\(^{(202)}\).

3.3.3 Interactions and research use

Direct contact between researchers and policymakers is a well-known influence on the use of citable research\(^{(21, 155, 195)}\). Interactions are explored in this section from the perspective of their impact on evidence use and in Chapter 5 from the perspective of social influence in networks and policy communities.

Content driven health policy decisions on issues that are not political and for which there are clear policy solutions, such as immunisations and prenatal screening, usually reflect a direct and specific use of research evidence\(^{(21)}\). This linear approach to policymaking, where researchers produce evidence that is used instrumentally by policymakers does not however capture the more iterative processes of negotiation and deliberation, which occur
when the issues are complex and contentious through the involvement of multiple stakeholders. In such iterative processes policymakers’ draw on a wider evidence base to clarify policy problems and construct solutions. Wider sources of evidence are used through engagement with peers and other stakeholders, including bureaucrats in other sectors and committees with broadly based memberships (10).

This engagement is particularly relevant in public health policymaking where contextualised judgements must be made in the face of uncertainty and competing values(203). Consequently, models of policymaking as an interactive process are more relevant in public health as they promote deliberative procedures where evidence is 'talked' into practice (or not) through dialogue.

**Sustained Interactivity**

Huberman’s model of ‘Sustained Interaction’ (SI) captures the dynamics of iterative exchanges between researchers and policymakers known to bring about more conceptual uses of research(204). In particular, the model highlights the intensity and length of these interactions:

- Decision makers and researchers interact as their knowledge base is transferred, and as decision makers' communicate their needs to researchers.
- A strong relationship exists between the type or intensity of research findings and the measured effect on target ‘users’.
- Sustained interactivity involves multiple exchanges between researchers and potential users of research at each phase of a study.
- Numerous transactions take place over a long period.
- On-going conversations take place on issues beyond the study.

In this model knowledge transfer is conceptualised as a series of transactions, between the researcher and the decision-maker as they negotiate the meaning of research results. Through this process, the decision-maker ‘fits’ the results into their prior body of knowledge and frames of meaning, resulting in higher retention and increased use of research findings.
Systems Level Interaction

Institutional systems are well known for exerting considerable influence on the existence and effectiveness of interactions between policymakers and researchers. For example Haynes et al. showed that whilst researchers believed being available to policymakers was important, a lack of organisational incentives for active dissemination of research findings to policy sensitive audiences thwarted interactions\(^{(205)}\).

Hanney’s Interfaces and Receptor model addresses some of these barriers by focussing on systems to support the policymaker-researcher interface\(^{(201)}\). The Health Research generating System (HRS) is given a central role in encouraging interactions, networks and mechanisms at the system-wide level. The goal is early engagement over the priorities of each group research that addresses the policy-makers priorities, and policy priorities that will engage the research community. Whilst the research system is responsible for initiating interactions, the only incentives for researchers appear to be the prospect of new policy-relevant research.

Selective use paradox

An interesting paradox arises with interaction. Two-way personal communication can improve the appropriate use of research evidence; it can also promote the selective use of research evidence\(^{(23, 40)}\). Selective use is more likely to occur when policymakers have strong links with a small number of researchers who are advocating for their research to inform policy or wanting to prioritise local evidence, rather than advocating more broadly for an evidence-informed approach\(^{(148, 206)}\). These effects can be mitigated by long term links between researchers and policy makers where there is joint involvement at the priority setting stage, when research agendas are set\(^{(201)}\).

3.3.4 Criticisms of Research Utilisation

Purposes for Utilisation

Unlike the evidence based policy and decision making literature most of the research utilisation literature does not directly address the purpose of research use. Research is viewed as a general policy input. The exception is Weiss’s model (section 3.3.1) that identifies policymakers as potentially using research for three purposes, solving a problem at hand, changing understanding on an issue or achieving a political end\(^{(207)}\).
Non-utilisation

The research utilisation field is also affected by a dearth of literature on non-utilisation. Working from the assumption that information exists, Larsen and Werner propose a short typology for non-utilisation (cited by Rich\(^{192}\)) that suggests non-utilisation occurs when:

- Information is considered by the potential user and rejected
- Nothing is done with the information; or
- Implementation of the information has not occurred, but is under consideration.

In New Zealand senior public health nutrition academics believe there is an abundance of policy-relevant evidence that is not being used\(^{208}\).

Easy to measure

Research utilisation studies have been criticised for measuring easy to measure use usage outcomes rather than focussing on the nature of utilisation\(^{192}\). Critics argue that single measures of use and discrete events do not capture the multiple influences of knowledge produced over time and described by Weiss as ‘knowledge creep’ \(^{207}\). The research impact literature does address this criticism to some extent by providing frameworks for considering a wide range of impacts, however these need to be applied over time to assess trends in outcome.

Well-informed policy

Whilst research utilisation can focus on either confirming decision-makers beliefs or challenging those beliefs, it does tend to overlook the issue of whether policies are well informed. A study by Lavis et al. with Canadian policy makers found two health policies were considered to be well informed as distinct from being evidence based\(^{21}\). Both had used structured processes to consider a variety of research, other types of information, and values. Whereas another policy, based only on research evidence only appeared not to be well informed. Attempts to use as much research as possible appeared to have hindered a broader assessment of the issues around what was not working before and why. These findings provided the basis for the establishment of an assessment of the degree to which a policy was informed, in the broad pluralist sense of a fully thought out answer, not in the technical sense of the right answer. Although the concept of ‘well informed’ policy is hard to negate theoretically, from a practically and intuitive perspective it does requires a more extensive consideration of ‘what counts as policy-relevant evidence’.
3.3.5 Accountability for Research Use

As policy-relevant evidence underpinned by research is frequently embedded in other types of information, a number of accountability issues arise: who should assess the validity of the research base and its interpretation? Judgements would be required for each policy input and the misuse of research would also need to be assessed\(^{(209)}\). Should the responsibility for this lie with policymakers, an institutional system or the academic community? Secondly, who is responsible for the extent to which research is used to inform policy processes, the research producing institutions or the organisations representing users or an intermediary body? Although these questions underpin research utilisation they are rarely addressed directly, transparency and accountability issues are considered in some evidence informed policy literature relating to evidence synthesis section 3.2, knowledge exchange, section 4.1.3 and meta policy section 4.4.2.

3.3.6 Contribution of Research Utilisation

The research utilisation literature provides a framework for appreciating that few researchers have the skills or incentives to pursue multiple outcomes from their work; the presence of other enabling factors, therefore, appears necessary to facilitate dialogue on the policy implications of research evidence. In addition, there is clear recognition that at individual and systems levels iterative processes over time facilitate research use. When systems provide an opportunity for researchers and decision makers to spend time negotiating the meaning of research, then research is likely to achieve higher levels of influence and the researcher derives benefits from new understandings.

3.4 Emerging perspectives in evidence-informed policy

More recent theoretical analyses in the evidence informed policy field are congruent with conclusions from empirical work in highlighting the importance of context sensitive processes for producing effective public health policy. As a result ‘EBM gold standard’ evidence is no longer regarded as the only type of evidence needed by policymakers\(^{(152,210)}\). Other inputs are gaining prominence, including moral and ethical issues which give rise to considerations of, ‘Is this the right thing to do’, and ‘Does this policy option reflect a considered integration of commonly held ethical principles?’. Head and others recognise that responses to these values-based questions require the integration of different types of knowledge including practice-based knowledge and political judgment\(^{(20,211)}\). Lomas et
al.’s model of ‘colloquial evidence’ covered in section 3.2 illustrates the inclusion of this means-type evidence.

To accommodate the multiple disciplines contributing to this emerging field evidence-informed policy theory is generally adopting either an interpretive or a generative perspective\textsuperscript{(212)}. Weiss’s model of conceptual use of evidence exemplifies the interpretivist search for plausible explanations for events rather than objective proof. When evidence use occurs as a diffuse influence resulting in new ways of viewing issues, then multiple outcomes are possible\textsuperscript{(194)}. The more recent ‘what works’ literature also adopts this perspective in seeking to learn from cross sector and cross country experiences\textsuperscript{(7)}.

In contrast, the critical perspective addresses contradictions and conflicts in existing social systems, and how they may be resolved. A critical theory focus on phenomena emerging over time, hidden meanings and power struggles is evident in the exchange approaches to knowledge translation, reviewed in Chapter 4 section 1.2, where the use of evidence is seen as being dependent on a set of social processes\textsuperscript{(213)}. Social interaction between actors with different perspectives leading to the construction of new knowledge also underpins Huberman’s, “on-going conversation” where researchers and research users negotiate the meaning of research findings \textsuperscript{(214)}. The critical perspective encompasses political explanations for evidence use including structural power, vested interests and the actions of policy coalitions. These are reviewed in Chapter 5.

### 3.5 Criticisms of evidence-informed policy

Defining evidence and agreeing on a model for evidence use is fraught with theoretical and practical problems\textsuperscript{(20)}. The multiple views of policy-relevant evidence and the controversies over methodologies have crippled decision-makers ability to recognise and use evidence, and created challenges for empirical work. Furthermore, linear models of the use of research evidence have been widely discounted as simplistic and unrealistic representation of the dynamic and political processes of policymaking. Only complex, context-sensitive models are able to capture the many variables which influence evidence use\textsuperscript{(215)}.

Another significant issue occurs when there is no evidence available and so no policy occurs, or a policy is developed where there is no evidence of risk. This scenario occurs where there is no capacity to conduct the research and collect the evidence, i.e. 'absence of
evidence is not the same as evidence of absence\textsuperscript{(216)}. This issue raises an important aspect of the politics of evidence where competing stakeholders differ in their capacity to generate evidence. Some stakeholders have more capacity than others to generate evidence, for example, the global pharmaceutical and beverage industries are more able to generate high quality evidence in support of policy interventions in their own interests. These interventions are not necessarily better than those public health researchers would propose if they had similar capacity; it is just that not all the evidence is equally available\textsuperscript{(152)}. Neither linear nor interactive models of evidence-informed policy making can differentiate between ‘absence of evidence’ and ‘evidence of absence’.

Further criticisms arise from perceived shifts in power balance between policymakers and researchers. The political nature of policymaking is well established; however researchers have frequently not wielded significant influence. Critics argue that evidence-informed policy is an attempt by researchers to have greater influence in policy decision making, which traditionally has been the realm of politicians and bureaucrats\textsuperscript{(217)}.

Whilst the value of interactions between policymakers and researchers is well established, the opportunity for evidence to be used selectively is seen as creating a paradox for evidence-informed policy\textsuperscript{(21, 40)}. Invaer argues that when researchers are doing the research that policymakers require then their research may not meet the criteria of objectivity, reliability and freedom from bias\textsuperscript{(195)}. Lavis suggests that structured policymaking processes should overcome the selective use of evidence\textsuperscript{(218)}.

The view that policymaking is a complex process heavily influenced by institutional structures, politics, values and information, asserts that research evidence is only one piece of policy information and in reality has only a component role in policy development. Policy is seen as being driven by evidence, not restricted to scientific evidence, but rather evidence of what works gained by policymakers over years of experience. Aristotle reputedly saw this as “phronesis” a practical wisdom or judgement which is considered by Klein to be as valid as the evidence produced by the scientific method whose role is largely to legitimise decisions already taken\textsuperscript{(219)}.

Whilst non-use of evidence is largely explained in terms of relevance, timeliness and politics, under use and misuse of evidence are not widely explored\textsuperscript{(220)}. The knowledge management literature suggests organisational culture explains these types of evidence use\textsuperscript{(30)}. Non-use is also explained by some research as having no obvious application or
offering inconclusive findings. The lack of use is attributed to the existence of systems that incentivise researchers for generating new evidence at the expense of time spent translating knowledge for decision makers or producing policy-relevant research\(^{(221)}\). It appears as though the positivist view ‘more use is better’ permeating the evidence-informed policy field, hinders systematic consideration of the issues of under use and misuse issues.

**Summary**

Two areas emerge as important from the evidence-informed policy literature: policy-relevant evidence and use of evidence. A critical step in advancing evidence-informed approaches to policy making is that policy communities appreciate the uncertainties inherent in research based evidence and agree that other types of evidence are needed. When policy stakeholders engage together in evidence synthesis processes broadly based evidence is likely to be used. Stakeholder engagement approaches for generating evidence promote transparency of process and provide a means of obtaining wide support for policy decisions.

The research utilisation literature adds strong arguments for the value of on-going interactions between those who generate evidence and those who use it. The resulting conceptual use of evidence is needed for complex policy issues as instrumental or symbolic use are unlikely to change the way stakeholders understand policy issues and their solutions. In addition, these sustained interactions provide a means for policy community members to jointly set policy and research priorities. Collaboration between members of a ‘community of practice’ emerges as an important factor in promoting evidence-informed policy. However, the means for bringing about iterative long-term interactions that promote the use of broadly based evidence remains unclear.

Thus, evidence-informed policymaking requires a commitment that involves a whole of government approach supported by wider policy communities. Pan government initiatives, replicated internationally, together with incentives for engagement between research communities and wider society appear to be the minimum requirements for advancing evidence use in policymaking. To develop these ideas, the literature on processes supporting evidence use, the role of policymaking structures and social interactions are explored in the next two Chapters, 4 and 5.
Chapter Four: Evidence-informed policy as a process

Introduction

In addition to the concepts of evidence and its use reviewed in Chapter 3 the evidence-informed policy field pursues four other lines of enquiry. Each seeks to understand the influence of policy process, policy actors and structural factors on evidence use. These four theoretical approaches to the question of ‘What works?’ generate complementary understandings about the processes that impact on evidence use.

A two communities view emphasises the differences between the worlds or paradigms of researchers and policymakers and proposes communication strategies to bridge these gaps.

Two management concepts, diffusion of innovation and knowledge management, work from the position that evidence use is an innovation. This literature explores factors influencing why, how and when individuals and organisations adopt innovations.

The pragmatic ‘what works’ approach examines strategies that have been effective in increasing evidence use across a range of policy domains and across countries. Two threads are apparent in this literature: one examines the characteristics of an evidence base; and the other explores how systems wide contextual factors influence evidence use.

The meta policy perspective draws on policy systems literature to look at the influence that policymaking ‘rules’, both codified and informal, have on evidence use. Literature on policy frames is integrated into proposals that health policy issues present challenges at the meta level of policymaking.

4.1 Two communities

According to Lavis the ‘two communities’ perspective attributes the limited use of research by decision makers to the lack of interaction between the research and decision making
communities\textsuperscript{(21)}. Institutional processes are seen as playing a large role in determining what evidence is considered, and how different forms of evidence interact\textsuperscript{(5)}. These issues are explored from the perspective of the values and rationalities operating in the separate world-views of researchers and policymakers. Emphasis is placed on differing objectives, ways of thinking, operational processes, culture and values\textsuperscript{(22, 24, 195, 222)}. Lin argues that three competing rationalities produce the difficult for establishing evidence based health policy\textsuperscript{(223)}.

- Researchers operate with a \textit{technical rationality}, producing evidence that assists policymakers in reducing uncertainty. Positivist science dominates evidence production.
- Policymakers work with a \textit{political rationality}; the distribution and management of power and the creation of legitimacy underpins their activities. External groups help to define the context.
- Society provides a \textit{cultural rationality}; values, ethics and opinions in regard to health\textsuperscript{(223)}.

These rationalities may converge over issues at points in time and may be strongly divergent at other times. Convergence is more likely when multiple perspectives reach agreement on the magnitude of an issue, and the proposed course of action aligns with important aspects of the ‘world view’ held by each group\textsuperscript{(223)}.

Based on the assumption that different rationalities exist, communication-based strategies are used to bridge the world of researchers, policymakers and in some instances society. Conceptual frameworks for diffusing, disseminating and implementing research findings underpin many initiatives\textsuperscript{(222)}. The generally accepted term Knowledge Translation is used to cover a range of communication based exchange activities\textsuperscript{(35)}. Knowledge translation has been defined as “\textit{the exchange, synthesis and ethically sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research for improved health, more effective services and products}”\textsuperscript{(224)}. Under this umbrella knowledge translation strategies are generally categorised by the level of engagement between researchers, policymakers and society\textsuperscript{(218)}.  

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4.1.1 Knowledge Push Strategies

Researchers are seen as engaging in one of three types of push strategy when initiating communication strategies to persuade policy makers to consider their research findings.

- **Diffusion** is a passive approach where research that contains unambiguous, clearly explained and accurate findings, is made widely available. Highly motivated users access, critique and then act on published research.

- **Dissemination** actively targets and tailors information such as review articles, meta analyses and consensus statements, to a particular audience.

- **Implementation** employs dissemination strategies known to be effective to address local barriers to the use of the knowledge, for example persistent communication processes using a variety of channels, as these are reported to make research findings hard to ignore\(^{(21)}\).

Whilst these types of research transfer activities are known to help raise awareness and understanding of issues, organisational and contextual factors have been shown to determine the response they receive from policymakers\(^{(225)}\). The level of organisational support for evidence use, timing, current political priorities and funding have all been shown to impact on decision makers’ ability to use research evidence. Consequently, multi-faceted interventions are recommended for effective knowledge transfer\(^{(226, 227)}\).

4.1.2 Knowledge Pull Strategies

**Knowledge Pull** approaches, on the other hand, involve decision makers facilitating dialogue directly with researchers or via an intermediary ‘knowledge broker’\(^{(228)}\). Linkage and exchange programmes establish contact between policymakers and researchers with the aim of increasing the research capability of decision making organisations\(^{(21, 202, 229)}\). Deliberate, organisationally supported collaborations characterised by partnerships have been shown to increase both instrumental and conceptual use of research\(^{(22, 229-232)}\).

4.1.3 Knowledge Exchange

Knowledge exchange programmes adopt a different approach by seeking to exchange, synthesise and apply research findings in the policymaking world\(^{(233)}\). These programmes are distinguished by structured iterative interactions, co-creation of usable knowledge, timeliness and accord between the research evidence and the values, beliefs, interests or
political goals of policymakers and other stakeholders\textsuperscript{(178, 234, 235)}. By addressing the needs of the policymakers, decision support becomes “a social change exercise where the world of ideas learns to dance with the world of context and values”\textsuperscript{(213)}.

Evaluations of exchange programmes indicate that cultures and structures can be created within policymaking organisations that encourage evidence use, and the research community can increase its production of policy-attuned research\textsuperscript{(213)}. These programmes are generally underpinned by ‘Linkage and Exchange’ theory which posits that the relevance and use of research will increase when the research and decision making processes are closely tied\textsuperscript{(229)}. Transparency, reliability, inclusiveness and explicitness are reported to be critical to the process, which acknowledges that policy makers alone are accountable for policy decisions\textsuperscript{(10, 146)}.

4.2 Frameworks informed by Management concepts

Two management frameworks offer additional and pragmatic understandings about how individuals and organisation adopt ideas about evidence use. Unlike the two communities perspective that promotes communication strategies to bridge distinct ‘worlds’, the diffusion of innovation and knowledge management literatures assume that existing organisational arrangements enable engagement. External contexts including politics are not considered; rather the focus is on understanding how new ideas can be adopted in organisations.

4.2.1 Diffusion of innovation and the EIP agenda

The diffusion of innovation literature examines the dynamic processes that enable a social system to communicate and adopt an innovation, such as increased use of evidence.

The focus is on the characteristics of a social system or perceived attributes of a new idea that allow innovations to be adopted or rejected. Rogers’ five attributes of an innovation associated with rapid adoption are relevant to diffusing the idea of evidence use in policy processes.

The breadth of the attributes highlights issues for policy process stakeholders inside and outside government.
Rogers’ five Attributes of an Innovation are (236):

- Perceived relative advantage over current policymaking alternatives.
- Compatibility of innovation with current values, existing needs and past practices in policymaking.
- Complexity meaning the ease of understanding and implementing new policymaking processes that promote and protect the role of evidence.
- Trial-ability of new policymaking processes on a small scale at low cost, for example in a pilot policymaking project, before widespread adoption.
- Observe-ability being the extent to which the benefits of the new policy processes are visible to others and stimulate wider adoption.

Wolfe has identified additional attributes of an innovation that are likely to be important for bringing about changes in policymaking systems. They are: adaptability, centrality to the work of the organisation and minimal requirement for additional, visible resources (162).

Diffusion theory is also useful for distinguishing reinvention from replication and adaptation, and seeks to explain how individuals reinvent innovations. A partial, modified or augmented use of the new knowledge results when adopters integrate and adapt external knowledge with their own pre-existing knowledge base (236). Policy-relevant information is seen as passing through an "adopt, adapt, and act” cycle as the participating individuals:

- actively seek innovations, experiment with them, evaluate them, then
- try to find meaning in them, develop an attitude towards them, challenge them, and
- move on to work with them, gain experience using them, modify them to fit, or try to redesign or improve them, often through dialogue with others (41, 237).

Models of diffusion have evolved from linear processes to convey more messy, unpredictable, often ‘voluntaristic’, subjective and politically orientated processes. These models are however limited by not exploring the role of organisational structures and cultures in fostering or impeding the adoption of innovations (237).

Overall, the diffusion of innovation literature offers a framework for the proposition that evidence-informed policy itself is an innovation amenable to widespread diffusion. As expressed by Nutley et al.,
“Advocates of evidence based policy and practice are interested in diffusing an ideology; the objective is to win over the hearts and minds of practitioners to adopt a frame of reference that values research evidence”\(^{(29)}\).

In addition, this approach provides ways of considering the characteristics of individual adopters and their social networks within organisations\(^{(29)}\).

In contrast to diffusion of innovation, the knowledge management literature focuses on the processes of creating, communicating and using knowledge in a manner that creates organisational advantage. Features of both fields pertinent to evidence use in policy processes are captured in Table 4 below.

4.2.2 Knowledge management and the EIP agenda

The knowledge management literature offers a model for understanding the interplay between tacit and codified knowledge that is highly relevant to policy processes. Both types of knowledge are used in ‘knowledge push’ strategies and ‘knowledge pull’ strategies. Nonaka and Takeuchi argue that organisational knowledge is created by human interactions between individuals who have both explicit and implicit knowledge\(^{(238)}\). Shared context and leadership play an important role in the creation of organisational knowledge, which is a dynamic, contextually sensitive process\(^{(239)}\). This socially constructed type of knowledge depends on the social and learning processes within an organisation. Generally, knowledge pull strategies are promoted over knowledge push strategies as attention is directed away from the knowledge to the intended users. In this field, collaborative approaches, communities of practice and networks are regarded as effective mechanisms for moving knowledge through the generation, validation and transfer stages.

Empirical work shows that these social processes can be subject to personality effects. For example, a case study of English health sector communities of practice found dominant members processed research findings only when they fitted with their experiences or agendas. These individuals picked up small and at times tangential points of information and wove it into another, usually experience-based point which they considered relevant. Less dominant members of the group empathised with the experience and assented to the view without probing\(^{(240)}\).
Table 4. Features of diffusion of innovation and knowledge management, relevant to evidence use in policy

<table>
<thead>
<tr>
<th>Feature</th>
<th>Diffusion of Innovation</th>
<th>Knowledge Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Types of Knowledge</strong></td>
<td>Explicit, actionable</td>
<td>Numerous types of knowledge used</td>
</tr>
<tr>
<td></td>
<td>Awareness, how to use</td>
<td>Distinguishes explicit and tacit knowledge</td>
</tr>
<tr>
<td></td>
<td>Knowledge of functional</td>
<td>Data distinguished hierarchically from information and wisdom</td>
</tr>
<tr>
<td>principles important for an innovation to be</td>
<td>adopted</td>
<td></td>
</tr>
<tr>
<td><strong>Types of Utilisation</strong></td>
<td>Instrumental use focusing on why and when an innovation is used</td>
<td>Not directly addressed</td>
</tr>
<tr>
<td></td>
<td>Inappropriate use can relate to influence of fads</td>
<td>Application of knowledge to generate competitive advantage reflects direct and instrumental use</td>
</tr>
<tr>
<td></td>
<td>Replication is distinguished from reinvention</td>
<td></td>
</tr>
<tr>
<td><strong>Models of Process</strong></td>
<td>Based on Rogers five-stage adoption process (^{236})</td>
<td>Knowledge push and pull models are used to enhance project learning</td>
</tr>
<tr>
<td></td>
<td>Innovation characteristics influence rate of diffusion: relative advantage, compatibility, complexity, trial-ability and observe-ability</td>
<td>Interplay between tacit and explicit knowledge based on Nonaka’s work (^{238})</td>
</tr>
<tr>
<td></td>
<td>Intermediaries play a role</td>
<td>Social and learning processes within communities of practice</td>
</tr>
<tr>
<td></td>
<td>Process often messy and unpredictable</td>
<td></td>
</tr>
<tr>
<td><strong>Ways of Seeing</strong></td>
<td>Diffusion is a problem to be addressed which results in a pro innovation bias</td>
<td>Knowledge is an economic resource to be managed</td>
</tr>
<tr>
<td></td>
<td>Organisational context and individual level orientations</td>
<td>Focus is on creating explicit knowledge from tacit knowledge</td>
</tr>
<tr>
<td><strong>Implications for evidence use in policy</strong></td>
<td>Five factors influence the adoption of an innovation; innovation characteristics, adopter characteristics, context, promoter characteristics and communication channels</td>
<td>Knowledge management highlights the limitations of linear knowledge push models</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collaborative knowledge pull strategies to manage explicit and tacit knowledge are emphasised</td>
</tr>
</tbody>
</table>

Source: Author adapted from Research Unit for Research Utilisation (RURU) \(^{29,30}\).
In summary, the diffusion of innovation and knowledge management fields reinforce the role of individuals and organisational systems as key influences on processes for generating and using evidence. The interplay of tacit and explicit knowledge, shared context and leadership is highly applicable to public policy development. This element is evident in the emerging acknowledgement that experience-based professional knowledge is a crucial component of acceptable policy advice\(^{(29, 34)}\). The idea of reinvention or tinkering with evidence to make it fit the context highlights the interaction of explicit and implicit knowledge.

4.3 Contextual ‘what works’?

Insights from one policy area being cross-fertilised by another is the basis of the pragmatic ‘what works, when… ’ approach to advancing evidence use in policymaking. The review by Davies et al. of empirical evidence use studies uses this approach to examine of how different policy sectors use evidence\(^{(156)}\):

- In health policy, evidence plays a key role in policy formulation. The extensive evidence base was both a strength and weakness in how policymakers’ used evidence. Powerful advocates also exert influence over evidence use.
- In education policy, the absence of an extensive evidence base appears to leave greater room for political interference.
- Criminal justice policy has a conflicting evidence base, with varying levels of methodological rigor. Policy is frequently based on tentative results or inappropriate perceptions and conclusions.
- Social care policymakers largely use outcomes research as little primary research exists. Although outcome data is regarded as a ‘weak’ evidence base, ethical issues are well considered in policy development.

The ‘what works’ line of enquiry restricts its focus to explicitly recognising the strengths, weaknesses and deficiencies of each evidence base in order to enhance the considered use of varied evidence bases\(^{(7, 27)}\). In general, little attention is paid to the overarching circumstances that facilitate the use of research evidence. These issues are addressed by more contextual ‘what works?’ perspectives which emphasise the influence of three wider systems-level factors\(^{(98)}\):
1. **Context**: political and organisational. These are portrayed as the prevailing narratives and discourse amongst policymakers. Relevant factors are the demand for new ideas, the level of political resistance and any interrelated organisational conditions such as the systems’ capacity, competency and commitment to evidence use\(^{(1, 241)}\).

2. **Evidence**: how the evidence presents a solution to a policy problem. Specific issues are the substantive and operational relevance and credibility of the evidence\(^{[31]}\).

3. **Linkages**: between researchers and policymakers. The level of trust and legitimacy in these relationships\(^{(98)}\).

4. Both contextual and evidence use approaches to answering the question ‘what works, when…’, highlight the need for broadly based evidence on the evidence use process itself. This gap is the basis of arguments for multi-dimensional models that include the process of evidence use\(^{(20, 242)}\).

### 4.4 Policy Frames and Meta Policy

The fourth line of enquiry applied to the ‘what works’ question examines how the use of evidence is influenced by the way an issue is framed. Framing is also explored as a means for shifting meta policy ‘rules’ to protect and promote the use of evidence.

#### 4.4.1 Policy Frames

Recent critical research in evidence-informed policymaking highlights the role played by multiple complex interactive processes: framing, deliberation, negotiation and collective judgment\(^{(203)}\). As policy frames capture the underlying structures of beliefs and perceptions that promote a particular definition of an issue and what counts as an acceptable solution they are seen as having a role in evidence-informed policymaking. Schon and Rein’s original constructivist idea proposed that frames are a way of perceiving and making sense of complex, information-rich situations\(^{(243)}\). Despite frames usually being tacit they are understood to have a profound influence in determining what counts as fact, what arguments are compelling and relevant, who an issue impacts and who is responsible for resolving it\(^{(243, 244)}\). Policy controversies can, therefore be interpreted as disputes that arise over conflicting frames. Parties are unlikely to reach agreement by using facts and reason as their frames have predetermined the salience of all evidence used in the policy discourse.
Contending parties are likely to disagree over the definition of the policy problem and struggle for control over the process. Such contests over naming and framing are portrayed as symbolic competitions over the meaning of an issue. From an evidence use perspective the ‘normative leap’ to establish a common frame is salient. It facilitates the step from data to recommendations and from facts to values, through the process of naming and framing\(^{(243)}\).

**Interests and Frames**

Schon and Rein argue that interests are shaped by frames as they determine what actors see as being in their interest or in conflict with their interest\(^{(243)}\). Frames are understood to originate in the institutions or stakeholders that advocate them. For example, evidence that one institution sees as undermining the position of the other institutions may be dismissed as irrelevant by the contending institution. In addition, stakeholders have strong motivations for promoting their frame as superior, as once accepted it will usually determine the best solution to the problem.

Skilled policy actors are aware of these ‘framing effects’; the small changes in how an issue is presented which can result in a large change in how an issue is understood. A popular example is the reframing of smoking from an issue of self-discipline, to one of environmental harm caused by second hand smoke. The reframing from an individual level problem to a systemic issue where people were exposed to involuntary risk, enabled tobacco control to become an acceptable solution\(^{(244)}\).

Policy frames also have a role in determining public opinions. According to Lau the cognitive frames or policy metaphors applied to an issue by members of the public “*give meaning to key features of some topic or problem*”\(^{(245)}\). Cognitive frames can therefore influence public support, as when policy advocates present proposals with an understanding of how informed members of the public will frame an issue. Effective communication and coalitions of public support are more likely to result from a strategic alignment of cognitive frames.

**Reciprocal Frame Reflection**

A central assertion of Schon and Rein’s original conception is that policy controversies can be resolved when key policy actors have the ability to engage in reciprocal frame reflection, stimulated by a shared awareness of the underlying problem. In such policy conversations,
actors who ‘give reason’ to other actors are able to enter into the frame of the other actors and so develop an appreciation of multiple constructs of reality. When this process is iterative, it is possible for a reframing of policy dilemmas to occur allowing previously antagonistic parties to advance policymaking\(^{(11)}\). For example, the harm minimisation policy frame adopted by drug policymakers in Australia enabled a nationwide needle and syringes programme to be successfully implemented. A meta policy environment existed that allowed policymakers to pursue a policy frame that was acceptable to all interested parties. Wide acceptability of ‘harm minimization’ was achieved when the ethical value of drug user autonomy was integrated with community benefits and empirical evidence of efficacy\(^{(11)}\).

Other less constructive outcomes are also possible with multiple frame reflection. In some cases, the exploration of multiple constructs of reality may reinforce the incompatibility of the underlying values held by antagonistic policy actors rather than enabling them to work towards an acceptable common position. A New Zealand Select Committee Inquiry to inform a policy on obesity prevention allowed submitters to refute opposing views and ethical positions. This served to accentuate the differences in positions and further entrench irreconcilable policy frames\(^{(99)}\). Industry representatives advocated for the continuation of industry self-regulation arguing that individuals should have autonomy over food choice. In contrast, public health academics and nutritionists advocated for government regulation to provide a safe nutrition environment for children who are not able to make informed choices. In the absence of a policy frame acceptable to both parties and weak institutionalised meta policy processes, government policymakers were given a seemingly intractable dilemma.

Despite the apparently compelling case for the value of policymakers’ astute use of policy frames, the empirical literature examining their use in public health policy and particularly in nutrition policy is limited.

4.4.2 Meta Policy

An alternative view of evidence based policymaking is that it is primarily a meta policy issue. Meta policy is the highly influential written and unwritten rules about policymaking processes that determine the transparency, who is included and excluded, the time frames for decision making and the extent and status of external input\(^{(11)}\). Gibson and others argue that advancements in evidence use will occur when this systems level policy about
policymaking allows evidence to be privileged over other considerations, including politics\(^5,11\). Empirical work demonstrating the influence institutional filters have on public health policy illustrates the powerful influence of meta policy on evidence use. For example, in an Australian case study the absence of deliberate and transparent policymaking systems which protect and make explicit the role of evidence allowed organisational filters to prevent highly relevant evidence being considered\(^5\).

According to Gibson, health meta policy is established by policymakers at three levels\(^{11}\). The extent to which government systems have institutionalised meta policy will determine whether some or all of these ‘rules’ are made on a policy-by-policy basis, or less frequently when pan-government systems are established. The three levels are:

1. Processes and criteria to be used to define problems, set priorities, make decisions
2. Process for deciding how values and empirical analysis are constructively integrated
3. Processes for deciding how to manage the uncertainty and complexity that arises from the indeterminacy in health\(^{11}\).

Most evidence based policy initiatives assist policymakers in answering first level questions, for example, systematic reviews and meta analyses offer answers to questions around the likely efficacy of a particular strategy\(^{154}\). Second level questions may be resolved through the use of evidence synthesis and policy dialogue approaches that actively involve the stakeholders\(^{246}\).

Applying Policy Frames to Meta Policy issues

Several leading authors propose policy frames as a mechanism for resolving meta policy issues at all three levels and advancing evidence use through transparent processes. Table 5 below links the features of policy frames to their use in establishing meta policy. When used in this way, meta policy rules enhance evidence use by guiding how problems are defined and resolved, including setting priorities, making decisions, integrating values and empirical evidence and reducing complexity and uncertainty \(^{11,243}\).

Whilst this critical use of policy frames appears to offer a method for resolving some seemingly intractable third level meta policy problems in the public health sector, the small number of case studies available for examination hinders progress. However Gibson and others present a clear argument for the influence that policy frames have over more
practical meta policy processes such as who is included and timing\(^{(11, 243)}\). Both these issues are significant for evidence use.

### Table 5. Features and functions of policy frames for resolving meta policy issues

<table>
<thead>
<tr>
<th>Policy Frame feature by level</th>
<th>Meta Policy Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value base explicit</td>
<td>Defines harm and benefit, and method for judging</td>
</tr>
<tr>
<td>Defines problem space in a way that is amenable to practical action</td>
<td>Larger term problems are bracketed to allow a focus on first and second order questions</td>
</tr>
<tr>
<td>Frames influence evidence gathering</td>
<td>Questions and problems are generated that create a demand for empirical research</td>
</tr>
<tr>
<td>Frames integrate ethical considerations with core policy issue</td>
<td>Beneficence and non-malfeasance are critical to balancing harm and benefit, considerations of autonomy are explicit</td>
</tr>
</tbody>
</table>

Source: Author

Critics of the meta policy approach to improving evidence use in policymaking argue that policymaking is too complex and sufficiently indeterminate to be improved by changing the rules about policymaking\(^{(219)}\). Whilst proponents of framing policy issues cite evidence of policy frames resolving real world meta policy difficulties, they do not directly address the influence of written and unwritten rules or organisational structures on the use of evidence.

To conclude the policy frames approach reveals two factors with potential to advance the evidence-informed policy agenda. Reflective, iterative conversations between key policy actors on the policy frame for an issue may reconcile differing viewpoints and lead to agreement on policy-relevant evidence and produce an acceptable frame for solving the problem. Secondly when the overriding frame is addressed early in policy process the possibility increases for agreeing on other meta policy issues, including the explicit role of evidence.

### Summary

Each of the approaches to evidence-informed policy reviewed in this Chapter adds new understandings about processes, structures and the role of contextual factors. Both the two communities perspective and the two management frameworks highlight the importance of context specific social processes for promoting the assimilation of tacit and codified knowledge. The ‘what works’ literature adds a systems-wide perspective in elucidating
three factors that exert considerable influence on evidence use processes: the political and organisational context, the nature of the evidence, and the strength of relationships across a policy community.

The meta policy approach places a spotlight on the established processes for defining problems and agreeing on solutions. Meta policy is able to direct policymaking processes to integrate evidence with context specific values. Such processes are predisposed to produce innovative new solutions for the apparently intractable problems in public health. As meta policy ‘rules’ at three levels influence the use of evidence, skillful framing of policy problems in a way that addresses all levels is needed for effective evidence-informed policy to be developed. For public health nutrition, this would move the policymaking paradigm from domination by political imperatives to one where robust systems protect the role of broadly defined evidence.
Chapter Five: Insights from Political Science and Social Influence literature and relevance to Public Health Nutrition

Introduction

Public health as a discipline is underpinned by values promoting the principles of equity, democracy and ethics. Consequently governments are seen as having the duty to protect and promote the health of the population\(^{(39, 247)}\). Although evidence is at the core of decision making the interdisciplinary nature of public health nutrition means that views about the nature of problems and their solution are inevitably contested. Evidence based public health nutrition is, therefore, a political concept\(^{(39)}\).

The political science literature offers frameworks for understanding how government level policy structures and processes influence the use of evidence. In this review, three levels of policy analysis are initially distinguished to tease out the different processes operating at each level. As public servants exert influence at all levels their role is examined along with the role of other policy actors who shape policy processes in different ways. This review of political influence will introduce literature on how power is exercised in policy processes. Subsequently, a brief review of recent work critiquing emerging forms of government is provided to help examine the influence of the food industry. Together these literatures on ‘policy dynamics’ will be applied to provide insights into the political influences on ‘what, when, why and how’ evidence is used.

Models of policy making as a process stress the interactive aspects of policymaking. To understand the nature of these interactions the literature on social interactions in policy processes is reviewed. Here the aim is to explore the social influence strategies characterising effective advocacy (for using evidence) within and across policy communities.
To conclude this mining of the literature for understandings of factors likely to influence advocacy for evidence use, the final section of this chapter will review the specific evidence requirements for public health policy and then examine the nature of the public health nutrition base available to policymakers. The evolution of public health nutrition from its biomedical nutritional science origins to having a strong public health emphasis has shifted attention to macro level ‘upstream’ factors. This requires understanding of the political, ethical, environmental and marketing influences on the nutritional health of populations\(^{38, 248}\). The policy-relevant evidence literature reviewed earlier in Chapter 3 indicates that these factors are congruent with the broadly based evidence needed for making effective policy.

5.1 Political Science and Public Policy frameworks

Political Science offers multiple perspectives on the policymaking process and the role of influential individuals. Underpinning political science and public policy concepts and models are reviewed in Appendix 4A. These frameworks offer valuable insights into the means of policymaking and how processes and structures shape policy outcomes.

To capture the interaction between evidence and public policy, the author defines policy as:

A set of agreements between policy actors with the intention of improving a problematic situation. These agreements involve either a commitment to a course of action that involves people, requires finance over a period of time or a commitment to inaction.

5.1.1 Analysis of Policy Making

In political science, the process of policy making is usually characterized as either a rational approach or an interactive approach. The latter underpins this research project and draws upon Ham and Hill’s framework for analysing policymaking at three levels, outlined in Table 6\(^ {249}\). To achieve a comprehensive picture of the policymaking process insights from each level are needed. Considering all levels simultaneously allows the strengths of one level to cancel out the weaknesses of other levels and provide a robust analysis. As there is interaction between the levels no one level provides a complete explanation for how policy is made. Therefore, to comprehensively examine the barriers and facilitators to evidence use, a three level approach is adopted.
Table 6. Policy analysis - a three level approach

<table>
<thead>
<tr>
<th>Focus</th>
<th>Decision making level</th>
<th>Policy making process level</th>
<th>Structural level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who makes the decisions?</td>
<td></td>
<td>What actions lead to agenda</td>
<td>Political, economic, social and cultural features of policymaking system</td>
</tr>
<tr>
<td>How are they made?</td>
<td></td>
<td>setting, policy formulations</td>
<td>Focus on coalitions of powerful interest groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus is on policy actors</td>
<td></td>
</tr>
<tr>
<td>Theoretical</td>
<td>Rational, incremental, mixed</td>
<td>Policy stages models</td>
<td>Organisational theory; structure and behaviour.</td>
</tr>
<tr>
<td>Base</td>
<td>scanning models of decision making</td>
<td>Systems model; inputs, conversion processes, outputs</td>
<td>Meta policy(^{250})</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group or Network Theory(^{251})</td>
</tr>
<tr>
<td>Weaknesses</td>
<td>Micro level analysis</td>
<td>Not address differing levels of influence of groups</td>
<td>Broad analytical perspective</td>
</tr>
<tr>
<td></td>
<td>Real world has non-linear and political processes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Examines 'black box' of decision making processes</td>
<td>Analytical power for describing how stability is maintained(^{252})</td>
<td>Examines influence of historical, sociological, economic and political structures on policymaking process</td>
</tr>
</tbody>
</table>

Source: adapted from Ham and Hill\(^{249}\)

Models of policymaking as a process of decision making capture actions at the micro-level. Rational models introduce the idea of individual and organisational rationality and the notion of ‘satisficing’, the making do with good enough alternatives\(^{249, 253}\). In contrast, incremental models capture more collaborative aspects of successive limited comparisons involved when decision makers ‘muddle through’ and make small changes to existing policy\(^{254, 255}\). Non-decision making models on the other hand capture the circumstances when the scope of a decision is limited and decision inputs are suppressed or thwarted as they threaten the decision maker\(^{256}\).

In contrast, some process level models focus on the sequential stages of the policymaking process, portraying the stages as either actions or decisions\(^{257, 258}\). Other models use systems level factors to capture the multiple processes that need to be balanced in policy decision making\(^{259, 260}\). By highlighting the influence of internal and external stakeholders in these balanced systems, emphasis falls on the role of individual members of epistemic communities\(^{201}\).
In contrast, structural level models examine the role of powerful structural interests in setting agendas and shaping debates\(^{(252)}\). These models are of particular interest as the influence of structural and political level factors on evidence use is increasingly acknowledged\(^{(1, 242)}\).

For example, Sabatier and Jenkin-Smith’s Advocacy Coalition Framework (ACF) explains policy change as the result of actions by coalition members who share beliefs, coordinate their behaviours and undertake policy learning\(^{(261, 262)}\). Appendix 4A contains a brief review of the ACF. This framework posits that coalitions are united by high-level beliefs at the ontological level, which may change over time under pressure from accumulating evidence. Middle and low-level beliefs change more readily and are less likely to unite a group across a number of issues, over time. Beliefs at all levels exert an influence on how coalition members respond to new information or experiences.

Meta policy models take a different approach in examining the structures and processes for policymaking, and how these are established, interpreted and maintained. A ‘meta’ perspective is adopted to explain the ‘policy on policymaking’ in terms of political, economic and socio cultural factors\(^{(11, 250)}\). Both wider government and institutional contexts are relevant. Internationally there is growing evidence that meta policy can be pliable in health and other policy sectors, based on the increasing number of interactive, policy synthesis approaches to evidence generation and use \(^{(7, 35, 187)}\). In addition the influence of meta policy is evident in the recently appointed government Chief Science Advisors advocacy for new ‘rules’ for policymaking\(^{(263)}\). In various ways, these ‘rules’ promote the role of scientific evidence in government decision making. The evidence-informed policy literature reviewed in Chapter 4, section 4 highlights how reframing meta policy issues can enhance evidence use.

### 5.1.2 Public Servants

Literature on the behaviour of individual senior civil servants who are capable of shaping policy inputs and processes adds another perspective on factors influencing evidence use. A typology of public servants attitudes used by Gauld provides a framework for explaining their behaviour\(^{(264)}\). Based on their tolerance of politics, explicitly pluralistic politics and political processes, and their level of programme commitment around the pursuit of long-term goals, the behaviour of public servants is categorised into one of four groups:
• Public servants who pull issues out of the general political arena and into the more private politics of policy communities or use other strategies to manipulate policy input processes including evidence use, exhibit the behaviour of ‘political bureaucrats’. These individuals proactively engage in strategising whilst being fully committed to specific policy programmes. Critics argue that these officials are too powerful and exercise undue influence in order to retain their dominant position.

• Other public servants, ‘classical bureaucrats’ demonstrate a more reactive approach, taking their ideological colour from their political masters. When a political party is in power for a long period the current pervasive political ideology acts as a filter on evidence use in the policy process. Politicians may be able to sustain successive terms through a series of popular policy initiatives with tacit support from classical bureaucrats.

• More risk-averse behaviour includes not putting forward proposals because bureaucrats judge them to be politically too risky, or too radical, or because the ideal solution seems impracticable. While this behaviour could be consistent with the risk-averse culture of large public service bureaucracies, it can also be seen as proactive behaviour by ‘technocrat bureaucrats’ who dislike the irrationality of politics and engage in activities that limit innovation and attempt to manage risks that are appropriately the province of politicians.

5.1.3 Power and the Policy Process

As policymaking is by nature a political process, this branch of the policymaking literature examines the sources and use of power in society. Every policy system is known to distribute power differently and so offer different means for public participation. Three views of the distribution of power provide a useful background for examining emerging trends in power brokering and are relevant to the use of evidence in public health nutrition policymaking.

The pluralist view sees power as being diffusely and discontinuously distributed among different groups resulting in inevitable competition for influence. At any given moment, those involved must manage both knowledge and power, as power alone seldom allows actors to develop majority positions. Instead, they have to persuade others of the merits of
their position\textsuperscript{(223, 270, 271)}. However, analysts of health policy claim that the pluralist view does not adequately reflect the dynamics of the health sector\textsuperscript{(272)}.

\textbf{Structural interests} offer an explanation for the medical profession’s dominance in health, through the prevailing concepts of health serving the professions’ interests. For example, defining health in terms of individual illness or disease legitimises the medical professions focus on treating individuals\textsuperscript{(273, 274)}.

In contrast, the \textbf{elitist} view characterizes power being held centrally and continually exercised by a small group by virtue of their status and or political power\textsuperscript{(275)}. The elitist view of power sees dominant groups having their interests served by existing social, political and economic arrangements\textsuperscript{(269)}. However, organised interest groups such as patient groups can challenge this dominant position by arguing an alternative view. In general this is regarded as surface activity that does not threaten the medical profession’s deeply entrenched position\textsuperscript{(252, 269, 272)}.

\textbf{Shifts in sources and use of power}

Shifts in traditional policymaking power balances have been observed as commercial and civil society groups assume greater roles in the process. Ryan attributes this ‘tempering of the power of the State’ to a number of factors including globalization, the influence of scientific and communication technology, increasing complexity and shifts in global economic power\textsuperscript{(36)}. Public health nutrition reflects many of these trends as the increasing interconnectedness between the flow of people, goods and services, capital and knowledge reduces the divergence of dietary patterns\textsuperscript{(61)}. In response, international organisations have released high-level policy documents calling for global and national level action on nutrition-related chronic diseases\textsuperscript{(59, 96, 276)}. Some commentators see the collective failure to address the global increase in chronic diseases as a political rather than a technical failure\textsuperscript{(12, 277-279)}. They argue that the dominance of market ideologies has continued to promote self-regulation and private-public partnerships as policy tools for managing the consumption of unhealthy commodities despite the paucity of evidence on their effectiveness\textsuperscript{(142)}. Private sector influence on health takes many forms, with varied levels of involvement and roles in public health policy and healthcare systems. This involvement is well recognized in most countries and usually varies in reciprocal proportion to the role of the State\textsuperscript{(87)}.
In addition, the neoliberal political agendas of many governments late in the twentieth century are seen as having favoured greater private sector involvement in health service delivery\(^{280}\). The dominance of this ideology has been interpreted as impeding the advancement of the ‘new public health’ agenda promoted by the 1985 WHO Ottawa Charter for Health Promotion and the international public health community\(^{87, 281}\).

5.1.4 Emerging forms of government

Political scientists’ observations of new forms of government emerging in the 21\(^{\text{st}}\) century offer a valuable perspective on these issues. In New Zealand, the closer relationships between government and industry are understood as one of the new ways the public sector is responding to increasingly complex problems in society\(^{36}\). Internationally, evidence is accumulating of traditional administrative models of State involvement being complemented by governance approaches\(^{282}\). Governance usually means managing collaborative processes in order to use the resources of networks to address major societal problems. Collaboration between members of a network represents an acknowledgement by governments that interaction with groups outside government is needed to manage the level of uncertainty around policy issues and possible solutions. Consequently communication, coordination, cooperation and collaboration together between autonomous parties are becoming a new way of governing\(^{36}\).

Private-Public Partnerships

The forces of globalization, commercial power, increasing complexity and emerging forms of government have worked together to establish the context in which private-public partnerships (PPP) are a possible mechanism for addressing chronic public health issues including obesity\(^{283}\). Political scientists characterise partnerships as a flexible relationship where power is shared and negotiated with both parties explicitly bringing things of value to the relationship, such that both parties benefit yet retain their independence\(^{36}\). Even though there may be asymmetry in access to resources and hence theoretically the capacity to exercise power, neither partner claims to be in charge.

The argument for private-public partnerships in public health nutrition is framed around the complexity of food and drink issues, as everyone must eat, unlike the discretionary consumption of alcohol or tobacco. This view is evident in the 2010 WHO statement directing governments to consider the value of partnerships in addressing some of the upstream determinants of chronic disease\(^{283}\). Other supporters of this view argue that
collaborative approaches are needed because industry has large resources and a high level of influence over the global food supply. Consequently working with industry is seen as an opportunity to reshape the broader food system by addressing food distribution and product reformulation issues, and possibly informing nutrition education although the latter is highly controversial\textsuperscript{142}.

Critics argue that industries use PPPs as a delaying tactic and there is little evidence of their effectiveness in delivering long-term health benefits\textsuperscript{284}. Consequently, PPPs are seen as failing the precautionary principle\textsuperscript{2} test given the lack of evidence of their safety or effectiveness. Furthermore, the absence of agreed ‘rules of engagement’ leave partnerships open to ideological criticism for not managing discordant values, conflicts of interest, excluding key stakeholders and incompatibility with the long term goals of public health that should be the responsibility of the state\textsuperscript{55, 284, 285}. When government health sector agencies consider partnerships with global industries that promote consumption, some critics argue bluntly that the risks outweigh the benefits because the increased opportunities for moral jeopardy are unacceptable. As a consequence, they argue, failure to recognise the differences in power opens the weaker party to being dominated\textsuperscript{286}.

Civil Society
Although no commonly accepted definition exists, civil society organisations are usually characterised by their voluntary and autonomous nature\textsuperscript{37, 274}. Organised groups within society are the second emerging influence on government public health policy processes\textsuperscript{287}. For instance, the 2012 ‘WHO Framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children’ directs governments to engage with a broad range of stakeholders including civil society groups as the means for, “ensuring inclusiveness and consensus across government”\textsuperscript{288}.

Some political scientists propose that these new approaches to citizen participation may increase the overall quality of democracy and contribute to policy effectiveness. They argue that when relationships between policymakers and citizens are genuinely engaged it is possible for intensive and open-ended decision making to become a shared process which allows for the inclusion of community values and ethical dimensions are included\textsuperscript{36, 87}.

\textsuperscript{2} The precautionary principle states that when a policy has a suspected risk of causing harm to the public in the absence of scientific consensus that the action or policy is harmful, the burden of proof that it is not harmful falls on those taking an act.
5.1.5 Contribution of Political Science and Public Policy

From the political science and public policy literatures emerge several frameworks that are critical to developing a comprehensive understanding of means by which processes and structures influence the use of evidence in government policy making. The interactive perspective provides frameworks for interpreting the role of individuals, groups and structural interests. Perspectives on the sources and use of power add valuable ways of seeing the politics of policymaking and appreciating the role of industry and civil society.

5.2 Social interaction in policy processes

This section explores the social interaction literature for means type insights into how interpersonal influence may be used to promote the idea of using evidence in policy processes. The research utilisation literature reviewed in Chapter 3, section 3.3 drew attention to how social interactions influence use of evidence. To develop a deeper understanding of how influential relationships may impact on evidence use in policy processes this section explores the sociology and marketing literatures. Sociology offers ways of understanding influence, social cohesion, networks and network analysis. Concepts from relationship marketing and political lobbying illustrate the application of social interaction theory to achieving organisational goals. Key concepts underpinning the sociology and marketing literatures are summarised in Appendix 4B.

In general policymaking processes reflect an organised and interdependent approach between public and private institutions. Theoretically the study of the interactions between individuals and organisations within a policy sector is a meso-level approach that examines influence structures. Interactions at an individual level involve networks of actors with interpersonal connections usually related to perceived influence and, or shared interest. Similarly, organisational networks reflect shared interests with other organisations, brokered by individuals interacting with each other. Given the role of the individual both personally and organisationally, they are the focus of this section. According to Landry individuals acting through social interaction are capable of advocacy for evidence being used in given contexts.
5.2.1 Social influence in networks

Studies of social influence in networks have developed models and produced evidence of individuals’ attitudinal and behavioural responses being shaped by their surrounding social context. Initially influence involves cognitive processes followed by adjustment to outward behaviour or inner beliefs\(^{(290)}\). A range of mechanisms is used to explain influence in social networks:

1. **Social proximity** hypothesises that the proximity of two actors in a social network is associated with the occurrence of interpersonal influence through substantive processes including relations of authority, identification, expertise and competition\(^{(291, 292)}\).  
2. **Behavioural contagion** involves the spontaneous pick up or imitation by others of a behaviour, attitude or belief initiated by one member of a group where the initiator did not display any intention of influencing others\(^{(293)}\). This framework suggests that the only precondition is information that allows network members to undertake social comparisons about the attitudes or behaviours of other actors. Social comparison occurs in ambiguous situations where people seek normative guidance by comparing their attitudes with those of a reference group of similar others\(^{(294)}\).  
3. A related view emphasises competition\(^{(291)}\). This view proposes that individuals engage in a process of role-taking as they seek behavioural models appropriate to their social location, particularly when seeking guidance in uncertain situations. This process provides a framework in which they come to imitate their competitors.

Whilst each mechanism suggests a different source of influence, it is generally accepted that the bases for interpersonal influence are likely to be intertwined\(^{(292)}\). This structure arises primarily because individuals who occupy the same social position are more likely to be tied by social relations, be geographical proximate, and so have increased opportunities for influence. Furthermore, roles have a powerful influence on attitudes and behaviours, particularly the expectations of others about appropriate role behaviour\(^{(292, 295)}\).

5.2.2 Characteristics and analysis of networks

Granovetter’s proposition that the behaviour of individuals and institutions is in reality constrained by their on-going social relations suggests networks can exert a powerful influence on advocacy that promotes evidence use\(^{(296)}\). As a corollary, Lewis argues that the
differing characteristics of policy and social networks are important to understanding patterns of influence\(^{(275)}\).

Friedkin suggests policy networks offer a way of understanding of how linked interest groups influence the policy process which complements the more micro level approach of social networks\(^{(290)}\). Policy networks are characterised as having a variety of actors, both individuals and organisations, whereas social networks are usually defined as the interpersonal ties between individuals. Policy networks also highlight the presence of coalitions of individuals and organisations with common interests who coordinate their activities in pursuit of shared policy goals. In contrast, like-mindedness or trust is not necessarily present in social networks although as noted above shared attitudes may develop from processes of interpersonal influence\(^{(293)}\). Interdependency is a strong feature of policy networks as few network members hold formal authority, so influencing others and being influenced is tacitly recognised as the way to get things done\(^{(297)}\). Influence in health policy networks generally results from interactions between dominant interest groups and between multi-disciplinary groups who need to coordinate their positions to resolve complex problems\(^{(272)}\).

**Network Analysis**

The study of networks usually involves specifying the network content or the meaning of, or reason for, the interaction. The study may include political purposes, exchange of information, resources or expertise\(^{(298)}\). Communication as the basis for contagion of new ideas is analysed by examining the number, length and strength of the paths connecting the actors. The similarity of ties to and from other actors in the network reflects the embeddedness or ‘equivalence’ of actors within the network.

Whilst network analysis appears to offer a useful tool for identifying patterns of influence in policy networks, empirical work with New Zealand and Australian economic policy elites has questioned the relative influence of networks compared to other factors. Goldfinch’s assessment of the linkages between the policy elite and the influence of networks on policy consensus demonstrated that although strong social networks existed between members of the economic policy elite - as did consensus on policy issues, other factors were also important in consensus building and include the nature of ideas, education and responses to external factors\(^{(299)}\).
5.2.3 Diffusion of ideas in networks

The interrelated nature of networks provides an environment in which network variables may influence the adoption of new ideas, such as using evidence. Concepts on adoption of new ideas from the diffusion of innovation literature reviewed in Chapter 4 section 2.1 are integrated with understandings about influence in networks, from the social influence literature in Table 7 below. Greenhalgh’s distinction between the vertical diffusion and horizontal diffusion adds depth to the integration. Vertical diffusion occurs when new ideas are spread by centralised hierarchies in a planned, formal manner whereas in horizontal diffusion innovations are spread across social networks through less planned and often peer mediated processes. These different means for spreading new ideas when viewed from the perspective of Wejnert's proposition that six network mechanisms act as variables enabling or limiting the adoption of new ideas, suggests that there is an important relationship between network variables and the adoption of ideas.

Table 7. Relationship between network variables and adoption of innovation

<table>
<thead>
<tr>
<th>Network variable</th>
<th>Relationship to adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication between network units</td>
<td>Transmission and absorption of new ideas is dependent on timing of communications</td>
</tr>
<tr>
<td>Individuals’ network connectedness and openness to novel information</td>
<td>Connectedness reflected in network size, closeness, frequency of interactions and openness of communication</td>
</tr>
<tr>
<td>Strong or weak ties for innovations with public consequences</td>
<td>Weak ties increase likelihood of adoption of innovation by individuals. Strong or weak ties are effective for small groups of collective actors adopting innovations</td>
</tr>
<tr>
<td>Status / social position of actor within network</td>
<td>High social status actors associated with political / economic power may impose their adoptions on network members</td>
</tr>
<tr>
<td>Channel of influence within organisational networks</td>
<td>Horizontally equivalent actors more likely to adopt an innovation. Factors such as competition can act independently of network.</td>
</tr>
<tr>
<td>Vertical channels can be coercive, conducive or facilitative</td>
<td>‘Psychologically strong’ actors act independently within low homophily networks</td>
</tr>
</tbody>
</table>

Source: Author
Whilst Table 7 identifies discrete network variables that may permit integration and the adoption of ideas, Wejnert believes the variables interact with each other to produce either a potentiating or mitigating effect\(^\text{(300)}\). Furthermore, that author considers the significance of each variable changes according to circumstance. For example, the relative impact of social status is reduced when weak ties enable a novel idea to be adopted by networks that only have occasional contact with each other. The strong parallels between this analysis and Granovetter’s ‘weak ties’ analysis indicates that this type of network interaction is important for the transfer of new ideas\(^\text{(302)}\). The converse applies in situations where variables reduce the impact of other variables or work against the adoption of a new idea.

As the diffusion of innovation literature does not address the nature of the innovation it does not differentiate between the adoption of simple, short-term innovations and those that are complex requiring changes to frames of reference and value systems.

**Opinion leaders**

Table 7 also draws attention to the role of individuals who are advocating for the adoption of new ideas within and across networks. According to Rogers opinion leaders are psychologically strong, influential individuals who are capable of independently establishing and sustaining innovations\(^\text{(236)}\). These individuals employ a range of influence strategies, including persuading their reluctant peers by taking up the adoption themselves to allay concerns about the risk and the cost of adoption of a new idea. Empirical studies examining the features of networks that have varying levels of homophily, together with studies of influence in health sector networks suggest opinion leaders need to adjust their influence strategies according to the type of network\(^\text{(303, 304)}\). The principle of homophily proposes that contact between similar people occurs at a higher rate because it takes less effort than establishing ties with people who have different resources and views\(^\text{(275, 304)}\). To explore how opinion leaders adjust their approach Table 8 examines the relationship between the level of network homophily and the strategies opinion leaders’ use to diffuse new ideas.
Table 8. Role of Opinion Leaders in Networks Characterised by Homophily Level

<table>
<thead>
<tr>
<th></th>
<th>High Homophily Network</th>
<th>Low Homophily Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network characteristics</strong></td>
<td>Shared meanings, beliefs, mutual understanding</td>
<td>Diverse backgrounds and levels of technical competence, different understandings, communication challenges</td>
</tr>
<tr>
<td></td>
<td>Communicate effectively</td>
<td>Strong ties(^{[12]})</td>
</tr>
<tr>
<td></td>
<td>Strong ties(^{[12]})</td>
<td>Weak ties(^{[12]})</td>
</tr>
<tr>
<td><strong>How new ideas enter</strong></td>
<td>Depends on who informs whom</td>
<td>Communication effort is critical as new ideas challenge existing beliefs through interpersonal contacts</td>
</tr>
<tr>
<td><strong>Characteristics opinion leaders</strong></td>
<td>High status, innovative network member</td>
<td>High status, socially connected to extensive networks, skilled communicators, mass media exposure, innovative, contact with change agents</td>
</tr>
<tr>
<td><strong>Barriers to entry new ideas</strong></td>
<td>Depends who introduces the idea, Network norms at a point in time favouring change(^{[236]})</td>
<td>Mistaken meanings leading to messages being ignoring or distorted Unfavourable network norms at point in time</td>
</tr>
<tr>
<td><strong>Type of ideas</strong></td>
<td>More complex ideas possible, as collaboration easier</td>
<td>Informationally weak, short term, less complex(^{[305]})</td>
</tr>
<tr>
<td><strong>Usefulness for diffusing idea of evidence use</strong></td>
<td>Require incremental steps when idea challenges beliefs of networks</td>
<td>Potentially significant, require skilled, persistent communication</td>
</tr>
</tbody>
</table>

Source: Author

This analysis adds support to Greenway’s proposition that different influence strategies occur in different types of networks and suggests that opinion leaders are most influential when they act intentionally across networks with low levels of homophily. This conclusion applies most strongly to the adoption of simple message. A more extensive discussion on the role opinion leaders play in the ‘influence landscape’ is hindered by the dearth of literature on the role of ambivalent or hostile opinion leaders in the health service or policy settings.
5.2.4 Relationship Marketing

The relationship marketing literature brings an inter-organisational level focus to the study of network relationships\(^{(306)}\). Trust, commitment and attraction characterise relationships that exist over time and across issues. Relationship commitment exists where one party believes that an on-going relationship with another party is sufficiently important to expend maximum effort on maintaining it. Organisations deliberately engage in interactions that will facilitate mutual exchanges. For example, organisations manage relationships with stakeholders to achieve win-win outcomes, with the underlying premise that value is jointly created between the parties involved\(^{(306)}\). The mutuality and resource dependence aspects of these relationships have direct application to influence in policymaking:

**Mutuality** is understood to sustain relationships on the basis of different types of bonds existing between members of a network including technical, economic, planning, social, knowledge and legal bonds\(^{(307)}\). Bonds alone are sufficient to maintain a relationship, even when there is a low degree of trust and commitment. However, the strength of bonds influences the occurrence and handling of conflicts. On the premise that no partner has absolute control over the relationship, a range of degrees of influence symmetry may exist within a relationship\(^{(307)}\).

**Resource dependence** portrays organisations as developing some resources internally but obtaining most of their resources through network relationships, such as contracting\(^{(306)}\). A combination of complementary skills and heterogeneous resources confers strength on business networks; often these include financial, human and technical assets. One notable characteristic of the commercial sector since the 1980s is the disintegration of vertical hierarchies and the formation of network alliances to access resources\(^{(306)}\).

Relationship marketing illustrates how intentional relationships between parties who bring complementary expertise and share a common goal can build trust, and exist over time. On the other hand, political lobbying examines the application of social interaction and network theories to attempts by organisations to influence government policy\(^{(308)}\). This lobbying is regarded by corporate businesses and non-governmental organisations as part of modern political communication, which includes ‘public affairs management’ techniques and personnel. The aim is to exert pressure on governments to gain a competitive advantage or advance their interests. Both an awareness of the network to be influenced and timing are critical to the development of ‘positive environments’ for influencing policy decision.
making. Long term planning and the development of coalitions of interest to protect the organisation’s political position are additional requisites for successful influence.

Political lobbying is a controversial activity in public health nutrition as in other areas of government policy formation. Two views on the legitimacy of lobbying are apparent. One regards lobbyists as abusing a democratic system for self-interest and the other sees their role as counterbalancing potentially ill-informed decisions by increasing information available to decision-makers. For example, Harris’s study of British parliamentarians and officials found that organisations could be seriously disadvantaged in policy processes if they were not proactively providing information to support their long-term position to the relevant bodies.

As the political context in New Zealand and England is underpinned by an unwritten unitary constitution and in Australia by a written bicameral constitution, lobbying and commercial campaigning is conducted covertly in these countries. Whereas the United States constitution permits lobbyists to have an open and well-regulated role, even if driven by financial interests.

The political lobbying literature provides a useful social interaction theory framework for understanding relationships that aim to influence government policymaking processes.

5.2.5 Contribution of Social Interaction

These sociology and marketing frameworks provide a means of understanding influence within and by policy networks. A number of concepts relate directly to exploring the idea of advocacy for using evidence. The identification of sources and mechanisms of influence within networks provides a platform for appreciating the characteristics of networks better able to adopt new ideas. The notion of opinion leadership explains how new ideas can be adopted by groups of individuals. The marketing literature adds emphasis on trust and mutuality for sustaining relationships over time and across issues.

5.3 Relevance to public health policy

To develop a framework for helping to explain the use of evidence in public health nutrition policy making three complementary bodies of literature have been reviewed, evidence-informed policy, political science and social influence. In this section the
relevance of key concepts to public health policy and more specifically public health
nutrition policy is considered.

5.3.1 Public Health Evidence

When the evidence-informed policy question of ‘what counts as evidence’ is applied to
public health policy the diverse nature of public health evidence is immediately
highlighted. It is now widely accepted that in addition to epidemiological evidence, the
complexity and context dependency of public health interventions means that
comprehensive evidence of effectiveness is also required \(^{(3, 143, 152)}\). Furthermore, the
criteria for evaluating evidence needs to distinguish between the fidelity of the evaluation
process in determining the success or failure of an intervention, and the success or failure of
the intervention itself\(^{(152)}\). For example, when an intervention is unsuccessful the evidence
should help determine whether the intervention was flawed by its underpinning theory, or
was implemented incompetently. Most frameworks for evaluating the diverse public health
evidence base place varying emphasis on these issues.

Rychetnik et al.’s appraisal schema adopts a different, high-level approach focusing on the
credibility and relevance of the evaluation evidence.

1. Is the research good enough to support a decision? Requires a broad assessment of
   the strengths, weaknesses and gaps in the evidence base.

2. What are the research outcomes? Were the effectiveness evaluations matched to the
   stage of development of the intervention, did the evaluations detect all effects, were
   the process measures adequate?

3. Is the research transferable to the potential recipients? Was adequate contextual
   information evaluated, did the evaluation include the interests of all important
   stakeholders?\(^{(152)}\).

Other schemas use conceptual models of public health as their starting point. For example,
the 2009 National Institute for Clinical Excellence (NICE) Framework for Public Health
Guidance uses a model that conceptualises public health at the intersection of health and
human behaviour. Health determinants are portrayed as working through four vectors
(population, environment, society and organisations), all of which interact with human
behaviour\(^{(312)}\). This conceptual framework encourages the inclusion of a broad range of
evidence and allows decision-makers to decide when the evidence is good enough to a basis for action, and not be constrained by an evidence hierarchy approach.

Another example is Jackson et al.’s criteria for the systematic review of public health interventions developed for the Cochrane Health Promotion and Public Health Field\(^\text{(313)}\). This framework builds on Rychetnik’s work by involving a stakeholder advisory group to define the scope of the review, provide background material and contribute to the dissemination process. Evidence synthesis approaches integrate the findings from qualitative and quantitative research. Elements of the realist synthesis approach are evident in the identification and use of theoretical frameworks to examine the difference between what was planned and implemented, and how this influenced the success or failure of an intervention. Context is acknowledged as an important modifier of public health interventions as is the applicability and feasibility of replicating interventions in other settings. Public health funders’ interests in sustainability are so recognised. The breadth of factors included in the Cochrane framework means that it will provide public health decision makers with more comprehensive review findings than other frameworks.

All these approaches to assembling evidence address many of the difficulties public health policymakers have traditionally experienced. Over ten years ago advice on the best way to solve a problem was reported to be harder to find than data on prevalence and causes\(^\text{(314)}\). Policymakers’ difficulties were compounded further by the paucity of studies reporting differences in effectiveness across socio-economic groups\(^\text{(315)}\). More traditional approaches to systematic reviews of evidence for public health interventions encountered the same complexity and context issues as contributing studies, and their value continues to be criticised for the narrow focus of the outputs\(^\text{(3, 152)}\).

5.3.2 Influence of evidence based medicine on health policy

Evidence based medicine is claimed to have had a significant influence on the use of evidence in health policy decision making. Klein and others suggest that decision making in health care and health policymaking both involve processes that draw upon multiple sources of evidence, acknowledge political dimensions and produce outcomes that are intended to benefit others. Superficially the notion is simply transferred; as clinicians practise medicine with regard to the evidence base, so too should health policy makers be cognisant of the evidence base\(^\text{(219, 316)}\).
Biomedical approaches to decision making influence most conceptualisations of evidence based practice. Sackett’s original (1996) concept of evidence based medicine is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients”\(^{(163)}\). Within clinical medicine, the ‘idea’ of evidence based practice has generated rules and procedures for decision making based on established hierarchies of evidence. More recently, clinical decision making has emphasised the ability to integrate research evidence with patient circumstances and preferences in order to assist patients in making optimal decisions. This overt inclusion of social and human dimensions reflects an increasing prominence of quality patient focused care\(^{(317)}\).

Table 9 below captures these shifts in evidence based decision making. An evolution of conceptualisations of how evidence is used is apparent from ‘evidence based’, through ‘evidence-informed’ to ‘evidence aware’.

**Table 9. Evolution of the understanding of evidence use**

<table>
<thead>
<tr>
<th>Evolutionary dimension</th>
<th>Evidence based</th>
<th>Evidence-informed</th>
<th>Evidence aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship of evidence to practice</td>
<td>Direct</td>
<td>Influential</td>
<td>Balanced with patient values and preferences</td>
</tr>
<tr>
<td>Role of evidence in decision making</td>
<td>Dominant</td>
<td>Research evidence used along with other information</td>
<td>Research evidence used to increase patients efficacy in decision making</td>
</tr>
</tbody>
</table>

Source: Author

Despite these changing understandings and calls for greater precision in use of terms to describe evidence use, the term ‘evidence based’ continues to be widely used, perpetuating a diffuse understanding of the concept.

Although EBM is now including some of the social aspects of health in the evidence base, and public health nutrition also has wider evidence based tools (reference standards and guidelines) for planning, implanting, monitoring and evaluating policy, the simple transfer of EBM decision making principles to policy decision making remains problematic for a range of reasons:

**Differing Contexts.** The focus of evidence based medicine on treating individual patients reflects the movement’s contextual origins in the discipline of medicine. In contrast, public
health is concerned with patterns of wellness and disease in populations. Dobrow and colleagues argue that evidence based decisions for health policy require both evidence and contextual understanding, as the contextual factors are more uncertain, variable and complex than for individual clinical decision making\(^{(318)}\).

**Contestable evidence.** Klein argues that evidence based health policy is a “highly contestable and misguided approach” because evidence is contested within clinical healthcare, and even more so in applied fields where there is a strong resistance to evidence hierarchies, greater ambiguity and need for contextual sensitivity\(^{(219)}\). Furthermore, the reductionism of EBM where complex questions are reduced to a single question is criticised for producing evidence that is often devoid of meaning through loss of context\(^{(32)}\). Greenhalgh believes that when this type of evidence is combined with societal values of consumerism, policy level solutions are produced which are uni-dimensional and woefully inadequate for addressing complex problems\(^{(212)}\).

**Accountability.** Whilst there are some similarities between clinical and policy decision making, major differences exist around accountability. In clinical health care, decisions may be subject to review by clinical colleagues and quality management systems. Policymakers, on the other hand, are subject to wider political and public scrutiny. This visibility puts them in a challenging position as their evidence base is broad, not entirely codified, shifts over time and includes elements of political acceptability\(^{(272)}\). It is therefore, not unusual for policymakers to claim they use evidence borne of experience about what will work politically\(^{(219)}\).

Underpinning the call for accountability is the assumption that better use of evidence will result in more cost effective solutions to policy problems. Many proponents of evidence use reflect Davies’ view that when relevant evidence is judiciously applied to a problem more effective policy solutions result \(^{(319)}\). Whilst cost impact analyses are often included in policy formulation and implementation planning, the processes for fully investigating a range of policy options are often hindered by weak tools and inadequate data\(^{(320)}\). As a result, analyses of the distribution of benefits and costs are generally less prominent than single summary measures of the preferred policy option \(^{(321)}\). Moreover, when evidence based cost-effectiveness models do exist for obesity prevention policy options they are ignored by policy decision makers\(^{(89,322)}\).
Developments of ‘evidence use’ in policymaking and medical practice

The idea of evidence-informed as distinct from evidence based has emerged independently in the policy literature and the EBM literature\(^{(20, 21)}\). As Table 9 above shows, both ‘evidence-informed’ and ‘evidence aware’ are less direct patterns of evidence use.

The explicit inclusion of individuals’ values in decision making processes also appeared about the same time in policy and practice decision making\(^{(323)}\). Alongside the rise in patient-centred healthcare, a number of countries have pursued structured policymaking processes using citizen juries or policy dialogues for deliberately soliciting the views and values of civil society groups\(^{(324-326)}\). Interestingly, the EBM literature places more emphasis on the inclusion of values as an integral component of EBM than is apparent in the evidence-informed policy literature.

5.3.3 Relevance to Public Health Nutrition

Whilst public health shares many characteristics with its sub-discipline, public health nutrition, several unique features are apparent when considering the relevance of key concepts from the evidence-informed policy, political science and social interaction literatures. Public health nutrition is concerned with the influences on people’s food and nutrition-related behaviours, and the relevant health, ecological, political, economic, cultural and social factors. Attention is paid to issues that affect the whole population with an emphasis on promoting health and preventing disease.

In 2006 the World Public Health Nutrition Association adopted the now widely accepted definition of public health nutrition

“The promotion and maintenance of nutrition-related health and well-being of populations through the organised efforts and informed choices of society”\(^{(327)}\).

The nutritional science roots of the discipline span from the molecular nutrigenomic level to population level concerns with social and cultural influences on nutritional health. Early in the 21\(^{st}\) century a holistic approach to understanding the food – health relationship emerged, known as “New Nutritional Science’. This approach seeks to integrate the social (cultural, economic and political), environmental and biomedical aspects of nutritional health\(^{(39)}\).
The ‘new public health’ context for public health nutrition focuses on the social, economic, political and cultural factors influencing disease, in addition to traditional public health concerns about physical infrastructure. As in the broader area of public health an integrative approach is taken when considering evidence generated by epidemiology on causes and patterns of disease in populations, alongside contextual evidence produced by social science methods(38).

For example, Lawrence and Worsley’s conceptual framework applies the three core public health conceptual approaches to public health nutrition: socio-ecological, lifestyle and biological(39). Their framework highlights how each approach leads to a different framing of problems and solutions in public health nutrition. The framework implies but does not make explicit the differing types of evidence needed to support decision making following each approach. However, guidance is given on applying the principles of evidence based medicine, in that the ‘best available’ evidence should be used with each approach. Complementary integration of all three approaches is proposed to be the best way for addressing many public health nutrition issues.

Public Health Nutrition Policy at an evidence intersection
Unlike many other types of public health policy, public health nutrition policy faces an additional challenge. Eating food to provide nutrients is different from other behaviours because everyone must eat regularly to sustain life, unlike the practices of smoking or consuming alcohol(328). Furthermore, public health nutrition has social, economic, and environmental as well as biological and behavioural dimensions. Public health nutritionists argue that nutrition-related health, well-being and disease have basic underlying as well as immediate causes(3,43). Consequently, decision making in public health nutrition can be conceptualised as being at the intersection of bio medically based nutritional science and social science. Positivist science has generated a knowledge base of cause and effect mechanisms, which map the interactions between individual nutrients and health status. Randomised control trials (RCTs), however, are not considered appropriate for exploring the relationship between food and health(17,329). Food comprises many substances that are subject to natural variations in quantity. Nutrients in isolation behave differently than when they are located in food. For example, nutrients interact and affect the bioavailability of each other, and the food matrix itself influences the way some nutrients are metabolised in the body(330). Furthermore, people eat food rather than nutrients, and the environmental influences on food choice are complex, contextual and contingent upon many factors(43). At
an individual and population level, dietary patterns are determined by a large number of factors most of which are well suited to study using social science tools. To explore these pertinent issues further, the recent evolution of the evidence base for nutritional science is reviewed, followed by a brief consideration of social nutrition and two frameworks for integrating broadly based nutrition evidence.

Nutritional Science
Systematic reviews of RCTs are widely seen as being appropriate for developing policy recommendations on single nutrients, such as establishing Dietary Reference Intake (DRI) values, as the basic science is well understood\(^3, 43, 329, 331\).

However, the need for an alternative approach to assembling evidence for prevention of nutrition-related diseases has been recognized for some time. In 2002 Mann argued, “Recommendations for the prevention and treatment of selected diseases will be considered in the context of their evidence-base”, on the grounds that randomised control trials or meta analyses of such trials are inappropriate for testing potential nutritional guidelines\(^17\). This argument distinguished the pathological basis for nutrition-related disease from other chronic diseases by highlighting the high levels of uncertainty around the role of specific nutrients throughout the stages of disease progression. For example, nutrients that may be important in the early stages of a disease process will not be influenced by a clinical trial commenced too late to make a difference, or a trial may not be continued for sufficient time, or dietary compliance may be questionable. Furthermore, it is conceivable that some nutrients or foods are protective only when consumed with another nutrient or group of nutrients. To address these issues, Mann proposed a three level hierarchy of evidence for nutritional recommendations, summarised in Table 10 below. Underpinning all three levels of evidence is expert consideration of biological plausibility.

The World Cancer Research Fund (WCRF) 2007 report, “Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective” reflected a similar although more limited approach to evidence classification in recommending interventions on the basis of ‘convincing’ or ‘probable’ levels of evidence. The WCRF approach reflected their deliberately narrow focus on food, nutrition and physical activity factors linked with the risk of cancer. In the WCRF process an expert panel judges the evidence to be ‘convincing’ or ‘probable’ as either protective against or causative of cancer at specific sites. For
example, the WCRF has identified a ‘probable’ level of evidence of risk for weight gain from the consumption of energy-dense foods.

**Table 10. Suggested levels of evidence for nutrition recommendations**

**Convincing (A)**

Several randomised controlled trials, appropriate duration, power and quality, showing consistent effects; and/or

Consistent associations in appropriate epidemiological studies (usually prospective cohort) plus consistent experimental studies demonstrating favourable effect*.

**Probable (B)**

Randomised controlled trials and prospective studies may not be entirely consistent or may have shortcomings (e.g. trials may be of short duration or include insufficient numbers; prospective studies may include cohorts of insufficient size or have incomplete follow-up. Some data may be from non-randomised trials.

Experimental studies confirm favourable effect on risk factors.

**Possible (C)**

Epidemiological evidence based principally on case control and cross sectional studies. No good randomised controlled trials or prospective studies. Some experimental studies confirm favourable effect on risk factors.

*Suggested definition for experimental studies: Meticulously conducted and controlled studies in relevant groups of individuals (usually those at risk of developing, or with, a particular condition), involving dietary manipulations over a period of weeks or months and with acknowledged clinically relevant endpoints (biological markers or established risk factors).

Source: Mann, 2002(17)

Interestingly, an earlier version of these levels of evidence from the WCRF 1997 report rated evidence as convincing, probable, possible or insufficient for a positive, a negative or no relationship between the variable and cancer. This approach was used in developing the nutritional recommendations relating to all chronic diseases in the 2003 WHO/Food and Agriculture Organisation (FAO) technical report on Diet, Nutrition and the Prevention of Chronic Disease(332). The WHO’s approach included expert opinion to identify factors that might promote or protect against weight gain. A probable level of evidence was accorded to the heavy marketing of energy-dense foods as a risk factor for obesity(4).
Social Nutrition

Social nutrition research attempts to answer questions on how to initiate and sustain nutrition behaviour change at the individual and or group level. Internationally, the evidence base for social nutrition is limited as evaluation of the effectiveness of different strategies, programmes and policies has been slow to occur. Whereas empirical evidence on the magnitude of nutrition-related health problems such as obesity is well established and is known to be used in setting policy agendas\(^\text{[74,333]}\). The paucity of evidence on influencing factors and effectiveness of various interventions has been a major hindrance to policy formulation. Some governments use the absence of strong evidence as a reason for not developing policy. In a notable Australian case, the absence of intervention evidence on obesity became the catalyst for funding an evaluation. However, in spite of agreed evaluation parameters and inclusion of a logic model and appropriateness factors, the lack of compelling evidence for effective interventions prevented the government developing what would have been a controversial policy on food advertising\(^\text{[333]}\).

More recently senior public health nutrition researchers have been promoting use of the ‘best available evidence’ rather than waiting for the ‘best possible evidence’ to become available\(^\text{[329,331]}\). These researchers are encouraging policy makers to use the totality of the best available evidence to inform their decisions and not forgo immediate benefits by deferring action on urgent issues such as obesity prevention. Endorsement for this approach from the WHO is evident in the provision of tools for generating evidence from policy evaluation and encouragement for governments to learn from policy evaluations in other countries\(^\text{[334]}\).

Integrative Evidence Frameworks for Public Health Nutrition Policy

A number of recent frameworks promote the use of broadly based evidence for public health nutrition policy making. These capture the unique features of the public health nutrition evidence base and a growing awareness of the role of broadly based evidence in policy development. Three high profile international integrative frameworks are reviewed below.

The 2010 Statement by the Institute of Medicine (IOM) ‘Bridging the Evidence Gap in Obesity Prevention. A Framework to Inform Decision making’ regarded by many nutritionists as the turning point for evidence use in nutrition policy on more than one nutrient (see fig. 4)\(^\text{[329,331,335]}\).
Figure 4. IOM L.E.A.D framework to inform decision making about obesity prevention\textsuperscript{(335)} (reproduced)

It is noteworthy that the IOM statement was a response to sustained calls from policymakers for clear evidence around what to do to prevent obesity and the conclusion that current evidence\textsuperscript{\textquoteleft did not have the power to set a clear direction for obesity prevention across a range of target populations\textquoteright\textsuperscript{\textsuperscript{(335)}}}.  

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The “Locate evidence, Evaluate evidence, Assemble evidence and inform Decisions” (LEAD) framework aims to provide guidance on processes for considering a broad range of types of evidence. This framework acknowledges the unique features of the evidence base for nutrition by making explicit the need for a range of approaches to judging validity and reliability. As well-specified user-needs rather than an existing evidence base drive the processes, the framework exemplifies core elements of Policy Synthesis and Cochrane Public Health approaches. These approaches are more likely to produce outputs that will be acceptable to specific policy communities. However, as the LEAD framework is relatively recent its usefulness has not yet been tested.

By contrast, the International Obesity Taskforce’s (IOTF) framework for translating evidence into action in obesity prevention takes a different approach to stakeholder involvement. This process starts with evidence and limits stakeholder involvement to the last step to ensure implementation implications are addressed\(^{(74)}\). Again, a broad definition of evidence is used although in a more prescriptive manner, specifying the type of evidence relevant to each of five stages of policymaking. The IOTF framework does emphasise the need for financial risk assessment which is more implicit in the LEAD ‘systems perspective’ component. Giving policymakers criteria for making their decisions is a novel aspect of the IOTF framework.

A notable absence from either framework is the use ‘evaluation evidence’. This omission may be interpreted as a reflection of the low profile evaluation evidence has in the public health nutrition literature.

Unlike the previous two frameworks the WHO’s framework for developing nutrition guidelines illustrates the inclusion of a broad range of stakeholders at the commencement of the process\(^{(336)}\). These process guidelines recommend the convening of a committee of scientific and medical experts, implementation specialists, potential stakeholders and consumers to consider systematic reviews and apply GRADE (grading of recommendation, assessment, development and evaluation) methodology to assess the overall quality of the evidence. While the LEAD framework includes an evidence generation step and deliberately identifies available evidence, the WHO processes commence by grading available evidence. Whilst this may reflect the WHO’s narrower focus on evidence for nutrition guidelines, it does imply that a narrower range of evidence is being considered.
In summary, public health nutrition is based on a number of scientific disciplines. Marks argues that developing an agreement on the type of evidence relevant for any policy requires the adoption of an epistemological framework. From the discussion above it is evident that public health nutrition requires a framework that integrates evidence on process, subjective experiences and sociocultural meanings with evidence on the effects of interventions and knowledge of biological plausibility.

Pragmatism underpins the nutrition community’s arguments for a flexible and adaptable approach to using evidence appropriate to the decision. There appears to be widespread support for considering the totality of the best available evidence when complete evidence is not available. Support also exists for exercising judgement on when the evidence from various sources is adequate to justify a ‘convincing’ or ‘probable’ causal connection, and be considered a sufficiently robust basis for action. Challenges in framing public health nutrition policy

Applying meta policy and policy frame ideas to public health nutrition policy raises another set of challenges. Indeterminacy in health is generally understood as the ease with which complex health issues are framed as part of a wider issue, which then creates large uncertainties as to how to best resolve the issue. For example, the rapid increase in obesity has been variously attributed to genetic factors, poverty, imbalance in the food supply, agricultural policy, a rise in the availability of commercially produced fast foods and a reduction in physical activity. Obesity is, therefore, considered an excellent example of an indeterminate health problem. The resulting multiple and hierarchical causal pathways are creating a policy area that has no apparent boundaries.

According to Shelley and others, ‘obesity’ is a policy frame for excessive overweight in individuals and populations. Whilst in common use politically and publically obesity refers to an outcome and so directs attention away from causes. As a result, numerous contests flourish around causal pathways, creating considerable confusion as to the best way to address the problem. Reframing obesity as ‘caloric overconsumption’ shifts attention to the causes of obesity, particularly environmental determinants, and suggests a narrower range of policy options. Adopting the frame of a systemic problem where risks are involuntary directs attention to policy areas that already have an extensive evidence base and the need for new meta policy arrangements. Miller and others argue that such
reframing is needed to cut across calls for more evidence that have succeeded in delaying action in most countries\(^{(73, 280)}\).

However, the public health interests promoting this environmental determinants frame and evidence base do not accommodate the interests and frames of the food industry. Michaels believes there is a high probability that the industry will not disprove the evidence that caloric overconsumption causes obesity, but continue to create uncertainty and doubt around the evidence\(^{(339)}\). As discussed above, framing contests are not usually resolved by the scientific method as powerful rhetoric and the credibility of advocates have more influence.

**Summary**

The policymaking literature describes three levels in the policy process where evidence use can be suppressed or promoted. Traditional ways of understanding policymaking need to be considered alongside the literature on the power of the State being tempered by that of other institutions. This suggests that the role of groups outside government in advancing evidence-informed policy processes needs greater recognition. From the literature on emerging forms of government it is clear that industry groups have a rationale for increasing their role in addressing issues that were previously the responsibility of taxpayer funded governments. Critics argue that the absence of a public health perspective and lack of transparency in private-public partnership arrangements means that this form of governance does not serve the public good.

The literature on public servants highlights the range of ways individuals exert influence over the policy process and are themselves influenced by their surrounding politics. From models of social influence, it is clear that an individual’s social position and role are strong indicators of their ability to influence others. In addition, the characteristics of a particular policy community’s social networks are important determinants of the level and type of influence possible. Bringing together the literatures on opinion leaders and network homophily characteristics highlights the need for social influence strategies to be network sensitive. Additionally, the idea of resource dependence and mutuality sustaining relationships over time and across issues emphasises the importance of relationship trust.
In relation to public health nutrition policymaking, the strong arguments for policy stakeholders to synthesise broadly based evidence reinforces the parallel arguments in the evidence-informed policy literature for evidence to be defined broadly and interactive processes to be valued. However, the nature of the current evidence base in public health nutrition poses some challenges to pursuing these approaches. Several recent frameworks for integrating broadly based nutrition evidence reflect a growing acceptance that the ‘best available’ evidence may provide a sufficiently robust basis for policymakers to take action. The varying approaches to stakeholder involvement in evidence synthesis processes indicate that the public health nutrition community has yet to fully embrace insights from the evidence informed policy field.
Chapter Six: A framework for advocating evidence use in public health nutrition policymaking

Introduction

An explanatory framework is proposed for advocacy for using evidence on the assumption that ‘evidence use’ needs a voice in policymaking discourse and practice. The Advocacy for Evidence Use (AEU) framework was published by the researcher and supervisors in a paper entitled ‘Evidence-informed health policy – the crucial role of advocacy’ (see Appendix 1). The framework is based on the value proposition that evidence will assist the public health nutrition policy community in more effectively identifying and implementing policy solutions. Evidence can also add credibility to a political position, as it allows problems to be framed in way that identifies solutions and enables agreement across political interests. When used in this way in the public interest, evidence has the potential to make the policy process more transparent and increase the probability that the desired policy outcome will be achieved. The AEU framework highlights the use of means type evidence on policy making alongside the use of ends type evidence on policy issues.

This chapter sets out a conceptual framework that promotes advocacy for the use of evidence in public health nutrition policymaking. As the framework sits within the wider evidence-informed policy field, the rationale, aims and limitations are addressed in some detail. Social influence theory provides a strong basis for the argument that the use of evidence will be enhanced when advocates exert their influence in three areas: meta policy, deliberative policymaking processes and to sustain relationships across the policy community.
6.1 The rationale for advocacy in promoting evidence use

Social network analysis and social interaction theory offer tools for understanding the mechanisms that enable evidence to be assembled and used effectively. Network perspectives highlight the role of strong links between individuals on the adoption of complex ideas\(^{(293, 302, 307, 341)}\). Together these concepts provide a platform for examining the role of advocates in promoting the use of evidence.

Furthermore, the advocacy role of policy actors has not been systematically examined beyond three lines of enquiry: Nutley et al.’s application of diffusion of innovation frameworks to the idea of evidence use; Sabatier et al.’s Advocacy Coalition Framework; and Greenhalgh et al.’s systematic review of diffusion of innovation in health service organisations\(^{(29, 237, 271)}\).

To construct an argument for the effective role of advocates, the literature review explores social influence concepts and evidence use through deliberative and iterative processes. Early work established that informed debate between groups who have access to the same evidence and the skills to critique data and theory lead to the adoption of new viewpoints and acceptable policy solutions\(^{(21)}\). These findings are complemented by the opinion leader literature showing that some individuals can persuade reluctant peers to shift their thinking\(^{(236)}\). In addition, the newer collaborative models of governance suggest that there are opportunities for individuals with social network skills to influence the way policy is developed as these new meta policy arrangements are being initiated\(^{(36)}\).

Theoretical position

Nutley argues that the inherently complex nature of policy making means that evidence influences policy through a diverse range of mechanisms. Consequently ‘multiple footbridges’ are needed to explain and facilitate evidence use\(^{(215)}\). Nutley’s proposition is illustrated in Table 11 below showing the differing understandings of advocacy in the four dominant approaches to evidence use. As these approaches are based in different disciplines, knowledge utilisation, political science, management and social psychology, each offers unique insights on advocacy for using evidence. Three linked analytical frames reveal these alternative ways of understanding advocacy:

**Underpinning disciplines:** The extent and nature of interdisciplinary synthesis is evident in the way multiple factors are considered.
The dominant frame of a typical model and the way in which this is operationalised: How a model frames the problem of evidence use and the parameters for an acceptable solution identifies which areas are addressed and which are ignored\(^{(342)}\). Any operational recommendations reflect the extent to which theory and practice have informed and tested each other.

**Context:** The way models incorporate context reflects the weighting given to the political, institutional, cultural and structural factors that influence evidence use\(^{(98)}\).

Models representative of each approach are given in Table 11 below to help illustrate the value of multiple understandings.

This summary of approaches indicates that advocacy for the idea of using evidence needs to span multiple levels and processes. Whilst each approach has produced valid claims, none independently provides a complete understanding of how influential relationships impact on the use of evidence in policy processes. A number of challenges remain for developing a systematic, coherent and comprehensive understanding of the critical factors and to bring them together in a framework. I propose examining the role of individuals and coalitions in advocating the idea of evidence use at the meta policy, decision making and societal levels. As the evidence based medicine movement has illustrated, effective advocates can play a major role in changing rules, processes and systems\(^{(343)}\). The proposed framework will contribute a structured approach to understanding the role of advocates in enhancing evidence use in public health nutrition policy making.

To make a useful contribution to the evidence-informed policy field and in recognition of the complexity of public health nutrition policy making, the proposed framework will adopt Greenhalgh’s recommendations that further research on evidence use in health policy have the following attributes:

- Theory-driven, in seeking to refine understandings of one mechanism by which evidence use may or may not be enhanced;
- Process-oriented by illuminating aspects of the policymaking process signposted in the literature as being where advances in evidence use are possible; and
- Ecological in approach in being cognisant of the reciprocal interaction between the meta policy environment and policymaking processes\(^{(203)}\).
Table 11. Contribution of dominant evidence-informed policy approaches to understanding advocacy

<table>
<thead>
<tr>
<th>Approach Model(s)</th>
<th>Underpinning disciplines</th>
<th>Dominant frame</th>
<th>Context</th>
<th>Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td>Research Utilisation Communication Social constructionism</td>
<td>Sustained, intentional communication between research and policy community paradigms</td>
<td>Organisational systems</td>
<td>Value of sustained communication in developing shared understanding, mutual trust Advocacy needs to consider politicians’ social values</td>
</tr>
<tr>
<td>Two communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Application Management Concepts</strong></td>
<td>Managed processes</td>
<td>Increasing evidence use through staged processes</td>
<td>Single organisations</td>
<td>‘Idea’ of evidence use</td>
</tr>
<tr>
<td><strong>Diffusion of innovation Knowledge management</strong></td>
<td>Manage adaptation to fit implementation context</td>
<td></td>
<td>Individual, group and organisational level</td>
<td>Adapt evidence to context</td>
</tr>
<tr>
<td><strong>Empirical Pragmatism</strong></td>
<td>Types of evidence, types of evidence use Integration of social network, political science and knowledge utilisation fields</td>
<td>Multiple factors, relationships, quality of evidence base, inter-sectorial learning, evaluation</td>
<td>Focus is political, institutional, cultural and structural factors</td>
<td>Importance of context at policymaking systems level Developing agreement over evidence base a key issue Capability factors include political and organisational incentives</td>
</tr>
<tr>
<td><strong>Political Science Meta Policy</strong></td>
<td>Processes for establishing decision making rules</td>
<td>Influence of policymaking systems on evidence generation and use and policy evaluation</td>
<td>Systems level institutional context</td>
<td>Influencing meta policy in favour of increased evidence use</td>
</tr>
<tr>
<td><strong>Advocacy Coalitions</strong></td>
<td>Shared beliefs</td>
<td></td>
<td>Policy level advocacy</td>
<td>Coalitions views influence way evidence</td>
</tr>
</tbody>
</table>

Source: Author
6.2 The Framework: Advocacy for Evidence Use

6.2.1 Aims

The overall aim of the framework is to explain and advance the use of evidence in public health nutrition policy making.

The first specific aim is to explore how advocacy by individuals can influence when, how and why evidence is used in the policy process. Based on the premise that advocacy is needed to enable policy-relevant knowledge to be used, the framework explores how advocates can bring about processes that favour the systematic, rigorous and transparent use of evidence. For this outcome to be achieved, advocacy needs to be in the public interest, which means the deliberative consideration of evidence from a range of sources that reflect the common good, rather than one piece of evidence or evidence supporting a particular vested interest\(^{(344,345)}\).

The second specific aim is to promote the benefits of using evidence. This proposition extends previous work that established the process for developing new viewpoints and policy solutions through informed and open debate between groups who have access to the same evidence and the skills to critique data and theory\(^{(21)}\).

As the political influences on health policy making are well established the third specific aim is to advance the role of advocates for evidence use\(^{(275,286,346)}\). This aim focuses on exploring how influential advocates can positively or negatively influence the use of evidence.

The framework is intended for public health nutrition policymaking as it aims to provide a tool for capturing the influence of multiple stakeholders for the important issues in this policy area.

6.2.2 Overview and assumptions

The Advocacy for Evidence Use (AEU) framework is proposed as a way of thinking about the mechanisms underpinning the way advocates influence when, how and why evidence is used in public health nutrition policymaking. The framework is based on a three-fold hypothesis:
1. Advocacy will enable policy-relevant knowledge to be used.

2. Advocates for evidence use are capable of shifting processes towards the systematic, rigorous and transparent use of evidence.

3. Advocacy will advance evidence use in the public interest.

The framework sets out the three levels where influential individuals who advocate for the use of evidence are most likely to bring about positive change (see fig. 5). The meta policy level component proposes that advocates need to influence the ‘rules’ for policymaking. The policymaking level component captures the need for advocacy for sustained relationships between policymakers, members of the wider policy community and researchers. The society level component proposes that evidence use advocates need to exert influence to bring about the deliberative and transparent consideration of broadly based evidence. The double-headed arrows in the inner circle capture the proposition that advocacy at each level can reinforce or precipitate advocacy in another level. When advocacy is effective at two or more levels there is increasing confidence that a range of evidence is being used systematically and producing effective policy. Effective advocacy at all three levels should guarantee this outcome. Each advocacy component, portrayed as a square box outside the circle, identifies a role for advocates to intentionally use their interpersonal influence skills to bring about change in the public health nutrition policymaking processes. This identification of advocacy targets is a major point of difference from Sabatier's ACF, where each coalition identifies advocacy targets based on the policy issue.

In the framework, when policy-relevant evidence is referred to, the broad definition given in Chapter 3 Section 3 applies. Research means evidence produced by the scientific process and disseminated through publication. ‘Evidence use’ refers to the influence evidence has on the way an issue is understood.

Assumptions

The scope and claims of the proposed framework need to acknowledge; the complexity of policymaking, the multiple stakeholders in public health nutrition policy and the evolving theoretical and empirical work in evidence-informed policy. Five assumptions define the boundaries of the proposed framework:
1. Evidence use in policymaking is a multi-dimensional process. Factors need to be considered at the institutional, policy maker, researcher and societal levels.

2. Agreement over the desired policy outcome is not assumed, as there is a level of controversy in every policy process. Resolution of controversy is more likely to occur when transparent processes are used.

3. Processes for abandoning policy-relevant evidence offer useful insights into evidence use, as do the processes where policy-relevant evidence is used.

4. Evidence is not neutral. Power can influence who authored, sponsored and advocated for using particular bodies of evidence. Power can also influence how heterogeneous evidence is synthesised and whether evidence is part of an agenda and how evidence is used, adapted or rejected.

5. The policy context exerts influence on how evidence has an impact. Specifically the narratives and discourses among policymakers and the degree of openness of the process.

Figure 5. The proposed Advocacy for Evidence Use Framework
6.2.3 Three components of the AEU framework

1. Meta Policy Level
This component proposes a role for opinion leaders to diffuse the idea of evidence use at the structural level of meta policy. Advocacy is for the systematic use of evidence to become embedded as a significant policy input in institutionalised policymaking processes. These influential individuals are advocating for systematically generated evidence to be a valued ‘voice’ in informal processes, as a necessary part of any influential argument. Because meta policy plays a major role in determining how evidence is sought and used and is pliable, it is a priority area for advocacy. The advocates are recognised opinion leaders, those psychologically strong, influential individuals who are able to establish and sustain evidence inclusive rules for decision making. Their leadership is needed to change the formal and informal policymaking rules around the use of evidence in public health nutrition.

Consideration of advocacy at the meta policy level also raises the profile of transparency issues. Advocates will be arguing for open policymaking processes where all evidence is systematically reviewed.

2. Decision making level
This component proposes that advocacy is needed at the policymaking level to establish and sustain the interactions that allow evidence and policy issues to inform each other. Here, opinion leaders are advocating for trusting relationships between members of the policy community to enable a broad range of evidence to be considered and new, shared perspectives to emerge. Their advocacy goal is relationships existing through periods of political upheaval, across issues and over time because the policy community values the resulting mutual benefits.

Persuasive individuals within the policy community who value the conceptual use of evidence are the advocates for these on-going, trust-building relationships. These advocates believe that well considered evidence offers the policymaking process enlightened perspectives on problems and solutions. They argue that the new views that develop over time from stable trusting relationships will enhance the likelihood of a successful and long-lasting policy outcome.
This proposal acknowledges the role of opinion leaders for introducing new ideas. In this case, the idea is the benefit of more effective policy being brought about by a policy community committed to robust, mutually valued decision making processes.

3. Society Level
The society level component proposes advocacy for inclusive processes at a society level that promote the inclusion of a range of evidence types. Opinion leaders are advocating for deliberative and pluralistic approaches to policymaking to produce an agreed policy frame and ‘well-informed’ policy.

These society level processes to enhance evidence use include:

- Promoting the use of a range of types of evidence, including evidence from civil society stakeholders.
- Collaborative processes for agreeing on the definition of the policy problem, parameters for its solution and evaluation. The processes include considering what was not working before and why.
- Acknowledging that most public health nutrition policy includes a behavioural aspect and so identifying the causal mechanism for the policy problem is critical.
- Including societal values when a policy frame is being agreed because values play a major part in a society’s ‘cultural rationality’ on health issues, and are useful in resolving controversies that are not resolvable by more evidence.
- Intentionally reviewing evidence-informed policy ideas from other policy areas.
- Facilitating ‘policy dialogues’ where participants engage in iterative frame reflections.

Contextual factors
Two wider contextual factors are included in the framework; the body of policy-relevant knowledge and evidence-informed policy. These are depicted as relating to the processes inside the policymaking circle, (see fig. 5). The double-headed arrow between policy-relevant knowledge and the process circle identifies that the body of knowledge is shaped by, and also shapes, a broad range of policy inputs. The link from the policy process circle to evidence-informed policy indicates the outcome of effective advocacy for evidence use.
at some or all levels. The arrow from evidence-informed policy-to-policy-relevant knowledge signals the value of policy evaluations.

6.3 Value of the AEU Framework

By capturing the importance of individuals exerting influence on when, how and why evidence is used in policymaking the framework seeks to advance the agenda of evidence use in public health nutrition policy. With the assertion that evidence use needs a voice, advocacy is promoted as a social influence mechanism that will help ingrain the use of evidence in public health nutrition policymaking. This central proposition provides a deeper understanding of the role of advocates in bringing about processes where the systematic, rigorous and transparent use of evidence becomes an accepted and valued practice.

In highlighting three areas where advocacy is most likely to enable evidence use to become embedded in policymaking processes, the framework identifies targets for intervention. The use of the public interest frame for using evidence encourages the use of evidence from a range of sources, and clarifies the advocate’s role.

The framework is unique in integrating advocacy concepts with key ideas from recent work in evidence-informed policy. Relevant factors are highlighted at structural, process and society levels by bringing together insights on interpersonal influence with understandings about evidence use in policy-making. This three level approach helps to address the complexity inherent in public health nutrition policy processes.

In acknowledging that power is exercised throughout the policy process, the framework adopts the novel stance that powerful evidence use advocates are well placed to shift the policymaking discourse. As decision making in the public health sector has begun to change in response to calls for greater policy efficacy and efficiency, the environment is potentially receptive to fresh approaches to policymaking.

Limitations

The AEU framework does represent an ideal and so caution is warranted in using it solely as a tool for assessing advocacy. Greater value will arise from using the framework to explain the barriers to and facilitators of evidence use and as a guide to advocacy to advance the use of evidence in public health nutrition policy making.
As the diagram model of the AEU framework shows, each component is part of the whole system potentially reinforcing or impeding the other components; therefore, individual components cannot be examined in isolation. The two-way arrows between the components illustrate this interrelationship and identify the in-built feedback loops.

6.4 Political influences, the rival explanatory framework

The influence of interest groups on the framing of policy issues including public health nutrition, and in shaping political agendas is widely reported\(^{(11, 115, 244, 245, 286)}\). Also well known is use of the ‘scientific uncertainty’ tactic by powerful groups to advance their own agendas\(^{(115, 339)}\). In these circumstances power is used to explain the influences on what evidence is used, when it is used, how it is used and the political agendas of the powerful. The construct of ‘interests’ describes the exertion of power by structurally influential groups\(^{(251)}\). From the review of the public policy and political science literature (Chapter 5, section 3), it can be seen that various political interests exert influence at the policy decision making, process and structure levels. Sabatier’s ACF offers one explanation for the influence of structural interest groups on policy agendas and debates\(^{(347)}\). In the ACF, coalitions advocate for evidence-informed policy solutions that serve their interests, demonstrate political awareness and the ability to apply learning from previous advocacy attempts.

These interpretations of influence of political forces on policy making provide the basis for the rival framework, which proposes that the exercise of power explains the impact advocates have on what, when, why and how evidence is used. Attributing the use of evidence use to political forces highlights the role of interest groups and individuals acting in pursuit of their own interests.

The exercise of power adds another layer of complexity to examining advocacy for the use of evidence. In addition to being the rival explanatory framework, the political dimension of evidence use is acknowledged in the AEU framework. The ability of individuals to influence others underpins the proposition that advocates can bring about an increased use of evidence. However, the AEU framework highlights the transparent use of evidence on the assumption that openness hinders the politically motivated, covert use of evidence. In general, transparency occurs when agreed, rigorous and acceptable structured processes are employed to assemble a range of information sources and values\(^{(10, 179)}\). This is not a naïve
position; rather one that acknowledges that the powerful are in a position to enhance the use of evidence in policymaking processes.

Conclusion

The interrelated components of the AEU framework and surrounding context provide a novel approach to evaluating and predicting the impact of advocacy for using evidence. Because the three components complement each other a broad range of factors can be considered in a particular policy context, giving the AEU framework practical applicability. Of equal importance is the analytical and predictive strength of the interrelating parts. When positive outcomes from two or more components are achieved, the conditions for successful evidence use advocacy are enhanced. Advocacy at the meta policy level will enhance the opportunities for sustained relationships and deliberatively structured processes. Alternative or additional use of intentional processes to produce well-informed and successful policy will support the efforts of advocates at the meta policy level trying to strengthen the policymaking rules. In promoting change to the policymaking process itself, the AEU framework takes a different position from others who identify the considerable influence of interest groups on policy processes. In proposing new ideas about causes and solutions the AEU framework seeks to advance understanding of evidence use in the public interest.

The proposed framework and these hypothesised dynamics are central to the assessment of advocacy for using evidence in a case study of public health nutrition policy. The following chapters illustrate how the framework informed the data collection (Chapter 7), analysis of results (Chapters 8 & 9) and provided the structure for the Discussion (Chapter 10) and Conclusion (Chapter 11).

The purpose of raising the profile of advocacy for using evidence is to focus on the principles and processes of advocacy, rather than be prescriptive as to activities. The intent is to advance the role of a well-known political mechanism, advocacy, as the means of enhancing evidence use for the common cause.

Policymaking processes are under pressure. Both evidence use processes and policymaking processes are capable of change when key individuals have enlightenment type shifts in their understanding of an issue and its solution. As governments wrestle with challenges
from global calls for increased accountability, greater complexity in public health nutrition issues and limited resources, an environmental opportunity is emerging for new approaches to evidence-informed public health nutrition policymaking. The AEU framework offers a timely new approach to policy processes by encouraging advocacy action.
Chapter Seven: Methods

Introduction

A review of qualitative research methodologies suitable for policy case study research was undertaken to inform the case study design, data gathering and analysis. Literature on qualitative enquiry was primarily obtained from textbooks and e-books held in the University of Otago Libraries. In addition, published papers were obtained from searches of the Proquest database, using a combination of the search terms: ‘qualitative’, ‘methods’, ‘enquiry’, ‘health’, and ‘policy’.

Rice and Ezzy advised that the first step for qualitative research is to identify the theoretical framework within which their study is being conducted, the substantive issue being investigated and the desired outcome. They have observed that in practice the last two of these issues are frequently the starting point\(^{(348)}\). The overall aim of the present research is to work within the discipline of public health and develop a framework for advocacy for evidence use in public health nutrition policymaking in New Zealand. Public health theory arises from the integration of several disciplines to produce synthesized, contextualised understandings. As the substantive issue being investigated is one aspect of policymaking, health policy theory is useful for examining the complex factors that influence evidence use in policy processes. Health policy analysis captures the role of multiple actors, political, evidence and contextual factors by examining the interactions between institutions and interests in the policy process\(^{(274, 349)}\). This focus on interaction suits the substantive issue being investigated; how advocacy for using evidence may bring about more and better use of evidence.

Because this study sought to develop an explanatory framework from a real world case study, a deductive approach was used to refine a conceptual framework developed from the literature. Case study interview data was used to explore how convergent and divergent views on the ability of the framework to explain advocacy for using evidence. To prevent the defined framework constraining learning from the case study a grounded theory
approach was used concurrently to explore emerging new explanatory themes. Grounded theory method guides the systematic generation of theoretical hypotheses from data collected by a number of methods\(^{(246)}\). The rival hypothesis was investigated using the same dual approach.

The case study on food marketing to NZ children was devised to assess the AEU conceptual framework within the context of public health nutrition policy. The case study addresses the following research questions:

The overarching question: ‘How adequately does the Advocacy for Evidence Use framework explain the role of evidence advocates in facilitating evidence use?’ From this three specific questions arise:

1. How and why does advocacy at the meta policy level for evidence-inclusive processes influence the policymaking rules?
2. How and why does advocacy for sustained relationships among members of the policy community shape the policymaking process?
3. How and why does advocacy for the deliberative use of transparent and collaborative policy inputs change the process?

A rival explanatory framework generates the last question:

How and why does political influence explain the impact of advocacy for using evidence?

These questions have arisen from an extensive literature review, which led to the understanding that multiple contextual factors influence advocacy for using evidence. For this research, the contexts identified were meta policy, relationships between members of the policy community and deliberative policymaking processes including those of civil society.

7.1 Research Design

Two factors provoked the use of a case study research design. First was the aim to develop an understanding of the political and social conditions that allow advocates to influence ‘real world’ nutrition policymaking. As this understanding is derived from the ‘lived’
experiences of individuals involved in policy making, the case study method provides insights into the messy real world and the contextual factors that influence decision making. Researchers have no control over these circumstances and so the use of experimental intervention methods is inappropriate\(^{(46)}\). The case study method is well suited to policy research on evidence use as knowledge in this field is situated in public health policy contexts that are socially constructed and emerging\(^{(47,349)}\).

According to Yin the case study approach is appropriate for answering ‘how and why’ questions because it seeks to explain phenomena by tracing the operational links over time, rather than reporting frequencies or incidence\(^{(46)}\).

The case study method enabled a range of sources of evidence to be considered. Interviews of people involved in the process, direct real time observation of events and document analysis were all important sources of data for a study of contemporary policy processes. Other research designs generally rely on fewer methods, for example history relies on historical document analysis as there is little access to actual events and limited scope exists to fully uncover underlying mechanisms and answer the ‘how and why’ questions\(^{(46,47)}\).

A primary weakness of case studies is potential for lack of rigor. Design of the study therefore, paid attention to defining a specific research question and developing a rationale for the methods that addressed the specific needs of the topic\(^{(46,350)}\).

### 7.2 Case selection

This thesis is based on one exemplary case study, food marketing to NZ children. The scope of this case is limited to the major broadcast media used by food advertisers: television, websites and SMS messaging. There is a growing literature on the evidence for and against the relationship between marketing and overweight/obesity and a substantial literature on policy options in response to the evidence. Policy stakeholders in NZ are able to provide insights into the factors influencing the use of evidence in government policymaking processes.

This single case is appropriate for answering the research question as food marketing to children policy encapsulates many of the issues encountered in other public health nutrition policy cases. The key issues identified in developing the project are: a well-established scientific evidence base, advocacy by food industry groups for policy and meta policy that
serves their interests, negligible action by the public and a range of views held by bureaucrats and politicians on the preferred policy option. In addition, further issues influencing the context arise from government support for existing policy arrangements, differing policy arrangements in other countries, and public health advocates based in NGOs and Universities believing that they are making little progress in advancing the public health agenda. Together these issues provide a ‘rich’ context for exploring the proposition of the AEU framework that advocacy for using evidence in the public interest needs to be influential at the meta policy and policymaking process levels.

This single case involved multiple units of analysis as the AEU framework spans government meta policy issues, organisational policymaking systems and the behaviour of influential individuals as advocates for using evidence. This embedded approach avoided the trap of focussing only on one unit of analysis. Instead, it considered the contribution of each unit of analysis to the overall framework by considering how each unit of analysis contributed to the overall framework\(^{(46)}\).

A common concern with case study methodology is the scope for generalizability from a single case. The intent of this case study was to develop and refine a conceptual framework developed from an extensive literature review and examine plausible rival explanations. Selection of an exemplary case was critical to the robustness of the case study. Food marketing to children was chosen for the case study as it fulfilled most of Yin’s five criteria for an exemplary case\(^{(46)}\). The criteria are discussed below.

1. Significant

Significant cases are unusual. They are of public interest and capture underlying issues of national importance. Investigating evidence use in food marketing to children policy captured a topic of considerable importance to the public health nutrition field, from both theoretical and practical perspectives. The case contained a number of issues, which were contentious for academics, public health practitioners and policymakers. It raised the politically charged questions of the relative rights of the individual and the State, the level of influence of the food industry in public health policy, the role of environmental factors in public health and the ability of influential advocates to change policymaking processes. Practitioners seeking solutions to the epidemic of diet-related non-communicable diseases, together with academics exploring causal mechanisms including contextual influences and solutions, were both keenly interested in this area (Chapter 7). The case study was unique
within the evidence based policy field in addressing public health nutrition policymaking, and within public health nutrition for addressing these issues from the perspective of evidence use in policy formation.

2. Complete

According to Yin, completeness occurs when the case contains all the necessary relevant information. The AEU framework established the theoretical boundaries of the case study. Complete data collection was achieved through use of multiple methods over an extended period, 2004 – 2012. Key issues were identified and refined through an on-going review of the international food marketing to children and evidence-informed policy literature, analysis of key government and NGO documents, and field notes. These issues were then explored in semi-structured interviews with individuals active in the New Zealand food marketing to children policy area. During the interviews, issues and the emerging themes were explored to saturation.

3. Alternative perspective considered

The case was constructed to provide two pathways for different views and analytical themes to emerge. The rival framework allowed alternative explanations to be explored explicitly during the interviews. During the literature review and documentary analysis steps deliberate efforts were made to scrutinise opposing views. These informed the AEU framework, generated interview questions and assisted with the identification of interviewees, particularly food industry representatives. During the analysis of the interview transcripts, care was taken to include other emerging divergent themes and to examine their plausibility for supporting or discounting the proposed framework. Donald Campbell in the preface to Yin 2009 asserts that this approach of having a plausible rival explanation is the core of the scientific method.\(^{46}\)

4. Sufficient evidence

To ensure that all relevant and sufficient evidence was captured and independent conclusions could be drawn about the merits of the analysis, care was taken to present the evidence in a neutral manner and to avoid the tendency to report only data that supported the proposed framework. Data analysis involved a reflexive approach that used iterative rounds of analysis and applied the same theme identification, cross checking and categorisation techniques, to all the interview data.
5. Engaging composition
The choice of food marketing to children as a topical case, of interest to a range of people and organisations provided the raw material for an engaging case study.

In summary, food marketing to children presented an ideal case study for exploring advocacy issues in a public health nutrition policy area for three reasons:

1. The issue had a high public profile,
2. The main political parties had stated positions
3. The food industry was advocating evidence based positions diametrically opposed to the positions held by public health groups.

Consequently it is a case ‘rich’ in activity and hence information. Interview data was relatively easily available from New Zealand sources as a controversial policy - industry self-regulation, was in place over the period of the study.

7.3 Data Collection

In line with the case study approach which entails a combination of methods, qualitative interviews were undertaken to capture the views of individuals (46, 351, 352). This data collection method complemented the case study data collection methods reported in Chapter 2.

7.3.1 Interviews

Ethical Approval
Ethical approval was obtained from the University of Otago for 30 – 40min qualitative interviews with members of the NZ policy community with an interest in food advertising to children policy. In the first instance, interviewees were contacted by email. The email included brief sentences on how they had been identified (snowballing), the purpose of the study and requested a reply indicating their interest in participating. Upon receipt of an agreement to be interviewed, all interviewees were emailed an information sheet and asked to complete a consent form (Appendix 6).
Sample Frame

According to Patton the sample frame should be chosen purposefully to maximise the marginal contribution in terms of information\(^{(352)}\). Potential groups of interviewees were identified from a review of the literature on food marketing to children policy. Four groups emerged as likely stakeholders: policymakers being the political and bureaucratic decision-makers; policy active academics as the sources of scientific evidence; public health nutrition NGO groups as organised civil society groups with an interest in policy and evidence; and the food industry as an organised interest group with high stakes involvement. Identification of these groups established the boundaries for the sample frame.

Snowballing

Patton lists sixteen different purposeful sampling strategies each with a distinct purpose\(^{(45)}\). Britten advises that the purpose of the study should determine the sampling strategy\(^{(353)}\). In this study the purpose was to learn from the experiences of members of the NZ public health nutrition policy community. In particular, to discover their experiences of the barriers to, and enablers of, advocacy for using evidence in policymaking. The snowballing method was used to identify potential interviewees across all groups who were active advocates in this policy community.

Interviewing took place in two discrete phases, preliminary 2004 - 2005 and major data collection in 2012. The delay between the two interview phases was less than ideal. However, it was the consequence of unavoidable and multiple study deferrals beyond the researcher’s control. At the outset of the study in 2004 -2005 the researcher identified a small number of key individual stakeholders by their publically known interest in food marketing to children. They were identified through having a position that caused them to be affected by the issue, and or because they had or could actively influence policy processes. These individuals were initially approached by email; all accepted the request for a preliminary 30 – 45 minute interview exploring the three main components of the AEU framework. These interviewees were asked to identify other individuals involved in food marketing to children policy. Table 12 gives the total number of interviewees in each category group. Interviews were conducted either face to face or by telephone, depending on the locality of the interviewee and researcher at the time.
During the 2012 interview phase, seven individuals interviewed in 2004 – 2005 who still held key positions were formally interviewed, (3 bureaucrats, 2 NGO, 1 Food Industry and 1 policy active academic) and asked to suggest other individuals. One person previously interviewed in 2005 declined to be interviewed or suggest other stakeholders when re-approached in 2012, citing disagreement with the findings of the researcher and primary supervisor’s paper “How do Vested Interests Maintain Out dated Policy? The Case of Food Marketing to New Zealand Children”\(^{(354)}\).

Early in the process, a high level of cross over was observed among the recommendations for interviewees across all groups. Originally it was planned to have the approximately the same number of interviewees in each group and seek an even representation of views, with the total number interviewed being determined by data saturation. The early interviewee identification process for the policymaker, academic and NGO groups required only moderate effort to generate snowball recommendations. The absence of any interview refusals in these groups assisted this process. More effort was required to obtain similar numbers of interviewees in the food industry group. Potential industry interviewees gave a number of reasons for declining the invitation to be interviewed. The reasons included the comment “this is a crowded space in a small country” as a number of PhD students were seeking interviews with the same individuals at the same time. One key individual\(^3\) had a policy of refusing all interviews with research students and the release in March 2012 of a high profile US review critical of the food industry affected the response from others\(^{(355)}\). Table 13 gives the final number of interviewees by category group for the 2012 data collection period.

Most interviews were conducted by telephone; three were conducted face to face, and three interviewees asked to respond to the interview questions by email.

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\(^{3}\) This individual shared an interview on National Radio with the researcher, Jan 2012

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Table 12. 2004 – 2005 Interviewees by category group

<table>
<thead>
<tr>
<th>Policy makers</th>
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<th>Food Industry</th>
<th>Academics</th>
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Table 13. 2012 Interviewees by category group and interview modality

<table>
<thead>
<tr>
<th>Category group</th>
<th>Number interviewed</th>
<th>Telephone</th>
<th>Face to face</th>
<th>Email</th>
<th>Number declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policymakers</td>
<td>16</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Food Industry</td>
<td>13</td>
<td>10</td>
<td>0</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>NGO</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Policy active academics</td>
<td>12</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>45</td>
<td>5</td>
<td>4</td>
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</tr>
</tbody>
</table>

Interview structure

Health policy researchers favour case study methods using interviews as they allow the views of different groups to be captured\(^{47}\). Interviews with individual members of a policy community can be tailored to be sensitive to political issues including collaboration and conflict\(^{154,356}\). This study used individual interviews as ‘conversations’ with the purpose of exploring the interviewees’ perspectives and experiences on a range of topics\(^{154,352}\). An interview guide was structured by topic allowing the interviewer the freedom to explore, probe and clarify responses. Spontaneity was retained in the conversation through the wording of questions and use of an appropriate conversational style. Care was taken to ensure that initial phase questions were only single topic, open ended, neutral and clear. Interpretive questions were used later in the interview\(^{352}\).

The interviews and analysis used a deductive and an inductive approach to explore the fit between the experiences of the four groups of interviewees and the two explanatory frameworks. The researcher sought to learn from the experiences of the policy community in four discrete areas and to identify additional perspectives. The deductive approach was used to explore three topics related directly to the components of the proposed advocacy framework. The rival explanatory framework (political influences) generated the fourth area of discussion. Inductive data was gathered by open ended and probing questions on emerging ideas. For the four topics, the interview guide identified the broad information required and the underpinning conceptual basis. Appendix 5A contains the full interview guide, and this was revised to reduce its length, and produce a condensed scope of questions following the first eight interviews, see Appendix 5B.
Digital recording of the interviews freed the researcher from writing notes and allowed subsequent analysis of a complete interview records. Interviews were conducted between July and August 2012 from the researcher’s base in Dunedin, NZ. On average, the interviews were 40 mins long, and ranged from 30 mins to 1 hour 10 mins.

Saturation

Rice and Ezzy argue that when using a grounded theory approach, data saturation occurs when sampling has continued to the point of redundancy of information. Patton advocates for a sample size that achieves the purpose of the study, and for sampling to continue until there is redundancy of information. With redundancy of information as the criteria for sample size, sampling ceases when there is no new information.

In this study during the main 2012 interview process ideas emerging during each interview were noted and probed later in the interview and in subsequent interviews. The researcher transcribed interviews within a short time frame of the interview being conducted using voice recognition software. This software requires ‘voice recognition training’ and so would not recognise interviewees’ voices. Consequently, the researcher replayed each interview in short sections of approx. 1min, to verbally re-record the conversation, which the software then converted into text. On average, each interview took four hours to re-record. The first round of coding also occurred soon after each interview allowing the interviewer to identify new and divergent themes and repeated material. As far as possible, the interviews were conducted in blocks, by category. This process allowed the interviews within each category group to continue until sufficient data had been produced to robustly review the three dimensions of the proposed theoretical framework, and adequately capture divergent perspectives. To ensure the sample size was large enough to produce sufficient rich and comprehensive data that would support the intended analyses, interviews within each category were continued until there was convincing redundancy of information, i.e. data saturation had been achieved. Table 13 describes the number of interviews by category group.

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4 Dragon Dictate for Mac, version 12116

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7.4 Data Analysis

According to Yin analysis of qualitative case study data involves examining, categorising, tabulating and testing the evidence to draw empirically based conclusions\(^{(46)}\). Central to this approach is the use of an analytical strategy which defines the priorities for what is analysed and why. In this study, the hypothesis generated the deductive, analytical approach which sought to assess the AEU framework; an inductive approach was use to analyse emerging data. Thomas’s general inductive approach to analysing qualitative data was used for this purpose. It involves four stages: coding identifying anchors to allow key points to be gathered: collecting concepts by grouping codes of similar content; developing categories of broader groups of similar concepts; and the subsequent development of theoretical explanations\(^{(357)}\).

Pope suggests that software packages can help with analysis of textual interview data but should not be viewed as shortcuts to rigorous and systematic analysis\(^{(358)}\). Early in the study, a decision was taken not to use commercially available qualitative data analysis software such as NVivo to develop theme data. Instead, manual coding and off the shelf spreadsheet and word processing software were used. To reduce the differences between the manual method and the value of outputs from a software package, particularly the time needed to generate meaningful results, a selective transcription approach initially used. However, the richness of early interview data persuaded the researcher to fully transcribe every interview. Through the process of re-recording of each interview, all the emerging themes could be subjected to multiple rounds of reflexive analysis.

Theme development

In this study initial themes were derived from the major components of the AEU framework, the rival explanatory framework or identified as a possible new idea. The initial coding allocated comments in three directions as either supporting or disagreeing with the components of the frameworks or as a potential emerging theme. Ideas emerging during this first coding process were added to the list of ideas that emerged during the interviews and allocated to one of the category themes generated by the two frameworks or to an emerging category theme. Based on the frequency of responses fourteen initial coding themes were developed; three generated by the AEU framework, one alternative theme and ten potentially emerging themes. After examining the common conceptual links between
the emerging themes, the total number of theme categories was reduced to seven for
detailed coding. The seven theme categories were:

1. Four generated by the frameworks: meta policy, sustained relationships, deliberative
   processes and the alternative explanation, political influences.

2. Three emerging from the data: capacity for advocacy, timeframes and policy frames.

Sub-themes were identified under each major theme.

During subsequent close reading of every transcript, numbered comments were added to
highlight text that could be allocated to one of the seven major themes or provided a new
insight. On average 25 – 30 comments were made on each transcript, with a range of 7 – 42
comments. Over 1500 unique comments were identified. During this process, the major
theme category descriptions were refined and the subcategory themes revised.

The comment data underwent another round of critical review to confirm the allocation of
text to one or more of the seven theme categories and subcategories. Four Excel
spreadsheets, one for each group of interviewees, were used to summarise data from the
transcripts. Each spreadsheet had seven pages, one per theme, an eighth page was added to
capture ‘pearls’, the text comments and ideas that did not fit within a theme category but
potentially added colour to the data. A screen shot of the spreadsheet page for policy active
academics responses to questions around the deliberative processes component shows the
allocation to theme categories and subcategories. The screenshot record indicates the
interviewee identified as the author; the number of the comment in the transcript; the
researcher’s interpretation of the meaning of the text; and the actual text comment when it
was likely to be used in the results chapter. Cross-references were identified when the text
theme was relevant to another theme (see Appendix 7).

A final ‘reflection’ process reviewed the text comments, the meaning initially attributed to
these comments and their allocation to sub themes. Contradictory views and further insights
were identified during this process. This reflection reconstructed the theme statements
under each sub-theme and identified the transcript quote most accurately capturing the
theme. Quote data was extracted from the spreadsheets and occasionally from the original
transcript to produce Word files with tables summarising the themes emerging from each
group of interviewees. The summary table for Policy Active Academics in Appendix 8
provides an example of the allocation of quote data to theme categories.
In the early phase of the study a significant level of activity was present in New Zealand on the issue of food marketing to children. However, over the course of the study the level of activity reduced although it was still on the agenda of all the interviewee groups. Consequently, during the second round of interviews, a number of interviewees addressed wider public health nutrition context issues in addition to discussing food marketing. Their comments were, therefore, categorised as relating directly to food marketing to children or to wider public health nutrition. This distinction carries through to the results and discussion chapters.

The last stage of the deductive approach the refinement or rejection of a theoretical hypothesis, took place while preparing the discussion, Chapter 10. The last phase of the inductive approach the development of new propositions also took place in writing that chapter. The revised explanatory framework is presented in Chapter 11 Conclusions and Propositions.

7.5 Triangulation

A major strength of the case study method where multiple sources of evidence are collected is the opportunity to compare the results from two or more sources, to find patterns of convergence, or to corroborate an overall finding\(^{(46, 359)}\). Patton identifies four types of triangulation that can be applied to qualitative data:

- Data triangulation, (of data sources)
- Investigator triangulation, (among different evaluators of the data)
- Theory triangulation (alternative perspectives applied to the same dataset)
- Methodological triangulation (multiple methods applied to a single issue)\(^{(352)}\)

To corroborate the findings from the multiple sources of evidence collected for this study and to and identify converging themes a data triangulation strategy was chosen. This involved seeking documentary confirmation of the major themes emerging from the interviews. Case study data and key concepts identified from the literature review were applied to the interview themes, (see fig. 6). Through this process of corroboration or questioning, final conclusions emerged which were supported by more than one source of evidence. On the strength of this evidence modifications were made to the proposed AEU framework and the rival framework received critical examination.
7.6 Quality considerations

The strategies employed to ensure rigor in this qualitative research follow Mays and Pope's recommendations for systematic and self-conscious research design, data collection, interpretation, and communication\(^{(154)}\).

Sampling essential to good design needs to be systematic and non-probabilistic to identify the specific groups of people who possessed, characterised or lived in circumstances relevant to the social phenomena being studied. Interviewees for this study were identified because they enabled the exploration of a particular aspect of behaviour or experiences that were relevant to the research. This sampling approach allowed the inclusion of a wide range of key interviewees with access to important sources of knowledge. Reliability was achieved by documenting the analysis process in detail.

These strategies were congruent with the approach used to ensure quality in case study design. According to Yin four design parameters convey the quality of case study research design: construct validity, internal and external validity and reliability. Construct validity is the identification of correct operational measures for the concepts being studied. Identification of these measures was achieved through use of multiple sources of evidence and establishing a chain of evidence. A good match between conclusions, empirical data and theoretical concepts was produced\(^{(46)}\). The development of a conceptual framework

![Figure 6. Triangulation of Methods](image)

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(Chapter 6) from an extensive literature review (Chapters 3, 4 and 5) informed the interview data collection. In addition, a range of documents were collected over the course of the study, comprising written reports, position statements, meeting announcements, research papers and media reports relating to food marketing to children, principally in NZ (Chapter 2 and the case study data base, Appendix 9). The data analysis methods described above give a clear chain of evidence for the development of the final themes.

Internal validity, the ability to make justifiable inferences is applicable to explanatory or causal case studies, not descriptive or exploratory studies\(^\text{46}\). This parameter is directly relevant to the case study, as the conceptual framework provided the explanatory mechanisms for the hypothesis. Having an alternative explanatory framework, political influences, increased the internal validity of the study.

External validity, the domain to which the study’s findings can be generalised is addressed in single case study research by the use of a clear theoretical framework. The proposed theoretical framework encompasses broader theoretical issues on advocacy to influence public health nutrition policy processes, with the aim of advancing theory in this area.

Reliability, the ability for a case study to be repeated and produce the same findings and conclusions, was addressed by the use of a well-documented case study protocol, together with a case study database (Appendix 9).

**Conclusion**

The case study method is well suited to examining real world cases in public health nutrition policymaking. Applying a deductive and grounded theory approach to the multiple case study methods, enabled data to be generated that was suitable for reviewing the conceptual framework. The extensive and systematic interviews, literature reviews and case study data collection produced sufficient information to examine the framework and permit evaluation of alternate explanatory mechanisms to the primary hypothesis - that advocacy is needed at multiple points in the public health nutrition policy making system to give evidence use a ‘voice’.

The next two Chapters 8 and 9 report the results obtained by these methods. Each chapter is structured to reflect the three components of the AEU framework and the rival framework, followed by the emerging themes.
Chapter Eight: Results – Food Marketing to NZ Children

Introduction

This chapter presents the results of data obtained by interviews with senior members of the New Zealand public health nutrition community who have an interest in food marketing to children (FMTC). The wider context for policy on FMTC was presented in Chapter 2. As the case study interviews gathered responses to the AEU framework and the rival hypothesis, the results in this chapter are organised to permit a rigorous critique of the framework.

The results are summarised under seven headings: first the three components of the AEU framework, then the rival hypothesis and finally three emerging themes. To identify congruent and divergent views the results are presented by source group: policy makers (PM), academics (A), NGOs (NGO), and food industry (FI). Group membership appeared stable at the time of the interviews with no interviewee purporting to be a member of more than one group. To ensure anonymity, interviewees are assigned a unique code and number, e.g. PM 1, is an individual policymaker.

According to the majority of interviewees, political and relationship factors in the wider public health nutrition policymaking arena over the last 2 – 3 years are the reason for the decrease in activity on FMTC issues. As the case study enables development of a theoretical framework from a real world policy case, it is reasonable to report results relating to both the FMTC case and the wider public health nutrition policymaking context. This chapter contains results directly relevant to FMTC and Chapter 9 reports results on the wider public health nutrition policymaking context.
8.1 Meta policy explanations

8.1.1 Formal meta policy supporting evidence use

Fifty-one interviewees raised issues around the role played by formal meta policy structures and processes on how evidence is considered. Formal structures included committees, mechanisms for formal consultation, structural arrangements within organisations and the technical and policymaking capacity. Formal processes referred to the systems for policy making. The strength of responses suggests that both these aspects of meta policy are major themes in explaining advocacy for evidence use.

Formal meta policy structures

1. Structural responsibility for FMTC

The first noteworthy finding is the differing views of three senior bureaucrats in the Ministry of Health (MoH) and the Ministry of Primary Industries (MPI) as to which government department or agency should be responsible for policy on FMTC. A senior MoH official understood that responsibility lay with the Ministry of Primary Industries (MPI):

... where does the responsibility sit, where does the policy fit? Responsibility sits with MPI; health education advice sits with Ministry of Health. PM1

In contrast, a senior nutrition bureaucrat in the same unit understood that the MoH was responsible and officials had raised the FMTC issue with successive incoming Ministers of Health:

Initially he said he wanted all provisions related to non-communicable diseases or anything to do with that removed; he said that he would then consider progressing it but he has done nothing. PM2

As the strategic direction of MPI is ‘growth and innovation’, all food related issues are subject to risk management assessments. Consequently, the health implications of food and nutrition are considered in relation to their economic growth potential for export markets. A senior MPI official was clear that FMTC is not part of this agenda:

... whereas there is a move away from looking at the evidence base for foods, which might impact negatively on the health of New Zealanders. PM3
The Health Promotion Agency (HPA) expressed concerns about the current FMTC policy but does not have a mandate to lobby for policy change. The Agency uses a programme logic process to develop their priorities, which identified FMTC as a priority issue. The HPA’s advocacy for FMTC policy change is being conducted below the government radar screen by working through a large NGO:

*We have to be very careful we are a Crown entity, so like all government agencies we are required not to go against government policy and of course there is an unstated policy that tackling marketing and advertising is a no-go zone. That is publicly now I have to be a little careful here...we have deliberately not aligned ourselves with the group who is doing advertising to kids, but we value it. PM4*

Only one food industry interviewee commented on formal policymaking structures, observing that the government continues to reduce its structural capacity to address nutrition issues:

*When the Food Safety Authority was set up as a separate ministry, I have been in this job since 2005, they were independent and they developed a nutrition section with a nutrition policy, and you can't actually talk about food and not talk about nutrition although some people think so. But now they are not allowed to, ... they are not allowed to use the term nutrition at all. Although they do things around nutrition they are not allowed to call it that; it is called food science. FI 1*

2. Structures for external experts to advocate for evidence use

The majority of health bureaucrats, NGO and academic interviewees cited the disestablishment of the MoH Nutrition Advisory Committee as the most significant structural factor impacting on evidence-informed policy discussions on FMTC. The Minister of Health early in his Government’s first term of office in 2007 disbanded most expert advisory committees to the MoH and to the HPA predecessor, the Health Sponsorship Council. A number of policy makers accepted this action as a Ministerial prerogative:

*Tony Ryall is allergic to advisory committees The NHC⁵ is effectively an advisory committee and he does not have a choice not to have it because it is set up in law. But the public health advisory committee, which is also set up in law, has not met for over 3 years... Lots of advisory committees...have been disestablished. So, it is an approach that the Minister does not like. PM 5*

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⁵ National Health Committee (NHC)
Senior academics who were members of the MoH’s Nutrition Advisory Committee (NAC) and the former Health Sponsorship Council’s advisory committees are keenly aware that no replacement structure has emerged for academics and NGO groups to provide evidence based advice. Academics believed their role on the NAC had made a large contribution to the concept of the Healthy Eating Healthy Action (HEHA) programme:

*It certainly was an opportunity to feed into what was going on. AI*

3. Internal restructuring of government departments
The majority of MoH bureaucrats and some NGO interviewees agreed that the recent restructuring of the Ministry resulted in experienced nutrition policy advisors being replaced by generic policy analysts which had further reduced the structural capacity for nutrition policy. As these results related to the wider public health nutrition context and not directly to FMTC, they are reported in Chapter 9.

Formal meta policy processes
Formal government processes for considering evidence as part of routine policymaking emerged as the second key aspect of this explanatory theme.

All current senior and nutrition MOH bureaucrats expressed concern about the absence of internal, organisation wide, systematic processes for examining burden of disease reports and looking ‘upstream’ at population level causes of morbidity and mortality. Instead, ad hoc processes were commonly employed to develop policy on topics of current political concern. These are reported in Chapter 9.

No interviewee was aware of any current policy agenda or process for reviewing the existing self-regulatory policy on FMTC. As noted in section 8.1.1.1 the Minister of Health’s indication that he would consider progressing the issue, had not resulted in any discernible activity.

In the current self-regulatory environment the only policy processes around FMTC are managed by the industry funded Advertising Standards Agency (ASA). The ASA sporadically undertakes reviews of their voluntary codes on marketing to children, food marketing and FMTC. Submitters include NGO groups, academics and members of the public.
Multinational food companies reported making a large contribution to these review processes:

*I wear two hats I am also chairman of the Advertising Association, so XXX has a policy on food advertising to children, there is a set of guidelines, and we do compliance reports each year, and there are the Advertising Standards Authority codes as well. ... So, we would have a view on the guidelines. We would submit when they are being reviewed as well.* FI 2

Several food industry interviewees believed that their company policy on FMTC is more rigorous than the ASA codes. These companies use their own codes as examples of their corporate social responsibility:

*I would say that generally the XXX company codes have been ahead of the game, for instance we would not advertise anything to children under 6, we would only advertise to children in the next age group if the product had what we call a nutritional foundation, but generally we do not advertise to children anyway.* FI 2

One multinational food industry Company abiding by the ASA’s FMTC code reported that code compliance did not ensure freedom from criticism by public health groups.

8.1.2 Informal Policy Processes

A small number of interviewees reported engaging in informal processes around FMTC. The three academics that had recent publications on FMTC issues employed ad hoc one-way dissemination strategies to share their papers with government officials. This activity is reported in the sustained relationships section below. The NGO with the most recent position statement on FMTC deliberately decided not to actively promote their paper; this stance is reported in the advocacy capacity section below.

The proposed AEU framework sought to understand how meta policy processes allow civil society groups to contribute their evidence to policy processes. Overall, little activity by civil society groups was reported. The one exception was a ‘Parents Voice’ website hosted by the Cancer Society. Based on the success of its Australian counterpart this was seen as potentially providing a channel for parental concern, however this unfunded activity is not yet visible to parents and moved to a Facebook page, which also has yet to engage parents:

*You really need some keen young parents to take it over and make it go viral.* NGO 1

Senior public health academics were keenly aware of the potential political influence of civil society groups:
From working in tobacco and seeing that the only 2 things that work there are taxes and legislation, I have come to the same conclusion around obesity prevention. To get movement around changes in behaviour in that area and ultimately the public will come on board with this, TV advertising and sugary drinks, as we saw with tobacco it won't happen until public opinion shifts. A2

Data from several academic interviewees found a high level of parental concern about food marketing targeting children and the lack of government action. The absence of a society wide constituency concerned about the issue was seen as hindering political action:

I think the views are changing on food advertising to children certainly in the health sector if not in the wider community, so my take on it is using the example of tobacco we are talking about a long period before views will change. A2

An alternative explanation for the dearth of influential civil society voices and subsequent policy action suggested that the current the dominant discourse in NZ discourages community involvement in policy issues:

We have such a neo liberal dominant ideology throughout the whole media and the whole country. Individualism dominates every day discourse, and I don’t think people think about it and we don't get alternative voices or they are presented as very alternative or fringe. A3

8.1.3 Emerging Meta Policy

Influence of Government agenda

Agreement was widespread among health bureaucrats, nutrition NGOs and academic interviewees that the meta policy structures and processes for public health nutrition policy around FMTC reflect the agenda of the National Government during its first term of office, 2008 – 2011:

If you look at waiting times and the other priorities they are all in areas where we had good data and it was relatively easy to say didn’t we do well here, either increasing the numbers for getting them down, but it doesn't look at the fundamentals of why we have these problems in the first place, and are the other things that we should be doing to reduce the burden, PM 6

During the Government’s 2nd term (2012- 2014) the Minister of Health started to broaden the range of health promotion activities under a health system efficiencies agenda ‘Better sooner more convenient in the community’(360). NGO groups regarded the absence of funding for public health nutrition as more indicative of the Government’s commitment to public health:
Continued self-regulation agenda

All the academics actively researching FMTC issues adopted the position that industry based vested interests continued to exercise influence to ensure continuation of the self-regulatory system. All three expressed scepticism of the process used in the 2009/2010 review of the ASA’s voluntary codes, and the effectiveness of the resulting Children's Code for Advertising Food 2010:

*It is hard to make any more progress and you probably need regulation to do that, Government will be concerned by the regulatory signal, so voluntary measures are more likely. However, it will get to a point where it is hard to make further gains.* A4

8.2 Sustained Relationships

This component of the AEU framework hypothesises that evidence-informed views are more likely to be considered when the relationships among members of the policy community are characterised by trust and exist over time and across issues. The data reflects the number, length and nature of on-going relationships between individual members of the policy community. Voluntary relationships are of particular interest, in the absence of formal structures and process to bring individuals together,

8.2.1 Advocacy for formal relationships

The interviews revealed that a small number of voluntary relationships have been critical for sustaining activity on FMTC policy issues, with two NGOs’ being the loci for these interactions.

Both the National Heart Foundation (NHF) and Agencies for Nutrition Action (ANA) have long serving academics on scientific advisory committees who have contributed to their respective position statements on FMTC. Whilst these academics have expertise in a range of nutrition and health areas, no member had expertise in public health nutrition.

The relationship one of these NGOs had with the food industry, on a nutrient criteria programme was reported to constrain their activities on FMTC:
In terms of food advertising, we do have a whole team who works with the food industry on food reformulation so it is something we have to consider. Not that we let it influence what we say, but we have to balance it because we know we have to remain effective with the work we do with them. NGO 3

The only comments by policymakers were made by members of opposition political parties who are resourced at a lower level than the political party in Government. Whilst acknowledging the importance of on-going relationships, these politicians expressed a sense of being overwhelmed by the range of issues and relationships where they needed to stay up to date. They openly acknowledged their inability to systematically engage with parents around FMTC and other issues:

It is a real challenge for political parties to effectively engage with communities and with parents. PM7

Another independent set of on-going relationships exists among members of the food industry. One example was the employee of a multinational food company who is a member of three influential groups, two industry based and one government committee. This person (FI 2) reported chairing the Association of New Zealand Advertisers (ANZA), being a permanent member of the Food and Grocery Council Technical committee and appointed to the MPI Front of Pack labelling committee. Influential informal networks around public health nutrition policy in NZ are reported in Chapter 9 section 4.

8.3 Evidence use

Most of the data on the capacity of current processes to consider evidence in developing policy on FMTC was generated by the interviews. The government’s self-regulatory policy has remained unchanged in spite of the recommendation for regulation made by the 2006 Health Select Committee Inquiry into Obesity and Type 2 Diabetes(134).

One academic who attended all the HSCI public submissions was critical of the Committee’s process for evaluating evidence:

The key evidence thing for the food industry and the Food and Grocery Council they were the two biggies, their key piece of evidence was their 200 to 300 page report from the University of the Sunshine Coast; it is not available in a peer reviewed journal, it is massive and badly written, a highly selective presentation of arguments to support the food industry position...I
think that the select committee has powers, but not to the extent of the ACCC, they can request evidence and they can request stuff from the Ministry, like through an OIA, but we cannot OIA anything from the industry. A 3

... what I cannot understand about the whole process is that the public health evidence was pretty good. Of course, we did not have evidence about the effectiveness of intervention. But the select committee was convinced in my view by the public health evidence and I think even the Ministry of Health accepted it, but at the end of the day they decided to ignore it. because of the power of the food industry. A 3

Another academic who also attended all the Inquiry hearings saw evidence being a source of confrontation:

Evidence becomes an issue to me particularly when you come up against the food industry... all those areas which I think public health nutrition people would say are the toughest to make progress on—is basically a battle with the food industry. In those situations, my take is that evidence is a necessary but not sufficient condition, and it has to be very strong evidence, very strong evidence is a necessary but not sufficient base to make policy progress, A 5

Evidence use in the NGO sector reflected a different approach. One NGO used internal professional staff to prepare their 2011 FMTC statement, and then refined it through internal peer review processes:

The process starts with developing the background paper, I will do a thorough literature review on a topic and then put it into the New Zealand context, what the rules and regulations around advertising to children are, how much there is, we will use that to identify where we think there are areas for action, we will get the input of topic experts, then it goes through our internal processes here. We have a food and nutrition working group who we will get input from, and then it goes through our management team, to get buy in and input across the whole foundation. NGO 3

The other NGO called on the three academic members of their scientific committee to undertake the literature review for their 2006 position statement:

We published two reports which I don't think it actually shifted the ground, one was on TV and obesity in kids, and the other was on sugary drinks and obesity in kids, because they were publically available and anyone could look at them and people in the health sector were able to use them. I think that helped move the debate along and I think they were quite quickly accepted as risk factors for obesity in children. A2

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6 Australian Competition & Consumer Commission
One non-health sector NGO was active in generating evidence and using this information to lobby the ASA to strengthen their codes:

*We joined an international survey about 3 years ago, monitoring what ads on TV at what time... We have also talked to the advertising standards authority; they have listened and strengthened the codes so I suppose in that respect we have had some impact. NGO 4*

The only Food Industry data specifically relating to FMTC evidence came from a 2005 interview with a member of the ASA. Questions were raised about the strength of causal evidence between FMTC and obesity:

*The premise is that advertising is allowed for a socially responsible audience. If the evidence was that strong, advertising would have stopped years ago. FI 3*

8.4 Political influences

The rival hypothesis to the AEU framework that political influences explain when and how using evidence is advocated and ‘given a voice’. Interviewees were in general agreement that politics has played a role in the FMTC issue. However, they expressed differing views across and within sector groups as to the relative role of evidence and politics:

*Academic: It is not just about evidence it is about politics and about having the right government in and a window of opportunity. A 3*

*Food Industry: policy is politics there is not a lot of evidence. FI 4*

*NGO: There is no question that evidence is necessary for decision making, but there is no evidence that in and of its self it makes any difference. NGO 5*

*Policymaker: It is often a political issue, I would have said that currently about 50% of the issues addressed have some sort of political connotations and that is how they come to the notice of people in the ministry and there is often quite a lot of pressure to deal with the problem very rapidly. PM 6*

Interviewees’ accounts revealed political influence operating in a range of spheres. Relevant to FMTC are the food industry’s increasing influence on government decision making, the finite nature of political capital for controversial public health initiatives and the Prime Minister’s Chief Science Advisor’s (PMCSA) personal agenda for nutrition. As these pressures were more evident in the wider public health nutrition policy context, the results are reported in Chapter 9.

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8.5 Advocacy capacity

A major emerging issue was the capacity of groups outside government to undertake policy advocacy. NGO interviewees were aware of a gap between the advocacy they wanted to undertake and their advocacy activities. Furthermore MoH nutrition bureaucrats had observed limited advocacy by the nutrition policy community when hard won funding for public health nutrition programmes was cut in 2009:

In some particular programmes, there has been correspondence to Ministers but overall there has not been much noise. PM 2

These groups consistently raised a number of capacity constraints which they saw limited their engagement in evidence-informed advocacy; lack of coordination across the sector, skills in policy advocacy, resource constraints, technical expertise on the topic, level of independence and linkages with academia. The comments related to wider public health nutrition issues are reported in Chapter 9. The results below apply directly to FMTC.

8.5.1 Advocacy approach

Both nutrition NGOs reported having passive advocacy strategies on FMTC. One NGO had their FMTC position statement within an organisational advocacy strategy and not on an active advocacy list. It was being used as a resource for ‘sideways’ advocacy:

When it is topical, we will definitely have an action plan for it, and if it is part of the plan to have someone speak to it then yes we will. NGO 3

The other thing we do is advocate sideways, for example, the advertising to children if something pops up we will send them our paper. NGO 6

A small number of academics reported currently working on FMTC issues, and a subset disseminate their publications to stakeholders, but no one reported having employed a deliberate advocacy strategy.

Food industry interviewees reported advocating on food policy issues with the MPI but no engagement with the MoH. They understood the MoH is not active on nutrition policy issues and so did not undertake any advocacy on FMTC issues, with them.
8.5.2 Technical expertise

Resource levels were reported to have a direct impact on NGOs level of technical expertise. Although the two large nutrition NGOs employed individuals with academic and professional nutrition expertise and have expert advisory committees, both contracted out full systematic literature reviews. The other NGOs relied on informal networks with members of the academic community for expert advice.

8.5.3 Independence

Most NZ NGOs with an interest in nutrition receive part funding from the Ministry of Health. The notable exception is the independently, privately funded Cancer Society. Most of the nutrition NGOs reported having their activities constrained by their MoH funding:

*NGOs need a strong public support if they are going to be very vocal or be prepared to be chopped off. And not be surprised if it happens. Because a lot of NGOs are still funded by the public purse, they are not completely independent.* - PM 6

These NGOs also reported their activities were scrutinised by MoH officials:

*I don't think the Ministry had to sign off our topic choice, but they were always aware of what we were going to do. So --- was aware that the food advertising to children one was going to be contentious, she also understood that we understood that.* - NGO 7

*When all the money is from government sources then you are not able to advocate.* - NGO 5

8.5.4 Resources

Resourcing emerged as another related issue for NGO groups as it limited their ability to engage in evidence-informed advocacy. All NGO groups reported that resources impacted directly on staffing levels, technical expertise and their capacity for critical policy analysis. Consequently, NGOs were only active on small number of issues.

Apart from the relatively well resourced NHF and Cancer Society the other NGOs were unable to fund research, with some not able to afford journal and database subscriptions:

*The other thing about evidence is that it is only useful when you can get to it, and we cannot get to peer-reviewed journals. We cannot afford to pay the subscriptions.* - NGO 8
8.5.5 Links with Academics

No links were reported between the small number of academics working on FMTC and NGO groups. In 2007 a number of academics contributed to the Peak Group survey of public attitudes to food advertising to children\(^{129}\). When the Peak Group ceased to meet, these formal links disappeared:

\[\text{We persisted and did this little survey on food advertising to kids as an initial exercise but the thing has fallen apart because of turf issues, lack of leadership, it basically comes down to CEOs. NGO 2}\]

Overall, the NGO sector’s capacity for evidence-informed advocacy on FMTC appears constrained by these interrelated systemic factors.

8.6 Timing

Interviewees across all groups indicated that timing played an important role in their FMTC advocacy. Some interviewees recognized that time was required to resolve contentious issues, whilst others actively monitored the wider political environment waiting for windows of opportunity:

\[\text{I think the views are changing on food advertising to children certainly in the health sector if not in the wider community, so my take on it is using the example of tobacco we are talking about a long period before views will change. A 2}\]

Several NGO interviewees reported a strategy of waiting for community action on FMTC before they actively advocate:

\[\text{It is no longer TV, it is much wider when we 1st started a few years ago it was just TV, it is much harder now, sometimes we can generate the stuff in the community, other times we need to wait for the button to go on in the community and then we will come in with our position. NGO 6}\]

Concurrently one NGO pursued a longer-term strategy of working upstream to influence societal views rather than taking direct action:

\[\text{That (food marketing to children) ....is a really difficult area, and I think the vision working group are looking at how we can shift societal norms or opinions because that is going to be where the influence is going to be. Let's effect the voters rather than working through the politicians at this stage, NGO 7}\]
Academics recognised the problems created by the lengthy lead times for producing evidence of a causal link between food marketing and children’s health. Members of the academic community with lengthy experience in tobacco control drew parallels between the timeframes for regulation on tobacco sales and the marketing of unhealthy food:

*It is going to take a long time to show that junk food is addictive and dangerous; therefore, it needs to be regulated.* A 6

Within government, the longevity of bureaucrats committed to policy action on FMTC has been critical to maintaining any profile for the issue. With a high turnover of individuals holding the Minister of Health portfolio prior to the incumbent, who was in his 2\(^{\text{nd}}\) term of office, long serving public health bureaucrats spoke of the need to be committed to nutrition issues and tenacious in raising regulation of FMTC with successive Ministers:

*It has been talked about and it is raised with every Minister, and it has been raised with the current one… PM 2*

### 8.7 Framing

Awareness of the value of policy frames when advocating for policy change emerged as a topical issue for NGOs, some academic and policymaker interviewees.

Attempts by NGO and academic groups to use evidence based frames for food marketing as an environmental issue were reported to have been unsuccessful. These groups have formed the view that the self-regulation policy frame of the previous Labour and the 2008 – 2014 National Government cannot be changed by solely evidence based arguments.

An associate Minister of Health in the National Government expressed commitment to evidence-informed approaches to policymaking:

*There is just no doubt in my mind we have to be as best informed as possible by scientifically based evidence if we are going to form a sound policy.* PM 8

Yet this Minister’s view of the causes of obesity revealed a narrow, non-evidence based understanding of it as nutrition-related disease. The Minister was a medical practitioner:

*I think we have too much choice and a food surplus and a lot of it is really tempting… PM 8*

Whereas the frames held by opposition party interviewees appeared to be informed by evidence on environmental determinants:
...that model especially for something like food so readily meshes in with the dominant economic model, which is the classic economic model of the individual decision-makers, weighing up quality and price and then the amalgamation of all those individuals creating supply and demand curves. So that model is essentially an economic model that it has been the basis for the health behaviour model in health. It does not require people to understand at a deeper level whereas in general getting people to understand that it is an environment that surrounds whole communities which make the difference, involves a deeper level of thought and that is why it is harder. PM 5

One opposition MP expressed concern that the Government will use freedom of speech and human rights based arguments against any proposed regulation of FMTC, as occurred in 2012 when regulations on alcohol marketing were debated:

If we are to do anything around nutrition free advertising for children then we have this issue around it is a breach of the freedom of speech and it has human rights issues. PM 9

A senior policy active academic questioned the value of reframing, having previously tried a number of obesity prevention policy frames in Australia with no success:

... we have tried a human rights, child protection, consumer rights, evidence of cost effectiveness, they haven't got very much traction at all, at least they have been able to be battered away. A 7

Government policy makers expressed a range of views about the role of academics in policy advocacy, specifically relating to the extent to which academics framed their research findings as policy advice:

The value of the research is only as good as how well disseminated or socialised. PM 10

I think that very rarely is science advice about recommendations. Science advice is usually about stating this is what we know and this what we don't know and the options it leads to and then you put all these values domains on top. I think when you ask scientists to make recommendations you are asking them to make value judgements. PM 11

Conclusion

These results attribute the lack of activity by the NZ government on FMTC policy to a number of factors relating to evidence use. The absence of formal government meta policy supported structures and processes, which enable evidence to be systematically considered, is a major factor. Although the two large NGO groups became the loci for academics to
engage with some policy community members, these NGOs were not able to function independently.

Whilst bureaucrats, academics and NGO groups recognise the potential for activated community groups to be politically influential, they do not have either the mandate or the capacity to engage with these groups, to allow them to become the ‘voice for considering evidence’.
Chapter Nine: Results – Wider Context for Public Health Nutrition

This chapter reports case study results relating to the wider context of public health nutrition. The majority of interviewees indicated that factors in this wider context played an important role in the advocacy for evidence use. Results are presented under the same seven major theme headings used in Chapter 8.

9.1 Meta policy

Meta policy emerged as a major explanatory theme for the impact of advocacy for evidence use in NZ. The current structural arrangements for public health related food and nutrition policy in NZ are playing an important role in determining what evidence is considered, when, how and by which group of individuals. Table 14 below summarises interviewees’ accounts of these formal and policy arrangements, their impact on evidence use and activity on food marketing to children policy.

This summary of results reveals three important features of the landscape for NZ public health nutrition policy. The government has very limited policy on public health nutrition issues, the Food Industry is the major provider of public health nutrition programmes and informal meta policy arrangements support evidence use more actively than formal policy processes.

9.1.1 Formal meta policy supporting evidence use

Extensive responses from all interviewees indicated that formal meta policy structures and processes played a major role in determining the impact of evidence use advocacy on public health policy issues. This supports meta policy being considered a major theme.
Table 14. Meta policy arrangements for public health nutrition policy in New Zealand 2012

<table>
<thead>
<tr>
<th>Current nutrition-related policy</th>
<th>MoH</th>
<th>MoH agency (HPA)</th>
<th>MPI</th>
<th>Food Industry</th>
<th>NGO National Heart Foundation</th>
<th>NGOs all others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Guidelines, Dietary Reference Values</td>
<td>MoH</td>
<td>MoH agency (HPA)</td>
<td>MPI</td>
<td>Food Industry</td>
<td>NGO National Heart Foundation</td>
<td>NGOs all others</td>
</tr>
<tr>
<td>Fruit in Schools</td>
<td>Breakfast Eaters</td>
<td>Short term advisory committees in low decile schools</td>
<td>Short term advisory committees in low decile schools</td>
<td>Pick the Tick labelling</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Nutrition Advisory Committee – disbanded 2007</td>
<td>Nutrition Advisory Committee – disbanded</td>
<td>Short term advisory committees in low decile schools</td>
<td>Short term advisory committees in low decile schools</td>
<td>Pick the Tick labelling</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Monitor</td>
<td>Informal support to NGO position</td>
<td>None</td>
<td>Promote role of Advertising Standards Agency</td>
<td>Position statement</td>
<td>ANA – position statement, no activity</td>
<td>Others NGOs no activity</td>
</tr>
</tbody>
</table>

Source: Author
Formal meta policy structures

Interviewees across all groups raised four structural issues that exerted a major influence on the ability of policy elite to advocate for evidence use.

1. Structural responsibility for public health nutrition.

Senior MoH and MPI bureaucrats held conflicting views over which agency is responsible for public health nutrition policy. One very senior MoH interviewee held the view that nutrition policy in general was the responsibility of MPI, whereas the MoH nutrition bureaucrats believed it was the MoH’s responsibility.

2. Structures for external experts to advocate for evidence use

For the majority of the interviewees from all groups a major obstacle to advocacy for evidence use was the absence of MoH structures for external experts to contribute to nutrition policy making. Most MoH bureaucrats believed the current Minister’s disregard for nutrition policy was the primary barrier to establishing a nutrition expert advisory committee.

Academic, NGO and bureaucrat interviewees generally agreed that the NAC had performed a valuable structural function in formulating evidence-informed advice. In the absence of alternative structures, policymakers had no alternative than to seek evidence-informed advice in an ad hoc manner from personal networks:

*The nutrition advisory committee was a conduit. The committee was primarily reactive, the Ministries that were involved came to us to ask for advice, however they were also quite receptive to us being proactive ...now there isn't any official channel for communication apart from individuals asking for individual advice, when they desperately want it. A 1.*

However, two former MoH bureaucrats criticised the NAC for its limited capacity to produce a full and honest interpretation of current scientific evidence, provide value to the Ministry and be politically aware:

*They were originally set up to provide advice, ... and at the time it was basically dictating to the Ministry what should and should not be done, it was taking up a vast amount of time and effort to service the committee and it was just financially not viable. It meant that we didn't have the people available in the ministry to do the work that we needed to do, to advance some of the issues. They also had a very definite view, which wasn't necessarily shared by other people in the area, put it like that. So at various points I don't think they reflected the view of the wider nutrition community. PM 6*
The absence of an NAC also appeared to have increased the role of some NGO groups as sources of evidence-informed advice to the Minister of Health:

*I frequently wish I had a degree in nutrition or medicine but by talking to people enough you can join the dots...for example when (the Minister of Health, TR) rings me about something...I would not be afraid of disagreeing but I would justify why I do not see things the same way as he does.* NGO 9

Several public health academic interviewees had well developed ideas on alternative apolitical structures where evidence could openly inform policy development:

*The ideal would be to have a decent agency that did technology assessments, or focused reviews of the evidence on a topic. The way that it happens in New Zealand is very ad hoc.* A 4

3. Internal restructuring of government departments

Recent internal restructuring emerged as a significant structural influence on current public health nutrition policymaking. This reorganisation established generic policy units within each government department with non-specialist policy analysts providing policy advice. One major consequence was a large reduction in technical nutrition capacity in the two government departments where it previously existed, the MoH and MPI. In the MoH, this reduction occurred concurrently with a reduction in public health resources and a structural downgrading of the public health directorate. A senior nutrition bureaucrat in the MoH reported:

*In the last two restructures, there was a little bit of a public health presence around the director of the group we are in at the moment. There was no directorate - it was made into population health, which is where we were plonked into, health and disability services we didn't really fit, and we lost 40% of our resources.* PM 2

Senior nutrition bureaucrats expressed concern at this structural separation of nutrition policy development and technical expertise in the MoH and MPI:

*A number of them have given it (policy development) to relatively junior people, which I think is quite a risk. Some of them were supposed to be doing a stock take and a literature review recently and they didn't know what a Cochrane collection was.* PM 2

Furthermore, most MoH bureaucrats viewed the political pliability of generic policy analysts as detrimental to the improvement of public health in NZ:

*They are not technical experts nor do they have a knowledge of public health or the health issues, so you may not have managers who understand the topic or the issue particularly well and are more interested in doing what is required by the government of the day rather than*
what is in the best interests of the population. I know that sounds a very cynical but that is what happens. PM 6

Most NGO groups were very aware of the impact the restructuring had had on the MoH’s capacity to undertake evidence-informed nutrition policy development:

If they are asked to pick up a task then that is what they will do... I guess they could be in a little ignorant bubble, and make up what they can from what they read. NGO 10

4. MoH’s structural capacity for wider public health policy.

Public health had a low profile in the MoH’s organisational structure. The legislative requirement to have a Deputy Director General (DDG) Public Health was met however there was no operational structure to support this role. The Minister (TR) has continued to delay the appointment of a Public Health Committee required under the New Zealand Public Health and Disability Act 2000. The majority of bureaucrats and NGO interviewees attributed the MoH’s inactivity on public health nutrition policy to the limited overall structural capacity for public health:

Under the New Zealand Public Health Services and Disability Act there is a National Health Committee, and a subcommittee of that is the Public Health Committee, the Minister is required to establish them... the Public Health Committee membership has not yet been re-established. PM 1

Formal meta policy processes

The results reported here amplify the findings reported in Chapter 8. All MoH bureaucrats and most NGO and academic interviewees shared the view that the MoH’s formal processes for developing nutrition policy were neither systematic nor staged:

I think there is a big difference between policy with a big P and of course we are not doing that any more. PM 2

In addition, according to most NGO and academic interviewees the existing processes did not provide any formal means for the involvement of non-government groups:

There is just a government approach and then there is all the interested parties including ourselves milling around and trying to do our best advocating and lobbying for this and that, getting on with it and doing the best we can. NGO 2

All health bureaucrats agreed that the absence of formal processes for priority setting or for working across sectors made it difficult to address the wider determinants of health,
including nutrition. Most NGOs were keenly aware of these weak and ad hoc policy making processes and their consequences:

But you need to go upstream and fix the housing and work primordially otherwise we will get nowhere, we are slithering around on the top of the iceberg here. NGO 2

Deliberate and systematic use of evidence to inform policy initiation was unusual. Most MoH bureaucrats reported that multiple and uncoordinated channels were used to identify potential policy issues. Moreover, it was rare for low-level bureaucrats to engage in broad systematic processes for developing policy advice options, or to include critical analysis or advice from experienced technical experts:

Problems get identified by Ministers or by members of public or people within the Ministry because something has not worked properly, so the problem identification comes from a range of sources. One of the frustrations in the Ministry is that often the problem is not adequately thought through and fully identified, so people have a concept of what the problem is, but they haven't actually looked at the data, looked all the aspects of it before they decide what they are going to do about it. PM 6

A MoH bureaucrat cited an example of strong internally generated evidence failing to initiate policy action:

If you are following proper process then there is monitoring, the survey is part of monitoring which would tell us that obesity is going up, some of those things would date back to 1999 when we got the results of the 1997 nutrition survey⁷. They were presented to the then executive leadership team of the ministry; while they accepted there had been a large increase they literally said to us any actions needs to be done within your current budget. So I said if a national epidemic is not worth putting any resources into then there is not any point in one or two people killing themselves to try and do something about it. It had been brought to their attention, there was not any doubt about what the results meant. PM 2

Internal MoH processes for developing policy priorities were understood to usually involve senior staff engaging in robust discussions. However, when such debate did not occur nutrition bureaucrats concluded that nutrition suffered from not having a senior level advocate:

You would want to have the debate around something like that, and lost it and accept that you lost it, and said this is how it is and got the okay to retain some things. When I spoke to people about it they just said it was unfortunate timing. It was also a reminder for me that people in

⁷ Ministry of Health, 1997 National Adult Nutrition Survey
those positions are not prepared to go into bat for nutrition when it comes to the crunch. They are not as committed as we are to it. PM 2

All NGO interviewees and MoH bureaucrats saw the (2008 – 2014) Minister of Health personal ‘hands on style’ and aversion to public health issues as powerful barriers to instigating formal evidence-informed processes for developing public health nutrition policy:

At the moment the Ministry without a doubt respond completely to the cues of the Minister ...

The Minister does not like the word obesity no one is using it any more, and even health promotion has become a dirty word, because he doesn't want to know. NGO 9

Initially he said he wanted all provisions related to non-communicable diseases or anything to do with that removed. PM 2

Formal processes for engaging with public health nutrition sector groups varied between government Ministries. The MoH reported only one small recent short-term consultation with NGO groups on service purchasing. No Food Industry interviewee was actively contributing to any MoH policy process:

... the Ministry of Health will never come to us and ask us for anything. FI 4

Unlike the MoH, MPI had processes for working with Food Industry representatives from an early stage of policy or programme development. A senior MPI bureaucrat explained this approach as ‘engagement’:

MPI: We have been trying to work much more on the engagement end that has been relatively recent. We have been bringing in people to have input into the development in terms of health claims, at the early stage in terms of the self-substantiation, instead of saying we have developed this what do you think? That has been really good in terms of developing rapport but it again comes down to the government employees identifying who to make contact with. PM 3

Active contribution to these formal processes was a priority for Food Industry companies and Business Interest NGOs, (BINGO’s). Their priority was engagement over food policy:

Many ways, the more formal way is to make submissions during a public consultation period. That would be anything from FSANZ, Ministry of Health, Ministry of Primary Industries who were running a consultation...we would contribute through those channels, we would attend workshops and public meetings on any of those to have verbal input. There is a lot of policy development that is really important in industry. FI 5
9.1.2 Informal Policy Processes

Although only a small amount of engagement in informal policy processes was evident in relation to FMTC, most interviewees outside government reported working to influence wider government policy on nutrition and food issues. The distinctive features of each groups’ activities are summarised below.

NGO sector

The two large nutrition NGOs undertook a range of informal activities guided by their respective strategic advocacy plans:

*The impetus for doing this advocacy strategy was to look at all the things we care about and get our position together...one part is reviewing the evidence, the other part is reviewing the environment; who else was doing this, what is the political position, what are the policies, what are our peer groups out there doing, on that we base our position. It is often a little politically driven.* NGO 6

In general, the smaller NGOs adopted a more reactive approach, responding to issues as they arose and or deliberately using an opportunistic approach to achieve maximum political impact:

*I am keen on opportunistic things and multilevel decision making.* NGO 11

Academics

Policy active academics presented a range of skills and level of confidence in initiating informal processes to influence government policy. Engagement with policy makers ranged from being the overriding goal of their research activity to no deliberate engagement in any informal processes:

*In many ways, they are probably the primary audience, because of the type of research that I do.... A 8*

*No, I suppose it is a good idea, who'd you send it to? A 1*

Food Industry

In contrast large multinational food companies reported employing nutrition experts to undertake science based advocacy work with government. These individuals and senior staff frequently initiated the contact:

*I do science-based work and advocacy with government and within each market.* FI 4
The range of ways YYY contributes to government food and nutrition policy process; I would say that we have looked to proactively engage across the board with interested parties, YYY’s has met with a number of Ministers and advisors across different governments on a range of subjects. With regards to nutrition policy, we would meet with the Minister/Associate Minister of Health and also opposition health spokespeople, and advisors within the Ministry. FI 6

Interviewees from food companies without technical experts in regulatory affairs roles reported contributing to industry wide policy influence initiatives. These activities usually targeted politicians rather than bureaucrats, and allowed individual companies to be distant from any direct involvement.

Of particular relevance were accounts from several Food Industry interviewees of informal advocacy to shift meta policy arrangements. Industry groups are targeting two areas for a larger role in policy development.

Firstly, new policy arrangements whereby industry rather than government departments hold the scientific evidence. In new food and nutrition policy areas, for example health claims and nutritive substances, food companies were working proactively to develop a new type of regulatory regime:

Fortunately New Zealand has a very proactive MPI team at the moment and this year I think we will see the health claim proposal and the likelihood of the dialogue in terms of whether the evidence can be held by individual industry members ... so if we were to substantiate a claim on a product we would need to hold the dossier of evidence; some companies are already doing this. FI 7.

Secondly, policy arrangements where industry is involved in the early stages of policy development; when a policy issue was being defined and the parameters decided for its resolution:

That dialogue at an early stage does allow for a more fruitful outcome, it is a lot more transparent, if the process is transparent and the key stakeholders are informed at a much earlier stage and they are able to contribute and comment, then the process is seen as being more rigorous and inclusive. FI 7

Civil society for evidence use

The role of civil society groups as the ‘voice of evidence’ in formal and informal policy discussions emerged as an important issue for NGO and academic interviewees. Whilst two
factors constrained the influence of civil society groups on FMTC issues, there was strong support for their role in public health nutrition policy.

NGO groups, academics and bureaucrats generally agreed that politicians preferred to hear from lay people rather than experts. Most NGO and academic interviewees believed that when there was widespread support for a policy, politicians assumed a mandate for action:

"That is a really important part of advocacy getting a community on board with an idea. It is their voice that politicians are really keen to hear, and if there is enough of them saying the same thing." NGO 12

"I think we have been very remiss in not building public constituencies for things we want to do in public health. In tobacco, we have done that much better we now know that everyone supports much more aggressive tobacco policies then the politicians are prepared to lead." NGO 5

Some NGO interviewees reported deliberately packaging scientific evidence for civil society audiences to enable community groups to speak the evidence:

"I don't think it (activated public) is an alternative route it is a parallel route (to NGOs)." NGO 5

"It should be a whole raft of people talking to these politicians. That has to be organised by the NGOs, that is where you need a very focused and specific campaign." NGO 12

Food Industry interviewees consistently presented a very different view of the role of the public in public health nutrition issues. They were sensitive to the views of the public as consumers rather than as influential evidence advocates:

"What the public could do to us is far worse than what the New Zealand government could do." FI 8

9.1.3 Emerging Meta Policy

In addition to the influence of the government agenda reported in Chapter 8, the interviews revealed a number of other influences on meta policy arrangements for public health nutrition.
Public Private Partnerships (PPPs): Several senior MoH bureaucrats indicated that they had political support to work collaboratively with the Food Industry:

*Working jointly with industry ...collaborative approaches, doing things voluntarily, doing things incrementally there is actually quite a lot of permission to be working in that sort of way.*

PM 12

Most multinational Food Industry interviewees readily cited examples of their company initiatives to improve public health, both independently and in collaboration with government. Several high profile programmes fully funded by industry had both public health and commercial agendas, for example the Fonterra milk in schools programme:

*The reality of milk in schools is yes there is the poverty thing, but also getting people to have the taste for milk again. We are providing free milk in Northland and the kick-start breakfast programme just trying to represent milk as a healthy package.* FI 8

The only NGO working in a MoH funded partnership with the Food Industry on a public health initiative perceived a power imbalance that compromised their independence:

*Because the Food Industry have way the upper hand here and we are just small players and likely to be, you know JJ, likely to be deeply captured as JJ would say, which we already are partly.* NGO 2

Most other NGO interviewees expressed high levels of scepticism about the ability of any NGO group to manage this power imbalance. They saw a major obstacle in the inability of NGOs and Food Industry representatives to jointly agree and monitor targets, which would benefit the nutritional health of the population:

*That is what they say repeatedly, so how good? What are your targets let's agree upon them and let's monitor progress.* NGO 5

These accounts of PPPs were given a ‘whole of government’ context by a senior MoH official, who suggested that they represented an emerging form of government:

*Network governance, policy networks there is an argument in political science that goes no longer are we a pure Westminster system where ministers are responsible for politics and technical advisors and ministries are responsible for the technical advice. But we are in a system where the ways that advice is sought are much broader and not so linear, not as clean cut as I was suggesting in Ministers ask departments to go to consultation on policy questions, but that it is broader and messier.* PM 1

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8 NZ-owned multinational dairy company
9.2 Sustained relationships

This section reports interviewees’ experiences of the factors influencing the strength and longevity of their relationships across the public health nutrition policy community. From the results in Chapter 8 and the meta policy section above it is clear that informal processes dominate nutrition policymaking in NZ. Consequently, most interactions are based on informal relationships, and some are more deliberately pursued than others are. The pattern of informal linkages in the NZ public health nutrition policy community are summarised below (see fig. 7). Three types of lines between groups distinguish the nature of these relationships by level of interaction and degree of mutuality.

![Diagram of relationship types]

**Figure 7. Overview of main linkages between major players in NZ Public Health Nutrition Policy Community**

9.2.1 Advocacy for formal relationships

A small number of advocacy activities for more formal relationships between sector groups were apparent.

The relationships that both nutrition NGOs have initiated and facilitated are primarily with nutrition academics, and to a lesser extent with other groups (see fig 7). NGOs and academics viewed these on-going interactions as having a high level of mutuality:

*We have two advisory groups, one public health and one cardiac care, and a food and nutrition one. They are full of practitioners and academics. NGO 6*
Interestingly one BINGO reported establishing and maintaining a number of advisory committees involving industry representatives, academics and health professionals:

_We see ourselves as occupying a space between government, Food Industry, NGOs and health professionals. FI 1_

9.2.2 Informal Relationships – initiation and continuation

This part of the interview sought to gain an understanding of the nature and extent of informal relationships between members of the policy community. Of particular interest was ‘relationship trust’ as this is a prior condition for evidence being ‘heard’. These findings are summarised by interviewee group, as this enables easy identification of who initiated the relationship.

Policymakers, Bureaucrats

The absence of formal systems for health bureaucrats to engage with members of the public health policy community did not appear to have created an obstacle to on-going informal relationships. In fact a number of senior bureaucrats reported long-standing, 20 yr. +, relationships with senior nutrition academics. Senior bureaucrats attributed the ease of maintaining these relationships to the size of the nutrition policy community:

_It is a relatively small space the public health policy environment in New Zealand, so the links are pretty good between a lot of the key players and a lot of the key organisations in public health in New Zealand. Obviously for nutrition the community is even smaller it is part of the broader public health space, there are all sorts of formal and informal links. PM 12_

Politicians

Most MPs indicated that they relied on ‘evidence summaries’ produced by their own staff, and their own trusted sources for evidence-informed advice. Government MPs were aware of the advantage of receiving full briefings from officials. In contrast, a minor opposition party health spokesperson reported using external trusted sources extensively, these networks included senior NGO, academic and health bureaucrats:

_I will go to people like RB and say what do I need to know that is new, or AB or someone like that PM 5._

The Minister of Health’s (TR) reliance on trusted individuals outside government was well known. Bureaucrats expressed varying views on the level of trust they had with the Minister:
The people who will make a difference to him... and the most hopeful thing currently around is in NZMA's new found enthusiasm for social determinants of health.... I think this is useful, because it is not just public health researchers who are saying this but it is those people who politicians are used to hearing from who are the experts on health. That is very, very important and potentially game changing I think. PM 5

I can tell you from working in here it is really important to have the confidence of Ministers, even if you have really good advice for them you are not going to get that through if you do not have their confidence in the first place. PM 10

(The Minister of Health, TR) is an interesting man, he is at heart an accountant and has a thoroughly right wing view of the public sector, he does not trust us further then he can kick us. PM 13

Food Industry

For the Food Industry initiating and maintaining informal relationships with politicians and bureaucrats was a priority activity (see fig. 7). Most Food Industry interviewees reported actively managing their relationships with key government officials notably within MPI, and not the MoH. About half of the food companies, especially the large multi-national companies also reported on-going relationships with politicians:

*From our perspective what is important is having relationships with all the states and territories and New Zealand and making sure we put forward really science-based positions, and we always do and I think that is why we get quite a lot of respect, or we just remain silent on issues that we don't have any science to support. Or that are emotional issues. And so, they listen to us because they know that what we put forward is science-based.* FI 4

The CEO of the BINGO, the New Zealand Food & Grocery Council (FGC) is a former National Party MP and regarded by industry members as a highly effective advocate who uses previous relationships to benefit the Council:

*KR as CEO she obviously knows her way around Parliament quite well. A lot of these people are well connected and I guess they can influence–just find what the mood of the current government is.* FI 9

Public health NGOs

These organisations reported a range of informal relationships with bureaucrats and politicians. The more politically attuned NGOs initiated regular contact with MPs and maintained working relationships with MPs and the Minister of Health. Several
interviewees reported that being on the Minister’s ‘speed dial list’ indicated his confidence in an individual’s opinion:

*We have pretty close relationships; the Minister of Health will ring me before anything major comes out.* NGO 9

*What you do to get change to happen is you pull the ministers levers, for example over the last 2 years I have maintained a relationship with members of Parliament and ministers.* NGO 10

On the other hand, other NGOs struggled to maintain effective on-going relationships with politicians, explaining these difficulties as paradigm gulfs:

*I have been increasingly struck as to how distant we are from politicians, how we don't relate to them as well as we should. I think we assume they have much more knowledge and interest in the topics that we are interested in, than they do have. We assume they are going to respond to the evidence, and they don't, and they are driven apart from their party political ideology responsibilities, they are driven by their own ideologies and a personal experience.* NGO 5

Former bureaucrats working for NGOs struggled to maintain relationships with influential MoH bureaucrats, following staff reductions in the Ministry and the development of a new organisational culture:

*Most of the good people in the Ministry have gone, and one of the problems about the Ministry environment and it has got much more so, it is very closed.* NGO 8

The two large nutrition NGOs also reported different relationships with the Food Industry. One NGO has Food Industry representatives on a number of its committees; the other NGO has chosen not to engage with the Food Industry following an earlier dispute.

Policy active Academics

Several politically active academics initiated occasional one-on-one interactions with policymakers in private settings as these enabled higher quality dialogue. They also reported finding opposition MPs were easier to engage with than Government Ministers’ who were strongly influenced by party ideology:

*Very few occasions when you can engage freely, except in MPs’ offices, once they are in public politicians tend to be fairly careful.* A 6

The cluster of public health academics working in Wellington believed they had good on-going, informal relationships with local NGO groups including some NGO head office staff:
There is a very close relationship between people in public health at the school of medicine and the NGOs. We have set up regular, annual get-togethers with the local regional health people.

A 5

We as a group here have worked very closely with advocacy groups, sometimes we do reports for them and sometimes we cooperate in seminars. A 6

For these academics being in the city where Parliament was based was an advantage:

Literally we know people, we are friends with, we have taught, I can get a favour in most institutions in the city because of the people I have taught. A 9

9.2.3 Relationships are difficult to sustain

A number of interviewees from each group raised system level factors, which influenced their ability to have on-going relationships with other groups.

Competition between NZ academics

The majority of senior nutrition academics expressed the view that the public health nutrition academic community in NZ was characterised by competition rather than collegiality:

Otago and Auckland and Massey are all competing with each other, and it has always been like that. A 1

Turnover

Policy active academics reported the high turnover of staff in front line NGO positions and in the MoH increasingly constrained their ability to sustain relationships with key individuals:

So it varies with people, if they were able to have people for longer it would be better. I think the nature of advocacy for people in the front line it is often difficult to maintain the high level of activity, so there is one of the factors. A 6

Level of coordination

Food Industry interviewees portrayed their sector as tightly coordinated. Membership of industry organisations was highly valued by companies, as it allowed the development of unified positions on issues of common concern:

It is a great thing because you are sitting around with your competitors, all companies are sitting around the table with government; it is very collaborative. FI 10
In comparison, nutrition NGOs did not coordinate their activities. A coordination group set up six years ago was in abeyance:

*Five years ago I thought we should do what the Canadians have done, form a chronic diseases Peak Group, heart disease, diabetes, dietitians, Maoris, it was a bit of radical model getting it together because some would not sit in the same room as others. NGO 2*

In addition to the competition amongst academics reported above, this lack of a coordinated NGO sector created problems for bureaucrats wanting to consult with the sector:

*Who is public health, is it the Public Health Association, or is it some key academics, who is it? So the points that you go in at are very, very hard. Industry is easier because there are key bodies, and there are some groups that tend to pull industry together, but in terms of public health, consumer, and other NGOs, it is really hard. PM3*

**Prior experience**

An unexpected finding was the number of individuals in senior NGO and Food Industry roles with previous work experience in another sector, notably but not exclusively government see Table 15. These individuals used this experience to maintain on-going ad hoc relationships across the policy community. Government experience was also valued for insights into decision making processes which is not easily obtained from outside.

**Table 15. Policy Community members’ prior work experience by sector**

<table>
<thead>
<tr>
<th>Total no.: Interviewees by sector</th>
<th>No.: previous experience, by sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGO</td>
<td>13</td>
</tr>
<tr>
<td>Food Industry</td>
<td>13</td>
</tr>
<tr>
<td>Academics</td>
<td>12</td>
</tr>
<tr>
<td>Policymakers</td>
<td>16</td>
</tr>
</tbody>
</table>

This appears to be a strong finding, with nine of the 38 interviewees currently holding positions outside government having prior experience inside government.

**NGO perspective**

*I asked a few people who worked with him, I used to work there so I have a few contacts, and went instead to them how do we do this, what we do, they talked about his liking things precise, clear and a clear answer. NGO 6*
Food Industry perspective

I say to people in people in ZZZ I am able to get things done in government that others cannot. It is not calling in favours the reason is I have been in the regulators shoes I know the things they have to take account of, I know the pressures that they are under and so am in a position to find some compromise that they will find acceptable. FI 8

9.3 Evidence Use

9.3.1 Current Evidence-Use and Deliberative Processes

Interviewees’ had varying experiences of deliberate processes for developing public health nutrition policy and use of evidence. These are reported by interviewee group to highlight the contrasting approaches.

Government

The majority of senior MoH bureaucrats reported being excluded from policy processes where problems and solutions were agreed. Bureaucrats’ advice was only sought on the efficacy of implementation options, as the overall policy framework had been decided at Ministerial level. Consequently, these bureaucrats wanted access to translational research:

So the question is often not what should my policy look like on this, rather here is the government's policy what might that look like in terms of how you might make it happen? ....

You do not need to go very far to see that the biggest research gaps are around the translational research, around the how to do rather than the what to do. PM 10

In addition to translational evidence, several MoH bureaucrats suggested that research evidence already known by the sector was also preferred, as it avoided the MoH having to advance policy based on unknown evidence:

The value of the research is only as good as how well disseminated or socialised. PM 10

Senior MoH bureaucrats were critical of the lack of systematic internal processes for reviewing any public health evidence:

What I found was that people had poor understanding of how to précis the evidence, they didn't have the skills and they didn't necessarily have the contacts, and they didn't know how to interpret the evidence and weave that into policy. PM 6
I don't think there is a lot of deliberateness anywhere; I think the vision is quite short term. I think there are things, which are deliberate, ... but they are not in the public health realm. NGO 6

Several interviewees observed government policy processes placing lower value on evaluation evidence than on other evidence and not routinely collecting evaluation data:

Treasury did not want to know whether it was working or not. In that case, we knew it was not doing what it was meant to do because they had never worked out what was meant to do in the first place. Conversely, they don't want to know that something is working so they can de-fund it. NGO 8

Politicians reported using different processes to bureaucrats to access and process information, reflecting varying levels of deliberateness. Several MPs found being a member of a health select committee provided a unique opportunity to learn about a public health issue: the scientific background, the stakeholders and about the impact on people. Most relied on briefings, summaries provided by Party staff and informal contacts.

A number of interviewees from outside government believed politicians struggled to understand and apply scientific evidence. In general, others regarded politicians as being a non-expert audience for scientific evidence:

Where is the place for translational research? They do not have the wherewithal to do that. I don't mean to put politicians down but they do not have the expertise. NGO 9

Food Industry

Most Food Industry interviewees spoke of using scientific evidence to justify their position on policy issues whilst remaining aware of the political dimension to policy processes:

If you can provide the scientific evidence to back up your position—they take heed of that but they are also very aware that they are politicians and want to remain in power, its a compromise. FI 9

Some Food Industry interviewees spoke of their commitment to being scientifically rigorous when they contributed to formal government policymaking processes. Including references in submissions to government was common practice, with one senior manager directly linking the rigor of his company’s evidence base to their standing with Government:

... certainly, our ability to influence has been enhanced, they know we are based on a rigorous understanding of the science, and not many food companies go to that extent. FI 11
Food Industry interviewees used the term “scientific conversations” to describe interactions with MPI policymakers. This interaction involved the Food Industry representative supplying the official with a range of types of evidence. It was unclear whether the scientific evidence was in the public domain:

They would take all the science they could get, they know we have the science at our fingertips and will ask for it, not just science but evidence in general, sales figures, whereas the Ministry of Health will never come to us and ask us for anything. FI 4

One transnational food company used academic journals to convey their position on nutrition issues, to avoid criticisms usually levelled at industry-funded research, and to have their scientific position in the public domain.

The capacity of the Food Industry to rapidly apply new scientific evidence when it was ‘non controversial’ was conveyed in anecdotes of swift product reformulations. The examples given related to single micronutrients where there was a well-accepted scientific history, concern about a population wide health issue and the product reformulation was low cost.

Some Food Industry interviewees shared the view of an MPI bureaucrat that a scientific understanding of consumers’ food related behaviour and behaviour change was needed for population level policy to effectively prevent and treat nutrition-related diseases. These interviewees believed the social science evidence base in this area was inadequate:

We work on the hard science we don't have that social science evidence either, there is a real gap in that. FI 4

One Food Industry relationship with an NGO was motivated by industry awareness that they contributed a different type of evidence:

There was an industry meeting and a few of us volunteered to assist the Heart Foundation in their scoping... it was individual companies coming forward saying we would like to be involved in the dialogue because it has to be workable and practical. FI 7

Non-Government Organisations

NGOs contribution of scientific evidence to government select committees, MOH committees and consultation rounds was well known. However, experienced senior NGO interviewees were aware that evidence-informed advocacy alone has had minimal impact compared to other policy inputs:
But the evidence is not enough that is what some of my public health colleagues seem to forget—
they seem to think if you present the evidence and it is compelling, then any reasonable person
will see it. It does not work like that. NGO 6

Academics
Public health academics involved in policy provided evidence for policy advocacy in three
distinctly different ways outlined in Table 16 below. The strategy of generating evidence
for NGOs to advocate was favoured by those academics that believed they did not have the
skills, resources or any interest in direct political activity. Other academics adopted a more
direct approach by giving evidence directly to health bureaucrats who were more expert in
the art of political persuasion. Academics using the third approach did not engage in policy
processes on the grounds that it was not their core business, they saw their responsibilities
as being to produce robust scientific evidence.
Table 16. Approaches academics employ to contribute evidence

<table>
<thead>
<tr>
<th>Approach</th>
<th>Illustrative comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working through NGOs</td>
<td>Not just give it a voice, but they need it most they don’t have the resources themselves, if they do have resources it is often small. Underlying this is the belief that the most effective way for positive policy change is effective advocacy and the most effective thing we can do for advocacy is research that answers advocates questions, that helps them in various ways. A 3</td>
</tr>
<tr>
<td>Working through MoH Bureaucrats</td>
<td>I think if you have convincing evidence it does move policy along. My impression from the people I know in the Ministry of Health is that if you produce evidence for them, they will try and push it through the internal processes, to try and get it made into policy and of course they will always be blocked at the top by the politician. A 2</td>
</tr>
<tr>
<td>Using a traditional academic approach</td>
<td>I work very hard to present all the systematic reviews; to give a really good overview of the evidence, and try and reach a conclusion, which is often just that there, isn't enough evidence. A 8</td>
</tr>
</tbody>
</table>

Interestingly the more experienced policy active academics were aware of research evidence being used for political purposes:

*Asking for evidence is usually a way of stalling, there are many other areas of government where there is no need for evidence, they do all sorts of things without evidence. It depends how you frame it, if you look at it from a precautionary point of view, there is the very large risks is you don't do this, we don't necessarily have experimental proof right now, although in many cases we do. A 6

9.4 Politics

As foreshadowed in Chapter 8, most interviewees shared experiences of the political influences operating in the wider public health nutrition sector. This influence is categorised under six minor theme headings.
9.4.1 Food Industry influence on NZ government

The NZ government was reported to have a ‘no surprises’ approach to working with major export earning primary industry companies. An interviewee⁹ with prior experience in parliament recalled officials routinely consulting large primary industry companies on all new bills before the house. Whilst industry agreement was not sought, companies expected to be listened to, to allow bureaucrats to learn of possible objections before any proposed legislation reached parliament.

Most industry interviewees believed that political imperatives influenced final decisions on policy, readily citing examples:

> At the end of the day it is a deal … when folic acid was going through, there were just deals OK so we will support you in not supporting this if you support us in this, deals for votes. FI 4

All industry groups and some individual company interviewees reported working actively at the political and bureaucrat level to ensure their views were known, understood, and taken on board. The Ministerial appointment of the FGC CEO to the Health Promotion Agency Board was controversial between academic and NGO groups:

> The board of the Health Promotion Agency was announced a few weeks ago and it includes … nobody with a nutrition background whatsoever, three people who are officials in the national party and KR. When you look at that you can see it is not the intention of the government for this agency to be pushing the nutrition issues… A 5

> You stack these committees with the outcome that you want in a way. The vested interests in that area are pretty sophisticated particularly around food. NGO 4

Members of the academic community also observed the Food Industry adopting increasingly intense and sophisticated lobbying strategies:

> A lot of it is behind closed doors, in corridors but it is becoming at a higher level and higher intensity and more noticeable but it is a different approach to what we in public health might take. A 7

Including attempts to influence government officials over which evidence to consider:

> As to the evidence that counts with decision makers for regulation, the Food Industry are well aware of this because they are working all the time to frame that environment. A 5

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⁹ Asked not to be quoted directly
Several Food Industry interviewees cited their dialogue around new regulatory regimes as an example of their cooperative working relationship with government:

*What industry has been talking to the government about is the potential for a policy or a regulation like they have in the States. Where industry would grant a regulation, where it is Generally Recognised As Safe for an ingredient. We'd choose the independent expert to do the review, and then we notify FSANZ to say yes we are going to include the ingredient or no, we are not.* FI 4

9.4.2 Political Capital

The finite political capital for public health for both in-government and opposition political parties is relevant as immediately prior to the 2012 interviews, i.e. in the middle of 2012 the NZ government passed tobacco control measures (July 2012) and undertook alcohol law reform (August 2012). Experienced public health researchers believed that political capital for public health was fully expended on tobacco control and attempts to reform the alcohol laws, leaving no reserves for other issues:

*It could be get that space has been taken up by tobacco, also with the alcohol legislation floating around maybe people are a bit focused on that, and once there is a new alcohol law then the interest in food will come back.* A 10

*Politicians are more willing to invest financial capital than political capital when taking on a fight and they will seriously pick their fights... so they will only do them very judiciously and very cautiously and only when they have a good sense of winning.* A 7

9.4.3 NGOs compromised

Most NGOs reported adopting a politically pragmatic and conservative approach to their public health nutrition advocacy because of their dependence on government funding:

*Most NGOs are government funded so they have to be careful there is always that risk to their funding... I am on the ANA Board, people jump because they don't want to get hauled over the coals ... So there is quite a lot of power and control that goes on, that has been my experience certainly in tobacco, around this whole political neutrality thing, and it is still there with nutrition.* NGO 13

9.4.4 Current political regime

The PMCSA and several senior NGO interviewees attributed the high level of political involvement in policy processes to New Zealand’s Mixed Member Proportional (MMP)
electoral system. These interviewees had numerous experiences of scientific voices not being heard in political debates:

*I think our problem is that with MMP and the nature of the political parties, which are in Parliament that things tend to become emotive and political before we start the discussion.*

*PM 11*

A succession of coalition governments with small majorities over the last decade had forced MPs to be responsive to their electorates and their party ideology. An NGO interviewee saw this fragility favouring organised civil society groups:

*Because the coalition governments are so much on a knife-edge, in terms of number of seats they are enormously cautious to capture the middle ground. New Zealand Governments more or less depend on about 10,000 people in six or eight locations because they are the swinging voters in the marginal electorates. That is why social movements in the hearts and minds of people in general are so humungously important.*

*NGO 14*

Both senior Maori NGO interviewees saw the current cross-party support between the Maori party and the governing National Party for Maori health initiatives as opening a political door for population wide programmes, in a political environment generally unfavourable to public health:

*Those things are going to benefit Maori but they are not going to just benefit Maori.*

*NGO 8*

The short three year electoral cycle also emerged as an obstacle to long-term public health nutrition policy. Most opposition party MPs and a number of NGO and academic interviewees were critical of the disestablishment of public health nutrition programmes initiated by the previous government before they had been evaluated:

*I think that is a problem we have in New Zealand with our 3 year electoral cycle they do not allow for a slow and careful roll out, if we have a change of government we often have a very drastic clear out of programs that are only just getting into their steam.*

*PM 7*

9.4.5 Political labeling of individuals and programmes

A significant issue for some policy active academics was being ‘labelled’ by politicians and bureaucrats for the congruence of their views with Government ideology. They believed that perceptions of their personal political views determined whether their advice was sought; some expressed concern around the impact of being labelled on future competitive government research funding applications.
A senior academic who was consulted frequently by the former Labour Government commented:

*I have not been asked for my opinion about anything over the last 4 years, which happens to relate to the period of the new government. (*AI*)

Some academics attributed this to the small size of the country:

*New Zealand is a small country and you get known for your views. (*A8*)

Most opposition MPs and NGO interviewees were aware of this political labelling of academics, and programmes associated with the previous Government’s public health nutrition programme, HEHA:

*(The Minister of Health) TR will look at ZZ and say you vote Labour therefore anything you say is invisible to me. He is the most political Minister in that way, his primary filter is will I win votes or lose votes by listening to you or doing what you say or whatever. (*PM5*)

*There seems to be a feeling in Wellington that anything that looks or smells or feels like HEHA is not supported, for example AA was highly influential in the HEHA days and now he is tarred with that brush. (*NGO7*)

9.4.6 Role of senior bureaucrats in politics

Senior bureaucrats were seen as playing a pivotal role in the interface between the Minister of Health, the Ministry and the nutrition sector. Whilst all senior bureaucrats conveyed high levels of political awareness, a number reported being taken by surprise by the major and swift ideological change away from public health when current Government came to power:

*We were not prepared for the change of government, the paradigms shift and we had a Minister who was totally against the whole concept of HEHA. (*PM6*)

Several NGO and academic interviewees believed that public health nutrition has not had an advocate at senior level within the MoH10:

*That is the other thing the right people in the right place as his advisors is just crucial. BB and tobacco right there beside (The Minister of Health) TR; there is no nutrition person doing that. (*NGO6*)

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10 The senior public health bureaucrat referred to in the quote above as BB resigned their position since the 2012 interview was recorded. The replacement appointee does not have a comparable background in public health and has no background in nutrition.
9.5 Advocacy Capacity

As reported in Chapter 8, the advocacy capacity of groups outside government emerged as a supporting explanatory theme. Capacity for advocacy was highly salient for wider public health nutrition policy issues with interviewees from each group indicating their advocacy for using evidence was constrained by factors outside their control. These issues are categorised into six subthemes, reported below.

9.5.1 Advocacy approach and skills

Distinct approaches to advocacy were evident within and across groups, in some instances this related to advocacy skills. These are summarised in Table 17. All members of the food industry had advocacy as part of their role. Their expressed approach ‘improved nutrition’ and ‘informed consumers’ was pursued for commercial ends through strategic advocacy initiatives. These included relationship building with government bureaucrats, memberships of government committees and industry NGOs, and private public partnerships with government and NGOs, notably the National Heart Foundation.

Although NGOs employed a range of advocacy approaches, all shared the broad public good goal of improved public health. Nutrition NGOs had formal advocacy strategies based on political opportunity and framing evidence to be acceptable to the current government. Government funding constraints were openly discussed as limiting the politically controversial advocacy and activity of both large nutrition NGOs. Two other relatively large NGOs were more proactive, one appeared to be more politically engaged and the other enjoyed the freedom of independent funding. Although the small NGOs were aware of issues and advocacy opportunities, their self-expressed lack of advocacy expertise, and reliance on voluntary input from nutrition academics resulted in low-level reactive activities such as evidence-informed media releases. In addition to contributing evidence to policy discussions as reported in section 9.1.3 above academics reported a range of approaches to policy advocacy. More politically engaged academics actively used multiple strategies when advocating for their evidence to inform policy development. Other academics conducted government funded research on topical issues then deliberately discussed the implications of their findings with government decision makers. At the other end of the spectrum were some public health nutrition academics that did not undertake any advocacy, because they were funded by research grants, believed they did not have the skills or were not interested in policy advocacy.
**Table 17. Advocacy approaches by the NZ Public Health Nutrition Policy Community**

<table>
<thead>
<tr>
<th>Interviewee Group</th>
<th>Advocacy approach, skills</th>
<th>Illustrative quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Industry nutritionists</td>
<td>Internal and external advocacy for improved nutrition</td>
<td>We are basically public health advocates within the company FI 10</td>
</tr>
<tr>
<td>Food Industry other</td>
<td>Informed choice for consumers</td>
<td>Generally we would have the consumers interests at heart most people want to make good food and have informed consumers, because at the end of the day we need healthy consumers to have a viable business FI 2</td>
</tr>
<tr>
<td>Nutrition NGOs</td>
<td>External advocacy Strategic and opportunistic approaches</td>
<td>We choose our target based on the evidence, the timing, the position and our skills NGO 6</td>
</tr>
<tr>
<td></td>
<td>Political awareness questioned by bureaucrat</td>
<td>In nutrition, to be really blunt I don’t think some of the NGOs have really grasped the new political environment. And so they are still pushing for something that is not going to happen PM 3</td>
</tr>
<tr>
<td></td>
<td>MoH funded not proactive</td>
<td>If the DHB said what is your position we would send them the paper. It is on our website we are very happy for the work we do to be used by other people… so other people can then advocate and that is part of your vehicle for advocacy NGO 6</td>
</tr>
<tr>
<td>Two other NGOs with alternative approach</td>
<td>Proactive political advocacy, presenting evidence</td>
<td>Have the opportunity to get in front of MPs in the Beehive once a quarter… we always have a champion in the house who was responsible for getting the information out, We never use it for lobbying. Well we do but we do it very subtly. We try and stay current with data, local data, I try and get the researcher to present their data, and to try and use it to build knowledge within the house NGO 9</td>
</tr>
<tr>
<td>Small NGOs</td>
<td>Aware do not have advocacy skills</td>
<td>One of the things about evidence-informed policy is that most of the people doing policy in NGOs have no policy background, what happens is you have a little NGO that starts with one or 2 voluntary people and it gets bigger NGO 8</td>
</tr>
<tr>
<td>Policy active academics</td>
<td>Active dissemination using politically aware strategies</td>
<td>Always using the media, getting it published, sending it to key stakeholders, making them aware of it often sending it to the Minister as a ministerial, speaking at conferences …encouraging my students to do the same A 9</td>
</tr>
<tr>
<td></td>
<td>Undertaking single large RCT projects, to produce robust policy-relevant evidence then active dissemination</td>
<td>The best way I can influence policy is to do the studies that they say they want, and the gold standard is the RCT…which will provide the evidence that people are asking for around policy… my hope is that we will show the benefit and if that is the case I will be doing the rounds down in Wellington A 2</td>
</tr>
<tr>
<td></td>
<td>Aware of need but priorities driven by need for research funding</td>
<td>My focus is on generating the research, my inability to follow through and take it to the next stage, is pretty limited, because I am a self-funded researcher, when one piece of research finishes my focus is on getting money for the next piece of research A 8</td>
</tr>
<tr>
<td></td>
<td>No interest</td>
<td>It is a role I don’t enjoy. I think it should be suited to people who do it well… I have to admit to being not particularly interested in it NGO 11</td>
</tr>
<tr>
<td>Bureaucrats</td>
<td>Internal advocacy High skill level</td>
<td>We have to be nimble one of the challenges… in the area of nutrition you need a whole range of people who are going to support that approach within the bureaucracy as well as within the government. If you frame things in a way that is acceptable to all those people then you have a better chance of getting it on the agenda PM 6</td>
</tr>
</tbody>
</table>
Some health bureaucrats saw the NGO sector as being in the most favourable political position to provide sector leadership, however the two large NGOs were very aware that they were not fulfilling this role:

*I think NGOs are in a strong position, because they are distant from government and are more easily able to say things than people inside government, it is quite difficult in the ministry, you might have quite strong opinions about how things should be done but you are not in a position to make those public.* PM 6

*In this environment, we could be criticised for a lot of noise and not a lot of leadership.* NGO 7

9.5.2 Technical expertise

This subtheme was highly salient for interviewees from small NGOs who saw their lack of technical expertise in nutrition as a major constraint to their capacity to credibly advocate for evidence use. In contrast as reported in Chapter 8, the two large NGOs have in-house technical expertise and access to external advice. In general NGO interviewees believed they needed to ‘know the research’ to be able to advocate for its use.

Ranges of levels of technical expertise were also evident in the Food Industry. Multinational companies had large global in-house capacity to undertake basic science and applied nutrition research including clinical trials:

*In addition to employing research scientists internally, YYY globally has research partnerships with Universities and other organisations to stay up to date with the latest science.* FI 12

Large NZ based companies either commissioned scientific research and or were part of local or international industry bodies who commissioned research:

*There are industry bodies like the Juice and Beverage Association, has a technical advisory group, the Food and Grocery Council has a technical advisory group so we do have arms and legs, and we may draw on colleagues globally to obtain that evidence.* FI 7

The majority of these companies employed nutrition professionals with skills to review scientific literature. Staff in the other national companies accessed published research and had access to sales focussed research. All nutrition professional interviewees in these companies valued published research for its accessibility, independence and credibility:

*I wish we did a whole lot of research, what we do do, is every so often is use a company like Colmar Brunton for consumer research on a number of issues like packaging.* FI 5.
9.5.3 Independence

Perceptions that industry funded research is inherently biased were the explanation for the Food Industry preferring published literature:

*It is very difficult to commission work because it is always tainted by “it is paid for by industry” so it is a fine line, where it is necessary we commission it. If we pay for it, it is really tricky... so it is always better for it to be purely independent.* FI 4

Both large nutrition NGOs consistently used peer review processes to ensure the scientific credibility of their position statements. One of these NGOs used non-government funding to prepare their position statements to allow them to adopt an independent view:

*We have never had peer reviewers say that your recommendations are not in line with the evidence. So this is where the ill feeling, what do you call it tension lies, between so-called independent systematic reviews and government policy; and how they aligned themselves, in the end we decided to take on board the scientific committees reviews and fund them ourselves.* NGO 7

Policy active academics expressed a range of views on their own level of independence, from articulating their legally enshrined independence and duty to advocate to being unaware or unconfident of their independence:

*I am saying that we in a sense have a duty to advocate all of us, and that to some degree at present is legislated. It is an incredibly rare ability there are some other areas of society, the judiciary to some degree, has the ability to comment in particular ways at particular times, but I think our right is larger.* A 6

*We are too under resourced and we are too conflicted by government funding. So many of us depend on government in some shape or form that we are very unable to be a strong and independent voice.* A 8

9.5.4 Resources

No food industry interviewee raised any resource constraint issue relating to evidence-informed advocacy, however as reported above most individual national companies have low levels of external advocacy activity preferring to work through BINGOs.

As reported in Chapter 8, resource constraints were a major issue for the smaller NGOs. All reported that their funding levels prevented staff being employed that had advocacy skills
and technical expertise, and constrained the time existing staff could devote to advocacy activities:

In the NGO environment there is usually only one of you. NGO 8

Unlike the food industry, NGO groups did not pool resources to coordinate their advocacy on wider public health nutrition issues.

9.5.5 Links with Academics

A small number of Food Industry interviewees reported having on-going linkages with nutrition academics, usually involving the commissioning of research.

While the two large NGOs had formal links with public health nutrition academics, the smaller NGOs relied on personal contacts, goodwill and informal networks with individual academics.

Several academics believed the lack of a collaborative ethos between academics in NZ and absence of an acceptable high status spokesperson prevented the wider public health nutrition community being able to consistently advocate on issues:

What we need in nutrition is somebody comparable who has been given the mana by the nutrition community to fulfil that role; I don't see who that person is. A 1

Only a few public health nutrition academics reported contributing to government policy development. Two academics held appointments on short-term MPI advisory committees but none had formal linkages with the MoH:

If you ask the question where is that communication-going to happen, you are told that it is going to be in that new grouping... the Health Promotion Agency. That is where it is all going to spring from, but if you look at the nutrition expertise there it is slightly missing, probably the closest to nutrition expertise is DD, who at least is interested in nutrition and will phone one up and ask what you think about this particular issue. But if that is what we have to rely on for communication between policymakers and nutrition academics, it is pretty slender. A 1

9.5.6 Sector coordination

Several Food Industry interviewees referred to the FGC technical committee as an important focus for evidence-informed industry advocacy activities:

The beauty of the council is that you can have various parties having an intelligent discussion which brings more value, brings more points of view, it might bring something you haven't considered, its a fairly robust process. FI 2
In contrast, the lack of coordination and dysfunction in the public health nutrition NGO and academic communities was widely known across the wider sector. Several interviewees suggesting that the nutrition community lacked credibility with the Minister of Health:

_We are our own worst enemies we have bickered and squabbled, and fought over it. Is it any wonder that the Minister of Health looks down on us? And as they can't agree … you ask one person they say one thing you ask someone else and they say something else, why would I invest in that sector when they don't know what the hell they want. NGO 15_

In spite of their position as the largest and most well funded NGO the NHF were not providing a leadership or coordination role. Some academics attributed this to a shift of focus away from public health nutrition:

_The National Heart Foundation totally changed the amount of emphasis it put on public health nutrition, with the change in the political regime. A 1_

Whereas the NHF reported deliberately choosing to pursue its own agenda for undisclosed reasons:

_We are the big brother and we tend to be subsuming all these interests, we could have been one voice and so much more effective, nevertheless we carry on doing what we are doing. NGO 2_

### 9.6 Timing

Timing issues emerged as highly influential on interviewees’ approaches to policy advocacy. These findings are categorised under five sub headings.

#### 9.6.1 Views change over time

In the wider public health nutrition context, most long serving bureaucrats shared the view that persuading Ministers and Treasury officials took time:

_You have to get people used to the idea, some people in key positions who understand and support it and then you have to persuade Ministers and you have to persuade Treasury in terms of funding. PM 2_

Over half the industry interviewees also recognised that views change over time. Their advocacy goal was to maintain dialogue with policy stakeholders:

_We recognise there is a broad spectrum of views on the best approaches to nutrition policy, and over a period of time we have looked to be part of the conversation, listen to what others say, and provide insight into what we think will work with our customers. FI 10_
Similarly, all NGO interviewees with lengthy experience believed that advocacy took time to achieve its goals:

*I would like to think it is like water dripping off a stone, but I haven't seen much evidence of it of late...every now and then when I feel dismal about it I remember back to when we started so and the reason we started out, was to highlight the fact that obesity was a problem and it seems extraordinary that we had to do that, that people didn't realise that it was a problem; things have moved along people do clearly see it as a problem.* NGO 11

A senior NGO interviewee linked timing issues specifically to the Minister needing time to change his views on public health nutrition whilst retaining a credible political profile:

*It was just ideologically driven stuff which has now backed (Minister of Health) TR and his colleagues back into a corner and the only way you can get him out of the corner is to let time pass, and say actually what we need to do is not this school canteen stuff or HEHA but we need things under a different name, related, which they can own.* NGO 5

9.6.2 Lead-time for research inconsistent with political timeframes

Most policy active researchers expressed a keen awareness of the difference between research lead-time and policymakers time frames. Some indicated they responded flexibly to these requests:

*We generally have to work at it reasonably hard but they do come to us quite often... NGOs are slightly better than government bodies, is that they want it tomorrow, whereas we have very long lead times for answering questions. If we already know then we can extrapolate from existing information and help them.* A 6

9.6.3 Longevity of individuals in roles

Long serving bureaucrats were recognised for their role in keeping wider public health nutrition issues ‘alive’ within government. This was particularly important for groups external to government.

In addition, several industry and NGO interviewees found it took time to understand the complexity of government regulatory processes. Long serving individuals in key positions with this understanding were more effectively able to engage with government:

*You actually need some continuity; it took me ages to get my head around all of this.* FI 1
On the other hand, several Food Industry interviewees held the view that meaningful dialogue between the Food Industry and government was enhanced with the turn over of some bureaucrats:

_I think personnel have changed, or they perhaps have realised particularly if the policy relates to the Food Industry perhaps there has been some learnings in the past._ FI 7

### 9.6.4 Policy longevity

This issue arose only for public health nutrition policy. Almost half the NGO interviewees, some academics and opposition party MPs as well as several policymakers shared the view that policy longevity was critical for public health nutrition programmes to be effective. These interviewees suggested two strategies for achieving policy longevity.

**A robust conceptual framework and inter departmental support:**

If as the government you have not worked out the clear conceptual framework for your policy before you implement it, and you come under attack it is very difficult to defend it... There are lessons to be learned from that, about the value of having a robust conceptual framework and also of involving the officials from across all of the government departments that have to be involved so there is some coordination, between those officials and a clear, shared understanding of what is trying to be achieved. PM 7

**Bi-partisan agreement on public health including nutrition policies:**

But of course, the next government might disestablish them so cross-party support is important. NGO 5

However, several experienced health bureaucrats questioned the political acceptability of bi partisan agreements:

It is hard to imagine how it would be in the interests of an opposition to agree to a bipartisan approach to health and to its direction. Because there are so many opportunities when you are in opposition to identify problems in health, ... it would be too much for the opposition to give up. The only way it could happen would be nationally if it is perceived as such a big crisis that communities expected people of different parties to work together like that. PM 12

### 9.6.5 Short time frames for Ministerial advice

This emerged as constraint for most senior MoH bureaucrats on their ability to provide evidence-informed policy advice:

Go away, develop it, and come back to me in one or two months, with this Minister probably two days. PM 10
9.7 Framing

Framing was a topical issue for most NGO and Food Industry interviewees in relation to their advocacy strategies. Three issues emerged:

9.7.1 Conflict between current policy frames

The ‘individual choice’ frame is consistently used by the Food Industry and the current government. This appeared to have no common ground with the ‘social and environmental determinants’ frame pursued by groups with a public health agenda.

Individual Choice:

...ensuring we have a broad enough portfolio to include products are going to be healthier options for people. FI 7

... they (Government) see it as an individual problem that people should solve themselves, they do not want to get in the way of growth and business, then they are not interested in any evidence that would tell them otherwise. It is very ideological driven. A 9

Social determinants, environmental influences:

In general, getting people to understand that it is an environment that surrounds whole communities, which make the difference, involves a deeper level of thought and that is why it is harder. PM 5

Experienced NGO interviewees reported attempts to reframe social and environmental determinants as simple messages:

I will just stick with talking about good nutrition; I hate the word choices because that puts it all back to personal responsibility. NGO 11

I think with nutrition there is no point in talking about the complex things like fat taxes, but concentrate on the simple things at this stage and the idea that it is not an individual problem, try and frame the debate. NGO 5

According to senior MoH bureaucrats politicians’ responses to these conflicting frames are influenced by two wider factors; politicians’ personal views on the role of government and the public sector; and their perceptions of voters’ views:

There are differences in willingness to think about things from a public policy perspective. There are some Ministers from whatever party who are comfortable with the notion of national policy influencing action, there are others who are not. PM 12
9.7.2 Political influence on policy frames

Through the period (2008 – 2013) when public health was not a government priority, senior bureaucrats committed to public health issues reported keeping public health issues in front of the Minister of Health by judiciously linking them to his priorities:

> Being flexible and framing the evidence in terms of what is acceptable in the current political climate is part of the art of the policymaker ... I have heard a Minister say when he has asked us to go away and assemble the evidence and we have brought it to him, that is not the evidence I was looking for. Go away this is the evidence I am looking for. That is where you immediately see that evidence is just one influence and it sits within a frame a political frame, and politics is very much the art of the possible and I think most public health practitioners are well aware of that.  PM 10

> .... it is really important how it is presented, because if you present the arguments as obesity, obesity is not something that the government is interested in and if they are it is treatment options in terms of self responsibility, PM 3

Some NGO interviewees expressed increasing awareness of the need to use politically acceptable frames:

> I think this is where we need to stop wittering on and get a bit smarter about the politics of all this is because unless you find the common ground you don't get anywhere politically. NGO 2

Whilst some bureaucratic support existed for the reframing by NGOs, from a social environmental perspective the breadth and depth of this support was unclear:

> They are the perfect ones to do it (reframe) and I have said to GG is agencies like ours can't do it because if there is a change of government we might have to drop it. PM 4

9.7.3 Evidence framed by Civil Society

A number of NGO and some academic interviewees reported experiences of politicians’ being more responsive to evidence framed as “stories” from individuals, than meta analyses from academics:

> Now it is being able to articulate what that evidence means, for everyday community people. If you are able to articulate that by having the story or the narrative, first then you are more likely to get your foot in the door, and get some results. ...I kind of get the feeling that the experts who used to be consulted on everything are no longer really the experts and now it is the community people who are able to make the changes and who are able to tell their stories. That is the expertise you want to tap into now. NGO 12
9.8 Powerful advocate for using evidence

The Prime Minister’s Chief Science Advisor (PMCSA) was identified early in the 2012 interviewee snowballing process as having an increasing influence on the use of scientific evidence in government policymaking processes. With a brief from the Prime Minister to promote discourse to lead New Zealand to better apply evidence-based knowledge and research across all domains of public endeavour, the PMCSA was advocating for changes to government policy making processes. A proposed community of science advisors is to give external bodies including industry groups a clear point of contact for ‘scientific conversations’.

These scientists are to provide ‘value free’ scientific advice to politicians whose role is to integrate this with societal values, public opinion, diplomatic considerations and political realities. This process is based on the PMCSA belief that politicians strive to make decisions in the best interests of the country:

In my experience if you lay out the evidence in a way that does not force the politicians into a corner, that summarises fairly what you do and don’t know, in as values free way as it is possible to do, and it is never possible to be entirely values free, most politicians will work themselves into making better decisions; because although they have the flavour of their own biases, and wishes, and ideology, and electoral considerations fundamentally they understand their responsibilities, they are not naive. PM11

The PMCSA’s policymaking received criticism from a number of interviewees in and outside government. Several experienced public health academics disagreed strongly with the proposition that science could be value free, particularly in modern public health where contextual data makes a valuable contribution to credible scientific work:

It is a 1960s concept ...I am surprised that anyone is talking about a value free science it is a 1960s concept, how old is he? 65 that would make sense in that his concept of the science was formed some time ago. A 6

A former bureaucrat viewed the notion of ‘value free’ as reflecting the paradigm of Treasury officials:

That is Treasury thinking, I am value free you are biased even if it is value free theoretically. NGO 8

The recommendation to appoint a Chief Scientist has been actioned by the MPI, whereas the MoH has not progressed an appointment. One very senior MoH bureaucrat stated that a
broader organisation wide approach was the preferred means of increasing the scientific capacity in the Ministry:

Actually, it is about strengthening the skills of all key people involved in policy work so they have the skills to find, assess, and translate the evidence. PM 10

NGOs were unclear as to what the PMCSA’s real agenda was as in their experience of trying to give evidence a voice, politics usually dominated policy processes:

My understanding of the way policies are developed are that it is a much more ad hoc basis, there is a hell of a lot of pandering to the voting public, and I would be surprised if politicians want to give up that right... NGO 11

A number of interviewees were keenly aware of the PMCSA’s high level of influence and the dearth of forums for debating his views. The PMCSA’s level of influence was attributed to his position within government and personal attributes. As an employee of a multinational food company had observed:

He is phenomenally influential...everyone’s science adviser apparently, I don't know who he doesn't work for... you would hope with any policy decision that a risk or an impact assessment had been done, and that some research had been done at the outcome that was anticipated was likely, you would hope it was research-based but it is never going to be that pure. FI

9.8.1 PMCSA’s Public Health Nutrition Policy

In addition to government wide initiatives to increase the role of science in policy making, the PMCSA has published a number of papers and a book on the genetic bases for non-communicable diseases, including obesity\(^{362-364}\). Based on his genetic studies the PMCSA believes that peri-conceptual maternal diet influences the predisposition to obesity later in life. Several senior MoH interviewees reported being requested to develop policy advice based on this evidence from epi-genetic studies:

He is hugely influential and trusted by government. We are now being told to implement his advice. PM 13

As the MoH was not required to consult on policy proposals, a number of outside government interviewees were deeply concern that there was no forum for the government to hear alternate views on the science, or consider the opportunity costs of adopting an epigenetic approach to obesity prevention.
Food Industry NGO

*I don’t know on the basis of what he says that is being used as an excuse to eliminate all the stuff that has been done for people before it even got properly evaluated... Some of it seems a bit bizarre to me.* FI 1

Senior Nutrition Academic

*The interesting thing about PG’s views are that on the basis of a certain amount of experimental work, it is certainly reasonable to believe that influencing maternal diet will have epigenetic consequences which will relate to health consequences down the track. However there is no evidence from a public health perspective that that will translate into any benefits whatsoever....but I wasn’t aware that that had got anywhere near being translated into policy. But again that is politics with a slightly different hue, in that it is one person in a very powerful position being able to impose his views, for which there is no evidence whatsoever.* A 1

Public Health NGO

*What they, the critics, are saying is just as valid as what PG is saying. How am I as a policy person to know which it is?* NGO 8

Summary of Results in Chapters Eight and Nine

From the findings on the factors influencing advocacy for using evidence reported in Chapter 8 and in this Chapter on the wider public health nutrition context, seven major themes and supporting sub-themes have emerged. The AEU framework produced four themes and three emerged from the data.

**AEU framework: Meta policy** arrangements have a significant role in determining how evidence is used. Informal and outside government processes appear important in the absence of formal structures and processes. These processes depend on individuals in key positions and present opportunities for civil society groups. The political shift towards government pursuing collaborative governance roles has the potential to bring about major changes in meta policy structures and processes.

**AEU framework: Sustained relationships** between individuals have been critical to keeping issues and evidence ‘alive’ over the term of a Government not predisposed to addressing public health issues. A very small number of policymakers were committed to maintaining relationships across the public health nutrition sector. NGO and Food Industry groups had the strongest commitment to facilitating these relationships. Opportunities for
long lasting relationships were enhanced by individuals with prior work experience in another sector, and hindered by on-going competition between groups and individuals.

**AEU framework: Advocates for evidence use** reported encountering mostly political obstacles. Very senior bureaucrats played a key role in presenting evidence in a politically acceptable manner. An interesting finding was the increasing role played by the Food Industry as a source of evidence for bureaucrats. A very small number of academics were contributing to policy processes, however these processes may change to give academics a greater role, under the PMCSA’s better policymaking agenda.

**AEU rival hypothesis - Politics:** Public health nutrition policy making appeared to be subject to multiple political influences with the Food Industry receiving criticism for their role. Politicians reported working within constraints imposed by the finite political capital that operates around public health policy. NGO and academic groups believed that their advocacy was constrained by funding arrangements and the small size of the policy community.

**Emerging: The advocacy capacity** of groups and individuals inside and outside government emerged as a key factor influencing how evidence is given a voice. Interviewees raised a number of capacity factors: lack of advocacy skills, funding constraints, level of independence from scientific data and resource levels.

**Emerging: Timing** was a constructive finding as the issues raised by interviews related directly to advocacy rather than less predictable political factors. Particularly the observation that both political and scientific views change over time, and the critical role played by long serving individuals in key positions.

**Emerging: Framing.** For advocacy groups an important issue was the framing of their evidence to overlap with Government frames. Whilst large NGOs were most conscious of their reframing activities, the Food Industry and bureaucrats actively framed their arguments to ensure they maintained dialogue with senior decision makers. The latent potential of civil society groups to frame evidence that will influence political decision-makers is also a useful finding.
Chapter Ten: Discussion – Advocacy for Using Evidence in Public Health Nutrition Policymaking

Introduction

This chapter discusses the case study findings in relation to the theories and frameworks outlined in the literature review chapters. The aim is to illustrate how existing work contributes to the overall findings, identify gaps in the literature and show where this study adds to the understanding of ‘how, where and when’ advocacy for evidence use in policy can be effective.

Section 1 discusses the case study findings in relation to the three components of the proposed AEU framework and in relation to the rival framework, political influences. Three factors influencing advocacy that emerged strongly from the findings; timing, framing of evidence and advocacy capacity are discussed in section 2. The limitations of the study are set out in section 3. The overall conclusions including the revised form of the AEU framework follow in Conclusion and Propositions (Chapter 11).

10.1. Meta policy

One of the most interesting findings of this study relates to the variable levels of awareness of meta policy, as well as the levels of advocacy by the groups who are able to influence the decision making rules. Proponents who frame evidence use as a meta policy issue argue that “there should be a policy on policymaking that specifies and guards the role of evidence to protect it from other irrational and unhelpful influences”\(^{(1)}\). However, embedding the use of evidence into policymaking structures and processes is not simple. The case study findings revealed a number of factors influencing advocacy for meta policy that privileges evidence over other policy inputs.
10.1.1 Direct advocacy to change meta policy structures and processes

Power and advocacy

Greenaway et al.’s notion that meta policy is driven by powerful political forces resonates with a major case study finding\(^{(250)}\). There was limited demonstration of the use of direct advocacy to change the existing formal meta policy systems despite widespread acknowledgement that current approaches did not promote the systematic consideration of evidence. The disestablishment in 2009 of the only formal meta policy structure (a Ministry of Health Nutrition Advisory Committee), for largely political reasons, reduced the influence of many senior and experienced members of the policy community. Consequently, public health groups outside government resorted to informal processes to influence government policy rather than advocate for meta policy change. Structurally powerful industry groups on the other hand continued their lobbying of government agencies on meta policy arrangements and this led to the increased “acceptability” of Private Public Partnerships (PPPs) for public health nutrition programmes. On going lobbying by industry groups also facilitated the continuation of self-regulatory frameworks around food marketing. The contrast between the level of power exercised by the public health lobby and the food industry is a good example of powerful political forces shaping meta policy. This interplay between formal structures, the actions of members of the policy community and powerful interest groups exemplifies the widely recognised inherent complexity of meta policy\(^{(11, 250)}\). Whilst the impact of these broad political forces suggests they may be avenues for advocacy for meta policy change, more specificity is needed to understand the mechanisms that change policy rules in favour of the use of evidence.

Head is more specific than Greenway et al. in arguing that advocates for meta policy change need to use political incentives as government policy processes are not automatically geared towards evidence based approaches\(^{(1)}\). This is clearly demonstrated in the case study finding that, since 2009, the absence of powerful political incentives for change resulted in public health nutrition policymaking occurring through ad hoc structures and systems. The politicians who preferred advice from personal sources outside government, over institutionally generated advice, characterise Head’s view of “populist and anti-political leaders” who create major obstacles to the systematic use of evidence\(^{(1)}\). However, political incentives alone do not adequately explain the increasing influence of the PMCSA’s agenda for new government-wide evidence use enhancing meta policy.
Policy analysis at the structural level highlights the influence that powerful groups have in setting agendas and shaping policy debates, and the influence senior civil servants may have over these processes\(^\text{251, 365}\). The case study revealed that senior civil servants in the MoH and MPI illustrated the behaviour of structurally influential ‘political bureaucrats’ by proactively framing advice to be acceptable to their Ministers\(^\text{264}\). However, the PMCSA’s high level of influence is beyond that which could be explained as the actions of a ‘political bureaucrat’. The case study findings suggest that ideological support from the Government also contributed to the PMCSA’s extraordinarily high level of influence. There is a strong alignment between the Government’s agenda for ‘growth and innovation’ underpinned by the leveraging of natural and intellectual resources and the PMCSA’s agenda to ‘transform New Zealand into a stronger nation through science’.

The paradox that emerged between the PMCSA’s advocacy for a generic meta policy model and the processes the PMCSA employed to advance his agenda for specific public health nutrition policy revealed several specific public health nutrition meta policy issues. Whilst political support and structural power partly explain the PMCSA’s influence, additional dynamics were operating in the public health nutrition context.

First, the PMCSA fulfills Roger’s criteria of an opinion leader who is independently capable of establishing and sustaining evidence infused policy processes\(^\text{236}\). However as the PMCSA’s influence was sufficiently high to counter his own meta policy processes, by effectively ‘setting and breaking the rules’, strong opinion leader traits do not fully account for the development of nutrition policy for peri-natal interventions. The PMCSA’s positional authority appeared to have been used rather than socially mediated (professional or expert assisted) processes.

Second, existing meta policy processes and structures for public health nutrition policy appeared weak. Generic policy analysts were developing politically acceptable advice that was not critiqued by technical experts. Greenway and Gibson highlight the powerful influence meta policy has on structures, processes and organisational cultures\(^\text{11, 250}\). This suggests that in advancing his personal agenda for nutrition policy the PMCSA did not have to counter any established, institutionally supported arrangements or debate scientific evidence with experts.

Third, the weak public health nutrition sector was incapable of demanding evidence-informed policy debate on the proposed epigenetic-based peri-natal nutrition policy.
According to Sabatier, groups of individuals who share middle or high-level policy beliefs are capable of coordinated policy activity\(^{(271)}\). As the policy community was unable to agree on middle level beliefs on nutrition policy priorities, they were incapable of mounting coordinated, sustained advocacy for debate on the proposed policy.

Fourth, the case study findings revealing that MoH nutrition bureaucrats were in structurally weak positions indicates they were not able to influence the policymaking process or demand debate on the scientific merits of the perinatal nutrition policy proposal\(^{(264, 365)}\).

These dynamics suggests that both structural power and opinion leaders are strongly influencing public health nutrition meta policy arrangements. This interpretation expands Greenway et al.’s concept of the role of political drivers by documenting the influence of civil servants and policy communities.

Organisational culture

The influence of organisational culture on meta policy change is highlighted by the case study finding that the PMCSA’s advocacy for meta policy change produced differing responses in the two key government departments. Nutley et al.’s review of the organisational learning literature identifies how complacency, openness and trust influence the adoption of new practices and the ‘unlearning’ of established ways of doing things\(^{(20)}\). The finding about the widespread lack of trust and cultural inertia within the MoH may explain the resistance to the PMCSA’s government level advocacy for new meta policy. The view held by senior MoH bureaucrats that policymakers had access to an abundance of evidence and so did not need to change structures or processes contrasts with the ‘pro innovation’ approach pursued by the MPI who acted upon the PMCSA’s recommendations by appointing a Chief Scientist.

Industry advocacy controversies

The case study findings also highlighted divergent views among policy community members about industry group advocacy to change meta policy arrangements. Similar arguments are evident in the literature, with critics of industry advocacy arguing that the asymmetries in structural power between industry and other non-governmental groups are sufficient rationale for government intervention on public health issues\(^{(44, 286, 366)}\). In contrast, Miller et al. and others argue that industry advocacy is consistent with emerging
governance meta policy, where the boundary between private and public sector roles is blurred\(^{(36, 280)}\). Whilst the policy community held views at both ends of this spectrum, bureaucrats understood they had political support to work collaboratively with industry. Although PPPs are a new development for nutrition policy governance in NZ their emergence is consistent with overseas trends and acknowledged by the WHO and FAO as a means of addressing many global public health nutrition problems\(^{(96, 367)}\). This trend towards shared governance together with the finding that industry representatives were regularly providing bureaucrats with evidence by deliberatively engaging in 'scientific conversations' highlights the current role of industry in meta policy level advocacy.

In addition to concerns about asymmetrical power, critics of industry involvement in policymaking argue that value conflicts arise when industry groups are in private public health nutrition policy arrangements\(^{(55, 71, 99, 355, 368)}\). The case study findings aligned with Jenkins analysis of Select Committee Inquiry submissions in showing that most NZ public health NGOs and academics shared similar concerns about the role of industry\(^{(99)}\). In an era where governments are engaging more closely with industry groups, one option for acknowledging these concerns is for all meta policy advocates to be transparent about their values base. As the wider policy community were generally unaware of the industry advocacy, greater transparency would help raise the profile of meta policy issues and provide other groups with the opportunity to be involved. This interpretation applies the conclusion of Lavis et al. that acknowledging the value-based concerns of multiple stakeholders leads to a more widely informed policy outcomes, to meta policy level issues\(^{(21)}\). It also aligns with Gibson’s view that values and evidence are interdependent rather than mutually exclusive\(^{(11)}\). Gibson proposes that the inclusion of values enables policy issues to be framed in a way that helps define what counts as harm and benefit. Therefore, within public health nutrition it is proposed that transparency around the values base of all meta policy advocates is needed to enable the wider policy community to consider the harm and benefit dimensions of the rules for using evidence in policy processes.

### 10.1.2 Indirect advocacy

An unexpected finding was the indirect advocacy on meta policy arrangements conducted by civil society groups and academics. At a global and national level there is increasing recognition of the contribution made by NGOs and civil society towards changing concepts
of health and their role in policy development\(^{(89,287,360)}\). Loweson suggests one role for civil society is providing networks for facilitating coordinated public action and working to counter an imbalance of interests that arises in government private-public partnership initiatives\(^{(37)}\). Whilst the theoretical distinction between NGOs and civil society groups is beyond the scope of this thesis, the idea of social autonomy as a defining characteristic is pertinent to evidence use advocacy. It provides an explanation for the case study finding that most health focused NGOs had their advocacy role limited by dependence on MoH funding. NGOs did demonstrate some autonomy in conducting ‘sideways advocacy’ to facilitate action by other groups by providing advice on advocacy content and process. This finding is consistent with both Lawrence and Lobstein’s observations of the trend in international public health nutrition meta policy for NGOs to enter into partnerships to build constituencies for political activity\(^{(2,15)}\). Whilst the case study findings indicate that the political climate in NZ enabled evidence-informed community advocates having some influence, in particular at Select Committee hearings, there was no evidence of any effective NGO activities to counterbalance industry PPP initiatives. The one NGO funded by the MoH, engaged in partnership arrangements with industry, represents an aspect of civil society engagement not addressed by Loewson. However, this partnership with industry clearly explains the NGOs unwillingness to undertake any advocacy to counter PPPs. This leads to the suggestion that evidence-informed advocacy by civil society groups represents an indirect pressure on meta policy processes to hear broadly based evidence. In addition, analysis of the partnership arrangements of all advocacy groups would provide a deeper understanding of the scope and role of their advocacy activities.

The knowledge push strategies pursued by some policy active academics can also be viewed as indirect advocacy. Lin and others believe that while knowledge transfer activities can raise awareness and understanding of issues, the response of policymakers is likely to be determined by organisational and contextual factors\(^{(5,225)}\). The findings indicated that academics’ dissemination strategies involved little consideration of the communication process, which according to Lavis et al. and others is critical for effective research transfer\(^{(21,214,370)}\). Consequently, these academics were likely to only have an impact on interested bureaucrats and politicians. From a meta policy perspective all knowledge transfer activities and particularly well-executed strategies represent an indirect source of pressure on policy systems to receive and consider evidence. Neither Lavis’s nor Armstrong’s widely recognised transfer models incorporate this tacit dimension of
impact\(^{(34, 35)}\). This leads to the conclusion that the impact of knowledge push strategies on policy systems and structures needs to be recognised. This would highlight the usefulness of transfer strategies for policy issues where the meta policy is not predisposed to consider evidence.

### 10.1.3 Implications for meta policy

It is clear that effective advocacy by individuals exhibiting opinion leader characteristics does influence public health nutrition meta policy. Two additional factors in addition to those proposed in the AEU framework have emerged as influencing the impact of direct and indirect advocacy on meta policy. These need to be included in the framework to strengthen the understanding of the conditions likely to facilitate effective advocacy. The identification of incentives to shift meta policy needs acknowledging, together with transparency of advocacy to change meta policy arrangements. Both these issues are important for public health nutrition policymaking as meta policy advocacy is currently occurring within and outside government. Increased transparency in this process is likely to bring greater awareness of meta policy, and its role in shaping policymaking.

### 10.2 Sustained relationships

The difficulties experienced by the small policy community in sustaining strong relationships are an important finding of the case study. The community is characterised by diverse patterns of relationships within sub-groups and the co-existence of two types of networks. Lavis et al.’s tool for identifying who is promoting research use should have indicated advocacy for linkage and exchange relationships\(^{(221)}\). However in this case study, the tool was difficult to apply, as the producer-push activities by researchers were ad hoc, uncoordinated and limited to a very small number of individuals initiating contact with policymakers. Formal user-pull activities were found to be non-existent in 2012, with no research being commissioned by policymakers or NGOs. The findings did however reveal a number of features of the interactions between individuals, and between the four main groups in the policy community and across the wider community (fig. 7 in Chapter 9).

To build on Sabatier’s notion that coalitions interpret evidence to advance their agendas, this component explores the proposal that when decision making processes involve ongoing interactions between broadly based members of a policy community, multiple sources of evidence are more likely to be used\(^{(262)}\). These interactions may occur because of
the policy problem itself, institutional arrangements or prior networks. Based on Nutley’s evidence-informed policy perspective it is proposed that advocacy is required to persuade communities to maintain relationships over time, through periods of political upheaval and across policy issues\(^{(20)}\). Unlike coalitions in the ACF that exist when members share beliefs on policy issues, the AEU framework proposes that sustained relationships are based on core beliefs around using evidence in the public interest.

10.2.1 Relationship factors in networks

A key issue for the policy community was the existence of sub-groups and disunity among the wider policy community. Marsden and Friedkin highlight the link between the structure of social relationships and the role of social proximity in determining patterns of influence within a network\(^{(295)}\). The idea that social proximity within a network can lead to influence through behavioural contagion rather than deliberative attempts to influence was evident in the attitudes and behaviours of several subsets of the policy community\(^{(293)}\). Both the food industry community and the individual NGO groups shared views on solutions to public health nutrition policy issues and both were acting to pursue their respective goals.

Although Marsden and Friedkin include relationships of identification, expertise and competition as mechanisms of influence, these do not adequately explain the low level of influence from the public health nutrition academic group, the differing views and behaviours of bureaucrats, or the fragmented relationships across the wider policy community. The case study finding that the NGO and academic groups within the public health nutrition community attributed their lack of cohesiveness to competition, contradicts the view that influence can occur through competition\(^{(291)}\).

Friedkin’s identification of influence opportunities occurring when social cohesion factors and social equivalence factors overlap offers a more robust framework for understanding these fragmented patterns of influence\(^{(371)}\). The finding that the disestablishment of a major structural forum, the Nutrition Advisory Committee removed a valued opportunity for social connections between academics, NGOs and bureaucrats, helps explain the subsequent lack of cohesion between these groups. In addition, the cohesiveness the food industry achieved through the formation of the Food Industry Group and other industry coalition groups, helps confirm the role of formal structures in facilitating interactions that leads to cohesion based on shared policy beliefs. Social equivalence factors however uncovered a different pattern. Friedkin’s model suggests the equivalent positions held by
many academics and senior NGO staff may result in homogeneity of attitudes through exposure to common environments. However, the study found no evidence of this. The absence of overlap between social cohesion and equivalence factors may help explain the fragmented patterns of influence between several subset groups, but it does not fully account for the difference in patterns of influence between the four main subgroups.

Network characteristics

Network characteristics provide a complementary explanation for the mixed pattern of relationships between the groups and across the wider community. Lewis suggests that appreciating the differences between policy networks and social networks is important for understanding patterns of influence in health policy networks\(^{(275)}\). The activities of the food industry sub-group are consistent with the features of a policy network, with a variety of individual and organisational actors, interdependent relationships and coalitions pursuing common policy goals\(^{(275)}\). This is illustrated in the finding that food companies with shared interests were linked in semi-formal and on-going relationships with the goal of influencing policy processes. Whereas other groups within the policy community failed to coordinate their activities, functioning more as small clusters of tightly linked individuals. Relationships between individuals in these tight networks reflect some of the features of a social network as described by Kaman\(^{(293)}\). As they had no policy goals from group interactions, these small networks failed to initiate any policy level dialogue. The large network of enduring informal relationships linking individuals suggests the interpersonal ties were based on like-mindedness and trust.

Kaman believes that trust is not automatically present in social networks. However, the long-standing nature of many of the relationships observed in this case study suggest that at least one aspect of the relational ties was sufficiently strong to sustain the interactions. The relationship marketing literature places particular emphasis on the role trust and mutuality play in sustaining relationships\(^{(306,307)}\). These enduring ties between public health nutrition academics and bureaucrats included elements of the resource dependence that Harris suggests can sustain relationships between organisations\(^{(306)}\). For example, this study found long-standing relationships between senior bureaucrats and researchers where bureaucrats informally solicited evidence summaries on current issues or comments on the scientific merit of policy proposals. In return, researchers utilised bureaucrats as channels for disseminating copies of recent publications, discussing the implications of their research and learning about future research opportunities. This interpretation supports the
recognition of mutuality as a factor in sustaining relationships in the social networks across this policy community. The impact of the absence of mutuality on relationships between sub-groups further strengthens the argument for mutuality. Conflicts over high or medium level values effectively hindered any respectful exchange of expertise.

The co-existence of social and political networks within the policy community adds another perspective to an explanation for the differing behaviours and influence of the sub groups within the policy community. This highlights the value of characterising the nature of the networks within a policy community and not assuming like minded beliefs based on numerous embedded homophily network ties. Advocates for sustained relationships who take the step of identifying the characteristics of formal and informal networks; including the level of homophily, have a basis for adapting their influence strategies to each sub-group.

10.2.3 Influential individuals

The ability of individual actors with opinion leader characteristics to influence the adoption of ideas into networks is well recognised. Psychologically strong actors can play an important role in increasing the use of research\(^{(300, 303)}\). According to Greenhalgh different influence strategies are used to diffuse ideas through vertical and horizontal channels\(^{(237)}\). Individuals with high social status derived from political, expert or economic power are more likely to impose their new idea on a network than horizontally equivalent actors who spread new ideas by example\(^{(300, 301, 303)}\). When combined with Granovetter’s proposition that weak ties assist the adoption of new ideas, an explanation emerges for the PMCSA’s high level of influence through vertical diffusion channels across government\(^{(302)}\). In contrast, different social influence mechanisms operate in the horizontal networks between bureaucrats and academics; in these networks with strong ties, peer influence was based on expertise. As these informal networks endured over time and across policy issues, the study findings suggests that peer-to-peer influence is an important dynamic in the policy community.

The study also found that whilst most individuals who had been involved with the MoH’s Nutrition Advisory Committee acknowledged its value in facilitating relationships, they were not active in advocating for alternative formal or informal networks. Similarly, long serving members of NGO committees who fulfilled Roger’s criteria for opinion leaders restricted their sphere of influence to contributing their expertise to committee discussions,
occasional meetings with bureaucrats and politicians. The low level of awareness of the potential impact from using individual influence capabilities to advocate for structures and processes that facilitate on-going relationships, suggests a limited understanding of the value of sustained relationships in enhancing evidence use. This highlights the importance of first step in the diffusion of an innovation, namely awareness of the innovation and its merits. Roger’s model of the stages in the adoption process elucidates the need for opinion leaders to be persuaded of the relative advantage of the innovation, its contextual compatibility, trial-ability and observe-ability. This leads to the proposition that these are the first steps to be addressed by the public health nutrition policy community and its opinion leaders to bring about effective advocacy for sustained relationships in the current environment.

10.2.4 Why are relationships difficult to sustain?

In addition to the factors discussed above, four factors appear to influence the community's ability to sustain relationships.

First: turnover of key individuals

Flitcroft argues that the enduring rules and process of institutions exert a greater influence on evidence use than the individuals they employ. This policy process perspective does not however account for the influence of powerful long serving individuals in the health sector expounded by Lewis. Nor does it accommodate Sabatier’s notion of policy learning by individuals and groups occurring over time and across issues. The study findings revealed that the high turnover of senior MoH staff had a direct impact on the ability of the wider policy community to sustain relationships with individuals in key government positions. This contrasts with the economic policy community in New Zealand where Goldfinch found influential networks involving bureaucrats have existed over long periods and across many policy issues. This surprising difference indicates that the length of time bureaucrats hold influential positions is an important catalytic factor for the public health nutrition policy community.

Second: spatial dimension to networks

The study findings that members of the policy community located in Wellington, the seat of central government, engaged more readily with bureaucrats and politicians than their colleagues in other centers, is consistent with other work demonstrating the importance of spatial dimensions in NZ policy elite networks. Within the field of network analysis, it
is generally accepted that the bases for interpersonal influence are likely to be intertwined between social position, geographical proximity and social connections\(^\text{(292)}\). Moreover, as the frequency and openness of communication reflect an individual’s level of connectedness within a network and predispose them to being open to new ideas, a case can be made for acknowledging the importance of geographic location in advocacy for sustaining relationships\(^\text{(300)}\).

**Third: level of agreement on key issues**

Sabatier’s model of coalitions forming around common beliefs and coordinating their behaviour in pursuit of policy goals is clearly illustrated in the formation of the Food Industry Group in response to a proposal by the former Labour government for increased food and nutrition policy regulation\(^\text{(347)}\). Food industry members shared high-level beliefs on individual autonomy and a common policy goal of retaining industry self-regulation\(^\text{(99)}\). In contrast, the findings indicated that NGO groups struggled to sustain coalitions, as they were unable to agree on middle level values around priorities for nutrition policy. NGOs were able to agree on high-level beliefs about the primacy of scientific evidence and the crucial role of nutrition in promoting health but disagreed on medium level belief issues around policy priorities and directions. The same agreements and disagreements occurred between senior nutrition academics, creating a major barrier to coordinated action in pursuit of policy goals. This suggests that medium level beliefs can influence the formation of a coalition to the same extent as high-level beliefs. Because disagreements about beliefs have overlapped with the weak network ties within and between subgroups, these two social influence factors combine to explain the lack of coordinated advocacy. They also highlight the need for advocates to develop an advocacy frame for the value of sustained relationships, which aligns with the medium and high-level beliefs of sub-groups.

**Fourth: prior experience in another sector to enhance relationships**

Prior experience in the government sector emerged from the case study findings as an important factor for enabling informal relationships between bureaucrats and members of the NGO, food industry and academic communities. Table 15, Chapter 9 details the extent of this prior experience. The absence of formal linkage and exchange programmes which allow academics and policymakers to develop an understanding of each other’s world may partly explain this finding\(^\text{(213)}\). However as most programmes do not include NGO or industry stakeholders, the absence of formal programmes does not account for the high
value placed by industry and NGO group members on prior government experience. This is more adequately explained by Goldfinch’s proposition that members of a policy elite who share professional backgrounds, and or work experiences, have social ties and insights into the operation of government decision making not available to those with different backgrounds (372).

10.2.5 Implications for sustained relationships

The need for advocacy for on-going relationships across the community has practical and theoretical implications. In relation to the AEU framework, it provides the rationale for adding three more features. Firstly, there is a need to identify and motivate opinion leaders. Both individuals with strong networks from prior work experience and senior members of the policy community who are capable of persuading others are potentially able to exert considerable influence. Most opinion leaders may first need to develop an understanding of how on-going relationships impact on evidence use in policymaking (236) Recognition of the need for upskilling in this understanding is the first issue for change. Secondly, emphasis is needed on the importance of structures that bring different groups together and enhance social influence through proximity. The spatial dimension to this engagement needs recognition. Thirdly, characterising the public health nutrition policy community. Opinion leaders who recognise homophily network characteristics and the coexistence of formal and informal networks will need to use appropriate influence strategies for each network.

10.3 Deliberative Processes

A striking finding from the case study was the ad hoc and opportunistic approach to government policy development. Although the Nutrition Advisory Committee of the previous government received some criticism, there was a widespread perception that it enabled more systematic and inclusive policy processes than operated for the duration of this research. The AEU framework proposes that advocacy is needed to bring about policymaking processes that are deliberatively pluralistic, transparent and collaborative. Lavis, Nutley and Lomas argue that deliberatively synthesising a broad range of evidence, including stakeholders’ values, produces policy that is ‘well-informed’ and more acceptable to the wider policy community (20, 21, 146). According to Lomas et al. deliberative policymaking processes are characterised by consultation with all parties affected by the
outcome and include a fair representation of scientists and other stakeholders, high-quality syntheses of the scientific evidence, and skillful chairing\(^{146}\).

None of these characteristics was evident in the findings of the case study. Instead, government processes for developing public health nutrition policy appeared unplanned and lacked systematic external input. In the MoH, generic policy analysts were responsible for developing options for policy implementation by reviewing published literature, with no involvement from MoH technical experts or external groups. Decisions about the need for policies and the overall policy direction were made in closed discussions in the Ministerial office. Both processes were reported to be driven by the Minister’s own agenda.

10.3.1 Consultation

This situation in the MoH illustrates the impact of political and institutional influences on deliberative processes: factors not explicitly considered by Lavis or Lomas. Head and Flitcroft do draw attention to how the politicised context of government decision making creates obstacles to interactive engagement with the wider policy community\(^{1, 5}\). The case study findings support Head’s view that politicians’ overriding concern for political agendas and bureaucrats’ perceptions of support hinders engagement with external groups\(^{1}\).

Absence of institutionally supported processes for engagement with the wider policy community raises three issues:

First, it creates an organisational obstacle to policymakers systematically considering broader types of evidence, including the views and experiences of the policy community. As a consequence, some bureaucrats have developed a reliance on informal advice from trusted personal sources. Compared to models for deliberative processes that involve an independent review of the evidence of community need, together with comparative data and cost effectiveness analyses, these informal processes appear to permit highly selected evidence to be the exclusive evidence filtered by internal government processes\(^{5, 34, 40, 373}\).

Lomas et al. and others argue that policymakers need advice based on the synthesis of broad types of evidence to address the ‘wicked’ problems in the health sector\(^{11, 146, 210}\). This argument leads to the conclusion that the synthesis of broad types of policy-relevant evidence by an independent body is needed to minimise the selective use of evidence, and to develop advice that is both acceptable to the wider policy community and more likely to be used. This argument is congruent with the view of leading public health nutritionists
that evidence for nutrition policy needs to be broadly based and subject to systematic review processes\(^{(3,43,74,337)}\).

Second, external public health NGO groups are being left, as one interviewee expressed “just milling around” frustrated by the change of rules and the inability of the policymaking system to include them. Hanney et al.’s interfaces and receptors model addresses the need for systems level support for interactions between the health policymaker and research communities\(^{(40)}\). Interfaces between practitioners and the public are also included, but their role appears secondary to that of researchers. The case study findings indicated that large NGO groups were the loci for expert advisory groups. Together with the finding that a number of academics were wary of providing advice to government, this provides a rationale for extending Hanney’s policymaker interfaces to include public health NGOs. These groups offer more broadly based ‘colloquial’ evidence for public health nutrition policy making that compliments the evidence provided by academics. This proposition is consistent with decision support model definitions of policy-relevant advice, as a summary of technical, managerial and policy research and is consistent with broadly based sources of evidence being used to develop public health nutrition policy\(^{(17,178,331)}\).

Third, food industry groups have been provided with an additional rationale for building relationships with senior bureaucrats and politicians. In being the sources of readily accessible ‘scientific advice’, industry groups have proactively sought opportunities to contribute to policy development. Although the Food Industry meet Lomas’ criteria of a party affected by the outcome of a policy decision, their role in collaborative processes is not explicitly addressed in the deliberative processes literature\(^{(146)}\). This gap highlights a limitation of existing models for deliberative health policy processes, their unstated assumption that the groups involved share a public interest in promoting health\(^{(20)}\). James and others take a polarised view and argue that the goals of the food industry are incompatible with public health and so they have no place in developing policy\(^{(3,55,59,286)}\). This criticism appears to be a response to the food industry having achieved relationships with policymakers that public health advocates have yet to establish. The case study findings expose a particular challenge for public health nutrition policymaking: how best to enable public interest and industry interest groups to work together in deliberative processes. This will require acknowledgement from each group that the other has a legitimate vested interest, and require skilful policymakers to lead processes that develop agreeable frames for collaboration in the future.
10.3.2 High quality syntheses

For Lomas, high quality synthesis of policy-relevant evidence is a defining feature of deliberative processes\(^{(146)}\). Mays, Pawson and others argue that evidence syntheses that produce new insights help to answer fundamental policy questions about the need for an intervention. They also provide understandings about the mechanisms that enable interventions to be effective, their feasibility and acceptability and appropriate evaluations. Comprehensive syntheses go on to identify strategies for effective implementation\(^{(32, 146, 171, 178, 185, 374)}\). Whilst the benefits of evidence syntheses are compelling, these authors do not address the skills to undertake sophisticated analytical techniques. The need for expertise was evident in the case study findings on generic policy analysts’ low skill levels, and despite ready access to high quality library resources and technical expertise, the use of basic literature review skills to summarise only published evidence. Head does raise the issue of the need for skilled professionals to convert data into useful information about causal patterns, trends over time and an understanding of the likely impact of various policy instruments\(^{(1)}\). This recognition of the complementary value of ends and means type of evidence is important. However, the notion of ‘skilled professionals’ does not adequately address the intellectual skills required to synthesise the seven different types of ‘colloquial’ evidence that Lomas claims are needed to complement scientific evidence\(^{(146)}\). Nor does it capture the expertise required to undertake the sophisticated integrative, interpretive, realist, ‘view study’ or policy syntheses reviewed in Chapter 3. From this it is reasonable to argue that expertise requires greater prominence in models of deliberative processes. The organisational implications could be significant and include resources, staff retention or the establishment of an arm’s length body with the requisite expertise.

10.3.3 Skilled chairing

Whilst skilled chairing is recognised as another feature of robust deliberative processes, the skills are not elucidated\(^{(40, 146)}\). Nutley argues that evidence use in policy making will advance when groups with different and competing world views can engage in respectful dialogue\(^{(20)}\). To lead such dialogue will require a skill set different from the evidence synthesis skills discussed above. Nutley’s view is congruent with the findings of Walter et al.’s on the value of collaboration in enhancing research impact and is consistent with Huberman’s work which demonstrated that decision makers transform knowledge in line with their own representations of the problem\(^{(28, 231)}\). However, Schon and Rein’s argument
that interests are shaped by frames, suggests that this respectful dialogue will require parties to appreciate each other’s cognitive frames and be open to broadening their own frames in response to new knowledge\(^{(243)}\).

The case study demonstrated that some groups within the policy community were skilled in policy framing techniques. NGO groups and food industry groups both employed ‘political’ framing skills in presenting their evidence in a frame that would be acceptable to the current government. Similarly, senior bureaucrats spoke of the “policymaker’s art” in framing evidence to be acceptable to the Minister. The two NGOs who engaged in reframing scientific evidence to inform advocacy by civil society groups also recognised the influence of cognitive frames\(^{(245)}\).

Although groups and individuals used reflective framing skills, all the initiatives represented actions in pursuit of a goal defined by the initiator. Schon and Rein’s model of multiple frame reflection requires more balanced engagement through iterative conversations where individuals ‘give reason’ to other individuals and develop an appreciation of multiple constructs of reality\(^{(243)}\). Gibson argues that these processes have the potential to reframe policy dilemmas and resolve policy controversies\(^{(11)}\). This leads to the proposition that Lomas’ concept of ‘skilful chairing’ needs to be expanded by explicitly including skills in leading multiple frame reflective dialogue between all key stakeholders. The possibility that exploration of multiple constructs of reality may lead to reinforcing deeply held values of antagonistic parties also needs to be acknowledged. However, it can add support the argument for skilled chairing. The findings on relationships within the policy community suggest the possibility that skilled chairing may enable both public interest groups and commercial interest groups to develop common policy frames, is likely to have wide appeal.

10.3.4. Implications for deliberative processes

The importance of deliberative policymaking processes in the AEU framework was confirmed by the discovery of non-deliberative processes and the highly selective use of evidence. The study uncovered four points that need to be included in the framework.

First, government supported evidence synthesis engagement processes. To meet emerging accountability expectations there is a case for a body working at arm’s length to lead these initiatives. This body needs to seek policy-relevant advice from a wide range of groups.
Second, the role of industry groups in engagement processes requires explicit consideration of the evidence they contribute and the interests they represent.

Third, the intellectual skills required to produce high quality syntheses of the broad types of evidence relevant to public health nutrition policy creates a specific role for expert individuals or collaborations. Facilitation to establish effective collaborations may be required where dysfunctional or competitive disruption interrupts the consultative process.

Fourth, accepting the relationship between frames and interests provides a rationale for including the skills required by the chair of the consultation process; specifically skills in leading multiple reflective frame dialogues.

The proposed AEU framework included the body of policy-relevant knowledge as a contextual factor that constantly interacts with policymaking processes. The addition of these four features should ensure that policy-relevant evidence is being produced, hence removing the justification for including it as a separate feature in the framework.

10.4. Political Influences: the rival explanatory framework

A diversity of explanations exists for the influence of political factors on what, how, when and where evidence is used. These range from the exercise of structural power or the influence of policymaking systems to changing models of governance. Lawrence, Nestle and others highlight the inherently political nature of public health nutrition policymaking (12, 15, 44, 99, 375). Food and Nutrition is a sector where policy processes reflect competition between the values, beliefs and power bases of diverse stakeholders. A political explanation for evidence use suggests that the way an issue is framed influences what counts as evidence and the political management of the issue (1, 243). This framing effect is evident in the case study findings and the work of others showing two competing frames around food marketing to children policy (71, 91, 104, 376).

Food marketing is an issue for individual parents. Policy should promote education and self-responsibility.

Food marketing contributes to an environment that discourages health-promoting behaviours. Government regulation of industry is required.
10.4.1 Structural Power

From the perspective of structural interests, the continuation of self-regulatory mechanisms for food marketing in NZ is explained by Jenkin as the outcome of advocacy by the structurally powerful food industry\(^{(99)}\). In framing obesity as an individual issue, influential companies and coalitions have aligned their position with the prevailing political ideology and the medical profession’s traditional concepts of health as a matter of illness or disease at the individual level\(^{(377)}\). The salience of this policy frame in determining what counted as policy-relevant evidence may also help explain the Government’s inaction on the 2007 Health Select Committee Inquiry recommendation to regulate food marketing to children.

The case study findings illustrated an asymmetry of political awareness and access to advocacy resources between the food industry and other groups. This finding is consistent with the work of Brownell and others who attribute the food industry’s high level of political influence to the considerable resources they devote to relationship management activities\(^{(309, 368, 378, 379)}\). According to Lewis, influential interest groups can play an important role in shaping health policy and enhance evidence use by providing knowledge not easily available to the bureaucracy\(^{(275)}\). In the case study this evidence was being supplied by powerful industry based groups, who were working strenuously to mitigate the credibility criticisms frequently levelled at industry-funded research\(^{(44, 280)}\). NGO groups appeared most aware of the power imbalance. Their arguments for new models for engagement with the food industry, where external groups set and monitor food industry performance against targets, are consistent with the views of Kraak and others in seeking new approaches to managing a power imbalance\(^{(55, 280, 380, 381)}\).

The exercise of asymmetrical power may explain a number of the case study findings. Advocacy by food companies on meta policy arrangements can be seen as attempts to reframe and establish industry credibility on scientific issues. While industry directed their advocacy to the MPI and food meta policy arrangements, the issues under discussion - front of pack labelling and health claims have implications for nutritional health. The structural separation within government with different Ministers and Ministries responsible separately for food and nutrition policy was also perceived by some interviewees to be politically motivated. In addition, the MoH’s diminished involvement in nutrition policy and reduced nutrition workforce was reported to be a direct consequence of the Government’s view that food production is a source of economic growth and has a priority over health issues.
Within government, senior health bureaucrats without nutrition expertise were found to be active in exerting their influence as senior civil servants, in shaping policy inputs and in framing Ministerial advice on nutrition issues. These bureaucrats sought to maintain the confidence of the Minister by continuously reframing advice to be politically acceptable. Another trusted and structurally influential Ministerial advisor, the NZMA, added complexity to the political landscape with the release of their 2011 Health Equity position statement (382). This novel position by the NZMA on health status determinants conflicted directly with prevailing Government ideology. The strongly expressed statement reflects medical experts concerns about the increasing inequalities in society but did little to respond to the challenges created by current policy development processes.

Advocacy by public interest groups and individuals to increase policy-based interventions appeared to lack influence for several reasons. NGOs were keen to be perceived as being politically neutral and so deliberatively reframed evidence to be acceptable to the current Government, and restricted their advocacy to preparing written position statements. Individual academics, although generally recognised for their technical expertise, did not have the economic-based influence of industry groups, nor the traditional structural power of the medical profession (249). Both NGOs and academics acknowledged that their advocacy presently is ad hoc and opportunistic and often presents conflicting advice on priority rankings for preferred solutions, resulting in limited responses or simply confusion among bureaucrats and politicians.

10.4.2 Policy system level factors

In addition to these structural interests based explanations, three issues at the policy systems level add to the complexity. Firstly, NZ civil society groups are in the position of potentially being politically influential but have a low profile on public health nutrition and other issues. The three possible reasons can be suggested for this finding:
• The fragile MMP electoral system enables organised groups to coordinate their activity across a number of electorates and influence MPs in marginal electorates.

• Government Ministers' preference for listening to community voices, rather than traditional expert advisors.

• Limited activity by nutrition NGO groups to resource non-traditional voices to ‘speak the evidence’.

Internationally there is increasing awareness of the potential role for civil society groups to shape health policy\(^{(2, 287, 369)}\). The small size of the NZ population in contrast to Australia creates a reliance on a few comparatively small groups for political advocacy, most of which are poorly resourced. Further discouragement for civil society involvement emanates from the PMCSA who viewed electorate voices as bringing “emotion and politics” into policy discussions before the science has been considered. This is a common technocratic and techno-centric position\(^{(264)}\).

Secondly, the lack of coordination between the NGO and academic members of the public health nutrition community could be attributed to internal politics in these groups. While the intransigence of this situation may appear to arise from a unique set of local conditions, Gibson observes similar controversies across the health sector due to the complex nature of health evidence and the difficulty of rationally evaluating evidence without reference to values\(^{(11)}\). It is likely that current policymaking processes which prevent values and evidence being considered transparently, are exacerbating the differences between groups.

Thirdly, the findings also revealed that the current Government practice of ‘branding’ individuals and dismissing senior expert advisors whose views do not align with their ideology generated wariness among most academics about engaging in political advocacy. Lin’s argument that researchers and policymakers operate in competing rationalities suggests that the objectives, culture and values of the world of research do not predispose academics to engage with political realities\(^{(223)}\).

These overall findings are congruent with the observations of others that policy communities are not immune from their own politics and the highly political nature of the health sector is due to the intersection of numerous groups with vested interests\(^{(143, 265, 272)}\).
10.4.3 Wider government context

NZ political scientists highlight the influence of wider across-government context on policymaking\(^{36,383}\). According to Gauld insufficient analysis and hasty policy formulation contributed to unintended consequences of the NZ government’s post-2001 primary care policy reforms\(^{383}\). In 2003 the same centre-left government established the major public health nutrition programme that was wound down immediately following the centre-right National Party becoming the Government in 2008\(^{84}\). While bureaucrats and some academics believed the absence of inter-departmental and wider sector support made the unexpected dis-establishment of HEHA possible politically, the haste with which this policy decision was announced and implemented hindered coordinated objections.

A unique feature of NZ is the place of indigenous Māori people within society and Government. Māori are over-represented in obesity and most other health status indicators with socioeconomic determinants\(^{384}\). The case study found that as a long-standing partner in the current coalition Government, the Māori party was perceived to be politically influential. Potentially, Māori held strong influence around public health nutrition issues, as there was a coalition cross-party agreement to address inequalities in Māori health. The dialogue between Māori public health nutrition advocates and Māori politicians was reported to be salient for MPs when evidence was framed in terms of “*those things are going to benefit Māori but they are not going to just benefit Māori*”. However, Māori Party support for public health nutrition issues has not resulted in any major policy gains. According to Chopra and Swinburn political capital plays a significant role in public health nutrition policy development\(^{385,386}\). The lack of traction on public health nutrition policy may be explained by the Māori Party’s limited political capital for public health issues already being fully expended on tobacco control negotiations. In summary, the wider government context influence on the development of evidence-informed public health nutrition policies is evident in the unpredictable politically driven policymaking processes creating an environment where advocating for using evidence requires considerable political skill.

10.4.4 Implications for political influences as the alternate explanatory framework

A complex interplay of political forces and interests influence public health nutrition policymaking in NZ. The impact of these factors on meta policy arrangements, sector coordination and policymaking processes appears to be intensified by a politically fragile
Government. This may underlie the influence politics has on the policymaking context. At one level, the systems and processes for using evidence can be attributed to the actions of politically influential individuals and groups representing industry sources, together with the actions of senior civil servants. However, politics alone does not provide a complete explanation for ‘how, why and when’ evidence informs policy processes. The AEU framework uncovered a rich and complex interplay of interests, frames and political influence. Institutionally based policy making structures and systems, relationships across the policy community and within groups, the influence of key individuals, together with the political context, all played an important role in determining how evidence was used.

In one respect the overlap between politics and evidence use is not surprising; they are both underpinned by sets of assumptions regarding the nature of policymaking. The realities they presuppose share understandings of interactions between structures and processes where parties act in pursuit of their goals. Being based in 21st century understandings of policy making the AEU framework emphasises networks as an emerging feature of modern government. Overlapping with this are notions of evidence use in the public interest. Consequently, the AEU serves to highlight meta issues by providing an overarching framework that circumscribes the politics of individual policy issues and modulates the scope and actions of politically motivated coalitions.

10. 5 Emerging factors influencing advocacy

10.5.1 Timing issues

Timing related factors appeared to have a large influence on the outcome of most advocacy activities. Specific factors are: the time required for views to change, the tension between time frames for policy decision making and research lead times, the longevity of key individuals and the degree of permanence of public health policy.

Early evidence based policy literature drew attention to arguments changing over time in response to a number of factors: political, economic, social, evidence and advocacy\(^{(204)}\). In the last 20 years, these influences have brought about discernable shifts in New Zealand’s approach to obesity prevention. Government policy has changed from ‘no policy action’, to ‘some direct intervention’, to ‘addressing some of the wider determinants’ in response to new evidence and broader understandings of public health nutrition\(^{(39, 89)}\). These shifts are
similar to the trajectory of attitude change on tobacco control and consistent with Sabatier’s view that beliefs with an empirical component can change over time in response to accumulating evidence\(^{(142, 261, 333, 387)}\). During the interviews with long serving bureaucrats, NGO advocates and academics, all interviewees shared experiences of the length of time required for very senior bureaucrats including Treasury officials to understand an issue and then to come round to supporting an idea. Whilst seeming like “water dripping on a stone” with outwardly slow progress these advocates were cognisant that time was needed to get obesity accepted as a problem and before policy action could be considered. When these gradual shifts are interpreted as policy learning by advocacy coalitions, a rationale emerges for proposing all advocates to remain part of the conversation\(^{(271)}\).

Both Lin’s notion of differing rationalities and the knowledge exchange literature highlight the different timeframes operating in the worlds of research and policy decision making\(^{(34, 223)}\). Reports of the current Minister of Health requiring responses from officials in 2 – 3 days is consistent with other reports of political timing creating pressure on evidence production systems and Kingdon’s model of policy emerging opportunistically from ‘streams’ of current ideas\(^{(155, 190)}\). The need for informal evidence based advice by health bureaucrats may be explained by political timing that serves as a major hindrance to broadly based evidence being considered. With the Minister demanding evidence-informed advice in 48hrs bureaucrats appear to respond reactively in the mode of a ‘classic bureaucrat’, only checking a few points of evidence with a few trusted individuals\(^{(265)}\). The findings indicated that policy-orientated academics received few formal requests from the MoH for information, as the required relevant research findings have not always been available when needed. Senior bureaucrats appeared to prioritise timeliness of Ministerial advice over obtaining comprehensive evidence; justifying their actions on the basis that evaluative evidence can be collected in the future. Other bureaucrats, academics and NGOs observed that in practice government generally had a low level of commitment to policy evaluation.

The findings also suggested that public health nutrition policy needs longevity of direction to develop a robust conceptual policy framework and to secure and sustain inter-departmental support. Longevity is needed to develop a shared understanding of policy goals and to engage and activate communities. In the experience of senior bureaucrats, policy that was ‘embedded’ in the sector over time was better protected from political
interference than new policy that did not have established wide support. These policy timing-related factors affect the opportunities for policies to achieve their goals\(^{(2, 12, 388)}\).

Making evidence hard to ignore by communicating it persistently is one of the key principles underpinning knowledge-push initiatives\(^{(22)}\). Persistence was illustrated in the actions of a small number of individuals in senior NGO, academic and MoH technical positions who retained a profile for evidence of nutrition-related problems, through a long period of political discouragement. The tacit agreement between these individuals to ride out the term of the current Minister and adopt an incremental approach illustrates application of persistence to a ‘wicked health problem’\(^{(11)}\). In this case, the complex drivers and solutions associated with the problem generated multiple stakeholders with differing views. Although Head notes that the turnover of politicians is one of the challenges to advancing evidence use, this discussion suggests that it in the absence of robust meta policy it may be a positive factor when the political climate is hostile and advocates are prepared to be persistent: bureaucrats often outlast politicians\(^{(9)}\).

Implications of timing issues

The tensions between the fast moving world of political decision making and the long period required for individuals and society to change their ideas on issues presents an ongoing challenge for the policy community. To manage these tensions, effective informal strategies appear useful, such as maintaining a presence in conversations and the media while waiting for politically favourable policy windows to open. The role of senior long serving members of the policy community in maintaining advocacy for evidence-informed policy processes, therefore, requires greater acknowledgement.

A challenge in incorporating timing as a factor in advocacy for evidence use is the imprecision in achieving some of the anticipated outcomes from advocacy, and the interplay with surrounding events. The ways in which arguments change over time is probably less predictable, whereas the impact of long serving members of a cooperative policy community is likely to be a useful enabling factor. Unpredictable factors can be included in the framework by acknowledging their existence and likely application to all components. Therefore, changes in arguments changing over time will be added to the wider context for the framework along side the political context. The impact of long-serving senior individuals can be included in the sustained relationships component, by highlighting their role in sustaining advocacy activity.
10.5.2 Advocacy Capacity

Sabatier refers to the differential capacity of coalition groups to exert influence on individual policy issues\(^{(262)}\). The findings reveal advocacy capacity has multiple bases beyond the sharing of medium or high-level beliefs on policy issues. These bases are particularly relevant for advocacy for evidence use as they represent system level factors distinct from individual policy issues. Whilst most members of the policy community are aware of the role of advocacy, their commitment to engaging in advocacy varies widely. This variation appears independent of whether the advocacy was in pursuit of a vested interest or the public interest. In relation to public interest advocacy Lobstein et al. point out that advocates’ ability to make an evidence-informed case is influenced by their access to financial resources\(^{(2)}\). In contrast this study showed that financial resources did not have a direct relationship to evidence-informed advocacy, with some small NGOs demonstrating high levels of resourcefulness to access expertise to support their advocacy. This was in contrast to other groups, notably academics with high levels of access to technical expertise, and some industry groups with high levels of resources who whilst interested in issues were not actively engaged in government policy advocacy.

Perceptions of independence appear to influence the advocacy approach adopted by different groups and individuals in two ways. For most advocates, credibility with policy decision makers and the public health nutrition community related to their familiarity with scientifically established knowledge. For some food companies and NGOs the importance of their scientific credibility was evident in their commitment to scientific peer review processes on their ‘evidence statements’. For academics, intellectual independence from government was the salient issue. This appeared to operate as both an opportunity and a constraint. Some academics perceived the role as a ‘critic and conscience of society’ provided a mandate for advocacy, whereas others believed any criticisms of the Government would compromise their access to research funding. Apart from very senior academics that were not concerned by the Government’s view of their opinions, these perceptions effectively determined whether or not all of the other academics engaged in policy advocacy. In a small country such as NZ, this issue has significant implications for evidence use in policymaking and may require investigation beyond this study.
10.5.3 Framing

The influence of framing effects on the salience of evidence is well established and known to shape how coalitions present scientific knowledge to policy makers\(^\text{36, 243, 262}\). The findings confirmed these effects and are consistent with the work of others showing the conflicts between industry-based individual choice frames and the social, environmental determinants frames underpinning public health advocacy\(^\text{12, 89, 338}\). Insights into politicians’ responses to these conflicting frames add to existing understandings of public health nutrition policymaking. It appeared from the findings that politicians’ individual level beliefs about state intervention, held independently of political party ideology, often exert considerable influence over policy responses. This finding extends the understanding of Sabatier et al. on the influence of coalition members’ individual level beliefs, to the level of policymakers’ responses. It suggests that when opinion leaders frame arguments for evidence use for politicians they need to address the role of government level policy. Very senior civil servants committed to public health were also unmoved by party politics; these individuals resolutely pursued the social economics determinants frame, just packaging the message differently for successive political masters.

In addition, the framing of evidence by civil society groups supports accounts of the increasing involvement of wider society in government and that evidence impacts on policy through multiple channels\(^\text{33, 287}\). Together, these two ideas indicate that civil society groups have the potential to be advocates for evidence use in the public interest, alongside the more traditional NGO and public health academic voices.

10.6 Limitations

The implications of the findings for developing a theoretical framework for advocacy for evidence use in public health nutrition policymaking need to be considered in the context of the limitations of both the study and the initial theoretical framework. Both require cautious interpretation for the reasons below:

10.6.1 Study Limitations

Study Length

In 2004, when the case study for assessing the AEU framework was planned, food marketing to children easily met the requirements of an exemplary case. Over the extended
period between planning the study and the main interview data collection in 2012, the level of policy activity decreased markedly in the area of food marketing to children. Consequently, fewer data specifically on food marketing to children could be collected from the 54 interviews. However, the wider public health nutrition policy environment in NZ was ‘rich’ in activity. This wider context helped explain the reduction of activity on food marketing to children and became a complementary platform for evaluating the AEU framework.

Perceptions of evidence use by interviewees
Divisions within the NZ public health nutrition policy community had a significant impact on the interface between scientific evidence and policy processes. As one division centred on the evidence base for policy priorities, a number of interviewees struggled to separate the idea of advocacy for evidence use per se, from advocacy for consideration of their view of the evidence. Whilst there is a relationship between these dynamics in that advocating for a piece of evidence is in effect advocacy for evidence use, it does not reflect the wider goal of broadly based evidence being transparently considered by systematic processes.

Timing of Interview Data Collection
As the majority of interview data were collected over a relatively a short period it was not possible to gain an in-depth understanding of how interviewees’ advocacy had changed over time. The data generally reflected activity in the current political climate, dominated by a second term centre-right Government.

Completeness
The snowballing method is widely used to identify the ‘policy elite’ including senior members of public health nutrition policy community\(^\text{(275,372,389)}\). Snowballing is recognised as having the potential to miss influential individuals who either have a low profile or were not known to or identified by other interviewees. However the very low rate of interview refusals together with the data saturation approach provide a moderate level of confidence that the findings were reasonably representative of the views of the policy community. Forty to sixty qualitative interviews are generally accepted as being sufficient to obtain reliable data\(^\text{(47,351)}\).
10.6.2 Theoretical framework limitations

The current activities of the PMCSA may confound the results for two reasons. The PMCSA’s proposed model for increasing science in policymaking has the potential to change the meta policy environment in favour of greater evidence use. However, the absence of any public forum for debating this model has ensured meta policy retains a low profile in the wider community. The finding that some bureaucrats believed that the PMCSA’s model was the only model for enhancing evidence use made exploring ideas about the AEU framework difficult. Secondly, the PMCSA’s ability to exert a major influence on public health nutrition policy development was without precedent and influenced the data collected from more politically aware interviewees.

As a heuristic device, the AEU framework is subject to fallibility. Theoretical understanding of the interrelationships between the framework’s components was difficult to assess empirically. Influence of one component on another varied with the aspect of the issue that was salient at a point in time. In hindsight using single interviews to assess these interrelationships was both a weakness and strength of the study design. Interviewees were well placed to discuss their experiences of the policy making process around the major components of the framework but there was insufficient time to probe the detail of each component. The results, therefore, are able to indicate the likely interrelationships between each component but not between the details of each component.

To achieve theoretical robustness it is essential to have an alternative explanation\(^{46}\). Whilst compelling data emerged on the political influences in the current and recent public health nutrition climate, collecting interview data over a relatively short time period created difficulty for developing any nuanced understanding of how politics influences the impact of advocacy for evidence use over time and across policy issues.

Most overseas literature on NGO groups, civil society organisations and academic policy communities assumes larger and better resourced groups than exist in NZ. This small geographically isolated country has a correspondingly small public health nutrition community characterised by a few senior individuals wielding high levels of influence that extend in time over decades. Most of these individuals were interviewed, as they are well-known members of the policy community. However, it was difficult at times to separate the influence of these individuals from the groups they associated with, particularly around deliberative processes.
Lastly, whilst the role of the media in communicating public health nutrition evidence and the need for balanced journalism are important related issues these were not addressed. The role of the media in health policy debates is well established and in relation to public health nutrition policy making, were outside the scope of this thesis\(^{(280)}\).

10.7 Strengths

A major strength of this study is the focus on processes for using evidence in a study of public health nutrition policy, rather than examining policy content. Use of evidence in policymaking is a topic attracting the attention of governments and the academic community. The literature on policy-relevant evidence and processes is growing and starting to address structural issues. Although the international public health nutrition community is developing a number of evidence frameworks for informing policy, little attention is being paid to the process of policymaking or structural influences on evidence use. By exploring advocacy for using evidence, this study adds to the means type evidence base whilst acknowledging that evidence-informed policy is dependent on the input of both ends and means type evidence specialists.

10.7.1 Theoretical Strengths

The development of the AEU framework is unique in advancing the use of advocacy for using evidence. It is also unique in the use of the evidence-informed policy, political science, social interaction literatures and in applying this understanding to public health nutrition. This body of work is timely for New Zealand and the international public health nutrition community because it can be used in actions to reduce the incidence of nutrition-related non-communicable disease.

Another strength arose from the AEU framework capturing the dynamics of evidence use by including three mutually interactive components: meta policy, ongoing relationships among the policy community and deliberative processes. The interdependency of these components reflects the role context and timing play in the use of evidence.
10.7.2 Study Strengths

Study Length
A further strength is the relatively long duration of the study. This permitted changes in food marketing to children and in public health nutrition policy in NZ to be examined over time. While the government policy position did not change over this time, NGOs, the food industry and policy active academics were all active in using evidence to advance their respective positions. This context provided the ‘entry point’ for examining the wider public health nutrition policymaking context. The outcome is that the relevance of the AEU framework extends beyond food marketing to New Zealand children to include public health nutrition policy in general.

Study Design
Use of a theoretical framework to examine this aspect of policy process enabled insights to emerge on the barriers and enablers to advocacy; these perspectives should be useful to the policy community. The framework is unique in examining the importance of meta policy, the value of strong relationships across the policy community and the need for community leaders to engage in iterative discussions so that agreement on common goals can be reached. A further outcome was an increased understanding of the importance of ongoing engagement with society groups, an area where some NGOs already have expertise.

Comprehensive Perspective
A further strength is the broad canvassing of the views of the public health nutrition policy community. Interviewees representing all key groups were interviewed and the results were systematically analysed producing a level of confidence in the findings. The public health nutrition community in NZ is unique because the food industry has a significant role. The food industry is the major contributor to the NZ economy. This relationship allows industry to exert considerable political influence. The current body of work intentionally incorporated the views of the food industry to enable the AEU framework to be relevant to all members of the policy community.

Public Good Frame
A final strength was the aim of this body of work to promote the public good. This position is based in public health ethics that promotes the role of government as policymaker. The proposed policy making framework is congruent but goes further than the agenda of the
PMCSA in that it promotes transparency of process and societal involvement. By obtaining the views of politicians from all major political parties, there can be confidence that bipartisan support exists for issues of national significance, such as the use of evidence to produce effective public health nutrition policies. Whilst AEU framework driven policy making process may be slower than current processes, the end results are more likely to be enduring and produce desirable public health nutrition policy outcomes. This longer-term public good outcome is a fundamental reason for the AEU framework to have wide political support.
Chapter Eleven: Conclusion and Propositions

This chapter presents the revised AEU framework. The revisions and amendments reflect the discussion in Chapter 10 and include widening of the framework scope to apply more broadly to public health nutrition issues.

This thesis has investigated one aspect of the set of circumstances that enable evidence to inform government policy – advocacy for using evidence. From a theory perspective, the project sits within and strives to add to the emerging field of evidence-informed policy. Public health nutrition is an ideal environment for exploring the issues arising from the evidence-informed policy field. It is a discrete policy area and is filled with reports of evidence being used in a range of ways, including research evidence being completely ignored in policy development\(^{(12, 74, 99, 390)}\). In focusing on barriers and enablers to effective advocacy, this research did not attempt to evaluate the evidence base for public health nutrition policies. Instead, it sought to explain and promote an alternative form of decision making to the current ideological policymaking that appears to typify most nutrition policy processes.

To ensure the proposed AEU framework is both theoretically and practically useful the themes emerging from the policy case study findings were used to refine the framework that had been drafted after initial examination of the relevant literature. Political influences proved to be an excellent rival framework as the data analysis provided insights that would not otherwise have emerged. An inevitable tension remains between the comprehensiveness of the framework (i.e. the content, scope and construct validity) and its applicability across diverse public health nutrition contexts (i.e. its external validity). This tension is managed as far as possible with the proposition that the framework is directly applicable to public health nutrition policymaking in New Zealand. Wider application to public health policy in NZ and to public health nutrition policy making in similar countries will require further validation studies.
11.1 Conclusions and Propositions

The study revealed a number of meta policy level obstacles to the use of evidence and few political or organisational incentives to shift these government-imposed structural level influences on evidence use. The case study findings confirmed the role of both structures and processes in shaping arrangements for using evidence. At one level, the current situation in NZ can be explained by the absence of sufficient political and organisational incentives to change, and the dominance of ad hoc informal unsystematic processes that have no features of deliberative synthesis approaches.

The findings, therefore, supports Flitcroft’s identification of the need for governments’ to establish structurally independent bodies to undertake deliberative processes to review the evidence\(^5\). When such deliberative processes include structured communications between broadly based groups and employ procedures that are acceptable to participants’, evidence will be considered to be advancing the public interest\(^{35, 40, 218, 229, 344, 391}\).

Head’s proposition that political incentives are needed to shift meta policy does not address how these incentives can be instigated\(^1\). As most other frameworks for evidence-informed policy provide explanations for causes and propose solutions, they also ignore the issue of how to bring about these changes. It is clear for example that academics publishing papers will not bring about the fundamental changes in government systems of policymaking needed to enhance evidence use.

Whilst the influence of structurally powerful interests can be explained by political theory and coalitions of interests seeking common goals by the AEU framework, the findings also suggests an opportunity to reframe the debate on how to enhance evidence use. As all groups in the policy community held deep level beliefs about the usefulness of evidence, a new frame for policymaking appears tenable; one in which the powerful exert their influence to change meta policy towards promoting the use of evidence over other policy considerations. This proposition extends the arguments of Lang, Swinburn and others that public health nutrition policy needs a paradigm shift\(^{12, 74, 392}\). Such new approaches to policymaking would require governments to revise their public health meta policy arrangements and develop whole of government approach to nutrition issues.

The author of this thesis proposes a different position from Lang and others, namely reframing the issue of the structure and process changes and proposes that advocacy will
make a difference. By integrating the study findings on the influence of the powerful with the notion from Sabatier et al. of policy learning - groups shifting their views and behaviours in response to new information, an argument is developed for advocates being capable of shifting and guiding government policymaking processes\(^{(347)}\). This proposition advances Lobstein et al.’s view that advocacy needs to be undertaken within government and from outside by NGOs, academics, industry and civil society groups\(^{(379)}\). Furthermore, to advance evidence use in the public interest, the advocacy is directed at government structures and processes in recognition of the duty of the State to protect the health of its citizens.

The case study findings highlighted the policy community’s low level of awareness of the role of meta policy and the influence it has on evidence use. Whilst opinion leaders existed across the community, it can be concluded that these individuals need to use their social influence capacity to persuade coalition members and then government of the benefits of deliberative, transparent use of evidence. For the ‘idea’ of evidence use to become embedded in the hearts and minds of policy communities, opinion leaders themselves may first need to be persuaded of its role\(^{(29, 236)}\). The need for leadership to advance evidence use in the public health nutrition community is evident from the research findings, and the evidence-informed policy and public health nutrition literatures\(^{(12, 241, 393)}\). As the diffusion of new ideas is known to occur through vertical and horizontal channels, this suggests that influential individuals in senior positions and particularly those with low homophily networks from prior work experience will be the most influential opinion leaders\(^{(237)}\). Many of these individuals will need to reframe their evidence use advocacy from simply calls for government to listen to them - and develop policies directly informed by their evidence, to an issue of policy about policymaking in the broader public interest. The AEU framework highlights advocacy targets for these opinion leaders. These comprise the development of robust government meta policy, deliberative processes and the establishment of cohesive groups with shared beliefs on inclusive governance. These groups will also be characterised by the balancing of power asymmetries and mutual trust.

A striking finding was the PMCSA acting as an effective opinion leader pursuing a related meta policy goal. The PMCSA’s advocacy for greater use of scientific evidence has added evidence use to the national discourse on policymaking. However, the lack of debate on PMCSA’s proposed model for use of ends type evidence suggests that there is also a low level of awareness among the wider NZ policy community of the potential role of meta
policy and alternative models to that proposed in which a wide range of views and values to contribute to policy development. The processes used by the PMCSA to promote his own agenda topic for public health nutrition further cloud the role of the PMCSA as a powerful advocate for enhanced evidence use as they contradict his policymaking model. They demonstrate the impact of asymmetrical power. The AEU framework aims to generate debate in the public health nutrition policy community on meta policy issues and the role of the PMCSA, with a view to finding overlapping interests and frames that would allow the PMCSA’s considerable influence to be leveraged to influence government decision makers. In addition, the AEU framework reveals a dissonance between the PMCSA’s generic advocacy for sustained relationships between policymakers and scientists and his own low profile in the public health nutrition community. The third component of the AEU framework, deliberative processes, reveals another discord between the narrower processes in the PMCSA’s ‘Better Policy Making’ model and the inclusive processes proposed in the AEU framework.

11.2 Revised framework for advocacy for using evidence

To be effective, advocacy for using evidence requires a politically aware and targeted approach. The AEU framework proposes that advocacy in three areas is needed to shift existing policymaking processes, (see fig. 8). The timing factors uncovered by the case study, especially acknowledgement that ideas change over time, strongly indicate the need for advocates to maintain a ‘presence’ in conversations in all three areas over time.

The AEU framework addresses the role of influential advocates in establishing effective meta policy arrangements. The advocates are those recognised as opinion leaders within coalition groups and across the policy community. Advocates seek new governance models where meta policy establishes and maintains structures and processes that enable broadly based evidence to be considered. The new meta policy will be conceptually and politically robust to protect institutions and processes from political interference. Head noted that for evidence rigor to be valued as a policy input it needs to be protected by strong institutions and professional practices\(^1\). As public health nutrition policy issues are inextricably linked with the activities of the food industry, the relationship between values and evidence needs to be acknowledged and actively explored\(^{11,243}\). The new meta policy rules should include explicit and transparent processes for recognising the values base of all contributors to
avoid asymmetrical power structures and the risk of developing policy that ignores the interests of key groups. The role of government as the process facilitator is emphasised. As the policymaking institution, they are best placed to obtain buy-in from the broad and currently disparate science, industry and public health groups.

An important contextual factor is the opinion leader role of the PMCSA across government and in relation to public health nutrition. As the PMCSA is a political appointment of unknown longevity, assigning the PMCSA the status of a meta policy political force accommodates this role in the AEU framework.

Once opinion leaders are persuaded of the benefits of on-going trusting relationships in facilitating evidence use, they have the potential to assume a key role in facilitating such relationships and advocating for supporting structures. Advocates will need to be cognisant of the spatial dimensions of relationships and leverage the prior networks of individuals arising from their experience and employment history. Furthermore, they need to be skilled in adapting their strategy to the type of network they are influencing. An early priority will be the active development of trusting relationships across the NZ public health nutrition policy community and development of an understanding of the process of integrating broadly based evidence.

Advocacy for deliberative policy processes acknowledges the value of broadly based, systematically synthesised ends and means type evidence\(^{(32, 171, 246, 394)}\). When individuals skilled in multiple frame reflection lead these processes, new approaches to and solutions for ‘wicked’ policy problems are likely to be developed. Their advocacy should recognise the large supporting role of the government in ensuring staff skilled in evidence syntheses are involved, and the interests of all contributors are explicitly considered.

Consideration of politics as a rival explanation has highlighted how a complex interplay of interests, structures and processes influence the trajectory of individual issues. Although politics does not provide a complete explanation for the impact of advocacy for evidence use, it is proposed that politics influences and may determine when meta policy, or relationships or processes are jointly or individually the optimal advocacy target at a point in time.
The AEU framework aims to help both policy actors and researchers understand and predict the role of advocacy for evidence use, (see fig. 8). The framework portrays the interaction of three advocacy targets, inside the circle, for evidence-informed effective policymaking: meta policy, sustained relationships and deliberative processes. This interconnectivity conveys the underpinning hypothesis that advocacy in all areas is needed to embed the use of broadly based policy-relevant knowledge in the policymaking system. Advocacy actions (boxes), occurring outside the circle are portrayed as separate from mutually reinforcing processes (double-headed arrows) occurring within the circle.

Wider political forces are represented as exerting contextual influences in two ways. The less predictable influence of politics on each component is captured in the wavy lines. This influence is distinguished from the deliberative harnessing of political influences in advocacy efforts, which are conveyed by the three straight one-way arrows between political forces and advocacy actions. The significance of political forces is recognised through their placement in the wider context in three places. This placement highlights the role politics plays in determining which component has prominence at a point in time.
Refinements

Reflections on the case study findings informed the decision to refine the contextual factors. The proposed framework presented in Chapter 6 included policy-relevant knowledge as a contextual factor, added to by policy evaluations and having an on-going, interactive relationship with evidence-informed policymaking. Recent deliberative synthesis approaches to generating policy-relevant evidence accommodate this interaction between relevant knowledge and the policymaking process by including a broad group of contributors. Furthermore, as these approaches highlight the usefulness and role of evidence from policy evaluations, a case is made for assuming that advocacy for deliberative policy processes will ensure that all policy-relevant knowledge is considered.

The second refinement was to reassign the place of evidence-informed policy in the framework, from being an external contextual factor to the centre of the circle. This better conveys the pressures in the policymaking ‘crucible’, which need to interact to embed evidence use as a critical component of policymaking.

11.3 Implications

Understanding the conditions that allow advocacy to be effective is critical to promoting evidence use in public health nutrition and wider health policymaking. This work deepens understanding of the factors enabling and hindering advocacy and their interconnectedness. The conceptual themes underpinning this research: advocacy and social interaction, more and better use of evidence in the public interest, and the role of political influences in advocacy for evidence use, are now woven into the implications discussed below.

The first implication is that the idea of using evidence needs skilled advocacy within the policy and research communities. This work aims to stir interest across the wider public health policy community by demonstrating that the scientific community, policymakers and wider society will benefit when this advocacy is effective.

Although this study was conducted in a small policy community in a small country it confirms the findings of others on the importance of context; it contributes additional evidence on opportunities presented by different models of governance\(^{(5, 7, 21, 91, 99, 275, 389, 395)}\). In particular, the study highlights the role of supportive political forces as a significant contextual factor in advocacy for using evidence.
This study adds an evidence use perspective to the PMCSA’s advocacy for public health nutrition policy development in NZ. By highlighting the narrow range of evidence and the absence of deliberative processes, this finding both highlights the political power of the PMCSA and the need for politically robust processes for meta policy development. In addition, the framework highlights major conceptual differences between the PMCSA’s generic policymaking agenda in which the role of scientists and politicians is promoted, and those of emerging forms of government, specifically PPP’s where industry groups and bureaucrats play a major role. The value conflicts underpinning these differences mirror the value differences between industry and public health groups in the nutrition policy community. Neither the PMCSA’s model nor the current concepts of PPP’s has been informed by the principles of deliberative policy synthesis models developed in Canada and the United Kingdom (35, 178, 312).

11.4 Future study

This research has raised a number of questions in need of further investigation to advance the use of evidence in public health nutrition policymaking. This is a policy area where enhanced evidence use offers considerable long-term benefit to communities and societies through the development of stable and effective policies.

The distinction between means and ends type evidence revealed the complementary value of each type of evidence. Research on the balance of evidence types needed by policymakers for policy development would inform the frameworks for synthesising policy-relevant public health nutrition evidence. Given the urgent need for policy action on public health nutrition-related disease, insights from this work will be of interest to groups inside and outside government.

A critique of the impact on public health nutrition policy from emerging meta policy derived from the PMCSA’s agenda for increased scientific input and collaborative governance models (PPPs), would provide government officials with external feedback on their evidence use processes and provide scope to raise the profile of meta policy issues.

Disunity among the NZ public health nutrition policy community clearly hinders the effectiveness of any advocacy. Findings from policy frame studies suggest that even differences in deeply held values are resolvable when skilled motivated individuals engage
in iterative processes under the leadership of skilled chairpersons. This important issue is worthy of further study and action by the many highly skilled members of this policy community.

The notion of ‘scientific conversations’ warrants further study to explore the content and process aspects of these interactions between government officials and external groups. In particular, the way in which scientific evidence is framed, and the potential for other participants, scientists, NGOs and community groups to join the conversations between industry employees and bureaucrats. A wider aim is to explore the potential for these conversations to be reframed as broader policy synthesis approaches for informing policy.

The large role of informal processes in formulating policies and evidence use is unsurprising in view of the actions of the 2008 – 2014 Government and the size of the country. Given their significance, an exploration of the mechanisms for enhancing these processes is justified.

The findings confirmed the work of others in recognising the structural power of NZ’s senior bureaucrats and started to explore their role in promoting evidence use through informal processes (82, 264, 372). Policymakers’ description of the art of “judiciously using evidence” and “using creativity to keep issues alive” clearly have important implications for the evidence use agenda. Both could be investigated as discrete studies using the AEU framework.

**Closing Comment**

Taken together, these findings add to an emerging body of literature on the role of advocacy in promoting evidence use (29, 379). Advocacy is a concept worth pursuing as both a tool of politics and the mechanism that multiple stakeholders use to give their evidence a voice. When advocacy is viewed as connecting science, society and politics, a conceptual framework is created for building ‘multiple footbridges’ between the worlds’ of decision makers and those who generate evidence. The challenge remains for individuals and groups who walk over these bridges to respectfully engage with others and mutually share with an expectation that their understanding of issues may change. When the essence of a problem and its solution are identified through such on-going dialogue, we will be better able to meet the challenges of the extraordinary times in which we live in. In acknowledging
Keynes’ observation\textsuperscript{11} that “there is nothing a government hates more than to be well-informed; for it makes the process of arriving at decisions much more complicated and difficult” it is clear that advocacy for using evidence will need to be persistent, well supported by the participants and effectively led, to build resilience in infrastructures, society and the economy\textsuperscript{396}.

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Appendix 1: Papers published from this thesis
Evidenced-informed health policy – the crucial role of advocacy

Health policy makers and clinicians often face similar decision-making challenges. The issues are turbulent, characterised by high risk and complexity, often involve value conflicts and occur in settings of rapid change. Policy makers’ decisions are under increasing scrutiny for their use of evidence, with many health policies reflecting political influence rather than rigorous analysis. The evidence-based policy movement offers a range of accounts for this. We argue that advocacy in three critical areas helps explain when evidence is used in the policy making process and then contrast the impacts of advocacy for evidence use in two nutrition policy cases.

Introduction

The recent upswing of interest in the use of evidence in health policy making provides a rationale for examining the role of individuals and institutions as advocates for its systematic and transparent use. As with clinical decision-making, policy makers often have to make decisions with incomplete evidence, in short time frames, while encountering barriers to accessing broad sources of evidence, even when it does exist (1,2). The pressures for evidence-informed policy making are mounting. Evidence is increasingly available on the burden of preventable disease and on cost-effective interventions. Practitioners and consumer groups know what is feasible, yet this evidence is not routinely used in policy processes (3,4). This article briefly reviews current theories in the evidence-informed policy field, and then provides a perspective that highlights the role of advocacy as a key to building evidence-informed policy. Two contrasting public health nutrition case studies illustrate how the advocacy role affected policy outcomes.

Existing explanations of how evidence is used for policy

Leaders in the evidence informed policy field are united in their view that the relationship between evidence and policy decision-making is complex and the subject of much study and debate (5–7). The discussion centres on two issues: what counts as evidence and how evidence is used.

What counts as policy relevant evidence is frequently defined broadly as a combination of objective, subjective and contextualised knowledge. Under this conception the well-known hierarchy of research evidence about ‘what works’ is complemented by other forms of knowledge, expert knowledge, information from stakeholder consultations (8) and the political dynamics affecting the process (7). Given this fluid and context-influenced understanding of policy relevant evidence, this article adopts ‘fitness for purpose’ as the criterion for evidence (8).

Evidence use also has theoretical, empirical and practical complexity. The frustration expressed by researchers and advocates for greater use of research evidence in policy decision-making frequently stems from their understanding of policy making as a rational process in which research evidence is used to assess the relative costs and benefits of policy options (9). Weiss’ categorisation of research utilisation is useful in distinguishing three types of uses:

- Instrumental use, when evidence is acted on in a specific and direct way, leading to action, such as solving a particular problem at hand.
- Conceptual use, a more general and indirect form of enlightenment leading to changed awareness, thinking or understanding on a specific issue.
- Symbolic use, when research is used to justify a position or action that has already been taken; this use can be referred to as the political use of research. For example when the fact that research is being done is used to justify inaction on other fronts.

Interestingly, a link exists between type of evidence use and type of policy decision-making (10). Instrumental use is predicated on the existence of rational decision-making processes. The garbage can model of policy decision-making employs conceptual uses. According to this model, policy makers use evidence in diffuse and indirect ways, in an anarchic and unpredictable process. Symbolic use of evidence is linked to the bargaining-conflict model of decision-making or the political model, in which evidence
is used as political ammunition. The three types of evidence use can be complementary, with decision-makers employing all types depending on the situation. Empirical results confirm multiple types of use, with the health policy domain showing high levels of use across all three categories (10).

Ultimately evidence use is a fluid and dynamic process, therefore a realistic representation of what can be achieved is 'evidence informed/influenced or evidence aware' policy decision-making. The term 'evidence informed' is used in this article to reflect this point (11).

A range of theoretical models seek to explain the dynamics of how the use of policy-relevant evidence could be enhanced:

- Traditional models view researchers and policy makers as existing in two different communities and emphasise the value of interactive engagement (12,13). Critics assert that these models misrepresent the uncertainties, complexities and contextually contingent ways in which knowledge is created and used (14).
- Capability models identify system level factors needed for policy decision support. These include: high quality information bases, data analysis and policy evaluation capacity, political and organisational incentives and the development of mutual understandings between policy professionals, researchers and decision-makers (7). Priority is given to gathering and analysing good information from a number of sources.
- Context-based approaches are informed by empirical work in different policy sectors. Numerous studies have demonstrated the strong influence social, political and or organisational settings have on evidence use (15), on programme effectiveness and on which clients are likely to benefit. These models promote context-based processes, including policy dialogues, in which research evidence is considered together with the views, experiences and tacit knowledge of those who will contribute to, or be impacted by, future decisions on a high priority issue (11).

The role of advocacy for evidence use

We propose an alternative explanatory model to emphasise the role of influential individuals advocating for evidence use. Our proposition is that, to improve the quality of decision-making, the 'idea' of using evidence and obtaining the resulting benefits requires influential advocates within the policy-making process. This explanation is an extension of work establishing the value of informed and open debate between groups who have access to the same evidence, together with the skills to critique data and theory in the adoption of new viewpoints and congruent policy solutions (16).

As the inherent political bias in policy making has been well demonstrated (17–19), we believe the role of advocacy now needs to be examined more closely in relation to evidence use. Attention needs to focus on how advocates can influence evidence use.

The 'Role of Advocates for Using Evidence' model (see Figure 1), explains that evidence is used transparently and systematically when there is advocacy in three areas of the policy system: in determining the meta policy rules; the actual policymaking processes; and the involvement of societal representatives. Effective advocacy is needed to facilitate the robust consideration of policy-relevant evidence, which is a necessary condition for the development of evidence informed policy. The importance of the three areas in the policy-making process is discussed below.

The meta policy area

This acknowledges the highly influential written, and equally important unwritten, rules about the policy-making process. These 'rules' determine a range of factors including the openness of the process, who is involved and excluded, the degree of time pressures, the extent of external input and examination of what is not working and why. We propose that to achieve robust policy processes, advocates for evidence use in the meta policy area must shift the rules to favour the transparent, systematic consideration of a range of sources of evidence. Key indicators of shifts in the meta policy rules that support evidence use include institutionally supported dialogue between policy stakeholders, and the adoption of broad consultation processes (9).
the New Zealand Television Broadcasters Council, now known as ThinkTV.

The stated mission of FIG is "to change the way the food industry thinks and acts on food choice, ingredients and presentation in line with the [government] Healthy Eating, Healthy Action strategy" [28]. By aligning the goal of the FIG to the government’s major obesity policy activity, the food industry positioned them as working alongside government to manage the 'problem'. During 2003 and 2004 FIG members undertook concerted relationship building activities, primarily with government decision makers and selected academics [28]. In addition to a strong presence at the two seminars mentioned above, FIG members regularly met with senior Ministry of Health officials. Initially this relationship management activity led to the Food Industry Group signing a voluntary agreement with the Ministry of Health in September 2004, known as the Food Industry Accord. This commits FIG: "To do all that is possible to encourage all sectors of the food industry to create commercially successful products and services that will make a positive contribution to the health of New Zealanders" [29]. From 2005 to 2008 the ‘Dialogue and Influence’ meetings with the Ministry of Health were scheduled on a fortnightly basis [30]. Television and press media gave a high level of coverage to all these industry initiated activities from 2003 to 2010.

Members of the FIG used a 2006 government Health Select Committee Inquiry into Obesity and Type 2 Diabetes to continue to advocate for industry self-regulation, encapsulated by the submission from the New Zealand Television Broadcasters’ Council:

"An effective, socially responsible fabric of rules and regulations exists across all advertising with television being at the forefront of offering a socially responsible approach in New Zealand [based around Broadcasting Standards Authority and Advertising Standards Authority codes]... This framework works well. The NZTBC has seen no information that the incidence of obesity would be reduced through greater regulation" [s293, p4] [31].

Arguments based on individual choice, autonomy and education were used as justifications for this policy outcome:

"At the centre of the solution is the individual... Given the range and availability of food items on offer, the key is in giving people the knowledge and ability to make healthy choices. It comes down to teaching people the basic principles of how much they consume vs how much they move " [31].

"We live in a democracy, not a dictatorship, and thus we cannot tell people that they cannot eat some foods but eat lots of others. We can only exhort. It is how well we exhort the consumption of healthy diets and living healthy lifestyles that will achieve the objectives of reducing obesity and the incidence of type 2 diabetes" [32].

All the industry submissions argued that there was insufficient evidence on effective obesity interventions and that more evidence was needed, as the FIG submission illustrates:

"Some people claim that even though we do not know enough about the causes of the problem, we must still act – as if panicking blindly will be more helpful than a moment to size up the situation. If we do not answer the questions above [about causes], then New Zealand runs the risk of attempting solutions which unnecessarily impact on all New Zealanders while being unlikely to make any significant impact on those who are obese" [s157, p97] [33].

The FIG asserted that their advocacy was evidence based and highly influential:

"The submissions presented by industry have provided in-depth, evidence based information that has made a major contribution to the debate" [34].

However, most of the evidence cited was either unpublished reports or from minor journals. In spite of this, the Select Committee recommended to Government that self-regulation continue, with the FIG and Ministry of Health to be jointly given targets and timeframes for the "advertising, marketing and promotion of healthier diets, especially to children..." [35].

Advocacy by the food industry for self-regulation policy continued after the Health Select committee inquiry. In 2007/2008 Government policymakers proposed updated public health legislation in the Public Health Bill. This recommended a moderate level of government intervention for non-communicable diseases such as obesity. A formal Government - industry partnership was proposed, however, industry did not change their position on self regulation. Instead they attempted to strengthen their argument by adding a new human rights dimension to their case, as one Food Company’s submission illustrates:

"powers to regulate were unnecessary, unreasonable and conflicted with the Bill of Rights. To introduce overt state coercion in the food choices of citizens is going one step too far" [36].

The New Zealand Retailers Association added the benefits of a collective industry approach:

"As a matter of principle we are totally supportive of industry working together to develop, foster and maintain voluntary self regulatory processes that achieve socially and economically desirable outcomes rather than having regulatory outcomes foisted upon industry by central Government" [37].

Non Governmental Organisations (NGOs)

The second identifiable group comprised NGOs, academic interest groups and professional associations. Compared to the Food Industry Group this grouping included a number of smaller organisations and individuals,
Table 1 Applying the role of advocates for using evidence model to public health nutrition policy cases

<table>
<thead>
<tr>
<th>Policy case</th>
<th>International obesity policy framework development*</th>
<th>Food marketing to children policy development in developed world countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy context</td>
<td>Well established, well organised international non-government organisation concerned with increasing rates of obesity</td>
<td>Individual governments policy response to lobby groups employing a range of tactics</td>
</tr>
<tr>
<td></td>
<td>International meta policy framework. Process and content are transparently informed. Directs countries to establish a strong case for action on obesity on health status and economic grounds to create a persuasive wider policy frame.</td>
<td>A wide range of policies from 1. A complete ban on advertising in Sweden to 2. Partial restrictions on type or quantity of food advertised and or time of advertising as in the United Kingdom to 3. Self-regulation by the food and advertising industries as in the United States and New Zealand</td>
</tr>
<tr>
<td>Policy actors</td>
<td>International obesity prevention experts with strong academic backgrounds</td>
<td>Two distinct lobby groups well resourced and organised in food and media industries, non-government organisations and public health groups less coordinated and with limited resources</td>
</tr>
<tr>
<td>Power</td>
<td>Unified group of academic experts, lobbying governments to adopt their framework</td>
<td>Lobby group influence varied on a country basis</td>
</tr>
</tbody>
</table>

Explaining the policy outcome through the role of advocacy for evidence use

Meta policy
Policy-making roles developed by a systematic, consultative approach informed by the evidence-based policy literature. Proposal refinement through wider consultation and peer review processes.  
Each country used own processes to develop policy. Meta policy roles influenced by food industry in a number of countries. No agreed policy frame results in entrenched positions by public health advocates and food industry.  

Sustained relationships
Involvement of stable group of individuals with broad ranging expertise, length of time (3 years+) taken to develop policy framework, use of iterative processes for drafting and consultation.  
Ambiance of ongoing forums for policy community to have interactive, iterative dialogue. Direct lobbying of government by industry.  

Intentional processes involving wider society
IOTF policy framework defines five issues requiring transparent use of evidence to inform individual country's obesity policy. For each issue country decision-makers directed to use structured process to obtain the 'best available evidence' from a range of sources to ensure external validity, contextual relevance, policy maker support and funding.  
Intentional processes seeking input from societal groups not undertaken in any country. Polarised values and politics dominate over evidence in many countries.  


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Perspective


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How do Vested Interests Maintain Outdated Policy? The Case of Food Marketing to New Zealand Children

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Abstract: This paper examines the role of powerful vested interest groups in determining public health nutrition policy. With childhood obesity now being classified as an epidemic, television food advertising to children is a relevant case study, which is reported on in this article. The study consisted of qualitative interviews with members of the New Zealand food advertising policy community and documentary analysis of relevant submissions to two government inquiries, websites and policy documents related to food advertising to children. The findings categorised the positions of three identifiable interest groups. Each group’s use of evidence and other influence strategies was examined in relation to their impact on government policy. We found the food industry to be tightly coordinated in their influence activities, public relations, partnership agreements and the creation of scientific uncertainty. Non government organisations were less coordinated in their advocacy for regulation, relying heavily on the use of scientific evidence to support their position. As a result industry groups dominated the processes to produce a policy outcome where the government was not acting in its own best economic interest, in terms of reducing the longer-term costs of obesity, or that of the public. The evidence from this study supports international recommendations for new approaches to health policymaking. Government needs to lead a collaborative process between vested interest groups to ensure industry groups do not have the upper hand. Such approaches would enable policy with positive public health outcomes.

Keywords: Public health nutrition policy, vested interests, influence tactics, food advertising, children.

INTRODUCTION

Health professionals and epidemiologists are deeply concerned about the rising rates of childhood obesity, with some claiming that in the 21st century children will have reduced life expectancy and may not outlive their parents [1]. Globally, over 42 million children under the age of five are estimated to be overweight. Close to 35 million of these children live in developing countries. All have an increased risk of morbidity, disability and premature death [2]. Meanwhile, across the developed world, policy to prevent obesity is in a state of flux. This is partly due to the role played by organised groups who are active in advocating for policy congruent with their interests. The activities of these groups are clearly evident in the analysis of childhood obesity prevention policy.

Food marketing to children is a controversial contributor to the obesogenic environment. The food industry argues food intake is a personal choice and policies designed to restrict food marketing reduce an individual’s autonomy. Public health nutrition experts take a different position, that children need protection from marketing activities [3-6]. Their views are based on psychology research showing children are not able to discriminate the persuasive intent of advertisements and that advertised foods are of poor nutritional quality. On issues where public health interests are in conflict with commercial interests, such as tobacco, alcohol and food marketing to children, industry groups argue vigorously for self-regulatory policy with voluntary codes and complaint mechanisms [7-9]. Whilst these arguments often claim lower cost than government regulation and flexibility to adapt to new media, industry’s underlying goal is self-determination.

In the twenty first century television is one of many ways children are exposed to persuasive food and drink marketing. Additionally, they are targeted by a range of non-broadcast media including social media and school based promotions, all of which are designed to build brand loyalty [10]. Children’s purchase behaviour, diets and health are adversely influenced by the marketing of high fat, sugar and salt foods [11]. Television advertising has been the largest single medium for advertising to children [11, 12] although other media have an increasing presence as young peoples’ access to technology increases and marketers exploit new media [13]. As television is more easily monitored than other media, the impact of policy is readily assessed.

Despite a growing body of international evidence highlighting the role food marketing plays in childhood obesity [11, 14, 15], governments appear to struggle with developing and monitoring effective policy solutions. Both industry self-regulation and siloed health and media policy have proven to be, ineffective policy approaches [16]. Depending on how cogently industry has presented its views governments internationally have produced varied policies on television advertising to children. These range from complete bans as occurs in Sweden and Norway, to prohibitions in the United Kingdom on food and drink
advertisements to less healthy food during children's viewing times (17). To provide regulatory oversight, the food and advertising industries in the United States and New Zealand [18]. In both these industries, industry-funded institutions administer voluntary guidelines for the quantity and content of advertisements targeting children [8, 19]. The US and NZ also share the dubious record for being the two countries in the world where direct drug advertising to the public is permitted.

This paper seeks to explore the role of interest groups in maintaining policy approaches that serve them well. We use a case study approach to look critically at interest groups, their positions and how they exercise power in shaping policy outcomes. The case study offers insights into the real world of policymaking and the influence of interest groups on decision-making. Lewis [20] and others [9, 21, 22] use the construct of 'vested interests' to explain how powerful groups influence health policy. To examine the role of key players we have allocated vested interest groups into three broad categories: government policy makers, non-governmental groups (NGOs), and industry groups. The field of Public Health Nutrition is easily characterized as a public policy domain with great complexity, interdependence and high stakes [23]. Challenges arise from the absence of immediate empirical measures of policy outcomes, the high interdependence of health with other policy domains and the dearth of well-developed theories and evidence linking health system inputs to outputs. It is in this milieu that these three groups of policy actors are working to assert their vested interests.

Following an examination of the positions of the three groups around policy development for food marketing to children in New Zealand, we critique the policy processes using the vested interests construct. We then compare the current policy outcomes against two meta-policy frameworks: the International Obesity Task Force's policy recommendations [24] and the Ecological Public Health framework [16]. Both these emerging policy development approaches require discourses about wider issues. The World Health Organization (WHO) classifies the increasing prevalence of childhood obesity as one of the most serious public health challenges of the 21st century [2]. Whilst some groups advocate for strong government leadership to protect public health through regulation [25], others are working strenuously to persuade governments that intervention is not necessary. At the intersection of these two policy drivers, childhood obesity as a serious public health problem and the actions of vested interest groups, two questions are generated: how do vested interest groups influence government policy and what are the implications for the obesity problem?

METHODS

In order to study the activities of the vested interest groups we undertook a case study on television food marketing to children in New Zealand. New Zealand is a small country of around four million people, with an easily identifiable, active policy community. In keeping with case study methodology [26], our case study examined activities that have influenced government decision making on food advertising since 2004. The case study explores the positions of each group, their advocacy activities and use of evidence. In line with the case study approach, which entails a combination of methods, qualitative interviews and documentary analysis, we undertook to capture the views of individuals and groups. By recording these different views, a source of explanations for wider policy determinants was generated [27]. Specifically, the case study drew on semi-structured interviews with eight senior members of the vested interest groups. We combined this with analysis of publicly available and indexed media reports, internal government documents obtained under New Zealand’s Official Information Act, publicly available government select committee reports and NGO position statements. The University of Otago provided ethical approval. All interviews were recorded, transcribed and qualitatively analysed for themes relating to the positions of the vested interest group and advocacy activities to advance their positions.

Table 1. Vested Interest Group Interviewees

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Interviewees</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGO</td>
<td>Coalition Group</td>
<td>Chair, CEO</td>
</tr>
<tr>
<td></td>
<td>Representatives x 3</td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>NGOs x 2</td>
<td>CEO</td>
</tr>
<tr>
<td>NGOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Industry</td>
<td>Self/Regulatory Authority x 2</td>
<td>CEO</td>
</tr>
<tr>
<td>Policymakers</td>
<td>Senior Health Officials x 2</td>
<td>Senior Policy Analyst Section Manager</td>
</tr>
</tbody>
</table>

RESULTS

We found three groups with distinct positions active in policy discussions on food advertising to children. The NGO group comprised several coalitions and larger NGOs that spoke on their own behalf in addition to their role as coalition members. By contrast, the food industry were organised as one coalition group with a strong contribution from the broadcast and media industries. The government policymakers were active in translating the findings of two consultation rounds into proposed legislation. The positions held by each group, their advocacy activities, use of evidence and their resulting influence on government policy is discussed below.

Food Industry Group

The Food Industry Group comprises food producers, wholesalers, retailers and marketers. In 2003, under a centre-left government, NGO groups were advocating for regulatory intervention to slow increasing rates of obesity. Two high profile seminars were held in 2003 to discuss policy options, with both events including contributions from Health Ministers and the food industry. In response to the NGO advocacy activity, a number of food industry and commercial trade associations organised themselves and formed the Food Industry Group [FIG] in 2004. This coalition group is constituted as a society, is member-funded and employs a Chief Executive. The four principal members are the New Zealand Food and Grocery Council, the Association of New Zealand Advertisers, the Communication Agencies Association of New Zealand and
and many had fewer financial resources. At the beginning of the case study (2006) three NGO coalitions existed, the Obesity Action Coalition, Agencies for Nutrition Action and the Chronic Disease Prevention Peak group. These coalitions represented the major nutrition NGO groups in NZ. However, there was a high level of overlap in membership: the National Heart Foundation and Diabetes NZ belonged to all three coalitions, the Cancer Society, Dieticians NZ and Te Hotu Manawa Haere [the indigenous branch of the National Heart Foundation] belonged to two coalitions. Through partnerships with academics these coalition groups overtly positioned themselves as the voice of scientific reason. Their collective position that obesity has wider environmental and social determinants was supported by extensive published evidence. International experience was used as the base for arguments that these wider determinants require government regulatory intervention.

NGO group submissions to the 2006 Health Select Committee inquiry on Obesity and Type 2 Diabetes framed their pro regulation arguments on strategies known to be effective. The National Heart Foundation’s submission illustrates this position:

“The government should consider obesity a normal response to an abnormal environment. Many of the determinants of obesity are structural and environmental and are outside the control of families/whanau and individuals. Therefore focusing interventions solely on educating people and trying to get them to ‘pull themselves up by their bootstraps’ ignores all that we know about what determines health and well being. Worse, it is an ineffective, naïve and futile approach that delays effective actions and widens ... disparities" [38].

In their submissions to the Inquiry and in the press, NGO coalition groups also argued that evidence of ‘what works’ overseas should be applied to New Zealand:

“...international experience showed that voluntary codes and self regulations did not bring about significant change for children” [39].

NGO group advocacy took the form of hosting and publicising seminars for academics and other members of the policy community, and commissioning and disseminating reports by academic researchers [40-42]. Around the time of these events 2006 - 2008, seminar keynote speakers and report authors enjoyed a high media presence, creating a short-term public profile for the NGO position.

Although the NZ Medical Association is not a member of the NGO coalitions, they were active in arguing the same pro regulation position from a research-led evidence base. The association adopted the position held by the wider international medical community that “some measures need to be taken to regulate the type of food advertising aimed at children” [43]. The influence of all the NGO groups was largely in the public domain through press releases, television and radio interviews. A high media profile enabled their arguments to be shared with the New Zealand public although this strategy did not appear to be coordinated between the NGO groups.

**Government Policy Makers**

The third identifiable group were policy makers employed by government departments to provide policy advice to elected officials. Unlike some other countries, notably Britain, the NZ Ministry of Health has retained jurisdiction over the issue of food advertising to children. Individual Ministry Policy makers are more difficult to identify as in the NZ context they are employees of an apolitical government service, and strictly speaking only the Chief Executive or the Minister Produce policy statements. However, policy makers employed in government agencies are answerable to politicians who set clear expectations as a former New Zealand Minister of Health, Pete Hodgson, illustrated in his address to a 2006 Food industry conference:

“those of you sitting in this room, and the organisations you represent have the collective power to change New Zealand’s food environment - what is available to buy, how it is priced and how we purchase it. There is a strong sense of urgency to make these changes in light of the obesity epidemic we are now facing” [44].

Some lobby groups were aware of officials and politicians holding differing views, as the spokesperson for one NGO group said:

“...the Ministry [officials] would be aligned with us and the public...and we have the industry and politicians as our opposition” [45].

Health policy makers revealed their preference for a regulatory framework in the 2007 Public Health Bill. This draft legislation was released in the policy window following the presentation of the Obesity and Type 2 Diabetes Inquiry report and before the Government had produced their response [46]. The proposed regulatory framework had a short life, as the Health Committee considering the Public Health Bill did not support regulatory policy. The committee were persuaded that voluntary codes would be effective, on the condition that targets and timeframes were met. To appease the majority of submitters favouring regulation the Committee recommended the Minister of Health be given powers to propose regulation if after two years there had been no significant progress in achieving its objectives [47]. Subsequently, the Government also actively supported self regulatory policy in their response to the Obesity and Diabetes Inquiry report [48].

The minority Green Party were strongly supportive of the policymakers’ and NGOs’ pro-regulatory position:

“It is crucial that we protect our children from commercial pressures on them to eat unhealthy food, that will undermine their health, learning and well being” [49].

However, following a change to a centre-right government in 2008 the Public Health Bill did not proceed in any form. Subsequently, Minister of Health, Tony Ryall, expressed commitment to continuing to support industry self

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regulation in his 2010 statement to advertising, communication and food industry representatives:

“Working with industry and food manufacturers constructively is an approach Government supports and we want to see more examples of the achievements in this area,” [50].

The outcome is New Zealand’s continuation of an industry controlled self-regulatory framework for broadcast media only. There are no policy controls on other media. The industry-funded Advertising Standards Authority administers a complaints based and voluntary Children’s Code for Advertising Food [51]. This code refers to the NZ Television Broadcasters Council’s voluntary social responsibility code [51, 52] which restricts advertising in school-age children’s television programme times to 10 minutes per hour, morning and afternoon, ending no later than 6.00pm. Advertisements for foods and beverages are subject to a classification as every day, sometimes or occasional foods, along with an expert nutrient profiling as being either healthy or unhealthy. Based on the outcome of this scrutiny a food or beverage advertisement is given permission to be screened. Whilst the NZ Advertising Standards Authority makes several references to the United Nation’s Convention on the Rights of the Child and the freedoms of childhood, the Authority chooses to impinge on one of these freedoms by defining the age of a child as under 14, four years younger than the United Nations defining age of under 18. With a narrow definition of children’s viewing times, relying on complaints post screening, a delay in complaints being considered and weak penalties, there is no effective control over food and beverage advertisements after 6pm when a large number of children are watching television. Analysis of a 2008 complaint to the NZ Advertising Standards Authority concluded that, for public health issues, self regulatory mechanisms offer questionable levels of protection [8].

**DISCUSSION**

Our study found three groups actively attempting to influence government policy on television advertising to children. Advocacy by the food industry was tightly coordinated and consistent in lobbying for industry self-regulation. NGO and academic coalition groups did not appear to coordinate their advocacy in the media. Nevertheless, their arguments for government regulation were consistent, cogent and heavily evidence based. Government policymakers generally had a low profile, until a policy window appeared when they swiftly revealed their preference for government intervention. Overall, it was difficult to determine the nature and extent of covert advocacy, particularly by the food industry, which is well known for such tactics in other countries [18, 53-55]. A request under the Official Information Act produced internal government documents. However, it was not possible to definitively link food industry advocacy to government position as six members of the food industry declined an interview request. Our position as University health researchers probably made it difficult to uncover any instances of back room influence. Industry groups are likely to only share this information with trusted colleagues. We did gain insights into the positions and activities of all three groups through our qualitative interviews. Although the food industry did not participate in interviews, the Advertising Standards Authority (ASA) willingly discussed their views and the position of their industry supporters. The ASA interviews together with the Select Committee submissions provided a rare window on the position of different industry sectors and some insights into their approach.

**Vested Interests and Uncertainty**

The vested interests construct is useful for explaining the varying involvement and level of activity of each of the advocacy groups. Interest groups are identifiable by political scientists when they form around a shared view of the preferred policy outcome and coordinate their advocacy activities. The level of organisation depends on how high the stakes are for the group, their access to resources and their ability to organise themselves [22]. In this study the food industry displayed all the characteristics and motivations of an organised, well-resourced vested interest group working on a high stakes issue. As a group whose role in economic growth is recognised by government, the food industry are in a strong bargaining position [56]. The establishment of the Food Industry Group (FIG) enabled coordinated and consistent advocacy. By contrast, the NGO groups operated as a number of coalitions who were informally linked by having a high level of members in common. Although these cause related groups are highly regarded by the wider community their level of government influence was low compared to the food industry. Industry have numerous points of interaction with government as providers of tax revenues, as major employers, through international linkages and as holders of specialised knowledge [56]. This asymmetry of influence gives the private sector considerable power in public health policy making.

Nestle [57] and others have reported the behaviour and considerable influence of the food industry on food marketing to children policy. Nestle’s work focuses on the United States where lobbying is embedded in the political system and the food industry expends considerable effort to lobby, conduct PR campaigns, make financial contributions, and develop partnerships and alliances. Our study was conducted in an open system of policymaking, similar to the United Kingdom (UK) where paid lobbying is illegal. Our findings revealed similar direct and indirect lobbying tactics to those reported by Miller et al. [55] in their examination of lobbying by the UK food and alcohol industry: the creation of scientific uncertainty; the use of the media to influence popular and elite opinion; and the development of industry government partnerships. The influence strategies used by the NZ food industry were mostly conducted by one coordinating organisation, FIG, which was solely established for this purpose. Their public relations activities, seminars, media statements and release of website resources were undertaken in a carefully timed high profile publicity strategy. By questioning the evidence base for obesity interventions in their submission to the Health Select Committee Inquiry, industry groups sought to reduce the authority of the academic submitters who argued there was sufficient evidence for action. The industry – government partnership agreement, the Food Industry Accord, was a masterful outcome as industry undertook to share responsibility with government for addressing the obesity
problem. This agreement positioned industry as a major contributor to the solution of the obesity problem, shifting the attention from the causes of obesity, whilst adroitly not committing themselves to any measurable goals. The involvement of unelected partners in the delivery of policy is increasingly a feature of social and health policy, in the UK, continental Europe and globally. Such partnerships are recognized for creating barriers between government and the private sector, which creates difficulty for governments to pursue policy for public health reasons where policies raise conflicts of interest [55].

The creation of scientific uncertainty is a highly successful food industry and corporate tactic. Scientific uncertainty is the strategy of questioning the underlying science in order to prevent regulation [58]. In this study the food industry submissions to government select committees questioned the underlying science on the causes and prevention of obesity, thus creating uncertainty around the optimal evidence based policy tool. Michaels and Monforton highlighted the same tactic by aspirin manufacturers and the tobacco industry seeking to delay the requirement for specific warning labels in the 1980s, observing that the tactic is now so commonly used in the United States that is unusual for the science behind a proposed public health or environmental regulation not to be challenged by an industry group [58].

Powerful Advocacy

The food industry’s overarching goal was the retention of the industry self-regulatory policy framework. By developing a partnership with government to solve the obesity problem, industry presented themselves as a trusted, organised group who is sharing responsibility. Secondly, by indicating that their members needed to change current approaches to manufacture and promotion, the food industry acknowledged that they did not have a quick fix and so could not be lobbied accountable for short-term outcomes. This playing for time was directly opposite to the NGO groups’ advocacy goals, which centred on immediate imposition of government regulation banning all food marketing to children. The NGO groups with their strong links to academia adopted the position of the critic and conscience of society arguing that responsibility for effective action lies firmly with central Government.

Internationally the food industry is renowned for using powerful vested interest group advocacy tactics [10, 53, 59-62]. As Lobstein observes “a primary aim of industry is to capture the regulatory process through lobbying, party funding and through their membership of the very regulatory bodies that should be holding them to account” [63].

Both industry and NGO groups used evidence to support their positions. The NGO groups frequently quoted international research published in academic journals. This study concurred with a major European study [12] in showing that although industry groups also claimed their arguments were evidence based, this evidence was either hard to locate or did not meet stringent academic publication criteria. This fact did not dampen the ‘supported by evidence’ rhetoric used by industry, which effectively diminished the power of the NGO groups’ evidence based arguments to all audiences except the scientifically educated.

The continued dominance of the NZ food industry in influencing government policy on television food advertising to children by virtue of their dominant structural position across government and within regulatory structures, and effective advocacy strategies, has enabled the continuation of a policy that serves their interests at the expense of public health.

The vested interests construct is useful for explaining the influence such powerful groups have over health policy. Vested interests are organised groups who define their domain and act to maintain the survival and advancement of their organisation within that domain [22]. Groups have varying levels of organisation depending on the issue at stake and the resources at their disposal. Economic interest groups often act covertly to frame policy issues and their resolution. The policy debates on global warming, tobacco control and food fortification reflect the role of powerful interest groups promulgating evidence they have commissioned in their framing of issues and solutions. It is well recognised that these powerful structural interest groups play a significant role in agenda setting and policy shaping debates [23].

A structural interest’s view also explains the medical profession’s dominance in health through the prevailing concepts of health serving their interests. Defining health in terms of illness or disease legitimises the medical profession’s focus on treating individuals. Similarly, the food industry framing childhood obesity as an issue of parental responsibility, personal autonomy and education legitimises their focus on preserving choice through market self-regulation. Dominant groups, such as the food industry frequently have their interests served by existing social, political and economic interests. For example, at a global level, transnational food companies have developed international food trade and sourcing arrangements, influenced the restructuring of food retailing with the growth in supermarkets and uses global food advertising and promotions to influence consumption habits and create demand. Organised interest groups such as NGOs can challenge a dominant position by arguing for an alternative position. In this study the NGO’s academic interest group presented strong arguments that food advertising to children is a controllable environmental contributor to childhood obesity. However, these arguments proved to be surface activity that did not threaten the deeply entrenched position of the dominant food industry. Within the health sector, this level of impact by a less dominant group is a familiar pattern [23, 64, 65].

The Implications for Obesity

We found that the policy around television food advertising to children is a case where a powerful vested interest group has maintained the status quo policy to protect their own interests. Through the use of well-organised advocacy strategies leveraged from a structurally dominant position, the food industry group have effectively determined current Government policy. As the government also bears the cost of obesity treatment, industry could be seen as forcing government to act against its own best interests.

In contrast, our case study supports the international call for new policy mechanisms to address the rise in obesity [16,
24, 66, 67], to avoid a continuation of outcomes favouring the interests of the powerful food industry. These emerging meta policy approaches reframe obesity as an issue with complex, interrelated determinants requiring coordinated inter-sectoral action [16]. When obesity is viewed as having social, technical, and ideological drivers, policy solutions move from just physical activity only approaches to include social, economic and cultural dimensions. This twenty first century approach to public health policy replaces the Victorian approach of reshaping the physical environment by installing drains and supplying safe drinking water. Different attributions of causes imply different policy solutions. Our findings support those of others [24, 67] in identifying that the considerable influence of vested interest groups requires more than new ideas about causes and solutions to reduce their influence and dominant position. The policy making process itself requires change. The new obesity meta policy frameworks acknowledge this need in recommending collaborative processes moderated by government agents [24, 68]. Policy makers are directed to use a multi-sectorial approach to obesity prevention, involving industry groups, but not allowing them to dominate public health policy development. Such approaches are rare internationally and certainly, as our study found, not evident in New Zealand.

The powerful food industry has been criticised for being slow to change its behaviour in spite of being requested to do so by the WHO [68]. Machiavelli is often quoted as observing that the shaping of policy outcomes by vested interests is not a new phenomena [69], nor is it restricted to food and obesity issues in the twenty first century [9]. However, in the twenty first century it is increasingly unacceptable for powerful lobby groups to use reductionist tactics to frame global disease epidemics as personal choice issues in single countries [3, 9, 63, 70].

Advocates for international policy action on the obesity epidemic argue that the tipping point has been reached as a rapidly growing percentage of the child population in developed countries are now being classified as overweight or obese [16]. A “tipping point” [71] is the concept in epidemiology that small changes will have little or no effect on a system until a critical mass is reached. Then a further small change “tips” the system and a large effect is observed. The intensifying advocacy for effective policy creates unrelenting pressures on vested interests to tip from their entrenched policy positions and engage in collaborative, transparent processes. We found some evidence of increased engagement. However, firm indicators of changed positions were elusive.

Such approaches to policymaking require strong government leadership. However, caution is warranted. From alcohol policy development, lessons can be learnt about the pros and cons of partnership approaches. Relationships between the alcohol industry and the health sector have been labelled ‘poisonous partnerships’ because of the power imbalance in favour of industry [9]. The role of government agencies working with industry also requires scrutiny as both groups derive benefit from consumption in the form of taxes or profit. Consequently, there is evidence of industry and government agreeing to pursue harm reduction measures that do not directly address the real drivers of consumption. These actions include improving the environments in which consumption takes place, such as host responsibility in bars or smoke-free social spaces. We agree with Adams et al. that balanced government-centered models of managed interaction are ideal, but these do require long term government resolve to sustain [9]. The current appetite for partnership arrangements between industry, government and the health sector offers opportunity for further refinement of such collaborative arrangements and study.

CONCLUSION

The ease of food marketing to children in New Zealand provides compelling evidence that vested interests have worked to maintain an outdated policy response to a twenty first century problem, now classified as an obesity epidemic. This situation is not unique. Internationally a tipping point needed to change the policy frame around obesity prevention, from individual choice and autonomy to a frame that acknowledges multiple causes and solutions. The food industry are key players in any solution, they have significant resources and are skilled at interacting persuasively with consumers to promote consumption. The industry is also adept in employing a range of tactics to maintain a policy position around food advertising to children to protect its current vested interests. The development of multi-sector policy would involve all parties reframing the issues and the development of new targets. Radical suggestions such as rewarding the sales volume of healthy food, regulation for marketing activity promoting healthy food, and other creative, incentivised strategies require collaborative discussions across sectors.

The role of government as policymakers needs to increase to meaningfully address the WHO and other groups’ deep concerns about rising rates of childhood obesity [66, 72]. Only government as the legislative policymaker has this prerogative. In the twenty first century an inter-sectoral policy solution is needed to address childhood obesity. A shift by industry from their entrenched policy position is also required, as is a long-term commitment to working collaboratively with other policy stakeholders. Our work indicates that in a small country, with relatively few key policy stakeholders, collaborations between industry and government are emerging, although the NGO groups saw these arrangements as an assertion of vested interests. Both the costs and long-term benefits will be apparent in the health, agriculture, education, environment, transport and economic sectors, although not equally borne, which explains some of the structural resistance to change. Despite the apparent barriers the recent moves to coordinate policy development on climate change offers a source of optimism that obesity prevention policy can be reframed. As a small politically flexible country, New Zealand does have the potential to lead the world in using collaborative twenty first century policy development processes to address the rising rates of childhood obesity.

REFERENCES


Irwin J. The Food Industry group[fig] 2nd annual report to the minister of health 2006.
[63] Leboeuf T. Commentary on “food, the law and public health”. Public Health 2006; 120(Supplement 1): 3-10.

Appendix 2:

Timeline of key events in food marketing to NZ children 1989 – 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>Advertising Standards Authority Code for Advertising to Children first released</td>
</tr>
<tr>
<td>1992</td>
<td>Agencies for Nutrition Action NGO established</td>
</tr>
<tr>
<td>1999</td>
<td>New Zealand government adopted self-regulatory policy for marketing of goods and services.</td>
</tr>
<tr>
<td>2000</td>
<td>Advertising Standards Authority undertook ‘Consultation on updating Childrens Code and the introduction of a Code for Advertising Food”</td>
</tr>
<tr>
<td>2001 Feb 1</td>
<td>Advertising Standards Authority released “Revised Children’s Code and new Food Code”.</td>
</tr>
<tr>
<td>2001</td>
<td>Fight the Obesity Epidemic NGO founded</td>
</tr>
<tr>
<td>2002</td>
<td>Obesity Action Coalition NGO established</td>
</tr>
<tr>
<td>2002 Dec</td>
<td>Stuff internet poll found 67% of respondents thought the Ministry of Health should have a role in banning fast food advertising to children.</td>
</tr>
<tr>
<td>2003 March 5</td>
<td>Food Symposium hosted by Hon Damien O’Connor (Assoc Min of Health) at Parliament boycotted by NGO and PHN academics. Strong industry presence.</td>
</tr>
<tr>
<td>2003 Sept 2</td>
<td>Childhood Obesity Symposium: Partnerships for action. Minister of Health (Hon Annette King) address &quot;...I am sure many of you found recent comments in the UK Chief Medical Officer’s annual report as chilling as I did. He said the reality of the obesity epidemic would mean many parents would outlive their children. We do not want that to happen here. We are facing a child obesity epidemic in New Zealand, but we can still do something about it.”</td>
</tr>
<tr>
<td>2003</td>
<td>Advertising Standards Authority website released “Obesity and Advertising: Exploring the Conundrum in New Zealand”</td>
</tr>
<tr>
<td>2003</td>
<td>Advertising Standards Authority website released “Attitudes of parents toward advertising to children in the UK, Sweden and New Zealand”.</td>
</tr>
<tr>
<td>2003</td>
<td>Food companies, industry organisations and advertisers formed the Food Industry Group (FIG) with the purpose “to encourage food companies to work with Government and the community in finding ways to help solve the obesity issue in New Zealand.”</td>
</tr>
<tr>
<td>2003 Nov</td>
<td>NBR-Phillips poll found 40% New Zealanders believed high-fat fast food should be taxed.</td>
</tr>
<tr>
<td>2004 June 29</td>
<td>Public Health Association (PHA) Food and Nutrition Policy Proposal adopted by the Council of the PHA of New Zealand.</td>
</tr>
<tr>
<td>Year</td>
<td>Event Description</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>2004</td>
<td>MOH Background Paper on Two Options Available to Government to Reduce Obesity in New Zealand: Differential Food Taxation and Food Advertising Restrictions.</td>
</tr>
<tr>
<td>2004</td>
<td>Food Industry Accord signed by Min Of Health, Annette King, and reps NZ Food Industry <a href="http://www.moh.govt.nz/moh.nsf/pagesmh/3208#food-industry-accord">http://www.moh.govt.nz/moh.nsf/pagesmh/3208#food-industry-accord</a> “The Accord is an industry initiative that aims to support and complement HEHA. On 2 September 2004, The Food Industry Accord was signed by a number of participants in the New Zealand Food Industry including food producers, distributors, retailers, marketers, advertisers and media. Their mission is to do all that is possible to encourage all sectors of the food industry to create commercially successful products and services that will make a positive contribution to the health of New Zealanders.”</td>
</tr>
<tr>
<td>2005</td>
<td>March 1</td>
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<td>2006</td>
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<td>2012</td>
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<tr>
<td>2013</td>
<td></td>
</tr>
</tbody>
</table>

260
Appendix 3:

Research Impact: Increasing research impact

Studies of the approaches to increasing the impact of research either focus on impact enhancing activities and or systems level factors. More sophisticated analyses integrate a number of factors to determine practices which support effective impact, following the approach taken in Weiss’s original framework\(^{(194)}\). One example is the review by Walter et al which distinguishes eight mechanisms that drive research impact through different interventions\(^{(202)}\). This framework extends Landry’s ladder of utilisation in two directions. Firstly, by adding analysis of the mechanism to the broad range of processes found to be effective and secondly, by shifting attention from more instrumental, direct types of use towards interactive processes that enable a range of types of use.

Taxonomy of Interventions Used to Increase Research Impact\(^{(202)}\).
• Dissemination – adult learning theories and personal motivation important. Underlying mechanism is in the research-based message.

• Education – range of learning theories are relevant, mechanism is learning, the increasing knowledge and understanding of research findings.

• Social Influence – social learning theories – mechanism is social influence, role models, colleagues, and opinion leaders

• Collaboration between researchers and users – constructivist theories, users need to test and adapt research findings in practice. The mechanism is communication.

• Incentives - learning theories that encompass behaviour being influenced by controlling motivation. Mechanism is motivation through reward.

• Reinforcement – audit feedback. Mechanism is motivation through audit and feedback. Single and double loop learning12 are relevant.

• Facilitation – mechanism is facilitation, remove barriers, and take action. Change management theories, behaviour change theories.

• Multi-faceted initiatives – multiple mechanisms targeted to get evidence into policy. Theories depend on mechanism used; overarching models such as the trans-theoretical model13 can support this approach. Social learning theories also support multiple variables influence on behaviour change.

This taxonomy offers a useful theoretical tool for elucidating the type of research impact, which may be achieved with different types of interventions. In addition, the concept of interventions working in parallel and not as a hierarchy has not been clearly conveyed by previous classifications of research impact.

Walter also highlights the value of opinion leaders receiving personalised education; research is more likely to have an impact as these influential individuals disseminate new information202.

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12 Single and Double loop learning – Agyris 1977 distinguished organisational learning by double loop from single loop by processes which allowed underlying assumptions, norms and ambiguities to be challenged.

13 Trans theoretical model – Prochaska 1997 model posits health behaviour change requires progression through six steps.
Appendix 4A:

Key concepts from Political Science and Public Policy

Conceptual models in political science and public policy explore relationships between the multiple factors influencing policy and policymaking. In general, each model highlights different factors and so is subject to the interpretive biases that arise in the social sciences from single theoretical frameworks. An alternative approach is to pursue good descriptions of accounts of human action based on a contextual understanding of the links and transactions among decision makers. John and others argue that this method captures the complexity of policy processes in ways not possible in conceptual models\(^{(191, 397)}\).

A number of political science concepts are relevant to understanding factors that may facilitate or hinder advocacy for evidence use: policy actors, policy elites, lack of rationality, and the role of institutions, coalitions, external influences and power. Policy actors are the primary unit of study, which allows examination of the actions of individuals who are active within a policy area. Policy elites are the policy actors who have influence over policy processes.

Public policy is commonly understood as policy at any level of government\(^{(398)}\). Public policy claims the legitimacy of state policy and a primacy over other policies\(^{(259)}\). The role of institutions, the balance between public and private sector activities and the distribution of benefits are useful for examining evidence use in policy making.

Policy and Health Policy

Defining policy is problematic as it is not a single decision rather a series of decisions that evolve over time to reflect an orientation. Non-decisions and policy termination also reflect the outputs of policy processes. Many authors offer definitions of policy, these range from seeing policy as a purposive action directed towards addressing a problem to portraying policy as a negotiated outcome, where the interaction and communication between policy actors determines a temporary and evolving goal\(^{(191, 252, 259, 262, 399-401)}\).
Public Policy

Public policy is concerned with issues that are of government level concern because of their impact on society\textsuperscript{252, 395}. These issues affect the public interest and are part of the routine responsibility of a government, or are brought to the attention of government for action. In recent years the role of the state as policymaker reflects many of the complexities of modern society\textsuperscript{259}. Tensions abound between policy actors who have differing beliefs about the ability of market systems to settle social distribution questions and the point where state intervention is justified. Frictions are most evident when market activities produce external consequences either positive or negative for those who are not party to the activity. Pollution is the classic example and fast food is rapidly achieving a similar status\textsuperscript{375, 402}.

In western democracies, the States’ role in health and education includes consideration of the extent to which everyone benefits when their fellow citizens are kept healthy and have an education. Where there is incomplete knowledge, market inefficiencies are seen to arise and traditionally the state had a role in reducing the knowledge imbalances. This is interpreted as acknowledgement that not all members of society can be expected to behave like ‘economic men’. Within public policy monopoly power was traditionally seen as undesirable and the state was regarded as the only institution with a duty to intervene and restrain market dominance\textsuperscript{402}. These three arguments, market inefficiencies, monopoly power and external consequences are classic economic theory justifications for public policy.

Analysis in public policy distinguishes between analysis for policy that examines problem solving, policy evaluation, ‘what works’; and analysis of policy that is concerned with how the policy process is structured, how it works, the use of power and the role of interest groups. Both perspectives are relevant as the interface between the political nature of policymaking and rationally developed evidence is central to the main thesis of this research.

Health Policy

Whilst many definitions of health policy exist, it can be seen as public policy with four well-accepted divisions; health protection, disease prevention, health promotion and health care. The complexity of health policy is evident in the multiple drivers which are generally
agreed to include health status, cultural factors, political environment, changing demographics, consumer expectations, medical technology, knowledge about cause and effect, political, legal and bureaucratic institutions, prevailing social or economic ideology, developments in other countries and the economic environment\(^{(403)}\). Policy outcomes often depend upon the trade-offs between these drivers. Compared to other sectors the health sector is seen as complex, exhibiting strong interconnectedness between its structures and an environment where issues are intensely contested\(^{(272)}\).

Public health policy is specifically concerned with health promotion and health protection and is the area where other policy domains have a large impact on health outcomes. Study of public health policy needs to include consideration of all policies and practices impacting on health and is therefore a multi-disciplinary exercise\(^{(274)}\).

**Policy Process**

The policymaking process is widely understood to involve temporality, an unfolding of events and decisions that may culminate in an authoritative decision. Emphasis is placed on the unfolding rather than the authoritative decision\(^{(404)}\).

**Relevant Policymaking Models**

**Decision making models**

According to Ham and Hill the idea that policymaking was a rational process originated with Simon’s 1945 ideal model of policy making. This prescriptive model portrays decisions as choices between alternatives\(^{(249)}\). Selections are made which will maximize the decision makers’ values following a comprehensive analysis of alternatives and their consequences. A decision is organisationally rational when it is oriented to the organisations goals and individually rational when it is oriented to the individuals’ goals. Critics argue that real world decision making does not proceed in such a logical, comprehensive, purposive manner and that the level of rationality in policymaking is overestimated\(^{(201, 406)}\). Rational models are also criticised for not capturing the interactive processes involving individuals often with conflicting interests and goals.

Augier uses the concept of ‘bounded rationality’ to reflect evidence being reviewed on a limited range of possibilities. Bounded rationality reflects decision makers’ choosing an alternative intended not to maximize his or her values but to be satisfactory or good
The term *satisficing* describes this choice process. Bounded rationality enables the decision maker to simplify their processes by not examining all the possible alternatives. Essentially rules of thumb are adopted. As a result, important evidence, options and consequences may be ignored.

In contrast, incremental models convey policy decision making as a complex collaborative process. The leading exponent, Lindbolm sets out an approach of ‘successive limited comparisons’ where decision makers start from an existing situation and change policy incrementally through iterative steps. This limits the number of alternatives to those that differ in small degrees from existing policies and by ignoring the consequences of possible alternative policies. Deciding through successive limited comparisons involves simultaneous analysis of facts and values, means and ends. Lindbolm argues that incrementalism is a good description of how policies are made and a prescription for how they should be made. This ‘muddling through’ reduces the likelihood of serious mistakes as only small changes are made. Incrementalism is generally considered to be appropriate when there is a high degree of continuity in the nature of the problem and in the means available for dealing with it. Incremental models do acknowledge interests and the sources of information that policymakers consider. Scientific knowledge, interests, values, established positions within institutions and personal ambition are included as policy inputs. Research evidence competes with what Lindbolm and Cohen call ordinary knowledge, which has its base in common sense, casual empiricism or thoughtful speculation and analysis.

These decision making models provide a micro level analysis of factors of direct relevance to evidence use when it is understood as an instrumental process. Decision making level analysis highlights issues of problem definition, breadth of analysis, and how facts and values are incorporated and the extent of policy change. Emphasis is given to the role of civil servants at the expense of other policy actors and interest groups. Dror argues for an optimal method as a means of strengthening and improving decision making. Given the influence of political and institutional factors on policy processes and the absence of clear chain of causation for policy development, this appears a high aspiration.

Non-decision making

According to Bachrach most models of non-decision making reflect processes of influence that result in some aspect of a decision not being made. This influence or exertion of
bias can take a number of forms including devaluing the policy input, procrastination such as requesting more evidence on an issue, or deliberately concealing information. Empirical work suggests that non-decision making occurs for several individual level reasons: when interpersonal conflicts exist between the decision maker and the proponent, when the opportunity cost of raising a concern in a political arena is too great$^{(406)}$.

Process models

Both staged and interactive models of policymaking processes are examined in the political science literature however interactive models appear to dominate. This section briefly reviews stage models before moving to examining several models of policymaking as an interactive process.

All stages models conceive policymaking processes as occurring in a series of sequential steps, for example Jenkin’s stages model has seven steps; initiation, information, consideration, decision, implementation, evaluation, termination$^{(257)}$. This simple model offers a way of segmenting a complex process for the purpose of analysis, with the acknowledgement that policy making processes are constantly evolving and that policy initiation as far as it is possible to identify, may occur anywhere in the system. An alternative model focuses on a set of sequential decisions, deciding to decide, deciding how to decide, issue definition, forecasting, setting objective and priorities, options analysis, policy implementation, monitoring and control, evaluation and review, policy maintenance, succession and termination$^{(258)}$. This approach goes beyond the simple identification of stages to suggest the actions that should occur. The inherently rational underpinning of stages models is criticised for not capturing the interactive and incremental aspects of policymaking$^{(191, 259, 407)}$. Other critics argue that powerful vested interests reinforce the stages conception of policy making for their own ends which are best served by downplaying the bargaining aspects of policy making$^{(191)}$.

Whereas interactive models portray decision making as occurring in systems with multiple processes that need to remain in balance to survive. These processes highlight the role of stakeholders as sources of demands in seeking authoritative allocation of values from authorities. Policy makers and politicians themselves may also be a source of demands and so create the conditions for their own action$^{(259, 260)}$. Long-term relationships between government officials and leading interest groups, including researchers are highly relevant
as members of an epistemic community are portrayed as being able to influence policy development\(^{(201)}\).

**Structural level models**

Policy analysis at the structural level examines the role of powerful structural interests in agenda setting and shaping policy debates\(^{(252)}\). Whilst the actions of economic interest groups in policy making are not a new phenomenon, the way industry is using evidence to shape debates is coming under increasing scrutiny. For instance the way powerful structural interests brokered evidence they commissioned around climate change, tobacco control and food fortification has been critically scrutinised\(^{(3, 286)}\). Two structural analysis models offer complementary insights into conditions that enable or hinder evidence use by powerful structural interests. The advocacy coalition framework provides a number of points relevant to evidence use and meta policy and insights into the role of policymaking systems and structures.

The Advocacy Coalition Framework (ACF) developed and refined by Sabatier and Jenkins-Smith maps the belief systems of the policy elite and examines the conditions promoting policy orientated learning across coalitions\(^{(261, 262)}\). Advocacy coalitions are understood as “people from a variety of positions, elected and agency officials, interest group leaders, researchers, who share a particular belief system, i.e. a set of basic values, causal assumptions and problem perceptions and who show a non trivial degree of coordinated activity over time.”\(^{(261)}\). The ACF seeks to explain policy change within a policy system over time as the actions of members of coordinated groups acting in pursuit of policy goals. Three factors, beliefs, behaviours, and policy learning work together to determine the actions of a coalition.

**Coalition Beliefs**

The ACF assumes that individual policy actors aggregate into coalitions whose members share a set of beliefs. Members are not determined by organisational affiliation and may include scientists and researchers with policy interests. These coalition belief systems are portrayed as being hierarchical in terms of both resistance to change and salience to the individual, as summarized in Table A1 Belief Systems in the ACF.
Table A 1. Belief Systems in the Advocacy Coalition Framework

<table>
<thead>
<tr>
<th>Belief Level</th>
<th>Type of belief</th>
<th>Belief</th>
<th>Application/ Scope</th>
<th>Resistance to change-Individual salience</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Basic ontological and normative beliefs</td>
<td>Relative valuing of individual freedom and social equality.</td>
<td>Across policy domains</td>
<td>Highly resistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>High salience</td>
</tr>
<tr>
<td>Middle</td>
<td>Core beliefs of coalition, normative commitments and causal perceptions.</td>
<td>Value priorities. Represent normative, empirical positions</td>
<td>Relative importance of economic development and public good, perceptions about seriousness, causes, solutions.</td>
<td>Normative and empirical positions shift in response to evidence.</td>
</tr>
</tbody>
</table>

Source: adapted from Sabatier and Jenkins-Smith\(^{(347)}\).

Beliefs at basic ontological and normative levels are understood to be highly resistant to change. These core beliefs have a key role in uniting coalitions as they represent the normative and empirical positions of policy elites with expertise in the policy domain. As most of these beliefs include an empirical component, they may change over time under the pressure of accumulating evidence. Middle and low level beliefs change more readily in the face of new evidence, experience or changing strategic positions.

Coalition Behaviour

Coalitions are portrayed as behaving in the manner of a rational corporate actor who seeks information and resources in pursuit of their policy goals. Whilst this aspect of the ACF is of lesser importance than beliefs, it does provide the useful ideas of venue shopping and across coalition learning. Venue shopping is the behaviour of simultaneously pursuing multiple government agencies, courts and legislatures at multiple levels in planned attempts to find some venue that will support the advocated policy\(^{(261)}\). Whilst the ACF literature does not address the use of evidence in such behaviour, the policy frame literature suggests...
that to be effective it would need to be underpinned by evidence gathering, filtering and presenting in multiple forms for multiple audiences.

Policy Learning

The relevant contribution of the ACF is the idea of Policy Learning by coalitions. This is understood as the relatively enduring alterations of thought or behavioural intentions that result from experience and or new information concerned with the attainment or revision of policy objectives. When members of coalitions learn about a policy problem their belief systems exert considerable influence, to the extent that when information indicates that their high level beliefs maybe invalid or unattainable coalition members may undertake their own analyses to reinforce their own beliefs or discredit their opponents rather than modifying their position\(^{(261)}\).

Policy learning can occur across coalitions when there is an intermediate level of informed conflict between two coalitions who both have the technical resources to engage in debate, and the conflict is between important secondary aspects of both coalitions belief systems. This process is enhanced when quantitative data and theory is acceptable to both coalitions. In addition, professional forums can be influential in across coalition learning under certain circumstances:

1. The forum is sufficiently prestigious to have policy elites from different coalitions participate and is dominated by professional norm
2. The composition of the forum includes a neutral chair who can remind scientists of the professional norms for acceptable evidence
3. Funding for the forum is independent of any coalition
4. Meetings of the forum held frequently at least six times over a year
5. There is an agreed context of a policy stalemate being unacceptable\(^{(261)}\).

Implications of the ACF

The major implication of the ACF is highlighting the coordinated actions by groups that are able to change or modify their beliefs. Equally important is the political dimension to considering evidence use\(^{(11)}\). The ACF assumes individual policy actors’ goals are not determined by self-interest, although it acknowledges that goals are complex and need to be ascertained empirically. By examining external displays of coordinated activity, the ACF 270
excludes analysis of the power processes used by individuals within a coalition to advocate for their interpretation of evidence to become accepted by others.

Meta policy

Political scientists’ interest in meta policy focuses on the institutional structures and systems for policymaking. The policy process is explained in terms of political, economic and socio-cultural factors. Most relevant to this research are attempts to change the ‘rules of the game’, the policy on policy making. These highly influential written and unwritten rules about the policymaking process are alterable by short and long term pressure. The role of institutional contexts play in shaping the uptake of research is receiving increasing attention(5, 20, 408). In particular, the influence organisational history, culture and constraints have on how decision makers define their interests, ideologies, the value placed on information and the processes followed for making decisions.

Political scientists also draw attention to the influence on meta policy exerted by the wider across government context. For instance recent New Zealand government spending priorities have responded to a period of economic difficulty by emphasizing ‘necessities’, ‘reducing waste’ and ‘value for money’ from the public service. Such a climate of prudence is claimed to force organisations into mechanistic structures and cultures that stifle evidence-informed risk taking and innovation(36).

Theoretically, formal meta policy rules requiring deliberate processes for considering evidence would enable evidence to have a privileged place in the policy making process. This appears to be the rationale for the meta policy proposals made by government Chief Science Advisors in some countries, including New Zealand(263). Critics of meta policy approaches argue that policymaking itself is too complex and sufficiently in-determinant to be improved by rules about policymaking(219).
Appendix 4B:

Key concepts from Sociology and Marketing

Social Interaction
Two concepts underpinning social interaction are useful for examining policymaking. Norms are the behaviours of individuals explained in terms of the particular feelings, thoughts or actions that are considered appropriate or inappropriate in a situation. Norms shape conduct as they are usually based on interpersonal agreement and consequently are shared. Attitudes are closely related and defined as positive or negative evaluation by a person of an object, which maybe an issue, an event or a person\(^{(571)}\).

Social interaction models portray links between the structure of social relations in a network and the attitudes and behaviours of the actors who comprise the network\(^{(82)}\).

Marsden and Friedkin\(^{(294)}\) define the concept of social influence, following Cartwright, as “simply a special instance of causality, namely the modification of one person's responses by the actions of another”. This definition is used in this research.

Social Networks
The social network literature offers conceptual models for considering connectedness, and analytical techniques based on studies of the interpersonal ties between individuals\(^{(275)}\).

Kamann defines a network as “a configuration of facilities between nodes allowing entities to interact between nodes”\(^{(293)}\). Nodes can be individuals or groups of actors or physical nodes. An entity is the service, information, influence, power, control, or shared affiliation interacting between nodes. Nodes have attributes like ownership, goals, and affiliations.

The variables used in social network modeling attempt to capture the latent aspects of relationships, dependencies, distribution of power, social and technical paradigms and dynamics. Theories for action in social networks assume actors are rational and purposive.

Network Analysis
Network analysis derives from Network theory and the use of tools for examining the individual in relationships that both constrain and provide opportunities for action\(^{(298)}\). Relationships between actors and between structural positions are described and measured.
Macro level analysis considers the overall structure of a network, cohesive subsets and the relational ties between actors. Structural equivalence is examined by establishing the link between the relational profiles of actors in a network and the role sets within a social system, for example who they interact with and who they ignore. Micro level analysis focuses on a dyad pair of actors and all possible ties between them\(^\text{(298)}\). A distinctive feature of social network analysis is a focus on relationships between actors rather than their individual characteristics\(^\text{(409)}\).

Relationship Marketing

Relationship marketing has emerged recently from the service and industrial marketing branches of the marketing discipline and focuses on the interactions in a market place that exist over time, earn trust and relational exchange. Relational exchange occurs when the exchange of goods for money is a small part of the relationship between a buyer and seller because of the nature of the social and economic ties between them\(^\text{(306)}\).

Political Lobbying

Distinct from political marketing which is concerned with the application of marketing theory to election polling, political lobbying focuses on the influencing of government by corporate campaigning. Commercial political lobbying is well established in the United States and has grown considerably in the last twenty years in the United Kingdom and Europe\(^\text{(306)}\). Anecdotally this growth has been mirrored in New Zealand however no published papers could be found on the topic.
Appendix 5A:

Original Interview Guide

Background: I want to learn from your experiences: Interested in how key individuals advocate for framing or reframing a nutrition policy issue to govern what counts as best evidence and how that evidence is used.

Context: Tell policy story: history of issue, history of policy, and history of their involvement.

Who were the other key players? What was their role? What were the links between them?

Policy-relevant evidence – research informed evidence from a range of sources

Interested in advocacy (making a case for, arguing/pleading/ actively supporting an idea) for constructing a policy frame

Probe

Sustained relationships between policy community and researchers

Framing, deliberation, negotiating and judgment process on what issue is, to determine what counts as relevant evidence.

The policy making rules, including the use of evidence.

Initial focus is on the ‘rules’ for policymaking. The written and unwritten rules about the policy making process. These ‘rules’ determine a range of factors including the openness of the process, who is involved and excluded, the degree of time pressures, the extent of external input, and examination of what is not working and why. (Component 1: Advocacy at the Meta policy level.)
<table>
<thead>
<tr>
<th>Questions</th>
<th>Information Required</th>
<th>Theoretical basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>What was the process you expected to be followed to develop this policy?</td>
<td>Prevailing meta policy process</td>
</tr>
<tr>
<td>1.2</td>
<td>When the policymaking process was altered, what brought about changes?</td>
<td>Ability to adapt the process, Role of individuals in bringing about this change.</td>
</tr>
<tr>
<td>1.3 advocacy for policy frame underpinned with evidence</td>
<td>When the actual policy issue was being negotiated how was the body of relevant evidence considered? How was evidence talked into practice?</td>
<td>Leadership role for policy frame allows evidence use, Deliberation over use of evidence, Prioritising evidence over other considerations, Learning about value of explicit use of evidence and rules changed as a result.</td>
</tr>
<tr>
<td>1.4</td>
<td>How did organisations support the consideration of evidence?</td>
<td>Who offered? Commissioned? Systematically supplied?</td>
</tr>
<tr>
<td>1.5</td>
<td>If changing the policymaking rules to give consideration of relevant evidence a higher priority would help evidence to be used more effectively – how could advocates bring this about?</td>
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</table>
Next focus is on sustained relationships between those who generate evidence and those who use it. *(Component 2. Advocacy for and through Sustained Relationships.)*

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<tr>
<th></th>
<th>Questions</th>
<th>Information Required</th>
<th>Theoretical basis</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Focus on relationship</td>
<td><strong>How have your relationships with other members of the food and nutrition policy community, continued across policy issues?</strong></td>
<td>Explore researcher &lt;- &gt; policy elite relationships. Endurance of relationships</td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td><strong>How have these relationships impacted on how you contribute to the policy process?</strong></td>
<td>Nature of researcher – policy maker relationships, level of mutual trust, feedback.</td>
</tr>
<tr>
<td>2.3</td>
<td></td>
<td><strong>What advocacy has there been for on-going relationships between the policy and research communities?</strong></td>
<td>Value of sustained relationships. Effective advocacy</td>
</tr>
<tr>
<td>2.4</td>
<td></td>
<td><strong>What has the NZ Food and Nutrition policy community learnt from the development of the policy on FATC?</strong></td>
<td>Policy learning</td>
</tr>
<tr>
<td>2.5</td>
<td></td>
<td><strong>If on-going relationships between researchers and the policy community helped evidence to inform people’s thinking about FATC policy, what is needed to sustain these relationships?</strong></td>
<td>Model add/amend?</td>
</tr>
</tbody>
</table>
Last focus is on the deliberate use of policymaking processes to involve wider society.

(Component 3. Advocacy for deliberate policy processes including representatives of wider society.)

<table>
<thead>
<tr>
<th>Component</th>
<th>Questions</th>
<th>Information Required</th>
<th>Theoretical basis</th>
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<tbody>
<tr>
<td>3.1</td>
<td>What advocacy was there for considering the policy that was not working?</td>
<td>Breadth of process for problem definition and agreeing parameters for solution.</td>
<td>Indicator for well-informed policy.</td>
</tr>
<tr>
<td>3.2</td>
<td>What advocacy was there to consider the view of the policy problem held by a range of key individuals and groups?</td>
<td>Breadth of process rules, sources, interpretation, adaptation. Multiple frame reflection, pluralistic approach. Look for deliberate use of a range of sources; systematic reviews, synthesised evidence, other policy sectors, stakeholder views.</td>
<td>Organisational policymaking rules.</td>
</tr>
<tr>
<td>3.3</td>
<td>What advocacy took place for values to be overtly considered?</td>
<td>Higher order decision making with values included in considerations. Advocacy for value based considerations.</td>
<td>Research utilisation.</td>
</tr>
<tr>
<td>3.4</td>
<td>What advocacy for transparency of policy inputs were you aware of?</td>
<td>Advocacy for transparency. Reasons for transparency,</td>
<td>Indicator for well-informed policy.</td>
</tr>
<tr>
<td>3.5</td>
<td>If using structured, transparent processes to consider a range of research informed views would enhance the use of evidence, then what is needed to make this happen?</td>
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</tr>
</tbody>
</table>
Final topic is the influence of politics. *(Alternative Framework: It is all Political)*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Information Required</th>
<th>Theoretical basis</th>
</tr>
</thead>
</table>
| 4.1 How did individuals/groups with high political power use information/evidence to support their position? | Evidence accessible to all?  
Critiqued/negated by other groups? | Use of political power.  
Policy Analysis at structural level.  
Type of evidence use  
Test absence of deliberate, structured policy processes |
| 4.2 How did individuals/groups with low political power use information/evidence to support their position? | Evidence accessible to all?  
Critiqued/negated by other groups? | Use of political power.  
Policy Analysis at structural level.  
Type of evidence use  
Test absence of deliberate, structured policy processes |
| 4.3 If politics dominates the use of evidence in policymaking, how can evidence be more transparently used? | Test model | Plausible alternate hypothesis. |

**Other comments:**
Appendix 5B:

Revised Interview Guide

Background: I want to learn about your experiences as a key individual who has advocated for research evidence to influence New Zealand government policy on the advertising of food to children on television. Within the broader field of evidence-informed public health policy, I am exploring the factors that influence evidence use in food and nutrition policy. For this PhD project my working hypothesis is that advocacy to consider evidence is most influential when the actual policy issue or frame, is being negotiated. To test this idea I need to explore your experiences in three aspects of the policymaking process.

A: Context: In your work as a...? Overview of your involvement in advocating for PHN policy change, ? Involvement advertising food on television to children issue in NZ.

B: Questions:

1. The first focus is the ‘rules’ for the policymaking process. Way PH policy is made in NZ, formal and informal processes allow evidence to be considered or not.

<table>
<thead>
<tr>
<th>Questions</th>
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<tbody>
<tr>
<td><strong>1.1</strong> When you were in meetings where the actual [food advertising to children] policy issue or frame was being debated, how was the evidence underpinning each view of the issue considered?</td>
</tr>
<tr>
<td><strong>1.2</strong> How was evidence talked into becoming the basis for the dominant policy frame?</td>
</tr>
<tr>
<td><strong>1.3</strong> If changing the policymaking rules to give consideration of relevant evidence a higher priority when the policy frame is being negotiated – what sort of advocacy is needed to bring this about?</td>
</tr>
</tbody>
</table>
2. Next focus is the relationships between those who generate research evidence and those who use it. EIP lit – value relationships build trust understand each other’s views, allow research evidence be considered.

<table>
<thead>
<tr>
<th>Questions</th>
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<tbody>
<tr>
<td><strong>2.1</strong></td>
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<tr>
<td><strong>2.2</strong></td>
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<tr>
<td><strong>2.3</strong></td>
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</table>

3. Last focus is on the deliberate consideration of a range of research informed views on the policy issue. Range groups contribute to evidence-informed views to Food & Nutrition policy in NZ.

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<th>Questions</th>
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<tbody>
<tr>
<td><strong>3.1</strong></td>
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<td><strong>3.2</strong></td>
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<td><strong>3.3</strong></td>
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</table>

4. Final topic is the influence of politics.

<table>
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<th>Questions</th>
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<td><strong>4.1</strong></td>
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<tr>
<td><strong>4.2</strong></td>
</tr>
<tr>
<td><strong>4.3</strong></td>
</tr>
</tbody>
</table>
C: Additional observations
Please comment on any other experiences you have had advocating for research evidence to be used in a policy making process.
Who else speak with?
Appendix 6:

Information Sheet and Consent Form

The Evidence Advocacy Project
Policy Elite Interviews 2012

INFORMATION SHEET FOR PARTICIPANTS
Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate I thank you. If you decide not to take part there will be no disadvantage to you of any kind and I acknowledge your considering the request.

What is the Aim of the Project?
The project is looking at influences on food and nutrition policy development, in particular the voice ‘evidence’ has in the policymaking process. The evidence based policy literature argues for sector specific investigations to explain evidence use. This project is investigating the unique characteristics of Food and Nutrition policy making. The interview addresses a number of questions around these issues.

What Type of Participants is being sought?
People who are members of the NZ Food and Nutrition Policy elite, those directly involved or with strong interests in the policy outcome. These individuals will be drawn from government, non-government organisations, industry groups and academic institutions. Potential interviewees are identified using a snowballing technique.

What will Participants be asked to do?
Should you agree to take part in this project, you will be asked to take part in a thirty-minute qualitative interview. Participants will be advised at the beginning of the interview that not answering any questions will have no impact on the interview. The interview will be recorded and key themes transcribed. Before any sections of a transcript are used in my thesis, interview participants will be sent the context and the exact quotes used, to check that they are comfortable with their use.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

Can participants change their mind and withdraw from the project?
You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.
What data or information will be collected and what use will be made of it?

The interview’s key themes will be transcribed by the researcher and a copy sent to you for checking. Before any sections of the transcript are used you will be sent details of the context and the exact quotes used, to check that you are comfortable with their use. Every attempt will be made to preserve your anonymity.

The interview recordings will be securely stored on the office computer of the researcher until the end of the project when they will be erased. The associated transcripts will be held in a secure file on the researcher’s office computer, until five years after the duration of the project, when they will be destroyed. Only the researcher and her supervisor will have access to the transcripts. The researcher will have sole access to the interview recordings.

The results of the project may be published and will be available in the library. You are most welcome to request a copy of the results of the project should you wish.

The data collected will be securely stored in such a way that only those mentioned above will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University’s research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed.

This project involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the Department of Human Nutrition, University of Otago is aware of the general areas to be explored in the interview, the Department has not been able to review the precise questions to be used.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

What if Participants have any Questions?

If you have any questions about this project, either now or in the future, please feel free to contact either:

Penny Field  
Student Researcher  
Department of Preventive and Social Medicine and  
Department Human Nutrition  
University of Otago  
Dunedin  
Telephone:  
03 479 7426

OR

Assoc. Prof Robin Gauld,  
PhD Supervisor  
Department of Preventive and Social Medicine  
University of Otago  
Dunedin  
Telephone:  
03 479 8632
This project has been reviewed and approved by the Department of Human Nutrition, University of Otago.
The Evidence Advocacy Project
Policy Elite Interviews

CONSENT FORM for PARTICIPANTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. The data recorded digitally will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;

4. This project involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable, I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind;

5. The results of the project may be published and available in the library and every attempt will be made to preserve my anonymity.

I agree to take part in this project.

............................................................................
(Signature of participant) (Date)

............................................................................
(type / print name)
Appendix 7:

Spread sheet Interview: Data Categorisation example. Screenshot of Excel® spread sheet analysing Policy Active Academics Interviews: Deliberative Processes component of AEU model
Appendix 8:

Summary of themes emerging from interviews with Policy Active Academics

| Formal processes | Structural support within SC process to hear evidence – not occur | With the select committee enquiry because public submissions were invited and virtually everyone who wanted to make an oral submission got one, I would say formally that tick the boxes for wanting to get a wide range of views; the reality is that Sue Kedgley she had an agenda and the project of setting up the health select committee enquiry, (most chairs have an agenda, no, that it is not always true) her agenda was to give an opportunity for voices more sympathetic to hers to be heard. That certainly happened and people presenting evidence from a public health perspective certainly got a sympathetic hearing. And some food industry people at times got a bit of a roasting. Not very good really, the ideal would be to have a decent agency that did technology assessments, or focused reviews of the evidence on a topic, the way that it happens in New Zealand is very ad hoc, for example smoke-free cars with kids, the politicians launch into discussions about these things without requesting evidence, or stylising the evidence based process, things are very much in the realms of ideology and evidence does seem to play a pretty small role generally. |

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Not very good really, the ideal would be to have a decent agency that did technology assessments, or focused reviews of the evidence on a topic, the way that it happens in New Zealand is very ad hoc, for example smoke-free cars with kids, the politicians launch into discussions about these things without requesting evidence, or stylising the evidence based process, things are very much in the realms of ideology and evidence does seem to play a pretty small role generally.
| Structural Advisory Committees | I chaired the nutrition advisory committee, for its entire life from when it was 1st created until it died. It certainly was an opportunity to feed into what was going on.  

The nutrition advisory committee was a conduit, the committee was primarily reactive, (11:05) the ministries that were involved came to us to ask for advice, however they were also quite receptive to us being proactive  

But there isn't any official channel for communication apart from individuals asking for individual advice, when they desperately want it. Much of the communication is in the form of psychotherapy to the few people who are left, in the ministries and I mean food and MPI, and health |
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<tbody>
<tr>
<td>Ideology drives policies</td>
<td>How does National party policy gets made prior to an election? What evidence do they use at that point? If you are closed to an issue, and public health appears to be an issue that this government is pretty closed to, they see it as an individual problem that people should solve themselves, they do not want to get in the way of growth and business, then they are not interested in any evidence that would tell them otherwise. It is very ideological driven.</td>
</tr>
</tbody>
</table>
| MPI processes – lot Food Industry involvement, no nutrition agenda | But it is amazing that the food safety authority has nothing to do with the safety of the nutrient profiles that are offered.  
Only if they are toxic with heavy metals, or a food safety risk, they put a lot of protection around, but they have nothing to do with the longer term risk of not eating the optimal diet will |
| Informal | Do you see yourself as trying to influence policy?  
Yes, definitely. That has to be endpoint of nearly all the research I do. It provides overall direction |
| Range approaches to media engagement; media context is neo liberal discourse. | I remain working in the grounds of gathering evidence because it does influence the media advocacy, and sometimes it gets the policy working properly.  

Other nutrition policy researchers I have spoken to send politicians and policymakers copies of the papers when they are published, is that something that you or members of your group do?  

No, I suppose it is a good idea, who'd you send it to?  

When you are writing your reports are the policymakers one of the audiences you have in mind?  

In many ways they are probably the primary audience, because of the type of research that I do, so much of what I do is around labelling and food pricing. Also reformulation and composition, in terms of how those strategies might be implemented, it is very much through policy so they are in the forefront of my mind, when I design the research and when I write it up. When we have papers published around nutrition I would often send them, nutrition labelling for example, I would often send them to people working in various government departments, who I know might be interested not necessarily because I am really advocating, but it because it is research that they are likely to be interested in, when they are writing reports or developing policy.  

Counter for PP’s is civil society | So they are extremely good at influencing development, so making the distinction between development and implementation is the angle that I am pushing. It is where civil society is going with WHO and because there is now this fad for PPPs, and working in partnership. But working in partnership means you are sharing governance, around policy. |
Civil society
Pol views not reflect society views

I have done some studies on food advertising to children and I was a bit surprised at how concerned parents were and how little concern there is at the political level.

Obesity is just not an issue that people are getting fired up about, so we need to link it in with other social movements like environment, liveable cities and food sovereignty and chemicals in the food supply and consumer rights about knowing what is in your food those sorts of things might get a more passionate consumer response.

Maori people are more closely bound than other ethnic groups; they do have a worldview that does not think about the individual, it is more about the community and the environment. Their concerns about pollution and the cultural ways of doing things, I think they and the Green party are our hope for the future if they can just get a bit more powerful.

Emerging
PH space finite

It could be that space has been taken up by tobacco, also with the alcohol legislation floating around maybe people are a bit focused on that, and once there is a new alcohol law then the interest in food will come back.

In terms of private/commercial influence on public policy making, I think that is just gigantic and has probably changed over the time you have been doing your Ph.D., it is moving so rapidly.

Until decision making and lobbying of decision makers is more transparent, I think it will be hard to assess whether, and how, decisions are made using relevant evidence
<table>
<thead>
<tr>
<th>Relationships</th>
<th>Range levels engagement</th>
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<tbody>
<tr>
<td>We as a group here have worked very closely with advocacy groups, sometimes we do reports for them and sometimes we cooperate in seminars, in our case it is smoke-free New Zealand, ash, the National heart foundation, we try and work very closely with them because we see them as the primary people who can most use our research.</td>
<td></td>
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<tr>
<td>If you have a sympathetic government then absolutely yes, if you have an unsympathetic one then it is more difficult in terms of policymakers and politicians. I have written to Ryall recently and you just get the standard thank you this is been noted. On the other hand when you were doing other work, you would be in touch with them, regularly meeting with them, doing work for the ministry.</td>
<td></td>
</tr>
<tr>
<td>Even when the politics are going against you as they have in this term and the last term, very strongly against public health, health promotion and healthy eating, there are still people you can talk to, to get information through but they are becoming harder and harder to find.</td>
<td></td>
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<tr>
<td>My own experience is that I have not been asked for my opinion about anything over the last 4 years. Which happens to relate to the period of the new government, and I am not aware that there has been very much public health nutrition policy activity made, there has been discussion around folate, and the only other discussion that I am aware of has largely been negative; That is we don't need any public health policy for nutrition, we probably have too much already, and we should do away with what we have. For me the critical thing is politics, the political view and given that public health nutrition seems to be defined by the current Minister as being synonymous with “nanny state” it is to be avoided at all costs.</td>
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<tr>
<td>I do not think there is a community though. We do not have that pooled together sense, Otago and Auckland and Massey are all competing with each other, and it is always been like that</td>
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<tr>
<td>Wellington relationships</td>
<td>There is a very close relationship between people in public health at the School of medicine and the NGOs. We have set up regular, annual get-togethers with the local regional health people. The missing part is the government thing—there was a time 5 years ago when people in the health sponsorship Council, and they are still there, who were closely linked with NGOs, now those people are scared to raise their heads. And also nutrition people in the Ministry of health who had some sympathy for what we were advocating for and at least supported the funding of groups like FOE and the obesity action coalition. (27:02) Current government policy lead very strongly in my view by Tony Ryall, deliberately brought an end to that</td>
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| Engage with pan government offices, perceive less political interference | Very few occasions when you can engage feely, except in MP’s offices, once they are in public politicians tend to be fairly careful.  
So it varies with people, if they were able to have people for longer it would be better. I think the nature of advocacy for people in the front line; it is often difficult to maintain the high level of activity, so there is one of the factors. |
| **Seek advice on pol processes.** | The Children's Commissioner, or the Auditor General, which seems to be above Parliament, they don't have their reports doctored by politicians, but it needs to have some teeth as well.  
We are fortunate that Marilyn Waring is at AUT University, she has been very helpful, ...before the elections last year Marilyn gave a session with me on one day at AUT, to the NGO leaders who could come about how to get policy into place and the machinations of Parliament, and how you could ask a question, and how they have to actually answer those questions that get asked. So there is all sorts of processes once you are in, you can know what to do about. |
<table>
<thead>
<tr>
<th>Media</th>
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<tbody>
<tr>
<td>Range engagement – lack critical approach.</td>
<td>The journalists ask good questions and she put in a couple of good sentences, but it was the standard responses, rather than the caveats I had put around it, it was the same old stuff again.</td>
</tr>
<tr>
<td>Need credible spokespeople</td>
<td>Is it the way we are delivering it? Or is it a journalistic thing where there is a, relatively controversial statement and you put in your fairly standard health response. It just creates a rather boring ‘us and them’ response again.</td>
</tr>
<tr>
<td>Neo liberal discourse</td>
<td>As you know I am well connected with the media, Loreli told me that until I told her she didn't know who the Labour health spokesperson is</td>
</tr>
<tr>
<td></td>
<td>We have such a neo liberal ideology throughout the whole media and the whole country. Individualism dominates every day discourse, we don't get alternative voices or they are presented as the re-alternative or fringe, in the media you try and question the food industry having dominance and you just get ridiculed, you get told it is nanny state and it is all about individual choice, and of the media influence of the public, and it comes down to who owns the media. It is owned by 2 main groups and one of them is owned by Rupert Murdoch, we don't have proper journalism any more, we don't have anyone asking proper questions, that whole dominant discourse needs to be challenged, it is in the words we use, and the whole focus on obesity and that problematisation it fits really well with the neoliberal view that only obese people are affected.</td>
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| Prior experience in government sector, Wellington-based Public Health academic linkages, | I think because I have worked in the bureaucracy I am very aware of how the game is played, that is a really valuable asset; I would say that a number of my colleagues in this department have worked in the ministry or other government departments, so they really understand the politics of Wellington. |
|                                                                                      | That is a huge advantage for us here because we have often gone in and out as workers, or advisors, all we have colleagues who we can ask about “how would I best do this" I guess we are pretty politically focused—that is a huge advantage to us. |
|                                                                                      | Literally we know people, we are friends with, we have taught, I can get a favour in most institutions in the city because of the people I have taught. |
| Deliberative | PMCSA power + nutrition policy | I am sufficiently aware that Peter Gluckman has said that this is where we should be putting our efforts (pre-and antenatal) but I wasn't aware that that had got anywhere near being translated into policy, but again that is politics with a slightly different hue, in that it is one person in a very powerful position being able to impose his views, (4:03) for which there is no evidence whatsoever.

The interesting thing about Gluckman's views are, that on the basis of a certain amount of experimental work, it is certainly reasonable to believe that influencing maternal diet will have epigenetic consequences which will relate to health consequences down the track, however there is no evidence from a public health perspective that that will translate into any benefits whatsoever, and what is absolutely abundantly clear is that even if they do translate into health benefits down the track, we have got the health of the entire population of New Zealand aged from one to infinity, who will not benefit from that whatsoever.

Having said that the fact that there is somebody from the scientific community engaging at that level with politics is a sort of good precedent. (27.33) I know very little it is a 1960s concept and I had thought very little about that question that you ask.

I am surprised that anyone is talking about a value-free science; it is a 1960s concept, how old is he? 65 - that would make sense in that his concept of the science was formed some time ago. |
<p>| EB policy- Policy Active Academics work through NGO’s | Not just give it a voice, but they need it most, they don’t have the resources themselves, if they do have resources it is often small, underlying this is the belief that the most effective way for positive policy change is effective advocacy and the most effective thing we can do for advocacy is research that answers advocates questions, that helps them in various ways. |</p>
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<tr>
<th>Experience of range types R use on MoH with government with Food Industry</th>
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<td>Asking for evidence is usually a way of stalling, there are many other areas of government, where there is no need for evidence, they do all sorts of things without evidence, it depends how you frame it, if you look at it from a precautionary point of view, there is the very large risks is you don't do this, we don't necessarily have experimental proof right now, although in many cases we do.</td>
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<td>I think if you have convincing evidence it does move policy along, my impression from the people I know in the Ministry of health, is that if you produce evidence for them, they will try and push it through the internal processes, to try and get it made into policy. And of course they will always be blocked at the top by the politicians,</td>
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<td>I tried to use evidence in my submission, but this met with a remarkable lack of success.</td>
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<td>Because we don't call these meetings or set the agenda we go we go along to these meetings, are stacked so we are recorded as being present, but our viewpoints are not always the ones that win the day.</td>
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<td>Obviously for anything to be taken up into policy there needs to be evidence not only that it changes behaviour but that it will also have a measurable impact on health, actually we are not doing any economic analysis but this is something that would be equally important.</td>
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<td>Generally, I work very hard to present all the systematic reviews; to give a really good overview of the evidence, and try and reach a conclusion which is often just that there isn't enough evidence. But certainly there isn't evidence to support some of the stances being taken by industry. They tend to use the lack of evidence very much in their favour, so they will say why would we introduce traffic light labels because there is no evidence that they will change behaviour, but they were very happy to put a per cent daily intake, all across the front of the packages without any evidence that people could even understand it. Even less that it would change behaviour. That kind of thing I find it very deceitful.</td>
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| MoH e review processes ad hoc | I don't think that we engage in a fundamentally partnership way, or a fundamentally collaborative way with policymakers. We do our little bit of research and to be honest most of our research is problem orientated rather than solution orientated, we describe the problem in evermore infinite detail and evaluating and testing solutions we are less good at. When we do, it tends to be evaluation doing the technical analyses, doing a cost-effective analysis or something like that is not really running due process with policymakers. Because it is a big time commitment and it is also a compromise, we saw this in Victoria where they funded and ran a cost-effective analysis for obesity and they farmed out some of the work which we did, and they chaired the committees and it was all great and worked really well as a partnership. Until it came to the results which showed that the things that they did not want to do were the most cost-effective, and the things they were doing were the least cost-effective, then the whole thing got buried. Then they went into risk aversion mode to get permission to publish the data; that kind of stuff really puts researchers off.

Not very good really, the ideal would be to have a decent agency that did technology assessments, or focused reviews of the evidence on a topic, the way that it happens in New Zealand is very ad hoc, for example smoke-free cars with kids, the politicians launch into discussions about these things without requesting evidence, or stylising the evidence based process, things are very much in the realms of ideology and evidence does seem to play a pretty small role generally. |

| Political capital | I have tried to take frames out of medical stuff although when we are talking about the funding that goes into prevention I would often compare it to the funding that goes into treatment, pennies here and pounds there. But that is more about the investment of dollars, that is not actually the big problem; politicians are more willing to invest financial capital than political capital when taking on a fight and they will seriously pick their fights because they know they know they are shit fights so they will only do them very judiciously and very cautiously and only when they have a good sense of winning.

Political will is a very ambiguous, it is more that there are not sufficient political advantages, or putting it around another way there isn't enough political disadvantages in not changing. |
| Vested interests dominate evidence | The evidence that counts with decision makers for regulation, the Food Industry are well aware of this because they are working all the time to frame that environment. A lot of it is behind closed doors, in corridors, but it is becoming at a higher level and higher intensity and more noticeable but it is a different approach to what we in public health might take. Simply because we are not on site, we do not have the dollars, we're not walking the corridors and we tend to do a lot of our work at a distance, we might put stuff into the media and into some committee somewhere but it is not really on the same playing field. |
| Sm country PAR labelled | There isn't any truly independent group, maybe FOE, but it is very under resourced. And other than that there is probably no one, and that probably includes the researchers, because they are totally dependent on government funding of research, while we may not take on or necessarily get government contracts, New Zealand is a small country, and you get known for your views. |
| Advocacy Choose R that will inform future policy | At this stage in my life I have decided that the best way I can influence policy is to do the studies that they say they want, and the gold standard is the RCTs and that is what I'm doing at the moment a large clinical trial of vitamin D supplementation. Which will provide the evidence that people are asking for around policy, so I am just keeping my head down and focusing on that, my hope is that we will show the benefit and if that is the case, I will be doing the rounds down in Wellington. |
| Range skills + commitment | Researchers are crap at dealing with policymakers; they do not understand policy or the policy processes that might extend as far as Peter by the sounds of it. In general, we as researchers do not want to get too tied up in the messy business of politics, policy is not really science. We are happy to go on a committee and give our advice but how happy are we to sit with policymakers and co-create research questions, work with them on the type of evidence that they need, work with them assessing the policies they want to put up or evaluating policies that have just been implemented, the impact. I don't think that we engage in a fundamentally partnership way, or a fundamentally collaborative way with policymakers. We do our little bit of research and to be honest most of our research is problem orientated rather than solution orientated, we describe the problem in evermore infinite detail and evaluating and testing solutions we are less good at. When we do, it tends to be evaluation doing the technical analyses, doing a cost-effective analysis or something like that is not really running due process with policymakers. Because it is a big time commitment and it is also a compromise,

It is a role I don't enjoy. I think it should be suited to people who do it well. It has to be people who have a knack for it, and I think GGG even though he has irritated the Minister, is someone who has that knack and that ability, to explain things clearly and tell the story well. So I don't think it is something that you want everyone doing because not everyone will do it well, but I think it is something I should do more of. I have to admit to being not particularly interested in it.

Do you actively disseminate your research?
Yes absolutely. Always using the media, getting it published, sending it to key stakeholders, making them aware of it often sending it to the Minister as a ministerial, speaking at conferences. Because we work in collaboration, encouraging my students to do the same.

Key stakeholders would include?
The Minister, bureaucrats, NGOs that were interested in the issue, ANA, heart foundation depending on the issue, THMM, try to disseminate to Maori and Pacific including PPP at Pacific heartbeat, often our work is inter sectorial so you are looking at key stakeholders across government.

My focus is on generating the research, my inability to follow through and take it to the next stage, is pretty limited, because I am a self-funded researcher, when one piece of research finishes my focus is on getting money for the next piece of research. That is not something I enjoyed, because a lot of the research that I do is policy-relevant. |
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<th>Independence</th>
<th>Perceived Of researchers Have legal right to exercise, or not? Not aware / labelled</th>
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<td>There were funny associations with that I didn't quite get, like CCC she has written that report, on sugary drinks that was used by the sugar industry to say that sugar was not the cause of obesity. It was only a draft report so it did not have anything in it about who had sponsored that research. Actually, they had paid for it…. I couldn't understand that, why is a nutritionist you would do that. It looks bad. ...NGO’s funded by the Ministry of health, that always puts them in quite a challenging position, for advocacy and we felt there isn't any truly independent group, maybe FOE, but it is very under resourced. And other than that there is probably no one, and that probably includes the researchers, because they are totally dependent on government funding of research, while we may not take on or necessarily get government contracts, New Zealand is a small country, and you get known for your views. What is the relationship between research and advocacy and policy, and I am saying that we in a sense have a duty to advocate, all of us, and that to some degree at present is legislated, it is an incredibly rare ability (42.30) there are some other areas of society, the judiciary to some degree, has the ability to comment in particular ways at particular times, but I think our right is larger. It is very rare in official life, someone like the Commissioner for the environment, the commissioner for children, the race relations commission, those sorts of functions are incredibly valuable, has been fought for and are constantly at threat, and similarly the research community in the wider sense needs to value and guard, its ability to advocate and keep pushing the boundaries. There is always a fine balance between getting the data and the interpretation of the data right, as much as we came in, and then communicating that and it is very easy to fudge the data and the analysis in the communication, so having said that we should advocate it still has to be done incredibly carefully. To continue the credibility and to be effective I guess.</td>
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I am in sporadic contact with people involved in food and nutrition policy and who are based in NGOs. The current government appears to have no interest in discussing evidence, or the generation and testing of evidence, with people whose views may not align with their own.

What we need in nutrition is somebody comparable who has been given the mana by the nutrition community to fulfil that role, I don't see who that person is largely because Otago and Auckland and Massey are all competing with each other, and it is always been like that. It is an interesting thing I haven't really thought about it very much the Nutrition Society and the head of that originally was YYY and nobody ever really took much notice of YYY, AAA takes the obesity thing and who takes any notice of her, XXX was probably the closest and although he has come back to New Zealand now his interests are pretty much in international obesity, and it will be very interesting to see if XXX takes very much of an interest in New Zealand affairs, knowing Boyd and knowing his interests I don't think he's going to be very much concerned with what goes on in New Zealand.(20.23) he has achieved quite a high profile in obesity and that is where he is going to put his efforts,

I had a meeting with Katherine Rich that was not very productive... I don't think it would be productive to engage with the food industry directly, I think they are too powerful.

I don't think that we engage in a fundamentally partnership way, or a fundamentally collaborative way with policymakers.

If you ask the question where is that communication-going to happen, you are told that it is going to be in that new grouping, I can't remember what it is called, it involves a ALAC, the health promotion agency, that that is where it is all going to spring from, (12: 30) but if you look at the nutrition expertise there it is slightly missing, probably the closest to nutrition expertise is Grant Schofield, who at least is interested in nutrition and will phone one up and ask what you think about this particular issue. But if that is what we have to rely on for communication between policymakers and nutrition academics, it is pretty slender.
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<th>Coordination</th>
<th>No Nutrition Policy Community in NZ</th>
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<td>I do not think there is a community though. We do not have that pooled together sense, there are people in Auckland, there are people in Dunedin, there is me here, there is a ANA they have to keep a very low profile, we already know that the obesity action coalition was squashed, the heart foundation is boxed between a very Conservative minister who funds them quite a lot of money on the other hand the food industry that they work very closely with pick the tick, I don't think there is a community. What I get frustrated by is that we are all trying in our own way to do the bits and pieces we can, but there is no cohesive energy around that.</td>
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<tr>
<th>Timing</th>
<th>Lead-time for R, work around where can for NGOs.</th>
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<td>Research-based submission not impact because politicians not ready to hear international evidence.</td>
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<td>Publics views take decades to change</td>
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<td>We generally have to work at it reasonably hard but they do come to us quite often, but the general relationship between any researcher and an audience, although NGOs are slightly better than government bodies, is that they (9.40) want it tomorrow, whereas we have very long lead times for answering questions. If we already know then we can extrapolate from existing information and help them, very occasionally we can ask students to work on a project, and let you know in a while.</td>
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<td>Also around sugary drinks I put a submission into the HSCI into type 2DM and obesity and I included references to the OPEC study here in Auckland. I argued for a tax on sugary drinks and it didn't even get the light of day. I see now it is increasingly coming on the agenda, I cited American studies where they had used taxes in some American states, but it was so far off the agenda of that committee it didn't even appear in the recommendations. To me that is an example of where you can use the evidence and make a submission, but if the public and politicians are not prepared to accept it then nothing is going to happen.</td>
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<td>I think the views are changing on food advertising to children certainly in the health sector if not in the wider community, so my take on it is using the example of tobacco we are talking about a long period before views will change. If you take the example of tobacco: people like myself got active writing letters and suchlike in the 1970s, around tobacco advertising and smoking in public places, things didn't really start to move until 20 years later in the 1990s, and that is because the population was behind it and I think the same thing is going to happen with obesity. There will be a cohort of younger researchers (5.02) and I think it will take 10 to 20 years before the wider population buys into it, and that will force the politicians to do something about it, at the moment the wider population hasn't bought into it.</td>
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<td>Framing</td>
<td>Public Health Nutrition frame inconsistent</td>
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<td>Frames ltd value</td>
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<td>Pol ideology drives pol not evidence-informed pol frames.</td>
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<td>Pearls</td>
<td>FATC not about evidence, about power food industry and politics</td>
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<td>Power – Food Industry prevent government hearing scientific evidence</td>
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Appendix 9:

Food Marketing to New Zealand Children Bibliographic database

1998 - 2013

1998 (1)


1999 (1)


2000 (1)


2001 (1)


2002 (1)


2003 (10)


2004 (10)


2005 (12)


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1. New Zealand Food and Grocery Council Inc. submission to Obesity and Type 2 Diabetes Inquiry Hearing before the Health Select Committee, New Zealand Government (2006).


8. Hawkes C. Uneven dietary development: linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. Globalization and health. 2006;2(1):4-.


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2008 (11)


2009 (12)


2010 (4)


2011 (5)


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2013 (4)


