

acids. Analyses used ANOVA, Chi square and Pearson correlation.

Major findings: 288 (NW: $n=150$, OB $n=138$) women (mean \pm SD: 25.8 ± 5.1 y) completed all assessments. Although cognitive function was within the normal range, OB women had poorer performance on attention (NW: 0.31 ± 1.38 ; OB: -0.25 ± 1.38 , $p < 0.001$) and were more impulsive (NW: 0.36 ± 1.14 ; OB: -0.07 ± 1.07 , $p = 0.033$). Mean O3I for NW and OB were 6.8 ± 1.7 and 5.8 ± 1.6 respectively, $p < 0.001$. Differences in impulsivity, but not attention, between OB and NW women were attenuated when analyses were controlled for O3I.

Conclusions: OB women had lower scores for attention and impulsivity, with O3I explaining some of the differences in impulsivity. However, as cognitive performance was in the normal range for both groups, the clinical significance for daily cognitive function warrants further investigation.

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To nanny or nudge to prevent obesity? An analysis of the 'intrusiveness' of stakeholder recommendations to the Australian Government



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The ethical concern of a 'nanny state' averts governments from implementing cohesive policies for obesity prevention. This study explored the similarities and differences in policy options, proposed by different stakeholder groups, through constructs of intrusiveness and autonomy. We conducted a content analysis of submissions to the Australian Government's Inquiry into Obesity (2009), sub-grouped by setting, target behaviour and stakeholder, and categorised by intrusiveness to choice. Each recommendation was labelled as autonomy-positive, neutral or negative according to an existing ethical framework [1]. Submissions ($n=158$) were made by academia (23%), industry (18%), public health specialists (16%), NGOs (15%), consumers (13%), public providers (11%) and policymakers (5%). The findings suggest the degree of influence to autonomy, is significantly associated with the frequency of recommendation

(<0.001). Enhancing autonomy for dietary change was the most frequent recommendation in all groups. Options which reduced autonomy were least frequently recommended in every setting; but more likely in schools (28%, $n=26$). Cross-group comparison suggests a significant difference in the frequency of autonomy-negative, neutral, and positive recommendations made between the stakeholder groups ($p < 0.05$). Consumers recommend reducing individual autonomy to the greatest extent, whilst industry and policy makers suggest this least frequently. To improve dietary choice, industry was the only group not to recommend diminishing autonomy. To increase physical activity, consumers were the only group to recommend reducing autonomy more frequently than enhancing autonomy. This analysis supports the relevance of these constructs to obesity prevention policy options. The acceptable level of intrusiveness may vary according to setting, target behaviour and stakeholder. The findings emphasise the diversity of perspectives involved in obesity, and significance of industry in influencing policy decisions. Given the consensus across stakeholder groups favouring policies which enhance autonomy, considering the influence of policy on autonomy could provide a tool for governments to re-frame action for obesity prevention.

Reference

[1] Griffiths & West. <http://dx.doi.org/10.1016/j.puhe.2015.08.007>; 2015.

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