

Exploring views of members of the public and policymakers on the acceptability of population level dietary and active-travel policies

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About the research

- Implementing effective dietary and active-travel (commuting by walking/cycling) policies is crucial for successfully changing diet and active-travel behaviour and improving population health.
- Understanding acceptability to the public and policymakers (how they think and react to a policy) is key in the decision-making process about which policies will be implemented and can contribute to their effectiveness and sustainability. However, little is known about what aspects of dietary and active-travel policies make them more or less acceptable among English members of the public and policymakers.

What we did

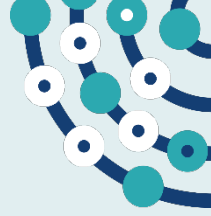
- We interviewed 20 adult members of the public and 20 local policymakers (people involved in policy decision making) in England, asking their views on acceptability of various dietary and active-travel policies, what factors influenced acceptability and how acceptability could be increased.
- We analysed data using thematic reflexive analysis.
- These are the views of some members of the public and local policymakers in England, therefore findings may not generalise to other populations/settings.

Policy implications

- Design policies that reward 'healthy' behaviours rather than only penalise 'unhealthy' behaviours.
- Develop effective policy communication strategies that:
 - Explain mechanisms of action by which policy will change behaviour
 - Better communicate how policies address other valued societal benefits, e.g., environment or mental health
 - Communicate policy success in changing behaviour, using clear and accurate messages
 - Involve members of the public in policy design/implementation to make policies more visible and reach more people
- Develop an integrated strategy of policies that addresses multiple barriers of the behaviour, rather than individual policies.
- Design inclusive policies that consider individual differences, e.g., socioeconomic status, and provide exemptions for vulnerable populations, such as people with a disability and low income.



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Key findings

We identified **four key themes of factors** influencing acceptability of dietary and active-travel policies (perceived policy effectiveness, fairness, communication and how to improve policy support). Members of the public and local policymakers had similar views across the four themes.

1. Perceived effective policies:

- provide a believable mechanism of action, for example subsidies work via improving people's finances
- address other valued societal benefits, for example building cycle lanes benefits the environment
- address multiple barriers of the behaviour, for example, an optimal diet can be challenging because of 'unhealthy' food marketing and limited cooking skills

2. Perceived fair policies:

- apply to all and do not exclude people based on different needs, for example, congestion charging disadvantages people working in the city centre
- reward 'healthy' behaviours rather than only penalise 'unhealthy' behaviours
- make resources available for everyone, for example information on healthy eating (only policymakers mentioned this)

3. Perceived clearly communicated policies:

- are 'visible' policies, for example cycle lanes are more 'visible' compared to taxes
- are accurately and positively portrayed by the media, according to policymakers only

4. How to improve policy support:

- implement an integrated strategy of inclusive policies (rather than individual policies) that is clearly communicated and raises awareness among the public.

Further information

The findings of this study have been published: <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-023-01465-7>

Further information on the wider project which this research is based on can be found at:

<https://sphr.nihr.ac.uk/research/changing-behaviour-at-population-level/the-publics-role-in-public-health/>

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About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

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