

**Policymakers' Individual Values as Barriers or Enablers to Childhood Obesity Legislation
in Pennsylvania**

John Volpe

Marywood University

Marywood

UNIVERSITY

College of Professional Studies

The PhD Program

Policymakers’ Individual Values as Barriers or Enablers to Childhood Obesity
Legislation in Pennsylvania

By

John C. Volpe

Submitted in Partial Fulfillment of the Requirements for the Degree of
Ph.D. in Strategic Leadership and Administrative Studies

Position	Name	Signature
Chair, Dissertation Committee	Lloyd L. Lyter, Ph.D.	Lloyd L. Lyter
Committee Member	Lori E. Swanchak, PhD., PA-C	<i>Lori E. Swanchak</i>
Committee Member	Lia Richards-Palmiter, Ph.D.	Lia Richards-Palmiter
Reader	Marie S. Bonavoglia, PhD, PA-C	Marie S. Bonavoglia, PhD, PA-C
Reader	Alice McDonnell, Dr. PH	Dr. Alice McDonnell

Approval Date: February 23, 2023

Acknowledgments

Foremost, I would like to express my gratitude and appreciation to my committee chair Dr. Lyter. He made this experience enjoyable, provided insight and expertise that guided me throughout, and instilled a great deal of confidence in me that I normally find elusive. He is more than just a mentor, I now consider him a friend and will be grateful for his willingness to serve as my chair forever.

I would also like to express my appreciation for my committee members, who provided their own expertise and supported not only my research, but my growth as an individual throughout this process. Dr. Swanchak and Dr. Palmiter helped me become a better student, researcher, and professional and I will cherish them for that forever as well.

To my parents, Charles & Ellen Volpe, I love you both. You have always supported me no matter what and there is nothing I can do to repay you for that unconditional love, other than to strive to become a better man every day and provide for my own family what you have provided for me. I also wanted to thank my siblings, Charles Volpe III and Jennifer Wolff and their beautiful families.

Finally, to my fiancé Jaclyn Passerini, thank you for loving me.

Table of Contents

Table of Contents

Abstract.....7

Chapter I: The Problem and Its Setting8

Theoretical Framework..... 11

Conceptual Framework..... 14

Purpose of the Study 18

Central Question:..... 19

Sub Questions 19

Definitions of Terms 19

Delimitations 22

Limitations 22

Assumptions 23

Significance 23

Chapter II: Literature Review..... 25

Childhood Obesity Etiology, Epidemiology and Economic Impact 26

External Barriers and Enablers 28

Cross-Sector Collaboration 28

Bipartisan Support and Political Party Values 29

Public Values 31

The Media and Value Narratives 32

Lobbyists 34

Evidence-Based Policymaking and Values 36

Practical Limitations..... 38

Internal Barriers or Enablers 39

Values 39

Political Ideology 42

Intrinsic and Extrinsic Motivation 43

Summary 44

Chapter III: Methods..... 46

Research Design 46

Sampling Method..... 48

Instrumentation 49

Procedure 50

Verification	51
Ethical Considerations	51
Chapter IV: Data Analysis	54
Overview of Collected Data	54
Coding Process	56
Themes	65
<i>Value Balance</i>	65
<i>Political Ideology</i>	72
<i>Knowledge</i>	81
<i>Universal Values</i>	94
Summary of Data and Themes	102
Literature Review and Theoretical Framework Analysis	104
<i>Value Balance</i>	104
<i>Political Ideology</i>	110
<i>Knowledge</i>	117
<i>Universal Values</i>	125
Chapter V: Discussion	132
Discussion of Findings	133
Limitations	137
Researcher Bias and Reflexivity	139
Recommendations for Future Research	141
Conclusion	144
Appendices	147
Appendix A	147
Appendix B	149
Appendix C	151
Appendix D	154
Appendix E	155
Appendix F	156
References	157

List of Tables and Figures

Table 1.	13
Figure 1.	13
Figure 2.	18
Table 2.	60

Abstract

Background: The high prevalence of childhood obesity in the state of Pennsylvania, has created a need for interventions. This is due to the negative effects obesity can have on a child's health and well-being. There is little evidence concerning the barriers and enablers to childhood obesity legislation in the state of Pennsylvania, especially when considering the subjective factors. The purpose of this study was to explore Pennsylvania legislators' experiences with childhood obesity legislation and how individual values can act as barriers or enablers to legislation aimed at addressing this issue. Specifically, Schwartz et al.'s (2012) adapted theory was used to see how values can influence a legislator's decision-making processes when proposing, forming, and acting on childhood obesity legislation in the state of Pennsylvania. **Method:** An interpretive phenomenological approach was used to explore the subjective experiences of Pennsylvania legislators with a phenomenon. A set of 10 open-ended predetermined questions were used in semi-structured interviews. **Themes:** Four major themes were identified in this study which were value balance, political ideology, knowledge, and universal values. **Conclusions:** The legislative process, as it pertained to childhood obesity, was a value laden experience and included value conflicts, value congruity, and value trade-offs. Value conflicts and congruity occurred within the individual legislator, between legislators, and between legislators and other policy actors. Subjective factors like basic individual values are crucial elements of the legislative experience. Childhood obesity legislation advocates can target individual values and potentially increase the likelihood that future childhood obesity legislation will receive support, remain a priority on the agenda, and eventually get passed.

Keywords: basic individual values, value balance, political ideology, knowledge, universal values, childhood obesity, subjective factors.

Policymakers Values as Barriers or Enablers to Childhood Obesity Legislation in Pennsylvania

Chapter I: The Problem and Its Setting

The growing rate of obese children in the U.S, specifically in the state of Pennsylvania, has created a need for behavioral, political, and economic interventions. This is due to the significant negative effects that obesity has on a child's health and well-being, as well as the economy. Also, children and adolescents that are obese are more likely to become obese into adulthood and are at risk for other comorbidities (Di Cesare et al., 2019; Lee & Yoon, 2018; Stamatakis et al., 2014; Voigt et al., 2014).

Controversy exists over the exact etiology or causal factors associated with childhood obesity, which makes this issue complex and contested among policymakers, experts, and the general public (Stanford et al., 2018; Vallgård, 2017). These causal factors are multifaceted and include a range of actors such as families, the media, schools, industry, and government (Seifu et al., 2018). Therefore, addressing childhood obesity with public policy can be very difficult. For example, some policymakers believe childhood obesity is primarily an individual behavioral problem, whereas others argue that it is largely a result of socioeconomic factors (Hendriks et al., 2013; Stanford et al., 2018; Voigt et al., 2014). Controversy also exists between policymakers as it pertains to legislative solutions to address childhood obesity. These controversies can occur because a complex issue like childhood obesity can be ambiguous within the legislative arena, leaving it open to more than one interpretation and relative from a values perspective (Botterill & Fenna, 2019; Stone, 2012). Regardless of the difficulties, theoretical and scientific support continues to grow for such legislation, especially the types of policies that can impact the environmental contributors towards childhood obesity (Cullerton et al., 2016; Eyler et al., 2012;

Graff et al., 2012; Jones et al., 2012; Lyn et al., 2013). There is also strong evidence that many policy options are likely to be effective (Brown et al., 2015; Clarke et al., 2021; Gortmaker et al., 2015)

Despite these controversies or evidence, little is known about what factors can influence a policymaker when acting on legislation aimed at addressing childhood obesity (Dinour, 2015; Rutkow et al., 2016a). The literature has focused mostly on the external or more objective and tangible factors, such as stakeholder support, the media, and lobbyists, to name a few (Dodson et al., 2009; Lyn et al., 2013). However, research is limited regarding what internal or subjective factors, such as basic individual values, may influence a policymaker when proposing, forming, and deciding upon childhood obesity legislation (Botterill & Fenna, 2019; Shams et al., 2016). This is an important consideration because this issue contains subjective and objective elements that are interconnected and at times overlap. This overlap between the objective and subjective elements is essential to a policymaker's experiences and decision-making process because it can help validate, reinforce, support, or oppose particular values over others. "When issues are framed to activate core values, -such as equality or security- these messages are particularly persuasive because individuals for whom the message resonates are more likely to pay attention to and accept the message, and less likely to resist or counterargue it" (Gollust et al., 2013, p. 96).

There are some notable limitations from the literature concerning this topic. The primary limitation is due to the abstract and relative nature of values, especially when operationalizing them into practical policy solutions. An abstract and relative concept like basic human values is subject to more than one interpretation and therefore difficult to define, measure, and apply in the polis where controversial social issues are always contestable (Botterill & Fenna, 2019;

Stone, 2012; Voigt et al., 2014). This distinction between the objective and subjective elements of the policymaking process is itself another limitation. The use of evidence-based research or other neutral facts, in order to discover “what works” is an example. Parkhurst (2017) emphasized this point further when he described how evidence alone does not indicate the social desirability of whatever was measured. For example, demonstrating that a particular childhood obesity policy is effective does not mean it will be implemented, especially if the policy conflicts with or sacrifices other values that society gives a higher priority. Some other limitations described from the literature were methodology, the sample, conceptual framework or study design, cognitive capacity and experience level of policy actors, limited techniques, such as audit trails and data triangulation, and bias. For example, some studies only focused on practical limitations or one specific subjective factor like ideology (Abu-Omar et al., 2018; Clarke et al., 2016; Cullerton et al., 2016; Eyster et al., 2012; Gollust et al., 2014; Hendriks et al., 2013; Mozaffarian et al., 2018; Rutkow et al., 2016b)

Therefore, considering the issue, more exploration is needed regarding how individual values can influence a policymaker’s decision-making process when considering legislation addressing childhood obesity in the state of Pennsylvania (Botterill & Fenna, 2019; Clarke et al., 2016; Rutkow et al., 2016a). Furthermore, the external factors that can influence a policymaker’s personal values or decision-making process will be described considering the interconnected nature of an individual's core values and the political, social, and economic climate at the time. Overall, expanding our understanding of how a policymaker’s core values can influence his or her decision-making process may help partly explain why some policymakers are more inclined to participate in legislation addressing childhood obesity and others are not.

This exploration into a policymaker's individual values would aid in developing a more comprehensive narrative and potentially identify themes that future advocacy groups, coalitions, academics, and other key stakeholders can use to better educate and inform policymakers in the future. Identifying and targeting individual values can also help policymakers by providing them with more ways to garner political support for particular childhood obesity policy proposals. This increased support could potentially lead to an increase in the formation and implementation of legislation that will produce significant positive health outcomes for this segment of Pennsylvania's population.

Theoretical Framework

A theory that guides this research is the Schwartz Theory of Basic Human Values (Schwartz & Bilksy, 1987; Schwartz, 1992; Schwartz et al., 2012). Schwartz's theory identifies a set of motivationally distinct, comprehensive values that are consistent across cultures. These basic values are organized into a system that can help explain individual behavior and decision-making attitudes (Schwartz et al., 2012). The six features of all values are that values are beliefs, refer to desirable goals, transcend specific actions and situations, serve as standards or criteria, are ordered by importance, and the relative importance of multiple values guides action. (Schwartz, 2012). What distinguishes one value from another is the goal or motivation that is expressed by the value. Some of the values conflict with one another, whereas others have compatibility. The 10 values originally conceptualized are considered to be universal because they can be found in one or more of the three universal requirements of human existence, which include the needs individuals have as biological organisms, requisites of coordinated social interaction, and the survival and welfare needs of groups (Schwartz et al., 2012). The original ten values that formed the theory were self-direction, stimulation, hedonism, achievement, power,

security, conformity, tradition, benevolence, and universalism. The ten original values represented a motivational continuum within a circular structure, which illustrated the similarities between any two values the closer they were to each other in either direction. This structure also implies a relation between the ten values and other variables such as behavior or age, in an integrated manner (Schwartz, 2012).

Schwartz et al. (2012) refined the original theory in order to partition the continuum into a finer set of 19 values (see Figure 1, page 13). Table 1. on page 13 provides conceptual definitions for each of the 19 values in terms of their motivational goals (Schwartz et al., 2012). This was done in order to achieve “greater universal heuristic and predictive power” (Schwartz et al., 2012, p. 666). The refined set of 19 values also fulfill the functions that Schwartz attributed to them, which are attaining personal or social outcomes, express openness to change, conservation of the status quo, promote growth and self-expansion or anxiety avoidance, and promote self-interest or transcendence of self-interest in the service of others (Schwartz et al., 2012).

The new circular motivational continuum of values is described by Schwartz et al. (2012) and can be found in Figure 1 on page 13. The values bounded by the top half of the outermost circle express self-expansion and growth. These two will most likely motivate people when they're free from anxiety, whereas the bottom half of the outermost circle are intended for protecting the self against anxiety and threat. The next circle has two sides, the right involves a personal focus concerned with outcomes for self and the left has a social focus concerned with outcomes for others or institutions. The second circle from the center indicates the boundaries between the four higher order values, into which the remaining values can be grouped. Some values share elements of the four higher order values. Hedonism for example, shares elements of

both openness to change and self-enhancement. The innermost circle arranges the values in a way that leads to conflict or congruity between them. The pursuit of a value on one side is likely to conflict with the values on the other side of the circle or be distant from it.

Table 1.

19 Values in the Refined Theory. Each defined in Terms of its Motivational Goal.

Value	Conceptual definitions in terms of motivational goals
Self-direction-thought	Freedom to cultivate one's own ideas and abilities
Self-direction-action	Freedom to determine one's own actions
Stimulation	Excitement, novelty, and change
Hedonism	Pleasure and sensuous gratification
Achievement	Success according to social standards
Power-dominance	Power through exercising control over people
Power-resources	Power through control of material and social resources
Face	Security and power through maintaining one's public image and avoiding humiliation
Security-personal	Safety in one's immediate environment
Security-societal	Safety and stability in the wider society
Tradition	Maintaining and preserving cultural, family, or religious traditions
Conformity-rules	Compliance with rules, laws, and formal obligations
Conformity-interpersonal	Avoidance of upsetting or harming other people
Humility	Recognizing one's insignificance in the larger scheme of things
Benevolence-dependability	Being a reliable and trustworthy member of the ingroup
Benevolence-caring	Devotion to the welfare of ingroup members
Universalism-concern	Commitment to equality, justice, and protection for all people
Universalism-nature	Preservation of the natural environment
Universalism-tolerance	Acceptance and understanding of those who are different from oneself

Note. From “Refining the Theory of Basic Individual Values”, by Schwartz et al. (2012), *Journal of Personality and Social Psychology*, 103(4), p. 669. Copyright 2012 American Psychological Association.

Figure 1.

Circular Motivational Continuum of 19 values



Note. From “*Refining the Theory of Basic Individual Values*”, by Schwartz et al. (2012), *Journal of Personality and Social Psychology*, 103(4), p. 669. Copyright 2012 American Psychological Association.

Conceptual Framework

For the purpose of this study, the word “value” will be used in an abstract context. This is because values are abstract and can be relative when they’re applied to the decision-making processes of a legislator. Specifically, the way a legislator attributes his or her system of values to childhood obesity as it relates to problem definition, and the best solutions to address the problem, is ambiguous and relative. Schwartz et al. (2013) emphasized the importance of basic personal values in the political context when they stated, “basic personal values underlie and give coherence to core political values” (p. 906).

Schwartz et al.’s (2012) refined theory of basic individual values is used as a framework because it illustrates how an issue like childhood obesity, addressed by individuals within the legislative arena, results in a trade-off between values (see Figure 1, page 13). This conflict or congruity between values not only occurs between individuals within the legislature, but within the individual as well. For example, a legislator may disagree with a colleague regarding his or her values on what priority childhood obesity should receive or how it is defined. This same individual may also, at some point throughout the legislative process, act in ways that contradict his or her system of values due to a variety of factors like fiscal constraint or because they want to secure their position in life. For example, in Schwartz’s circular motivational continuum, he described how self-transcendence, which falls under the social focus concerned with outcomes for others, consists of the values benevolence and universalism. Benevolence has two subtypes, which are dependability and caring. Dependability is defined as a trustworthy and eligible member of the ingroup and caring is devotion to the welfare of ingroup members. The two

values would conflict with the values of power and achievement, falling under self-enhancement. If the theory is applied to a legislator's decision-making processes concerning childhood obesity, it is easy to see how this motivational continuum of values can be applied and occur frequently to a legislator's decision-making process concerning childhood obesity legislation. Using the previous example, a legislator may seek self-transcendence by proposing, forming, or voting on legislation that he or she feels exhibits those values. Whereas, another policymaker may oppose said legislation because they are motivated by the values of power and achievement that fall under self-enhancement.

Schwartz et al.'s (2012) refined theory, consisting of 19 values, was adapted for this study (see Figure 1, page 13). Not all values were included, and the outermost ring of the circular motivational continuum was removed entirely. This is because the inner rings describe growth and freedom from anxiety or self-protection and anxiety avoidance sufficiently. Also, this researcher does not believe that the refined set of values all ultimately fall under the umbrella of self-protection or growth as they're defined by Schwartz et al. (2012). The following values are included in the adapted conceptual framework (see Figure 2, page 18). Self-direction–thought, self-direction–action, hedonism, achievement, power–dominance, power–resources, face, security–personal, security–societal, tradition, conformity–rules, conformity–interpersonal, benevolence–dependability, benevolence–caring, universalism–concern, universalism–tolerance. This adapted set of values contains only 16 in total, compared to the 19 found in Schwartz et al.'s version in 2012. Each value's conceptual definition will be expanded in the following section by including examples of how they can apply to childhood obesity legislation.

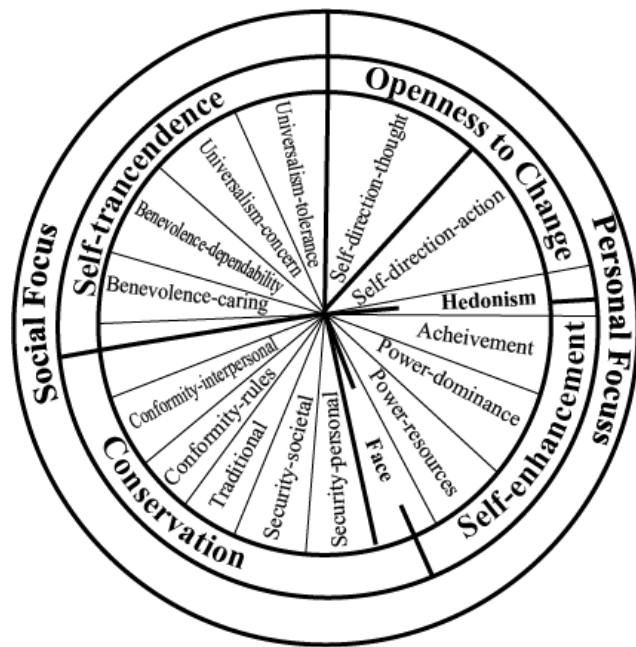
Self-direction-thought is “the freedom to cultivate one's own ideas and abilities” (Schwartz et al., 2010, p. 669). This can be applied to the way a legislator perceives his or her

thoughts as an individual concerning childhood obesity and how it should be defined or addressed, as well as the way a legislator applies the value to the public. A legislator may value an individual's or family's ability to cultivate their own ideas about their health and wellness, for example. Self-direction-action can also apply to both the legislator and to the way he or she values the public's freedom to determine one's own actions, rather than implementing a new piece of legislation that infringes on that freedom. Hedonism, or "pleasure and sensuous gratification", may be valued by a legislator and therefore conflict with the way he or she forms and acts on childhood obesity legislation (Schwartz et al., 2012, p. 669). If achievement is valued, then a policymaker may act in ways that lead to their success based on the standard set by their political context or environment. For example, achievement may be acquiring a higher political office, or simply getting a new piece of legislation passed. If both definitions of power are valued then a legislator would pursue exercising their control over colleagues or other policy actors to either support or oppose childhood obesity policy. The face value describes how a legislator values his or her public image, which could influence the way they act on childhood obesity legislation. If a legislator's constituents, major political party, or special interests they serve do not support the legislation for example, then they may oppose it. A legislator that values personal security might act on childhood obesity legislation to secure his or her political position, just as valuing societal security could involve opposing or supporting childhood obesity legislation that is interpreted to target safety and stability in the wider society. If a legislator values religious, cultural, or family tradition, then he or she may oppose or support a policy addressing childhood obesity that aligns with those traditions. A legislator that values conformity may oppose childhood obesity legislation if he or she interprets it as a violation to the constitution, or support it because it satisfies some formal obligation. The value of conformity-

interpersonal would apply more to situations that a legislator acts on childhood obesity because of his or her relationship with colleagues, friends or family, and their constituents. If the party predominantly feels that the childhood obesity legislation infringes on a commonly held party ideology or value, then he or she would likely oppose it as well. Legislators, especially ones with seniority or in leadership positions, often require a degree of reliability and trustworthiness between members of their ingroup, or in this case, other legislators. Therefore, a policymaker that values benevolence-dependability might act in ways that build on trust between members of the same major political party, for example, or other legislators that also value childhood obesity. Benevolence-caring, might involve not only valuing the welfare of other legislators, but the public as well. For example, a legislator that struggled with obesity when he or she was a child, or had a family member that did, might be sympathetic to this shared experience and therefore be more likely to support legislative efforts. Universalism-concern might apply to a legislator for both how they think childhood obesity should be defined and addressed. Equality, justice, and protection for all people concerning childhood obesity may be defined differently by legislators. For example, one legislator may define it as an individual issue primarily addressed by individual responsibility, whereas another may value and interpret universalism-concern as an enhanced role for government through legislation. Finally, universalism-tolerance, may apply to a legislator that supports childhood obesity legislation because he or she values accepting and understanding of those who are different.

Figure 2.

Adaptation of Circular Continuum of 16 Values



Note. Adapted from “*Refining the Theory of Basic Individual Values*”, by Schwartz et al. (2012), *Journal of Personality and Social Psychology*, 103(4), p. 669. Copyright 2012 American Psychological Association.

Purpose of the Study

The purpose of this study was to explore how values could serve either as barriers or enablers to childhood obesity legislation in the state of Pennsylvania. Specifically, 16 values derived from Schwartz et al.’s (2012) refined theory of basic individual values (see Table 1, page 13) were used to see how they could potentially influence a legislator’s decision-making processes when proposing, forming, and acting on childhood obesity legislation in the state of PA. Legislator was defined as a Representative or Senator from the state of Pennsylvania that held public office. Site location varied due to the fact that Representatives and Senators serve different districts. In this study, semi-structured interviews were conducted using a set of predetermined questions that were approved by the research committee. The questions used the adapted conceptual framework (see Figure 2, page 18) as a guide in identification and

development of themes related to a legislator's individual values and how they apply them to childhood obesity legislation.

Central Question:

Do any of the 16 basic individual values influence how legislators perceive, propose, form, and act on legislation aimed at preventing and reducing childhood obesity in the state of Pennsylvania?

Sub Questions

1. Which set of higher order values and their corresponding subtype values does the policymaker identify with the most?
2. Does the policymaker believe they share similar values to members from the same political party concerning childhood obesity?
3. Does the policymaker believe that any of their identified values come into conflict with one another when acting on childhood obesity legislation?
4. Do some values always hold a higher priority over others, depending on the type of childhood obesity legislation?
5. Do their values come into conflict with any of the more objective and practical barriers to childhood obesity legislation, like the budget or support from constituents?
6. Has any piece of proposed childhood obesity legislation influenced their system of values?

Definitions of Terms

Adoption: In this study, adoption is defined as the action of accepting a piece of proposed legislation by members of congress prior to its implementation.

Beliefs: In this study beliefs will be defined as an individual's ability to use rational thought in order to make sense of things that are both concrete and abstract (Schwartz, 2012).

Childhood obesity: In this study, childhood obesity is defined as a category attributed to a child that fits the criteria set by the Centers for Disease Control and Prevention, which includes a BMI at or above the 95th percentile (CDC, 2021)

Evidence-based policy making (EBPM): In this study, EBPM is defined as the usage of evidence-based research in order to inform legislators about the nature of childhood obesity and also its possible solutions (Botterill & Fenna, 2019).

Extrinsic Motivation: In this study, extrinsic motivation is defined as any action taken by a legislator or other policy actor due to the tangible reward he or she will receive, primarily in the form of currency.

Formulation: In this study, formulation is defined as any action taken by a policymaker and his or her staff for the gathering and organization of information that is used in the development of potential legislation (Birkland, 2020).

Implementation: In this study, implementation is the process by which a new piece of legislation is put into effect in a practical setting (Birkland, 2020).

Intrinsic motivation: In this study, intrinsic motivation is defined as the underlying subjective motivation an individual attributes to their everyday behavior, actions, or attitudes for a positive emotional response (Legault, 2016).

Legislator: In this study, legislator will be defined as a Representative or Senator from the United States.

Legislature: In this study, legislature will be defined as both the House of Representatives and the Senate from the state of Pennsylvania.

Objective Factors: In this study, objective factors are defined as any tangible or material variable that can influence the decision-making processes of a legislator.

Political ideology: In this study, political ideology is defined as a set of beliefs, political worldviews, and ethical standards that collectively guide the public on how to behave in a civilized society (Carmines & D'Amico, 2015)

Policymaker: Weible et al. (2011) define policymaker as a goal oriented individual, derived from a variety of sources that include values, beliefs, or collective affiliations. These individuals are limited in their cognitive capacity to process the large volume of information presented to them, and are affected by their emotions when reasoning and making behavioral decisions. In this study, a policymaker will be defined as any elected official that sits in the PA state legislature and aids in the formation, adoption, and implementation of legislation.

Subjective factors: In this study, subjective factors include any abstract or intangible factor, like values or beliefs, that can impact the decision-making processes of a policymaker.

Reducing childhood obesity: The World Health Organization recommends the following to reduce and prevent childhood obesity: Increase intake of fruits and vegetables, limit intake from total fats and of sugar, and be physically active in order to accumulate at least 60 minutes of regular, moderate- to vigorous-intensity activity each day that is developmentally appropriate (WHO, 2021). In this study, reducing childhood obesity is defined as any object or behavior that is intended to help alleviate or reduce the prevalence of obesity in children within the state of PA.

Values: Values are defined by Schwartz (1992) as abstract goals that guide behaviors, are used to evaluate people, actions, or oneself, and are ordered by relative importance. In this study

“values” is defined as a system of fundamental beliefs or ideas that influence behavior and what societal issues should receive priority compared to others.

Delimitations

This study was delimited to the state of Pennsylvania and only included members from the House of Representatives and Senate that had direct experience with gathering information for, proposing, formulating, and implementing legislation. The reason for this was because the purpose of this study was to explore the subjective factors that influence legislators when handling legislation aimed at addressing childhood obesity in Pennsylvania. Therefore, elected officials that had experience within the legislature were needed in order to better understand this phenomenon. The reason for selecting participants within the state of Pennsylvania only was due to lack of time, budgetary constraints, and accessibility. There were also gaps in the literature concerning this topic or specific area of study, which made limiting this topic to one state more feasible and less burdensome. Participants were delimited to the following criteria. They held office in the Pennsylvania legislature and had direct experience with proposing, formulating, and implementing legislation.

Limitations

Several limitations were expected to occur as a result of study design and methodology. First, lack of interviewer experience conducting semi-structured interviews was considered a potential limitation. A second potential limitation identified was a lack of accessibility or unwillingness to participate from the chosen target audience. Bias was also a potential limitation, because questions were structured with the objective of getting personal and subjective information centered on an individual’s values that could have caused respondents to inhibit or alter their responses. Also, a policymaker could be prone to habitually answering in censored

ways for formal interviews which can create obstacles in transparent and honest responses.

Limitations were expected to occur due to lack of equal distribution of participants, which could have led to a significantly higher portion of males compared to females or Democratic party members compared to Republicans. Finally, there could have been differences in the way a policymaker interpreted and defined the values used for this study. One policymaker might have applied values that fell under self-enhancement differently than another policymaker, even if they were from the same political party. The limitations listed in this section were identified prior to the collection of data, and will be described in greater detail in chapter v.

Assumptions

Some assumptions were made concerning this study and its participants. The first assumption was that all participants understood and interpreted questions clearly and answered honestly. Another assumption was that all participants answered the questions unbiasedly and in ways that were more subjective. Finally, the principal researcher assumed that his own bias or participation in the study would not influence his interpretation of results.

Significance

One objective of any research study is to describe the ways by which the results can potentially inform policy. This study instead focused on the legislators, to examine in greater detail what subjective factors, or more specifically what values, might influence their decision-making processes when proposing, forming, and acting on legislation addressing childhood obesity in the state of Pennsylvania. Specifically, an adapted model conceptualized from Schwartz et al.'s (2012) refined theory of basic individual values was used, considering the ambiguous and relative nature of a concept like values when they are applied to a complex issue like childhood obesity. The use of this adapted model enabled the legislator to choose which of

the values they identified with the most, and how those values served as either barriers or enablers to childhood obesity legislation.

Exploring this phenomenon may help legislators become more aware of how their basic human values or beliefs might help them decide upon important legislation concerning childhood obesity in the future. It can create a more collaborative environment in the legislature that enhances communication, or help explain partly why some childhood obesity legislation is never realized. This will be valuable information for advocacy groups, coalitions, and other task forces dedicated to helping prevent, reduce, and eventually eliminate the growing rate of childhood obesity in the state of Pennsylvania, or the United States at large. Some of these policy actors can help legislators and their staff members by utilizing the themes that emerge from this study. This can potentially increase their chance of getting legislation set as a priority on a policymaker's agenda and, more importantly getting said legislation passed and operationalized. This can potentially create more transparency for the voting public and help them understand what factors outside of the more practical and objective ones might influence their state politicians. Finally, future research can build upon and expand this narrative so these factors can be understood in greater detail, considering that the economic, social, and political climates continue to evolve along with the personal beliefs and values of the legislators that hold office.

Chapter II: Literature Review

The literature surrounding values in policy discourse is not well understood. Experts cite abstract concepts like political ideology, values, and their corresponding beliefs or attitudes as influential factors in the decision-making processes of policy actors (Birkland, 2020; Botterill & Fenna, 2019; Stewart, 2009; Stone 2012). Values also differ between individuals or groups and change over time, especially when a crisis like the recent COVID-19 pandemic occurs. The literature also describes the overlap between objective and subjective elements of the policymaking process, suggesting that these factors are rarely, if ever, mutually exclusive (Botterill & Fenna, 2019; Stone, 2012; Parkhurst, 2017). For example, policymakers can utilize objective data and evidence-based research to garner support for a particular piece of childhood obesity legislation that aligns with the values of their constituency or colleagues, even if it contradicts their own. Contrary to this, policymakers might act in accordance with what they value, even though it is not economically beneficial, practical, or does not mirror the general attitudes of their constituency (Botterill & Fenna, 2019; Jones et al., 2012).

The examples above reinforce this concept in the polis as Deborah Stone (2012) described it, of how abstract concepts like an individual's values are relative and open to more than one interpretation, making them a necessary and influential element in the policy process. In fact, effective manipulation and strategic framing of values for political purposes can be identified throughout U.S. history. The very founding of the United States was fueled by ideas and values such as liberty, equality, and justice. During the Civil War, conflicting values created division, turmoil, and death, and at the same time they created unity, justice, and equality. Therefore, the significance of core values throughout the history of the United States, including state-specific legislation, is well established. To suggest that the policy process, even today in an

industrialized and technologically advanced society, is free from subjective influence in the form of individual or collective values would be implausible (Stone, 2012).

There are also certain practical and logistical limitations or enablers to getting particular issues on the agenda and eventually implementing them. Lack of funding or other fiscal constraints, administrative barriers, the policy process itself, or other external and tangible factors such as the demographic characteristics of the district or state, can obstruct childhood obesity legislation regardless of what a policymaker values. However, if framed properly and utilized at the appropriate time, an emphasis on values can overcome even practical barriers (Clarke et al., 2016)

This literature review will first describe the etiology and impact of obesity as a health issue. Most policymakers will utilize objective data surrounding childhood obesity, whether or not values have a significant influence on their decision-making process. Also, some of the external elements that policymakers will factor into their decision-making process are described. This includes objective, concrete information that can be used for political purposes in order to emphasize certain values over others. Finally, it will describe what experts, from a variety of disciplines, identify as subjective factors that can influence a policymaker and the policymaking process. Primarily, it will identify the various ways that basic individual values can influence the decision-making process concerning childhood obesity legislation.

Childhood Obesity Etiology, Epidemiology and Economic Impact

Childhood obesity is a very complicated health issue and can significantly increase an individual's chances of becoming obese into adulthood (World Health Organization [WHO], 2021). The exact etiology is unknown due to the multitude of potential causal factors. Some of these etiological links include genetic, behavioral, cultural, environmental, and social factors that

all contribute to the increasing prevalence of obesity among U.S. children and teens. Obesity can decrease quality of life, increase the risk of death, and is associated with several comorbidities which pose an even greater risk for children and adolescents. These include an increased risk for cardiovascular disease such as hyperlipidemia and hypertension, type-2 diabetes, asthma, obstructive sleep apnea, non-alcoholic fatty liver disease, hepatocellular carcinoma, and psychosocial problems. Some other comorbidities cited in the literature include musculoskeletal, neurological, renal, dermatologic and long-term risks like ischemic heart disease, stroke and premature death. (Kumar & Kelly, 2017; Smith et al., 2020; Lee & Yoon, 2018). Some of the specific causal factors cited are diet, physical activity, sedentary time, sleep duration, socioeconomic factors such as income and education level, school and home environment, psychological factors such as depression, anxiety, and low self-esteem, prenatal dietary patterns and gestational weight gain, the built environment, and genetic risk factors such as Prader-Willi Syndrome and hypothyroidism (Bhadoria et al., 2015; Brown et al., 2015; Deal et al., 2020; Lee & Yoon, 2018). Kumar and Kelly (2016) cited some additional secondary causal factors which included brain injury or brain tumor and antipsychotic drugs.

Obesity has a substantial negative impact on both the nation's health and economy, causing \$480.7 billion in direct health care costs and \$1.24 trillion in indirect costs due to lost economic productivity. This accounts for 9.3% of the U.S. gross domestic product. The estimated annual health care costs of obesity-related illness are a staggering \$190.2 billion or nearly 21% of annual medical spending in the United States (Graf & Waters, 2018).

Despite the enhanced awareness, sense of urgency, and increased action among policy actors in the U.S, the number of obese individuals in the population continues to grow steadily. This is especially alarming for children and adolescents. According to the Centers for Disease

Control and Prevention (2021), from 2017 to 2018, 13.4% of children aged 2 to 5 years old, 20.3% for children ages 6 to 11, and 21.2% among 12 to 19-year-olds were obese. From 2017 to 2018, the prevalence of obesity affected 14.4 million children and adolescents at 19.3% for ages 2 to 19 years old (Centers for Disease Control and Prevention [CDC], 2021). According to the Pennsylvania Department of Health (2019), 19.52% of children in grades K-6 during the 2017-2018 school year were classified as obese. Many experts are alarmed by these statistics and seek to expand their understanding of the policy process and which factors influence policymakers concerning childhood obesity legislation.

These alarming statistics and negative health effects associated with childhood obesity demonstrate the need for further legislation addressing this issue. This information is vital for any policymaker attempting to address childhood obesity with legislation and should be considered a necessary component to be incorporated in the following external and internal barriers and enablers.

External Barriers and Enablers

Cross-Sector Collaboration

One external factor that can influence a policymaker's action or inaction regarding childhood obesity legislation is the collaboration of multiple stakeholders with interests from multiple sectors (Amed et al., 2015; Ganter et al., 2015; Serpas et al., 2013). In order to promote and form effective and sustainable policies, efforts must engage actors beyond food production, processing, and distribution, but also in areas such as education, community planning, and child welfare. Johnson et al. (2013) described the need for this type of cross-sector collaboration from multiple stakeholders in order for policy actors to come together in two or more groups united through a common set of values. The Advocacy Coalition Framework is cited as an example and

an emphasis is placed on how nutrition policy developers would benefit from a better understanding of how mutual goals and policy values could be used to form alliances that could increase the chances of policy enactment. Abu-Omar et al. (2018) described chronic policy problems, like childhood obesity preventative policies, as highly complex, and require action from more than one policy sector, like health and education for example. The aforementioned studies illustrate how stakeholders or other policy actors and their values are diverse, which is why some childhood obesity policies may be supported, while others may not. Cross-sector collaboration can be utilized as a method to garner more support for particular childhood obesity legislation if messages and objectives are tailored to those diverse human values (Mozaffarian et al., 2018).

Bipartisan Support and Political Party Values

Bipartisan support and value congruence between political party members are important external factors, and they could play a critical role in influencing a policymaker's core values and decision-making process concerning childhood obesity (Botterill & Fenna, 2019; Eyler et al., 2012; Kindig, 2015; Pomeranz et al., 2017). This is due to the importance of garnering support from members of the same party or from across the aisle with different values, in order to ensure childhood obesity remains a high priority on the policy agenda. For example, Lyn et al. (2017) concluded that childhood obesity legislation with bipartisan support and sponsorship was more likely to be adopted and implemented than legislation without it. The authors suggested a need to seek out support from both political parties, especially from influential legislators.

Eyler et al. (2012) conducted a content review from an inventory of 2006 through 2009 state legislation on childhood obesity and qualitatively described predictors of enactment. Some of the predictors identified in their study are legislative support, term limits, bipartisan and

committee sponsorship or type of bill sponsor, and topics included in the bill. Eyler et al. also mentioned advocacy groups, which reinforces the importance of cross-sector collaboration described in the previous section. In *The Challenge of Treating Obesity and Overweight: Proceedings of a Workshop* (2017), Matt Galivan and Lynn Sha, both health policy advisors, emphasized bipartisan opportunities and their importance for moving policies addressing childhood obesity forward. Both also echoed the need to include numerous stakeholders.

Kindig (2015) explored whether political common ground for improving population health could ever be achieved. His work was influenced by Jonathan Haidt, whose extensive survey research revealed that both liberals and conservatives share values like caring and liberty. Ideological differences between the two groups mainly create differing perceptions on how childhood obesity should be addressed or prevented. Kindig also identified one particular ideological difference of individual responsibility, which is harder for those with fewer economic or social resources and education. He describes further how health is produced by many determinants, some of which include health behaviors or social and environmental factors.

Pomeranz et al. (2017) built on previous literature of state political control and examined whether the presence of a consolidated Republican or Democratic “trifecta”, which required both houses of the legislature and the governor to be controlled by the same political party, was associated with obesity policy passage (p. 2). They found that Democratic trifectas enacted significantly more laws related to core public health, while Republican trifectas enacted significantly more laws related to physical activity. Also, divided governments, or governments in states without political party domination, enacted a similar volume of core public health laws. The authors concluded that the findings for those particular states, could’ve indicated that

divided governments are capable of compromise for legislation addressing childhood obesity and bipartisan consensus can be achieved.

These studies illustrate the importance that bipartisan support and political party values can play in the policymaking process concerning childhood obesity legislation, considering not all policymakers share the same values, especially when attributing them to an issue like childhood obesity. Alignment of values for individuals or groups of policymakers within the Pennsylvania legislature can potentially lead to increased support for a particular piece of childhood obesity legislation. Ideology was included under political party values but will be examined further for its role as an internal factor.

Public Values

Deborah Stone (2012) argued in *Policy Paradox* how inconclusive and relative issues that can have multiple interpretations or be valued differently by different people create divides among the public and policy actors within the policymaking arena. Cullerton et al. (2016) described barriers and enablers within two major themes, the public will and political will. Both overarching categories contained “the rise of neoliberal ideology” and “use of emotions or values” as barriers and enablers (p. 2646). Rutkow et al. (2016b) identified facilitators and motivators for stakeholder groups to focus on childhood obesity preventative policies. One of these factors was community priorities. One of the policymakers in the study emphasized the importance that community engagement had on likelihood of policy support and enactment. Lyn et al. (2013) also mentioned the importance of assessing the social and political environment, stating, “public opinion reflects the mood, values, and policy preferences of voters” (p. 4). Botterill and Fenna (2019) reinforced the importance of the external factors in influencing policymakers decision-making processes, including societal values. They cited Smith-Lovin &

Rokeach, who described how it is just as meaningful to speak of societal values or ideological values than it is to speak of individual values.

Kwon et al. (2019) described how the government would be less inclined to implement policies that were not supported by the voting public. The results of their study showed that the most supported policy among their total sample involved subsidies to reduce the price of fruits and vegetables. The policies that received the least support were restrictive, like a ban on all food and drink marketing to children or financial disincentives. Studies like these can influence a policymaker because they can demonstrate the degree of public support for a particular piece of childhood obesity legislation from a values perspective. If an individual or group of people value their autonomy and freedom of choice for example, like the majority of the participants from their study, then they will be less likely to support legislation that is restrictive.

These studies emphasize the importance of public values as a potential influential factor for childhood obesity legislation. Policymakers often consider the values of their constituency and hope to formulate policies that align with those values, especially if they want to pursue re-election. If a Pennsylvania policymaker's constituency values other issues more than childhood obesity, or believes that the policy will infringe on other values that they prioritize, then that policy may not stay on the agenda and be implemented.

The Media and Value Narratives

Stanford et al. (2018) described the importance that print and electronic media play in shaping public perceptions about obesity as it pertains to policy issues. This includes the development of negative stereotypes and increased stigmatization towards this segment of the population. Barry et al. (2013) described how the media serves as an important setting in public discourse, where elites use data, symbolic images, and emotional appeals that lead to shifts in

policy debates toward preferred solutions. Nimegeer et al. (2019) also described the media as a key influence on public perception of health issues and policies such as childhood obesity by granting them differing levels of prominence. The authors also described how the media can influence the way different issues like childhood obesity are understood by building frames such as drivers and solutions.

Sun et al. (2015) conducted a web-based experiment that examined media framing of obesity, and their results indicated an imbalance across multiple platforms. This imbalance was created because obesity was labeled as an issue that results primarily from a lack of control, targeting values such as individual responsibility and free choice. An example they described includes journalistic practices that reinforce personal responsibility, which was documented in a series of content analyses. This review included newspapers, television news, and social media platforms such as YouTube. Media influence applies to opposing values as well, like the need for greater government involvement and a focus on inequity for particular segments of children that are obese.

Luo et al. (2018) stressed the importance of the media in agenda setting. The authors described how the majority of individuals still get their information regarding the outside environment from the news media, despite a variety of alternative sources. The news media selects which information or issues to cover intensively, which can shape public opinion concerning those issues and ultimately influence the agenda. Moreover, the news media consists of individuals with their own biases, prejudices, attitudes and values. Therefore, the same topic or issue may be conveyed differently by different news media entities that possess different values and seek to protect them.

Other ways the media is cited as an influence on public policy and policymakers decision-making processes are the way rhetoric is shaped which can create polarization, the way scientific experts present evidence, indoctrination, and the way it functions as a fourth branch of government that the public often relies on to support or challenge important policy issues and decisions (Birkland, 2020; Botterill & Fenna, 2019; Stone, 2012).

These studies illustrate the significant impact that the media can have on other external barriers or enablers like the public's perception of childhood obesity as an issue or its proposed legislative solutions. More importantly, policymakers can gauge how much the public may value a particular issue like childhood obesity, or what they value individually based on their response to messages, symbols, and narratives conveyed by the media. This is especially true after a crisis event occurs, drawing all of the media's focus onto one issue, oftentimes giving it a higher priority over another.

Lobbyists

Cullerton et al. (2018) identified one of the key barriers concerning nutrition policy as intense lobbying, which was described as the most noticeable form of pressure from industry. One explanation for this was described by Gauld (2011) as a higher degree of interaction that lobbyists have as compared to health organizations. Lobbyists acquire this higher degree of interaction as providers of tax revenue, major employers, and as holders of specialized knowledge, to name a few. Cullerton et al.'s review also mentioned that intense lobbying can influence policy by contributing directly to political parties or individual politicians and using high-level contacts. Other ways that industry influences legislation is through the creation of scientific uncertainty or claiming there is insufficient evidence, and influencing cultural norms or the way an issue is framed.

Furnas et al. (2019) examined lobby firms as intermediaries between organized interests and legislators in the United States. The study produced three key findings, which were that lobby firms have identifiable partisan identities, U.S. partisan leadership from the House of Representatives was significantly associated with higher revenues for lobby firms, and changes in the party controlling the House of Representatives was associated with revenue losses for lobby firms. Their study demonstrated that partisan ties or identities matter as it pertains to lobbyist activity, and political parties tend to share some common values or ideologies. This means that a policymaker can be potentially influenced by lobbyists simply because he or she fears the loss of party donations and fundraising activity the firm provides. This could occur even if the policymaker values a policy proposal addressing childhood obesity legislation that the firm opposes, and vice versa.

One of the recurring themes found throughout the literature involves the various ways that lobbying permeates the public policy process and can influence a policymaker's decision-making process. One of the ways this is achieved is either by supporting their value system, or at times providing a tangible incentive to oppose it. Birkland (2020) captured why a large segment of the American population objects to intense lobbying. He described it as a process that is unfair and undemocratic, mainly because it is an exchange of favors usually accompanied by a tangible incentive, like campaign contributions. Kingdon (2011) reiterated the importance of interest group activity when he identified them as one of the most discussed actors within the policymaking community. One-third of respondents in his interviews described interest groups as "very important" and an additional 51% described them as "somewhat important" (p. 46).

Holman and Luneburg (2012) described the impact of lobbyists accurately in this way:

Lobbying can also significantly impair the operation and undercut the perceived legitimacy of a governmental system, producing monetary enrichment or other private benefits for public office holders and skewing governmental decision making in ways that undercut attempts to serve the perceived broader public interests. (p. 78)

Childhood obesity legislation can be potentially significantly diminished or manipulated if a policymaker is influenced by special interests in these ways.

Evidence-Based Policymaking and Values

In *Policy Paradox*, Deborah Stone (2012) described how even robust, significant evidence-based research can be interpreted and utilized differently by policy actors with different motivations and values. She described how policymakers will take concrete and factual data concerning childhood obesity, and depending on their goals, motivations, or values, develop a message and present it to the public or their colleagues to achieve a certain end. Researchers can also have different incentives or values than policymakers and understand the results of a study by using terminology they're familiar with. This can lead to research that is ill-timed for the legislative cycle and synthesized in a language that becomes too convoluted and burdensome for policymakers to address (Gollust et al., 2014).

Parkhurst (2017) described how evidence is not enough when addressing an issue with policy, especially an issue as complex as childhood obesity. Evidence alone cannot tell us which is the right choice between different benefits or arrangements, or which social outcomes should be pursued over others. For example, evidence can be produced that demonstrates the effectiveness of a school nutrition program on reducing a child's body mass index (BMI). This might imply that a lower BMI is the desired social outcome, whereas other policymakers or members of the public may argue that greater academic achievement is the priority. This is just

one example that illustrates how policy decisions addressing issues like childhood obesity must be made by considering social values. Botterill and Fenna (2019) reinforced some of the limitations of evidence-based policy making, some of which include the research question not existing independently of the researcher, their institutional setting, or the priorities of the funding agencies. For example, choosing to research one causal factor or determinant of childhood obesity legislation, or childhood obesity in general, implies a decision to give it greater priority over another, which is partly a value-based choice (Cairney & Oliver, 2017).

Voigt et al. (2014) expanded upon these issues of normative disagreement, the plurality of individual and social goals, and multiple forms of evidence. Policies incorporate a variety of evidence that involve a range of actors, with many different perspectives, priorities, and degrees of power. Policymakers must also consider different views as to what goals are desirable and what priority those different goals should receive. Essentially, normative and empirical issues set limits on the role that different types of evidence play because evidence requires judgements about how desirable or important the risks, costs, and effects associated with it are.

Examples from the literature above, provide just some of the many examples cited in the literature regarding how evidence-based policymaking can influence and be utilized by policymakers to propose, form, and implement childhood obesity legislation. These studies illustrate the importance that effective and accurate dissemination of results and framing can have on the policy process. If evidence-based research is disseminated to align with what a policymaker, their colleagues, and their constituents value, then it may increase the chances that the research is utilized in policy formulation. This is true even for policymakers that may not value childhood obesity as an issue directly, or one of the policies objectives, but value the others.

Practical Limitations

Other commonly cited barriers to childhood obesity legislation are the practical limitations policymakers face, like fiscal constraints, lack of funding, or other economic factors, for example (Birkland, 2020; Jones et al., 2012; Robbins et al., 2013; Rutkow et al., 2016b). Other more practical and logistical barriers include administrative barriers or enablers, the policy process itself, lack of accessibility or effective communication, and lack of training or expertise, among many others. Parkhurst (2017) emphasizes the political institutional arrangements that exist and help shape or constrain the range of possible policy choices and outcomes. These include dictating which issues are considered by policymakers and how they should be addressed. Cullerton et al. (2016) identified the issue of time concerning policymakers and how poor communication can lead to disruptions in a schedule that does not have the time permitted to understand complex issues like childhood obesity. Killian et al. (2020) had one legislator respond that a significant barrier to childhood obesity involved the lack of budget in the state, which made child wellness fall very low as a priority on the agenda. Interviews conducted by Rutkow et al. (2016a) found some emerging themes related to factors that encourage or discourage policymakers that handle childhood obesity legislation. One of the themes involved the potential financial impact of a policy proposal. “Within all groups, a policy’s positive financial implications for the government were viewed as a factor that encouraged policy-maker support, while a policy’s new or additional costs were perceived to discourage such support” (p. 522). Bernhard and Sulkin (2018) described legislative styles, and how one practical factor of influence may be features of the district or state, like the level of demographic heterogeneity. Kingdon (2011) described some criteria for survival and one of the items he listed was technical feasibility. Some policies faded out or died on the agenda simply because they were not “worked

through " or "ready to go", which meant that policymakers perceived the legislation as unfeasible at the time.

These studies illustrate how practical and technical limitations offer a unique set of barriers or enablers that impact the policy process, regardless of what an individual values. However, financial constraints, for example, can be potentially overcome if values are aligned accurately with childhood obesity legislation objectives, especially if some of the objectives demonstrate benefits in more than one area. For example, a particular piece of childhood obesity legislation may have multiple objectives, such as savings on health care costs, improved academic performance, and enhanced overall quality of life.

Internal Barriers or Enablers

Values

Research is limited surrounding the influence values have in a policymaker's decision-making process concerning childhood obesity legislation. For example, in Muers' IPR report (2018), he emphasized the influence that culture and values have on policy outcomes. Muers described how people in a society do not view public services as something to simply be consumed, but rather how public service treats others. One critical distinction he described is what is referred to as the fact-value distinction or the naturalistic fallacy, which is "(Moore, 1903): The impossibility of deriving a logically necessary statement about what ought to happen from a statement about how things are" (para. 15). Muers further asserts that a broad-values based approach is also more rational, considering economic and social factors continue to change throughout a time in office.

Birkland (2020) identified three key principles to the policy sciences approach, one of which he calls the value component. This principle says that a problem can only be understood

by acknowledging its value components. He argued that in a democracy, decisions are made in a political system composed of individuals and groups that possess values, which are as important as neutrally derived facts. He goes on further to say that politics is still the master in the two cultures of politics and analysis. Politics remains the master because elected officials are the ones who are accountable to the public and bring other information like values to the policy process.

Bromell (2012) reinforced how facts and evidence alone are not enough, like determining whether or not the distribution of wealth and income in a society is fair, for example. A decision like that requires critical reflection and political deliberation on values. This is because public policymaking almost always involves a combination of conflicting or congruent values, ideologies, interests, and facts. Canfield-Davis et al.'s (2010) descriptive study highlighted a variety of different legislatures from different states and what factors influenced their decision-making, some of which concluded that personal values and beliefs are two of the primary factors. Some of the specific factors cited in the study that influence voting behavior, for example, include legislative seniority, party affiliation or committee membership, lobbyists, legislators' constituents, and personal views or values.

Another study, conducted by Rutkow et al. (2016a) examined factors that encourage or discourage policymaking to prevent childhood obesity. In barriers to implementing legislation addressing childhood obesity for example, a policymaker's beliefs about childhood obesity was one of the factors listed. This included not just the beliefs about how childhood obesity occurs, but also what role the government should play in trying to mediate its widespread prevalence and prevent its increase in the future.

Weible et al. (2011), in their articulation of strategies, described four key dimensions that an individual should strive for if they attempt to influence the policy process. They are an

awareness of one's belief system, analytic knowledge, local space and time knowledge, and conditions from other subsystems. The authors defined belief systems as "independent moral configurations ranging from normative values to more instrumental beliefs" (para. 28).

Kingdon (2011) identified criteria for policy survival, one of which was value acceptability. In order for a policy proposal to survive and endure on an agenda, it must be compatible with the values of specialists. However, specialists don't all share the same values and therefore conflicts occur, and as a result make their way into the larger political arena. One of the respondents told Kingdon that the proposal was not taken seriously because it didn't represent mainstream thinking at the time, composed of both liberal-conservative dimensions and concepts such as equity and efficiency. Essentially, concepts within proposals that did not fit with the values of policymakers were less likely to survive on an agenda.

These studies illustrate the importance that a concept like basic individual values has on the policymaking process, especially for a complex and multifaceted issue like childhood obesity. Policymakers have their own perceptions, beliefs, attitudes, and experiences as it pertains to childhood obesity, which all help shape the way they value and prioritize it as an issue. They must consider a multitude of confounding factors, including the more external and practical elements that influence and impact their decision-making process. A policymaker will attribute some level of importance and value to a child's health, decide on what he or she believes to be the most significant causal factors contributing to the childhood obesity issue, what types of data to collect and how it should be collected, and what results or outcomes are valuable for policy formulation and implementation. The entire policy process from defining the problem to producing policy solutions is a value-laden practice within the political arena.

Botterill and Fenna (2019) describe it as a messy process, full of uncertainties and conflicts in regards to goal identification and problem definitions or instrument choice.

Political Ideology

The literature is also limited surrounding political ideology as an influencing factor in policymaker decision-making processes. Some studies make a distinction between core, personal values and ideology, while other studies consider ideology to be a factor inherently composed of values. Botterill and Fenna (2019) for example, describe ideology as a concept that expresses values when applied to policy debates, like the commonly held conservative ideology of limited government. This ideology may express values like responsibility and freedom of choice, and as a result influence the way a policymaker acts on childhood obesity legislation. Carmines and D'Amico (2015) described how political attitudes might better be determined by values and principles, rather than ideology. For example, policymakers that form responses to childhood obesity that lack any understanding of it as an issue might be explained by relating values to political beliefs. Regardless of these distinctions or similarities with values, ideology still plays a role in influencing policymakers. For example, McConnell and Hart (2019) also identified several forms of policy inaction. They defined Type II as ideological inaction, which they described as ideologies and values that can lead to purposeful inaction. The authors go on further and provide an example of this form of inaction, which would include lack of acknowledgement of some moral, social, or political imperative. For example, a policymaker may be inactive for childhood obesity legislation because he or she believes it is a matter of individual responsibility, and will infringe on personal liberties and expand government.

Cohen (2000) discussed the influence ideology has had on legislation concerning tobacco control. The author described how much of the controversy surrounding the issue of greater

tobacco control has involved ideas about personal freedom and how legislative allies of the tobacco industry successfully utilized core value arguments. The legislation at the time was described as a trampling of the liberal ideals on which the United States was founded, ideals or values such as freedom of choice or limited government, which are now commonly held conservative values. One commentator specifically described it as a “huge defeat for individual freedom” (p. 263). These values mirror some of the same values that create controversy between policymakers and other policy actors concerning childhood obesity policy. Gollust et al. (2014) examined the use of research evidence in state policy for childhood obesity prevention in Minnesota. One of the non-research-based factors cited by policymakers was political principles or ideology. The authors went on to describe that other types of information are used beyond just the evidence, such as political principles, values, and expert beliefs, and how they were much more likely to be used in policy documents. Botterill and Fenna (2019) also described the way that ideology can influence policymakers or other policy actors, by placing issues on the left-right dichotomy, which is unable to capture nuances in a policymaker’s thought processes and assumes a unidimensional axis of contestation. For example, some policymakers that place childhood obesity on the left-right dichotomy continue to contest between the ideologies or values of freedom of choice and health equity.

Intrinsic and Extrinsic Motivation

The way policymakers are intrinsically or extrinsically motivated and how that motivation relates to their system of values has not been examined extensively. It is a complex phenomenon considering the conflicting and abstract nature of these concepts. Some scholars argue that policymakers will act in ways that are predominantly extrinsically motivated to secure their position in life and in office, or place them in a higher one. This occurs even if significant

evidence exists that a particular behavior or product causes harm to the public. Parkhurst (2017) identified several examples to illustrate this point including issues of climate change, the Bush administration and the 2003 Iraq war, pharmaceutical companies, and the tobacco and food industries. Contrary to this, policymakers may at times act purely for the intrinsic motivation they receive from participating in certain legislation because they place a high value on whatever that legislation is addressing, like a child's quality of life and health equity. Therefore, a policymaker may act to support or oppose childhood obesity legislation depending on their motivations, and in ways that may contradict their basic individual values, or the collective values of the constituents they serve. This factor is beyond the scope of this study but was noted for the significant influence it can have on childhood obesity legislation.

Summary

Childhood obesity in the United States and specifically in the state of Pennsylvania continues to negatively impact children's health and the economy. More legislation addressing the issue can help mitigate or prevent some of its negative outcomes, considering the complexity of the disease and the multiple factors leading to its prevalence. This includes both individual behavioral factors and environmental factors. There is evidence demonstrating the positive effects that legislation can have on the childhood obesity problem, yet it continues to receive little to no attention on the Pennsylvania legislature's agenda when compared to other issues. The reasons for this are not well understood and have focused primarily on the more external, objective, and tangible barriers or enablers, rather than the abstract and subjective elements of the individual policymaker. Basic individual values for example, are either implied within the policymaking process concerning childhood obesity legislation, or neglected entirely. Shifting the focus, or placing a greater emphasis on how individual values can influence a policymaker's

decision-making process may make childhood obesity a priority for future legislative efforts. Specifically, framing the issue and the dissemination of results by aligning core values of the multiple policy actors including the public, the media, and other key stakeholders, can potentially increase the likelihood that future childhood obesity legislation will be passed and implemented effectively. It is also essential to include theories that can apply values to the policymaking process, which is why Schwartz et al.'s (2012) refined theory of basic individual values was chosen for this study as a theoretical framework. The importance of creating a more comprehensive and accurate dialogue around how subjective elements, like basic human values, can influence the policymaking process is summed up accurately by Botterill and Fenna (2019) in the following passage:

A political values perspective suggests identifying value conflicts within particular policy controversies has the potential to assist in developing better policy solutions that are more likely to work for all affected stakeholders, as well as providing a common theme for descriptive policy studies. (p.159)

Chapter III: Methods

Research Design

The rationale for this study stemmed from the need to explore and better understand a policymaker's internal values or beliefs concerning legislation targeting childhood obesity in the state of Pennsylvania. There was limited research surrounding basic individual values, and they were usually lumped into the collective category of political ideology or political experience. This study included 16 values, adapted from Schwartz et al.'s (2012) refined theory of basic individual values, and how legislators from the state of Pennsylvania applied them to their decision-making processes concerning childhood obesity legislation. This study also examined how those values influence or were influenced by some of the other elements of the legislative process, like shared political party values or ideology, public support, and the media. It also explored the influence that the 16 values had on the practical barriers or facilitators to childhood obesity legislation, considering the importance that legislators placed on budget availability and other factors associated with feasibility or practicality. In order to address childhood obesity effectively and make it a priority for legislators, a greater understanding of which values they associated with childhood obesity and how those values influenced their decision-making is needed. Specifically, which of the four higher order values and their 16 corresponding subtypes were applied by legislators when proposing, forming, and implementing childhood obesity legislation. This exploration can potentially help enhance legislators and other policy actors understanding of how values can influence the legislative process and experience. This will aid them when advocating for childhood obesity legislation in the future and other policy actors including in academia for future research.

The phenomenological approach was the best option for this study because its purpose is to examine the personal subjective experiences of legislators with legislation in the state of Pennsylvania. Specifically, an exploration took place into how a legislator's values can potentially influence their behavior concerning childhood obesity legislation. This approach is also popular in the social and health sciences, and has a strong philosophical component, which aligns with the purpose of this study as well (Creswell & Poth, 2018). Essentially, in order to better understand how values could act as barriers or enablers to childhood obesity legislation, an exploration needed to take place from the perspective of those who have experienced the legislative process (Neubauer et al., 2019). This is because legislative decisions concerning a complex social issue like childhood obesity are decisions inherently composed of values, value conflict, and value trade-offs, which is an experience legislators' share for a variety of issues beyond just childhood obesity (Botterill & Fenna, 2019; Stone, 2012).

In order to explore this phenomenon, it was crucial to learn from the subjective experiences of others, this is especially true considering the lack of research surrounding legislators' values and childhood obesity legislation (Botterill & Fenna, 2019; Neubauer et al., 2019; Rutkow et al., 2016a; Shams et al., 2016). Childhood obesity, as a policy issue, also contains subjective and objective elements that are interconnected and at times overlap, which was another justification for using the phenomenological approach. This is because phenomenology uses the "lived experiences of individuals and how they have both subjective experiences of the phenomenon and objective experiences of something in common with other people" (Creswell & Poth, 2018, p. 77). The Interpretive phenomenological analysis (IPA) approach was used because it is participant oriented, and the principal investigator interpreted the lived experiences of the participants (Creswell & Poth, 2018). Interpretive phenomenology

originated from the work of Heidegger who believed that an individual's conscious experience of a phenomenon cannot be separated from their world or personal history, including the culture in which they were raised. Heidegger also described how individuals have situated freedoms, which are not absolute. This means that individuals are free to choose, but their freedoms are not absolute; they're circumscribed by the conditions of their daily lives (Neubauer et al., 2019). This concept applied to this study from a broad perspective as it relates to legislators, and specifically within the framework of the Pennsylvania legislature. Overall, interpretative phenomenology involved the participant trying to make sense of their personal and social world, which the researcher then subsequently tried to make sense of (Noon, 2018).

Sampling Method

The sampling method used for this qualitative study was non-random, and used a purposive strategy. The participants were purposeful in that they were current members of the Pennsylvania legislature with experience in proposing, forming, or implementing legislation. The number of participants was ideally 30 to achieve saturation, attempting to obtain an equal number from both major political parties of Republican or Democrat. There was only one member of the Independent party and they were not included for confidentiality purposes. Also, both sexes and all ethnicities were recruited in the Pennsylvania House and Senate. Informed consent was obtained actively by obtaining a signature from each participant after the purpose of the study was provided, along with their ability to withdraw from participation at any time, and that their identity would remain confidential. The informed consent was sent in the initial correspondence through email and was provided in person prior to obtaining the signature, so each participant was fully aware of the study's purpose and the other criteria pertinent to obtaining their consent.

Inclusion criteria for this study was that the participants held office in the legislative branch of government as a Representative or Senator from the state of Pennsylvania.

Exclusion criteria for this study was Senators or Representatives from the state of Pennsylvania that were exiting office. Legislators that were elected in states other than Pennsylvania were also excluded from participation.

Recruitment occurred by email (see Appendix E) or by telephone through the participants' publicly available contact information. Sites for recruitment varied depending on what individuals are willing to participate in the study, and will be delimited to one geographic location in the United States.

Instrumentation

Data collection was obtained through semi-structured interviews in person or through Zoom. If Zoom was not available, then a phone interview was used. Some strengths of semi-structured interviews are their ability to provide in-depth rich descriptions and detail, comparable data, the potential for high validity, the opportunity to probe if appropriate, relatively easy recording of data, and the ability to develop rapport with respondents. There are also some weaknesses when using this method, which are its potential for low validity and low reliability, as well as the high skill needed of the interviewer. Also, depending on the study design, interviews can be very time consuming and expensive. Other weaknesses for this method include the lack of generalizability for results, the interviewer effect, whereby people may respond differently depending on how they perceive the interviewer and what they think the situation calls for (McIntosh & Morse, 2015; Seidman, 2019).

Procedure

The protocol involved a sequence of actions and discussion followed by a formal interview. First, approval was obtained by Marywood University's Institutional Review Board (IRB). Next, participants were recruited and provided with informed consent, which included scheduling interview times and dates. All actions taken for scheduling were recorded and organized for accurate record keeping. This included whether the participants belonged to the Democratic or Republican party and whether they belonged to the Senate or House of Representatives. This information was publicly available and was obtained independent of the participant. All documentation pertaining to informed consent was kept securely locked away from all outsiders that are not members of the research committee. Interviews were conducted by the principal researcher and memos, notes, recordings, and any form of documentation obtained from the interviews were then transcribed. The time frame for data collection was between 2-3 months in order to obtain a number of participants that would achieve saturation. In order to achieve saturation, a minimum of 15 interviews was needed. Interviews lasted between 45 minutes to 1 hour and took place primarily through Zoom calls. However, the priority was to schedule interviews in-person to obtain richer data that would include body language, setting of the interview, and other cues that could not be obtained in a telephone or Zoom call. Schedule conflicts occurred frequently due to the nature of a legislator's day-to-day responsibilities. Coding and transcription that was used to develop themes was completed manually. After all data collection was obtained and saturation was reached, the results were written by the principal researcher

Data Transcription & Analysis

Data was recorded with a recording device, and then manually transcribed and coded in Google Docs. It was transcribed onto a secure personal computer and locked away to protect the privacy and confidentiality of participants. This was used for additional memo-taking and identification of codes that were developed into themes. Data analysis strategy and procedure followed Creswell & Poth's (2018) data analysis spiral methodology. This data analysis strategy incorporated Creswell & Poth's (2018) general framework for the phenomenological approach as well, including the grouping of significant statements into meaning units. Strategies for validity included using thick, rich descriptions, self-reflection of the researcher and peer debriefing. Reliability was accounted for by providing a detailed description of the procedures used including data collection, organization, storage, and analysis. Also, transcripts were analyzed thoroughly for mistakes, consistency across codes and committee members conducted meetings regularly.

Verification

Verification occurred by using reflexivity and peer debriefing to assure credibility. Thick descriptions were used for transferability. Dependability was enhanced by audit trails and rich description of methods, and intra-coder reliability and reflexivity was used to enhance confirmability (Forero et al., 2018).

Ethical Considerations

This study had several ethical considerations, all of which needed approval from Marywood University's Institutional Review Board (IRB) prior to beginning any formal qualitative inquiry for this study. All potential risks to participants in the study were assessed from physical, social, psychological, economic, and legal standpoints. Also, vulnerable populations were considered as well, although none were used in this study. Permissions were

not needed because gatekeepers in this study will be the participants. A guideline for authorship order and acknowledgment were described at the beginning of the study and did not change at any point based on the contribution of each research committee member. All participants were provided with an informed consent form which described the purpose of the study, the associated benefits and risks, the ability to withdraw at any time, the confidentiality of participant information, and contact information if the participant had any questions. Participants' autonomy was satisfied and no pressure was placed on any participant to sign a consent form.

Regardless of confidentiality, issues did not arise with the individuals' unwillingness to share personal values, beliefs, attitudes, or experiences from the past or present. Some information, even in a comfortable setting could make participants feel uncomfortable and stimulate negative or even traumatic memories that could have caused the participant psychological harm. Therefore, probing was avoided and controlled to the best of the researcher's ability, and the wording of interview questions were made as precise and descriptive as possible to avoid unnecessary misinterpretation. There were no ethical concerns over disclosing information that the participant thought could jeopardize his or her political position and image. This was protected against by maintaining the confidentiality of participants through the use of aliases and redacting any identifiable information during transcription. However, it was still considered a potential difficulty or ethical concern. Participants were not in an environment or engaged in this study in a way that brought them any other physical or psychological harm. There was no deception in the research design of this study.

Bias existed from the researcher's perspective and will be described in more detail in Chapter V. It was primarily a result of education, experience, and personal values. Growing up in the state of Pennsylvania, and specific immediate settings, provided the kind of resources,

education, and engagement with the community that fostered and led to the development of certain experiences, values, and their corresponding attitudes and behaviors. Also, primary caregivers were a factor that led to the development of this researcher's system of values and beliefs that contributed to a bias towards childhood obesity at the local and state levels. This bias was enhanced after a higher education was obtained and more research was conducted concerning the topic. Childhood obesity is perceived, by this researcher, as an inaccurate narrative conveyed by the media, misconceptions of the general public, and lacking in evidence-based research that will inform public policy or other key stakeholders. These reasons, among many others, have led to the advocacy of this researcher to investigate and hopefully influence change in a variety of disciplines and practical domains that can potentially further prevent, reduce, and eventually eliminate its prevalence in the state of Pennsylvania

Disruptions in the site where participants chose to be interviewed were avoided by planning and scheduling interviews far in advance. Also, flexibility in scheduling was reinforced in order to avoid any stress and potentially insignificant data as a result. Also, it avoided disruptions in the flow of activities on a short and long-term basis. If interviews were scheduled suddenly because of time constraints, reassurance that participation would not cause any undue disruption was be provided.

Data was interpreted fairly and in an unbiased manner. Also, all results and interpretations that contributed toward building the identified themes were included, rather than only the positive ones or interviews that validated any prior assumptions the researcher made about the results. As mentioned above, participants' names will be recorded into aliases, and all memos, notes, recordings, and other forms of data collection will be securely locked away and stored, remaining inaccessible to anyone outside of the research team.

Chapter IV: Data Analysis

Overview of Collected Data

Every member of the Pennsylvania state legislature was invited to participate in this qualitative study. This recruitment sample included 203 state Representatives and 50 state Senators, for a total of 253. Initially, a target sample size was set ideally for 30 participants, however only 18 members participated in the study. Reasons for the lack of participation varied and included no response, unwillingness to sign informed consent, lack of time or experience, and declining to participate. Legislators were in session deciding on the budget when recruitment started, which made recruiting participants very difficult. Initially, email invitations were sent out, but received a very low response rate. Emails were then followed up with phone calls requesting email addresses from legislative assistants or chief of staff in order to increase the likelihood of participation. Offices that failed to respond or schedule a date for an interview were sent another email and contacted by phone a few more times before they were marked as a “no”. Organization of participants was completed in an Excel sheet in an inaccessible file on the principal investigator’s Google drive.

The 18 participants included 13 Representatives and 5 Senators. The Representatives consisted of 7 Republicans and 6 Democrats, and the Senators included 2 Republicans and 3 Democrats. Therefore, the sample size was almost equally split between both major political parties. Only 1 Independent party member sits in the Pennsylvania legislature, and therefore was not invited to participate for confidentiality purposes. The Representatives included 7 men and 6 women, while Senators had 4 men and only 1 woman. Out of the 18 interviews, only 5 were conducted in-person, 10 were completed through Zoom video call, and 3 were completed by phone call. Therefore, descriptions of the setting in the following section will be limited.

Almost every in-person interview was completed at the participant's respective district offices. However, 2 of the interviews were conducted in Harrisburg at the participants' capitol offices. The settings at the district offices were comfortable, relaxed and very welcoming which made communication enjoyable and efficient. This description fits the setting at the capitol offices in Harrisburg, however the building was very congested and in session at the time, which made the 2 participants interviewed on this day seem flustered and stressed. One common experience and notation identified for the majority of participants, can be described as a lack of transparency or honesty in their responses. This notation was made due to contradictions identified in the participants' dialogue after elaboration was provided by the principal investigator, along with the presence, at times, of a legislative assistant to monitor responses. Tone of voice and body language also contributed to this interpretation of the lack of transparency in responses. Participants perceived to be more honest in their responses described aspects of their decision-making process or experiences with childhood obesity legislation in greater detail, included more emotional description, did not seem as scripted and were more passionate. Participants that seemed to be less transparent sustained a rigid posture, would often answer with a "yes" or "no" until elaboration was provided by the principal investigator, and occasionally got defensive and would reference prior administrations or partisan ideologies that led to negative outcomes.

The comfort level was slightly better in the Zoom interviews overall, although 3 of the calls were made by telephone with no video to support the interviews description. Every legislator conducted their Zoom interview in their office, whether or not this was the district or capitol office was indiscernible. Overall, the interview process and respective settings were welcoming, comfortable and professional. Most of the participants, if lacking in openness in the

beginning, opened up as the conversation progressed. Therefore, the lack of transparency that was described earlier is not considered by this researcher to be a serious detriment to data interpretation, but it will still be identified and described in the limitations section.

Another negative aspect of data collection resulted from the lack of experience and expertise related to the issue of childhood obesity. The majority of participants, either Senator or Representative, had little to no first-hand experience with any childhood obesity legislation in the recent or distant past. Originally, the principal investigator assumed this might be explained by shorter terms, however, legislators were interviewed with 10 or more years of legislative experience and reiterated the lack of childhood obesity legislation in Pennsylvania. Also, legislators that serve on a variety of committees were interviewed as well, so a lack of relevant committee membership may not explain this lack of activity either. The lack of awareness concerning childhood obesity led to common misconceptions about its various causes, its consequences at the individual level and its economic costs. This created even greater difficulty for the principal investigator when asking research questions, and required extensive elaboration, especially from an individual values perspective, using other major issues like abortion, gun regulation, and the recent COVID-19 pandemic so the participants could relate to the question and understand what was being asked. This lack of experience and expertise issue will be discussed in greater detail in the limitations section.

Coding Process

Data analysis strategy and procedure followed the Creswell & Poth (2018) data analysis spiral methodology. The process was cyclical, which means the steps were interrelated and often occurred simultaneously. Essentially, data analysis processes did not utilize a fixed linear approach. While the principal investigator did set initial phases of coding to work through, the

data was continuously revisited, and notes, memos and codes were continuously added or edited for theme development. Most of the activities from the Creswell & Poth data analysis spiral were used, including organizing the data, memos for emergent ideas, identifying and describing codes and themes, and developing and assessing interpretations. The phases of the coding process will be described in detail in the following sections.

Phase I of the coding process involved transcribing, editing text, redacting identifiable information, and generating initial codes. These codes were generated from highlighted segments of the participants' responses that contained significant keywords and phrases. The highlighted segments were colored in red, and the corresponding codes were placed beneath each response in blue. Each line for every response was read and reread to generate these codes and short memos were added for segments of data that started to form patterns.

Phase II of coding incorporated the same steps as phase I, except codes in this phase were refined and edited after more time was spent reading through every response and comparing those responses with the rest of the data. Also, codes with the highest frequency and that summarized the essence of the participants' responses were placed into “major” and “sub” codes highlighted in orange at the end of each transcribed interview. Beneath those major and sub codes, were “corresponding values from the theoretical framework” which contained the values that each participant prioritized more than others from Schwartz et al.'s (2012) adapted theory of basic individual values (see Figure 2, page 18). Finally, additional memos were taken to aid in the development of patterns between the participants' responses, and summary statements were written at the end of each transcribed document.

Phase III of the coding process followed the same process as phase II, and some additional steps were included. A final list of codes was identified and organized into categories.

The categories of codes, reflections on the summary statements and descriptive patterns, and an overall interpretation of the aggregate data helped generate themes. Every phase of coding was interrelated and mixed in tasks from the other phases throughout the entire data analysis process. General themes were formed after initial read throughs and transcription of the interviews, just as refinement of codes into categories continued into phase III. The three phases were used more as a general framework for progression and organization.

The coding process chosen for this phenomenological qualitative study relied solely on a manual coding methodology. This is due primarily to the study's purpose and design, which involved qualitative interviews intended to explore the more subjective elements of legislators' decision-making processes. This study was chosen to begin with because of the limited research surrounding how individual values can influence legislators' decision-making processes concerning childhood obesity legislation in the state of Pennsylvania. An abstract concept like a system of values makes it difficult to utilize CAQDAS (computer-assisted qualitative data analysis software), considering that individuals interpret and define values differently. CAQDAS software, like MAXQDA, also cannot extract any other pertinent information relevant to the coding process like the chosen theoretical framework or a literature review, and how that information is factored into how codes are organized and developed into themes. Finally, MAXQDA, which was the software chosen prior to data collection, is complex and at times difficult to navigate, which detracts from its value. Also, the manual coding process had to be completed whether or not CAQDAS software was utilized. Saldana (2013) reinforced the importance of manual coding and how CAQDAS software is helpful for data management, but inadequate for the complex work of data analysis and can lack substance. Finally, this study involved semi-structured interviews with open-ended questions and a small sample size.

Therefore, no additional assistance was really needed to analyze the data thoroughly and develop thick descriptions for the development of themes. However, additional strengths and limitations of manual coding will be described in the following section to further justify why CAQDAS was not utilized as an added layer of credibility.

Williams & Moser (2019) described the coding process as an art and a science, that is cyclical and requires a researcher to understand the data intimately. In order to achieve this, the researcher needs to read and reread the data continuously. While the authors admitted that qualitative software can aid a researcher with the systematic process of coding, they also state that the researcher must still move through each phase of the coding process. “The software simply supports an easier capture of the researchers’ coding and construction of meaning” (p. 48). However, this researcher found this “supportive” function of MAXQDA to actually be more detrimental to the coding process. Some other limitations reiterated by the literature included losing closeness to the data and not maintaining knowledge about the content, making the coding process become too technical and automated (Sapat et al., 2017). Sapat et al. went on and described CAQDAS software as one of the many tools a researcher should utilize and that “essential tasks by researchers, such as the ability to work through the data and develop evolving analyses, were still needed” (p. 962). The authors also identified some advantages of CAQDAS software, such as providing a higher amount of trustworthiness, validity and rigor to data analyses. This is due to the technology's capacity to simplify the coding and analysis of data, which can reduce researcher bias. The authors attribute this to the “analytic process” that these types of software execute, however, this analytic note and memo taking can be done in other software during the transcription and coding process such as Microsoft Word and Google Docs, enabling the researcher to color code, highlight, and add subtext to documents with ease. Overall,

proponents of CAQDAS software from Sapat et al.’s study described how it adds an extra layer of trustworthiness and transparency to methodological processes. Finally, Creswell & Poth (2018) also described how CAQDAS software can assist in qualitative analysis because the programs can facilitate tasks, making the process easier, but they are not necessary for completion. The next section will provide a table that includes a list of the themes, their corresponding codes and brief descriptions of each. The detailed analysis for the identified themes and codes will follow.

Table 2.

Theme and Code Descriptions			
Theme	Codes	Sub Codes	Description
Value Balance	Value Tradeoffs		The exchange of values, or enhancement of values in one dimension while simultaneously diminishing values in another dimension.
	Value Conflict		Values that inherently conflict with one another. Examples include Liberty and Equality. Examples of Values from the Schwartz et al. (2012) adapted theoretical framework would include values that fall into higher order value categories that are at the opposite end of the value continuum. Two higher order values that fit this description would be self-transcendence as opposed to self-enhancement.
	Value Congruity		Values that inherently support or augment one another. Examples include safety, equity and equality. Examples of Values from the Schwartz et al. (2012) adapted theoretical framework include self-direction-action and self-direction-thought

Political Ideology	Responsibility	Individual Responsibility	<p>This was valued by both major political parties, but individual responsibility was prioritized more by Republican participants. Republican participants assigned greater importance to responsibility, for both parents and their children, in order to address childhood obesity. Republican participants while prioritizing this value still understood that many segments of the population or their constituencies may be lacking in resources.</p>
		Governmental Responsibility	<p>Government responsibility was primarily reinforced by Democrat participants, but these participants also understood that living a healthy lifestyle still requires a degree of responsibility. However, the emphasis was still predominantly focused on the socioeconomic factors that contribute to childhood obesity. Responsibility, for both parties at times, was experienced and described differently depending on contextual factors related to each legislator like the district's economic health.</p>
	Liberty	Freedom to Choose	<p>The majority of Republican participants prioritized an individual's freedom to choose in the context of childhood obesity legislation. The majority of the participants' responses, from this party, made references to willpower, responsibility, and the lack of cost-effectiveness to a past program like replacing whole milk in schools with skim or 2%. Ultimately, individual rights continued to be reinforced by Republican participants.</p>
		Autonomy	<p>Democrat participants also stressed the importance of respecting an individual's rights, but collectively these participants described true liberty as an informed decision that enhances autonomy by providing the resources and information needed to make those choices.</p>

	Equality		Equality was prioritized more by Democrat participants, and this value was applied primarily in regards to the socioeconomic factors that contribute to childhood obesity.
	Security		Security was important to both parties, but Democrat participants demonstrated more of a pattern to prioritize security as it pertained to targeted marketing and the built environment. Some participants described areas that are unsafe for play and other forms of physical activity, or the marketing strategies of large food corporations aimed at children to consume readily available, cheap, and unhealthy foods and drinks.
Knowledge	Education		Education was prioritized by both parties equally, and was identified by all participants as the best solution based on their limited experience, to addressing childhood obesity legislatively. Education was described in a variety of contexts as well, and fit within the broader theme of knowledge.
	Peer-reviewed Research		Peer-reviewed research was valued by both parties, but Democrat participants made more explicit references to its importance in their legislative experiences. This code coincided with the code of expertise, and this research was considered more "credible" if it was provided by reputable sources like the Medical Society.
	Expertise		Expertise was valued by both parties, and it was applied to a variety of policy actors including groups or organizations outside of the legislature like lobbyists and other stakeholders. Some legislators described expertise as an accumulation of experience by members of the public that shared personal stories.

	<p>Issue Framing</p>		<p>Issue framing was also valued by both parties, both in how childhood obesity was defined and addressed legislatively. Issue framing was also identified in ways that the participants were unaware of. Participants would describe how policy actors, including members of the public, would frame research or personal experiences in ways that legislators would be more receptive to.</p>
	<p>Trust</p>		<p>Legislators described how they would likely be more supportive of legislation supported by colleagues and other policy actors if the sources were credible and they trusted the person/source.</p>
<p>Universal Values</p>	<p>Children's Health and Well-being</p>		<p>Both parties considered the health and well-being of children as the greatest priority, whether it was their mental, physical, or emotional health. Some legislators described it from a safety perspective, others from a "full potential" perspective, and others from an equality perspective. This code, like others, also contained a lot of contradictions in the legislators' responses. For example, Republican participants conveyed a pattern that the child was a top priority that should generate broad support, but at the same time would emphasize parental rights and individual responsibility. This illustrates again how value conflicts occur frequently in the legislative experience as it pertains to childhood obesity, and from a variety of perspectives.</p>

	<p>Relationships</p>		<p>Legislators relied on and conveyed a strong sense of loyalty to their own party and members within the same party. They also demonstrated they would vote against the party if they built a strong enough relationship with a member from "across the aisle." Some legislators also valued the relationships they developed with their constituents and members in leadership. Legislators also valued their relationships with outside policy actors, including particular lobbyist groups that advocated for issues they cared for. Finally, some legislators described their own upbringing and family values that they now held with their own families, and reflected on the care they have for their own children.</p>
	<p>Access</p>		<p>Every legislator valued access and described different experiences they had with this value in the context of childhood obesity and other issues. Republican participants described how providing enough resources was important, but the majority did not demonstrate a pattern that they would support more funding or increasing governmental resources to address childhood obesity. Even if Republican participants were willing to provide more resources, there was still a strong emphasis on how individuals still need to possess the responsibility and make healthier lifestyle choices. Democrat participants focused more on enhancing access and different socioeconomic factors that may be targeted to address childhood obesity, primarily through the built environment and education.</p>

	<p>Education</p>	<p>Education was identified, by both parties, as the best solution to addressing childhood obesity. This code contained some overlap with access because Democrat participants conveyed a pattern of wanting to improve education even if it meant increasing funding, whereas Republican participants described education from a broader perspective on becoming a more educated public. Regardless of these subtle distinctions, both parties valued education highly, and described how it was vital to addressing not only childhood obesity, but other issues that they have had experiences with.</p>
--	------------------	---

Themes

Value Balance

One of the themes that emerged and was continuously reinforced throughout the participants' responses was a balance of multiple conflicting values. Every participant prioritized certain values over others, especially when they were applied in different contexts concerning the childhood obesity issue. This is why value trade-offs, value conflict, and value congruity were chosen as corresponding codes that fall within this theme. The codes will be described in detail with supporting statements from the participants' responses. These descriptions will also provide justifications for why the overarching theme was formed. This theme and its codes will then be analyzed for their relation to the literature review and theoretical framework. This theme and its codes were also interconnected and overlapped with the other codes and themes identified by the principal investigator. Those other themes were political ideology, knowledge, and universal values.

Value conflicts occurred frequently in the participants' responses within the individual legislator, between the legislator and other members, and between the legislator and their constituency or the commonwealth at large. At times, other conflicts occurred as well, like

between a legislator and what Representative 7 referred to as “contract lobbyists.” The most consistent value conflicts that occurred were between legislators from the two major political parties. For example, values like responsibility and individual liberties tended to conflict with values like equality and justice. This particular conflict will be described in greater detail under the theme of political ideology.

An example of these various value conflicts is illustrated by Senator 1, a Republican. This Senator referred to a direct experience with a former bill involving “food deserts”, conveying the conflicts that occur between valuing greater access to resources, cost-effectiveness, and individual autonomy. Senator 1 prioritized individual autonomy and freedom of choice more than the other values, but was willing to support legislation that provided grocery stores with healthier food options in these “food desert” areas. However, constituents conveyed that they did not want their freedom of choice to be limited, and Senator 1 stated that the “numbers weren’t adding up to be able to maintain a grocery store.” The Senator added, “there was an interesting dynamic that even divided a lot of politicians in the same party.” Therefore, Senator 1 illustrated the multiple value conflicts that occur for the same bill. Senator 4 also described how value conflicts occur in a variety of ways, primarily between the two political parties stating, “that is not something I see the other side of the aisle doing because of the freedom aspect of things” when referring to enhanced regulations on corporations promoting unhealthy foods and drinks. Senator 5 described the difficulty experienced on a few issues, primarily involving Second Amendment issues, abortion, and medical marijuana that occur because their party’s and constituents’ values differ from their own. Senator 5 illustrated this by saying, “there's a lot of sleepless nights wrestling with if I say what really needs to be said tomorrow, that could jeopardize my next election.” Abortion was referenced often as an example

during interviews due to the lack of legislative action and experience concerning childhood obesity in Pennsylvania.

All the Representatives that were interviewed reiterated the value conflicts that occur internally, between different party members, between members in the same party, and between legislators and their constituencies. Representative 1 stated, “sometimes a bill won't make it out of caucus because of the conflicts that go on behind the scenes.” Representative 4 referred to party value conflicts as a “perpetual tug of war.” Representative 5 referred to working with certain members in the house that “just have an allergic reaction to having access available.” Representative 6 described how “if I have to take a dive on something I believe in, then I will take a dive on something if I believe it's what's best for the community.” For this example, the Representative was referring to re-election and political success, but this statement clearly indicates that personal beliefs and values are sometimes sacrificed for what is best for the community, even if it is for tangible benefits. Representative 7 mentioned, “give and take”, and even described how they voted against the party because “I felt so passionate that that was the wrong thing and that we should not allow that.” Representative 8 mentioned how societal values like general welfare and equal access come into conflict all the time with values involving freedom of choice and individual liberties. This Representative used the recent COVID-19 vaccine mandate controversy as an example, and stated how their personal belief was that “the government should not be in our homes”, but that they also understood how there are economic factors that contribute to the childhood obesity issue.

The remaining Representatives reiterated some of the same value conflicts that occur and why, whether it was ideologically or party driven, leadership driven, constituency driven, or lobbyist driven. All of the reasons described by the participants that create, at times, value

conflicts are cyclical in nature and continuously interact and overlap with the others. For example, a member in leadership might strong arm and leverage their position to influence other members, and this can stem primarily from the value system that leadership member possesses, whether or not it aligns with their constituency and getting re-elected. Other times, members will vote in favor of their constituency because of what they collectively value, even if it conflicts with their personal value system. On occasion, some Representatives mentioned how they would vote in opposition to their constituency or party, because they just could not bend on an issue they valued so “passionately.” Finally, other Representatives ultimately admitted that while childhood obesity was an issue, it was not the only issue and they would prioritize other legislation more. Representative 13 described this with the following statement, “are they things that I'm championing? Not really. Mainly because I would suggest that most of my constituents think that jobs are more important.” Just as value conflicts occur frequently when addressing an issue like childhood obesity or other major issues like abortion, value congruity also occurs regularly. This is inherent considering that any piece of legislation needs a certain number of votes in order to get passed, or make it on the agenda in the first place. This value congruity will be described in the following section.

Every legislator answered “yes” to sharing values with their political party, and described some other scenarios when value congruity occurs. Mainly, the Representatives and Senators placed the greatest importance on sharing values with their constituencies. The reasons for this shared value system varied, but primarily both members of the House and Senate described it as their primary function and responsibility. Therefore, there was overlap between party values and constituency values, considering most districts will elect legislators that mirror the majority’s value systems. Some Republican participants for example, would describe their districts as

mostly Republican voters that prioritized values like individual liberties and autonomy, and would therefore favor candidates that prioritized these same values. Some examples of significant statements will now be provided to illustrate this value congruity, primarily between party members and their constituencies.

Senator 1 stated, “ultimately I need votes to pass thing’s right?” Senator 3 reinforced the importance of constituency makeup and corresponding values with the following statement, “It may be equally important to know, do they represent a rural constituency or do they represent an urban constituency?” This statement also illustrates why the tangible characteristics or practical factors and limitations of the legislative process should always be considered. Senator 5 stated how childhood obesity is really an issue that can be addressed in “a bipartisan way.” This suggests that value congruence can occur between legislators in the same party and their constituencies, as well as between members from different parties. Representative 10 stated that they were “pretty much committed to their party’s platform.” Representative 13 described the alignment with their constituency, and said, “the people that I represent and the values that I have align probably 90%.” Representative 12 described how in order to even get legislation moving on any issue, especially one as infrequently discussed and acted upon as childhood obesity, that “if you're truly there to make a difference in your community, you have to be there longer than two years. Right?” Representative 4 also believed that childhood obesity “should generate broad support” and how governing occurs “when the center left and center right folks hold hands and jump.” Representative 7 summarized value congruity with a systematic process they utilize concerning any issue, not just childhood obesity. This Representative stated, “How strongly do I feel about it? How does my party feel about it? How strongly do my constituents feel about it?” This participant also described the impact that “contract lobbyists” can have on value congruity.

Value conflict and congruity together lead to value trade-offs, and will be described in the next section.

Value trade-offs played a critical influential role in a legislator's decision-making process. A legislator considers not only the projected impact any hypothetical childhood obesity bill may have on the public, but also the potential unforeseen consequences. The legislator also has to weigh the potential party support, support or resistance from the other party, how the media will respond to the way the issue is framed, and the tangible aspects of the bill like what it will cost and if funding will be needed. These considerations almost always involve trade-offs not only in the concrete and tangible aspects of the bill, but also in values. For example, a bill that mandates restrictions on certain foods in vending machines in schools or to improve the built environment by adding safer routes to school can impact values held by a variety of stakeholders including parents, food production, and transportation, to name a few. One stakeholder group that supports this legislation may value the health and safety of their kids and the benefits that the safer routes to school would provide, whereas other stakeholders may value other legislative priorities more that could be jeopardized by this enhancement and its associated costs. Some members of the public or the legislature may not be opposed to the legislation, but simply prioritize other issues and their corresponding values more, and think attention and appropriations should be focused elsewhere. An example might be school safety in regards to gun violence and school shootings. Value trade-offs even occur between legislators' political career and success and what their constituencies value. This conflict was described by some participants and provided a good example of how some legislators might be extrinsically motivated. A statement made by Senator 3 summarizes the legislative experience and value trade-offs accurately when they stated, "You better listen to your constituents. You better listen

to members of the leadership. You don't always have to be with them on every issue, but just understand that if you cross them too often, they're going to remember.”

These three codes culminate and form this overarching theme of Value Balance. Many of the participants explicitly used the word “balance” when a question was asked about conflicting values. However, this theme would probably be more appropriately identified as “transparency” or lack thereof. The reason for this change in theme title would be due to the overwhelming evidence that can be extracted from Pennsylvania legislative dialogue like public hearings, campaign promotions and messages, the media, or voting behavior that contradicts this emphasis on “value balance.” However, this comparison is beyond the scope of this study and would be more appropriate for a quantitative analysis comparing voting behavior to other data collection points such as value key words, party affiliation, distinct characteristics, and whether or not the member is in leadership, among others.

Senators did not emphasize the importance of balancing multiple values as much as the Representatives. This was surprising, considering Senators represent a larger population than Representatives. However, depending on geographic location and population density, some Senators may represent an equal or smaller population by volume, that is actually more diverse. Also, only 5 Senators were interviewed compared to 13 Representatives for this study. Therefore, the Senators’ lack of emphasis for value trade-offs could be due to the small sample size. Senators 1 and 4 stated that there “has to be some of both” and “I think that would be a delicate balance” respectively. Senator 5 provided further insight into political strategy with the following statement “you see bills being introduced, constitutional amendment bills, which are bills that are designed to bypass the governor because they don't want the governor to veto the

bill.” This occurs, Senator 5 described, because some legislators’ views or values differ from the Constitution and they wish to amend parts of it.

Most of the Representatives reiterated the importance of value balance concerning their legislative decision-making processes concerning childhood obesity. Representative 3 mentioned how “there is some overlap there” between values concerning general welfare or equality, and values such as individual liberties and freedom to choose. This does not necessarily imply that enhancing one value dimension always diminishes another, especially since legislators define values and apply them differently depending on the issue, the context of the bill, or party affiliation among others. However, it is very difficult to truly improve in individual liberty and achieve greater equality simultaneously. For example, Democrats mainly focused on values like equality, equity and social justice, but understood the importance and balance with values like individual liberties and autonomy. Republican members emphasized the latter, yet also admitted to how limited resources or socioeconomic status can impact a child's health and well-being. Representative 7 illustrated this point with the following statement “where does liberty and the general welfare come together? And that's the policymaking process, right? Whenever we're working on any piece of legislation, those issues are constantly coming up. How do those two balance with one another?”

Political Ideology

Political ideology was identified as an internal barrier or enabler in the literature review but was given a low priority due to this abstract concept’s overlap with individual values. Legislators define and apply ideological values differently depending on a variety of tangible and intangible characteristics, like constituency demographics, majority party and leadership influence, party affiliation, personal experience prior to entering into the political domain,

current political and economic climate, cultural shifts, constituency values, and many other factors described by the participants in their responses. However, ideology was still reinforced by the participants and distinct partisan lines were conveyed. In fact, a few legislators, both Republican and Democrat, even described the word compromise as a “dirty word.”

Representative 9 described how ideological issues have grown even within their own political party stating, “the parties are broken.” However, Representative 9 does describe this from the perspective of the general public and also stated, “I don't think that's even a party issue. I think that's just a humanity issue” referring to childhood obesity. Other legislators from both parties reiterated the same sentiment of bipartisan support for this issue, but they were in the minority and still drew partisan ideological distinctions for other issues. Overall, just about every legislator identified and described party values that fit a distinct political ideological perspective.

The codes that were chosen for this theme are responsibility, liberty, equality and security. Responsibility contains two subcodes of government responsibility and individual responsibility, which are split and applied to Democrat and Republican participants respectively. Liberty can also be broken down into two subcodes of autonomy and freedom to choose, and are also assigned to Democrat and Republican participants respectively. Security was close to having its own subcategories split between the two major political parties, but a consistent ideological pattern could not be identified in the participants' responses to support a distinction. Another code that was of lesser importance but still emerged within this theme was party loyalty. This code was not provided in the chart above because a shared political ideology usually entails a degree of party loyalty. The participants also demonstrated a strong commitment to the party's overall agenda that was related to political ideology. The most overlap for this theme of political ideology was identified with value conflict and congruity under the theme of value balance. All

of political ideology's codes will be described in greater detail and justified with significant statements in the following sections.

The first code is responsibility and it contains the most ideological distinction other than the code of liberty. From a broader perspective, Republicans conveyed that it was an individual's responsibility, primarily the parents', to prevent and address this issue. Members belonging to this party and ideological position felt strongly that it was an individual behavioral issue, and governmental intervention would be a serious violation of an individual's liberties like their privacy and freedom to choose. This is a commonly held ideological perspective of Republican members and is sometimes referred to as "less government" (Grossmann & Hopkins, 2015). This ideological perspective or value will be described in greater detail in the liberty code section. Contrary to this, Democrat members developed an ideological pattern that it was more of a governmental responsibility to intervene in order to ensure the health and safety of the general public, primarily the health and safety of children and adolescents. This is because Democrat participants placed a greater emphasis on the economic factors that contribute to childhood obesity, like a lack of resources and the built environment that may be seen in communities with lower socioeconomic status. In fact, both Representative 3 and Senator 2 used the words "social justice" to describe this governmental responsibility. Again, it should be noted that there was some overlap, and many Democrat and Republican participants felt that there needed to be a balance of conflicting values, described in the theme of value balance above. For example, Senator 1 is a Republican and stated, "I certainly understand that access to things no matter what it might be across the spectrum is critical." A few Democrat members referred to manipulative marketing and targeting of children on behalf of big corporations and food production in general, describing how many unhealthy foods and drinks are made readily available and cost less than

their healthier alternatives. The Democrat members identified this issue because it is one that many members of the public are unaware of and is difficult for them to control without enhanced regulations. However, most references to food marketing and production were supported by elaboration from the principal investigator due to the lack of experience with childhood obesity legislation. Some more statements will now be provided to illustrate this ideological distinction in responsibility.

Senator 2, a Democrat, stated, “it is definitely a social justice and equity issue when we talk about childhood obesity.” This Senator also described reducing barriers to access and mentioned the cost of unhealthy foods in areas with low socioeconomic status or “food deserts” referring to “99 cent bag of potato chips versus the healthier snack.” Senator 3, a Republican, stated, “I don't think the government should be in the business of regulating every aspect of human behavior” and referred to Prohibition as an example. Senator 4, a Democrat, referred to the marketing of sugar sweetened beverages and foods and enhanced regulations by saying, “but I definitely think a lot of Democrat members would be attuned to bringing regulations to big corporations.”

Many Representatives illustrated ideological party distinctions in their responses as well. Representative 1, a Republican, focused primarily on parental responsibility to teach their kids about discipline and responsibility at a young age stating, “I think it's our job as mothers to keep our kids focused.” Representative 2, also a Republican, referred to individual behavioral issues “Look there are other factors of course, like eating right and exercising, that's at least 90% of the issue.” However, this participant also referred to how parents need the proper tools and “we've created a society that is more sedentary” acknowledging other environmental factors. An example Representative 2 provided was the taxing of sugar sweetened beverages or candies,

although, Representative 2 simply acknowledged that this legislation may exist, not that they would support it. In fact, this Representative became concerned because a particular company was a large employer in their district that produces some of the foods they described.

Representative 4, a Republican stated, “There are some deviations, but by and large, Democrats are not afraid of having the government do X, Y or Z, and Republicans generally are leery about having the government do X, Y or Z.” Representative 7 identified as a “libertarian” Republican and mentioned “so as parents, I think of it as a responsibility almost.” However, this Representative also acknowledged the economic factors that can play a role and that members of the general assembly should ensure there are “checks and balances” in place. Representative 3, a Democrat, referred to approaching childhood obesity through a “justice lens” and enhancing accessibility and equity, especially in communities with lower socioeconomic status.

Representative 5, a Democrat, said, “we know what the problems are now, its access to sugary processed foods, social media and sedentary life.” This Representative also placed a strong emphasis on helping the school system, and said, “it's really because we're not funding them the right way, especially the schools that are in areas that are poor.” Representative 10, a Democrat, described how a task force provided a high volume of formal policy recommendations in response to a specific child abuse case in order to address future cases more effectively.

Representative 10 described how every single one of these recommendations were resisted by Republican members and said, “the Republican side went nuts over that. ‘No, you’re not taking away parents’ rights!’” This Representative described that the “right, for lack of a better term” viewed the recommendations as a big usurpation of parental rights.

Liberty was also defined differently as a value by both major political parties. Most Republican participants focused on traditional “conservative” perspectives that relied heavily on

individual liberties protected by the Constitution. This “libertarian” perspective, as Representative 7 described it, involves protecting an individual's freedom of choice almost absolutely with few to no exceptions. Contrary to this, most Democrat participants valued liberty in a sense that an individual is not truly free or autonomous if they do not possess all the necessary resources and information concerning childhood obesity. This is why one Democrat Representative in particular described why values like liberty and equality were not at odds with one another, but rather they were congruent. This Representative believed that in order to make the public more equal, they needed access to more resources or equal resources, and would therefore achieve greater liberty. The common solution for the liberty dilemma reinforced by every legislator, from both parties, was “education.” Contradictions abound with this focus on education as a solution. If education is the solution, then first and foremost legislators need to prioritize childhood obesity as an issue that warrants legislative action, which this sample made clear it currently does not. This controversy will be extensively covered in the themes of knowledge and universal values.

Senator 1, a Republican, described how even when resources are made available and something is put into law, that “they still have to make the choice to want to do a lot of things to change to address obesity.” Senator 2, a Democrat, emphasized autonomy when describing childhood obesity legislation and stated, “If they don't have the resources to have personal autonomy over these issues and are able to get the data and information, then what do we need to change at the legislative level and at the systems level to ensure that gets in their hands?” Senator 4 described the limitations on liberty as it pertains to marketing to children. This limitation exists because children are unable to make those choices completely because they are not knowledgeable enough yet about their food and drink choices, or may lack the discipline to

control their eating habits. It becomes very difficult for parents as “the consumers”, when the child says “I want that I want that!” This Senator goes on to describe how some members see that a problem with childhood obesity exists but “at what cost to fix it? Is it attacking personal freedoms? Things that most people I would say in the House and Senate on the Republican side feel are the most important thing are individual freedoms.” Senator 3, a Republican, goes on to say “My guess is that Democrats would be more willing to add in the direction of a mandate and Republicans would say ‘wait a minute, that's too far’.”

Representatives also conveyed distinctions between political ideologies, and all answered “yes” to the question concerning shared values within their party. Representative 8, a Republican, took “more of a libertarian view in the sense that, why is the government telling me how to raise my child? My personal opinion is ‘get the hell out of my life.’” Representative 8 also states that “hypocrisy in public policy is renowned.” Representative 9 reinforced a common pattern conveyed by both parties that was described earlier, which were the lack of understanding, experience and misconceptions legislators demonstrated concerning childhood obesity. This will be covered in greater detail in the theme of knowledge, but will briefly be mentioned here. Representative 9, like most other participants, assigned significant ideological importance and partisan distinction for the issues of abortion and Second Amendment rights related to gun control. These “two big numbers” as this participant described them, “either fit you on the left or fit you on the right, there is nothing in between.” Representative 13 stated, “I think that's part of our DNA. I mean, we're a country that was founded on, you know, individuality and not wanting to be told what to do.” Representative 10, a Democrat, and well versed in Constitutional law, described the “privacy penumbra, or in law what refers to as the implied powers of a rule or law.” This Representative referred to this because “I don't see where there is

a constitutional right to parental authority?” This legislator goes on to say “They (Republicans) probably think they have it in the same way that we (Democrats) think we have a Constitutional right to abortion? Which they kind of threw out now saying ‘there's no such thing in the Constitution’.” Representative 10 finished by saying that “it's a little bit of both, but I think it is mostly resources.”

Equality and security will be described in the same section because they were assigned a higher priority by Democrat participants. Republican participants' primary concerns were greater access and national security as it pertained to equality and security respectively. Access will be described in greater detail under the theme of universal values, but Republican participants essentially felt “access” involved reducing barriers to programs that may already exist, primarily through education, rather than expanding or providing new resources. Security was not really viewed as a concern in general by Republican participants, but when elaboration was provided by the principal investigator regarding diminished security of children from targeted marketing or military ineligibility, concern in their responses slightly increased. This is just one example of why issue framing, which is a code that will be described within the theme of knowledge, is crucial as it pertains to individual values. One Representative in particular had a background in the military and became much more supportive of government intervention after they were told about military leaders' concerns over ineligibility due to increases in adolescent obesity (Gollust et al., 2013). Equality, for Democrat participants, was highly valued and commonly shared among party members. Democrat members also valued and reiterated the word “access” frequently, however unlike Republican participants, Democrat participants were also more willing to expand access by providing more resources. Neither party cared for the word “mandate” and mentioned the recent COVID-19 pandemic and Prohibition as failed examples.

However, Democrat participants were more willing to enhance regulations, primarily for large corporations that one Representative described “prey” on children. Security was also highly valued as it relates to a child’s environment and food production and marketing. The statements in the following section will justify these code descriptions.

Senator 1, a Republican, talked about “fighting for opportunities to participate in things” and other things the government can do, reinforcing a phrase used frequently by participants from this party which was “enabling legislation.” Senator 3, also a Republican, stated they preferred “leaning towards encouragement not mandate” and assumed that safer routes to school would be something that was “mandated.” Senator 2, a Democrat, used the word “equity” concerning childhood obesity and emphasized a safe environment as well as access from a health care perspective. This Senator stated, “all our children, no matter what facility they’re at or where they’re staying for childcare, have access to fresh fruits and vegetables.” Senators 4 and 5, both Democrats, referred to security from a food marketing and mental health perspective respectively. Senator 5 referred to a specific case of a young girl that was bullied because of her weight and how that negatively impacted her self-esteem and overall mental and emotional health. This Senator went on to say the influence that had on their perspective of childhood obesity. Senator 4, reinforced the security issue in regards to marketing tactics for foods that are high in sugar and contain little to no nutritional value.

Representatives 1 and 2 did not comment much on security and equality was not mentioned at all, but they did reinforce educating the public on education on how to gain access to programs that are “already in place.” Representative 1 stated, “do they actually access them?” Representative 2 does finish their interview by saying “I don't think there has been enough” legislation and gives a couple examples of things they think were put in place. However, there

was a significant variable in the interview setting that may have influenced this participant's responses at least partially. The specific details on this variable cannot be described in order to maintain confidentiality of this participant. Representative 8, a Republican, did not feel that a lack of resources was a big issue in regards to equality, saying that “but also many times they have the money to buy a video game, but they don’t have the money to buy fresh fruits and vegetables?” This Representative does acknowledge how the “economy comes into play” because it is expensive to buy fresh fruits and vegetables. Overall, Representative 12, also a Republican summarized this party’s perspective on equality which was “I want to make sure that everybody does have equal access to good nutrition and things like that for the programs that are out there.” Every Democrat Representative but one emphasized improving access and helping parents by providing more resources using words like social justice, equity, justice lens, societal outcomes, general welfare, providing more resources and tools, and expanding access, among many others.

Knowledge

Knowledge was chosen as a theme because of how much every legislator, both directly and indirectly, emphasized its importance. Mainly, importance for knowledge was expressed through education, peer-reviewed research, and expertise. This is why they were chosen as the first three codes within this theme. Other codes that fall within this theme are issue framing and trust. The reason for these additional codes is due to the high importance legislators, from both major political parties, placed on trusting lobbyists, constituents, fellow members or other policy actors, and stakeholders. This trust, at least initially, was based on the legislators’ perceived level of knowledge related to childhood obesity and other issues.

Knowledge and some of its other codes coincided with issue framing as well. For example, participants described how some lobbyists, especially ones that come from “credible organizations” like the American Medical Association, understood how to properly frame their messages concerning the childhood obesity issue or other issues so it aligned with the legislators’ values. Even the “contract lobbyists” understood how to properly frame their messages in order to block or support legislation. Constituents also brought in their own knowledge and expertise, telling stories that not only supported the legislators’ existing value systems, but also challenged them. This applied to experts from a variety of other professional organizations, academic institutions, and nonprofit organizations as well. For example, several participants described how an expert would come into their office and present compelling peer-reviewed research that made them understand the significance of any particular issue. Representative 5 described this influence by stating how an expert might come in and say “hey look at this, it's interesting to know about this. I think that's what you have to do, you have to read and you have to listen to the people that are experts in the field.”

Representative 5 and other Representatives and Senators, from both parties, reinforced this common misconception within the legislature. It was described in the literature review by Muers (2018) under the title of evidence-based policymaking and values, and is referred to as the fact-value distinction. It is not that facts, empirical evidence and evidence-based policymaking are not vital to the legislative process, they are. It is that the participants conveyed a common misconception that facts and values are always independent of one another in the legislative process. This was not coded due to the lack of awareness the participants had for this fact-value distinction. However, it will still be described briefly in the section that compares this theme and its codes to the literature review because of its potential influence on legislators’ decision-

making processes concerning childhood obesity. The codes will now be described in the following sections and justified with supporting statements made by participants.

Education had one of the highest frequencies among all the identified codes throughout the coding process. Both major political parties suggested education was the best way of addressing childhood obesity, but Republican participants emphasized it slightly more than Democrat participants. Democrat participants usually combined educational efforts with other environmental factors that can be utilized to address childhood obesity, and were more supportive of aiding those efforts with funding. Most Republican participants focused strongly on education, but did not really mention anything about existing Pennsylvania physical education requirements, whether or not the state had any minimums, or if they would support any additional funding for education in the school setting or outside of it. Democrat participants also were not aware of any existing Pennsylvania requirements or minimums, which made the emphasis on education made by both parties discouraging. It would be incredibly difficult to see significant shifts in the public mood and behavior towards childhood obesity as a result of education, if there is not any actual legislative support or additional funding to expand in this area. Another pattern developed in regards to education's importance depending on the context of the legislation. For example, some participants described several "hot button" issues that are constantly contested and debated between members in the legislature and the public. Education was one of these issues, but childhood obesity was considered less important, and this was obvious due to the lack of experience, dialogue and actual legislation concerning this issue. This was confusing to the principal investigator because most of the participants suggested that childhood obesity should be addressed through education.

Senator 1, a Republican, emphasized physical education and even mentioned fitting physical activity into the school setting. This participant went on to say that the entire party valued these things, however Senator 1 was in the minority of the Republican participants in regards to physical education, physical activity, and explicitly stating they would support more funding in these areas. Senator 3, a Republican, reinforced education by saying, “I think so much of it would depend on trying to help the family in terms of education.” However, This Senator placed more emphasis on parents educating their kids following up on that statement with “we understand that, yes money is important, but if those kids aren't being told by parents, grandparents or guardians ‘do your homework, education is important’, well then, they got a problem.” Senator 3 also supported a past bill that involved a healthier alternative to a particular drink in the school setting and said the reason for that support was because the legislation was educational and “let the kids decide, educate them and let them decide.” The following statements, both made by Democrats, illustrate the difference in willingness to spend money on education. For example, Senator 2 stated, “Schools do what they can, but we also don't fund our public school systems very well.” Senator 4 said, “the only way to properly learn about it is to educate and spend money” referring to the way large corporations spend their marketing dollars on unhealthy foods and drinks targeted at children. This Senator continued, “educating the public as to how this is destroying our children's health.”

The Representatives made the same distinctions between providing more resources and education. Republican participants gave examples of why providing more governmental resources is not always beneficial or cost-effective because members of the public will just use those resources for things unrelated to healthier food and drink choices. One example Republican members used was food stamps, and how these things end up getting used for fast food, tobacco

and alcohol products. This was one reason why Republican Representatives focused on education, but with less of an emphasis on governmental resources. For example, Representative 1, a Republican, stated, “we provide low-income families with an access card and we would hope we're using that responsibly, but if you're having access to all that fast food, I think it's definitely problematic. Again, it sets ourselves up for education.” Representative 8 reinforced the issue with expanding resources in education as well, and said, “unfortunately, sometimes economically, even with education, the child has to want to eat well. The teacher has to want to teach, but the parent has to support that.” This Representative ties in their emphasis on individual responsibility, governmental responsibility, and education going on to say, “I think it is our responsibility to provide a good education to all children. Obviously, that is one of the roles of the government in educating them on healthy eating or certainly requiring them to go to gym class, yes. We can control that (education) we can and we have a right to control that. We have the role to control that for our kids. However, you can lead a horse to water, but you can't make them drink.” The issue here is that there currently are not requirements specifically for physical activity like “gym class”, and also no state minimums for physical education. However, it is encouraging that this Representative felt that is a “role” of the government. Representative 13 described the importance of education as well and said, “I do think it's really about, it's about education and availability.”

Representative 3 stated, “I feel like childhood obesity legislation is happening in schools because this is when you have children the most, this is when you can impact them the most. This is when physical education is happening, this is when physical activity is happening.” Again, this reiterates the misconception that physical education requirements imply that there are also requirements for physical activity. This Representative goes on to say “There has to be a

true effort for education when it comes to it (childhood obesity).” Representative 4 explained how it is the role of government to ensure kids can reach their full potential and that “children are healthy and educated.” Representative 5 added to this governmental role and stated that childhood obesity “is an actual diagnostic disease process and it's an epidemic here. So, I think I would be much more sympathetic towards any type of legislation or access to some sort of programs or education that would help eliminate that.” Representative 5 continued to push for more education including “preventative education” and how “lots of schools don't have the money anymore for afterschool activities.” This Representative finished by saying, “it's really because we're not funding them the right way, especially the schools that are in the districts that are poor.” Representative 6 emphasized the cultural shifts in public mood concerning smoking that occurred because of education, and stated how the “education we have received has changed peoples' minds on how they deal with certain issues.” This Representative referred to how people used to be able to smoke on planes, but now this is no longer acceptable nor legally permitted. The remaining Democrat participants, as well as some Republican participants, reiterated the cultural shifts that occur as a result of more education.

Peer-reviewed research was identified as the least important code described by participants. It served as more of a supportive code within this theme of knowledge. Peer-reviewed research was referenced as a value held by participants from both major political parties. However, the majority of participants conveyed that they did not have the time, existing knowledge or expertise in this particular area, which made them rely on the expertise of the entity or person presenting the research. Therefore, this code coincided with the codes of trust and issue framing because the legislators mentioned they relied heavily on colleagues, constituents and professional organizations or lobbyists for information on a variety of issues.

Due to their lack of knowledge and expertise concerning this issue and other issues, legislators also described how evidence that was tailored to their districts “needs” and aligned with their value system was much more influential on their behavior. In fact, some legislators described how a core value can even be challenged if the evidence was compelling enough or had enough tangible incentives for their constituencies. However, these participants were in the minority, and the majority of participants favored their individual values which usually aligned with their shared party values or ideology.

These are just some examples of why evidence or the “facts” are almost always inextricably linked to values, even if it is just to support them or justify why certain values are regularly prioritized more than others. Research itself has been described by Parkhurst (2017) to be a highly value-laden activity from the moment a researcher decides what to examine and test as it relates to childhood obesity. For example, research can be conducted, from a broad perspective, that examines the role the family environment can have on childhood obesity. If a legislator values parental responsibility and individual responsibility highly and this study produces significant results, the research team can present these results to the legislator knowing that they would likely receive them favorably and might conclude that this is the primary reason why kids can become obese. However, the legislator may not be aware of all the research that demonstrates the other factors that can contribute to obesity as well, especially if the legislator lives in a region with very few resources allocated to the educational system. Some significant statements will be provided in the following sections.

Senator 1, a Republican, stated, “there's a million issues out there, and I rely very heavily on research.” This participant also said how any legislator that acts like they are an expert on every issue, that “usually it's the exact opposite of that.” Senator 2, a Democrat said, “I try to

follow best policy based on data and science and kind of a moral sense as well.” Senator 4 illustrated how personal experience with obesity contributed to their perception of what the primary causal factors were. This Senator said, “I would try and look at it objectively first and foremost, what is the main contributor to obesity? I would probably say that it is sugar A, and then B I would probably say lack of exercise.” The Senator expressed the impact sugar had on their weight gain and also conveyed they valued physical activity. These personal experiences and values might explain why this Senator may have chosen these particular two factors that contribute to childhood obesity more than the others from the literature. However, Senator 4 also understood the influence that marketing of products high in sugar can have on kids, and therefore supported enhanced regulations on corporations targeting this demographic. This is one example of how the themes of knowledge and value balance overlapped, and also provided another example of how values and peer-reviewed research are interconnected in the legislative process concerning childhood obesity.

Representative 5, a Democrat, stated, “I’m a big fan of science and peer-reviewed research” and “the research is clear where we need to help.” Representative 10, A Democrat, reinforced the importance of information imbalances that occur and ensuring everyone has the same information to arrive at a “logical decision.”

Other than the code of education, knowledge was reinforced the most by the codes of expertise and trust. These two codes contained the most overlap because the participants made it clear the “wealth of knowledge” that experts, from a variety of fields, brought to the legislative process. It is this expertise that influenced how much the participants would subsequently trust them. However, some participants also indicated that party affiliation and ideological perspectives could influence their level of “trust” for a lobbyist or other policy actor. Many of

the participants relied heavily on the information that outside policy actors brought them. In fact, almost every participant answered “yes” to the question regarding the influence of external sources of information like the media, lobbyists, and the public on the way they perceived and valued childhood obesity as an issue. However, the media was the least influential factor, and some of the participants neglected it entirely. Some significant statements that illustrate the importance of expertise and trust for this theme will now be provided. Democrat members did not mention much regarding how expertise increased the level of trust they had for certain information or how trust for particular colleagues and entities led to a higher likelihood for accepting the information as “credible.”

Senator 1, a Republican, referred to credible sources after stating that they relied very heavily on research like “the Pennsylvania Medical Society or the Association of Pediatricians” and how “they bring information to your work.” Senator 2, A Democrat, stated, “in my caucus and in my party so far, those of us that have specific backgrounds are kind of seen as experts in specific areas.” Senator 3 reinforced the importance of expertise within the legislature itself when they said, “they’re (members) are going to be willing to listen to those folks that are much more informed on the issue than they are.” This response was related to the question regarding the influence of members in leadership. This Senator goes on to say, “if there is a person representing a special interest or a lobbyist and they have good information, it's probably important for me to listen to them.” Senator 4, a Democrat, relied more on their own personal experience with obesity, but also the experiences of their constituency and the level of “expertise” they had developed from those experiences dealing with obesity first hand. Senator 5, also a Democrat, described the varying levels of experience and expertise in the Senate, and

said, “they all come with a varying degree of skill sets, whether it's from a business background or health care. I mean, we have attorneys, we have former nurses, and former teachers.”

Representative 7, a Republican, stated, “there are people that I trust, that if they worked intensely on this topic then I know they have truly vetted and worked on every aspect of this.” This Representative also went on to say, “credibility matters” between contract lobbyists and what they referred to as “institutional lobbyists” like the Medical Society. Representative 12, a Republican, described leadership and expertise stating, “there's usually somebody at that leadership table that brings much more value to the conversation.” This Representative goes on to say, “otherwise you’re not exposed to it, but now you have a firsthand account of what it means to real Pennsylvanians.” Representative 8, a Republican, described trust in regards to leadership and said, “they’re in meetings I’m not in. They’re meeting with the Governor they’re meeting with Senator leaders. So yes, we have to trust them.” Representative 9, A Republican, stated, “who is telling you the truth? And who isn’t telling the truth? By seeing both sides of the issue you can get a base of what is really truthful and what is really needed” referring to lobbyists and the media. Representative 13, a Republican, said, “so take obesity, I didn’t know anything about that until a lobbyist came and talked to me about what was currently happening in Pennsylvania, why it was happening in Pennsylvania, and that there were new medications becoming available and on the market.” The issue with Representative 13’s statement was, what did the lobbyist determine “why it was happening” in Pennsylvania and how was their study organized and conducted to make that determination? These questions provide an illustration for how even research can be organized and conducted based on a researcher’s individual values and value priorities.

Representative 4, a Democrat, stated, “you’re not going to be an expert on every subject” and “I rely on people that I know in the chamber to be an expert in that field, in the healthcare field and ask for their perspective and include that in the final determination as to whether or not I thought it was worthy of a yes or no vote.” Representative 5 stated, “you have to listen to the people that are experts in the field” and “you almost have to have a degree in nutrition and pediatric nutrition.” Representative 6, also a Democrat, stated, “if a lobbyist comes and says ‘this is an issue’ and I go ‘I never thought of that, that never dawned on me.’ That’s why you have to talk to people as much as you can.”

The final code for this theme was issue framing, and it contained overlap with every other code. For example, when educating the public or school students in particular, participants mentioned the importance of framing their messages to the families and children in their districts so they did not give the impression they were “blaming” them or adding to any “stigmatization” that exists for these populations. Issue framing was important as it relates to peer-reviewed research as well, because lobbyists and other policy actors tailored their messages to align with political ideology, the individual legislator’s value system and their constituencies commonly held values. These different policy actors also had varying levels of expertise, and “credible” or trustworthy associations described earlier were more likely to be positively received compared to others. Issue framing also contained some overlap with political ideology, considering that the way issues are framed by both legislators and other external policy actors including the media and the public can impact the way an issue is perceived and acted on throughout the legislative process. The media for example, can prioritize certain issues more than others especially after a crisis event occurs, which is what Senator 3 identified in their response when they said, “crisis

changed everything” referring to school security. Some significant statements will now be provided to justify why issue framing mattered in this theme of knowledge.

Senator 1, a Republican, placed a very high priority on how legislation should be framed properly in order to prevent increasing any stigmatization or bullying for children that experience these issues due to their weight status. However, the Representative made it clear that society still needs to be comfortable with talking about the health risks associated with obesity if legislators and the public truly wish to address it. This Representative stated, “we should not act in ways that if we talk about the risks of obesity, that all of a sudden we’re shaming people” and “you have to do it in a way that is careful not to offend some people.” Senator 2, A Democrat, reinforced this importance of issue framing saying, “starting to think of obesity as more of a disease and something to be treated as opposed to something to be looked down on.” Senator 5, A Democrat, reinforced the importance of issue framing in order to garner more legislative support and support from other stakeholders including the public. Primarily, this legislator conveyed an expertise and passion for reducing the negative emotional and mental outcomes associated with childhood obesity. This Senator wanted to make sure that a variety of stakeholders worked collaboratively to communicate messages of how children can be negatively impacted by obesity, and how legislative solutions need to be framed properly to reduce bullying associated with childhood obesity. However, Senator 5 also mentioned how “legislating for it will be hard” because it does involve lifestyle behaviors that require a certain level of responsibility and that are a part of “human nature.” Senator 5 stated, “some of that is just bullying because of obesity. So, this is a big issue.” referring to calls coming in for children struggling with their mental health and potentially suicide.

Representative 7, A Republican, summarized their interview by saying, “It’s almost like what you’re talking about is literally the legislative process and how a bill becomes a law and what messaging needs to be done.” Clearly this statement is significant for more than just this section and this theme, but for this entire exploration into the importance of values within the legislative experience overall. Representative 13, a Republican, described common misconceptions about obesity in general or “bias they put on obesity like laziness or ‘you don’t eat well’.” This Representative elaborated and used a personal experience with a friend stating, “It’s a stigma. I know that’s what they’re thinking is that she’s eating junk food, she’s not exercising, she’s lazy. None of those things are true.”

Democrat participants emphasized issue framing frequently, like Representative 3 who said, “I think we have to be really mindful of how we encourage that activity” in order to avoid negative experience and associations with physical activity and healthy eating habits. This Representative stressed the importance of avoiding “fat phobic” and other “stigmatizing” messaging. Representative 5, made a point to describe the negative impact that social media can have on a young girl’s self-esteem or self-image, which is why the way issues or messages are framed is crucial. Democrat Representatives, like Republican Representatives, also emphasized how cultural aspects play into issue framing. Many of the participants reiterated the various ways that culture can impact the way the public perceives an issue like childhood obesity, and used tobacco regulations as an example. Once tobacco became more culturally accepted as something that negatively impacted health, the more the issue evolved and was framed as something that “kills” with graphic cigarette advertisements that displayed someone suffering from lung or throat cancer. This was one example that illustrated how education, peer-reviewed research and issue framing overlapped and were interconnected. Representative 10 referred to issue framing in

regards to value alignment with their constituency when they said, “for me to say that I want to work for the safety and well-being of kids goes over very well as a message.” This Representative goes on to describe the difficulty with raising a child as a parent, and this is one of the many reasons that issue framing is important. The Representative said, “So I think it’s just being careful in the framing of it. We’re not trying to blame parents.”

Universal Values

The themes that were identified thus far were described prior to this theme of universal values because every one of them contained distinctions between the two major political parties. Contrary to this, universal values is the one theme that will describe what values every legislator considered a high priority and believed “should generate broad support” or “bipartisan support.” Participants from both parties, at times, applied these universal values through legislation differently, but it is encouraging to know that certain values, were shared to a degree, by both parties. This provides some hope that compromise can be achieved for future legislation aimed at addressing childhood obesity.

The universal values that were coded for this theme were children’s health and well-being, relationships, access and education. Access and education were identified as codes in prior themes, and contained minor distinctions between the two parties. However, these two codes were still valued so highly, by both parties, that they were identified as important universal values that the majority of participants shared, regardless of context.

Every participant, whether Republican or Democrat, cared deeply about the health and well-being of children in the state and their respective districts. The mental, emotional and physical health of children was paramount and conveyed in every one of their responses. Many participants also shared in valuing the Constitution with some stating, “I took an oath to defend

the Constitution", however even the Constitution could be "reevaluated" or "amended" if the health and safety of children in the state was perceived to be at risk. A child's health and well-being become very complicated though when applied to childhood obesity and in the context of the Constitution, because children up to a certain age rely on their primary caregivers for their development, whether it be physical, mental or emotional. Some significant statements will now be provided that justify the importance of this code for this theme.

Every Senator, from both parties, talked about the general well-being of the child and focused on different aspects of this well-being. Senator 1, a Republican, focused strongly on reducing some of the negative health outcomes that might be associated with it, in particular, the stigmatization that children with obesity experience. This Senator stated how the "self-sufficiency and education of the kids, learning not only nutritional values or how to cook, but really the whole process from seed, then all the way to plate" was important. Senator 2, a Democrat, conveyed a strong passion and dedication in their work to ensure children have access to a variety of things they need to reach their potential, including a healthy diet and safe environment. This Senator described safety as "both physical safety but also in terms of the air quality, is it clean? Then we also think about who has access to high quality child care." This Senator went on to say how they could talk through things with leadership about "valuing the child." Senator 4, also a Democrat, focused on the general health and well-being of children mainly from a security standpoint, in order to make sure that parents and their kids understand how certain corporations target children in their marketing campaigns that promote the consumption of unhealthy foods and drinks that are high in sugar. This Senator also described the antisocial behavior that has become even more pervasive since the recent COVID-19 pandemic. The Senator said, "children aren't playing like they used to be." This was a significant

statement not only because of the lack of activity and increased sedentary time, but because of the reduction in social interaction that is beneficial to a child's development. This is especially true for children dealing with obesity that benefit from a strong social support network.

Senator 5, a Democrat, reinforced a variety of aspects of a child's health and well-being as well, including their mental health, physical health and emotional health. The following statement made by a Senator was long but captured the essence of this universal value. "If we have to do something in the legislature, that's an easy thing because no one's going to not vote for something like that. I mean, it's really an issue that we could embrace in a bipartisan way and really make a difference in people's lives." Most of the Senators and Representatives also described how they valued the well-being of children in the state because of their own experiences as parents and grandparents. Therefore, their relationships with friends and family played a role too, and will be described in more detail in the code of relationships.

Representative 7, a Republican, focused on the general welfare of the child from a "libertarian" perspective, by providing parents and their kids with the resources they need to make their own choices. This Representative conveyed concern for a child's health and well-being because of their experiences as a parent. "As parents, I think of it as a responsibility almost. I don't begrudge a parent that wants to give their kid ice cream when they want it. That's your freedom, your ability to do that." Representative 8, also a Republican, focused on parental and teacher responsibility as well and also took a more libertarian perspective stating, "why is the government telling me how to raise my child?" This Representative followed that statement with "well some parents shouldn't be parents because they don't take on that role." This Representative, like Representative 7, focused on providing the tools for parents and their children to live a healthy lifestyle, but ultimately it is their responsibility to use them. This

Representative also used their own parenting experiences to convey that message. Representative 9 also focused on freedom of choice and parental responsibility, and said they wanted to “catch people that only care about going to work, coming home and taking care of their families.”

However, this Representative also said how important it was to “help our parents. How do we get our kids to eat healthier? How can we influence the government to help people understand?”

Representative 12, a Republican, also focused on parental responsibility and “personal liberties” but acknowledged how “not every child is blessed with that, the responsible parent” and how children “don't really have the power to address it on their own.” What these statements indicated, at least how this researcher interpreted them, was that many Republican participants prioritized parental responsibility and individual liberties. However, they also demonstrated how much they valued the health and well-being of children, including their own. Therefore, in the context of the health and safety of the child, Republican participants gave the impression they understood the limitations of always adhering to individual liberties in all contexts.

Representative 12 illustrated this point with their last statement, “I’m always going to err towards the child.” Representative 13, also a Republican, when asked what values they would prioritize in the context of childhood obesity legislation stated, “I think those values would be the general welfare of the child.”

Representative 3, a Democrat, used words like “justice,” “security” and “reducing harm” when describing childhood obesity. This Representative even focused on reducing stigma and bullying. Representative 3 highly valued the well-being of children and helping families by increasing accessibility to a variety of resources. Representative 4, a Democrat, used references to their own experiences as a parent and said, “What I will say is that when it comes to anything related to children, whether it's childhood obesity, childhood education, early childhood

education, challenges with childhood homelessness, those things should generate broad support.” However, this Representative goes on to say that “sadly, so often those conversations get distilled down to how much money is this going to cost us?” Again, this statement illustrates how there is a disconnection between values and the tangible aspects of a hypothetical piece of legislation, in this case its financial costs. In order to provide funding for an existing program, a new program, the built environment, or other public services, legislators and their constituencies need to value the health and well-being of their children. That doesn't imply that other governmental resources do not contribute to a child's health and well-being, but other resources or objectives would have to be prioritized more if they were to receive funding that would have otherwise been provided for something aimed at addressing childhood obesity. For example, implementing “gym class” as some participants referred to it, may eliminate another class a variety of stakeholders consider to be more important. Or assigning a dollar value to a particular district to improve the built environment with the objective of providing safer routes to school and safe environments for physical activity, may upset constituents that value other things more and think the money needs to be used for something else. It is very difficult if not impossible to consider the tangible aspects of the legislative process like what something may cost as something that is always independent of what a legislator or the public values. Of course, legislation can be formed and implemented that doesn't require additional funding, but in the context of childhood obesity, especially in the school setting, it would be very rare that this would occur. For example, even legislation that would require state minimums for physical education, may require school districts to take on additional staff, purchase more educational materials and equipment, or modify the physical environment to accommodate those policy

changes. Representative 10, a Democrat, illustrated this point by saying, “I feel like there's a disconnect between our values and actually really prioritizing and getting something done.”

Relationships was another code identified in the participants' responses that contributed to this theme of universal values. The legislators' relationships with each other, even members from the other major political party, were important and they all valued those relationships strongly. Some legislators also mentioned that as a Representative or Senator, they had to have “thick skin” and that they sometimes voted against the party or experienced value conflicts, but that was their job if they were fulfilling their responsibility as an elected official. This is why they also valued their relationships with members of their constituency. In fact, the participants indicated that their relationship with their constituencies was paramount, even if it was extrinsically motivated for re-election purposes. Most legislators, though, really valued the “personal stories” their constituents told them and even would vote against something they valued strongly on a personal level if their constituents conveyed how much a particular issue mattered to them. However, some participants also mentioned how they value learning and knowledge, and that they have access to information that the constituents may not have access to. Therefore, they need to make a decision that could create tension or unfavorable results, but that they would do it if they felt “it was the right thing to do.” Determining what the “right thing to do” is, still requires a decision that is inextricably linked to what an individual values. Other relationships participants valued were the ones they developed with lobbyists, especially the ones they described as “credible”, and with their own families. Many participants referred to the care they had for their own children in the prior section, and it was these experiences that influenced the way they perceive and act on childhood obesity as an issue. While no legislator explicitly stated that they received some sort of tangible incentive from any “contract lobbyists”, several

did say how some of these groups can come in and ensure certain legislation doesn't get passed because of the negative impact it would have on their client(s). There is also an abundance of evidence demonstrating the influence that lobbyists have on the legislative process (Birkland, 2020; Cullerton et al., 2018; Furnas et al., 2019).

Almost all of the significant statements related to relationships have been provided in every section leading up to this one. Therefore, the significant statements between the Senators and Representatives for this section will be limited. Significant statements related to relationships included party affiliation and relationships with colleagues, relationships with members of leadership, relationships with friends and family members, relationships with lobbyists and other policy actors, and relationships with constituents or the general public. Every participant, whether they were Democrat or Republican, answered “yes” to all of the questions pertaining to the influence and importance of these various relationships at differing levels. One of the most important relationships, was the relationship participants maintained with members from the same party, especially if they were members in leadership positions. Some legislators illustrated this by saying things like “I’m trying to advance Republican policies” or members in leadership positions can “use different levers of power to get you to act because ‘you’re going to get in line.’”, and “why would Republicans want to move her bill if her job is to eliminate all of us?” These statements also reinforce the importance of political ideology as a theme in this study. Relationships were also frequently related to the code of issue framing, because many participants made it clear that in order to not upset or harm their constituencies or even other legislators, that they had to frame their legislative messages appropriately.

Access and education, like responsibility, have been described in great detail in the prior theme sections. Together, these two codes applied to universal values and contained a lot of

overlap. Access applied to a variety of resources that participants identified in their responses, one of which was education. Education also applied to more than one aspect of learning including how legislators continued to educate themselves on a variety of issues. While these two codes of access and education were applied differently by both parties in regards to objectives or legislative context, they were both still valued highly by all the participants. Every participant felt that education played a significant role in garnering support from other members and from the public. Many participants even described how cultural changes occur as a result of a more educated public. Essentially, legislators, the public, the media, and a variety of other external policy actors or institutions contribute to the learning process that can help create more awareness and legislative action concerning childhood obesity. However, in some ways education can be inhibited because of a lack of resources or limited points of access. This is why access was also crucial and identified as a code that is interconnected to education.

Senator 1, a Republican, illustrated the importance of education and access by describing how kids and their families need to be educated on how to make healthier choices. This Senator also said that resources need to be sufficient so they can make these healthier choices. Like many other Republican participants, this Senator reinforced how ultimately parents need to be responsible and their kids need to be disciplined. No matter how many resources are provided, the individual still needs to be responsible and choose to live a healthy lifestyle. Democrat Senators referred to this balance between responsibility and resources as well, but also emphasized how some parents simply need more access and it is not a lack of responsibility or “laziness.” This was not unique to just Democrat participants, Republican participants also acknowledged this controversy concerning governmental responsibility vs. parental responsibility described earlier in political ideology and value balance. However, in regards to

value priorities and consensus, most Republican participants felt strongly that it was up to the parent and the individual to address childhood obesity, whereas Democrat participants felt that more resources were needed. Democrat participants also developed more of a consensus on the impacts that other socioeconomic factors have on childhood obesity like access to healthcare, access to safer environments for physical activity, and the negative impact that large corporations have with targeted marketing practices. Democrat participants also mentioned regulations or restrictions on particular resources, the resources that were made “readily available” and are cheap. Republican participants felt that this still was a matter of discipline and parental responsibility, whereas Democrat participants reinforced how those types of products are the only options that some families have, especially in school districts where families rely on school meals for sufficient nutrition and they are not provided. Again, many significant statements were provided in the other themes’ descriptions that illustrate these similarities and differences between the major parties. The encouraging element of these universal values is that from a broad perspective, legislators agree that some balance between personal responsibility and sufficient resources is needed, and mainly they disagree on how they should be overcome operationally in a practical setting. This is promising because if policy recommendations are tailored to incorporate both of these conflicting values and they include tangible objectives and benefits for a variety of stakeholders, then the potential for legislators to reach a compromise may be increased.

Summary of Data and Themes

Legislators' experiences with childhood obesity in general, or with childhood obesity specific legislation, was very limited. In fact, a stratified sample would have yielded similar, if not the same, patterns in participants' responses due to just how little legislative action and

discussion has occurred in the recent or distant past concerning childhood obesity. Also, one participant mentioned their seat on a particular committee that would be assigned legislation related to this issue, and even this participant described the lack of attention childhood obesity has received for quite some time. If any legislative action has occurred, its been mostly targeted at the adult population, and has been focused more on ways of treating obesity, rather than prevention. The collected sample was split almost equally between the two major political parties for both Representatives and Senators. A few members in leadership also participated in the study, which aided in data collection by providing legislative experiences from members that hold positions in higher office. Participants described why this provides richer data, such as members in leadership getting access to other members in leadership and the Governor, getting access to more information, and at times having a greater influence on members from their party that are not in leadership positions.

Four themes emerged and were identified, which were value balance, political ideology, knowledge, and universal values. Each of the themes contained a variety of codes, many of which contained overlap with codes from other themes. The codes for value balance were value trade-offs, value conflict and value congruity. The codes for ideology were responsibility, sub-coded into individual responsibility and governmental responsibility. The second code for political ideology was liberty sub-coded into freedom to choose and autonomy. The final codes for political ideology were security and equality. The codes for knowledge were education, peer-reviewed research, expertise, issue framing and trust. The codes identified for universal values were children's health and well-being, relationships, access, and education. All of the codes that are listed above had some similarities and differences between the two major political parties, especially for the theme of political ideology. Other themes demonstrated a pattern for party

distinctions as well, like value balance and knowledge. There was also plenty of overlap and a general consensus between both parties, which is why universal values were identified. Universal values also aligned with the Schwartz et al. (2012) refined theory of basic individual values (see Figure 1, page 13), as did value balance. Every single theme and the corresponding codes were reinforced by the literature review to different degrees. What was apparent from the identification of themes and codes, was that values played a significant role in the legislators' experiences with many issues, including childhood obesity.

Literature Review and Theoretical Framework Analysis

Value Balance

The first theme was value balance, and this was identified in almost every external and internal barrier and enabler to childhood obesity legislation described in the literature review. Cross-sector collaboration had the least influential role in the participants' experiences however, it was still described as a legislative solution by both parties and had the greatest impact on the theme of universal values. The way participants reinforced cross-sector collaboration was primarily through the educational system. Abu-Omar et al. (2018) described the importance of participation from multiple sectors in order to address complex policy problems like childhood obesity, one of which was education.

Public values had one of the more influential roles in the participants' experiences, and they frequently stressed the importance of aligning their constituencies' values with their own. However, some participants did mention how they had opposed what their constituents collectively valued because it conflicted with a personal value they were unwilling to bend on. Value conflicts and congruity also occurred between legislators in the same party, and between members of opposing parties. This relates to the external factor of bipartisan support and

political party values as well. Bipartisan support, in particular, was described by a few of the participants, but mostly the participants prioritized particular values more than others, and grouped values into ideological categories. This will be explained more in the theme of political ideology. However, some of the legislators still believed that childhood obesity should “generate broad support” or garner “bipartisan support.” What is important to know, is that multiple layers of value conflict and congruity occurred often in the participants' experiences, which led to value trade-offs and their reiteration of a “balance.” Lyn et al. (2013) described the importance of public values and assessing the social and political environment. The authors described how public opinion reflects the mood, policy preferences, and values of voters.

The media and value narratives were not conveyed by the participants to be of much importance. The participants mostly referred to the media as a general reference that was used to determine what the public mood was and what issues were perceived to be the most pressing at any given time. This was somewhat ironic and slightly contradictory considering how much the participants reinforced the importance of “cultural” changes in attitudes and knowledge, and yet simultaneously assigned little to no importance to the media. The participants' responses in general illustrated many of the influential elements that the media can bring to the legislative process as it pertained to basic individual values. This included negative stereotypes, symbolic images and emotional appeals, public perception, and a source for information (Barry et al., 2013; Luo et al., 2018; Nimegeer et al. 2019).

Lobbyists did have an influence on the participants' experiences and individual values to varying degrees. Mostly, the participants referred to constituents and professional organizations as genuine stakeholders that brought emotionally moving stories or information that, at times, impacted their legislative experiences and individual values. The participants also reinforced the

importance of credibility, and how some lobbyists were more trustworthy because they represented a professional organization that had expertise on the issue. However, there were also “contract lobbyists” that some participants described blocked or interfered with legislation. This added another layer of complexity to the balance of potentially conflicting values.

Evidence-based policymaking and practical limitations were in line with what the literature review described. Characteristics of the participants’ districts like constituency demographics, geographic location, and economic status, had an influence on their values and was something they considered to different degrees. Finally, the participants described the kinds of insight, expertise, and information lobbyists brought to the legislative process. This was another way the literature described lobbyists or industry can influence childhood obesity legislation, by claiming that there is insufficient evidence or selecting evidence that supports specific interest and values. This issue will be described by the next external factor of evidence-based policymaking.

Evidence-based policymaking will be covered more in detail in the theme of knowledge, but it still played a role in the themes of value balance and ideology. The participants demonstrated they prioritize certain values over others, and they would refer to the “evidence” or “research” in ways that supported their value priorities. This too was ironic and contradictory considering how the majority of the participants had little to no experience with childhood obesity legislation. Republican participants, for example, would refer to evidence or experiences that attributed importance to values like responsibility and “parental rights.” Democrat participants demonstrated the same pattern referring to evidence or experiences that supported an enhancement of resources and governmental responsibility as it pertained to childhood obesity. What is unknown to the principal investigator, and should be included in future research efforts,

is whether or not these references were made and chosen due to the participants' individually held values. It may be due to bias, but this researcher interpreted the participants' descriptions as a selection of particular experiences or evidence that reinforced why certain values were prioritized over others. Meaning, the participants' values were not shaped by the objective evidence, but rather they selected the evidence that fit their existing value priorities as it related to childhood obesity. This concept is supported by the literature and can be mostly attributed to political party values or ideology, party loyalty, majority party rule, and tangible incentives. (Cairney & Oliver, 2017; Parkhurst, 2017). For example, Botterill and Fenna (2019) described this political process of resolving value-based conflicts with “political know-how” through the use of evidence. The authors described how a selection of convenient facts are used in support of an argument, and large areas of other information are then ignored, dismissed, or deemed irrelevant.

Practical limitations were identified by the majority of participants in regards to value balance. Every participant represented a different district with different tangible and intangible characteristics. The tangible and intangible mostly overlapped, and therefore the practical aspects of every individual legislator are almost always taken into consideration by legislators. Primarily, location and demographics had the greatest influence on value conflict or congruity. For example, a participant that was located in a more rural district, and had a majority of Republican voters, likely prioritized certain values over others. Bernhard and Sulkin (2018) described this as the features of the district or state. Some participants described an equal representation of values or ideologies, and this allowed them to be more flexible with what issues or proposals they chose to support or not support. Some other practical limitations that were identified by the participants were financial constraints, political institutional arrangements, and technical feasibility.

Political ideology had such a large influential role in the participants' experiences with childhood obesity legislation that it was identified as a theme. Therefore, that internal barrier or enabler to childhood obesity legislation will be described in that theme's section. Intrinsic motivation was not conveyed as strongly as extrinsic motivation by the participants. A few of the participants described how they always have to consider re-election when they are choosing which issues and corresponding legislation to focus on. Some participants described how they acted in the best interests of their constituents, even if it meant opposing the party. These types of responses, which included statements like "it was the right thing to do", conveyed more of an intrinsic motivation. Other participants described how they sometimes would oppose their constituents, but the issue or proposal was not significant enough that it would cost them an election. This could have been to support the party or a special interest, but was not mentioned by these particular participants. However, other participants did state how sometimes they voted simply to support the party, even if they did not necessarily agree with or value the issue the proposal was addressing. It was clear in the participants' responses that intrinsic and extrinsic motivation could be influential factors in their legislative experiences with childhood obesity. However, extrinsic and intrinsic motivation were beyond the scope of this study.

Value balance was related to the theoretical framework chosen for this study the most. Two of the three codes in value balance, which are value conflict and value congruity, can be identified directly in the Schwartz et al. (2012) refined theory of basic individual values (see Figure 1, page 13). Other important elements of the theory were also identified, including the six features Schwartz (2012) described in his overview of the original theory. The features Schwartz described were as follows, values are beliefs, values refer to desirable goals, values transcend specific actions and situations, values serve as standards or criteria, values are ordered by

importance, and the relative importance of multiple values guides action (Schwartz, 2012). These are features of all values and they were present in the majority of the participants' responses.

What distinguishes one value from another is the type of goal or motivation it expresses, which was conveyed by the participants in their responses as well. In regards to value balance, participants described value priorities and the different types of issues or legislation they would support that aligned with those value priorities. The goals or motivations for these priorities varied, and included re-election, ideology, and public values, to name a few. Primarily, value balance is described by Schwartz (2012) in the structure of value relations. The author stated, "one basis of value structure is the fact that actions in pursuit of any value have consequences that conflict with some values but are congruent with others" (p. 8). However, in the political context and in the participants' responses, this structure did not always apply. For example, some participants described how they pursued a value like benevolence-dependability and achievement simultaneously, which are two values that normally conflict on the continuum. For example, one Representative described how they supported their constituents and their party by voting in favor of a particular bill, and did so because they wanted to just "see the legislation get passed" or because they "support Republican policies." There were also issues with this theory in regards to the context of the legislation and how values were applied differently depending on those contextual factors. For example, Republican and Democrat members fell into the higher order values of conservation and self-transcendence respectively. However, there were some exceptions, like for the topic of abortion legislation, where both parties fell into the opposing category. Again, this provides another example of what one participant described as the "hypocrisy of public policy."

Finally, Schwartz (2012) described how values are likely to be universal because they are grounded in one or more of three universal requirements. These three requirements are needs of individuals as biological organisms, requisites of coordinated social interaction, and survival and welfare needs of groups. All three of these requirements were conveyed by all the participants to different degrees. Some participants described the importance of shared party values or constituency values which aligned with coordinated social interaction. The needs of individuals as biological organisms was also evident based on the varying needs of the public and the needs of participants, which naturally leads to value conflicts and congruity. There were also many participants, primarily Democrat members, that described the welfare needs of groups. The next theme of political ideology will now be compared to the literature review and this theoretical framework.

Political Ideology

Political ideology was described as an internal barrier or enabler to childhood obesity in the literature review, so its relationship to that was already established. There were other external and internal factors that were related to political ideology as well. The theoretical framework can also partly describe why this theme was identified, and it contained some overlap with value balance. The overlap existed mainly because participants would lump their value priorities into larger categories and place them on one side of the political ideological spectrum or the other. This led to value congruity between members in the same party and value conflicts from members of the opposing party. First the literature review will be analyzed and the theoretical framework will follow.

Cross-sector collaboration did not have a significant influence in regards to political ideology, at least not in the participants' responses. Participants did describe the importance of

public values and party values though, and there was not any justification for why these concepts would not apply to a variety of other sectors and stakeholders involved in childhood obesity legislation. For example, specific school districts are composed of school board members, superintendents, and business managers. These various administrative positions, some elected and some appointed, include individuals with their own values and beliefs concerning how childhood obesity should be addressed by the school. Considering this and the importance participants placed on education in addressing childhood obesity, it is reasonable to conclude that ideology can influence the level of support legislators get from education or other sectors. Also, a few participants described particular organizations or interests they represented from different sectors, including agriculture. Therefore, cross-sector collaboration was mostly indirectly implied to have an influential role.

Bipartisan support and political party values were related to political ideology the most, considering how much emphasis the participants placed on the “push and pull” that occurs between the two major political parties. The participants described these party conflicts that occurred in ideological terms, and one Senator even said, “we fight over just about everything.” Participants even used specific labels to describe the party distinctions such as “left” and “right”, “socialist” and “tea party” or “conservative” and “liberal.” The participants went further and assigned different corresponding actions with these ideologies to childhood obesity legislation, like how the people from the left might be more inclined to mandate a rule or law, whereas members from the right would think that was governmental overreach. These strong ideological distinctions made bipartisan support seem highly unlikely and one Senator used the word “combative” to describe their approach to disagreements on a variety of issues. Public values were described in value balance, and were mirrored by this theme of ideology. The

constituencies the participants represent consisted of similar ideologies, to varying degrees depending on the district. Both the participant and their constituency influenced one another to varying degrees, as well. For example, one participant described how constituencies can experience ideological shifts over time and these changes will often accompany a change in representation. Another participant described how they will have to adopt some of these changes in value priorities along with their changing constituency or risk losing their support and eventually their political position. In regards to party values, ideological interpretation and application were conveyed collectively to remain stagnant over time.

The majority of participants described their party as sharing similar values and those values conflicted with, for the most part, the other party's collectively held values. Specifically, participants described their experiences with childhood obesity legislation that made the greatest distinctions between the role of government and the public. Republican participants felt it was the individual's responsibility, whereas Democrat participants felt childhood obesity had become prevalent enough to warrant an increase in governmental responsibility. Participants also made ideological distinctions in regards to liberty. Republican participants described liberty as the ability to choose, regardless of the context or severity of childhood obesity and used statements like "enabling." Democrat participants tended to focus more on "autonomy" and providing the resources necessary in order to be truly free and choose. Kindig (2015) described these ideological distinctions as it pertained to commonly held values and the research revealed that ideological differences between conservatives and liberals create differing perceptions on how childhood obesity should be addressed or prevented.

The media and value narratives, like value balance, were not explicitly described by the participants as it related to political ideology. Like value balance, the media was referenced

indirectly through cultural shifts that occur over time. The participants referenced tobacco frequently when describing these shifts, and a few mentioned old commercials or messages in traditional media compared to social media's influence on today's youth. The minor importance attributed to the media, again, was surprising considering how many of the participants placed an emphasis on how “culturally” the public's perceptions and beliefs about a variety of issues, including childhood obesity, influence the importance they place on said issues and what values they attribute to them. References to the literature should not be needed to validate how the media uses ideological distinctions. Any individual need only turn on their TV and watch mainstream networks such as CNN or Fox News, for example, to see ideological distinctions. Muise et al. (2022) described partisan audience segregation for both TV news consumption and online news consumption. Their findings illustrated the “prevalence, concentration, and persistence of partisan segregation across online and TV news” (p. 8). The lack of legislative experience and knowledge conveyed by the majority of participants, and the strong value distinctions they attributed to childhood obesity, might be partly explained then by the media. This may be due to the media's influence on which issues receive attention, the way issues are framed and what values are attributed to them, and the way rhetoric is shaped (Birkland, 2020; Botterill & Fenna, 2019; Sun et al., 2015).

Lobbyists did have a strong influence on political ideology and corresponding values in the participants' legislative experiences with childhood obesity. This was reinforced by Representative 7 when they stated, “a lot of lobbying firms oftentimes will employ Republican and Democrat lobbyists. These people speak to Republicans because they speak their language. They understand their mental process and how conservatives think versus how Democratic liberals might think.” The representative goes on to assign values like “social justice” or

“equality” for Democrats, and “dollars and cents” for Republicans. Furnas et al. (2019) examined lobby firms as intermediaries between organized interests and legislators in the United States. One of the study’s key findings was that lobby firms had identifiable partisan identities.

Political ideology was similar to value balance in that evidence-based policymaking supported existing ideologies and values concerning childhood obesity, especially since the participants emphasized their lack of experience, knowledge, and expertise concerning childhood obesity. Botterill and Fenna (2019) described how ideology and values can be shaped by, or can influence, evidence-based policymaking. The authors specifically identified how legislators do not have the time to engage with research addressing every issue, and therefore are unlikely to be cognizant of the uncertainties or contested findings in the literature. This point was also reinforced in the lobbyists section above, where lobbying firms employ specific lobbyists that speak Republican and Democrat “language.” This particular external factor was limited for every identified theme, considering the lack of experience and knowledge concerning childhood obesity conveyed by the participants. A more experienced and educated sample would be needed for future research in order to develop a clearer pattern between evidence-based policymaking and its influence on existing values or ideologies. Deborah Stone (2012) does capture its importance in the legislative process in *Policy Paradox*. The author described how even robust, significant evidence-based research can be interpreted and utilized differently by policy actors with different motivations and values.

Practical limitations and political ideology were described above in evidence-based policymaking. Participants described a lack of experience, time, and resources which led to ideological simplification of childhood obesity. However, majority party influence and members in leadership also influenced the participants to different degrees, and these are practical

elements of the legislative branch structure. Also, the public and legislators can influence one another from a values and ideological perspective, and many participants described how they represent districts that identify as mostly “conservative” or “liberal.” A pattern also emerged among the Republican participants that focused more on the tangible cost of a hypothetical bill to their constituents or the general commonwealth of Pennsylvania, and this fiscal concern was labeled as a “conservative” ideology by some participants. Rutkow et al. (2016a) identified the concern over cost as one of the themes related to factors that discourage or encourage legislators that handle childhood obesity legislation. The authors described how a policy’s positive financial implications encouraged policymaker support, while a policy’s new or additional costs discouraged support.

Political ideology was related to the internal factor of values, which was the focus of this research, primarily through how the participants perceived and experienced the role of government. Participants that identified as “conservative” or “libertarian” described how the government should not interfere “in the home” and prioritized values like individual rights, parental, and individual responsibility. These Republican participants also described past legislative efforts like Prohibition as illustrations of failure in this regard. The same pattern developed in Democrat participants, and used words like “equality”, “equity”, and “social justice” to describe their perspectives on childhood obesity. These participants did not use as many ideological labels as categorizations of their values, like “progressive” or “liberal”, for example, but they did for the other major political party. Rutkow et al. (2016a) examined factors that encourage and discourage legislation to prevent childhood obesity. One of the barriers listed was a policymaker’s beliefs about what role the government should play in trying to mediate its widespread prevalence and prevent its increase in the future.

Political ideology did not develop a pattern with the internal barrier or enabler of extrinsic and intrinsic motivation as much as the other themes. A few participants did describe their personal experiences, including a Representative that worked with families from low socioeconomic status communities, and the enjoyment they received from helping their constituents in regards to childhood obesity and how to address it. Other participants referred to experiences with helping get legislation passed simply because it supported the party, which could be identified as extrinsic motivation. Finally, some participants described the influence of lobbyists or members in leadership and the influences both have had on their legislative experiences. These specific policy actors were described in terms of their extrinsic motivation, even if the decision conflicted with the legislator's individual values. The relationship between political ideology and the theoretical framework will be covered in the following paragraphs.

Botterill and Fenna (2019) described political ideologies' relationship to Schwartz et al.'s (2012) adapted continuum accurately. The authors described how openness to change values, such as self-direction, would seem to fit by what is understood by the term liberalism, while conservation values such as security and conformity align with conservatism. This was similarly identified in the participants' responses for this study. The majority of Republican participants that shared party values and used similar ideological labels to describe those values fit within the conservation values on the continuum. Contrary to this, Democrat participants commonly fell within the self-transcendence higher order value more. It is important to note, that depending on the issue and context of the proposal, there were some contradictions made by both parties, as well as some universal values that were shared. For example, both parties, to some degree, acknowledged the "balance" of conflicting values that is needed at times. All participants also cared for the general welfare of the child, which would fit within the universalism-concern value

on the continuum. Also, both parties valued openness to change as a higher order value, but applied it differently to the childhood obesity issue. This was described in the theme of value balance where both parties described the role of government differently. Overall, the patterns reinforced by both parties and by their distinct political ideologies fell within one side of the continuum or another that conflicted with it. The majority of value congruity, described in the theme of value balance, occurred between members of the same party or between participants and their constituencies.

Knowledge

Knowledge was connected to every other theme and code as it related to the literature review, because it was the participants' lack of knowledge and experience that partly contributed to the other themes and codes that were identified. For example, value conflicts and congruity occurred often in the participants' experiences and responses because they possessed a limited understanding of the various factors that can lead to childhood obesity or the associated health and economic consequences. As a result, many of the participants assigned a high priority to certain values without understanding how they might be applied to childhood obesity, or are contestable. This lack of understanding contained overlap with political ideology as well because the participants would then describe shared party values and attach ideological labels to them. Therefore, a lack of knowledge could have influenced why certain values were prioritized over others, which led to ideological categorization and ultimately could have contributed to the importance the participants placed on issue framing. However, some participants conveyed they did have a basic knowledge of childhood obesity and used this knowledge or experience to just reinforce particular values or ideologies over others. This use or selection of evidence-based research to support an existing value system or ideology was briefly described in the theme of

knowledge. Value priorities or ideological distinctions could be made for other reasons as well, like the geographic location of the legislator or a lack of time and resources. There are also legislators that may rely on experts they trust or other trusted relationships with colleagues that bring them information that know they would support the legislation blindly. Therefore, trust had an influential role on knowledge as a theme as well.

Even though most of the participants emphasized their lack of experience or knowledge as it pertained to childhood obesity legislation, they were still able to use similar topics like tobacco legislation to describe cross-sector collaboration. The participants identified a variety of sectors that could be impacted or aid in the effort to address childhood obesity, but the educational system was the priority. Education was such a priority that it was identified as a code in the theme of universal values. However, the emphasis on education did not carry much weight and was slightly discouraging, considering the participants' lack of knowledge or experience. This will be described in greater detail in the limitations section.

A study by Amis et al. (2012) identified several reasons why physical education policies aimed at improving the quality of physical education for high school students in both Mississippi and Tennessee, were not implemented. In 7 of the 8 schools, implementation of the new policies was avoided entirely. One of the reasons the authors identified for this avoidance or lack of implementation was due to "policy overload." This theme was described by a Mississippi state education official in the following statement and illustrates how values and the education system can influence legislative efforts to address childhood obesity. The official said, "personally, I don't believe schools are making kids fat. I think a large part of it is from the home and parents.... Plus I've got so much to deal with; we're just doing the best we can" (p. 1410).

Bipartisan support, political party values, and knowledge seemed to have had a reciprocal influence. However, the participants did describe experiences where party loyalty, ideology, or public values were superior to knowledge. For example, some participants stated that even if they or their constituents were well informed, understood the dangers of childhood obesity and how a hypothetical bill would help, the constituents would resist it anyway because they perceived it to infringe on something they valued, like their freedom of choice. Other times, the participants would simply oppose a bill because they wanted to support a particular colleague or their party, even if they were knowledgeable about the issue. The majority of participants, though, conveyed a lack of knowledge and experience with childhood obesity and therefore, did not completely understand how childhood obesity is multifactorial and can have significant negative effects on both the public's health and economy. The changes in response and in tone were promising once the principal investigator provided examples of past legislation, elaboration, and different perspectives. For example, research on the increases in military ineligibility changed one participant's level of support mid-interview once this information was provided. The principal investigator informed the participant of existing research and concerns described by military leaders about the growing rates of military ineligibility due to childhood obesity, which the participant responded to with concern. This example was provided in the context of "security" as a value priority. Therefore, an increase in awareness and knowledge in this case slightly changed the way the legislator perceived the issue and the level of importance they attributed a value like security to it. Originally, this Representative said that they would not prioritize security as an issue because they did not understand how that value would be diminished or negatively impacted by childhood obesity.

Public values and knowledge were complex in regards to their influence on one another and knowledge's relationship to the literature review. Some participants described how they had access to more information and expertise than members of the public and how they had to make difficult decisions while taking this into consideration. Other participants described how they relied on members of the public, including individual citizens, that did not represent any "credible" organizations, for their "wisdom." The public, like many legislators, do not all have an equal amount of time, resources, experience, and knowledge as it pertains to childhood obesity. Therefore, many of them rely on their legislators to make difficult decisions concerning this issue for them. That is, as long as they do not perceive the legislation to infringe upon or conflict with the collectively held values of the district. However, some participants did describe experiences where they opposed their constituencies' wishes because of their knowledge in a particular area or because they were presented with information that the public likely did not possess. This is one reason the codes of trust and issue framing were chosen for this theme. Rutkow et al. (2016b) identified facilitators and motivators for stakeholder groups to focus on childhood obesity preventative policies, and one of those factors was community priorities.

The media and value narratives had around the same level of influence for knowledge as the prior two themes. The literature has demonstrated strongly how the media can shape, influence, and even change an individual's values or culturally held values of groups (Barry et al., 2013; Nimegeer et al., 2019; Stanford et al., 2018). However, the participants did not attribute the same level of influence to the media as experts from the literature did, and the majority of their statements included the media in more indirect ways when they mentioned "cultural" changes or shifts in the public's mood. This too was a surprising pattern identified by the principal investigator, considering how much emphasis the participants placed on not only

the cultural changes that occur, but also because the majority of them emphasized how they had little to no experience with childhood obesity legislation. The principal investigator interpreted this as another illustration of the lack of transparency in the participants' responses. The participants would describe how they had little to no knowledge or experience with childhood obesity, but also mentioned how over time culturally held perceptions and beliefs changed primarily through education while simultaneously neglecting to mention the importance of the media. The participants did this while also prioritizing certain values that were ideologically categorized.

A study by Donaldson et al. (2015) illustrated this point. The authors assessed news media framing of New York City's proposed regulation to prohibit the sale of sugar-sweetened beverages (SSB) greater than 16 ounces. Their findings showed that overall, most stories (83.7%) contained at least 1 con-policy frame, whereas about one third (36.1%) included a pro-policy frame. Con frames were defined as opposing arguments, such as it would unfairly hurt small businesses, with any mention of the word fairness, equity, discrimination or related term referenced to the disproportionate economic impact. 39% percent of stories also mentioned how the policy infringed on free choice of consumer rights and a large percentage even used the term "nanny state." Even though this study's sample was from New York, which differs from Pennsylvania, the important element illustrated from this study was the way the media developed value narratives and attributed them to policies aimed at addressing childhood obesity.

Lobbyists had an influential role to this theme of knowledge and as an external factor related to childhood obesity legislative experiences. Lobbyists were also strongly influenced by trust and issue framing as well, considering the emphasis many of the participants placed on their limited knowledge and lack of experience. This led to many of them relying on external policy

actors, including professional organizations that “lobbied” legislators to either support or oppose childhood obesity related legislation. However, other “major issues” were used that were relatable due to their lack of first-hand experience. Lobbyists influence was identified by the principal investigator in two primary areas of legislative experience. First, lobbyists, including those that did not represent any professional organization, could influence a participant enough to vote in ways that conflicted with their individual values. The participants described how the lobbyists accomplished this by describing how the bill would positively or negatively impact the district. Second, some participants would vote in opposition to their party, or even their constituents, if they valued something strongly enough and lobbyists from a professional organization provided enough evidence to support that value. Representative 7 described this as lobbyists' skill for “speaking their language.” This last form of influence, which was the way that lobbyists have been identified to form partisan identities, was described by Furnas et al. (2019). However, this relationship between this theme of knowledge and lobbyists was too inconsistent between participants, and a much larger sample over a longer period of time would be needed to identify any strong pattern. Lobbyists' influence on the legislative experience and legislators' values should still be incorporated for future research and policy recommendations.

Evidence-based policymaking and practical limitations were related to knowledge in some notable ways described in the literature. Research was conveyed as more of a priority by Democrat participants, however participants from both participants failed to describe why they chose or focused on particular forms of research over others. For example, one Representative said, “the research was clear” on the socioeconomic contributors to childhood obesity, but failed to mention why research for these specific causal pathways were chosen over others. This same lack of clarity was described in the themes above as it related to evidence-based policymaking.

Was it the participants' existing value priorities and beliefs about what primarily leads to childhood obesity that led them to select particular forms of evidence over the others? This same Representative did briefly mention how there needs to be a degree of parental responsibility to go with education and an increase in resources or access, but the emphasis was still placed on environmental factors. This pattern was demonstrated for Republican participants as well, who placed a greater emphasis on responsibility and willpower, but understood that many segments of the population may not have responsible parents or are lacking in resources. These brief acknowledgements for opposing arguments provide another illustration for why value balance was identified as a theme.

One specific example was provided by Representative 2, a Republican, who described how there was “evidence” that demonstrated how whole milk was in fact more nutritious than the 2% or nonfat alternatives that previously replaced it in their school districts. However, this Representative also described how they represented farmers and that the original bill that replaced whole milk hurt the farmers financially. This same Representative also prioritized values like freedom of choice and parental responsibility. This Representative might have acted on and garnered support for this particular bill because of this value alignment and the bill's tangible benefits based on their district's geographic characteristics, which illustrates how practical limitations and evidence-based policymaking can both be interconnected with an individual's values.

The internal factors of political ideology, values, and extrinsic and intrinsic motivation were identified in this theme of knowledge and its relationship to the literature review in some of the same ways the prior two themes were. Essentially, the participants' experiences and knowledge concerning childhood obesity partly influenced the value priorities and ideological

perspective they attributed to childhood obesity. These three themes of value balance, knowledge and political ideology, contained overlap and at times were interconnected. This is why similarities between the three themes kept occurring. One example that illustrates this was the relationship between knowledge and political ideology. Ideology was conveyed by some participants to influence what kinds of information they were willing to consume, select, and apply to childhood obesity. Other times, it seemed to be the participants' knowledge, or lack thereof, that shaped their ideology and value priorities. The latter seemed to occur more often based on the descriptions the participants provided. The participants also conveyed a mixture of both intrinsic and extrinsic motivation, but a few of them made statements of how other participants may be answering dishonestly by not admitting to their tangible incentives. One example a Senator used was the need for re-election. This Senator stated, "if anybody tells you any different, they're probably not being honest. We always have to be cognizant of what we do as it relates to the next election." A couple participants described these same experiences when they were in situations where they needed to be reelected if they hoped to continue their legislative work. This is important, because it illustrates how there will always need to be some degree of extrinsic motivation, even to pursue something that is predominantly intrinsically motivated. There were some participants that described how they would pursue what they felt was right or for the happiness and benefits it brought to their constituents, and did not care if it led to re-election or not. Therefore, there were a few participants that did describe experiences and behavior that were purely intrinsically motivated. These descriptions made it clear to the principal investigator that extrinsic and intrinsic motivation did play an influential role.

The theme of knowledge, like political ideology and value balance, was identified in Schwartz et al.'s (2012) adapted theory of basic individual values (see Figure 2, page 18).

Knowledge, or the lack thereof, seemed to partly contribute to what value priorities the participants described. In this particular case, it was the participants' lack of knowledge or experience with childhood obesity legislation that partly contributed to what values they attributed to this issue. One of the six main features Schwartz (2012) described in his theory was that values are beliefs inextricably linked to affect, and provided a description that included “people for whom independence is an important value become aroused if their independence is threatened, despair when they are helpless to protect it, and are happy when they can enjoy it” (p. 3). The difficulty here is the majority of participants emphasized their lack of experience and knowledge with this issue and associated legislation. These same participants also reinforced the importance of knowledge and education as the best way to address childhood obesity. Therefore, the participants stressed the importance of knowledge while admitting they lacked it themselves, and then attributed and prioritized certain values to childhood obesity over others. This might provide one justification for why values, at times, can supersede knowledge depending on the context of the issue and the legislation proposed to address it. It was noted earlier that the participants were asked which values they prioritized, and were also guided by the principal investigator when it was needed. However, while this will be noted in the limitations and bias sections of the study, the participants made it clear in their descriptions of past experiences with other relatable issues that certain values were prioritized over others in most legislative contexts. There was one last theme that emerged in the participants' responses, which was universal values collectively held by the participants. This theme of universal values and its relation to the literature review and theoretical framework will be described in the next section.

Universal Values

Even with all of the value conflicts that occurred between the participants and other policy actors, there was also plenty of value congruity and what was identified as universal values. The themes thus far have reinforced how there was a lack of knowledge and experience which led to contradictions in statements and misconceptions concerning childhood obesity. The principal investigator also described some instances where a lack of transparency occurred, which may also partly explain why these contradictory statements were made. It is clear by now that every legislator had their own personal value priorities and often categorized them into a shared political ideology. However, some values were still conveyed to transcend the ideological differences identified between the two major political parties, which showed promise for future legislative efforts aimed at addressing childhood obesity in Pennsylvania. These universal values were children's health and well-being, relationships, access, and education. Universal values may be able to cut through the ideological distinctions, value conflicts, and even technical or practical limitations described in all of the sections up to this point. If future childhood obesity recommendations and proposals are able to incorporate some of these universal values, then there may be an increased chance bipartisan support is achieved and future legislation is adopted and implemented. These future research and policy recommendations will be described more in that section.

Cross-sector collaboration continued to be described by the participants in ways that focused on education. It was emphasized by the majority of participants from both parties, which made this factor of cross-sector collaboration described by the literature review important. The participants also conveyed the importance of their relationships, primarily with their fellow party members and with their constituents. However, relationships with lobbyists and other stakeholders were important as well, depending on contextual factors of the legislator, like their

geographic location for example. Some legislators might be persuaded to support a proposal or include recommendations because of their relationship with farmers, for example, like Representative 2. Another legislator might value education and the health and well-being of the children of their district and support a proposal because a researcher demonstrates the lack of physical education they are receiving and how it has led to increases in children who are obese, and as a result have been diagnosed with type II diabetes.

Bipartisan support and political party values are self-explanatory in regards to their relationship as an external factor to universal values. If both parties established a pattern for valuing something like the health and well-being of children as a top priority, then there might be a higher likelihood that both parties can reach a compromise on future legislation addressing childhood obesity. Legislators that prioritize values like freedom of choice, for example, might be more flexible in this area if a proposal can reduce the prevalence of obesity in children in the state, reduce health care costs, and improve their overall education. Support can be increased further if a longstanding relationship they value is strengthened by this proposal as well.

Public values as an external factor are more difficult in regards to universal values, because districts can vary widely in the values they prioritize, especially when the districts are compared economically. There is no reason to believe that a legislator's constituents would not consider the health and well-being of their children or their education to be valued highly, regardless of their party affiliation or economic status. Current controversy exists over what is taught in schools related to gender identity, COVID-19 vaccines for children, and the abortion issue. These are just some examples of highly contested issues between legislators and members of the public regarding the health and well-being of children and adolescents. As it relates to childhood obesity, there are legislative proposals that can potentially reduce the prevalence of

childhood obesity in the state of Pennsylvania without severely diminishing any one value priority or set of value priorities. A couple examples might be setting state minimums on physical education requirements or adding safe routes to school. The potential benefits can also be framed for a variety of stakeholders that might value different objectives or outcomes, whether it is an improved quality of life for children or enhanced safety for activity and leisure.

The child's health and well-being was the primary universal value related to the media and value narratives. Childhood bullying and associated mental and emotional health is a focal point of the media, which can occur as a result of obesity. Children who are obese can also experience a negative self-image and reduced confidence, as well as an increased chance for type II diabetes, asthma, and sleep disturbances. The knowledge theme section above described references in the literature to media messages concerning childhood obesity including "nanny state" However, those narratives were produced years ago, only in the state of New York, and the emphasis was placed on values like freedom of choice. A shift in the media's narrative on the economic costs of childhood obesity and negative health outcomes for both the child's mental and physical well-being might receive more support from the public, especially if they are not aware of the negative health risks.

Lobbyists as an external factor were very similar to public values, but other lobbyists were described by participants that may have possessed different values as well. The greatest difficulty described by the literature review and experienced by the participants was the value conflicts that can occur between "contract lobbyists" and legislators. One Senator described an experience where these particular types of lobbyists came in and did not even let discussions occur concerning the proposal and how it could help alleviate areas identified as "food deserts." There was no explanation or justification for why there was such a resistance, other than it would

negatively impact the entity the lobbyists represented financially. Another Representative described this same difficulty with another entity that was a major provider of candy and other unhealthy food products in their district. The Representative stated explicitly how they had to “be careful” with their descriptions because the entity is a major employer in the area. This provides a good example of the value conflicts that occur at multiple levels of the legislative process. Some of the constituents might become more knowledgeable about the health risks associated with the products they sell, but rely on those jobs to feed their families. The entity itself may potentially only care about its profits, even if it knew that its products could potentially contribute to the prevalence of childhood obesity in the area. Or, it may value the other intangible and tangible benefits it provides for the community more, like community engagement, safe areas for activity, job creation, and an overall boost to the local economy.

Shifting the focus and framing the childhood obesity issue for this entity then, might be more appropriate for the universal value of education. Participants described “lobbyists” as a variety of stakeholders that could potentially be impacted by childhood obesity legislation, even if it is from a values perspective. One particular Senator described how many of their constituents came in to “lobby” and tell emotional stories that over time persuaded the Senator to change the way they perceived medical marijuana usage. The Senator explained how this was a core belief or strongly held value that they normally would not support. This last example was used to illustrate what one Representative described as the misconceptions held by some segments of the population that “all lobbyists are bad” or the “big bad lobbyists.” Contract lobbyists usually represent the interests of entities with far greater resources, which enables them to spend considerably more time with legislators, as well as commit to larger campaign donations. This can give these specific types of lobbyists an advantage at times, but that does not

mean that massive amounts of public support and alignment of values cannot overcome this particular barrier when it presents itself.

Evidence-based policymaking relationship to this theme of universal values and the literature review was similar to the other themes. The themes up to this point have reinforced how research was conveyed to support or enhance the participants' existing value priorities, rather than contend with them. Potential reasons for this were provided in the prior themes, like issue framing by lobbyists or ideological perspectives and party affiliation, among others. These particular experiences involved participants' level of receptivity for research depending on what values it was perceived to conflict or be congruent with. Contrary to this, other participants described how they acted in ways that opposed a value that they held for the majority of their life, and did so because their constituents provided new research concerning the issue. Therefore, sometimes the evidence is enough, regardless of what a legislator's value priorities are, and other times evidence is selected and used based on what the legislator values, whether the evidence is significant or not. Also, participants described experiences where neither their values nor the evidence were the determining factor, but rather it was the constituents' personal stories of struggle or happiness that influenced their behavior. The majority of participants, especially the ones that placed more of an emphasis on ideology, referred to "evidence" in order to support existing value priorities and ideological distinctions. However, research that formulates a narrative that incorporates one or more of these universal values may help facilitate compromise between the two major political parties. One of the many examples might be the positive effect that physical activity may have on academic achievement for school students, which could emphasize universal values of education and the health and well-being of children (Barbosa et al., 2020).

Practical limitations did not have as much of an influence on the participants' experiences as it related to universal values. This is the one theme where physical characteristics and contextual factors of each legislator and their district seemed to play a minor role, because these universal values were shared regardless of these differences. For example, the majority of participants described the health and well-being of children as a top priority, regardless of their demographics and geographic location. The participants described how the universal values of access and education were influenced the most by the tangible aspects of their legislative experiences. For example, districts with fewer economic resources might experience issues with equal opportunities or access to grocery stores, safe spaces for activity, or a more comprehensive curriculum. The lack of resources might require more value trade-offs, especially in the school setting, for these particular districts.

Universal values aligned with the Schwartz et al. (2012) adapted theory of basic individual values as it pertained to childhood obesity legislation (see Figure 2, page 18). While the universal values of access and education did have slightly different goals or motivations that expressed them, they were still considered a top priority by participants from both major political parties. No pattern was identified for distinguishing goals or motivations in regards to the universal values of relationships and the health and well-being of the child. As a result, relationships and the health and well-being of the child had the least amount of conflict or congruity on the motivational continuum. What this theme illustrates is that the participants demonstrated a pattern to reinforce a set of universal values, as it pertained to childhood obesity legislation that may be able to increase the chances of compromise in the Pennsylvania legislature. These universal values can also potentially overcome tangible and practical barriers or differences between the legislators and their respective districts.

Chapter V: Discussion

Most of the literature pertaining to legislators' experiences with childhood obesity legislation, in general, has focused on a variety of factors. However, the majority of those factors have been more objective or tangible, rather than subjective. Moreover, very few if any studies were identified that focused on both legislators strictly from the state of Pennsylvania, and from a basic individual values perspective. The external, tangible, or more practical aspects of the legislative process are still crucial to understanding a legislator's experiences with childhood obesity legislation and how they may act as barriers or enablers to these types of policies.

These external factors, identified by the principal investigator, were cross-sector collaboration, bipartisan support and political party values, public values, the media and value narratives, lobbyists, evidence-based policymaking, and practical limitations. These external factors can act as barriers or enablers not only because they can influence the legislative experience, but also because they can influence each individual legislator or groups of legislators' values as well. However, the focus for this qualitative study was on the more abstract elements of the legislators' experiences with childhood obesity legislation, described as internal barriers or enablers. Primarily, the principal investigator wanted to explore the legislative experience with childhood obesity in Pennsylvania, from a values perspective, as a phenomenon. This is why the Schwartz et al. (2012) refined theory of basic individual values was chosen as the theoretical framework for this study (see Figure 1, page 13). The other internal barriers or enablers identified by the principal investigator in the literature review were political ideology and extrinsic and intrinsic motivation. The former had such a major influence on the participants' experiences with this issue that it was identified as a theme for this study. 18 legislators participated in this study, including 13 Representatives and 5 Senators. The sample was diverse

and included an almost equal distribution of Republican and Democratic participants, which included members of leadership. Different districts with more diverse populations were included as well, which slightly aids in the generalizability of results.

Discussion of Findings

A comprehensive analysis was provided in the section above that compared the literature review and theoretical framework to the identified themes. Therefore, this section will provide a general overview of the meaning and essence that the principal investigator formed from the identified themes. First, Pennsylvania legislators' experiences with childhood obesity legislation were value laden. For the participants that had little to no experience with legislation related to childhood obesity, values still had a strong influence on other complex issues like abortion, Second Amendment rights and gun regulation, and even medical marijuana.

Values were not only influential on legislative experiences with childhood obesity, but participants also prioritized certain values over others consistently. Republican participants demonstrated a pattern to prioritize values like individual responsibility, individual rights, specifically freedom of choice, and conformity to existing rules and law. Democrat participants showed a pattern to prioritize values like equality, governmental responsibility, equity, and security.

Participants also experienced value conflicts, value congruity, and subsequently value-trade-offs due to the various policy actors engaged in the legislative process, which is why the majority of participants reiterated the importance of “value balance.” These value conflicts and congruity the participants experienced also aligned with the Schwartz et al. (2012) adapted theory of basic individual values (see Figure 2, page 18). For example, legislators had to consider

not only their own value priorities, but the value priorities of their constituencies, their party members and members in leadership, or the values of special interest groups to name a few.

Many types of legislation targeting childhood obesity are perceived by legislators, the public and other policy actors or stakeholders, to enhance particular values in one dimension and diminish values in others. For example, advocates of legislation to screen for BMI in children and adolescents in the school setting may have good intentions, aiming to gather data on the school population and determine what types of intervention(s) might be best to improve the health and well-being of their student population. However, past legislation in other states, like Arkansas Act 1220 (Raczynski et al., 2009) for example, received backlash from parents due to concerns over their privacy. There were also concerns about further stigmatization and the children's emotional and mental health that could be negatively impacted by these school BMI measurements. Parents also argued that other individual rights were violated as a result of the act as well. Arkansas Act 1220 is a perfect illustration of the value conflicts and value trade-offs that can occur between legislators and other stakeholder groups concerning childhood obesity legislation. However, Arkansas Act 1220 and its diverse population doesn't imply generalizability to other states like Pennsylvania.

The participants' reinforcement of “value balance” was often outweighed by the prioritization and categorization of values into larger groupings that fell on one end of the political spectrum or another, which was identified as the theme of political ideology. Participants supported this interpretation with statements like “left” or “right” and “conservative” or “liberal.” When the principal investigator elaborated on past legislation and described value conflicts that have occurred, the majority of participants identified themselves and members from the other party in an ideological context. Even when elaboration was not provided, many

participants assumed what members of the “left” or members of the “right” would be more inclined or empathetic to support. This was another contradiction identified by the principal investigator, because these strongly held ideological perspectives, as related to childhood obesity, did not give the impression that context and specific details of each bill matter as much as some of the legislators said it did. These strong ideological perspectives also reinforce why knowledge is vital, and at the same time potentially objectively irrelevant.

Another meaningful element of the participants’ experiences had to do with their lack of specific knowledge and experience with the issue of childhood obesity and legislation aimed at addressing it. This was ironic and contained plenty of contradiction, considering how much the participants emphasized “education” and “expertise” as ways of addressing childhood obesity in Pennsylvania. Knowledge was also meaningful in regards to transparency, considering that some participants, if they did use a reference to a past experience or childhood obesity bill, seemed to be selective and choose evidence or experiences that supported their existing value priorities and ideologies. The misconceptions that currently exist within the public and the legislature can be attributed at least partly to their lack of knowledge concerning childhood obesity, all of its potential causes beyond just a lack of responsibility, and its negative impacts on both the public’s health and on the economy. In order to create a true collaborative effort that involves forming and implementing legislation to help communities and parents with limited resources that also doesn’t infringe on the public’s freedom of choice, legislators need to educate themselves more on this issue.

Many policy recommendations have been created over the course of many years and from “credible” sources like the World Health Organization, the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, The American Heart Association, and many

other governmental agencies, professional organizations, and experts from the literature. Some of these recommendations would involve improvements to the built environment, setting state minimums on physical education, forming community led task forces, and providing safe routes to school and areas for playtime. These are just some examples of options that can “enable” the public to improve their children’s health and well-being without “forcing” certain behaviors. However, these types of recommendations don’t happen by osmosis and require funding and may need to meet other logistical criteria.

One theme that participants from both major political parties shared was universal values. These universal values, for the most part, transcended even ideological differences or common value priority distinctions between the two major political parties, and applied in most legislative contexts. These universal values showed promise for future research and legislative proposals aimed at addressing childhood obesity because universal values can be incorporated into them and increase the chance of bipartisan support and implementation. It is likely, especially with all the practical limitations including legislators’ time constraints and the multitude of issues they have to deal with, that even universal values may not be enough to garner support for future childhood obesity legislation. Even if advocacy groups and researchers get a legislator's time and attention, there are still potentially numerous value conflicts that can occur at multiple levels. Two potential universal values that can have the greatest influence on the public and legislators’ perceptions of childhood obesity, and what values they attribute to this issue, are education and the health and well-being of the children in the state. Educating the public, legislators, and other stakeholders on how this issue can be addressed without greatly diminishing any one value, in order to improve the quality of life for children in Pennsylvania, can be achieved with diligence.

Some participants even described how this issue should “generate broad support” and ensuring that all kids “reach their full potential” is paramount and is a “bipartisan issue.”

Limitations

Many participants did not convey much knowledge or experience with childhood obesity, let alone expertise. The majority of participants did not actually have any first-hand experience with any childhood obesity legislation, and some of the participants had been in office for more than a decade. Both of these reasons were formulated based on what the participants said in their interviews, including explicit statements like “this is not a big issue” or “I have not seen any childhood obesity legislation in the recent or distant past.” The latter statement was actually made by a member in leadership. This should not imply that the participants were not able to form educated responses to the questions they were asked as it pertained to childhood obesity in Pennsylvania, especially with the elaboration provided by the principal investigator. Once other “major issues”, as one Representative described them, were referenced, it aided the participants in their descriptions of their legislative experiences in the context of childhood obesity. The sample is also limited to the state of Pennsylvania, and is not generalizable to other states in the United States. Only 18 participants in total were interviewed, therefore, generalizability of results in just the state of Pennsylvania is also limited. The participants were interviewed mostly through Zoom therefore, the collection of data was limited based on the setting of the interview. Two participants were not able to participate on a Zoom call and could only talk verbally over the phone, which limited their data further. The principal investigator conducted manual coding only, which could have led to poor organization of codes. However, the principal investigator did take sufficient steps to ensure rigorous data collection and analysis, and a justification for the use of manual coding without the support of coding software was provided. The principal

investigator also developed study-specific questions to explore the phenomenon, rather than an established instrument. However, these questions were checked by external auditors to enhance validity.

The participants, due to their lack of experience with childhood obesity legislation, would get confused when a question was asked or sometimes would misinterpret what the principal investigator meant when explanations were provided. This, at times, led to responses that did not accurately answer the questions being asked. Also, some specific parts of questions were occasionally neglected entirely due to participants' time constraints. Ideology was identified as a theme and was influential in the legislators' experiences with childhood obesity legislation, but this concept also influenced the participants based on their interpretations of the questions. This required the principal investigator to clarify their neutrality in the study. Prior to this explanation, some participants would convey an irritated or defensive tone and presume that the investigator was implying a “mandate” or that they preferred one value system over another. However, these participants were in the minority. The principal investigator was not an experienced interviewer and therefore was limited in skill and expertise conducting the interviews. The principal investigator also described instances of contradiction in the participants' responses, and it is unknown to the principal investigator whether or not this was their lack of knowledge and experience or a lack of transparency. However, a few participants did make statements that some legislators may “not be telling the truth” or were not “being honest” in their responses if they did not acknowledge the extrinsic motivation and tangible incentives that oftentimes have an influence on their legislative experiences. The principal investigator also possessed their own personal bias concerning the topic of childhood obesity, which could have influenced the

interpretation of the participants' responses. This researcher bias and reflexivity will be described in the following section.

Researcher Bias and Reflexivity

The principal investigator brought their own beliefs and value system to this study, which could have influenced their interpretations of the participants' experiences with childhood obesity. Extensive self-reflection was practiced by the principal investigator in order to reduce any bias or preconceived ideas and attitudes about how elected officials perceive and act upon childhood obesity in the state of Pennsylvania. However, there is no way of removing any potential individual bias completely, considering how highly the principal investigator values the topic and how much time, money, and emotion they have put into it. The principal investigator also has personal experiences with family members and friends, and through work experience who were classified as obese and struggled with this issue. These personal experiences included cases of childhood bullying, emotional and mental distress, and physical health impact such as type II diabetes. Personal experiences were identified in the literature and mirror narratives produced by the media and past legislators from previous research. Common misconceptions like how childhood obesity is simply a lack of “willpower” or “laziness”, were beliefs described by participants in this study. Many participants in this study also demonstrated their lack of knowledge and experience with childhood obesity legislation, which was discouraging to the principal investigator. Some participants therefore not only formed premature ideas about what causes childhood obesity, but also what they thought were the best ways of addressing it. The majority of participants also were not aware of any current legislation or policies in place that address childhood obesity in the state or any of the negative health and economic impacts it can have.

The principal investigator has studied and experienced the issue of childhood obesity enough to know that it is multifactorial, and the participants' lack of knowledge or experience does not change that. The fact that many participants acknowledged a "balance" of values and how both individual behavioral and economic factors can contribute to its prevalence was encouraging. However, a lack of transparency in the participants' responses was described earlier and the principal investigator's bias may have influenced this interpretation. A justification for why there might have been lack of transparency was described earlier, but the researcher's potential bias in this regard should still be noted. Another potential reason or justification for the "lack of transparency" interpretation may be due to the principal investigator's lifelong experiences with local politics. More specifically, the principal investigator had first-hand experience with former elected Representatives and local elected officials, such as county commissioners. Some of these individuals were convicted of crimes or were forced to resign due to their failure of upholding their oath to the public, which clearly included a lack of transparency and dishonesty. However, the principal investigator also had experience with elected officials who were genuine, hardworking, honest individuals who acted with transparency and cared more for their constituents rather than any tangible incentive or "kick back" they might receive. The principal investigator also understands the complexities of the legislative process and representative government, the complexity of an issue like childhood obesity, and their own limitations. Legislators should not be expected to be knowledgeable about every issue, and they bring their own experiences, values, and priorities that are not any less significant than this issue.

Recommendations for Future Research

This qualitative study was unique in that the phenomenon it explored had to do with legislative experiences. Therefore, the focus was to understand the legislative experience more in the context of childhood obesity, in order to better inform legislation and public policy aimed at addressing this issue. Researchers and childhood obesity advocates can use the following questions as a guideline when presenting their research, programs, and proposals to Pennsylvania Representatives and Senators in the future. These questions should continue to be modified and improved, the more this phenomenon is explored. Essentially, every researcher can utilize these questions to develop a “political profile” of every legislator by incorporating objective and subjective factors, including basic individual values. More importantly, these questions can aid researchers and advocacy groups on how to properly frame their research and proposals. Representative 7 described this when they mentioned how lobbyists are effective because they “speak their language” referring to Republican and Democrat members.

One question could be:

“What are the value priorities of the legislator, and the majority of their constituency?”

Information for question 1 can be gathered from a variety of different sources including digital media. Other examples include the legislator's party affiliation, press dialogue, speeches, past voting behavior, geographic location and demographic information.

Another question could be:

“Does the legislator describe or demonstrate value priorities that can be categorized as political ideology?” If the legislator uses terminology and refers to the other major political party in an ideological context, then the legislator will likely be less supportive of proposals that conflict with that ideology. A follow-up question to the previous question could be “In what

ways do the policy recommendations or proposals conflict with or are congruent with those value priorities?” Information for question 2 can be gathered from past legislation and research on childhood obesity, as well as information gathered from question 1. If the legislator is a Republican, from a mostly Republican constituency, and they prioritize values like parental authority, individual responsibility and conformity to existing rules and law, then they will likely be more supportive of research and proposals that do not conflict with these values.

Another important question might be:

“What other potential stakeholders can be positively or negatively impacted by the recommendation or proposal, and how highly does the legislator value these relationships?” The participants reinforced the importance of their relationships with other members, especially members of leadership and from their party. Some participants also represented special interests, like farmers from rural districts. Occasionally value conflicts would occur between the legislator’s constituency and these other stakeholders, but the legislator would oppose the majority if they valued these other relationships more. If researchers can identify these relationships, then the legislator may support the proposal.

Two additional questions that could be beneficial for researchers are:

“Does the legislator value something highly that does not fit within their party’s shared value system or ideology?” and “What are some of the practical limitations based on the legislator’s district characteristics? Can those practical limitations be overcome by targeting their value priorities?” In regards to the first question, participants rarely described experiences where they opposed their party and even the majority of their constituents, if a bill was proposed that they perceived impacted a “core value.” For example, one legislator described how they could not “bend” on one of these core values even though their constituency and party collectively

supported it. Legislators are also, at times, simply limited by practical limitations or a bill's "lack of feasibility." Researchers should always consider these practical or tangible characteristics of every legislator and their district. However, if the proposal or recommendations are framed properly, then practical limitations can still be overcome. This is especially true if it is an election year and the legislator's constituency value the issue or bill greatly. An example might be the recent COVID-19 pandemic and how a Senator described that they acted in ways that supported what their constituency valued because it was an election year. This may not have been the most "feasible" or fiscally beneficial decision for their constituency, but the legislator feared losing re-election based on the value priorities of their constituency at the time.

These questions incorporate the external and internal factors from the literature review, the theoretical framework, and the identified themes. The legislative experience is not linear nor does it truly follow an incremental process. The legislature has a procedure or protocol it follows to maintain a system of checks and balances, but the legislative experience is really a complex, multilevel process where a variety of factors, both objective and subjective, within and outside of the legislature, overlap and influence one another to different degrees. The subjective elements, like basic individual values, are also abstract and open to more than one interpretation. This applies not only between legislators, but within individual legislators as well. For example, some participants prioritized a value like freedom of choice and individual rights guaranteed by the Constitution when asked about past legislation aimed at addressing childhood obesity in the school setting. However, when these same values were applied in the context of abortion, conflicts and contradictions occurred and interpretations changed. This controversy over interpretations of the same values depending on the context of the issue or legislation was identified in participants from both parties and led to what one Representative described as "the

hypocrisy of public policy.” Values can also change or evolve over time for the individual legislator and for groups of people, including shared political party values.

The essence of the participants' experiences though was that their values do influence their experiences and decision-making processes concerning childhood obesity legislation; those values are considered in the context of what other policy actors, including their constituencies, value and as a result value conflicts can occur. While knowledge and experience may have helped shape the participants' value priorities, it did not seem to change them in any meaningful way. In fact, objective facts or “evidence” seemed to only reinforce those existing value priorities. Ultimately, the participants' value priorities aligned with their parties and, for the most part, their constituencies. If future research, recommendations, programs, and proposals align with these value priorities and “speak the language” of the legislator, then the chances it garners their support may increase.

Conclusion

Overall, legislative experiences with childhood obesity, from a values perspective, are as complicated and multifactorial as the issue itself. There are also a variety of other external and internal factors that may act as barriers or enablers to childhood obesity legislation or influence the legislators' values, like what the public values, lobbyists' influence, or ideology. Due to these various external and internal barriers or enablers, legislators often experience value conflicts, value congruity, and value trade-offs, all described by Schwartz et al. (2012) in their refined theory of basic individual values. While these individual value conflicts, congruity, and trade-offs were acknowledged by legislators, ideology frequently transcended them and knowledge or evidence-based research only seemed to reinforce them. However, because relationships, access,

education and, most importantly, the general welfare of the child were all universally valued, there is hope for future compromise, even among ideologies that can be combative and polarized.

Many factors need to be considered and incorporated if future childhood obesity legislation is to be successfully passed and implemented. Is the proposal feasible and does it align with the value priorities or ideology of the legislator, their constituency, and their party? In what ways will the proposal conflict with certain value priorities held by the legislator and all the other policy actors or stakeholders impacted by the proposal? Can the proposal be framed to incorporate those value priorities, or evidence provided that reinforces how other values will be enhanced? What other relationships, like with particular lobbyists representing special interest groups, does the legislator have that the proposal can positively impact and that the legislator values? How can an emphasis on education, access, and the general health and well-being of the child be incorporated? Finally, and most importantly, how can all of this be condensed and delivered into an easily understandable message that the legislator will be likely to garner support from colleagues.

The lack of knowledge concerning childhood obesity gave the principal investigator the strong impression that the Pennsylvania legislature is nowhere close to considering recommendations like the aforementioned. The aim of this qualitative study was to explore the experiences Pennsylvania legislators have had with childhood obesity legislation and to see how basic individual values can influence their decision-making process concerning this issue. It is clear that values do have an influence, based on the participants' responses, but more importantly, in order for future legislation to be passed, the academic community and other actors need to align their policy recommendations to the legislators' individual values, not with the intention to deceive or manipulate, but in order to help legislators with limited time and

resources better understand how a suggested piece of legislation can have both tangible and intangible benefits to their constituents like a reduction in school bullying, reduced healthcare costs, healthier food and drink alternatives, and reduced sedentary time. These are just some examples of positive outcomes that could be framed for a variety of values like security, general welfare of the child, equality, and autonomy. This is why knowledge, particularly peer-reviewed research, is crucial. The research can demonstrate the severity of childhood obesity for any particular constituency and provide effective recommendations for how it can be addressed. However, if researchers and other stakeholders don't frame that research appropriately to each individual legislator or group of legislators, then the likelihood of it getting on the agenda and passed could potentially be significantly diminished.

Appendices

Appendix A



**MARYWOOD UNIVERSITY
INSTITUTIONAL REVIEW BOARD**
Immaculata Hall, 2300 Adams Avenue, Scranton, PA 18509

DATE: July 20, 2022

TO: John Volpe

FROM: Marywood University Institutional Review Board

STUDY TITLE: [1904575-3] *Policymakers' Individual Values as Barriers or Enablers to Childhood Obesity Legislation in Pennsylvania*

MUIRB #: 2022-001

SUBMISSION TYPE: Revision #1

ACTION: APPROVED

APPROVAL DATE: July 20, 2022

CHECK IN DUE DATE: May 16, 2023

REVIEW TYPE: EXPEDITED REVIEW

EXPEDITED REVIEW TYPE: 45 CFR 46.110 (b)(1)(ii)

Dear Mr. Volpe:

PLEASE READ THIS LETTER CAREFULLY IN ITS ENTIRETY.

IT CONTAINS IMPORTANT INFORMATION ABOUT YOUR RESEARCH PROPOSAL AND YOUR RESPONSIBILITIES AS AN INVESTIGATOR. THE IRB IS REQUIRED BY FEDERAL LAW TO REPORT ALL SERIOUS OR CONTINUING NONCOMPLIANCE WITH THESE REQUIREMENTS TO FEDERAL AGENCIES.

Thank you for your submission of Revision materials for this research study. Marywood University's Institutional Review Board has **APPROVED** your submission, **which involves a change to the method of data analysis and interpretation from the narrative approach to the phenomenological approach.** This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

No new documents required the IRB's stamp as part of this revision. Past stamped documents may still be found in IRBNet (Reviews tab on left while viewing study > Board Documents at the bottom > next to number 2).

Please also note that:

- **CLOSURE REPORTING:** Upon completion of the research, you must file a closure report form via IRBNet.
- **CHECK IN REPORTING OR CONTINUING REVIEW:** If activities will continue beyond your approval's one-year anniversary of **May 16, 2023**, file a check in (most expedited) or a continuing review form (most full) by or before that date. For continuing review, submit with adequate review time, as lapses are not allowed.
- **RECORDS RETENTION:** You must retain records for a minimum of three years after the official closure date in IRBNet.
- **DEVIATION, UNANTICIPATED PROBLEM OR SERIOUS ADVERSE EVENT REPORTING:** If any of these events occur, you must file the appropriate form immediately via IRBNet.
- **REVISION REQUESTS:** If you decide to make procedural or document changes to your approved project, you must file a revision request form for review and approval prior to implementation, except when necessary to eliminate apparent, immediate hazards to the subjects. In hazardous situations, you must file the form immediately afterward.

The appropriate forms for any of the reports mentioned above may be found on the [IRB's website](#) or IRBNet's [Forms Library](#). The library appears after you begin a follow-up package within your existing project and then click the *Designer* button on the left menu, followed by the blue "Need forms" link on the main screen (opens library under Step 1).

If you have any questions, please contact the Research Office at 570-348-6211, x.2418 or irbhelp@marywood.edu.

Please include your study title and IRBNet ID number in all correspondence with this office. Thank you

and good luck with your research!

Regards,
Institutional Review Board

Appendix B



MARYWOOD UNIVERSITY INSTITUTIONAL REVIEW BOARD
Immaculata Hall, 2300 Adams Avenue, Scranton, PA 18509

DATE: May 16, 2022

TO: John Volpe

FROM: Marywood University Institutional Review Board

STUDY TITLE: [1904575-2] *Policymakers' Individual Values as Barriers or Enablers to Childhood Obesity Legislation in Pennsylvania*

MUIRB #: 2022-001

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED

APPROVAL DATE: May 16, 2022

CHECK IN DUE DATE: May 16, 2023

REVIEW TYPE: EXPEDITED

REVIEW

EXPEDITED REVIEW TYPE: 45 CFR 46.110 (b)(1)(i)(6 and 7)

Dear Mr. Volpe:

PLEASE READ THIS LETTER CAREFULLY IN ITS ENTIRETY.
IT CONTAINS IMPORTANT INFORMATION ABOUT YOUR RESEARCH PROPOSAL AND YOUR RESPONSIBILITIES AS AN INVESTIGATOR. THE IRB IS REQUIRED BY FEDERAL LAW TO REPORT ALL SERIOUS OR CONTINUING NONCOMPLIANCE WITH THESE REQUIREMENTS TO FEDERAL AGENCIES.

Thank you for your submission of Amendment/Modification materials for this research study. Marywood University's Institutional Review Board has **APPROVED** your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

Please remember that informed consent is a process beginning with a complete description of the study and assurance of subject understanding, followed by a signed informed consent and/or assent form, unless a waiver of documentation of informed consent was granted. Informed consent must continue throughout the study via a dialogue between the investigator and each participating research subject. Federal regulations require each subject to receive a written copy of the consent document, unless waived.

We have applied the IRB's approval stamp to the following documents, which we have uploaded with this letter in IRBNet. The stamp must appear on versions shared with subjects whenever possible (e.g. consent form signed by subjects). If it is not feasible to use the stamped versions online (e.g., the email message itself), please ensure that the language in the transmitted version is identical to the stamped version.

1. Informed Consent Form
2. Email Recruitment Message

Please also note that:

- **CLOSURE REPORTING:** Upon completion of the research, you must file a closure report form via IRBNet.
- **CHECK IN REPORTING OR CONTINUING REVIEW:** If activities will continue beyond your approval's one-year anniversary of May 16, 2023, file a check in (most expedited) or a continuing review form (most full) by or before that date. For continuing review, submit with adequate review time, as lapses are not allowed.
- **RECORDS RETENTION:** You must retain records for a minimum of three years after the official closure date in IRBNet.
- **DEVIATION, UNANTICIPATED PROBLEM OR SERIOUS ADVERSE EVENT REPORTING:** If any of these events occur, you must file the appropriate form immediately via IRBNet.
- **REVISION REQUESTS:** If you decide to make procedural or document changes to your approved project, you must file a revision request form for review and approval prior to implementation, except when necessary to eliminate apparent, immediate hazards to the subjects. In hazardous situations, you must file the form immediately afterward.

The appropriate forms for any of the reports mentioned above may be found on the [IRB's website](#) or IRBNet's [Forms Library](#). The library appears after you begin a follow-up package within your existing project and then click the *Designer* button on the left menu, followed by the blue "Need forms" link on the main screen (opens library under Step 1).

If you have any questions, please contact the Research Office at 570-348-6211, x.2418 or irbhelp@marywood.edu.

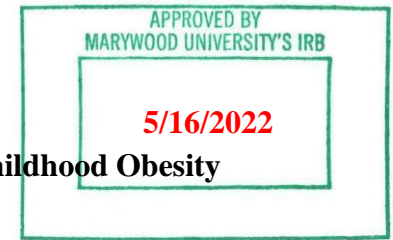
Please include your study title and IRBNet ID number in all correspondence with this office. Thank you and good luck with your research!

Regards,

Institutional Review Board

Appendix C

Informed Consent Form



Title: **Policymakers' Individual Values as Barriers or Enablers to Childhood Obesity Legislation in Pennsylvania**

Principal Investigator (PI): John Volpe- PhD candidate at Marywood University

Principal Investigator Contact Information: (570)-702-9810, jovolpe@m.marywood.edu

Research Advisor: Dr. Lloyd L. Lyter, Marywood University, Professor, School of Social Work

Research Advisor Contact Information: (570)-422-3827, lyter@marywood.edu

Invitation for a Research Study

You are invited to participate in a research study about the ways that individual values can influence a policymaker's decision-making process when forming, proposing, and implementing legislation aimed at addressing childhood obesity in the state of Pennsylvania. You were chosen because you currently hold a political office in the Pennsylvania legislature. Please read this form. Ask any questions you may have before agreeing to take part in this study.

Purpose – About the Study

The purpose of this narrative study will be to identify themes based upon the ways that individual values could influence a policymaker's decision-making processes when forming, adopting, and implementing legislation aimed at addressing childhood obesity in the state of Pennsylvania.

Procedures - What You Will Do

You will be asked to answer interview questions pertaining to your experience with legislation aimed at reducing and eventually reversing the childhood obesity epidemic in the state of PA. These questions will be focused on your individual values and how they might influence your decision-making processes when acting on legislation addressing childhood obesity. These interviews will last between 45 minutes to 1 hour, depending on the length of responses. Interviews will be recorded on two separate digital audio-recording devices to reduce the chance of losing interview data. There will only be one interview and it will be scheduled to occur in person or over a Zoom digital conference call. Zoom interviews will not record audio, but will utilize the built-in transcription application to aid in the transcription process to save on time. To ensure interpretive accuracy, one follow-up discussion regarding the researcher's interpretation

of his findings and general feedback can be coordinated if the public official's schedule permits it.

Risks and Benefits

The risks are no greater than the risks in daily life or activities. Some potential benefits

- Better understanding of how subjective elements, specifically individual values, influence a policymaker's behavior concerning childhood obesity legislation in PA.
- Insights and themes surrounding values and childhood obesity legislation that can be used for future legislative efforts
- Enhanced research dissemination, communication and issue framing by advocacy groups, academia and other stakeholders.
- Improved alignment of core values between policy actors including the public, the media, and other key stakeholders, can potentially increase the likelihood that future childhood obesity legislation will be passed and implemented effectively.

Payment or Other Rewards

You will not receive a payment or reward.

Confidentiality

The records of this study will be kept private. Information used in any written or presented report will not make it possible to identify you. Only the primary investigator and the research committee will have access to the research records. For Zoom users, no web-based action is perfectly secure. However, reasonable efforts will be made to protect your transmission from third-party access. Records will be kept for a minimum of three years. They will then be retained indefinitely. They will be converted to a file and securely locked inaccessible to anyone other than the principal investigator or research committee members. The participants' data will be de-identified using codes and could be used for future studies or distributed to another investigator for future research studies without additional informed consent.

Taking Part is Voluntary

Participation is voluntary. Your decision whether or not to participate will not affect your current or future relationship with the investigator[s]. It will not affect your relationship with Marywood University. You may withdraw at any time. There will be no penalty. To withdraw, tell the principal investigator or advisor by contacting the email provided at the top of page one. If you choose to withdraw, your information will not be used in this study and removed to avoid its usage in future research studies.

Contacts and Questions

If you have questions about this study at any time, contact the principal investigator or the advisor. Their contact information appears at the top of page one.

If you have questions related to the rights of research participants or research-related injuries (where applicable), please contact the Institutional Review Board at (570) 961-4782 or irbhelp@marywood.edu.

You may print a copy of this form to keep for your records.



Statement of Consent

By signing this document:

- You understand what the study involves.
- You have asked questions if you had them.
- You agree to participate in the study.



Printed Name of Subject or Legally Authorized Representative

Signature of Subject or Legally Authorized Representative

Date

Printed Name of Authorized Person Obtaining Informed Consent

Date

Signature of Authorized Person Obtaining Informed Consent

Date

Appendix D

Questions

1. Do your individual values influence the way you act on childhood obesity legislation?
2. Which of the following values do you apply most often to childhood obesity legislation, values involving societal outcomes like equality, justice, tolerance and general welfare? or values such as the freedom to choose, power over resources?
3. What priority do you think values like security, conformity to rules and laws, and tradition have when addressing an issue like childhood obesity?
4. Do you prioritize any self-enhancement values like power, achievement or public image, and do they ever conflict with the values you apply to childhood obesity legislation?
5. Do you find common/shared values within your political party concerning childhood obesity? What do you think those values are?
6. Do any of the shared political party values conflict with your individual values concerning this issue?
7. Do the values of leadership members in the legislature influence your decision-making processes regarding childhood obesity legislation?
8. Do you value not upsetting or hurting members from your political party or constituency?
9. Do external factors like the public, the media, or lobbyists ever influence your individual values concerning childhood obesity?
10. Do you believe that your individual values influence the way you define childhood obesity as an issue, and the types of outcomes or solutions you prioritize to address it?

Appendix E

Protocol for interview

- Provide water and set up a recording device.
- Make sure the recording device is on and recording before beginning.
- Introduction including background information, description of study purpose, and review of informed consent.
- Finish with general discussion and plan for future research. Collect other potential candidates for interviews in the future.

Appendix F

Email Recruitment Message

Subject Line: Individual Values and PA legislation



Dear [Insert name or group/population]:

My name is John Volpe, and I am a PhD candidate at Marywood University. I am conducting a research study. Its purpose will be to identify themes based upon the ways that individual values could influence a policymaker's decision-making processes when forming, adopting, and implementing legislation aimed at addressing childhood obesity in the state of Pennsylvania.

You are invited to participate in the study because you currently are a member of the PA legislature. The research will take place at a location of your choosing or through a zoom video call and will involve only one interview. The Interview will take about 45 minutes to 1 hour depending on the length of your responses, and an alias will be used to keep your identity confidential.

Benefits may include a better understanding of how individual values can influence a legislator's behavior concerning childhood obesity legislation in Pennsylvania. This may result in enhanced research dissemination, as well as improved communication and issue framing between key stakeholders and legislators. This could potentially increase the likelihood that childhood obesity will be passed in the future.

This study has been approved by Marywood University's Institutional Review Board.

Sincerely,

John Volpe
(e): jovolpe@m.marywood.edu
(p): 570-702-9810

References

- Abu-Omar, K., Messing, S., Sarkadi-Nagy, E., Kovacs, V., Kaposvari, C., Hassapidou, M., Janssen, D., Sandu, P., & Tecklenburg, E. (2018). Barriers, facilitators and capacities for childhood obesity prevention in 12 European Union member states: Results of a policy-maker survey. *Public Health Panorama*, 4(3), 271–490.
- Amed, S., Naylor, P.-J., Pinkney, S., Shea, S., Mâsse, L. C., Berg, S., Collet, J.-P., & Higgins, J. W. (2015). Creating a collective impact on childhood obesity: Lessons from the scope initiative. *Canadian Journal of Public Health*, 106(6).
<https://doi.org/10.17269/cjph.106.5114>
- Amis, J. M., Wright, P. M., Dyson, B., Vardaman, J. M., & Ferry, H. (2012). Implementing childhood obesity policy in a new educational environment: The cases of Mississippi and

Tennessee. *American Journal of Public Health*, 102(7), 1406–1413.

<https://doi.org/10.2105/ajph.2011.300414>

Barbosa, A., Whiting, S., Simmonds, P., Scotini Moreno, R., Mendes, R., & Breda, J. (2020).

Physical activity and academic achievement: An umbrella review. *International Journal of Environmental Research and Public Health*, 17(16), 5972.

<https://doi.org/10.3390/ijerph17165972>

Barry, C. L., Brescoll, V. L., & Gollust, S. E. (2013). Framing childhood obesity: How

individualizing the problem affects public support for prevention. *Political*

Psychology, 34(3), 327–349. <https://doi.org/10.1111/pops.12018>

Bernhard, W., & Sulkin, T. (2018). *Legislative style*. The University of Chicago Press.

Bhadoria, A. S., Sahoo, K., Sahoo, B., Choudhury, A. K., Sofi, N. Y., & Kumar, R. (2015).

Childhood obesity: Causes and consequences. *Journal of Family Medicine and Primary*

Care, 4(2), 187. <https://doi.org/10.4103/2249-4863.154628>

Birkland, T. A. (2020). *An introduction to the policy process: Theories, concepts, and models of*

public policy making. Routledge.

Botterill, L. C., & Fenna, A. (2019). *Interrogating public policy theory: A political values*

perspective. Edward Elgar Publishing.

Bromell, D. (2012). Evidence, values and public policy. *The Australia and New Zealand School of Government*.

Brown, C. L., Halvorson, E. E., Cohen, G. M., Lazorick, S., & Skelton, J. A. (2015). Addressing childhood obesity. *Pediatric Clinics of North America*, 62(5), 1241–1261.

<https://doi.org/10.1016/j.pcl.2015.05.013>

Cairney, P., & Oliver, K. (2017). Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? *Health Research Policy and Systems*, 15(1). <https://doi.org/10.1186/s12961-017-0192-x>

Canfield-Davis, K., Jain, S., Wattam, D., McMurtry, J., & Johnson, M. (2010). Factors of influence on legislative decision making: A descriptive study. *Journal of Legal, Ethical and Regulatory Issues*, 13(2).

Carmines, E. G., & D'Amico, N. J. (2015). The new look in political ideology research. *Annual Review of Political Science*, 18(1), 205–216. <https://doi.org/10.1146/annurev-polisci-060314-115422>

Centers for Disease Control and Prevention. (2021, April 5). *Childhood obesity facts*. Centers for Disease Control and Prevention. Retrieved February 14, 2022, from <https://www.cdc.gov/obesity/data/childhood.html>

- Childhood obesity - health statistics A to Z*. Pennsylvania Department of Health. (2019, September 25). Retrieved January 16, 2023, from <https://www.health.pa.gov/topics/HealthStatistics/HealthStatisticsAtoZ/Pages/Childhood-Obesity.aspx>
- Clarke, B., Kwon, J., Swinburn, B., & Sacks, G. (2021). Understanding the dynamics of obesity prevention policy decision-making using a systems perspective: A case study of Healthy Together Victoria. *PLOS ONE*, *16*(1). <https://doi.org/10.1371/journal.pone.0245535>
- Clarke, B., Swinburn, B., & Sacks, G. (2016). The application of theories of the policy process to obesity prevention: A systematic review and meta-synthesis. *BMC Public Health*, *16*(1). <https://doi.org/10.1186/s12889-016-3639-z>
- Cohen, J. E. (2000). Political ideology and tobacco control. *Tobacco Control*, *9*(3), 263–267. <https://doi.org/10.1136/tc.9.3.263>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.
- Cullerton, K., Donnet, T., Lee, A., & Gallegos, D. (2016). Playing the policy game: A review of the barriers to and enablers of nutrition policy change. *Public Health Nutrition*, *19*(14), 2643–2653. <https://doi.org/10.1017/s1368980016000677>
- Cullerton, K., Donnet, T., Lee, A., & Gallegos, D. (2018). Effective advocacy strategies for influencing government nutrition policy: A conceptual model. *International Journal of*

Behavioral Nutrition and Physical Activity, 15(1). <https://doi.org/10.1186/s12966-018-0716-y>

Deal, B. J., Huffman, M. D., Binns, H., & Stone, N. J. (2020). Perspective: Childhood obesity requires new strategies for prevention. *Advances in Nutrition*, 11(5), 1071–1078. <https://doi.org/10.1093/advances/nmaa040>

Di Cesare, M., Sorić, M., Bovet, P., Miranda, J. J., Bhutta, Z., Stevens, G. A., Laxmaiah, A., Kengne, A.-P., & Bentham, J. (2019). The epidemiological burden of obesity in childhood: A worldwide epidemic requiring urgent action. *BMC Medicine*, 17(1). <https://doi.org/10.1186/s12916-019-1449-8>

Dinour, L. M. (2015). Conflict and compromise in public health policy. *Health Education & Behavior*, 42(1_suppl). <https://doi.org/10.1177/1090198114568303>

Dodson, E. A., Fleming, C., Boehmer, T. K., Haire-Joshu, D., Luke, D. A., & Brownson, R. C. (2009). Preventing childhood obesity through State policy: Qualitative assessment of enablers and barriers. *Journal of Public Health Policy*, 30(S1). <https://doi.org/10.1057/jphp.2008.57>

Donaldson, E. A., Cohen, J. E., Truant, P. L., Rutkow, L., Kanarek, N. F., & Barry, C. L. (2015). News media framing of New York City's sugar-sweetened beverage portion-size cap. *American Journal of Public Health*, 105(11), 2202–2209. <https://doi.org/10.2105/ajph.2015.302673>

- Eyler, A. A., Nguyen, L., Kong, J., Yan, Y., & Brownson, R. (2012). Patterns and predictors of enactment of state childhood obesity legislation in the United States: 2006–2009. *American Journal of Public Health, 102*(12), 2294–2302. <https://doi.org/10.2105/ajph.2012.300763>
- Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Services Research, 18*(1). <https://doi.org/10.1186/s12913-018-2915-2>
- Furnas, A. C., Heaney, M. T., & LaPira, T. M. (2019). The partisan ties of lobbying firms. *Research & Politics, 6*(3), 205316801987703. <https://doi.org/10.1177/2053168019877039>
- Ganter, C., Chuang, E., Aftosmes-Tobio, A., Blaine, R. E., Giannetti, M., Land, T., & Davison, K. K. (2015). Community stakeholders' perceptions of barriers to childhood obesity prevention in low-income families, Massachusetts 2012–2013. *Preventing Chronic Disease, 12*. <https://doi.org/10.5888/pcd12.140371>
- Gauld, R. (2011). How do vested interests maintain outdated policy? The case of food Marketing to New Zealand children. *The Open Health Services and Policy Journal, 4*(1), 30–38. <https://doi.org/10.2174/1874924001104010030>
- Gollust, S. E., Kite, H. A., Benning, S. J., Callanan, R. A., Weisman, S. R., & Nanney, M. S. (2014). Use of research evidence in state policymaking for childhood obesity prevention in

Minnesota. *American Journal of Public Health*, 104(10), 1894–1900.

<https://doi.org/10.2105/ajph.2014.302137>

Gollust, S. E., Niederdeppe, J., & Barry, C. L. (2013). Framing the consequences of childhood obesity to increase public support for obesity prevention policy. *American Journal of Public Health*, 103(11). <https://doi.org/10.2105/ajph.2013.301271>

Gortmaker, S., Long, M., Resch, S., Ward, Z., Cradock, A., Barrett, J., Wright, D., Sonnevile, K., Giles, C., Carter, R., Moodie, M., Sacks, G., Swinburn, B., Hsiao, A., Vine, S., Barendregt, J., Vos, T., & Wang, C. (2015). Cost effectiveness of childhood obesity interventions evidence and methods for CHOICES. *American Journal of Preventative Medicine*, 49(1), 102–111.

Graf, M., & Waters, H. (2018, October). *America's obesity crisis: The health and economic costs of excess weight: Milken Institute*. American obesity crisis: The health and economic costs. Retrieved November 2, 2021, from <https://milkeninstitute.org/report/americas-obesity-crisis-health-and-economic-costs-excess-weight>

Graff, S. K., Kappagoda, M., Wooten, H. M., McGowan, A. K., & Ashe, M. (2012). Policies for healthier communities: Historical, legal, and practical elements of the obesity prevention movement. *Annual Review of Public Health*, 33(1), 307–324.
<https://doi.org/10.1146/annurev-publhealth-031811-124608>

- Grossmann, M., & Hopkins, D. A. (2015). Ideological Republicans and group interest Democrats: The asymmetry of american party politics. *Perspectives on Politics, 13*(1), 119–139. <https://doi.org/10.1017/s1537592714003168>
- Hendriks, A.-M., Jansen, M. W. J., Gubbels, J. S., De Vries, N. K., Paulussen, T., & Kremers, S. P. J. (2013). Proposing a conceptual framework for integrated local public health policy, applied to childhood obesity - the behavior change ball. *Implementation Science, 8*(1). <https://doi.org/10.1186/1748-5908-8-46>
- Holman, C., & Luneburg, W. (2012). Lobbying and transparency: A comparative analysis of regulatory reform. *Interest Groups & Advocacy, 1*(1), 75–104. <https://doi.org/10.1057/iga.2012.4>
- Johnson, D. B., Cheadle, A., Podrabsky, M., Quinn, E., MacDougall, E., Cechovic, K., Kovacs, T., Lane, C., Sitaker, M., Chan, N., & Allen, D. (2013). Advancing nutrition and obesity policy through cross-sector collaboration: The local farms – Healthy Kids Initiative in Washington State. *Journal of Hunger & Environmental Nutrition, 8*(2), 171–186. <https://doi.org/10.1080/19320248.2012.761575>
- Jones, E., Eyler, A. A., Nguyen, L., Kong, J., Brownson, R. C., & Bailey, J. H. (2012). It's all in the lens: Differences in views on obesity prevention between advocates and policy makers. *Childhood Obesity, 8*(3), 243–250. <https://doi.org/10.1089/chi.2011.0038>

- Killian, C. M., Kern, B. D., Ellison, D. W., Graber, K. C., & Woods, A. M. (2020). State lawmaker's views on childhood obesity and related school wellness legislation. *Journal of School Health, 90*(4), 257–263. <https://doi.org/10.1111/josh.12871>
- Kindig, D. A. (2015). Can there be political common ground for improving population health? *Milbank Quarterly, 93*(1), 24–27. <https://doi.org/10.1111/1468-0009.12101>
- Kingdon, J. W. (2011). *Agendas, alternatives, and public policies*. Pearson.
- Kumar, S., & Kelly, A. S. (2017). Review of childhood obesity: From epidemiology, etiology, and comorbidities to clinical assessment and treatment. *Mayo Clinic Proceedings, 92*(2), 251–265. <https://doi.org/10.1016/j.mayocp.2016.09.017>
- Kwon, J., Cameron, A. J., Hammond, D., White, C. M., Vanderlee, L., Bhawra, J., & Sacks, G. (2019). A multi-country survey of public support for food policies to promote healthy diets: Findings from the International Food Policy Study. *BMC Public Health, 19*(1). <https://doi.org/10.1186/s12889-019-7483-9>
- Lee, E. Y., & Yoon, K.-H. (2018). Epidemic obesity in children and adolescents: Risk factors and prevention. *Frontiers of Medicine, 12*(6), 658–666. <https://doi.org/10.1007/s11684-018-0640-1>
- Legault, L. (2016). Intrinsic and extrinsic motivation. *Encyclopedia of Personality and Individual Differences, 1*–4. https://doi.org/10.1007/978-3-319-28099-8_1139-1

- Luo, Y., Burley, H., Moe, A., & Sui, M. (2018). A meta-analysis of news media's public agenda-setting effects, 1972-2015. *Journalism & Mass Communication Quarterly*, 96(1), 150–172. <https://doi.org/10.1177/1077699018804500>
- Lyn, R. S., Sheldon, E. R., & Eriksen, M. P. (2017). Adopting state-level policy to support physical activity among school-aged children and adolescents: Georgia's shape act. *Public Health Reports*, 132(2_suppl). <https://doi.org/10.1177/0033354917719705>
- Lyn, R., Aytur, S., Davis, T. A., Eyler, A. A., Evenson, K. R., Chiqui, J. F., Craddock, A. L., Goins, K. V., Litt, J., & Brownson, R. C. (2013). Policy, systems, and environmental approaches for obesity prevention. *Journal of Public Health Management and Practice*, 19(Supplement 1). <https://doi.org/10.1097/phh.0b013e3182841709>
- McConnell, A., & 't Hart, P. (2019). Inaction and public policy: Understanding why policymakers 'do nothing.' *Policy Sciences*, 52(4), 645–661. <https://doi.org/10.1007/s11077-019-09362-2>
- McIntosh, M. J., & Morse, J. M. (2015). Situating and constructing diversity in semi-structured interviews. *Global Qualitative Nursing Research*, 2, 233339361559767. <https://doi.org/10.1177/2333393615597674>
- Mozaffarian, D., Angell, S. Y., Lang, T., & Rivera, J. A. (2018). Role of government policy in nutrition—barriers to and opportunities for healthier eating. *BMJ*. <https://doi.org/10.1136/bmj.k2426>

- Muers, S. (2018). (tech.). *Culture, values and public policy*. Bath: University of Bath.
- Muise, D., Hosseinmardi, H., Howland, B., Mobius, M., Rothschild, D., & Watts, D. J. (2022). Quantifying partisan news diets in web and TV audiences. *Science Advances*, 8(28).
<https://doi.org/10.1126/sciadv.abn0083>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97.
<https://doi.org/10.1007/s40037-019-0509-2>
- Nimegeer, A., Patterson, C., & Hilton, S. (2019). Media framing of childhood obesity: A content analysis of UK newspapers from 1996 to 2014. *BMJ Open*, 9(4).
<https://doi.org/10.1136/bmjopen-2018-025646>
- Noon, E. J. (2018). Interpretive phenomenological analysis: An appropriate methodology for educational research? *Journal of Perspectives in Applied Academic Practice*, 6(1), 75–83.
<https://doi.org/10.14297/jpaap.v6i1.304>
- Olson, S. (2017). *The challenge of treating obesity and overweight: Proceedings of a workshop*. The National Academies Press.
- Parkhurst, J. O. (2017). *The politics of evidence: From evidence-based policy to the good governance of evidence*. Routledge, Taylor & Francis Group.

- Pomeranz, J. L., Siddiqi, A., Bolanos, G. J., Shor, J. A., & Hamad, R. (2017). Consolidated state political party control and the enactment of obesity-related policies in the United States. *Preventive Medicine, 105*, 397–403. <https://doi.org/10.1016/j.ypmed.2017.08.028>
- Raczynski, J. M., Thompson, J. W., Phillips, M. M., Ryan, K. W., & Cleveland, H. W. (2009). Arkansas act 1220 of 2003 to reduce childhood obesity: Its implementation and impact on child and adolescent body mass index. *Journal of Public Health Policy, 30*(S1). <https://doi.org/10.1057/jphp.2008.54>
- Robbins, R., Niederdeppe, J., Lundell, H., & Meyerson, J. (2013). Views of city, county, and state policy makers about childhood obesity in New York State, 2010–2011. *Preventing Chronic Disease, 10*. <https://doi.org/10.5888/pcd10.130164>
- Rutkow, L., Jones-Smith, J., Walters, H. J., O'Hara, M., & Bleich, S. N. (2016). Factors that encourage and discourage policy-making to prevent childhood obesity: Experience in the United States. *Journal of Public Health Policy, 37*(4), 514–527. <https://doi.org/10.1057/s41271-016-0035-y>
- Rutkow, L., Smith, J. J., Walters, H. J., Hara, M. O., & Bleich, S. N. (2016). What motivates stakeholder groups to focus on childhood obesity prevention policies? *Journal of Childhood Obesity, 01*(02). <https://doi.org/10.21767/2572-5394.100007>
- Saldana, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Sage Publications.

- Sapat, A., Schwartz, L., Esnard, A.-M., & Sewordor, E. (2017). Integrating qualitative data analysis software into doctoral public administration education. *Journal of Public Affairs Education, 23*(4), 959–978. <https://doi.org/10.1080/15236803.2017.12002299>
- Schwartz, B. (1990). The creation and destruction of value. *American Psychologist, 45*(1), 7–15. <https://doi.org/10.1037/0003-066x.45.1.7>
- Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. *Advances in Experimental Social Psychology, 1*–65. [https://doi.org/10.1016/s0065-2601\(08\)60281-6](https://doi.org/10.1016/s0065-2601(08)60281-6)
- Schwartz, S. H. (2012). An overview of the Schwartz theory of basic values. *Online Readings in Psychology and Culture, 2*(1). <https://doi.org/10.9707/2307-0919.11116>
- Schwartz, S. H., & Bilsky, W. (1987). Toward a universal psychological structure of human values. *Journal of Personality and Social Psychology, 53*(3), 550–562. <https://doi.org/10.1037/0022-3514.53.3.550>
- Schwartz, S. H., Caprara, G. V., Vecchione, M., Bain, P., Bianchi, G., Caprara, M. G., Cieciuch, J., Kirmanoglu, H., Baslevant, C., Lönnqvist, J.-E., Mamali, C., Manzi, J., Pavlopoulos, V., Posnova, T., Schoen, H., Silvester, J., Taberner, C., Torres, C., Verkasalo, M., ... Zaleski, Z. (2013). Basic personal values underlie and give coherence to political values: A cross national study in 15 countries. *Political Behavior, 36*(4), 899–930. <https://doi.org/10.1007/s11109-013-9255-z>

- Schwartz, S. H., Cieciuch, J., Vecchione, M., Davidov, E., Fischer, R., Beierlein, C., Ramos, A., Verkasalo, M., Lönnqvist, J.-E., Demirutku, K., Dirilen-Gumus, O., & Konty, M. (2012). Refining the theory of basic individual values. *Journal of Personality and Social Psychology, 103*(4), 663–688. <https://doi.org/10.1037/a0029393>
- Seidman, I. (2019). *Interviewing as qualitative research: A guide for researchers in education and the Social Sciences*. Teachers College Press.
- Seifu, L., Ruggiero, C., Ferguson, M., Mui, Y., Lee, B. Y., & Gittelsohn, J. (2018). Simulation modeling to assist with childhood obesity control: Perceptions of baltimore city policymakers. *Journal of Public Health Policy, 39*(2), 173–188. <https://doi.org/10.1057/s41271-018-0125-0>
- Serpas, S., Brandstein, K., McKennett, M., Hillidge, S., Zive, M., & Nader, P. R. (2013). San Diego healthy weight collaborative: A systems approach to address childhood obesity. *Journal of Health Care for the Poor and Underserved, 24*(2A), 80–96. <https://doi.org/10.1353/hpu.2013.0107>
- Shams, L., Akbari Sari, A., & Yazdani, S. (2016). Values in health policy – a concept analysis. *International Journal of Health Policy and Management, 5*(11), 623–630. <https://doi.org/10.15171/ijhpm.2016.102>

- Smith, J. D., Fu, E., & Kobayashi, M. A. (2020). Prevention and management of childhood obesity and its psychological and health comorbidities. *Annual Review of Clinical Psychology, 16*(1), 351–378. <https://doi.org/10.1146/annurev-clinpsy-100219-060201>
- Smith-Lovin, L., & Rokeach, M. (1981). Understanding human values: Individual and societal. *Social Forces, 59*(4), 1330. <https://doi.org/10.2307/2578009>
- Stamatakis, K. A., Lewis, M., Khoong, E. C., & LaSee, C. (2014). State practitioner insights into local public health challenges and opportunities in obesity prevention: A qualitative study. *Preventing Chronic Disease, 11*. <https://doi.org/10.5888/pcd11.130260>
- Stanford, F. C., Tauqeer, Z., & Kyle, T. K. (2018). Media and its influence on obesity. *Current Obesity Reports, 7*(2), 186–192. <https://doi.org/10.1007/s13679-018-0304-0>
- Stewart, J. (2009). *Public policy values*. Palgrave Macmillan.
- Stone, D. A. (2012). *Policy paradox: The art of political decision making*. W.W. Norton & Co.
- Sun, Y., Krakow, M., John, K. K., Liu, M., & Weaver, J. (2015). Framing obesity: How news frames shape attributions and behavioral responses. *Journal of Health Communication, 21*(2), 139–147. <https://doi.org/10.1080/10810730.2015.1039676>
- Vallgård, S. (2017). Childhood obesity policies - mighty concerns, meek reactions. *Obesity Reviews, 19*(3), 295–301. <https://doi.org/10.1111/obr.12639>

Voigt, K., Nicholls, S. G., & Williams, G. (2014). *Childhood obesity: Ethical and policy issues*. Oxford University Press.

Weible, C. M., Heikkila, T., deLeon, P., & Sabatier, P. A. (2011). Understanding and influencing the policy process. *Policy Sciences*, 45(1), 1–21. <https://doi.org/10.1007/s11077-011-9143-5>

Williams, M., & Moser, T. (2019). The art of coding and thematic exploration in qualitative research. *International Management Review*, 15(1).

World Health Organization. (2021). *Obesity and overweight*. World Health Organization. Retrieved February 9, 2022, from <https://www.who.int/news-room/factsheets/detail/obesity-and-overweight>