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A Policy-Delphi Study for obesity prevention policy in Australia: Investigating the concepts of intrusiveness and autonomy



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The World Health Organisation has urgently called for government leadership to tackle childhood obesity. Unfortunately there is no silver bullet, and conflicting stakeholder opinions enhance the difficulty of prioritising policies to reduce obesity. There is societal concern around implementing intrusive strategies and subsequently developing a 'nanny state', which has deterred governments from taking action. An investigation into the 'intrusiveness' of obesity policy options, as a barrier to potentially successful strategies, is warranted to further understand its role in delaying action. Priority Setting Partnerships (PSP) have been employed in the UK as a patient-centred method to prioritise treatment uncertainties for various medical conditions. Our research builds on the core values of this method, to develop a Policy-Delphi Study which unites the consumer, policymaker and public health practitioner to prioritise policy options of varying levels of intrusiveness, in isolation from the vested interest of industry. The primary aim is to identify how stakeholders perceive the intrusiveness of policy options for obesity prevention, and further understand the relevance of the construct in the prioritisation of, and resistance to, obesity policy. Final data collection will be complete by October 2016, and qualitative and quantitative methods of analysis will identify the intrusiveness of ten top priorities for obesity prevention policy in Australia, from an integrated public and political perspective. Importantly, the study will provide insight on the extent to which evidence for effectiveness, intrusiveness and autonomy govern prioritisation of policy options by stakeholders.

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The effect of influencing autonomy for obesity prevention: A review and meta-analysis of school based interventions



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Ethical concern around governments controlling individual choice reduces political action to implement restrictive policies for obesity. This research builds on the concept recently proposed by Griffith and West [1] to investigate the influence of enhancing or diminishing autonomy on effectiveness of interventions. We conducted a review of 56 school-based RCTs for obesity prevention. Interventions were sub-grouped according to their influence on autonomy, and their effect on weight status explored. A meta-analysis demonstrated an association between autonomy and effect size. When sub-grouped by influence to autonomy, those which negatively influenced autonomy and those which positively influenced autonomy produced a similar effect size ($-0.15[-0.21, -0.09]$; $-0.16[-0.25, -0.07]$). However, those which were least intrusive and solely informed choice, were least effective ($-0.10[-0.24; 0.03]$). This suggests that regardless of whether we positively or negatively influence autonomy, the interventions that are the extremes may be most effective. Where many potential options exist, a framework for categorising obesity prevention interventions by their influence on autonomy may be beneficial to prioritise effective strategies for policy makers.

Reference

[1] Griffiths and West (2015). <http://dx.doi.org/10.1016/j.puhe.2015.08.007>.

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