Taxation of Sugar-sweetened Beverages: Opportunities and Challenges

Drs. Heather Manson and Brent Moloughney

PHPM Provincial Rounds - Public Health Ontario

January 12, 2018
Sugar is a “loaded” topic

Lower sugar intake to less than 5% of daily calories, WHO says
Restrict diets so less than 5% of daily calories consumed come from sugar for optimal health

Explosion of interest and evidence

• With rising rates of obesity and non-communicable diseases, we’ve seen an explosion of interest and evidence on sugar and health

• Numerous national and international reports, position statements, and evidence-based guidelines
  • World Health Organization 2015 – Sugar intake for adults and children
  • Position Statements in Canada: Heart & Stroke Foundation, Diabetes Canada, Dietitians of Canada

Scholarly journal articles with “sugar”, “health” and “systematic review”
Countries and jurisdictions worldwide are implementing sugar taxes...

We need to ask...

- What is the evidence linking sugar and/or sugar sweetened beverages (SSBs) and health?
- What is the effectiveness of taxation to reduce SSB consumption?
- If taxation is a promising measure, what are the challenges associated with policy implementation?
Learning Objectives

• Part 1 (Heather Manson)
  • Participants will understand the current evidence linking sugar and/or SSBs and health outcomes.
  • Participants will understand the current evidence of tax-based policies to reduce SSBs.

• Part 2 (Brent Moloughney)
  • Participants will understand the potential opportunities and challenges to pursuing tax-based policies to reduce SSB consumption.
## Relevance to PHPM Entrustable Professional Activities

<table>
<thead>
<tr>
<th>EPA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct a health policy analysis</td>
<td>This EPA includes analyzing a public health/healthy public policy including: developing an understanding of the issue and context; generating policy options; selecting a policy option; developing a course of action to support the selected option; and, developing a monitoring and evaluation plan for the policy option.</td>
</tr>
<tr>
<td>Lead and manage strategies and programming to promote health and health equity</td>
<td>This EPA includes applying health promotion principles and Ottawa Charter actions to promote health and health equity. This includes leading and managing strategies and programs to create supportive environments for healthy living across the lifespan and fostering community action. It also includes incorporating consideration of health equity across public health organizations and their programs, as well as the healthcare system (i.e., health equity audits).</td>
</tr>
<tr>
<td>Advocate for the adoption and implementation of healthy public policies</td>
<td>This EPA includes seeking to influence (i.e., advocate) for the adoption and implementation of healthy public policies including: utilizing an existing health policy analysis to identify the desired policy change; engaging relevant stakeholders; developing and applying a communication strategy; and, creating/supporting capacity development to influence the policy agenda.</td>
</tr>
</tbody>
</table>
WHO Definitions and Recommendations

• **Free sugars**
  • monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates
  • **Intrinsic sugars:** sugars held naturally in the food’s structure (e.g., within an apple)

**WHO recommendations**

1. Reduced intake of free sugars throughout the lifecourse
2. Reduce intake of free sugars to <10% of total energy intake
3. Suggests a further reduction of intake of free sugars to <5%

Specific evidence linking sugar and health in support of the WHO recommendations

- Te Morenga et al.'s 2013 systematic review and meta-analyses on dietary sugar and body weight concluded that *sugar intake affects body weight, due to change in overall energy intake*
  - Reduced intake of dietary sugars = decrease in body weight (0.80 kg, 95% CI 0.39 to 1.21; P<0.001);
  - Increased sugars intake = weight increase (0.75 kg, 95% CI 0.30 to 1.19; P=0.001)

- Moynihan & Kelly, 2014 SR: *Moderate body of evidence* supporting the positive association between free sugars and dental caries
  - Dental caries occurred *less frequently* when sugars intake was less than 10% of energy
  - A reduction to sugar as 5% of energy may help further reduce caries
However, strength of recommendations and quality of evidence are disputed...

### Appendix Table 4. Assessment of the Supporting Evidence for Each Recommendation (GRADE)

<table>
<thead>
<tr>
<th>Guideline Title</th>
<th>Overall Recommendation</th>
<th>Specific Recommendations, Including Strength (if Reported)</th>
<th>Citations Supporting Recommendation, n</th>
<th>Study Design</th>
<th>GRADE Evidence Quality (Certainty in Estimates of Effect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugars Intake for Adults and Children (WHO)*</td>
<td>—</td>
<td>“Reduced intake of free sugars throughout the life course–Strong Recommendation”</td>
<td>0</td>
<td>—</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“In both adults and children, WHO recommends reducing the intake of free sugars to less than 10% of total energy intake–Strong Recommendation”</td>
<td>1</td>
<td>Systematic review</td>
<td>Low†</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“WHO suggests further reduction of the intake of free sugars to below 5% of total energy intake–Conditional Recommendation”</td>
<td>1</td>
<td>Systematic review</td>
<td>Very low</td>
</tr>
<tr>
<td>Carbohydrates and Health (Public Health England)‡</td>
<td>“The population average intake of free sugars should not exceed 5% of total dietary energy for age groups from 2 years upwards” and “The consumption of sugars-sweetened beverages should be minimised, in both children and adults.”</td>
<td>“Greater sugar intake is associated with increased energy intake–Adequate Evidence” and “Sugar sweetened beverage intake is associated with risk of type-2 diabetes–Moderate Evidence”</td>
<td>1</td>
<td>Systematic review</td>
<td>Very low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Sugar consumption is associated with increased risk of dental caries–Moderate Evidence” and “Amount and frequency of SSB consumption is associated with dental caries–Adequate Evidence” and “Greater SSB consumption is associated with increased BMI–Limited Evidence”</td>
<td>1</td>
<td>Systematic review</td>
<td>Very low</td>
</tr>
<tr>
<td>Australian Dietary Guidelines</td>
<td>“Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks”</td>
<td>“Consumption of sugar-sweetened beverages is associated with increased risk of weight gain in adults and children–Grade B”</td>
<td>15</td>
<td>Systematic review; randomized, controlled trial; observational study</td>
<td>Low, very low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“High or frequent consumption of added sugars, particularly for infants and young children, is associated with increased risk of dental caries–Grade C”</td>
<td>1</td>
<td>Observational study</td>
<td>Very low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Consumption of soft drinks is associated with”</td>
<td>1</td>
<td>Observational study</td>
<td>Very low</td>
</tr>
</tbody>
</table>

Especially by those receiving industry funding...

Annals of Internal Medicine

Observations

Do Sugar-Sweetened Beverages Cause Obesity and Diabetes? Industry and the Manufacture of Scientific Controversy

Guidelines to Limit Added Sugar Intake: Junk Science or Junk Food?

When it comes to added sugars, there are clear conflicts between public health interests and the interests of the food and beverage (F&B) industry. Studies are more likely to conclude there is no relationship between sugar consumption and health outcomes when investigators receive financial support from F&B companies (1). Industry documents show that the F&B industry has manipulated research on sugars for public relations purposes (2). Erickson and colleagues report a systematic review of the scientific basis of guidelines on sugar intake, providing another occasion for concern.

line, partly funded by ILSI, set a maximal intake level for added sugars at 25%, well above average consumption levels. They also described as “unclear” the funding of the Dietary Guidelines for Americans (DGA) (which recommended limiting sugars) and its editorial independence. The review’s appendix, which DGA is federally sponsored by the Department of Agriculture, points out a lack of transparency: the editor and members were thoroughly accountable.

IN RESPONSE: Dr. Slavin claims that our team erred by misidentifying her as being affiliated with the SSB industry when she published the 2012 article that we included in our review and by miscategorizing that article as a negative study. Dr. Slavin has, indeed, been affiliated with food and beverage industries since at least 2010. In her article that we reviewed for our observation (1), she did not disclose any conflicts of interest. However, in related work published in 2015 (2), she disclosed that she had given 150 scientific presentations in 13 countries in the previous 5 years (that is, since at least 2010).
What are Sugar Sweetened Beverages?

• Any beverage that contains added sugars
  • sucrose (50% glucose, 50% fructose),
  • high-fructose corn syrup (45% glucose, 55% fructose) or
  • fruit juice concentrates.

• CDC classifies the following beverages as SSBs:
  • soft drinks (soda, pop, colas, carbonated beverages etc.),
  • fruit drinks, punches or ades (e.g., lemonade)
  • sports drinks, sweetened tea, coffee drinks with added calories, energy drinks and sweetened milks or milk alternatives.

• Note: ‘Sugary Drinks’ are SSBs + 100% juice
Why focus on SSBs – Health

• In a recent systematic review (Luger et al., 2017), it was found that 93% of included studies (28) found a positive association between SSB consumption and increased weight
  • Strong evidence associating SSBs and dental caries, SSB and diabetes, and emerging evidence re: metabolic syndrome, hypertension, coronary heart disease, renal disease

• 2010 modelling study estimated that 184,000 annual deaths globally can be attributed directly to SSB consumption
  • 133,000 from diabetes mellitus, 45,000 from cardiovascular disease, and 6,450 from cancer (Singh et al., 2015)

• Typically, SSBs do not provide additional nutritional value, and can be replaced by other fluids (e.g., water)
Why focus on SSBs – Consumption

• Largest contributor of added sugar in the diet
  • It is estimated that Canadians consume as much as 13% of their total calorie intake from added sugars (Brisbois *et al.*, 2014)
  • SSBs contribute about a quarter of daily calories from sugar for children 4 – 18 years, and up to 30% of daily calories for children 1 to 3 (CCHS, 2004)

• Consumption of SSBs highest in children and young adults; SSB consumption higher in children with parents of lower SES (Han & Powell, 2013)

Projected burden attributable to SSB consumption in Canada (2016 – 2041)

- For a 25-year period (2016-2041), SSBs are projected to account for:
  - 38,385 deaths and nearly 1,433,485 disability adjusted life years (DALYs). The majority of these deaths will be due ischemic heart disease or cancer.
  - Direct health care costs of $33.7 billion.

- These estimates would be much higher if 100% fruit juice (sugary drinks) was also taken into consideration.

Socio-ecological model of food and beverage intake

Adapted from CDC 2015

Looking towards interventions...

The sugar-sweetened beverage wars: public health and the role of the beverage industry

Jean A. Welsh, a Elizabeth A. Lundeen, b and Aryeh D. Stein c

The Public Health and Economic Benefits of Taxing Sugar-Sweetened Beverages

Kelly D. Brownell, Ph.D., Thomas Farley, M.D., M.P.H., Walter C. Willett, M.D., Dr.P.H., Barry M. Popkin, Ph.D., Frank J. Chaloupka, Ph.D., Joseph W. Thompson, M.D., M.P.H., and David S. Ludwig, M.D., Ph.D.


https://twitter.com/KING5Seattle/status/949713461856100352
How do SSB Taxes Work?

• Governments add an **excise tax** or an **ad valorem tax** to the current price of SSBs to increase the price of those beverages
  
  • **Excise tax** charges a fee per volume
    • E.g., a 1 cent excise tax on a 20-ounce soda bottle is 20 cents
  
  • **Ad valorem tax** (similar to HST) charges a percentage of the product’s price
    • E.g., if a 20-ounce soda bottle costs $2.00, a 4% sales tax is 8 cents

• Taxes rely on “**price elasticity**” – it is expected that an increase in price of SSBs will lower the number of SSBs purchased

• **Tax pass-through**: changes in the price after the imposing of the tax; taxes are usually “passed through” to the consumer

Effectiveness of SSB Taxation (USA)

- Berkeley, California (2015)
  - First US jurisdiction to implement an excise tax, $0.01/oz

In one year:
- **Sales of taxed SSBs fell, while untaxed beverages rose**
- Tax did not produce higher grocery bills or revenue loss
- **Consumption of SSBs decreased 21% in Berkeley and increased 4% in comparison cities (P = .046)**
- Water consumption increased more in Berkeley (+63%) than in comparison cities (+19%; P < .01)

### Table: How Berkeley’s ‘soda tax’ changed the drinking habits of low-income residents

<table>
<thead>
<tr>
<th>Category</th>
<th>Berkeley Change</th>
<th>Oakland/San Francisco Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular soda</td>
<td>-26%</td>
<td>10%</td>
</tr>
<tr>
<td>Sports drinks</td>
<td>-36%</td>
<td>21%</td>
</tr>
<tr>
<td>Energy drinks</td>
<td>-29%</td>
<td>-14%</td>
</tr>
<tr>
<td>Fruit drinks</td>
<td>-13%</td>
<td>-12%</td>
</tr>
<tr>
<td>Sweetened coffee or tea</td>
<td>-13%</td>
<td>22%</td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td>63%</td>
</tr>
</tbody>
</table>

*Sources: UC Berkeley and UC San Francisco*
Effectiveness of SSB taxation (Mexico)

- Implemented 1 peso per liter excise tax on SSBs on January 1, 2014

When compared to 2012-2013, in 2014 and 2015:
- Purchases of taxed beverages decreased **5.5%** in 2014 and **9.7%** in 2015, an average reduction of 7.6% over the study period
- Households at the lowest socioeconomic level had the largest decreases in purchases of taxed beverages in both years
- Purchases of untaxed beverage increased 2.1% in the study period

SSB taxation – 2017 update

Modelling Studies from U.S., Australia and Canada

Weight reduction

USA (Dharmasena & Capps, 2011)

- 20% tax on SSBs = weight reduction of between 1.54 and 2.55 lb per year
  - However, need to consider increased consumption of 100% fruit juices, coffee, tea, and milk products

USA (Smith, Lin and Lee, 2010)

- 20% tax on SSBs would create an average reduction of 3.8 pounds over a year for adults and 4.5 pounds over a year for children
  - Could reduce the overweight prevalence among adults from 66.9 to 62.4% and the prevalence of obesity from 33.4 to 30.4%
  - For children, the at-risk-of-overweight prevalence would decline from 32.3 to 27% and the overweight prevalence would decline from 16.6 to 13.7%


Modelling Studies from the United States

Cost savings

USA (Long et al., 2015)

• Expected benefits of a national SSB tax of $0.01/oz over 10 years
  • The reductions in BMI would result in a mean estimated $23.6 billion reduction in total healthcare costs over 10 years
  • For every dollar invested, the intervention would result in $55.00 in healthcare cost savings
  • The national excise tax would generate an estimated $12.5 billion in annual revenue in 2014 dollars

Modelling Studies from Australia

Equity

Australia (Lal et al., 2017)

• 20% tax on SSBs = AU$1.733 million healthcare cost savings of (95% CI: $650m; $2.744m) over the lifetime of the population

• 49.5% of the total health gains accruing to the 2 lowest quintiles

• AU$642.9m estimated annual tax revenue (95% CI: $348.2m; $1,117.2m).

## Benefits from a SSB tax in Canada, 2016-2041

<table>
<thead>
<tr>
<th>Summary of Health and Economic Benefits from 20% Beverage Taxes (2016-2041)</th>
<th>20% SSB tax</th>
<th>20% Sugary Drink Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths postponed</td>
<td>7,874</td>
<td>13,206</td>
</tr>
<tr>
<td>DALYs averted</td>
<td>309,441</td>
<td>488,778</td>
</tr>
<tr>
<td>Cases of overweight &amp; obesity prevented</td>
<td>519,292</td>
<td>764,238</td>
</tr>
<tr>
<td>New type 2 diabetes cases prevented</td>
<td>138,635</td>
<td>215,846</td>
</tr>
<tr>
<td>New ischemic heart disease cases prevented</td>
<td>36,996</td>
<td>61,230</td>
</tr>
<tr>
<td>New cancer cases prevented</td>
<td>12,053</td>
<td>21,777</td>
</tr>
<tr>
<td>New stroke cases prevented</td>
<td>4,833</td>
<td>8,151</td>
</tr>
<tr>
<td>Health care costs savings</td>
<td>$7,350,664,242</td>
<td>$11,456,596,995</td>
</tr>
<tr>
<td>Tax revenue</td>
<td>$29,647,578,056</td>
<td>$43,610,950,060</td>
</tr>
<tr>
<td>Health care costs savings &amp; revenue</td>
<td>$36,998,242,299</td>
<td>$55,067,547,055</td>
</tr>
</tbody>
</table>

**Source:** Jones A C, Veerman J L, Hammond D. *The health and economic impact of a tax on sugary drinks in Canada.* March 2017
Comprehensive Policies for SSBs

• “key task that remains, as was the case with tobacco [14], is to identify and study a suite of supportive measures that may be necessary to achieve sustained reductions in SSB consumption. Workplace sales bans, SSB warning labels (like “black box” warnings on cigarette packages), restrictions on sales to youth, and similar measures can be considered complements to taxation and require further analysis to understand their synergy with SSB taxation.”

Summary

• There is evidence to support that increased sugar and sugar-sweetened beverage consumption is associated with various health outcomes
  • Evidence is influenced by quality of studies and the myriad of factors contributing to obesity

• Taxation has been shown to be an effective policy to reduce the consumption of SSBs, which may in turn, contribute to decreased weights and health costs, and improved health outcomes
Taxation of Sugar-Sweetened Beverages: Opportunities And Challenges – Part 2

Learning Objectives

Part 1 (Heather Manson)

• Participants will understand the current evidence linking sugar and health outcomes.
• Participants will understand the current evidence linking SSB’s and health outcomes.
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Overview

• Scenario
• Political Capital
• Approach
  • Ethical perspective
  • Descriptive analysis
  • Application of policy analysis framework(s)
• Policy engagement (e.g., Mexican campaign)
Scenario

• In planning for the upcoming year (in a public health organization), should we spend our resources* on supporting the establishment of a SSB tax?

*Resources: staff, money, political capital
Political Capital?

• The trust, goodwill and social influence that you have built with organizations, teams and individuals – particularly executive and political decision makers.

• If think as a bank account,
  • Deposits: successfully dealing with outbreaks and public issues
  • Withdrawals: anything which creates a political headache for decision makers (even if doing the 'right' thing)

• Snr MOH perspectives:
  • You build your capital on health protection (so you better do it well!) and spend it on health promotion.
  • People hate you for doing protection badly and for doing promotion well.
Why is Political Capital Relevant for SSBs? (example)

• PHU’s Healthy Eating, Active Living Strategy states among many actions:
  • Launch social marketing campaigns focusing on walking and sugar sweetened beverages

• Industry response:
  • Coca Cola Executives visit: MOH, Mayor, Premier, Minister, all Councillors (Board of Health)
  • Letter writing campaign to Mayor and city councillors
    • “Coca-Cola Refreshments Canada strongly opposes any program that uses taxpayer dollars to unfairly target our products and mislead consumers,”
    • “We expect Ottawa Public Health, as a public institution, to be a source of neutral and unbiased information for consumers.”
  • Newspaper headline: "Back Off Pop Police: Tell Ottawa's Top Doc He Has No Right to Ban Your Liberties Along with Drinks"
  • Note: 5-yr city contract with Coca-Cola for exclusive rights to soft-drink business in Ottawa city buildings with share of sales (estimated at $268,000 – possibly more with sales share)

Political Capital – Round 2

• As allowed by pouring rights contract with city, Coca Cola puts in dispenser in City Hall rotunda; cost: a hug

• Note: City Hall is near high school

• Public health publicly critical of promotion

Political Capital – Round 3

• A later PHU report indicates intent to consult on 2017 Heart and Stroke Foundation’s recommendations (The Kids Are Not Alright)
  • Restrict food and beverage marketing to children on municipal property, such as childcare settings, libraries, public transit, recreation centres and parks.
  • Restrict food and beverage marketing in schools.
  • Limit access to food and beverages high in salt, fat, sugar or calories on municipal property.
  • Reviewing zoning restrictions close to child-focused settings including schools and playground.
  • Limit sole-sourced contracts with food and beverage companies to ensure the healthfulness of food and beverage options.

• Response: senior politician calls MOH to criticize intent to consult...

Industry Tactics – The ‘D’s and I

• Intimidate
• Delay
• Deny
• Distract
• Multiple other ‘D’s have also been identified...
  • (Deflect, Deny, Discount, Deceive, Divide, Dulcify (Appease), Discredit, Destroy)

Source: Community Tool Box. Centre for Community Health and Development, University of Kansas

Back to Scenario: So, What Might You Do?

• Think about ethics of SSB tax

• Policy analysis
  • Descriptive analysis
  • Apply a policy framework
  • Prepare brief for organization
Ethics of SSB Tax

<table>
<thead>
<tr>
<th>Intervention Ladder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eliminate Choice.</strong> Regulate in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.</td>
</tr>
<tr>
<td><strong>Restrict choice.</strong> Regulate in such a way as to restrict the options available to people with the aim of protecting them, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.</td>
</tr>
<tr>
<td><strong>Guide choices through disincentives.</strong> Fiscal and other disincentives can be put in place to influence people not to pursue certain activities, for example through taxes on cigarettes, or by discouraging the use of cars in inner cities through charging schemes or limitations of parking spaces.</td>
</tr>
<tr>
<td><strong>Guide choices through incentives.</strong> Regulations can be offered that guide choices by fiscal and other incentives, for example offering tax-breaks for the purchase of bicycles that are used as a means of travelling to work.</td>
</tr>
<tr>
<td><strong>Guide choices through changing the default policy.</strong> For example, in a restaurant, instead of providing chips as a standard side dish (with healthier options available), menus could be changed to provide a more healthy option as standard (with chips as an option available).</td>
</tr>
<tr>
<td><strong>Enable choice.</strong> Enable individuals to change their behaviours, for example by building cycle lanes, or providing free fruit in schools.</td>
</tr>
<tr>
<td><strong>Provide information.</strong> Inform and educate the public, for example as part of campaigns to encourage people to walk more or eat five portions of fruit and vegetables per day.</td>
</tr>
<tr>
<td><strong>Do nothing or simply monitor the current situation.</strong></td>
</tr>
</tbody>
</table>

Considerations:

- Pay special attention to the health of children and other vulnerable groups
- Aim to ensure that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise
- Aim to reduce health inequalities
- Not attempt to coerce adults to lead healthy lives
- Minimize interventions that are introduced without the individual consent of those affected or without procedural justice arrangements
- Seek to minimize interventions that are perceived as unduly intrusive and in conflict with important personal values

Conceptual Framework

Define the Problem
Review of evidence for extent of problem, causes and known solutions

Policy Analysis
Understand the political and social dimensions of the reform

Policy Engagement Strategies
Improve the prospects of attaining the policy goals

Adapted from: Buse K. Health Policy Plan 2008; 23(5):351-360.
Vocabulary

- Policy: broad statement of goals, objectives and means that create the framework for activity.
- Analysis: separating a problem into its constituent parts so as to better understand the whole.
- Policy process: the way in which policies are initiated, formulated, developed, negotiated, communicated, implemented, and evaluated.

Policy Making

• Policy is a product of, and constructed through, political and social processes.

• Public health may wish to speak to power, but the powerful are by no means obliged to listen and often do so when it suits them best.

• Decision-makers consider a wide range of factors, of which evidence is only one, that includes:
  • Personal beliefs
  • Values
  • Evidence
  • External factors (e.g., recession, election)
  • Interest group pressure
  • Institutional constraints.

Descriptive Analysis (Doing Your Homework)

- Policy Triangle

Note: ‘Ideas, Interests and Institutions’ is another framework

Descriptive Analysis

• Process:
  • Where are we in the policy cycle and how did we get here?
  • Stages heuristic is useful tool to structure this narrative
    • Agenda setting, formulation, adoption, implementation, assessment

• Actors
  • Who are the key actors regarding this policy & what are their beliefs, interests, and influence regarding this policy?
    • Beliefs: statement, principle or doctrine that a person or group accepts as true
    • Interests: what would actor stand to gain or lose from a policy change
    • Influence: the power to affect others’ thinking or actions
Descriptive Analysis (cont’d)

• Context:
  • Systematic factors which may have an effect on policy: (Political, Economic, Social, Technological, Other (Environmental, Legal))
  • ‘Checklist’ or ‘Aide-memoire’ to not overlook something important
  • Need judgement as to what’s important/not; think of relevant items; If not relevant, move on

• Institutions:
  • ‘rules of the game’ determining how government and the wider state operate.
  • What rules or norms are there for policy processes for this type of issue?
    • Formal and informal processes?
    • How operate at different levels (local, provincial, national, international)?
    • What discretion exists locally and provincially?
Descriptive Analysis (cont’d)

• Our Organization
  • Does this policy fit with mission and goals/priorities?
  • Is action on this policy issue sensitive or controversial?
  • What are strengths and weaknesses of the organization as an agent of policy change?
Who Are the Key Actors?

• Beliefs: statement, principle or doctrine that a person or group accepts as true
• Interests: what would actor stand to gain or lose from a policy change
• Influence: the power to affect others’ thinking or actions
Who Are the Key Actors? (not exhaustive)

• Public health:
  • big problem and action needed; history of coalitions to achieve healthy public policies

• Health charities
  • Big problem and action is needed; aligns with specific causes;

• Health professionals
  • Believe action needed; see adverse effects on patients/clients;

• Food and beverage industry
  • Believe in personal choice and ability to market aggressively to public; significant employer; lobby groups; financial resources

• Retailers
  • May resist if perceive policy to reduce income; already struggling with changers to minimum wage and family corporation tax; ‘mom and pop’ businesses

• Provincial and federal governments
  • Both Liberal; potentially more aligned to government involvement in taxation; align with Healthy Kids initiative; federal gov’t more interested in health issues that former gov’t

• Media
  • Response to OMA recommendations a few years ago was quite negative; (? Recent?)

• Public opinion
  • People tend to be sensitive to coercive actions regarding their eating practices (? Polling?)

• Other?
Context

• Political
• Economic
• Social
• Technological
• Other
Context (not exhaustive)

- **Political**
  - Upcoming provincial election
  - Efforts required for cannabis legalization

- **Economic**
  - Potential to raise revenue
  - Stressors on retailers and public (Minimum wage hike; personal debt; interest rates; NAFTA?)
  - ON struggling with loss of historical manufacturing base

- **Social**
  - Potential to be viewed as coercive policy for individual decision/responsibility; Food-related choices appear particularly sensitive to this phenomenon.
  - Note: NAACP & Hispanic Federation joined soda lawsuit against NYC policy

- **Technological (?)**

- **Other**
  - Shifting beverage use patterns
  - Interest in local farm produce – fresh vegetables and fruit
Institutions - Municipalities

• Unlike in US and Europe, Canadian cities have limited tax authority

• In Canada:
  • local governments are legally subordinate to provincial governments, the only sources of authority and revenue available to municipalities are those that are specifically granted by provincial legislation.
  • Main sources of municipal funding: property taxes and provincial grants, user fees
  • Provinces highly resistant to provide other tax powers. Any new taxes at the local level would require provincial approval and the provinces would likely want a good reason for granting this authority.

Taking Stock – Force Field Analysis

• Purpose is to help us summarize the descriptive information – not explain what has or might happen(ed)

• What is the balance of power regarding this policy issue?
  • What are the driving forces? (i.e., help us to take action)
  • What are the restraining forces? (i.e., hinder us to take action)
Sample Force Field Analysis

Driving Forces

- Large problem – involves children
- Evidence for link between SSBs and health
- Growing evidence for SSB tax feasibility & effectiveness

Restraining Forces

- Strong industry that will mount considerable opposition – political, media, legal(?)
- Potential economic concerns involving public and industry
- Potential to be framed as regressive, ‘nanny state’
Might a Policy Framework Provide Additional Insights?

• The policy process is staggeringlly complex

• The fundamental assumption is that a smaller set of critical relationships underlies the complexity of phenomena

• A framework identifies a set of variables and the relationships among them that presumably account for a set of phenomena

Sabatier PA, ed. Theories of the policy process. 2nd ed. 2007.
Descriptive Analysis

- Content (from evidence review)
- Process (stages heuristic)
- Actors (who, beliefs, interests, influence)
- Context (political, economic, social, other)

https://www.peelregion.ca/health/library/pdfs/Policy_Frameworks.PDF
Highlights: Preliminary Analysis by Multiple Streams and Advocacy Coalition Frameworks:

• Increasing evidence of feasibility and effectiveness

• Key challenges of achieving policy change include:
  • Framing of problem: sugar intake; obesity; gov’t resources for public good
  • Magnitude of tax to be effective (≈10-20%)
  • Structure of tax policy: what, how, stand-alone vs pkg, where $ goes
  • Policy entrepreneur to take this on – link problem-policy-politics?
  • Dealing with industry arguments:
    • Obesity has multiple causes; unfair to target a group of products
    • Interventions elsewhere didn’t work
    • Policy will harm jobs (manufacturing, retail)
    • Nanny state
  • Make and bring friends since power of industry coalition, which will likely:
    • Engage local store owners
    • Create ‘consumer associations’ with campaigns
    • Heavily lobby politicians
Conceptual Framework

Define the Problem
Review of evidence for extent of problem, causes and known solutions

Policy Analysis
Understand the political and social dimensions of the reform

Policy Engagement Strategies
Improve the prospects of attaining the policy goals

Adapted from: Buse K. Health Policy Plan 2008; 23(5):351-360.
Campaign Example: The SSB Strategy in Mexico

• Established a strong, diverse, collective voice

• Complementary partners –
  • Academia: evidence generation and analysis
  • Civil society: public opinion, political pressure
  • Lobbying: engagement with Congress and key stakeholders

• 3 essential campaign steps
  • Expose the human drama (see the victim, feel interested)
  • Identify the culprits (see the enemy, feel angry)
  • Present solutions (see a solution, feel engaged)
Create and raise a strong, collective voice

Mexico SSB Campaign (cont’d)

Mexico SSB Campaign (cont’d)

Campaigning in public spaces
“First Came Obesity, Then Diabetes” mass media campaign

1. Human drama

Campaign in Mexico City
November 2012 to February 2013
Subway, billboards and social media

Mexico SSB Campaign (cont’d)

Campaigning in public spaces
“12 Spoonfuls of Sugar” mass media campaign

2. Culprits

Campaign in Mexico City
May to August 2013
Subway, billboards, buses, radio and social media

Mexico SSB Campaign (cont’d)

Campaigning in public spaces

“For a Healthier Mexico” mass media campaign
“With the soda tax drinking fountains in schools and public spaces”

3. Solutions

Campaign in Mexico City
September to October 2013
Subway, buses, billboards, paid TV, radio, magazines and social media

Mexico SSB Campaign (cont’d)

Mexico SSB Campaign (cont’d)

Responses to the soda industry

“Soda industry lobbyists transmit the obesity epidemic”

“It’s time for a change... Senators, you have the floor”

Summary

• Evidence of contribution to health problem and evidence of effective intervention is the beginning

• Need to do policy analysis to assess potential for organizational action

• Scenario: Determine what your bottom line advice is going to be to senior decision maker:

  • Overall positive opportunity and should examine further how to take action/influence situation

  • Uncertain/cautious, but potential → more study (be specific)

  • Bad idea, no/little hope, poor benefit/risk ratio → stop now & consider other things to do with our time
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