

# **Public Health Nutrition Engagement in Food Regulation Policy: A Critical Analysis of Voluntary Food Fortification Policy in Australia**

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## Abstract for PhD Thesis

### *Background*

This research aimed to understand how the 'problem' was represented in food regulatory policy, and the implications of this for public health nutrition participation in, and engagement with, policy development. The research focussed on food regulation policy developed in Australia between 1 July 2002 and 30 June 2012. It did not include food standards.

### *Methodology*

The research aim was best addressed using qualitative research methods. The investigation used a social constructionist epistemology and borrowed from a contemporary critical inquiry theoretical framework. Within this context, Bacchi's "what's the problem represented to be?" discourse analysis method was applied to a case study of voluntary food fortification policy (VFP) developed by the Australia and New Zealand Food Regulation Ministerial Council (ANZFRMC).

Two sets of data were identified as relevant to the study. Firstly, a set of key documents used in the development of VFP were collected. The analysis of this data set then informed a series of semi-structured, in-depth, telephone interviews, conducted with a purposeful sample of key informants. Key informants were defined as persons with in-depth knowledge and expertise in the development and implementation of VFP.

### *Results*

A total of 57 key documents collected met the selection criteria for inclusion in the study. Four (4) major categories of stakeholder were identified within these key documents. Subsequently, thirteen (13) key informants representing the categories of citizen, government, public health and industry participated in an in-depth telephone interview.

The predominant representations of the policy 'problem' of voluntary food fortification (VF) in the key documents were public health, risk, evidence and commercial benefit. For citizen, public health and government stakeholders, VF was mainly represented as a problem of public health, while for industry it was primarily commercial benefit. However, at both the outset and conclusion of the policy process, the problem was represented as commercial benefit, suggesting the period of 'formal' stakeholder consultation did not alter the outcome.

Interview key informants represented the policy 'problem' of VF in three main ways. All groups represented VF as a problem of commercial benefit, but for citizen, government and public health stakeholders, VF was also something that should have been, but was not, supportive of public health. Additionally, VF was represented as a problem of power, illustrating the struggle for influence on decision-making, particularly between industry and public health stakeholders. Views differed as to who had the most power, with industry representing public health advocates as most powerful, and other key informants representing the food industry as more influential.

#### *Discussion and Conclusions*

A key finding, and original contribution to research in food regulation, was the similarity in the way in which the policy problem was represented at both the outset and conclusion of the policy process. This suggested public health advocates should not wait until formal consultation stages to engage in the policy process. Rather, they should engage early, at, or before, the agenda setting stage of the policy cycle, in order to influence the initial framing of the policy problem.

An unexpected finding and another original contribution in this study was the representation of public health advocates as having significant power and influence in food regulatory policy by food industry key informants. One identified reason for this power, was the direct access of public health oriented public servants to high-level, food regulatory decision-makers. This indicated significant value in cultivating relationships with relevant committee members and utilising these existing points of power and influence for future advocacy efforts.

Analysis of the data also revealed several underlying, highly influential ideologies that affected VFP development. These included biomedicine, neoliberalism, individual responsibility, 'reductionist' nutrition, and power. Consequently, public health advocates need to challenge such dominant ideologies of key decision-makers as well as open areas of policy silence to critical examination in broader society.

Finally, there was a tendency for public health, citizen and government stakeholders in this study to use discourse that 'drifted' from 'upstream' to 'downstream' public health strategies. These groups also used a wider range of problem representations of VF than industry stakeholders, who were consistent and resolute in their representation of the policy problem. Thus, this research has reinforced the importance of public health advocates working together to limit the representation of the policy problem to one or two significant issues, but also to ensure consistent, clearly articulated discourse that does not suffer from 'downstream drift'.