Menu-Labeling Policy in King County, Washington

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Background: Food eaten away from home now accounts for about one third of total calories consumed in the U.S. Policy change could lead to sustainable improvements in restaurant and other nutrition environments. Broadly described, policy development is one of the three core functions of public health, and there is a need to more fully understand and evaluate this function. Policy process research has developed frameworks and models that can be used to understand the policy development process.

Purpose: To describe policy processes associated with the passage of restaurant menu-labeling regulations in order to inform nutrition policy development in other settings.

Methods: Document reviews and interviews with 12 key players in the policy process were conducted and analyzed between June 2009 and October 2010.

Results: Policy process actors primarily belonged to two advocacy coalitions: a public health coalition and an industry coalition. Within the coalitions there were shared values and beliefs about the appropriate role of governmental regulation in protecting the health of the population and the need for environmental change. The process was adversarial at times, but “policy learning” built the trust needed for collaboration to negotiate agreements. Expert technical assistance moved the process forward.

Conclusions: Elements that contributed to the success of a menu-labeling policy initiative in a large, urban health department have been identified. The King County case study can inform the work of others who seek to build healthier nutrition environments through policy change.

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Introduction

Policy interventions can make environments more conducive to health-enhancing choices,1 and policy development is one of the core functions of public health.2 Although the complexity of policy change presents theoretic and analytic challenges,3 the field of policy research in health promotion has yet to fully “acknowledge critical concepts that would help to shed light on the policy process.”4 This makes it difficult to study policy development3 and to improve future policy processes.5 The field of policy process research, which is the study of interactions among people and public policy, has developed theories, models, and frameworks6 that can be used to analyze complex patterns of policy development.

Food eaten away from home now accounts for about one third of total calories consumed in the U.S.7,8 Nearly three quarters of total restaurant visits are to fast-food and other chain restaurants.9 These visits are associated with large portion sizes, high intake of calories and saturated fat, consumption of sugar-sweetened beverages, limited access to health-promoting foods, and adverse health outcomes.10–15 Public health agencies have taken several approaches to changing restaurant nutrition environments.16–19 Some local health authorities have rule-making authority to regulate restaurants and other food environments,20 and a limited number of jurisdictions have required restaurants to make changes such as providing menu labeling and banning artificial trans fats. Other jurisdictions have encouraged restaurants to voluntarily improve nutrition environments.18,19,21,22

In King County in Washington State, the board of health passed a menu-labeling regulation that required chain restaurants with 15 or more locations nationwide to
provide calorie, saturated fat, carbohydrate, and sodium information to customers starting January 1, 2009. At several stages of the policy process, public health employees organized researchers and nutrition experts to provide the board with information about low levels of nutrition literacy in the population and the needs of consumers with health conditions such as diabetes. King County was the second jurisdiction to require menu labeling after New York City, and the national and state restaurant associations strongly opposed the initiative in both New York City and King County.

The purpose of this case study is to describe a specific nutrition policy development process in order to inform nutrition policy development in other settings. The current paper applies theoretic constructs from the field of policy process research to study the development of restaurant menu-labeling regulations in King County, Washington.

**Historical Context**

The complex process of developing public policy is driven by interactive elements that evolve over time. Many policy-change models, often including similar elements, have been developed by the field of policy sciences. These include punctuated-equilibrium theory, multiple-streams theory, policy networks theory, and social constructions theory. Organizational and explanatory methodologies for policy development have been developed and tested in diverse settings, so that policy scientists can apply various theoretic perspectives in various situations. A distinction can be made between models and frameworks, with theories and models being grounded in frameworks that provide a foundation for analysis by specifying classes of variables and general relationships among them.

The Advocacy Coalition Framework (ACF) positions policy development as the interactions over time between advocacy coalitions, whose members are brought together by common values and beliefs to advocate for a common policy outcome. In an article summarizing the results of more than 80 applications of the ACF, Weible and colleagues wrote that the ACF is an “analytical tool that can be used to generate better descriptions and explanations in public policy and administration.” The framework has several components and many subtle interpretations, but in general, it is based on the understanding that each policy subsystem that is focused on a specific policy arena is composed of networks of advocacy coalitions (Figure 1).

Mature policy subsystems evolve over several years. Within each policy subsystem there may be two to five different advocacy coalitions, which may or may not be defined distinctly. Actors from these coalitions may perceive the same information in different ways because of differences in beliefs and values; when trust is lost within the subsystem, there may be a “devil shift” where actors view their opponents as less trustworthy and more “evil.” Key components of the model include the following:

- relatively stable parameters: factors external to the policy subsystem that are stable over long periods of time;
- external events: dynamic external factors that influence advocacy coalition efforts to affect policy change;
- constraints and resources: combinations of relatively stable parameters and external events that create the constraints and resources that act on the policy subsystem;
- beliefs: the overarching driver for policy actors, categorized as: (1) deep core beliefs—essentially unchangeable deeply held personal beliefs about freedom, the role of distributive justice, human nature, and similar constructs; (2) policy core beliefs—fundamental policy positions concerning the articulated policy goals of an advocacy coalition; (3) secondary beliefs—concerned with issues related to the administration and implementation of policy;
policy-oriented learning: occurs within the subsystem as a result of direct challenge to an advocacy coalition, accumulated experience, confrontation, and compromise;

- technical knowledge: does not always drive the policy process, but influences policy development in cases when coalitions have the organizational capacity to use technical information and experts are brought into the process early.

Understandings of the elements of the ACF have continued to evolve since 1988 in response to criticism and advances in policy sciences. In a critique of the ACF, Gagnon and colleagues suggest augmenting the model with Institutional Constructs, referring to the official structure and procedural and regulatory dimensions of policy subsystems and Political Dimensions, referring to the impact of the concerns of governmental leaders and citizens.

The ACF is applied in the present study because it appeared to offer the best-fit explanatory model for the specific policy actions around restaurant labeling in King County, but other policy models and constructs can be applied to restaurant menu labeling. For example, it is important to acknowledge the full range of policy entrepreneurs who have been working nationally to define potential policy solutions and promote restaurant labeling, and who made a substantial contribution to the opening of the King County “policy window” as described by John Kingdon.

Methods
Data were collected through interviews and document review. The project was guided by members of the University of Washington Nutrition and Obesity Policy Research and Evaluation Network (WA NOPREN), who were an essential component of the NOPREN work at the University of Washington from the beginning of the NOPREN in October 2009. The current study specifically was informed by a WA NOPREN subcommittee that volunteered to work on research about the process of restaurant policy development. The subcommittee included county-level public health practitioners who had been involved in restaurant initiatives and university-based researchers. This subcommittee identified the key stakeholders to interview for the study. Interview participants were recruited following the process described by Dillman. E-mails that introduced the project were sent to potential participants. An e-mail or phone call requesting an interview was sent 3 days later. Anyone who did not respond to the initial request for an interview was sent a second request 3 days after the initial request.

Oral consent was obtained using procedures approved by the University of Washington IRB. One of the authors had completed eight interviews between June 2009 and August 2009 as part of an internal King County public health evaluation; three King County participants were interviewed again for the current study. These interviews and four additional stakeholder interviews were conducted by phone between March 2010 and August 2010. Semistructured, open-ended interview guides were developed to facilitate the responsive-interviewing approach and to elicit information about the classes of variables specified in the Advocacy Coalition Framework.

Results were analyzed with a two-stage process shortly thereafter. First, interviews were professionally transcribed and reviewed for key concepts and themes; then an initial coding structure was developed. This coding structure was refined through an iterative process of duplicate coding and discussions. Data were analyzed in ATLAS.ti, version 6. Data were explored both within and across cases, analyzing patterns and linkages. Documents included Board of Health meeting minutes and agendas, the menu-labeling regulation, annual division-planning reports, project summaries and timelines, planning documents and project proposals, project evaluation data, media reports, press releases, and other marketing and outreach materials. Interview data were triangulated with written materials.

Results
Respondents
Twelve people were interviewed. These included a representative of the Washington Restaurant Association who participated in the negotiations with the Board of Health; three public health practitioners (two involved in policy-making and one involved in enforcement); four members of the Board of Health; and four restaurant owners. Nine other key stakeholders were invited but not interviewed. Two attorneys from the prosecuting attorney’s office were unable to complete interviews because of attorney-client privilege. One public health practitioner involved in enforcement never responded to requests for an interview, and three other public health practitioners (one involved in policy making and two involved in enforcement) refused. Two other representatives of the Washington restaurant association refused, and one restaurant operator refused.

The Policy Subsystem
The policy subsystem included two advocacy coalitions that were composed of actors brought together by their common values and beliefs to advocate for a common policy outcome. The public health coalition included the Director of Public Health, health department Healthy Eating and Active Living and Environmental Health staff, representatives from community health organizations and health advocacy groups, academic researchers, healthcare providers, and the Center for Science in the Public Interest. The industry coalition was composed of restaurant owners and the restaurant association.

Parameters and External Events
Policy actors generally agreed on the parameters influencing the work with restaurants. These included the increasing prevalence of obesity and diabetes, the importance of meals eaten away from home as a determinant of
dietary quality, and the need for restaurant businesses to be profitable. External events played an important role; the impact of the economic recession was mentioned by most respondents, and the influence of external funding that had helped to build capacity for policy, systems, and environmental change was acknowledged by public health practitioners. The New York City menu-labeling policy process was also influential. New York City’s success opened a path for the exchange of technical information with public health practitioners and legal experts that enhanced the county’s policy efforts.

Core Policy Beliefs
Core policy beliefs appeared to be major drivers for each of the policy actors that were interviewed. The tensions between values played out across three major dichotomies: industry freedom versus the consumer’s right to know; use of educational versus regulatory approaches; and the importance of environmental change to make it easier to choose healthy foods versus a reliance on individual responsibility to select healthier foods among an array of less-healthy foods. Public health coalition members believed that it was appropriate to use regulation when necessary to protect the health of the community, that population health is a priority, that humans are resistant to change so we need environmental change to make it easier for them to change, and that citizens are entitled to nutrition information. Industry coalition members believed that regulations are bad for the economy, that voluntary mechanisms are more appropriate than regulation, and that it is unfair to “single out” restaurants.

The Policy Subsystem: Beliefs and Institutional and Political Context in Action
In King County, the 12 members of the board of health include three county council members, three Seattle city council members and two mayors; the additional four positions are filled by health professionals. Board composition influenced beliefs and how these played out in the political context. Study respondents who were members of the board of health agreed that public health regulation is an appropriate way to improve population health and that health should be a governmental priority. Because they had the backing of the board of health and health department leadership, King County actors had the capacity to work with the restaurant industry to forge compromises that were seen as both politically and institutionally feasible.

Policy Learning
Substantial policy learning took place between the coalitions within the policy subsystem. At one point in the process it seemed that a classic “devil shift” was underway, with the restaurant industry members portraying themselves as unjustly victimized by the process. The policy process included heated discussions about specific menu-labeling requirements, dramatic testimony before the board of health about the harms that might be done to restaurants, and an attempt by the restaurant association to get preemptive legislation passed in the state legislature.

The state legislature stipulated that the board of health and the restaurant association work together to develop a menu-labeling regulation that was acceptable to both sides. Representatives of both subsystems came together in several meetings, heard each other’s point of view, and were able to reach compromises on parts of the regulation such as details about the public display of menu information and the number of restaurant locations that determined the need for a restaurant to have to comply with menu-labeling regulations. Public health interviewees spoke about the need to establish trust and build relationships with industry representatives throughout the process. One respondent stated, “By the time of the last stakeholder process [meeting], [it] went from a really adversarial, angry first meeting to people who were hugging goodbye saying how good they felt about the process.”

The Role of Technical Knowledge
The King County Board of Health had received technical knowledge about population-based nutrition and obesity issues for several years through public testimony, committee study, and materials developed by public health staff. The board had taken other actions on nutrition and obesity before concerns about restaurant foods were brought before them. During the board’s consideration of this issue, public health staff played a major role in developing scientific briefing papers and providing technical assistance about policy implementation issues.

Discussion
The King County menu-labeling case study can inform nutrition policy processes. The Advocacy Coalition Framework helped to identify the variables that may be most informative in this case. Results suggest that other policy development efforts might benefit from the following:

Analysis of coalitions and policy beliefs: In King County, the strong public health advocacy coalition included health department leadership, policy mentors, and the medical community. These actors were brought into collaborative action through their shared policy beliefs in health as a policy priority and a proactive role for
public health in the promotion of healthy environments. These beliefs may have arisen from deeply held personal core beliefs and probably are reinforced by the progressive nature of Seattle politics in general. This kind of action may not be possible in jurisdictions where there are insufficient advocacy-coalition members who share these kinds of policy beliefs.

**Political landscape:** In King County, the board of health included several nonelected health professionals who had the political freedom to emphasize the value of health, even when some of the electorate may have painted the regulations as anti-business.

**Policy learning:** Within the policy subsystem in King County, the coalition actors were able to move from a lack of trust, the “devil shift,” to collaboration that made negotiated agreements possible. This policy learning set the stage for ongoing relationships. Policy subsystem members from both coalitions subsequently were able to work together to revise the regulations so that they would comply with national menu-labeling legislation.

**Expert-based information:** The King County case also illustrates the impact of expert-based information early in the process. Health department staff had been working on policy, systems, and environmental change for several years. Because these public health practitioners had provided data and information about nutrition and obesity to the board all along, the board was well briefed when the issue of restaurant nutrition environments came to its attention.

**Limitations**

There are limitations to the ACF and to the application of the ACF in these cases. The framework has been criticized for its emphasis on the role of technical information and the role of experts without acknowledging the impact of other forms of knowledge that come from outside the specific policy system. It also has been charged with focusing too much on normative and cognitive dimensions and not on institutional and political dimensions, as well as a need for more careful analysis of the relationships between political actors. Any one framework cannot capture the full range of factors that influence policy processes, and researchers and practitioners need to be able to draw from many analytic approaches to have a comprehensive perspective on policy processes.

**Conclusion**

Elements that contributed to the success of a menu-labeling policy initiative in a large, urban health department have been identified. The King County case study can inform the work of others who seek to build healthier nutrition environments through policy change.

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**References**


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