Changes in Policy Maker Attitudes Toward Active Living Communities Issues in Hawaii, 2007–2013

Meghan McGurk and Jay Maddock

Background: Obesity and lack of physical activity are major public health problems in the United States. Well-designed, active living communities (ALCs) can help support physically active lifestyles. This study assessed attitudes of Hawaii decision makers in 2007 and 2013 to determine if priorities toward ALCs changed. Methods: Elected and appointed state and county officials were mailed surveys both years. Respondents rated the importance of 23 specified problems, which included 1 obesity variable and 5 ALC variables. Results: The survey was completed by 126 (70.4%) respondents in 2007 and 117 (60.9%) in 2013. Among the specific problems, only obesity increased in rank from 14th to ninth place. Three variables fell more than 2 places: increasing traffic (fifth to seventh place), poorly planned development and sprawl (seventh to 11th place) and pedestrian safety (12th to 17th place). The other 2 stayed relatively the same: lack of pedestrian walkways, sidewalks, and crosswalks (16th to 15th place) and lack of recreational activities (22nd to 23rd place). Conclusions: Across years, obesity concerns have increased but do not appear to be tied to increases in concern for ALC variables. More education for policymakers on the link between obesity, physical activity, and the built environment is necessary.

Keywords: policy, public health, physical activity, built environment

Regular physical activity (PA) is associated with reduced risk of obesity, stroke, coronary heart disease, type 2 diabetes, some cancers, and all-cause mortality. Despite these benefits, in 2013, almost one-half (49.5%) of US adults did not meet the recommended 150 minutes per week of moderate-intensity aerobic PA. The design of the built environment “can facilitate or constrain PA levels.” Features of the built environment that enable active living include mixed land-use that supports active transport, street-level design to promote multimodal transportation, easy access to PA facilities, and other design features that help people integrate PA into their daily lives. Implementing design and policy strategies to create active living communities (ALCs) is recommended by the Task Force on Community Preventive Services to increase PA at a population level. However, executing such strategies is largely dependent upon the decisions of local policy makers who may lack the political will to prioritize ALC issues or who may not even see these issues as problems that can be addressed through policy.

Understanding the political climate around public health issues and what policy makers identify as problems is crucial for advocates seeking policy change. According to Kingdon’s theory, there are 3 elements to policy change: problems, policies, and politics. Issues become problems in need of policy solutions when they are recognized by policy makers. Policies are proposed and float through the policy stream until a compatible problem in need of a policy solution arises on the political agenda. Politics entails the political climate and receptivity to a policy, such as the national mood or an administration’s agenda. Policy change occurs when the 3 streams align. A shift in the political climate or an event that brings about a new problem are windows of opportunity in which advocates can push their policy solution. Assessing policy makers’ attitudes toward obesity and ALC issues can help advocates identify where to focus their efforts in preparation for policy windows.

In 2007, Maddock and colleagues found that obesity and several issues that influence ALCs—pedestrian safety; lack of pedestrian walkways, crosswalks, and sidewalks; and lack of recreational activities—were of low importance to Hawaii policy makers. This was at a time when policy makers should have identified these issues as problems: 54.5% of Hawaii adults were overweight or obese, 49% of Hawaii adults did not obtain the recommended weekly amount of PA, and the state was ranked seventh highest in the nation for pedestrian fatalities. Between 2007 and 2013, advocacy efforts around active living, healthy eating, and obesity were implemented throughout the state to shift these attitudes and spur policy change. The Hawaii State Department of Health (HDOH) launched the State Physical Activity and Nutrition (PAN) Plan in 2007 to increase awareness of PA and nutrition issues and set statewide priorities through 2012. Coalitions were started in every county to support the PAN Plan and to affect changes that encourage active living and healthy eating. The work done by the coalitions and HDOH to educate and build capacity among local policy makers and advocates was instrumental in the passage of a state Safe Routes to School policy and Complete Streets policies both at the state-level and in all 4 counties. Also during this period, the Childhood Obesity Prevention Task Force, consisting of state leaders and community stakeholders, was legislatively mandated to develop policy recommendations to mitigate the obesity epidemic in Hawaii. The purpose of this study was to assess changes in the attitudes of Hawaii policy makers toward obesity and ALC variables between 2007 and 2013, to understand the impact of these activities, and to inform future advocacy efforts.

Target Population

Hawaii has a small number of elected and appointed officials; therefore, a census sampling approach was used to ensure adequate
sample size. All state and county elected officials and all gubernatorial-appointed officials of state departments and agencies were sent a survey in 2007 and 2013. Appointed state-level officials included the directors and deputy directors of all state departments and appointed board members of state agencies. State department heads included those of the Department of Health, Department of Transportation, Division of Land and Natural Resources, and the Office of Hawaiian Affairs, among others. Positions and contact information were obtained from the publicly available Directory of State, County and Federal Officials.15

The total 2007 population consisted of 185 positions: 25 state senators, 51 state representatives, 2 executive branch members, 34 county council members, 4 mayors, and 69 appointed state-level officials. In 2013, 7 additional appointed state department positions were included, resulting in a total population of 192; the other position numbers remained the same.

All potential participants were mailed a survey, along with a cover letter assuring confidentiality, and a postage-paid return envelope. In 2007, the survey was administered during the legislative session with initial surveys distributed in February. Follow-up calls were made to nonrespondents 3 weeks later, and a second survey was mailed to the remaining nonrespondents 2 months after the initial survey. In 2013, the survey occurred during the convening of a special legislative session with initial surveys mailed out in October. Two weeks later, nonresponding participants with public emails were emailed a copy of the survey and cover letter, and those without public emails were mailed a second survey. Two months after the initial survey, follow-up calls were made to the remaining nonrespondents. Study procedures were approved by the University of Hawaii Committee on Human Studies.

Measures

The survey used in this study was based on a tool published by Leyden and colleagues16 to assess policy maker attitudes in West Virginia. However, the instrument was modified to include a range of current national and Hawaii-based public health and social welfare concerns. Policy makers were first asked to list the 3 issues that they felt most needed to be addressed in Hawaii. They were then asked to rate the severity of 23 public health, economic, and social welfare problems in Hawaii using a Likert scale, with 1 representing “not a problem” and 5 representing “a problem of extreme importance.” The 23 problems included 5 ALC variables (poorly planned development and sprawl; pedestrian safety; lack of pedestrian walkways, crosswalks, and sidewalks; increasing traffic; and lack of recreational activities), and 1 obesity question.

Data Analysis

Policy makers’ prioritization of the 23 close-ended questions were first analyzed for changes in mean ratings of importance and then for changes in relative ranking across years. To aid interpretation, the mean ratings of importance were recoded from 1 to 5 to –2 to +2. Relative rankings of the 23 close-ended questions were based on mean scores. t Tests were then conducted to assess the differences in priorities between years. A repeated measures t test was used to assess the difference among the 33 people who completed the survey both years. Because of concerns over the interdependence of the samples, independent sample t tests were also run without these 33 people. Two-tailed tests and a P value of .05 were used to test for significance for all analyses.

Further analyses were conducted on the ALC variables alone. The 5 ALC variables were combined into a subscale and Cronbach’s α was calculated to assess its reliability. Additional 2-tailed t tests were run on the ALC subscale both with and without the 33 repeated participants to establish any differences in rank by year and position.

The open-ended responses were coded for content by 2 independent raters. In 2007, raters identified 16 discreet categories, and in 2013, 3 additional discreet categories were identified, for a total of 19. When there was disagreement between raters on the classification of responses, the project investigator discussed the coding with raters until consensus was reached.

Results

Participants

During the 2007 survey, 6 appointed state department positions were vacant and removed from the sample. These positions were removed from the study leaving a population of 179, of which 126 (70.4%) returned completed surveys. The respondents were 1 state executive, 15 senators, 34 representatives, 32 county officials, 43 state-level appointed officials, and 1 unidentifiable participant. Among respondents with an official political affiliation, 46 were Democrats and 12 were Republicans.

In 2013, 2 positions were identified as vacant and were removed from the sample. The resulting population included 192 positions, of which 117 (60.9%) returned completed surveys. The respondents were 1 state executive, 15 senators, 26 representatives, 21 county officials, 51 state-level appointed officials, and 2 unidentifiable participants. Of the respondents with an official political affiliation, 39 were Democrats and 3 were Republicans.

The unidentifiable participants were removed from both surveys to enable comparative analysis; the final sample sizes were 125 and 115. There were no significant differences between years on position type, gender, or party affiliation. Participant demographics are outlined in Table 1.

Close-Ended Problem Results

The relative ranking of the 23 close-ended variables was based on mean rating of importance (see Table 2). Among the 5 ALC problems and obesity, only obesity increased in rank, moving from 14th to ninth place between 2007 and 2013. Three variables fell 2 or more places: increasing traffic (fifth to seventh place), poorly planned development and sprawl (seventh to 11th place) and pedestrian safety (12th to 17th place). The other 2 stayed relatively the same: lack of pedestrian walkways, sidewalks, and crosswalks (16th to 15th place) and lack of recreational activities (22nd to 23rd place). In addition, of the 6 economic issues, 3 increased in relative ranking between years: cost of living (sixth to second place), poverty (10th to eighth place), and lack of good jobs (13th to sixth place). Of the remaining economic issues, lack of affordable housing remained the same (first place), high taxes remained relatively the same (15th to 14th) and homelessness decreased (third to fifth place).

Of the ALC variables of interest, only obesity had a statistically significant increase in mean rating of importance (P = .009). Pedestrian safety and poorly planned development and urban sprawl had statistically significant decreases in mean ratings of importance (at P < .001 and P = .002, respectively). The other 3 ALC variables did not change significantly.
Table 1  Sample Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>2007 (n = 125)</th>
<th>2013 (n = 115)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>76 (61.3)</td>
<td>72 (62.6)</td>
</tr>
<tr>
<td>Female</td>
<td>48 (38.7)</td>
<td>43 (37.4)</td>
</tr>
<tr>
<td>Position type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elected state officials (Executive, Senate, House)</td>
<td>50 (40.0)</td>
<td>42 (36.5)</td>
</tr>
<tr>
<td>Appointed state department heads</td>
<td>43 (34.4)</td>
<td>52 (45.2)</td>
</tr>
<tr>
<td>Elected county officials (mayors and councils)</td>
<td>32 (25.6)</td>
<td>21 (18.3)</td>
</tr>
<tr>
<td>Political affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democrat</td>
<td>46 (36.8)</td>
<td>39 (33.9)</td>
</tr>
<tr>
<td>Republican</td>
<td>12 (9.6)</td>
<td>3 (2.6)</td>
</tr>
<tr>
<td>Nonpartisan</td>
<td>67 (53.6)</td>
<td>73 (63.5)</td>
</tr>
</tbody>
</table>

Note. No significant differences were found between 2007 and 2013 for gender, position type, and political affiliation.

Table 2  Assessment of Close-Ended Problem Importance by Key Decision Makers (n = 125 in 2007, n = 115 in 2013)\textsuperscript{a,3}

<table>
<thead>
<tr>
<th>Issue</th>
<th>2007 Rank</th>
<th>2013 Rank</th>
<th>2007 Mean (SD)</th>
<th>2013 Mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of affordable housing\textsuperscript{a}</td>
<td>1</td>
<td>1</td>
<td>1.63 (0.60)</td>
<td>1.37 (0.73)</td>
<td>.003</td>
</tr>
<tr>
<td>Drug abuse\textsuperscript{a}</td>
<td>2</td>
<td>3</td>
<td>1.46 (0.69)</td>
<td>1.27 (0.73)</td>
<td>.039</td>
</tr>
<tr>
<td>Homelessness</td>
<td>3</td>
<td>5</td>
<td>1.33 (0.65)</td>
<td>1.24 (0.73)</td>
<td>.307</td>
</tr>
<tr>
<td>Quality of public education</td>
<td>4</td>
<td>4</td>
<td>1.32 (0.80)</td>
<td>1.25 (0.76)</td>
<td>.445</td>
</tr>
<tr>
<td>Increasing traffic</td>
<td>5</td>
<td>7</td>
<td>1.26 (0.79)</td>
<td>1.05 (0.87)</td>
<td>.052</td>
</tr>
<tr>
<td>Cost of living</td>
<td>6</td>
<td>2</td>
<td>1.15 (0.88)</td>
<td>1.27 (0.86)</td>
<td>.330</td>
</tr>
<tr>
<td>Poorly planned development and urban sprawl\textsuperscript{a}</td>
<td>7</td>
<td>11</td>
<td>1.0 (0.98)</td>
<td>0.70 (0.99)</td>
<td>.022</td>
</tr>
<tr>
<td>Climate change</td>
<td>8</td>
<td>10</td>
<td>0.96 (1.09)</td>
<td>0.72 (1.06)</td>
<td>.087</td>
</tr>
<tr>
<td>Access to healthcare\textsuperscript{a}</td>
<td>9</td>
<td>13</td>
<td>0.96 (1.02)</td>
<td>0.61 (1.05)</td>
<td>.009</td>
</tr>
<tr>
<td>Poverty</td>
<td>10</td>
<td>8</td>
<td>0.90 (0.86)</td>
<td>0.98 (0.81)</td>
<td>.493</td>
</tr>
<tr>
<td>Crime</td>
<td>11</td>
<td>12</td>
<td>0.88 (0.89)</td>
<td>0.68 (0.84)</td>
<td>.091</td>
</tr>
<tr>
<td>Pedestrian safety\textsuperscript{a}</td>
<td>12</td>
<td>17</td>
<td>0.82 (1.04)</td>
<td>0.30 (0.98)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Lack of good jobs\textsuperscript{a}</td>
<td>13</td>
<td>6</td>
<td>0.71 (0.93)</td>
<td>1.20 (0.72)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Obesity\textsuperscript{a}</td>
<td>14</td>
<td>9</td>
<td>0.58 (0.83)</td>
<td>0.88 (0.88)</td>
<td>.009</td>
</tr>
<tr>
<td>High taxes</td>
<td>15</td>
<td>14</td>
<td>0.57 (1.04)</td>
<td>0.41 (1.08)</td>
<td>.253</td>
</tr>
<tr>
<td>Lack of pedestrian walkways, crosswalks, and sidewalks</td>
<td>16</td>
<td>15</td>
<td>0.31 (0.95)</td>
<td>0.32 (0.97)</td>
<td>.935</td>
</tr>
<tr>
<td>Government response to natural disasters\textsuperscript{a}</td>
<td>17</td>
<td>22</td>
<td>0.30 (1.02)</td>
<td>−0.14 (1.05)</td>
<td>.001</td>
</tr>
<tr>
<td>Ethics in government</td>
<td>18</td>
<td>18</td>
<td>0.29 (1.05)</td>
<td>0.22 (1.05)</td>
<td>.593</td>
</tr>
<tr>
<td>Lack of public health training</td>
<td>19</td>
<td>19</td>
<td>0.24 (0.86)</td>
<td>0.06 (0.85)</td>
<td>.125</td>
</tr>
<tr>
<td>Poor nutrition</td>
<td>20</td>
<td>16</td>
<td>0.22 (0.88)</td>
<td>0.31 (0.84)</td>
<td>.445</td>
</tr>
<tr>
<td>Pandemic influenza\textsuperscript{a}</td>
<td>21</td>
<td>20</td>
<td>0.21 (0.90)</td>
<td>−0.07 (0.90)</td>
<td>.018</td>
</tr>
<tr>
<td>Lack of recreational activities</td>
<td>22</td>
<td>23</td>
<td>−0.35 (1.05)</td>
<td>−0.30 (1.13)</td>
<td>.733</td>
</tr>
<tr>
<td>Access to healthy groceries\textsuperscript{a}</td>
<td>23</td>
<td>21</td>
<td>−0.44 (1.02)</td>
<td>−0.11 (1.09)</td>
<td>.018</td>
</tr>
</tbody>
</table>

Note. Issues rated on a continuum from −2 (not a problem) to +2 (an extremely important problem). Issues ranked by mean. Active living community variables and obesity are in bold.

\textsuperscript{a}Statistically significant difference between years on mean rating, P < .05.
Changes in Policy Maker Attitudes to ALC Issues

1059

JPAH Vol. 13, No. 10, 2016

Of the remaining close-ended variables, 5 had statistically significant decreases in mean ratings of importance (lack of affordable housing, drug abuse, access to healthcare, government response to natural disasters, and pandemic influenza), and 2 had statistically significant increases in mean ratings of importance (lack of good jobs and access to healthy groceries).

The repeated measures t test showed no significant differences in the mean ratings of the 33 individuals who took both surveys. In addition, the only difference when eliminating repeated participants from the combined sample was that the decrease in the mean rating for increasing traffic became statistically significant.

ALC Subscale

Cronbach’s α for the 5-item ALC subscale was .64. The mean rating for the overall ALC subscale declined between 2007 (mean = 3.0, SD = 3.0) and 2013 (mean = 2.17, SD = 3.2). This decrease was statistically significant (P = .043).

To uncover any differences in rating by position (state-level elected officials, county-level elected officials, and state-level appointed department heads) and year for the ALC subscale items, t tests were conducted. Across positions, there was only a statistically significant difference for department heads’ rating of pedestrian safety, which declined between years (2007: mean = 0.63, SD = 1.13; 2013: mean = 0.06, SD = 1.07; P = .016). When the tests were rerun without the repeated participants, only the decrease in elected officials’ rating of pedestrian safety became statistically significant (2007: mean = 0.88, SD = 1.05; 2013: mean = 0.25, SD = 0.97; P = .036).

Open-Ended Problem Results

Policy makers identified 353 issues classified in 16 categories in 2007 and 314 issues classified into 19 categories in 2013 (Table 3). In both years, 5 of these categories were related to ALC or obesity issues: environmental issues and sustainability, transportation, sprawl and traffic, active living, and obesity. Items were ordered by the frequency with which they were mentioned as a problem. Across years, environmental issues and sustainability increased in frequency from the third most mentioned issue to the most mentioned issue. Sprawl and traffic and transportation both decreased in frequency between years. Obesity was the least mentioned open-ended problem in 2007, with only 1 policy maker identifying it as an issue. However, in 2013, obesity was identified as a problem by 3 policy makers, and it improved in ranking to second to last place. Active living issues were not mentioned in 2007, but were specifically identified by 2 policy makers in 2013 (Table 3).

Discussion

The results of this study provide insight to guide future public health advocacy. Obesity was the only variable of focus that increased in significance between time periods, whereas the ALC variables that impact obesity decreased in importance or remained relatively the same. Local obesity awareness efforts by the HDOH, Nutrition and Physical Activity Coalitions, and the Obesity Prevention Task Force along with national campaigns developed to bring attention to the obesity epidemic, such as First Lady Michele Obama’s “Let’s Move!” Program and the Institute of Medicine’s “Weight of the...
Nation” Report, seem to have increased Hawaii policy makers’ concern for obesity. However, there is an apparent disconnect in their understanding of the link between built environment factors and obesity. This is particularly evident when examining Hawaii’s national rankings for active living issues and policy makers’ low prioritization of the ALC variables. Between 2007 and 2012, Hawaii only slightly improved in national rankings for pedestrian fatalities, moving down from seventh worst to eighth worst.17 Additionally, in 2007, Hawaii had the worst metropolitan drive time in the nation and only improved to second worst in 2013.19 Despite these poor rankings, Hawaii policy makers felt that pedestrian safety, poorly planned development and sprawl, and the ALC variables combined were less important in 2013 than in 2007.

Recognizing obesity as a problem but neglecting the environmental factors that contribute to it was found in a similar study in Kansas. Legislators prioritized obesity as the second most important problem facing their state but rated PA and nutrition-related problems much lower.20 One explanation for these findings is that policy makers still see obesity as an individual problem requiring individual solutions.21 Framing physical inactivity as a policy problem that requires a policy solution is a difficult, yet necessary task for advocates seeking ALC policy changes.22

Another possible explanation for the findings could be that advocates are not providing the right testimony on the link between these issues or are not educating policy makers effectively. Minnesota legislative committee materials showed that research evidence was not often used in built environment legislation and that justification for policy tended to focus on the impact on the environment and economy, not on health.23 Furthermore, studies have shown that when researchers do provide research justifications for their policies, they do not provide information in a format that is easy to understand, relevant to policy issues, or at the right time.24,25 Public health advocates need to continue to educate decision-makers about the environmental factors that influence obesity, but should target their messages to close this education gap. One option for advocates is to use relevant, digestible research evidence about the health impacts of ALC policies. Social marketing campaigns are another means to effectively educate policy makers. Leyden and colleagues16 found that their walking campaign targeted at adults aged 40 to 65 years not only influenced public behavior, but also increased policy makers’ concerns for walking-related issues. Advocates need to target their testimony and education so it will resonate with policy makers and increase political will.

Despite the disassociation between obesity and ALC issues, there are signs that advocacy efforts are having an impact. Between studies, there was an increase in the number of Hawaii policy makers who identified obesity as a problem in their free responses and the first mention of active living as a problem. These few who recognize ALC issues as problems would be considered “early adopters” by Rogers’ Diffusion of Innovations Theory26 and should be sought to champion ALC issues and spread education in the future.

This study also reveals that times of economic boom are a window of opportunity by which to move ALC policies. In February 2007, Hawaii’s economy was robust, with an unemployment rate of only 2.4%.27 By October 2013, the economy had only slightly rebounded from a recession high unemployment rate of 7.9% to a rate of 5%, which may have caused policy makers to reprioritize issues.28 Economic issues, like lack of affordable housing, cost of living, lack of good jobs, and poverty increased or stayed at the top priority in relative ranking of importance, whereas ALC issues declined or remained a low priority between 2007 and 2013. Municipal leaders surveyed across 8 states said that economic development was a very important part of their daily job responsibilities.29 Other studies among municipal leaders in the United States and Canada have shown financial constraints to be a common barrier to implementing ALC projects and policies.30 Thus, it is not unexpected that during times of economic distress, ALC concerns would decline in importance, whereas economic revitalization would increase in importance for policy makers. It is difficult to justify costly design projects when fiscal resources are low. In contrast, periods of economic development are opportunities to allocate resources to ALC priorities. Beyond fiscal explanations, Friedman31 argued that economic growth results in a more socially and politically progressive society, one that is supportive of social benefit concerns like ALC issues, whereas economic stagnation creates the opposite environment. Whatever the justification, the reality for public health advocates is that efforts must be maintained during economic downfalls to keep public health issues and their policy solutions at the top of policy makers’ minds until an economic boom or another policy window allows them to reprioritize.

Limitations

This study has several limitations. The cross-sectional study design limits the conclusion that policy makers’ attitudes have changed over time; the new attitudes toward ALC variables could be due to changes in the study population. The 2007 study population consisted of elected officials and the cabinet of a 2-term Republican governor, many of whom had been regularly educated about ALC issues throughout their 8-year tenure in office. The 2010 election resulted in new elected officials, including a new Democratic governor and his cabinet, who were elected during the economic crisis and had less exposure to ALC advocacy work. To address this limitation, all 70 officials who were still in office in 2013 were included in the study population and 33 participated in both surveys. Future studies could be further strengthened if conducted across a shorter time period when more officials are still in office.

The timing of the 2013 survey is another study limitation. The 2007 survey was conducted in February, during the regular legislative session. In contrast, the 2013 survey was conducted in October, during the special legislative session, in an attempt to capture legislators in their offices and, therefore, achieve a higher response rate. However, the special session was intense and emotionally charged; therefore, many of the legislators were too busy to respond. This may have caused the lower response rate in 2013 than in 2007. In addition, because the special session was short, the follow-up phone calls were conducted a week earlier in 2013. Waiting an additional week may have yielded more responses. Despite the relatively high 2013 response rate of 60.9%, the lower response rate at follow-up limits the conclusions that can be drawn about priority changes. In addition, the special session issue may have biased the 2013 responses by focusing policy makers’ attention on the controversial issue as opposed to ALC and obesity issues. If the 2013 survey was held during the regular session, as done in 2007, exposure to ALC legislation may have resulted in different prioritization of these issues.

Finally, busy policy makers sometimes delegate tasks such as filling out surveys to their assistants. Although the surveys were addressed directly to policy makers, there is no guarantee that the policy makers themselves actually completed the surveys. Alternatively, legislative staffers can be quite influential in helping policy makers to prioritize issues,25 so it is possible that if legislators relied on staffers to fill out the surveys, they may also rely on them to help make policy decisions.
These limitations aside, this study shows the changes in attitudes of policy makers over time and provides valuable insight into the impact of statewide obesity and ALC awareness activities to direct future efforts.

Conclusions

Over the 6-year study period, concern for obesity increased but does not seem to be tied to an increase in concern for ALC variables. More education is needed on the link between obesity, active living, and the built environment among policy makers. In addition, physical inactivity and the associated ALC issues need to be better framed as policy problems with viable solutions ready to be used when opportunity arises. Finally, the time to address ALC issues through built environment efforts is when the economy and the building industry are robust.

Acknowledgments

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References


