

The Dutch Obesity Strategy Explained

Placing the cabinet's choice for a self-governing
approach within its institutional setting

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Given multiple warnings of national and international advisory institutions, a Dutch obesity strategy seems very important to put a hold to the contemporary 'Globesity' trend. Following on the 2014 advice of the WRR, the Dutch cabinet decided to update its policies. After an in-depth analysis and placed in its context, the updated Dutch obesity strategy appears to be very unlikely to lead to serious changes of the old, by the WRR argued, 'ineffective' Dutch policies, raising questions about the government's choice for the current self-governing obesity approach. At the same time, the paper is the explanation of my new - based on Scharpf's Actor-Centered Institutionalism - Problem-Based Actor-Centered Institutional model. The obesity case functions as explanation of the importance of a dominant government and as test for the importance of problem framing as part of actors' strategies. This new attempt to increase the fit of policy analysis with reality shows that, from an obesity perspective, there exists reasons to believe that problem framing indeed has explanatory power within the production of policies.

Sugar, rum, and tobacco are commodities which are nowhere necessities of life, which are become objects of almost universal consumption, and which are therefore extremely proper subjects of taxation.

(Smith, A., 1776)

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I. Introduction: ‘Globesity’, Focusing on the Netherlands

During the Geneva meeting on 4 March 2015, the World Health Organization (WHO) published a guideline in which it strongly recommended “to reduce the daily sugar intake for adults to a limit of less than ten percent of their total energy intake, where a maximum of five percent is preferred”.¹ This detailed advice is part of the increasing focus that the WHO puts on the role of nutrition as factor in affecting public health. With this nutrition recommendation, the WHO did a new shout out to national governments to concretize action to make the food environment of citizens healthier (2015: p. 144). There is an important reason for this. According to the WHO, obesity is one of the biggest public health problems at the moment worldwide.² Besides the acknowledgement of public health experts that the roles of biology and behavior in obesity are important factors in influencing public health, more and more evidence is found nowadays that we should also pay important attention to the “toxic environment” (Brownell, 2003: p. 132), which increases inactivity and overconsumption (Bowman et al, 2003). The availability and consumption of competitive foods are associated with increased calories, fats and sugars consumption and with decreased fruits, vegetables and milk intake (Fried & Simon, 2007; Story, Nannery, & Schwartz, 2009), as well as with higher body mass index (Fox, Dodd, Wilson, & Gleason, 2009; Story et al., 2012). Excess body weight and physical inactivity are the main causes for diabetes and obesity.³ In addition, obesity raises also significantly the possibility for certain other diet-related non-communicable diseases (NCDs) like diabetes mellitus, cardiovascular disease, hypertension and stroke, and even certain forms of cancer.⁴

‘Globesity’, one of the names for the escalating global epidemic of obesity that the WHO warned for, has already doubled in numbers since 1980. In statistics, still using data of the WHO, the total percentage of people with overweight worldwide, aged over 18, reached 39% in 2016.⁵ Figure 1.1 and

¹ WHO, 2015a: *WHO calls on countries to reduce sugars intake among adults and children*: <http://www.who.int/mediacentre/news/releases/2015/sugar-guideline/en/> (visited 10-01-2018).

² WHO, 2017: *Obesity and Overweight. Factsheet*, WHO, at: <http://www.who.int/mediacentre/factsheets/fs311/en/> (visited 10-01-2018).

³ Obesity is the more extreme form of overweight. Where a BMI between 25 and 30 is considered as overweight, any value from 30 and higher is obesity (for more information about how to calculate the BMI, see the website of the Food Centre at <http://www.voedingscentrum.nl/encyclopedie/overgewicht.aspx>, for Dutch or the WHO website at <http://www.who.int/mediacentre/factsheets/fs311/en/> for English).

⁴ WHO, 2015b: *Healthy diet*: <http://www.who.int/mediacentre/factsheets/fs394/en/>, factsheet number 394 (visited 01-10-2017).

⁵ WHO, 2017: *Obesity and Overweight. Factsheet*, WHO, at: <http://www.who.int/mediacentre/factsheets/fs311/en/> (visited 10-01-2018).

figure 1.2 (next page) show the overweight rate worldwide in 2014⁶, visualized with certain ranges and per country, separated between men and women respectively. In concrete numbers and referring to the same year, 650 million people worldwide had the more dangerous obesity form.

In the Netherlands, the situation is not very different. Data from the Central Office of Statistics show that, using the same reference year 2014, 43,1% of all Dutch citizens was too heavy and that 11,7% of the total Dutch population had obesity⁷. Looking at the WHO figures 1.1 and 1.2 just mentioned, the overweight rate seems even higher for the Netherlands (at least for men: the Netherlands fits within the '60% and more' category). Continuing the use of the national Dutch data, the overweight rate has increased with 58% (from 27,4%) compared to 1980, while the obesity rate has almost tripled (from 4,4%). The Dutch Council for Health made, in 2003, an estimation that 1 - 1.5% of the total Dutch population had morbid obesity in 2002 (Gezondheidsraad, 2003, p. 37), when the obesity rate in Holland was two-third of what it at the moment. A morbid obesity percentage of 1% to

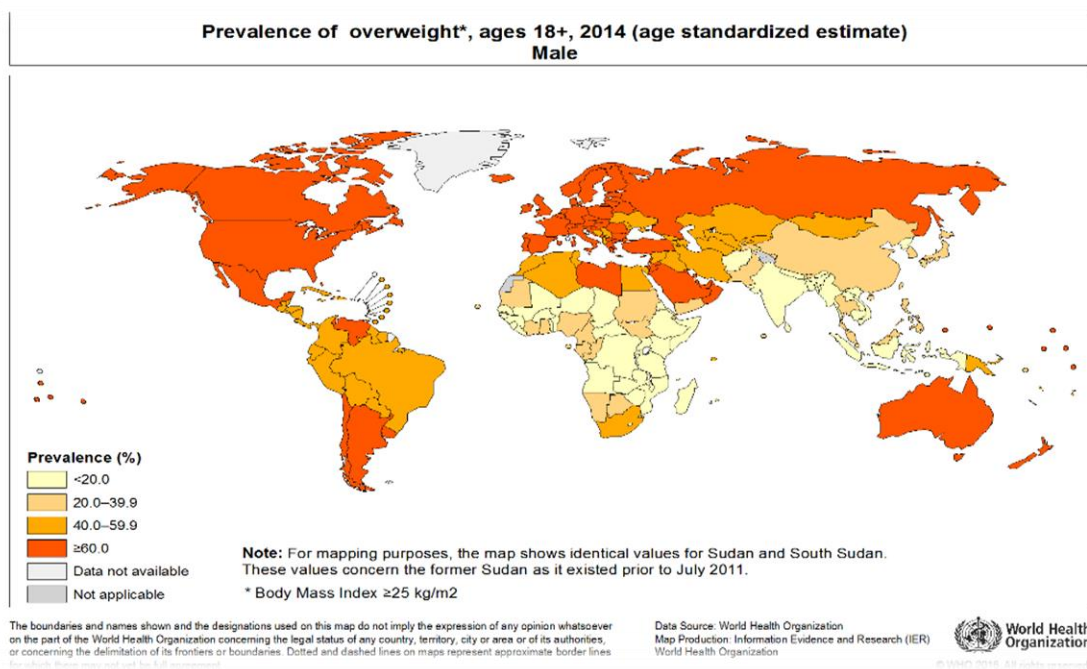


Figure 1.1

⁶ There were no more recent graphs of the worldwide obesity problem available.

⁷ CBS, Statline 2017: *Lengte en Gewicht van personen, ondergewicht en overgewicht; vanaf 1981*: <http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=81565NED> (visited 01-10-2017); using the most up-to-date statistics, which is from the year 2016, the numbers are very much the same: 43,3% overweight and 12,3% obesity.

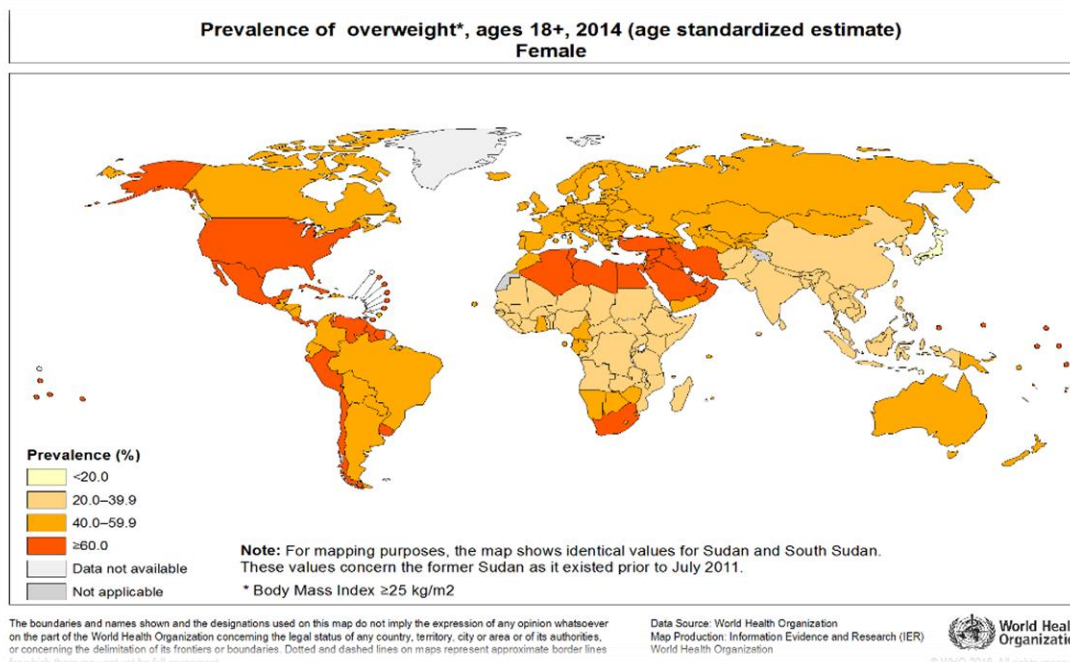


Figure 1.2

1,5% comes down to 17.000-25.500 annual deaths in 2016⁸, where – with the rise in obesity prevalence – this number will most likely be even higher. In other words, the Netherlands are no exception to the ‘globesity’ trend and warnings of the WHO.

At national level, the Scientific Council for the Government (Wetenschappelijke Raad voor het Regeringsbeleid or WRR in Dutch) also published an advice in 2014, called ‘To Food Policies’. In this strategy, the WRR argued that the healthy choice was mainly the difficult choice. At the same time, she warned that fat and sweet choices higher the risks for getting certain chronic diseases and that the number of people facing diseases caused by overweight continue to rise in the near future, mostly in areas with a Western food and drink diet (WRR, 2014: p. 50). Therefore, the WRR strongly recommended the Dutch Cabinet to update its policies in the food sector on short notice. Besides this report, already in 2003 the Dutch Health Council warned the Minister of ‘Health, Welfare and Sports’ that overweight and obesity would cause “one of the biggest future challenges for the Netherlands and

⁷ The Gezondheidsraad has based its estimation on data from the United States and the United Kingdom. Unfortunately, this is only an estimation, neither could I find more recent data of attempts to express the direct effect of obesity on the mortality rate. The mentioned morbid obesity rate is based on 17 million people living in the Netherlands in 2016 (The Worldbank Bank Group. 2017: *Total population*: <https://data.worldbank.org/indicator/SP.POP.TOTL>, visited 01-10-2017).

other Western countries” (2003: p. 35) while, already 45 years ago, an obesity trend⁹ appeared for the first time in one of the advisory reports to the government (Voedingsraad, 1972).

Given the current obesity prevalence and considering the multiple warnings of advisory institutions related to it - of which I mentioned the international WHO and the Dutch WRR and Health Council - a huge challenge exists for countries worldwide to get control over the obesity problem. An interesting question is therefore what countries do at the moment to reduce their obesity rate and to improve their national public health? As one of the first countries, Mexico and Hungary started to tax sugared beverages. Their first results showed significant effects on consumption patterns. Finland and France are two other examples of countries already levying products that contain added sugar¹⁰ and, in addition, Great Britain and Belgium both accepted very recently a tax proposal that involves sugary drinks.¹¹ Although all these countries decided to use fiscal measures as a response to their rising obesity rates, they are rare examples of governments using strong intervention approaches to tackle the obesity problem. Despite a lack of ‘strict’ measures, this does not mean that the remaining majority of countries has no other types of policies in place.

Looking at the Netherlands, also here the food and drink policies have undergone changes and they still face updates from time to time. As an important example, on 30 October 2015, Minister Schippers of Public Health, Welfare and Sports came with an official response to the 2014 WRR policy advice. In this reaction, she informed the Second Chamber about the Cabinet’s renewed food agenda (VWS, 2015a) and it contains the most up-to-date food strategy in the Netherlands at the time of writing, in which obesity (and the less extreme overweight form) is one of the main subjects. Concerning obesity, the main point described in the letter was that the Cabinet recognized the need for adaptations in the food system to guarantee healthy food in the long run and argued that “the protection of the public health of citizens has the highest priority” (VWS, 2015a: p. 2). Furthermore, minister Schippers

⁹ Although the reported trend concerned a very specific group of the population, as opposed to the more recent reports - like the WRR 2014 advice - in which concerns were raised about the whole population.

¹⁰ Distrifood, 2016: *CDA wil suikertaks invoeren*: <http://www.distrifood.nl/assortiment/nieuws/2016/10/cda-wil-suikertaks-invoeren-101102005> (visited 01-10-2017).

¹¹ The Telegraph, 2016: *Sugar Tax: what does it mean, which drinks will be affected and does it work?*, <http://www.telegraph.co.uk/food-and-drink/news/sugar-tax-what-does-it-mean-and-who-will-be-affected/> (visited 01-10-2017); Het Laatste Nieuws, 2015: *Suikertaks op alle frisdranken*, <http://www.hln.be/hln/nl/943/Consument/article/detail/2459318/2015/09/18/Suikertaks-op-alle-frisdranken.dhtml> (visited 01-10-2017); American Heart Association, 2016: *Sugary drink taxes bubbling up worldwide*: <https://news.heart.org/sugary-drink-taxes-bubbling-up-worldwide/> (visited 01-10-2017).

narrowed the task of the government to “facilitating and stimulating into the right direction” (VWS, 2015a: p. 2), a strategy that gives self-control and autonomy to the market.

Comparing this Dutch strategy with the recommendations for policy changes of the above advisory institutions, while the main message of the cabinet’s policy advices was to quickly make the food environment healthier, minister Schippers presents a “facilitating and stimulating” strategy that depends on actions of a self-governing market. A free market consists of many different actors who can have very diverse interests. The question is if and what kind of policies will get produced in such a situation. As example of the obesity market being a battlefield, profit-maximizing food companies¹², who supply unhealthy foods, are involved in the same policy-making process as health promoting scientists¹³, who aim to lower the consumption of these same unhealthy foods. To show the complexity of the obesity market, Klink et al. (2008) came to the conclusion that obesity leads to a lower productivity of employees, more absenteeism at work and lower learning capacities for kids at school. This results in a lower productivity capacity, in numbers and in quality (WRR, 2011), showing more motives for policy change in the obesity process. Furthermore, according to results of Baal et al. (2006), overweight contributes to approximately 10% of total illness in the Netherlands, where - with an aging population - health care costs are already asking an increasing share of national budgets (another topic that has resulted in much debate in the Netherlands in recent years¹⁴).

Where a self-governing approach actually led to a Dutch obesity strategy¹⁵ (see section three for the complete overview of all existing policies), the question is not *if* policies will get produced by it, but rather *how* it was able to produce them and to what kind of policies it led? Was the self-governing approach of the government able to produce obesity policies that represent the urgency for policy change called for by the advisory bodies? That this last question is relevant in the Dutch obesity case, follows – despite the obesity facts above and the warnings of the advisory bodies - also from Schippers’ own words that “the protection of the public health of citizens has the highest priority” (VWS, 2015a: p. 2).

¹² NU.nl, 2017a: *Producenten willen van suikertaboe af*, NU.nl: <https://www.nu.nl/eten-en-drinken/4448679/producenten-willen-van-suikertaboe-af.html>.

¹³ Foodlog, 2015: *Britse artsen: maak frisdrank fors duurder*, Redactie: <https://www.foodlog.nl/artikel/britse-artsen-willen-suikertaks-tegen-obesitas/>.

¹⁴ Trouw, 2013: *Bezuinigen op de zorg is weinig populair, maar wel noodzakelijk*: <https://www.trouw.nl/opinie/bezuinigen-op-de-zorg-is-weinig-populair-maar-wel-noodzakelijk~a09e3f48/> (visited 03-11-2017).

¹⁵ Rijksoverheid, 2018: *Volksgesondheidszorg.info*: <https://www.volksgesondheidszorg.info/onderwerp/overgewicht/preventie-zorg/preventie#!node-aanbod-preventie-van-overgewicht> (visited 10-01-2018).

The question of this paper is therefore: ***how led the in 2015 chosen self-governing approach of the cabinet to the current Dutch obesity strategy and to what extent does this policy-making outcome differ from the latest ‘alarmed discovery’ problem frame of the WRR’s 2014 report ‘To Food Policies’?***

To find an answer to this research question, I will use Fritz Scharpf’s book ‘Actor-Centered Institutionalism. Games Real Actors Play’ (1997) in which Scharpf explains policies as the result of interactions between *actors* within certain *actor constellations* and under a certain *mode of interaction*. Although, during the entire research, this theoretical framework remains the basis, I make two adjustments to it in an attempt to make the Actor-Centered Institutional model a better simplification of reality. For both theoretical and analytical purposes, I will include Deborah Stone’s book ‘Policy Paradox. The Art of Political Decision-Making’ (2011) in the discussions.

The theoretical goal of this research is to strengthen the existing literature about policy-making processes and about how they produce policy outcomes, creating a stronger fit between policy-analysis and real-world situations. The empirical goal is to analyze what place the current Dutch obesity strategy has within the related policy advices about this strategy. By making the obesity policy-making process better understandable, this could stimulate the discussion around the current Dutch obesity policies and the discussion around the choice of the cabinet for a self-governing approach in the first place. The paper will be an in-depth qualitative case study of the obesity policy-making process in the Netherlands, with the cabinet’s report ‘To a Food Agenda’ and the WRR’s advisory report ‘To Food Policies’ as main focus.

Article Overview

The different sections of this paper look as follows. In section two, I will start with a short overview of theories about policy making from a wider angle. After this introductory part, I will specify the theoretical discussion to the theory of Actor-Centered Institutionalism. After an explanation of the causal relationship, I will discuss its shortcomings, how *problem framing* helps in strengthening the model and, accordingly, I will introduce the new model of *Problem Based Actor-Centered Institutionalism*. Based on this theoretical framework, I will formulate the two case expectations of this paper. In section three, I explain the methodology of how I will conduct the research. Section four contains the collection of the relevant data. Consequently, section five, this analytical section consists of two parts. In the first part, I will analyze how the choice of the Dutch cabinet for a self-governing approach led to the existing Dutch obesity strategy. Then, in the second part, my analysis about the other part of the research question follows, about how the current Dutch obesity strategy relates to the

latest policy advice of the WRR. As last, in section six I will combine the results of both case expectations and formulate an answer to the research question. Afterwards, I will shortly discuss the possible limitations of the research done and the implications of the findings for both theory and empery.

II. Theoretical Framework

Political Decision-Making: Policy Change

This section will be an elaboration of the theoretical framework used in the paper. Where I start more general, the discussion will ultimately, at the end of this section, narrow down to the two case expectations on which the rest of the research builds forth. First an introduction to the context in which Actor-Centered Institutionalism of Scharpf exists.

Why get certain policy measures chosen but others not? Political science and political sociology try to understand and improve the conditions under which effective and legitimate solutions to policy problems are produced by politics. To contribute to and expand the existing knowledge we already have and to simplify the complexity of public policy making, many scholars have developed theories about how and when changes in policy processes occur.

Related to earlier policy theorists who emphasize stability and see only incremental adjustments of policy processes (Lindblom, 1959; Wildavsky, 1964), other scientists explain policy changes as small adjustments suddenly interrupted by *critical junctures*. Baumgartner and Jones, with their Punctuated Equilibrium theory, argue that policy processes do change slowly and incrementally at most times but, at the same time, they see abrupt and strong jumps followed by longer periods of stability (2012: p. 3). Also Capoccia and Kelemen (2007) place strong emphasis on the concept of *critical junctures* as part of a dual model of institutional development and path dependence.¹⁶ With the concept of path dependence in mind, they say that there is institutional stability and reproduction in relatively long periods, whereas sometimes occasionally punctuated by “brief phases of institutional flux, during which more dramatic change is possible” (Capoccia & Kelemen, 2007, p. 341).

Motohashi and Kaneko have investigated why differences exist in setting objectives for public health policy between the USA, the United Kingdom, the WHO Regional Office for Europe, and Japan,

¹⁶ Path dependence gets many different definitions among scholars, but Mahoney and Schensul conclude in their analysis of path dependence that the concept refers to the united believe among scholars that “particular events in the past can have crucial effects in the future” (2006, p. 457). Once a certain decision has been made, the possible future decisions are limited by this decision made in history.

while they all four had the same goals (2002). They concluded that this was caused by the history of public health policy developments in each country (Motohashi & Kaneko, 2002).

Markus Haverland, who tried to explain the divergence in old-age pension policy trajectories between The Netherlands and Germany, concluded that a divergence in two originally the same pension fund systems was caused by “the unintended consequence of a series of incremental decisions in combination with contingent events and developments” (2001). Somewhat surprisingly, in his own words, since he originally expected this divergence to be mainly the simple result of differing political choice, different political legacies, institutions and party systems. Nevertheless, also in this study, the historical background and path dependence provided, at least, parts of the explanation.

Erhel & Zejdela also concluded that path dependency is an important factor influencing policy outputs. However, in their comparison between the United Kingdom and France, they argue that policies in different European countries can partly converge and be path dependent at the same time (Erhel & Zejdela, 2004). Erhel and Zejdela showed that path dependency does not always provide clear explanations for a difference between policies. Even stronger, another interesting conclusion of Jeroen Candel is that a difference in policies could also be caused by governments that are not always problem solving and which are not always more efficient than markets (2014). In that case, policies could be simply unexpected decisions, which could cause problems for the welfare-enhancing role we expect from the government.

In addition, other reasons can lay behind governmental decisions. Sabatier and JenkinsSmith introduced a similar theory as Punctuated Equilibrium theory, focusing on policy subsystems. Dinour applied the Advocacy Coalition Framework (Sabatier, 1988; Weible, Sabatier & McQueen, 2009) to the school food environments in the United States and investigated why it was so difficult to change some existing bills (2015). Dinour found that bill supporters faced several external constraints and policy subsystem challenges in their quest to improve school food environments, of which one important external constraint was the economic recession of 2007-2008 cutting budgets for new programs like the school food update. Another founding was that solutions to a policy issue must be “politically acceptable and administratively feasible” (Howlett, Ramesh, & Perl, 2009), something very important to keep in mind when analyzing the obesity policy process later in the paper.

The economic recession could be an example of what Anthony Downs argues: different outputs could be caused by a difference in issue emergence between policy fields (1972). Public attention upon a certain issue does not remain constant all the time. Instead, according to Downs, “problems suddenly leap into prominence, remain there for a short time, and then - though still largely unresolved -

gradually fade from the center of public attention” (1972, p. 38). *Focusing events*, events that have a high level of dramatizability, play an important role for a rise in attention – an *alarmed discovery* - because they increase the short-term interest in policy subjects. These events could be the reason why certain problems do get attention at all and others not, but also, when several problems emerge at the same time, why certain problems get attention over other problems. The economic recession could have dominated while taking away the attention of other problems, where, at the same time, these other problems would have caused policy change in the absence of this dominating recession.

Agenda Setting

Continuing with the concept of *political attention* as a variable for influencing decision making processes, John Kingdon (2011) tries to answer in his book “Agendas, Alternatives and Public Policies” the question why decision makers pay attention to one policy problem or issue, while they do not pay any attention to others. It is not always more important problems that gain attention over less important ones. Instead, sometimes “absolute junk” gets attention over “really significant issues”. With his book, he wants to contribute to a better understanding of the pre-decision public policy process and help to create an answer to the question why policies change. He elaborates on the “Garbage Can Model” of Cohen, March and Olsen (1972).

Kingdon divides the process into four stages (Kingdon, 2011: pp. 2-3), but focuses only on the first two:

- ①. The setting of the agenda
- ②. The specification of alternatives from which a choice is to be made
3. An authoritative choice among those specified alternatives
4. The implementation of the decision

According to Kingdon, policies get on the political agenda when three processes or streams in governmental agenda setting meet. These streams are *problems*, *policies* and *politics* (2011, p. 87). The streams are separate but when they come together at critical junctures, a *policy window* arises: at that moment, the conditions for pushing a subject higher on the political agenda are better than ever (Kingdon, 2011: p. 88).

Actor-Centered Institutionalism

However, when a problem gets on the political agenda, the decision-making process just started and it takes several more stages before an outcome is produced. Despite certain scholars, of whom Haverland, many economists support an action-theoretic approach in finding an explanation for the outcome of

policy processes, in which actors' choices and their strategic action are the explanatory factors. Others go a step further and combine rational-choice theories with institutionalist paradigms (Ostrom et al., 1994; Burns, Baumgartner & Deville, 1985), a combination that results in a better "goodness of fit" between theory and real political interaction (Scharpf, 1997: p. 36). Fritz Scharpf is one of the scientists who did such an attempt. In one of his later books, called 'Games Real Actors Play: Actor-Centered Institutionalism in Policy Research' (1997), Scharpf elaborated on his framework to "better understand policy solutions as a reaction to policy problems". As I mentioned in the introductory section, this framework will be the base for the rest of the paper.

Policy solutions, or *social phenomena* as Scharpf calls them, are "the result of interactions among different actors and the characteristics of the institutional settings in which these actors interact" (1997: p. 1). All variants of institutionalism rest on the assumption that the "rules and systems of rules in any historically given society not only organize and regulate social behavior but make it understandable – and in a limited conditional sense – predictable for those sharing in rule knowledge" (Burns, Baumgartner & Deville, 1985, p. 256). Not how a problem gets on the political agenda is most important, but, once on the agenda, how policy-making leads to solutions for this problem is the central question in these frameworks. The integration of important aspects of *rational choice theory* in Scharpf's interaction-oriented policy research approach is something that Hammond also argues as being very important: "the institutions of governance must be analyzed in conjunction with the preferences (or judgments) of the individuals in these institutions" (1997: p. 129).

Fritz Scharpf, in his book 'Games Real Actors Play. Actor-Centered Institutionalism in Policy Research' focuses on political processes and he tries to understand and improve how politics can produce effective and legitimate solutions to policy problems (1997: p. 12). Scharpf acknowledges that the generalizability of research about public policies is rather hard, because public policies are produced by humans and human actors are not fully objective; they have subjective intentions (Scharpf, 1997: p. 19). With the 'actor-centered' focus, he therefore finds it very important to explain public policies also in relation to the actors in question to be able to understand how they are produced. Together with the interactions among these actors, the *actor constellations*, and the shape of these interactions, *the mode of interaction*, they make the institutional setting of the policy-making process (see figure 2.1).

Furthermore, to be able to model the different actor constellations, a game-theoretic conceptualization of the interactions happening in those 'games', a synonym Scharpf uses to describe a policy making process, is very useful. Although such a conceptualization is a simplification of reality, it is

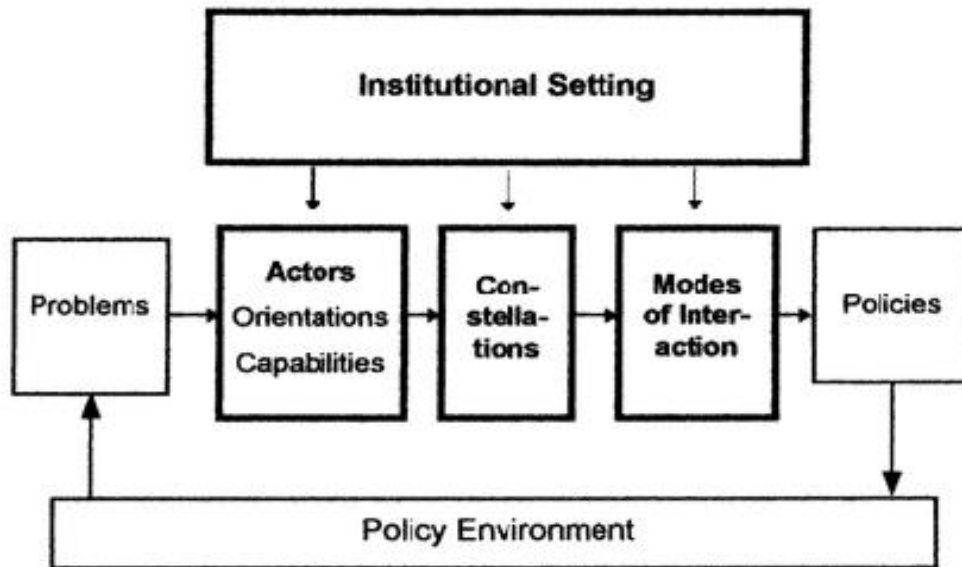


Figure 2.1 Actor-Centered Institutional model (Scharpf, 1997: p. 44)

appropriate so he argues because, in reality, there is also only a limited number of individual and corporate actors that intentionally produces outputs.

In the next two paragraphs, I will describe in more detail the different explanatory variables *actors*, *actor constellation* and *mode of interaction* of 'Actor-Centered Institutionalism'.

Actors

In the actor-centered institutionalist framework, the first explanatory variable is actors. Actors are individuals or groups of individuals who are affected by a certain policy-making process and who are able to influence the outcome of it. Although individuals are always the ones taking a decision, they will often act in the name or interest of someone else, a whole group or a complete organization (Scharpf, 1997: p. 52). Such "composite actors" are participating individuals who want to reach a joint product with their coordinated action. Individuals acting on behalf of a bigger actor have certain "role positions"; they act in the interest of the larger unit of reference according to their social roles (p. 61). Composite actors could be divided into collective and corporate actors (Scharpf, 1997: p. 54). A collective actor consists of decision-making individuals who are close to the people they represent and, therefore, the intention of the actor depends on the joint intention of the ones being represented. Corporate actors consist of individual actors that have a bigger autonomy from the ones affected by their action but whose preferences are clear, because of the contracts they work with, Scharpf argues. Because policy-

intended individuals in composite actors have representative capacity, we assume that we can apply actor-centered concepts to units that include several or many human beings (Scharpf, 1997: p. 51).

Actors are guided by orientations and capabilities (Scharpf, 1997: p. 51). Capabilities are “all action resources that allow an actor to influence an outcome in certain respects and to a certain degree” (Scharpf, 1997: p. 43); they define the possible strategies that actors have in policy-making processes. Examples of capabilities are intelligence, money, use of the military and (especially important in policy processes) institutional rules. Institutional rules “define competencies and grant or limit rights of participation, of veto or of autonomous decision in certain aspects of given policy processes” (Scharpf, 1997: p. 43). What the capabilities are, how effective they are and under which conditions, depends on the details of the complete institutional setting (Scharpf, 1997: p. 51).

The other characteristic of actors, orientations, consists of perceptions and preferences and is the basis for the intended – not the capable - action of actors. Perceptions are the ideas people have about a particular policy problem, they get formed by the knowledge people have and their line of reasoning. Scharpf argues that actors are not omniscient, that they know everything about a particular policy problem or every option how to solve it, nor that they are fully rational. Instead, he does assume that all knowledge about a particular *policy problem*, forming the starting position (or *input*) of the policy-making process (see figure 2.1) - whether complete or incomplete – is the same for all actors involved (1997: p. 62).

Preferences are the other part of actor’s orientations and they are based by the existing situation, or “status quo”, to the causes of the problem, and to perceived policy solutions and their outcomes (Scharpf, 1997: p. 43). They define what actors want. According to Scharpf, the term preference is a complex concept that is hard to measure (1997: p. 63). Therefore, he divides it into four smaller components, which are “interests”, “norms”, “identities” and “interaction orientations”. At first, actors act upon their basic self-interest: “the basic preference of actors for self-preservation (or organizational survival in case of composite actors), autonomy and growth” and depends on the institutional environment in which the actor interacts (Scharpf, 1997: p. 64). The second component of preferences, normative role orientations, relates to public normative expectations about the individuals in decision-making positions. These expectations do not need to be based, per definition, on legally binding rules but can be based on social disapproval as well. Norms can define “the antecedent conditions of particular actions or the purposes to be achieved thereby” (Luhmann, 1966). Thirdly, actors can develop a specific identity by “selectively emphasizing particular self-interests, rules and normative purposes that belong to other individuals and organizations of their type” (Scharpf, 1997: p.

65). As an advantage for requiring empirical data, Scharpf assumes identities to be stable over time. Given the combination of self-interests and norms, this limits the horizon of acceptable choices that can follow from an actor's identity. Lastly, interaction orientations are the relational component between actors. As opposed to what rational-choice theorists assume, actors in the "Actor-centered Institutional Framework" do not solely act out of self-interest (Scharpf, 1997: pp. 63-64). Although this still remains an important component of the concept of "preferences", it is not uncommon that actors concern about the payoffs received by other actors involved (Scharpf, 1997: p. 84). For this reason, it is also important to understand and keep attention to the relational sphere between actors and their preferences.

Although perceptions and preferences are supposed to be stable over time, learning and persuasion can change the original perceptions and preferences that actors have regarding policy problems in decision-making processes (Scharpf, 1997: pp. 43-44). The most important link between perceptions and preferences is that a particular policy issue activates perceptions and, accordingly and based on these perceptions, actors create preferences. Because of this link, it is of crucial interest for the effect of an obtained policy solution whether and to what extent existing perceptions in the policy process differ from the best available universal knowledge (Scharpf, 1997: p. 63).

Constellations of Actors and Modes of Interaction

So far, we have only talked about individual and composite actors as single unit of analysis. However, intentional actors are dependent on the other intentional actors within the institutional setting and so are their choices. The effect is that it is unlikely that one single actor is able to decide upon the final policy output (read: decision-making outcome) unilaterally. All the intentional actors together create one or more *actor constellations* to be able to produce policy outcomes in political decision-making processes. An actor constellation is a group of actors that are dependent on each other and it represents the information of all actors that interact with each other in a policy process or in a phase of a policy process. It includes all their capabilities and orientations, their preferences over different outcomes and the relative differences between them (Scharpf, 1997, p. 44). These relative differences, or conflicts, are an important theoretical factor affecting policy outputs (Scharpf, 1997: p. 69). By mapping the relevant policy problem onto the constellation of policy actors involved, the concept of actor constellations combines policy-analysis with interaction-oriented policy research (Scharpf, 1997: p. 46). The use of actor constellations allows a researcher to describe and compare diverse real-world constellations in a simplistic but clear way.

Although actor constellations are an important factor for explaining policy-making outcomes, the way how actors within these constellations interact is also of influence to the outcome. This way, Scharpf calls it the *mode of interaction*, has multiple procedural characters and these characters are shaped by specific rules (like defining the formal steps in reaching agreements or voting procedures; Scharpf, 1997: p. 46). The different *modes of interaction* are *unilateral action*, *negotiated agreements*, *majority voting* and *hierarchical direction*. Under unilateral action, actors decide whether they produce policies based on own initiative, without the dependence of others. Under negotiated agreements, actors cooperate to produce policies and they are dependent on each other. Still, they are all equal. Majority voting and hierarchical direction are two modes of interaction under which actors can be overruled. Under majority voting, actors are still equal and decide together with votes, by majority, what the policies will be or not be. The actors within the majority overrule the actors in the minority. Under hierarchical direction, one actor has the authority over other actors and can therefore impose policies over them.

At the same time, these types of interaction are affected by “the larger institutional setting within which the interaction takes place”, meaning that certain procedural dimensions of a *mode of interaction* will be more effective in producing policy outputs in one setting than in another (Scharpf, 1997: p. 97). In this light, negotiated agreements take in a special position within a hierarchical setting. The reason is that under this institutional setting, although we are speaking about negotiations, a “shadow of hierarchy” exists. A shadow of hierarchy means that “one side could unilaterally impose its preferred solution if the attempt to reach a negotiated agreement should fail” (Scharpf, 1997: p. 97). Therefore, Scharpf argues, negotiations in the shadow of hierarchy differ in their problem-solving capacity from negotiations in a market setting, they can produce more effective policies (I will come back to this soon).

Both modes of interaction and actors constellations have their own single explanatory power but, at the same time, are dependent upon each other in the policy outcome that is likely to be reached (Scharpf, 1997: p. 48). Therefore, the explanatory power of both actor constellations and modes of interaction are dependent on the complete institutional setting. For a given actor constellation, the expected policy outcome will be different for varying modes of interaction and, vice versa, a given mode of interaction will lead to effective policy outcomes for certain actor constellations but not for others.

Game Theoretical Aspects

With all concepts explained, the next step is to combine them. How do they *together* produce policy outcomes? With *game theory*, one tries to replicate and understand the decision-making process and

the interactions that have taken place within. Game theorists call this replication of the policy-making process *the game played*. The game shows how individual actors interact with each other - creating an actor constellation and under a certain mode of interaction – and how they come to a joint policy strategy, meaning the *outcome*¹⁷ of the interaction process. A game exists when the courses of action are interdependent, meaning that the outcome achieved will be affected by other players' choices (Scharpf, 1997: p. 7). The two fundamental concepts of game-theoretic thinking are *strategic interaction* and *equilibrium outcomes* (Scharpf, 1997: p. 10). Strategic interaction is about actors who are aware of their interdependence and who try to anticipate the choices of others while making up their own choice. All actors know the others will do this too. Equilibrium outcomes are outcomes of games “in which no player can improve his or her own payoff by unilaterally changing to another strategy (Scharpf, 1997: p. 100). So, given the strategy choice of the other players involved and given the institutional setting, players will choose their own strategy choice with the highest payoff. These two fundamentals together will lead to a policy outcome that, for all players involved, is the best option possible, given all strategy choices combined and under the given institutional setting.

New concepts come into place when *playing* such a *game*: *players, strategies* and *payoffs*. Any individual or composite actor that is assumed “capable of making purposeful choices among alternative courses of action” is called a “player”. “Strategies are “the courses of action (or sequences of moves) available to a player” and a “payoff” is “the valuation of a possible outcome by the preferences of the players involved” (Scharpf, 1997: p. 72). There are cooperative and non-cooperative games. In a cooperative game, it is possible to make binding agreements between players before one of them makes his or her choice of action. This makes it possible for strategies in cooperative games to become mandatory, jointly and thus known beforehand, where in non-cooperative games the chosen strategies are always, *ex-ante*, unclear for every player. In a non-cooperative game, anything said before a procedural move is not more than just “cheap talk” (Scharpf, 1997: p. 8).

The strength of game theory is that, besides the explaining power why a certain outcome happened, it also creates the possibility to explore which outcomes would have happened when a certain player had chosen different courses of action, considering all other game characteristics – meaning the institutional setting - *ceteris paribus*, (Scharpf, 1997: p. 23).¹⁸

¹⁷ From now on, I will use both terms *output* and *outcome* interchangeably. In this paper, *game outcome*, *policy outcome* and *policy output* refer to the same concept; they are synonyms for the produced policies.

¹⁸ Later in the analysis chapter, I will use this feature in finding an answer to my research question.

At this point, I want to make a side note. Earlier, I mentioned that negotiations in the shadow of hierarchy differ in their problem-solving capacity from negotiations in a market setting in that they can produce more effective policies. The reason for this lies within the strategic interaction of players. When actors within a policy-making process know the strategy of the hierarchical actor, they will anticipate to that strategy. They know that, in case the chosen mode of interaction is negotiated agreements and when unsatisfactory policies in terms of the hierarchical actor's payoffs will get produced, the hierarchical actor can switch to hierarchical direction. Since the other actors prefer and have more self-governance under negotiated agreements than under hierarchical direction, meaning that they can influence the policy outcomes more, these actors will produce stronger policy measures under negotiated agreements with an existing "shadow of hierarchy".

An Always Dominant Government

A New Dimension of Actors

The produced outputs are a "joint product of the separate choices of (policy-making) actors" (1997: p. 17). With this way of reasoning, Scharpf criticizes colleagues in welfare economics and systems analysis for explaining policy choices as the decision result of a "unitary policymaker or legislator" (Scharpf, 1997: p. 5). When analyzing from this perspective, he argues that the activities of the policymaker are "a game against nature" because decision-theorists assume that policy instruments that require also behavioral changes from other actors can be achieved in an 'easy-to-manage' environment. Rather, so he argues, policy choices are the result of "strategic interactions among independent actors" (Scharpf, 1997: p. 5). For this reason, Scharpf replaces in his book decision-theory by game-theory, which focuses on such interactions.

However, to start with my first critic about Actor-Centered Institutionalism, I do not agree with Scharpf that policy outcomes are produced by strategic interactions rather than by a unitary policymaker. Instead, I think both are important to consider when explaining the adoption of policies. On the one hand, indeed, policies can get produced by different actors interacting with each other and, for policies to be effective, it is almost inevitable for governments to involve other actors. Even in the most hierarchical institutional setting, affected actors will always interact to, at least, try to change the policy environment. On the other hand, nevertheless, it is the government¹⁹ who always decides unilaterally whether the institutional setting will be this hierarchic or not and what the ultimate policy strategy will be. Due to our laws and the hierarchical authority that these laws give to the executing

¹⁹ When I say government, I mean the executing part of it.

government, there is, as opposed to Scharpf's assumption of equality among actors, a unitary policy-maker that has exclusive power above all actors in the policy-making process. So even when the government decides to set aside its authoritative power, this is still the government's choice. Thus, with the existence of a dominant actor, we should not exclude decision-theory in our analysis of the policy-making process while, at the same time, decision-theory will not give us a full explanation or understanding of its outcome. Rather, I argue that using game-theory in the perspective of decision-theory will bring us much further in this aim.

To translate the concept of a dominant government into game-theoretical terms, combining game-theory with decision-theory, we should analyze the government as *dominant actor*. As an actor, the government has a payoff strategy in the *game*. Therefore, for being an actor, I believe that all the government's moves must be considered as part of her *government strategy*. Furthermore, although the actors involved can differ for each policy-making case, because the government is the policy-maker, the government is the only actor that is always present in the basic model of policy-making processes.

Then, what position should the government as an always present and dominant actor therefore get in the new model? Because of her exclusive power by law, the government chooses the *mode of interaction* under which policies will get shaped. At the same time, the government chooses the actor constellations that she wants to create according to her strategy. However, I do not argue that she decides the final shape of all actor constellations or all ultimately produced policies. After all, the government is still dependent on all the actors within the policy-making process, whether chosen or voluntarily involved. Even under a hierarchical direction, policies can still decide to come with own additional policies. However, what the government does decide, is the setting in which actor interactions will take place. Therefore, I do argue that the government already makes an important first step in the production of *policy outcomes*.

So, in short, **my theoretical reasoning is that** policy outcomes are not simply produced by an institutional setting with actor constellations and modes of interaction as a reaction to a policy problem in society, but rather that **the government** as authoritative actor, because she decides the mode of interaction and an important first draft of actor constellations as part of her strategy, **is able to strongly influence the final policy outcome before other actors get involved**. Yet, note that, with the part *is able to strongly influence*, there is still a role of influence for the other actors within the interaction-process following on this decision of the government.

Also Problem Framing Matters

My second critical point to Actor-Centered Institutionalism is about the concept of *problems*. Scharpf sees a problem as a “particular issue” to which the actors in his interaction-process adapt their strategies (1997: p. 43). It is a concept outside the institutional setting (see figure 2.1). Referring back to the *issue-attention cycle* of Downs (1972) that passed the revue in the beginning of the theoretical section, many different actors can execute the role as *alarmed discoverer*, in which a certain actor brings a problem into political attention. With its ‘right of initiative’, the executing government can be the *alarmed discoverer* itself but also actors with specific interests, like lobbyists, private companies, politicians, media, scientists, advisory institutions (on or without request of the government) or citizens can be the actor warning for the urgency of collective action. In other words, everyone can bring a subject into public attention. However, my point is that, because an *alarmed discovery* can start a policy-making process, we should not ignore its possible influence on the final policy *outcome*. Therefore, what follows next is a theoretical outlining of the concept of problem *frames*.

Deborah Stone argues that “politics is political itself” (2011: p.). She wrote her book ‘Policy Paradox. The Art of Political Decision Making’ (2011), because she believed that a mismatch existed between public policy and policy analysis. Stone elaborates and differentiates strategies for how problems can be portrayed, or defined, in different ways. The goal of the book ‘Policy Paradox. The Art of Political Decision Making’ is to help understand and analyze politics and the community model where it exists, with the focus on the arguments and political claims, *framed* into a certain problem definition, which is the basis for policy making and policy paradoxes.

Although the subject of *problem framing* is still undervalued (for a discussion, see Boräng et al., 2014), more and more scholars give attention to the concept of *problem framing* (Baumgartner&Jones, 1991, who talked about a *policy image*; Baumgartner et al. 2008; Baumgartner and Mahoney, 2008; Stone, 2011; Boräng et al., 2014; Boräng&Naurin, 2015; Eising et al., 2015; Klüver, Mahone&Opper, 2015a). Schattschneider (1960) and Riker (1986) have introduced the theoretical lens that political actors have incentives to use certain *frames* to steer policy debates in their favor and thus to influence the perceptions of other actors in the policy-making processes. According to Daviter, *frames* are about what is at stake: “What actors perceive to be at stake in an issue thus depends on what facet or dimension dominates the actor’s perception at a given time” (2009, p. 1118). Schattschneider already argued in 1960 that what is perceived to be at stake is likely to be of big influence for the level of political conflict – and the scope of a conflict will have a large impact on its outcome. Frames can

thus be used to try to manipulate the scope of a conflict, to the benefit of an actor's position, and to influence policy outcomes, so he reasoned.

According to Stone, a problem definition is nothing more than "a statement of a goal and the discrepancy between it and the status-quo" (Stone, 2011: p. 133), but the analytical standards used by political actors, in setting targets, defining problems and judging policy solutions, are political themselves. Her critics to existing policy-analysis find base within three pillars that she explains throughout her book. The first pillar is about the model of reasoning of the individuals – or actors, using Scharpf's framework – involved. Stone thinks in her model of policy analysis of individuals who are dependent and related with each other and who have also public interests next to personal interests, this in contrast with rational choice theories which rely on the assumption that individuals have only personal interests (but at the same time in line with the argumentation of Scharpf). Therefore, we should focus on a model of political reasoning instead of on a model of rational decision-making. Political reasoning is "trying to get others to see a situation as one thing rather than another (...), strategic portrayal for policy's sake" (Stone, 2011: p. 9).

The second pillar is society as a model of political community, not as a market. Away from economical simplifications, people's preferences are "based on loyalties and comparisons of images, because people are psychologically and materially dependent, connected through emotional bonds, traditions and social groups" (Stone, 2011: p. 10). The preferences of individuals are based to a large extend on the problem portrayal and by whom this is done. As third and last pillar, Stone talks about a model of policy-making, about a "constant struggle over the criteria for classification, the boundaries of categories, and the definition of ideals that guide the way people behave" (2011: p. 11). She argues that ideas have a mode of influence even stronger than money, votes and guns and that differing ideas are the core for all political conflict. Because there are many different ideas and values, a policy paradox exists: if different values are in conflict with each other, which one should a politician choose? Therefore, defining problems is "a constant struggle between different values, actors and preferences (...) designed to create ambiguities and paradoxes and to resolve them in a particular direction." (Stone, 2011: p. 7).

Stone criticized the work of her colleagues for the common believe that "politics (is) an unfortunate obstacle to good policy" (Stone, 2011: preface x), and she argues that, instead, politics is part of the rational process and therefore should have focus and attention in a decent policy analysis. She also wants to develop a theory that can be generalized across subjects and stages of policymaking – something that, according to her, is missing at the time of writing. Based on these critics, she developed

five different but general types of languages to show how actors can frame problem definitions and how the use of them can lead to the presence of conflicts.

As first language frame, she comes with symbols. Symbols make use of storytelling and two story lines are important in policy politics: the stories of change - story of decline and the story of rising – and stories of power – the story of helplessness and the story of control (Stone, 2011, p. 158). For symbols, ambiguity is crucial: “ambiguity enables the transformation of individual intentions and actions into collective results and purposes” (Stone, 2011, p. 178). People can benefit from the same policy but for totally different reasons, because of ambiguity (Stone, 2011, p. 179). As second language frame are numbers: many possible measures of any phenomenon are possible and the question how to choose among them depends on the purpose for measuring (Stone, 2011, p. 184). Numbers are always combined with words, symbols and narrative stories (Stone, 2011, p. 204). A major challenge in politics is that many measures are ‘double-edged swords’: for one aspect it is good to be high on the measure but for another aspect it is also good to be low (Stone, 2011, p. 190).

Causes, a third frame, are also important in problem portrayal. How a problem is caused is important for the question what the problem really is and what solutions will be appropriate at the end (p. 226). In the polis, controlling the number and kinds of alternatives on the table is one of the most important techniques of issue framing. Keeping things off the agenda is as much a use of power as getting them on (p. 253). Stone also says: “people choose causal stories not only to shift the blame but also to cast themselves as the most capable fixer” (p. 227). Causes define origin, effects and responsibility to problems. The fourth frame, interests play a role in problem portrayal and they link effects of a certain issue to the actors involved in politics (Stone, 2011: p. 229). When people are strongly affected by something, they fight harder for or against a certain issue than when they are only minimally affected (Stone, 2011: p. 238). According to Stone, there are good interests and bad interests. Social interests fit in the good list, where economic interests fit within the bad list (2011: p. 245). As last and fifth language frame, Stone mentions decisions: presenting the chosen decision as the single best option given the alternatives (Stone, 2011: p. 134).

Problem Framing within the Institutional Setting, as Part of Actors’ Strategies

Although we saw that Schattschneider (1960), Riker (1986, 1996) and Daviter (2014) view *problem framing* as a rational move in affecting the policy *outcome*, Stone’s explanation of the concept implies that even when an actor has not the intention to rationally frame something in a certain way, the political aspect in it is and remains always inevitable; something that could also be possible in *Actor-*

centered Institutionalism because, although actors are assumed rational, they are not assumed fully rational. Nevertheless, whether it is consciously or unconsciously, as *input* for a policy-making process, framing a problem will always affect the policy *outcome* and should, for this reason, always be included in policy analysis. Integrated in the theoretical framework of Actor-centered Institutionalism, with the assumption of rational actors, I actually assume that problem framing does happen intended. In other words, I think that we should not only analyze an *alarmed discovery* as part of the institutional setting in our framework, but actually also as part of actors' strategies. In short, **problem framing affects the final policy outcome and this effect is intended as part of an actor's strategy.**

Although, for the effect in general, it does not matter which actor is the *alarmed discoverer*, I think that this question is relevant for its actual influence on the final policy *outcome*. Baumgartner and Mahoney (2008) have split the concept of *frame* and they divide it into the 'two faces of framing'. These 'two faces of framing' differ in their circumstances and apply to different types of actors. The *first face* is about problem framing of individual actors who try to gain support for their highest policy preferences. However, according to Baumgartner and Mahoney, individual framing strategies do not have per definition big influence on the collective understanding of an issue, while this collective understanding - as second face of policy framing - is more about "the overall mix of frames used in an issue debate" and, accordingly, has a bigger role of influence (Baumgartner and Mahoney, 2008: p. 444).

Considering the reasoning above, I expect individual *alarmed discoverers* - like lobbyists, private companies, politicians, media, scientists and citizens - to have less influence in general on the final policy outcome than problem framing strategies of think tanks, advisory bodies and the government itself have. However, although I argue that such a difference in influence between types of actors exists, any actor can increase its influence on the final policy outcome by doing an *alarmed discovery*.

Combining the Two Critics: a Dominant Government's Problem Frame

With the government as dominant actor, no matter whether the government is itself the *alarmed discoverer* or whether the government responds to another actor's *alarmed discovery* – what is a problem *reframing* instead of a problem frame - the government creates always an "overall mix of frames used in an issue debate" and the government's problem frame thus always influences the final policy outcome. In case of *reframing*, the government increases its own influence on the policy *outcome* at the cost of the *alarmed discoverer's* influence, also when advisory bodies and think tanks are the

alarmed discoverer. Although, for this reason, we should be most aware of the government’s frame in explaining policy outcomes, to understand the complete policy-making process we should still include non-governmental alarmed discoveries into our analysis.

Adjusting the Basic Model: *Problem Based Actor-Centered Institutionalism*

What follows next is a reshaping of the *Actor-Centered Institutional* model of Scharpf into my new *Problem Based Actor-Centered Institutional* model (see figure 2.2). In sum, the adjustments I made to be better able to understand the *game played*, are the dominant role of the government and problem *(re)framing* as part this and other actors’ strategies. To give them a place in my model, I first split Scharpf’s concept of *actors* into *government* and *other actors*. As I argued, the *government* concept should get a place in front of actor constellations and *mode of interaction*, because the government decides both concepts. At the same time, *other actors* have still influence on *actor constellations* and on the final policy *outcome*, therefore I drew connection lines. Note that *actor constellations* still has interchangeable influence with *mode of interaction*, as Scharpf already argued.

Secondly, although it is still the only *problems* concept in the model, I divided the concept *problems* of Scharpf into two. As first time phase in the model, there is an *alarmed discoverer* who gives a frame to a problem in society. I called this concept *problem frame alarmed discoverer*. Then, as second

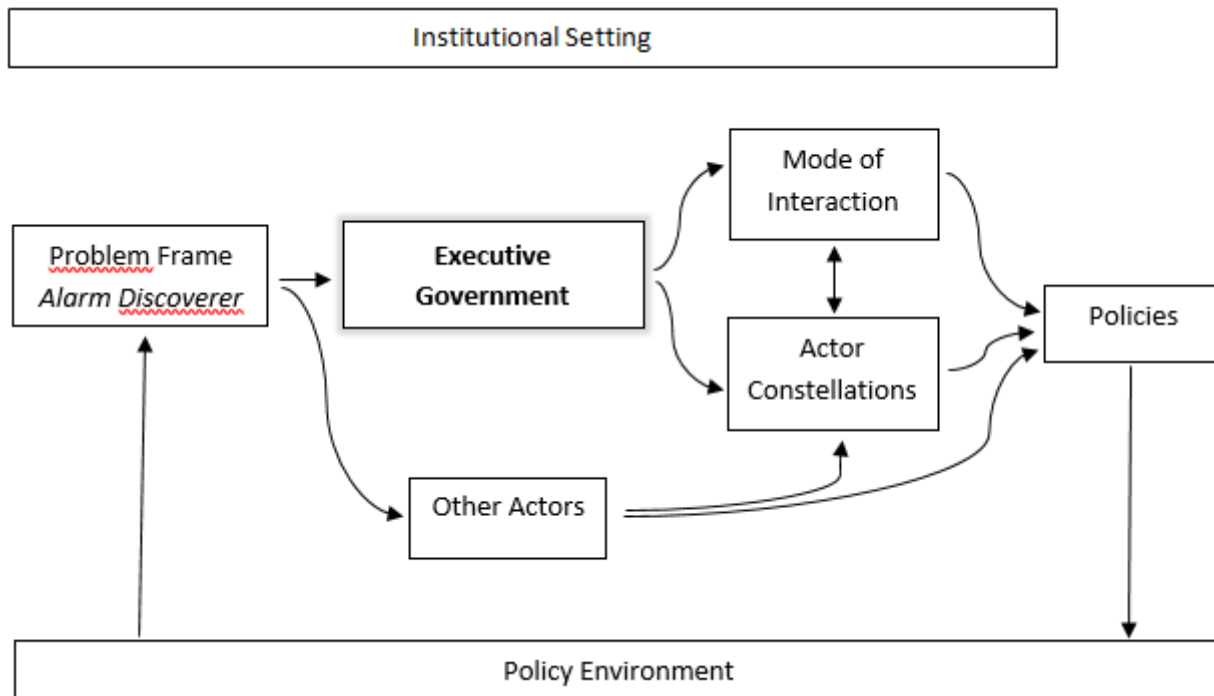


Figure 2.2 Adjusted Model of Actor-Centered Institutionalism: *Problem Based Actor-Centered Institutionalism*

phase, when not itself the *alarmed discoverer* (in that case, both concepts overlap) the government as policy-maker can respond to the alarmed discoverer problem frame. Because such a problem (re)frame by the government is part of the dominant strategy of the government as an actor, this belongs to the already introduced concept of government, but note that the government's problem frame is part of the institutional setting.

In sum, my most important point is that **the government is able to influence the horizon of possible policy outcomes by (re)framing the policy problem and by *deciding* the mode of interaction and the first draft of actor constellations - ex-ante the interaction-process.** The result of both alterations is the model in figure 2.2, which, among the internal adaptation of *actors*, integrates the theoretical concept of *Problem Framing* into *Actor-Centered Institutionalism*.

Research Expectations

The next step is to translate this theoretical expectation into one or more case expectations. As followed from the introductory section, I will demonstrate the relevance of the theoretical adjustments of my model with the obesity case. Based on my new Problem-Based Actor Centered Institutional model, the first case expectation is:

E1: the Dutch cabinet constrained the scope of policy options through its dominant position in the policy-making process.

This expectation captures both the influences of the dominant government choosing the mode of interaction and actor constellations and the way the dominant government portrayed the obesity problem. To prevent that the analysis belonging to this case expectation becomes too complicated, I will not consider the original *alarmed discovery* in this part yet. Because an *alarmed discovery* does not explain how a dominant government leads to a policy-making outcome (it explains how a policy problem leads to a policy-making outcome), this simplification will not cause any biases for the confirmation or rejection of the first case expectation. Furthermore, because the analysis belonging to the first case expectation is a replication of the policy-making process of the current Dutch obesity strategy, I will compare the results of my analysis with the in reality produced current Dutch obesity strategy.

Then, within the analysis of the second case expectation, I will include the *alarmed discovery* into the analysis. Because the Dutch cabinet chose for a self-governing approach, while the WRR argued that a “quick adaptation in policies was necessary”, the second case expectation is that

E2: given the characteristics of the actors within the obesity case, the problem frame of the cabinet's 2015 food agenda led to weaker, or less intervening, obesity policies than to which the problem frame of the WRR's 2014 report 'To Food Policies' would have led.

This expectation is about the importance of problem framing within the dominance of the government. It suggests that, when the cabinet had not reframed the problem frame of the WRR, a stronger Dutch obesity strategy would have existed than currently is the case, one that fits better within the existing urgency brought forward by the policy advices.

By changing the dominant problem frame from the cabinet's one to the *alarmed discoveries* one - the WRR's 2014 report; something that would be actually quite realistic in the obesity case, given the "second phase" character of the WRR (remember the two different types of problem frames of Baum) – I will research what the influence of the WRR's problem frame would be and how the current Dutch obesity strategy hypothetically would have looked like. Then, after comparing for a second time the obtained hypothetical outcome with the existing Dutch obesity policies - like I also did in the analysis of case expectation one - the influence of the cabinet's reframing within the obesity case becomes clear. A confirmation or rejection of the second case expectation depends on this last comparison.

The next section elaborates the methodology of how to conduct the research based on the two case expectations just explained.

III. Methodology: the Logics Behind the Research

Case Selection

While a comparable study with policy-making processes in other sectors - like the alcohol and tobacco cases -, with other countries where authoritative policies are in place - like Mexico and the United Kingdom -, or at other decision-making levels - European or global - would be very interesting in explaining the current obesity policies in the Netherlands, I will conduct an in-depth single case study of the most current Dutch obesity policy-update. Theoretically, such an in-depth focus allows me best to explain the relevance of my model, important above all because this research is a first-step theory test. Empirically, the latest 2015 policy-making process is most directly related to the current Dutch obesity strategy and thus most relevant. In addition, because the 2014 WRR report is the most recent policy advice – containing the most up-to-date knowledge -, a difference in the choice of the cabinet with the latest advice of this advisory institution is most interesting compared to cases based on older *alarmed*

discoveries. The reason for including only the WRR's 2014 report is because the 2015 policy making process was a direct reaction to this advice.

However, because the 2015 policy-making process appears to be an update of an already before existing strategy (VWS, 2015a: p. 10)²⁰, to be able to understand the Dutch obesity case in-depth, I will also include the history of the obesity policy-making process into the analysis. In this way, our understanding of the current Dutch obesity strategy will be best and the answer to the research question will be the most accurate. Besides, this widened focus will raise - as is also true for the choice for an in-depth analysis study - the validity of my conclusion.

Operationalization and Sources

The next step is to make the theoretical concepts measurable and to explain the sources used to collect these empirical data. Concerning the policy reports being the history of the current Dutch obesity strategy, the WRR's 2014 policy advice and the cabinet's 2015 food agenda, I selected all information about the obesity subject in them and I translated this information to English, accordingly. For the policy reports being the history of the current Dutch obesity strategy, these are all reports older than the WRR's 2014 policy advice and, because this is a lot of information, I summarized the main messages presented in them. Concerning the 2014 WRR and 2015 cabinet reports, I described all obesity-related data as direct as possible, but citing only the most important information. Also here, I translated the Dutch information.

The way I selected the relevant reports is based on a backward-strategy. Besides a certain code number categorizing the policy reports to certain general policy categories, in every policy report, also is mentioned which policy report or policy advices preceded the relevant one. In this way, by going back to the mentioned older policy reports, the complete policy-making history becomes step-by-step clear. Consequently, to find these reports, I used Rijksoverheid.nl²¹, the official governmental website where all information about all national policy domains is summarized. As starting point for the backward-strategy, I used the 2015 cabinet's policy report. In this way, with a wide supply of policy reports and a big overlap between policy subjects, I believed that this was the most efficient and effective way to collect the relevant obesity reports. As additional secondary document, as check whether I found the

²⁰ It was already in 1972 that the 'Food Council' brought overweight into attention (WRR, 2011). While it took until 2003 that the Ministry of Health, Welfare and Sports considered overweight as a policy domain on its own, several *alarmed discoveries* followed from that moment (see the next section for an overview).

²¹ Rijksoverheid.nl, 2018a: *Documenten*, at: <https://www.rijksoverheid.nl/>.

important older documents, I used the 2011 exploratory report of the WRR, which summarizes the most important documents related to obesity until 2011.²²

To collect the data about the current Dutch obesity strategy, I used the very recent 2017 Coalition Agreement (Kabinet, 2017) and the Public Health and Care government website²³ to get a general overview of existing obesity policies. However, where these sources are very abstract, I also used the mentioned Rijksoverheid.nl to create a list with all existing obesity policy measures. Because physical inactivity and an overconsumption of calories are seen as the two reasons for overweight and obesity (mentioned in the introduction), I screened all information that pops-up when searching with one or more of the following key words on Rijksoverheid.nl: *overgewicht* (overweight), *obesitas* (obesity), *gezonde voeding* (healthy food), *ongezonde voeding* (unhealthy food), *suiker* (sugar) and *lichamelijke beweging* (physical activity). This method should give a complete picture of all existing Dutch obesity policies. To note, the reports from TweedeKamer.nl are also present on this website, complemented by policy news.

Then, concerning the first case expectation – that the Dutch cabinet constrained the horizon of obesity policy options through its dominant position before interactions took place, where a dominant position means framing the policy problem and deciding the mode of interaction and the first draft of actor constellations ex-ante the interaction-process - I used the cabinet's 2015 problem frame (VWSa, 2015). After all, this 'To a Food Agenda' report is the official government's outline of the most recent obesity strategy update. I selected the data relevant for these three variables as follows. At first, to measure the problem framing by the government, I used the five language frames of Stone's framework. These are numbers, words, causes, interests and solutions (see the theoretical section). By using five language frames in analyzing what the cabinet's problem frame is, risks for shortcomings in validity are not likely. Secondly, the choice for mode of interaction, indicating how authoritative the government will act in the policy-making process, and for actor constellations followed from the same cabinet's report.

To find out which actors make part of the actor constellations chosen, I used the official websites of the actor constellations mentioned in the policy report, by typing their names in GOOGLE. In

²² WRR, 2011: *Landelijk overgewichtbeleid gespiegeld aan kennis uit de gedragswetenschappen. Verkennende studie voor het WRR-project keuze, gedrag en beleid*, WRR, webpublicatie nr. 60, Den Haag: 2011.

²³ Rijksoverheid, 2018: *Volkgezondheidszorg.nl*, at: <https://www.volkgezondheidszorg.info/onderwerp/overgewicht/preventie-zorg/preventie#!node-aanbod-preventie-van-overgewicht> (visited 10-01-2018).

case a policy was mentioned instead of an actor constellation, I searched with the name of the policy to find out which actor constellation was at the base of this policy. Accordingly and at last, after the involved actors were known, I described these actors by using the mission statements on their own websites.

Concerning the second case expectation – that given the characteristics of the actors within the obesity case, the problem frame of the cabinet’s 2015 food agenda led to weaker, or less intervening, obesity policies than to which the problem frame of the WRR’s 2014 report ‘To Food Policies’ would have led – the same operationalization strategy holds, with the only difference that I used the WRR’s 2014 advisory report ‘To Food Policies’ (WRR, 2014).

Research Method

In this paper, the research method is a qualitative document analysis. In conducting such research, reliability is an important condition to keep in mind. To execute a reliable research, the analysis in this paper is in-depth. At first, I compare two problem frames, considering all ins and outs. Secondly, I conduct two thought-experiments. One thought-experiment is part of a comparison with the real existing Dutch obesity strategy, a very direct way to test reliability, and one continues the in-depth analysis by building further on the results of the first analysis part, using the predictive power of game-theory. Furthermore, also strengthening the research in this paper, the document sources used are all public, transparent and primary sources.

IV. Data of the Dutch Obesity Case

After explained how this research will be conducted, it is time for an overview of the collected data. The data section is structured as follows. At first, I will describe the most important history that preceded the first public health report paying attention to obesity. Consequently, a short overview of this first obesity report and all later ones follows, containing only the - in context to the preceding ones compared - new information. When the information is very specific and relevant for the cabinet’s choice for the current self-governing approach, this most important information will be bold. Additionally, after all these reports, some attention will be paid to the 2017 Coalition Agreement. Then, a detailed description of the WRR report and the cabinet 2015 food agenda report will be presented. At last, the current Dutch obesity strategy will be outlined, with a description of the actors involved.

Policy Context

The First Preventive Public Health Report, 2003

Although the cabinet came in 2015 with a policy-update of the obesity strategy, the subject of overweight and obesity was brought into attention many years before. Mentioned also in the introductory chapter, in 1972 the Dutch Food Council already reported to the government its concern about a rising overweight trend among 8-years old school kids and advised to pay attention to overweight as new policy topic (Voedingsraad, 1972). In its 1986 report, the Second Chamber acknowledged that, due to changing production and processing techniques, the food nutrition value of primary food products could change so that “laws and the use of information provision could be necessary to fore come food deficiencies” (Tweede Kamer der Staten-Generaal, 1986: p. 213). She argued that unhealthy lifestyles, with in particular a role for nutrition, were of more and more influence in causing diseases. At the same time, however, the cabinet concluded that, based on existing information about obesity, the existing data were not strong enough to urge for policies and this necessity was still not likely to exist in the years leading to 2000.

Nevertheless, in the years following, at international level the World Health Organization raised the prevalence of and the urgency to put a hold to a global overweight and obesity trend and it asked attention for the wider relationship between nutrition, physical activity and public health (WHO, 1990). In 2002, also the EU Health Council warned its members with big concerns on this topic in 2002 (European Commission, 2002).

After it had asked for and received a Dutch perspective on overweight, the Dutch cabinet sent its first report ‘Living longer healthy. Also a matter of healthy behaviour’ in 2003 to the Chamber as part of ‘Prevention Policies for Public Health’ in which it gave, as one of the themes affecting public health, attention to overweight and obesity as underlined challenges for public health in the Netherlands and in which it recognized also the need for the introduction of a policy strategy focussing specifically on this new policy domain (RVS, 2003).

As part of this public health report, the cabinet wanted to focus on a better information provision to citizens about the harming effects of unhealthy behaviour. Furthermore, it stretched out “the need of incentives to confront people with their own unhealthy behaviours”, of which the increased tax on tobacco per February 2004 was an example. Mentioned in the report, unhealthy lifestyles contributed to the national disease rate as follows: smoking for 15%, alcohol 7%, a lack of physical exercise 5%, too much fat intake 5% and a lack of vegetables and fruit consumption 4%. Furthermore, 9 out of 10 Dutch citizens ate too much unhealthy fat; 3 out of 4 ate not enough

vegetables and fruit; more than half of them did not exercise enough; and under kids and teenagers, numbers were even more problem implying. As part of suggested policies, the main argument was that reducing overweight remains always the responsibility of people themselves. “Stimulating healthy behaviour will result in a lot of gains for public health” (RVS, 2003: p. 6).

Preventive Report 2006 and Complementary Reports

Where this first 2003 prevention public health report was the start of a more consistent focus on public health, every four year the cabinet comes with a new update of the just outlined 2003 version. In the second prevention report ‘Choosing to live healthy’, in 2006, the Minister of VWS explains that smoking, excessive alcohol consumption and overweight are huge contributors to contemporary diseases. In the meantime, she “consciously places the emphasis on the possibility of *choosing* (to live healthy)” (VWS, 2006: p. 6): “everyone sees his or her own health as important, but by far not all of them live healthy” (VWS, 2006: p. 10). The minister argues that people are not forced to smoke and not forced to drink a lot of alcohol and that people have the option to do enough physical exercise, but that, at the same time, many actually do smoke or drink a lot and more than half of the citizens does not want to exercise half an hour or more. Healthy food, like vegetables and fruit, is more than enough available, but people prefer to consume too fat, sweet or salt products. In short, he argues that citizens have the option to choose to live healthy and that adults should realize this.

However, because unhealthy behaviour can also be influenced by other factors, **the cabinet wants to create an environment in which “the healthy and wise choice” is an easy choice**. Part of this are healthy products that are easily available - concerning selling points, **prices** and promotion – and an environment in which physical exercise is attractive. The minister mentions new laws, information provision and price interventions as possible instruments to achieve this goal (VWS, 2006: p. 12). Focussing specifically on the attention pillar of overweight, **she recognizes that the relation between food nutrition and physical exercise is out of balance and that recent facts about the overweight and obesity trend are “disturbing” (VWS, 2006: p. 36)**. The policy goals are stopping the rising trend of overweight adults and reducing the overweight rate among kids, both compared to 2005 (VWS, 2006: p. 17).

In 2007, one year after the presented health report, the cabinet came with a more detailed health policy strategy, taking into knowledge the several advisory reports it had received in between this policy report and the 2006 one just described (RVZ, 2006; IBO, 2007; CVZ, 2007; KNMG, 2007). What follows is that more or less 50% of the Dutch disease rate is caused by (unhealthy) behaviour of people.

This unhealthy behaviour, combined with an ageing trend, leads in the upcoming years to a very sharp increase in the number of people with chronic diseases. In the 2007 policy letter, minister Klink of VWS stretches out the importance of an integral and coherent vision on reducing the number of people smoking, of people drinking excessive amounts of alcohol and of overweight people. He mentions the introduction of “**a set of price interventions and laws**, complementing the current measures if already existing” (VWS, 2007: p. 10). However, concerning specifically the overweight subject, the use of more paternalistic intervention measures is argued to be complex (VWS, 2007: p. 10). First of all, based on the IBO report, there exists not much information about the effects of price measures on the consumption level of unhealthy food. Secondly, so he argues, it is difficult to split up unhealthy from healthy foods. Within the same line of reasoning, because fats and sugars are not unhealthy in all quantities, the minister questions where exactly should be drawn a line when intervening strongly. Thirdly, while not explained why this would be true in the obesity case in which no real EU-policies exist yet, paternalistic measures could be in conflict with EU-regulation.

To stimulate and improve private initiatives, minister Klink wants to promote actively already existing and promising initiatives to inspire other actors and he wants to withdraw possibly existing obstructions, under the condition that new initiatives are proven to lead to public health benefits. To further concretize the policy strategy of overweight and obesity as separate subject within the public health domain, Klink announced two other reports within the year following.

Furthermore, Klink refers to already existing policies. He mentions that already in 2005 the former minister of VWS Hoogervorst had signed the ‘Covenant of Overweight’ with the most important food industry actors and that, more recently, initiatives existed that focussed on the roles schools, sports organizations, general practitioners and municipalities can play, with an increasing emphasis at the importance of **physical activity** in relation to public health in particular.

Concerning the tobacco and alcohol industries, the minister explains that alcohol commercials were banned from television between 06.00 and 21.00 and that a new law prohibiting smoking in restaurants got adopted in 2008 (VWS, 2007: p. 17). As last relevant point, the minister announced in this 2006 report “to explore, in cooperation with the food industry sector, the effect and usefulness of price interventions to stimulate a healthy lifestyle” (VWS, 2007: p. 18).

The first report that succeeded on the 2007 letter is the report ‘Gezonde voeding, van begin tot eind’ (2008), taking the 2006 Prevention report as basis but zooming in on the nutrition part of “making the healthy choice the easy choice” (p. 4). The leading motto of this letter rests on two pillars: making the healthy consumption choice for consumers better possible and fostering a healthy food supply via

the food industry sector. Minister Klink repeats the main responsibility of consumers themselves for eating healthy and he suggests policy measures that fit in this view. The core of the policy framework will place its focus, in big lines, on the product information and on information provision in general – where more focus is needed on people’s complete food diet than, as momentarily the case, solely on individual products -, on the influence of health care actors, employers and municipalities and on product innovations of food industry actors (VWS, 2008: pp. 6-7). Furthermore, Klink **underlines that the government “must be reserved” in using price interventions as policy instrument to change the food consumption patterns of its citizens, no matter the results of ongoing research about the effectiveness of such a policy tool (VWS, 2008: p. 37).**

The second report following on the 2006 report came in 2009 and focused merely on overweight, just like its name suggests (‘Nota Overweight’; VWS, 2009). With this report, Klink wanted to “shape the basis for the next step to keep our citizens healthy in a healthy environment” (VWS, 2009: p. 7). It describes overweight as a ‘sneaker’, because the symptoms become clear only very slowly and at a later age, meaning that prevention almost always comes too late. The minister calls, in particular, the rising **obesity trend among kids “extremely alarming”** and asks all political and private actors to help create a policy approach that is more effective than the current one, because the current policy strategy is although a step in the right direction, yet not good enough (VWS, 2009: p. 8). **Several times, minister Klink repeats the priority of a freedom of choice for citizens in what to consume (VWS, 2009: p. 9, 12, 23, 24, 28 (twice) and 51).** At the same time, he refers to scientific knowledge about what motivates people to make certain choices. **The answer appeared to be that many other factors, besides people’s own health, drive the consumption choices people make: money, joy, ease, habits and emotions are examples that can go at the cost of people’s own health. As prof. dr. R.F. Witkamp puts it: “consuming many calories quickly is nestled in our brains. (...) It is, just like sex, one of the strongest human primal rages to survive” (WUR; VWS, 2009: p. 24).**

Klink believes that, as one of the policy measures that would fit, a code concerning television commercials that focusses on kids through food industry sector self-regulation is “achievable” to safeguard children below the age of twelve “as much as possible” (VWS, 2009: p. 10). As last relevant point for this paper, **Klink argues that, although in the United States healthy food is usually more expensive than quick food, this fact is not known for the Netherlands (VWS, 2009: p. 10).**

Preventive Report 2011

In 2011, as obliged by law, a new national preventive public health report was presented by the cabinet to the Second Chamber, called 'Health close by' (VWS, 2011). As **new minister of VWS, Schippers argues that public health in the Netherlands is in good shape, referring to the VTV 2010 report published one year earlier, but that this shape can be even better. Also in this nota, the cabinet approaches the policy domain of overweight from a perspective that gives full responsibility to live healthy to citizens themselves.** With a strong emphasis on physical exercise in influencing public health, as the minister argues (VWS, 2011: p. 6), this is an important difference with earlier reports. Another difference is that, because they would lack effect, mass public campaigns and non-implementation oriented research as part of the obesity strategy will be put to a hold in the years following (VWS, 2011: p. 77).

Citing minister Schippers: "I expect that this report is an inspiration source for municipalities, together with the business sector, social organizations, schools and health care providers, to keep investing in a good level of public health. The Dutch government is very willing to facilitate in this aim" (VWS, 2011: p. 5). **However, as important side note, she acknowledges that getting closer to the set ambitions must be done with less budget than before in the coming four years (VWS, 2011: p. 9).**

Preventive Report 2015

Before the next new public health report 'National Report Public Health Policies 2016-2019', as fourth and last published national prevention report, was published on 4 December 2015 (VWS, 2015b), the WRR sent its advisory report 'To Food Policies' on 2 October 2014 to the cabinet (WRR, 2014). After **some delay (EZ, 2015), the cabinet came with its response 'Food Agenda for Safe, Healthy and Sustainable Food' on 30 October 2015. Yet, in the most recent 2015 public health nota, the WRR report got no attention nor any reference.** Before I outline in detail this WRR report and the cabinet's reaction that came in totality separate from the preventive report 2015, I will first finish the description of the relevant details within this last preventive report and of the very recent 2017 coalition agreement.

At first the preventive report 2015. **According to Schippers, because public health developments are positive and international consensus exists about the existing public health policy approach, there is no reason for implementing big policy changes.** Instead, these are reasons to continue the current policy strategy. Despite big challenges still existing, the Netherlands is heading the right way. She concludes, based on the 2014 TVT report that the health of Dutch citizens is in good shape: life expectancy has made a sharp rise and the historic trend of rising overweight numbers seems

to have stopped, although the number of people with chronic diseases still increases and is likely to keep increasing. **Overweight and a lack of physical exercise are death cause number two at the time of writing (VWS, 2015b: pp. 1-2).**

In the four years that will come, the already existing policy strategy will be continued and the same targets apply, with an integral approach that combines living, working and learning that is effective, as sounds the main message of the 2015 report. As new ambition, the minister wants “to realize a substantial improvement in comparison with the trends reported by the VTV 2014 report” (where overweight is one of the subjects within these trends (RIVM, 2014; in: VWS, 2015b).

Coalition Agreement Cabinet Rutte III 2017

In this very recent agreement ‘Trust in the Future’ between the new coalition partners (only a couple of months old at the time of writing), concerning the public health policy domain, “the main focus must lay on smoking and overweight”, while “new reforms are not necessary, but only improvements” (Kabinet, 2017: p. 13). In this agreement, a national prevention program was announced in which the national government, patient organizations, health care providers, municipalities, sports organizations, businesses and social organizations cooperate. In terms of physical exercise, the coalition wants to write an agreement with sports bonds, sports clubs and municipalities to make the organizational and financial aspect of sports “future proof”, since sports also promotes public health (Kabinet, 2017: p. 19). **Concerning smoking, the cabinet supports the target of reaching a “smoke-free generation” and wants to increase the tobacco tax (Kabinet, 2017: p. 19). Further detailed policies still need to get shape.**

At the same time, in the two pages of introduction, in which the cabinet outlines the main message of its coalition agreement, no word exists for the subjects of overweight and smoking. Furthermore, as appeared during the research, the cabinet announced to increase the 6% tax-group - to which water, fruits and vegetables belong - to 9%, making these products more expensive.²⁴

At this point, the main argumentations within all the relevant cabinet’s reports and the developments of the obesity policy-making process are clear. The next step is to focus in depth on the WRR 2014 report and on the 2015 cabinet’s reaction as two of the main information sources in this research. First comes the description of the WRR report, then the outline of the cabinet’s reaction.

²⁴ NU.nl, 2017b: *Hogere BTW op groente en fruit bevordert ongezonde leefstijl*, NU.nl, at: <https://www.nu.nl/eten-en-drinken/4963826/hogere-btw-groente-en-fruit-bevordert-ongezonde-leefstijl.html> (visited 10-01-2018).

The WRR's 2014 Advisory Report 'To Food Policies'

Because the WRR report is about three different aspects of food – food security, durability and health – and in Dutch, I selected the information related to public health, grouped it together and translated it. The same data collection way holds for the cabinet's letter following on this advice.

In its reports 'To a food strategy', the WRR sheds light to both extremes of our need to feed ourselves. It puts malnutrition face to face to an overconsumption of certain ingredients – sugar, salt and unhealthy fats in particular – leading to overweight and the more extreme category of obesity (2014: p. 49). Where recent studies estimated that in 2013 2.1 billion adults were overweight globally, 850 million people undergo daily the effects of being undernourished. However, in all countries together, the production of food is high enough to feed every single person on earth (2014: p. 39), but the consequences of economic, political and institutional imbalances will become even bigger with the current trends of a rising world population, urbanization and changing food consumption patterns, increasing the risks of more obesity (2014: p. 9).

Obesity increases the risks for heart and vascular diseases, diabetes type 2 and certain types of cancer. The biggest part of consumption of the obesity causing ingredients sugar, salt and fat happens through the consumption of processed products and composed foods and drinks. The estimation of people dying as a result of obesity was 3.4 million globally in 2010 (2014: p. 50). Although numbers show that the United States and Mexico are the leading 'problem' countries, there exist very few examples of countries who show decreasing numbers of obesity. Furthermore, besides causing death, other negative consequences of overweight and obesity are a decrease in the quality of life and economic harm in the way of higher health care costs and losses of productivity.

Figuur 4.8 Voedselconsumptie ten opzichte van richtlijnen, 2007-2010

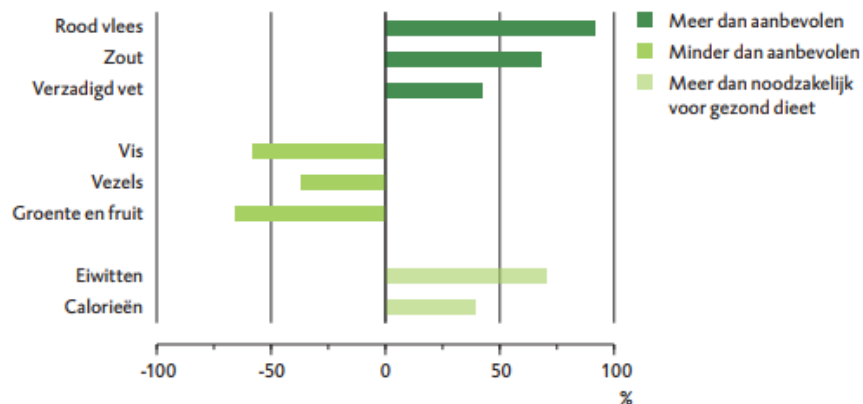


Figure 4.1 'Level of Food Consumption Compared to Guidelines, 2007-2010'

Going into more detail, at national level, more than half of the population is too heavy and almost 14% was obese in the Netherlands in 2010. An estimation was that 40.000 people got one of the obesity related diseases annually as a result of overweight and that 7.000 people actually died (research done in 2004). Dutch people eat, on average, too many saturated fats ('verzadigd vet'), sugars ('suiker') and salt ('zout') and not enough fish ('vis'), fibers ('vezels'), vegetables ('groenten') and fruit ('fruit'; see figure 4.1 for the average Dutch food deviations in 2012). Only 1 to 14 percent of the Dutch citizens, varying per age-category, eats enough vegetables and fruit. Because of an overconsumption of unhealthy fats and an intake of fruit, vegetables and fish that was too low, another 40.000 got yearly sick and 13.000 people die every year (2014: p. 72).

The Dutch agrifood sector represents 10% of the Dutch economy and employment rate (2014: p. 57). Compared to fifty years ago, the availability of fast-food and the consumption of processed foods and drinks is much higher (2014: p. 71). Half of the food and drink consumption consists of processed food and drink products. More or less 32% of the food budget is spent for meals not self-prepared (catering, kiosks), of which on-the-way consumption presents one-third (kiosks and fast-food; 2014: p. 67). Eating non-self-prepared meals leads, in general, to an increased consumption of meals with processed ingredients, more calories and a lower food quality (2014: p. 32). Besides the role of catering, the role of non-agrarian actors, which means actors transporting, distributing, processing, packaging and the selling of foods, has become also much bigger. Four Dutch agrifood internationals (Unilever, FrieslandCampina, Vion en Heineken) are listed in the world top-40 of food and beverage companies. Concerning supermarkets, where people spend 66% of their budget used for food shopping, three product purchasers for supermarkets – Albert Heijn, Superunie and Jumbo Group - own 84% of that market (2014: p. 66). Globally, the market concentration of baby food products, soups and cereals is between 50 and 60 percent, whereas the four biggest soda companies have a market share of 64% in Europe (2009; the biggest ones The Coca Cola Company and PepsiCo; 2014: p. 31). The result is that purchasers took over the dominant role from producers in the food supply chain. In addition, as a result of increasing welfare, higher work participation rate of women and the increase of single households, the demand for food that is easy and quick to prepare rose (to-go meals are an example).

In addition, public health problems in terms of food consumption are related to social economic status and to income. Dutch people with low education die on average 14 years earlier than high educated people and they have a 2,5 times higher risk to get overweight and 4 times higher risk to get obesity (2014: p. 73).

Path dependency plays an important role for the current food policies in the Netherlands, created by the main original main targets of its existence: increasing productivity of the agricultural sector, securing the Dutch food supply and guaranteeing acceptable product prices. With new targets winning attention, like environment and public health, the way these different targets are connected is under stressed. The current 'healthy food' policies focus almost solely on the end product of the food production chain rather than on the chain as a whole from beginning to end. This narrow approach can lead to contradicting policies in which, for example, the production of unhealthy foods get stimulated while the government advises against consumption of these same foods because of their negative effects on public health (2014: p. 120). Furthermore, the relational effect that food has on public health is underexposed within both responsible ministries. The ministry of Economic Affairs does not consider public health aspects in negotiations about new common agricultural policies, neither pays the ministry of Public Health, Welfare and Sports serious attention to food and the prominent role it can play in preventing need for public health care and in lowering its demand. At the moment, it is the curative care that gets most of the attention (pp. 126-127).

In addition, the existing technical distinction between nutrition and non-nutrition is questionable, not only for the policy domain it fits into but also for the policy image it creates. For instance, related to obesity and with the current distinction, the intake of Stevia, as e-number, is analyzed as a risk for public health when higher than a certain acceptable norm. However, sugar is argued by the European Food and Safety Agency as 'safe' because it, as nutrition, aligns with certain characteristic norms, but this does not mean that the consumption of it is free of risks (a sugar intake that is too high still leads to a positive energy balance and results in overweight). That something fits not within food safety regulation does not mean it should also not be considered in public health policies.

At the same time, the WRR acknowledges that certain values can ask for contradicting policies. In this line of thinking, eating less, banning soda machines from schools and lowering the amount of salt and sugar in processed foods and drinks are all promising in terms of public health, but the opposite would be favorable for companies (2014: pp. 100-101).

Given all characteristics and trends of the current Dutch food sector, policies to fight overweight and obesity must be system-oriented and integrated at many levels in society (2014: p. 110). Focus must be at all phases of the food supply chain, not only at the consumer end phase (2014: pp. 11-12), meaning also at the production, processing and distribution phase. The policies that exist are dominated by the focus on information provision to consumers, via nutrition stickers or using mass-media campaigns. However, the WRR states, based on research: "such techniques are not good enough to

influence healthy eating patterns” (2014: p. 127); information provision lacks effect (2014: p. 142). Besides, knowing the effect of policies on the choice of consumers can be a difficult task because consumer choice behavior varies a lot. Furthermore, product information, on which consumers base their choice, is still not transparent and clear itself; in case of adaptation, it can also take many years before negotiations lead to results because many actors are involved (2014: pp. 84-85). The government must expect of and ask a strong take-a-lead position from the more powerful companies in the food chain, of which supermarkets are an example (2014: p. 107), but also other players are more dominant than before: the processing industry, food industry, banks, ngo’s and international organizations. As one of the widely used tools, food commercials are an important factor influencing the choice of consumers (2014: p. 115).

The responsible ministries must adapt their policies to each other and coordinate better, to fore come contradicting policies in different phases of the food supply chain (2014: p. 142). Policies must be brought better in line with the possibilities and restrictions of both producers (and their power) and consumers (2014: p. 115). Although, in the current focus on consumer’s choices, ‘exit-options’ (product innovations), ‘voice-options’ (education) and ‘loyalty-options’ (logo’s and quality-marks) get all individually attention in existing policies, they should be integrated and coordinated as one policy domain. A food strategy that is too proactive and that tries to influence the role of consumers – in the choices they make – too much is also not in the interest of the government: citizens do not like a ‘nanny state’ (2014: p. 109). The food strategy must be made explicit: motivate actors based on the governmental choices made and try new policy methods to acquire results (2014: p. 13). Focus at education, information provision, the food supply and the consumption environment. The covenant ‘Akkoord verbetering productsamenstelling zout, vet en suiker’ (improvement of food composition in terms of health aspects) is a good first step, but changing the broad supply of unhealthy products itself is also needed. In addition, governments should use their own purchasing power to make the supply healthier (2014: p. 143). Also making the information of and about actors involved public could stimulate the attention of food health aspects more: “require and circulate information and relate it to the target group” (2014: p. 149); collaborate more with NGO’s (2014: p. 150) and facilitate innovating initiatives from the private sector.

The Cabinet’s 2015 Policy Report ‘To a Food Agenda’

As reaction to this policy advice ‘To Food Policies’, Minister Schippers of VWS acknowledges - in its official response to the Chairwoman of the Second Chamber called ‘To a Food Agenda’ (VWS, 2015a, 31

532) - that food is a prominent subject of attention in society at the moment and “justly, the WRR places the challenge of public health (...) in the international context in which the production of food takes place” (VWS, 2015a: p. 1). She states that the cabinet wants to focus at the problems concerning food and public health, “ambitiously and in cooperation” and that adaptations are necessary “in the long term” (VWS, 2015a: p. 1). Furthermore, she also recognizes that the character of the food production and consumption both have changed. Market power in the food chain changed too: current eating patterns contain more and more processed foods, meat, dairy products, sugar and sugared beverages. At the same time, the demand for more healthy and more sustainable food increases. There exist “risks for overweight, obesity and other food related diseases” and “a healthier eating pattern will positively influence our health and reduce the public health care costs”. Consumers must be stimulated to eat healthier (VWS, 2015a: p. 2).

There exist already numerous food related initiatives in society, something the cabinet welcomes and for which she “builds a strong framework while facilitating and stimulating” (VWS, 2015a: p. 2). The cooperation between the different ministries and with other actors involved is “intense” and the cabinet will intensify this further in the future (VWS, 2015a: p. 2). **“The protection of the public health of its citizens has the highest priority” (2015: p. 2)**. Explained in the report, a coherent set of measures has been developed to make healthy choices easier and stimulate them at the same time. Furthermore, when talking about the global challenge concerning food, Schippers mentions that still 800 million people have hunger worldwide and that 2 billion people, mostly your children, are undernourished (VWS, 2015a: pp. 9-10). With these numbers, she refers to ongoing international cooperation.

The cabinet wants to include multiple societal goals, besides the economic one, in its “changing of the agricultural policies to food policies”, of which one is public health (2015: p. 9). The ‘Akkoord verbetering product samenstelling’ is a specific example of a policy in which the cabinet made agreements with involved actors. A policy measure that, to the cabinet’s opinion, “answers the requests of the Chamber” (2015: p. 10). In addition, ‘Food Policies’ is an elaboration of the motion ‘Leenders’ in which the cabinet was asked to come with a response to the WRR report ‘To Food Policies’ (2015: p. 10). Following on the report, as “a further strengthening of the food policies”, the cabinet asks the business sector, consumers and social organizations “to help shape the agenda, to support and, where possible, to speed up the process” (2015: p. 10).

More concrete, the Minister wants to make the supply of products healthier (2015: p. 4). As one of the policies already ongoing, she made in 2014 the covenant ‘Akkoord Verbetering

Productsamenstelling' ('Agreement Improving Product Composition') with producers, supermarkets and catering to lower the amount of sugar, salt and fat in their products before 2020. She calls this covenant "ambitious" and a "strong measure" to make the healthy choice easier (2015: p. 4). Product and marketing development and stable actor alliances can also help in making the healthy choice easier and more attractive. The cabinet wants to explore with the business sector and social organizations "what the possibilities are to increase the consumption of fruit, vegetables and fibers" (2015: p. 4). Current government actions are the stimulation of innovations in leading sectors and information provision of the Food Centre ('Voedingscentrum'). Communication tools the Food Centre uses are social media and targeted public (media) campaigns. The use of logo's and quality marks must be clear and transparent and the cabinet aims this by enforcement of objective and clear labeling by businesses. To further strengthen the effect of these tools, the cabinet stimulates businesses to upgrade 'het Vinkje', to continue innovations for healthier alternatives and to provide good knowledge about 'het Vinkje' to consumers (2015: p. 5). There is also a particular focus on kids and teenagers: more than thousand schools distributed vegetables and fruit under their students as part of an EU-initiative; the JOGG-institution works together with schools, childcares, general practitioners, sport clubs and businesses in providing knowledge about a right amount of physical exercise and a healthy food pattern to prevent overweight; schools can align with the norms of the project 'Healthy School' to gain a 'healthy' image; schools can use free available course material about the subject 'healthy lifestyle' in their curriculum; and schools can pay attention to their environment in terms of stimulating a healthy lifestyle. Also, the government wants to expand the public knowledge about health stimulating food production and consumption via 'Green Education' (2015: p. 5).

The Current Dutch Obesity Strategy, Anno 2017

As we know the history of the policy-making process of the 'obesity' subject and the most important arguments for the governmental choices made within and as the details of the WRR 2014 report and cabinet 2015 food agenda are outlined, the next step is to describe what exactly the current obesity strategy in the Netherlands is to which the above outlined policy-making process led.

Following from the website Rijksoverheid.nl²⁵, reducing overweight is an important goal within the Dutch public health program 'everything is Health: the National Prevention Program', in which the government wants to reduce the growing number of people with chronic diseases. A healthy lifestyle

²⁵ Rijksoverheid.nl, 2018b: *Onderwerpen*, <https://www.rijksoverheid.nl/onderwerpen> (visited 10-01-2018).

and a healthy environment to live in are key pillars in the government's aim to make people live, as long as possible, healthy and vitally (subject 'health and prevention' - 'gezondheid en preventie'). Searching under the term 'overweight' ('overgewicht'), it appears that the Dutch government makes effort to reduce overweight by "for example, providing information and advices about healthy food, about a healthy bodyweight and about doing more physical exercises". Searching with the word 'nutrition' ('voeding'), it follows that the government also wants to "promote the production of healthy and responsible foods". Using the words 'sports and physical exercise' ('sport en bewegen'), it becomes clear that the government wants to stimulate people to do more sports and physical exercises. To create a healthy lifestyle, by stimulating both a healthy nutrition choice and a healthy level of physical exercise, and to create a healthy environment to live in, promoting a healthier food supply, the government explains that she made agreements with all actors that play a role: municipalities, schools, social organizations, sports clubs, the food industry sector, health insurance companies, health care providers, consumers and athletes all get involved.

Consumer Choice

The following information comes still from Rijksoverheid.nl. About making the consumption choice of people healthier, the cabinet finances the existence of the 'Food Centre', an institution that has the responsibility to provide people with information about healthy food, of which the 'Schijf van Vijf'²⁶ and the 'Nutrition App'²⁷ are two prominent examples. Focusing on kids, the program 'Learning to Eat Healthy When You Are Young' is a free education program provided by the government - available for child cares, elementary schools, high schools and intermediate vocational education schools – which can be used by these institutions to "teach children everything about food and nutrition".²⁸ Lessons about taste and how to cook and maintaining school gardens are all part of this program. Then, there is also the JOGG-program – 'Jongeren Op Gezond Gewicht' ('Youngsters With a Healthy Weight') that includes several initiatives focusing on separate aspects of making the life of kids healthier and, anno 2017, one third of all Dutch municipalities has signed this JOGG-approach and schools, sport clubs, general

²⁶ Voedingscentrum.nl, 2018a: *Gezond eten met de Schijf van Vijf*, Stichting Voedingscentrum Nederland, at: <http://www.voedingscentrum.nl/nl/gezond-eten-met-de-schijf-van-vijf.aspx> (visited 10-01-2018).

²⁷ Voedingscentrum.nl, 2018b: *Voedingscentrum-apps*, Stichting Voedingscentrum Nederland, at: <http://www.voedingscentrum.nl/nl/thema-s/apps-en-tools-van-het-voedingscentrum/voedingscentrum-apps.aspx> (visited 10-01-2018).

²⁸ Jonglereneten.nl, 2018: <https://www.jonglereneten.nl/> (visited 10-01-2018).

practitioners, employers, a health insurance company, child cares and food industry businesses.²⁹ This program is a continuation of the earlier covenants 'Overweight' and 'Healthy Food' and its main goal is to create cooperation's between public and private actors to achieve a healthier weight among children. One of the JOGG-activities is an information campaign of municipalities with schools, sports clubs and supermarkets to make children and their parents eat more vegetables.³⁰ Other JOGG-activities focus on other sides than the consumer choice, of which a description follows next.

Consumer Environment

An important other side at which JOGG focuses, is the supply of foods. The covenant 'Healthy Foods and Drinks at School' is an agreement between caterers, suppliers of vending machines, producers and other suppliers to make schools and their food supply healthier.³¹ By being a member of this agreement, schools can earn the status 'Healthy School Canteen' (for the exact agreed-on conditions, see the website just mentioned). When these schools make some extra effort, of which the mentioned 'Learning to Eat Healthy When You Are Young' education program is one, this status upgrades into 'Healthy School'.³²

Furthermore, the JOGG focuses on the sports and work environment of children. Related to the sports environment, this JOGG-activity is named 'Team: Fit'.³³ This is an advisory project to which sports clubs can register to make the food supply in their sport canteens healthier. Related to the work environment, the activity is called 'Healthy Work Base' and this is an online platform to provide tips and advices to employers for improving the health of their employees, with support of health insurance company Zilveren Kruis.³⁴ Besides these JOGG-activities, the government stimulates the healthy choice by requiring information labels on products and by setting norms for healthy food quality marks.³⁵

²⁹ JOGG, 2018: <https://jongerenopgezondgewicht.nl/wat-we-doen> (visited 10-01-2018).

³⁰ JOGG, 2018b: <https://jongerenopgezondgewicht.nl/wat-we-doen/groente-zet-je-tanden-erin>.

³¹ Rosenmöller, 2014: *Akkoord Gezonde Voeding op Scholen (2016-2020)*, JOGG, at: <https://jongerenopgezondgewicht.nl/wat-we-doen/akkoord-gezonde-voeding-op-scholen>.

³² Gezondschool.nl, 2018: <https://www.gezondschool.nl/>, Rijksoverheid (visited 10-01-2018).

³³ JOGG, 2018c: *Team:Fit*, at: <https://jongerenopgezondgewicht.nl/wat-we-doen/teamfit-gezonde-sportkantine>

³⁴ JOGG, 2018d: *Gezonde Werkvloer*, at: <https://jongerenopgezondgewicht.nl/wat-we-doen/gezonde-werkvloer>

³⁵ Rijksoverheid.nl, 2018c: *Wat moet er op het etiket van voedingsmiddelen staan?*, at: <https://www.rijksoverheid.nl/onderwerpen/voeding/vraag-en-antwoord/wat-moet-er-op-het-etiket-van-voedingsmiddelen-staan> (visited 10-01-2018).

The 'Covenant Improvement of Food Composition' is an agreement that is specifically about food products. It is an agreement between the government, producers, supermarkets, caterers and the restaurant sector to reduce the amount of salt, fat and sugar in the food supply in supermarkets incrementally and per product group.³⁶ Agreed on is, with 2020 as deadline, a reduction of salt in their products so that it is "easier for consumers to consume 6 grams salt per day at maximum"; a reduction of calories so that it is easier to consume at maximum 10% of the total daily energy intake from unhealthy fats; and "making it easier for consumers to consume less energy in total" by reducing the amount of sugars or fats, reducing the size of products and/or continuing the promotion of vegetables and fruit "there, where possible".

The Role of Physical Exercise

As already became clear from the last Prevention Public Health report, the cabinet emphasizes the importance of enough physical exercise. The remaining policies can be grouped under this category. At first, the government wants to make local neighborhoods more sports-stimulating and tries this with the project 'Sports and Doing Physical Exercise Close by'.³⁷ The main goal is to improve the local sports supply. Other initiatives, as remaining part of JOGG, are the campaign 'Moving is Free, Just Do It!'³⁸, '100 Meters for Daphne'³⁹ and 'the Daily Mile'.⁴⁰

Other Projects

Besides the just explained policies, schools can also sign up for the project 'EU-School Fruit' in which they get, completely free, during 20 weeks vegetables and fruit to share among their students and to make them more aware of and make them more used to veggies and fruit.⁴¹ Also as part of the current obesity strategy in the Netherlands, there are two online information platforms, to facilitate

³⁶ Schippers, 2014: *Akkoord Verbetering Productsamenstelling*, VWS, at: <http://www.akkoordverbeteringproductsamenstelling.nl/>.

³⁷ Sportindebuurt.nl, 2018: <http://www.sportindebuurt.nl/> (visited 10-01-2018).

³⁸ JOGG, 2018e: *Gratis bewegen gewoon doen*, at: <https://jongerenopgezondgewicht.nl/wat-we-doen/gratis-bewegen-gewoon-doen>.

³⁹ JOGG, 2018f: *100 Meters for Daphne*, at: <https://jongerenopgezondgewicht.nl/wat-we-doen/100-meter-voor-dafne>.

⁴⁰ JOGG, 2018g: *The daily mile*, at: <https://jongerenopgezondgewicht.nl/wat-we-doen/the-daily-mile>.

⁴¹ EU-schoolfruit.nl, 2018: <https://www.euschoolfruit.nl/nl/schoolfruit.htm>.

municipalities and to inform them and their citizens about the initiatives existing and about the reasoning behind them.⁴²

Furthermore, as last existing policy and although not mentioned in the measures at the online domain of 'reducing overweight' (but as opted earlier in a 2009 policy report; VWS, 2009: p. 10), the 'Foundation of Commercial Codes' has, through self-regulation, adopted rules about food commercials containing the promotion of unhealthy foods targeted to children below the age of thirteen.⁴³ This Food Commercial Code consists of advertisers, media, communications advisory bureaus and consumers organizations.

An Overview of 'Real' Self-Governing Policies

While the above outlining of the current Dutch obesity strategy consists of many different policies focusing on all aspects of the obesity problem, when looking closer at the character of them, it appeared that the majority of these policies is based on information provision and education and in many cases developed unilaterally by the government. Because the focus of this paper lays at self-governing policies, I made a selection based on this criterion. I will mention the relevant actor constellations already described above with the policies they led to and I will complement the policies produced by these constellations with the known private unilateral policies. An overview is given by table 4.1.

The actor constellations that exist at the moment, are the Covenant Improvement of Food Composition (from now on I will also refer to this policy as Covenant Food Improvement), the JOGG-program, the Food Centre, the European Union and the Food Commercial Code. The Covenant Food Improvement is signed between the Ministry of VWS and the representatives of the processing and supplying industry, namely the CBL, FNLI, KHN and Veneca: CBL is the Dutch central bureau for food trade and represents all big supermarkets; FNLI is the Dutch federation of food industry and stands for all processing and importing companies and branches in the Dutch food industry sector; KHN is the organization that exists for the purpose of the Dutch restaurant industry; and Veneca represents the economic and social interests of all catering businesses. In other words, it is an agreement between the government and businesses, only businesses.

⁴² Gezondin.nu, 2018: <https://www.gezondin.nu/> (visited 10-01-2018); Loketgezondleven.nl, 2017: <https://www.loketgezondleven.nl/gezonde-gemeente/startpagina-gezonde-wijk> (visited 10-01-2018).

⁴³ Stichting Reclame Code, 2009: *Reclame voor Voedingsmiddelen (RVV) 2015*, at: <https://www.reclamecode.nl/nrc/pagina.asp?paginaID=277%20&deel=2>.

The JOGG-program consists of several policies based on actor constellations, so to be able to stretch out the actors involved, a closer look at these different initiatives is required. As already seen, the covenant ‘Healthy School Canteen’ is an agreement between schools and their caterers, suppliers of vending machines, producers and other suppliers. Team:Fit is an agreement between municipalities and sports clubs to make the food supply of canteens healthier. The project ‘Healthy Work Environment’ is an information platform established by municipalities together with Zilveren Kruis (a Dutch health insurance company) and is pointed to employers. All other policies within the JOGG-program focus merely on information provision executed by the government. Therefore, these policies need no further description.

The Foundation of Commercial Codes consists of food industry businesses who cooperate with commercializing businesses and consumers organizations. The Food Centre is made up of food experts, dieticians and communication professionals. At last, the EU consists of 28 European Union member states.⁴⁴

Private policies related to the obesity subject are ‘Light’ products, containing at minimum 30% less calories than the original version⁴⁵, and ‘Coca Cola Life’, a drink with a part of the sugar amount replaced by sweetener Stevia and recently brought to the market⁴⁶.

Actor Constellations	Actors	Policies
Covenant Food Improvement	Food industry businesses	10% reduction calories in products
JOGG	Schools – food industry businesses (Covenant Healthy Foods and Drinks at School); Sport clubs; Employers – Zilveren Kruis	Food Supply 60% ‘Better’ Products; Team:Fit; Healthy Work Base;

⁴⁴ Europa.eu, 2018: *Europese Unie*, at: https://europa.eu/european-union/about-eu/countries_nl.

⁴⁵ Voedingscentrum, 2018c: *Light*, Stichting Voedingscentrum Nederland, at: <http://www.voedingscentrum.nl/encyclopedie/light2.aspx> (visited 10-01-2018).

⁴⁶ Coca Cola Company, 2016: *Nieuwe generatie Coca Cola Life met nog minder suiker en calorieën vanaf nu in Nederland verkrijgbaar*, Coca Cola Company, at: <https://www.cocacolaneland.nl/persruimte/persberichten/nieuwe-generatie-coca-cola-life> (visited 10-01-2018).

Foundation of Commercial Codes	Food industry businesses – commercializing businesses – consumers organizations	Food Commercial Code
Food Centre	Food experts – dieticians – communication professionals	‘Schijf van Vijf’; Nutrition App ⁴⁷
European Union	EU-members	EU-School Fruit
Unilateral	Food industry businesses	‘Light’ products; Coca Cola Life

Table 4.1 An Overview of the Current Dutch Obesity Strategy

With the important details about the current Dutch obesity strategy and its history discussed, with the research expectations clear and with the methodology outlined, what follows next is the analysis section.

V. Analysis

In the first part of the analysis, I will show with the obesity case why the two new dimensions in the Problem Based Actor-Centered Institutional model are relevant. At first, based on the 2015 report of the cabinet, I will analyze the problem frame in it, using the five language frames of Stone. Secondly, I will analyze the effect of the government choosing the mode of interaction on the possible horizon of obesity policy options and, respectively, the effect of choosing actor constellations - before interactions take place - on the horizon of likely policy options in the obesity case. I will base this analysis on Problem Based Actor-Centered Institutionalism. Then, where the problem frame was already analyzed, I will demonstrate what the effect of this problem framing by the government *indirectly* is on the production of likely obesity policies, analyzing the effects of a “shadow of hierarchy”. To conclude this first section, I will compare my results with the existing Dutch obesity strategy.

In the second part of the analysis section, I will analyze if and how, without reframing, the WRR report would have led to another Dutch obesity strategy than at the moment exists. I use the same method with which I replicated the outcome of existing policies in part one. Thus, what if the WRR had

⁴⁷ This policy measure is a replacement of the ‘Vinkje’, which is (although still in existence) not part of the government’s strategy anymore. The information provision tool is being out phased by the food industry sector, at the moment of speaking (VWS, 2017). The ‘Vinkje’ is a logo at food products developed by supermarkets, food service companies and food industry businesses (<https://www.hetvinkje.nl/over-het-vinkje/>).

been the policy-maker, how would the current Dutch obesity strategy in that case have looked like? I also conduct the same steps as in part one. This means that I will first analyze the WRR's problem frame with the five languages of Stone. Then, I will compare this original problem frame with the problem frame of the cabinet to give better meaning to the *reframing* that happened. At last, I will analyze to what extent this difference in problem frame would have led to another Dutch obesity strategy than exists currently, using – under the logics that the WRR is actually dominant instead of the cabinet - the WRR's problem frame instead of the cabinet's one and, again, based on the Actor-Centered Institutional concepts.

Part I: The *Obesity Game*, Explaining the Existing Dutch Obesity Strategy with a Dominant Government.

The Cabinet's *Problem Frame*

Minister Schippers argues that there exist “risks for overweight, obesity and other food related diseases” and that “a healthier eating pattern will positively influence our health and reduce public health care costs” (VWS, 2015a: p. 2). However, the minister mentions no single number about overweight or obesity. She does not explain what these risks exactly are neither does her argumentation explain anything concrete about the state of affairs. The cabinet's most extreme words are that “adaptations are necessary in the long term” (VWS, 2015a: p. 1) and she prefers to call it more a “reinforcement” of the already existing policies. Although she argues that changes in the food sector are necessary in the long term, the minister uses many positive words. To start with, she calls the already existing covenant concerning food composition “ambitious” and a “strong measure” to make the healthy choice easier (2015: p. 4). Furthermore, she states that the cabinet wants to focus at the problems concerning food and public health “ambitiously and in cooperation” (VWS, 2015a: p. 1) and that the cooperation between the different ministries and with other actors involved is “intense”, while intensifying this further in the future (VWS, 2015a: p. 2). The cabinet explains that already numerous food related initiatives exist in society, something the cabinet welcomes and for which she “builds a strong framework while facilitating and stimulating” (VWS, 2015a: p. 2). The words above do not imply any real problem. Instead, they imply challenges for a future that can be better than the situation existing at the moment. The main message is a story of control, described by the use of many positive words.

To raise more questions about the fact that the minister does not mention any number concerning the topic of overweight, Schippers does mention that still 800 million people have hunger worldwide and that 2 billion people - of which mostly young children - are undernourished. With this,

she underlines and refers to the Dutch contribution within the United Nations framework and to the fact that the minister supports this international approach (VWS, 2015a: pp. 9-10). Although the report does not actually compare both subjects, it shows two different framing strategies of which the overweight one sketches a less concrete and problematic situation than the underweight one, simply by the difference in use of numbers. I think that the positive words used would be rather hard to choose when concrete numbers were mentioned. After all, looking at the obesity facts given in the introductory section and the warnings, the obesity situation seems not positive nor to become positive on short term. In addition, comparing the 'obesity' subject with the other food related subjects 'durability' and 'security' in the policy agenda, this does not result in a difference of the use of numbers as a language frame. In none of the other two agenda topics does the minister mention any numbers.

As causes for the challenge of public health, the minister recognizes that the character of both the food production and consumption and the market power in the food chain have changed, referring to the fact that the current eating patterns contain more and more processed foods, meat, dairy products, sugars and sugared beverages. Yet, a clear responsibility for certain actors misses in the letter. Implying this indirectly, the overweight problem appears the problem of consumers making wrong decisions: "consumers must be stimulated to eat healthier" (VWS, 2015a: p. 2). With this argumentation, she implies that a healthier choice of consumers leads to less obesity and that, above all, consumers *can* make a healthier choice. Continuing within this line of reasoning, the cause of overweight is presented not as if caused by, for example, the supply of food - which is too unhealthy or leads to wrong incentives caused by price differences (cheaper unhealthy food) – but by the wrong choice consumers make. So indirectly, the minister puts the responsibility of tackling the obesity problem in the hands of consumers. Earlier statements - the mentioned main responsibility of consumers themselves for eating healthy and the suggested policy measures belonging to it by minister Klink in the report 'Healthy Nutrition, From Beginning To End' (VWS, 2008), his strong repeated emphasis in the Report 'Overweight' on the priority of freedom of choice for citizens in what to consume (VWS, 2009: p. 9, 12, 23, 24, 28 (twice) and 51) and the cabinet's approach in the preventive report 2011, explained by minister Schippers, that gives full responsibility to live healthy to citizens themselves (VWS, 2011) – support this conclusion based on the 2015 'To a Food Agenda' problem frame.

Then, what are the interests presented by the cabinet's frame? Schippers is very concrete about this: "the protection of the public health of citizens has the highest priority" (2015: p. 2). However,

reading her food agenda suggests differently. At first, the minister argues that new policies are needed because the demand for more healthy and more sustainable food increases. Although this points to a rising importance of health interests, the underlying argumentation for these policy updates is economical: *demand* asks for policy updates, not the obesity trend. In addition, in producing new food policies, the cabinet asks the business sector, consumers and social organizations “to help shape the agenda, to support and, where possible, to speed up the process” (2015: p. 10). Using a self-governing approach gives full authority to all actors involved. Full authority means that the supply side can choose its own obesity strategy, a win for the economic actors who can protect their economic interests the most when they are allowed to shape their own strategy. At the same time, Schouten (2013) and Hoogeveen and Verkooijen (2010) argue that such self-governing initiatives take a lot of time, something that, given the rising obesity trend, could be seen as a loose for health-aiming actors knowing that other more intervening government approaches are available to the government.

Furthermore, the minister argues that existing strategies are already “strong measures” and calls, in particular, the ‘Covenant Improvement of Food Composition’ “ambitious” (WRR, 2015: p. 4). Let us look in more detail at the covenant and the context it exists in. In this agreement, the government has set targets with the Dutch food industry sector for lowering the amount of salt and calories – sugar and fat – in their products with 10% before 2020, where the specific changes differ per product group.⁴⁸ A single can of sugar-sweetened soda contains up to 40 grams (around 10 teaspoons) of free sugars, already 30% and 60% more than the maximum *recommended* amount of free sugars, for men and women respectively, and almost the full amount of maximum *allowed* free sugars: more than 60% of total free sugars intake for men and 80% for women (WHO, 2015a - about norms for free sugars intake; Voedingscentrum, 2017 about the energy need for adults⁴⁹). Adding the facts that much of the sugars consumed today are “hidden” in processed foods - which are, in addition, not usually seen as sweets by consumers (WHO, 2015) - and that many processed foods in supermarkets are engineered to be high-sugar and low-fiber (Kenniscentrum, 2015), the question is very prominent how effective or “ambitious” (using Schippers’ words), in terms of public health interests, a 10% reduction in a time frame of six years

⁴⁸ See the website of this covenant for more information.

⁴⁹ The calculation is based on the energy-index that the Food Centre uses. It is based on men and women between the age of 30 and 50, executing a sitting profession and with a low level of additional physical exercise.

is.⁵⁰ The question is even more prominent when combining this information with the fact that about half of the Dutch population is too heavy.

This point illustrates well the double-edged sword of using numbers in policies. Where the above argumentation seems to indicate that a ten percent reduction of calories will be far from bridge-building in the government's goal to reduce overweight and to improve public health, the ten percent reduction might still be ambitious from another perspective. For example, sugar is widely used as an ingredient to sweeter products. In keeping consumers satisfied with the taste of their products – to keep the sales of their products and, accordingly, their profit high - such a ten percent sugar reduction could indeed be a big challenge for producers. From this producer's perspective, the covenant might indeed sound more "ambitious" than when looking from a health perspective like before. This indicates, however, that economic interests (or business interests in more particularity) seem to dominate public health interests in the minister's argumentation. To link it back to Stone, this example strongly illustrates the ambiguity of using numbers as language frame (Stone, 2011: p. 251). To come back to the main point, although Schippers argues that public health interests are dominant in formulating the current obesity strategy, her argumentation for this strategy implies more the dominance of food industry interests. Besides, looking from the business perspective, we already saw that the 2015 status-quo actually pretty much aligns with the business strategies in the obesity case and, in other words, big policy changes are not necessary and neither likely. This supports the focus on consumers' own responsibility that followed from 'causes' before.

Then, as last language frame, which solutions does the minister introduce in the new obesity strategy? She argues that a coherent set of measures has been developed to make healthy choices easier and to stimulate them at the same time. She argues that product and marketing development and stable actor alliances can help in making the healthy choice easier and more attractive. The cabinet wants to explore with the business sector and social organizations "what the possibilities are to increase the consumption of fruit, vegetables and fibers" (2015: p. 4). Current government actions are the stimulation of innovations in leading sectors and information provision of the 'Food Centre'. The 'Covenant Improvement of Product Composition' with producers, supermarkets and catering to lower the amount of sugar, salt and fat in their products before 2020 is an example of product innovations already existing. The use of logo's and quality marks must be clear and transparent and the cabinet aims this by enforcement of objective and clear labeling by businesses. There is also a particular focus on kids

⁵⁰ Van Rossum, 2016: *Ik worstel thuis elke dag met het suikerbeleid*, VROUW, at: <https://vrouw.nl/artikel/praat-mee/35274/ik-worstel-thuis-elke-dag-met-het-suikerbeleid> (visited 10-01-2018).

and teenagers with the education programs EU-school fruit, JOGG and Healthy School (WRR, 2014: p. 5). In short, the cabinet’s strategy involves consumers, businesses and many other types of organizations, building on *stimulation* of the right choice and voluntary agreements by food suppliers and producers. As already explained, this is a self-governing approach based on negotiated agreements.

To sum up the problem frame used by the cabinet, see table 5.1 in which the obesity relevant information is grouped per framing language.

Language Frame	Cabinet
Words	<p>“Risks for overweight and related diseases; positive influence healthier eating pattern; adaptations necessary in the long term; reinforcement of policies; existing covenant ‘food improvement’ ambitious and strong measure; new policy updates ambitiously and in cooperation; existing cooperation between ministries and other actors intense; welcoming new initiatives;”</p>
Numbers	<p>Overweight: -; Underweight: 2 billion people undernourished and 800 million people with hunger; Other policy issues: -</p>
Causes	<p>Origin: Change of food production Change of food consumption: “current eating patterns contain more and more processed foods, meat, dairy products, sugars and sugared beverages”. Responsibility: “Consumers must be stimulated to eat healthier”: focus at consumption choice</p>
Interests	<p>In statement: priority on public health; In argumentation: dominating (micro)economy-perspective</p>
Solutions	Stimulate the right choice of consumers, with self-governing aid of

	<p>supply-side:</p> <p>Information provision and education consumers;</p> <p>Create strong multi-level actor alliances: product and market development and transparent food labeling</p>
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Table 5.1 Problem Frame Cabinet with the most important information in bold

The Government’s Choice for the *Mode of Interaction*

To begin with, what is the cabinet’s choice for mode of interaction and what did this choice mean for the horizon of policy *outcomes*? In the just analyzed cabinet’s policy report ‘To a Food Agenda’, minister Schippers argues that the cabinet’s policy strategy focuses on making the healthy choice easier and on stimulating this healthier choice (VWS, 2015a: p. 2). Furthermore, the cabinet wants to “explore with the business sector and social organizations what the possibilities are to increase the consumption of fruit, vegetables and fibres” (2015: p. 4), asking them “to help shape the agenda, to support and, where possible, to speed up the process” (2015: p. 10). To conclude, the minister mentions the stimulation of innovations in leading sectors as an important example for the meant government strategy.

With these words, Schippers describes a self-governing strategy in which consumers can fully decide their own choices, without limitations, and in which other actors, like the food industry sector, have full autonomy in choosing if they want to contribute to the obesity strategy and, if yes, how their contributions will look like. A self-governing approach, in which the government negotiates with other actors to shape policies, is a mode of interaction that Scharpf calls ‘negotiated agreements’ (1997: p. 46). It is the result of the cabinet’s choice, being the procedural or technical institutional setting.

Then, how does this choice for *negotiated agreements* of the dominant government affect the final policy *outcome* in the obesity case? We already saw in the theoretical section that the choice for certain types of *mode of interaction* limits the mandate of policy options that can get produced in a policy-making process. Where, under *negotiated agreements*, unilateral private policies are also possible, stricter hierarchical policies are *not*. Specified to the obesity case, this means that authoritative policy measures like taxes on sugared beverages or other types of sugared foods - as in Mexico, Finland and the other countries mentioned in the introduction - or like bans on certain products - like the attempt in New York City to forbid large-sized sugary drinks⁵¹ - are not possible features because of the

⁵¹ Pilkington and Rogers, 2012: *New York mayor proposes ban on large sodas and other drinks to tackle obesity*, The Guardian, at: <https://www.theguardian.com/world/2012/may/31/new-york-mayor-soda-obesity> (visited 10-01-2018).

cabinet's choice for *negotiated agreements*. After all, only the government can impose them but has, under *negotiated agreements*, set aside this authoritative power.

However, although under *negotiated agreements* the hierarchical policy options are limited, individual private actors can still decide to impose voluntarily intervening policy measures. In theory, although technically different, all hierarchical policy measures could be - in their effect - imitated by private actors without the government enforcing it. Looking at the two hierarchical examples mentioned for instance - the sugars tax and the ban on large-sized sodas -, while the Dutch cabinet cannot impose these measures, food suppliers could still raise the prices of their unhealthy foods. Additionally, both in negotiation and unilaterally, they could decide to stop selling big-sized sodas. To refer to existing examples, within the Covenant Food Improvement the involved actors can decide to raise their calories-reducing targets or even to stop using sugars in their products in totality. Furthermore, within the JOGG-program, schools and sports clubs could decide to stop selling high-in-sugars products in their canteens and food industry actors could stop promoting unhealthy products in these environments.

In short, the cabinet as dominant actor has indeed influenced the technical horizon of possible intervening obesity policy solutions - through choosing the mode of interaction – but, at the same time, the other actors are still free to choose whatever policy solution they want to adopt based on self-governance and unilateral action. How realistic such policies in fact are in the obesity case, since the examples just given are market-intervening self-governing policy measures, is a question I will analyze next with the concept of actor constellations.

The Government's Choice for Actor Constellations

What is the cabinet's choice for actor constellations and, accordingly, what is their influence on the horizon of realistic policy *outcomes* in the obesity case? For this last question, we need to analyze the actors within the actor constellations that the cabinet chose. Who are these actors and what are their orientations and capabilities? Consequently, given their orientations and capabilities, what are the strategies that fit and what kind of policies are these strategies likely to produce? I will first give an overview of the actor constellations chosen and then I will analyze each constellation separately in detail.

Schippers intends with her policy report 'To Food Policies' "a further strengthening of the (existing) food policies" (2015: p. 10), not introducing new measures. Where it does not matter for the analysis that these outlined policies are in fact thus rather a summary than a new presentation, the minister describes a Dutch obesity strategy that focuses on both the demand and supply side. As

followed from table 5.1, she wants to **stimulate the right choice of consumers through** information provision and education, product and market development and with transparent food labeling, while creating strong multi-level actor alliances. The minister mentions that current government actions consist of the stimulation of innovations in leading sectors and information provision of the ‘Food Centre’. More concrete, the minister mentions five actor constellations. These five chosen constellations are the covenant food improvement, JOGG, the ‘Vinkje’, the Food Centre and the European Union (VWS, 2015a: p. 5). Table 5.2 gives an overview of these five actor constellations and of the types of actors that belong to each of them.

Actor Constellations	Involved Actors
Covenant Food Improvement	Different food industry businesses
JOGG	Municipalities - sports clubs – schools – childcares - general practitioners – foods industry businesses – Zilveren Kruis – employers
‘Vinkje’ as logo constellation	Different food industry businesses
Food Centre	Dieticians – food experts – communication professionals
European Union	European Union member countries

Table 5.2 Chosen Actor Constellations with the Involved Actors

To start with the covenant food improvement, the actors within this policy are, besides the government who facilitates this cooperation, representatives of different actors within the food industry sector (the CBL, FNLI, KHN and Veneca). Although these actors have different functions within the food industry sector - one is processing the products (FNLI), the others are (mainly) selling them (CBL, KHN and Veneca) -, they are all businesses.⁵² The goal of businesses is to generate and maximize profit and, in this line of reasoning, their *preferences* will be based on securing their profit via the selling of their foods and drink products based on the best possible cost-benefit ratio they can attain. In other words, the preferences of the processing and supplying companies in this actor constellation align to a high degree.

⁵² With Scharpf’s assumption that we can analyze an individual as representative of a larger organization as acting on behalf of that larger organization (1997: p. 52), I will analyze the representatives of these businesses as if we are dealing with those businesses. In more precision, the individual actors representing these corporate actors have autonomy from the ones affected by their action, but their preferences are clear because of the contracts they work with. Concerning the government, this is a collective actor (1997: p. 54), we should analyze minister Schippers acting on behalf of the cabinet, which acts – on turn - on behalf of the plurality of citizens. Therefore, we should also analyze the intention of minister Schippers as representing the joint intention of this plurality of citizens.

The 'Vinkje' program is another policy that rests on an actor constellation consisting of only businesses. Also in this policy, the businesses are different types of companies – retailers, food service suppliers and food producers - and the same logics apply as within the actor constellation of the covenant food improvement: they are all dependent on the selling of the same foods and drinks and so are their profits. In other words, also in this actor constellation the preferences align in big lines.

Analyzing the actor constellations of the covenant food improvement and the 'Vinkje', what are the likely policies that they will produce? **For actors, I think that there could be three reasons to change their profit-generating strategies: when they must to, when they want to or when they *expect* to want to in the future.** The first reason, when they must to, does not fit to the obesity case as we saw above with the chosen mode of interaction. After all, a change in the unhealthy food supply is not hierarchically enforced by the cabinet. Concerning the second reason, the businesses wanting their selves to change their strategies, seems also not to fit in the obesity case. The food industry businesses would only want to change their current 'unhealthy' strategies when their food supply is not (as close as possible to) profit-maximizing. Taking into consideration the historical long-term change in the food demand and supply, an unhealthy one that has also supported the obesity trend as described by the WRR report, the existing 'unhealthy' food supply must be more profitable for the food industry sector than a healthier supply.⁵³ The conclusion is therefore that this second reason is also not likely to lead to more market changing policy strategies in the obesity case, of which a sugar tax is an example⁵⁴.

The third reason, about the private actors *expecting* to want to change their strategies in a later stage, is a bit more complex. This 'future-based' private policies change could be caused via two ways. The first way is when the food industry sector *expects* the demand for its unhealthy products to change in the future. In obesity terms, this means a decrease of unhealthy products and an increase to more healthy foods and drinks. With a diverse set of existing governmental policy measures that is mainly based on information provision and education tools - a "multi-level approach" as Schippers calls it -, a changing food demand in which citizens are more aware of consuming healthy products is assumable in the obesity case. Even more, a change in the demand to more healthy products could already be happening. With this, the conclusion would be that more intervening measures are actually likely to get produced without an authoritative government. However, although some change is actually quite likely,

⁵³ For the purpose of my analysis, I make this very quick conclusion based on the reasoning that businesses can only exist in the long run when they are profitable and when they are better than their concurrents.

⁵⁴ NU.nl, 2017a: *Producenten willen van suikertaboe af*, NU.nl, at: <https://www.nu.nl/eten-en-drinken/4448679/producenten-willen-van-suikertaboe-af.html> (visited 10-01-2018).

the WRR already argued (and warned) in 2011 that relying on such a strategy is “ineffective” and time-demanding (WRR, 2014: p.), suggesting that the existing obesity policy strategy will actually not lead to big changes in the demand. Assuming that the food industry businesses are aware of this lack of effect too, given the rationality aspect of actors explained in the introductory section, this means that the food supply will not change very much or rapidly in the (near) future. Therefore, the obesity policies in these two actor constellations Covenant Food Improvement and Vinkje are not likely to be influenced by the dominance of the government.

The second way is about the food industry sector *expecting* the government to, only without making its own food supply healthier, impose hierarchical policies in the future, something that would cause higher costs – think of market inefficiencies - than when voluntarily introducing stronger obesity policies. This last situation is about the possible existence of a government’s “shadow of hierarchy” in a situation in which actually no authoritative power is in place *yet* (Scharpf, 1997: p. 97). We already saw that it follows from the way the government describes the current situation, from how it *frames* the obesity problem and from the existing policies around. When a “shadow of hierarchy” exists, a relatively bigger change – compared to when it is not present – of current obesity policies is more likely. In technical terms, the cabinet could sketch the likelihood of acting more dominantly by changing to a more hierarchical mode of interaction “if the attempt to reach a negotiated agreement should fail” (Scharpf, 1997: p. 97). Translated to the obesity case, when we look at the analyzed five language frames of the cabinet’s policy report, such a hierarchical move of the minister seems very unlikely. After all, Schippers gives full responsibility for (tackling) obesity to consumers, she argues from a food industry perspective, she uses positive words for the description of the current obesity problem – without giving concrete numbers - and she argues the already existing negotiated agreements approach, on which she fully relies in this policy strategy update, to be a strong base. None of the language frames of Stone implies a possible “shadow of hierarchy”. Therefore, also this reason, a possible “shadow of hierarchy”, does not seem to influence the existing market-based policy measures in the Covenant Food Improvement and Vinkje actor constellations.

As third actor constellation, the JOGG-program is a covenant between many different actors. Municipalities , sports clubs, schools, childcares, general practitioners, food industry businesses, Zilveren Kruis and employers are all involved. Schools, childcares, general practitioners and sports clubs have, as opposed to food industry businesses, more prominent ‘normative role orientations’. Schools educate their students, childcares help parents to raise their children, general practitioners try to make their

patients better and sports clubs provide sports to citizens trying to gain top athletes to increase their level of sports.

Although these organizations rely, in general, for an important part on financial aid of the government, their existence is justified by their numbers of subscription and their quality. To gain students, kids, patients and athletes, for these organizations a good reputation is crucial. Because a health stimulating reputation fits much better in a good reputation than an unhealthy reputation does – imagine that an organization has a reputation of making students and kids get fat, of making sick patients get sicker or of making athletes get less fit, we could expect these actors to impose quite active obesity policy measures on own initiative. This, of course, only holds when these organizations are aware of the obesity problem and of their influence in tackling it. Given the already longer existence of information provision and educative measures, this assumption becomes stronger and stronger with the years following. Furthermore, as already explained, the demand will also change further, making a healthy reputation more and more important because the already existing educative policy strategy of the Dutch government stimulates the obesity-related health aspect within people's choices for schools, child cares, general practitioners and sports clubs. As mentioned before however, this changing demand will be only incrementally because of an ineffective obesity strategy existing, meaning that a healthy reputation is not a very big factor leading to intervening policies on initiative of these actors (yet).

Then, the question is what level of intervention could we expect? As a directly intervening policy measure, schools, child cares and sports clubs could change their own food supply. Schools and sports clubs could ban the unhealthy products in their canteens, while child cares could provide healthy products only to their kids. That such highly intervening actions are not too likely in this actor constellation, comes as follows. Concerning schools and sports clubs, as any other actor, these institutions need money to survive. While schools receive their funds mainly via their students, school canteens also play a part in raising the needed money. This financial importance means that, although schools have the power to decide what kinds of foods and drinks students can buy in their school canteens, they will also be somewhat tempered in their innovative 'health strategy' as long as unhealthy products are profitable.

Also for sports clubs, although it is not their main source of income, the revenue generated by the foods and drinks sold in the canteens helps to survive and therefore complete changes in the profit-generating⁵⁵ unhealthy supply are not very realistic. Furthermore, because sports clubs have a far less

⁵⁵ Again, I assume that this is the case.

educating role than schools have and because sports canteen consumption is not always related with the athletes selves but also with the families and fans supporting them (relevant because a good level of athletes is also related with nutrition and high-level sports clubs should be aware of this, paying attention to the nutrition of their athletes), sports clubs are far less likely to impose intervening measures than schools are. But again, with a changing demand, sports clubs will also move somewhat to healthier school canteens. For child cares, as long as the parents do not feed their kids healthy, it will practically not work to come with a very healthy diet for kids. When parents become more health aware, smaller steps into a healthy direction could fit. Thus, for schools, although complete bans are not likely, partial bans of unhealthy products could be realistic. For sports clubs, more health attention seems assumable and maybe small alterations of the food supply could follow. For child cares, serious action is probably too early given the small change in health awareness under parents. As not further mentioned actor, general practitioners can only advice their patients but not more directly influence them. Information provision is the most they can do.

To link the food industry businesses of the Covenant Food Improvement and Vinkje constellations with schools and their likelihood to intervene quite strongly in their food supplies, this seems to point to a “shadow of hierarchy” for food industry businesses. So, where businesses in the food industry sector seem to have no reason for expecting to want to come up with intervening measures from out the Food Improvement Actor Constellation, in the JOGG-constellation the involved food industry businesses actually do seem to have reasons because of a “shadow of hierarchy” of schools. The end result is that, also from the business actors’ side and when it concerns schools, quite intervening policy measures can be expected.

Then about the other actors involved in the JOGG constellation. Health insurance company Zilveren Kruis is one of them. As health insurance business, Zilveren Kruis would profit from a reduction in the use of health care services. In the introductory section, we saw already that Baal et al. (2011) had calculated that overweight contributes to approximately 10% of total illness and that two percent of total health care expenditures, an amount of 1.2 billion euro each year, is the direct result of overweight people in need of health care. Hence, when the obesity and overweight rates decrease, this would lead to higher profits for Zilveren Kruis.

However, the question remains what the direct relation is between an obesity policy of a health insurance company and the effect of it on the obesity rate, let alone what the relation will be between such a policy and the higher profit for this specific insurance company. Besides, does a strict obesity-related policy fit within the normative role of health insurance companies? It could be very well that

citizens want to be covered and once covered for something, that they do not want to be told what to do or not do since they pay for their insurance to be covered for such expenses. In this line of reasoning, a health insurance company could lose clients via its newly acquired “nanny” reputation by introducing obesity policies when other health insurance companies would not impose similar ones. Of course this relative disadvantage would only exist when not all health insurances act collectively, but this is exactly the case in the JOGG-program in which only Zilveren Kruis is involved.

Considering the difficulty of measuring the benefits of market intervening policies and the question if a healthy reputation is wanted, it would be only likely that Zilveren Kruis imposes stronger policies in the near future when, without a government changing the health care system (think of examples like which health care treatments to include in the basic insurance package), the demand changes – stimulated by effective policies – or when the government has a “shadow of hierarchy”. Although an incrementally changing demand could change the situation somewhat, we already saw that a “shadow of hierarchy” of the government is not the case and intervening policies are therefore not likely in this actor constellation from a Zilveren Kruis perspective. When all health insurance companies would be involved, some low-cost interventions are realistic to get produced by them.

Concerning the employers, whether these are public organizations or private businesses, they want to achieve their goals. To be able to do this, they need healthy employees who are productive. In the introductory section, we already saw that Klink et al. (2008) found reasons to believe that obesity leads to a lower productivity of employees, more absenteeism at work and, as in a more indirect link with employees, lower learning capacities for kids at school. They estimated the costs for employers at approximately 600 million euro, for the part of more absenteeism at work only. Therefore, under the condition that costs to make employees live healthier are lower than the benefits of these healthier employees, stringent obesity policies seem to be in the interests of employers. Nonetheless, as the WRR argues (....), it remains still a hard task to calculate the effect of less obese employees on the productivity of companies, let alone the effect of particular obesity policies on it. Therefore, employers will be back holding too stringent measures but, at the same time, some action from employers could in fact be expected. The bigger the contribution of a certain job to an employees’ life, increasing the effect of employers’ policies on obese or overweight employees, the more intervening measures are likely to get imposed in this actor constellation by employers.

The fourth actor constellation, the Food Centre, consists of dieticians, food experts and communication professionals. Since this cooperation contains only health seeking actors, likely is that they will do as much as possible to stimulate healthy behavior among other actors. However, without

authoritative power, the most extreme policies they can impose are indirect tools, information provision and education policies, since they neither provide foods or drinks and neither provide sports. What we could expect, is very active and targeted information provision about the unhealthy choices people make.

The last and fifth actor constellation is a project at European Union level. Since the Dutch government and, by far, the plurality of European Union members has not imposed hierarchical obesity policies on national level so far (the countries mentioned earlier are the majority of examples), no market intervening EU-measures will, most likely, follow in the coming years. When individual member states are not convinced about market intervening measures at national level their selves, why would they decide to overrule this choice by a European one?

In sum, under a negotiated agreements mode of interaction, the likely level of intervention for policies varies per actor constellation (something already argued in the theoretical section with the interdependency between modes of interaction and actor constellations). The actor constellations Covenant Food Improvement, the 'Vinkje' and EU-school fruit are not likely to lead to very intervening policy measures. The actors in these constellations prefer all market-based changes as obesity strategy. For these constellations, a lack of an authoritative government leads to a lack of strong obesity policies and thus to a clearly limited horizon of policy outcomes. For the Food Centre as actor constellation, strong policies would actually be more likely but technically not possible because of its information provision character. For the other actor constellation, the JOGG, the conclusion is not as clear-cut as a result of all different actors involved. When it concerns public organizations, relatively more intervening policy measures can be expected. This holds mostly for schools, while sports clubs and child cares will far less actively approach the obesity problem. Furthermore, for Zilveren Kruis nothing serious is in the game as lonely health insurance company and for employers, who can actively influence the behavior of their employees, there is not enough prove that motivates them to take action. As last, just like with the Food Centre, general practitioners can play an important part in information provision but, at the same time, such little market-intervening measures are the most they can do.

Taking all together, as part of case expectation one, the conclusion is that the cabinet has constrained the horizon of obesity policy options by its choice for mode of interaction and actor constellations and by framing the obesity problem to these choices. Only schools seem to be an exception. Where for all actors it could be an important factor leading to more market-intervening policies, the absence of a "shadow of hierarchy" contributes to this general limitation. On the other

hand, by using a multi-level approach, the cabinet also widens the same policy horizon a bit back by including the most directly health influencing organizations in the game.

As reliability check, what follows next is a comparison of the current Dutch obesity strategy with the above analysis.

Comparing the *Game Outcome* with the Real Outcome

At first, what are the actor constellations that underlie the current policies? The current Dutch obesity strategy consists four actor constellations that I already analyzed – the Covenant Food Improvement, JOGG, Food Centre and EU-school fruit; the Vinkje has been replaced by the Nutrition App that is part of the Food Centre policies – and the Foundation of Commercial Codes, which is an actor constellation that consists of food industry businesses and commercializing businesses, is a, compared to the cabinet’s outlined strategy, additional existing policy. How do the current Dutch policies produced by the analyzed actor constellations relate to the expected policies, based on these same analyzed actor constellations, in the obesity game? To answer this question, I will discuss all existing policies individually in context of the previous analysis. See table 5.3 for an overview of existing and expected (types of) policies.

Actor constellations	Produced policies in current Dutch obesity strategy	Expected types of policies based on analysis
Covenant Food Improvement, Vinkje	10% reduction calories certain product groups and Foundation of Commercial Codes (not expected)	Market-based innovations
JOGG	60% healthy school canteen	Actively initiative-taking schools, Some action from employers
Food Centre	Nutrition App and Schijf van Vijf	Active health advices
EU	EU-School fruit	Some informative policies

Table 5.3 A Comparison Between Analysis and Existing Obesity Policies

To start with the Covenant Food Improvement, the food industry actors decided to reduce the amount of calories in their food supply by 10% in 2020. The 10% reduction in calories of the covenant food improvement is, as I already argued in the analysis of the cabinet’s problem frame, a small measure in terms of public health. It fits very well within the business strategy of the food industry actor constellation. It is an adaptation of the current food supply within seven years, via R&D, that is

“technologically possible”⁵⁶. With the earlier conclusion that market-based changes are very likely within this actor constellation, considering also a slightly changing demand caused by information provision tools of the government, no surprising policies have been produced here and, so far, the current Dutch obesity strategy fits within the limited horizon of policy options.

Secondly, where we talked before about the JOGG constellation, this agreement has resulted in many different policies. Healthy School, with Healthy School Canteen as subprogram; Team:Fit; Healthy Work Base; Moving is Free, Just Do it; 100 Meters for Daphne; Sports and Doing Physical Exercise Close By, these are all policies within the JOGG actor constellation. However, although focused at multiple of the actors involved, only Healthy Foods and Drinks at Schools is a ‘real’ actor constellation, ‘real’ in the sense that it exists of agreements between multiple types of actors and containing concrete policy goals. The covenant Healthy Foods and Drinks at Schools is signed between food suppliers, food producers and caterers to make the supply of school canteens healthier by 2020, what for the participating schools a food supply containing 60% “better choices” - choices that belong to the Schijf van Vijf - means.⁵⁷ This 60% norm of ‘Schijf van Vijf’ products in the school canteens food supply matches with the school actors part within the analysis of the JOGG actor constellation. Where, because of their normative role orientations, the most intervening measures could be expected from schools, a 60% ban of unhealthy products in the total food supply is a pretty intervening policy, in particular when agreed upon voluntarily. Remembering that the demand for schools is probably not yet very health-oriented and arguing that unhealthy products are still profitable as source of income in school canteens, this 60% norm makes sense above a 100% reduction of unhealthy products.

About the other analyzed actors within the JOGG, besides schools involved in a norm-focused agreement, sports clubs are involved in Team:Fit and Zilveren Kruis and employers are together involved in Healthy Work Base. Team:Fit is a program in which sports clubs can make use of professional advice about healthy sports canteens by signing-up to the program. Although many sports clubs have already signed up to the Team:Fit program, it introduces no norms to be achieved but is solely aimed at information provision. Healthy Work Base is also an information based policy. Employers can acquire

⁵⁶ Akkoord Verbetering Productsamenstelling.nl, 2018b: *Ambities en planning. Gezamenlijke ambities*, at: http://www.akkoordverbeteringproductsamenstelling.nl/Ambities_en_planning/Gezamenlijke_ambities (visited 10-01-2018).

⁵⁷ For the complementary conditions, see Voedingscentrum, 2018d: *Richtlijnen gezondere kantines*, Stichting Voedingscentrum Nederland, at: <https://www.voedingscentrum.nl/professionals/productaanbod-en-levensmiddelendatabank/horeca-catering-en-kantines/richtlijnen-gezondere-kantines.aspx> (visited 10-01-2018).

information from the government, including tips about creating a healthy environment with support of Zilveren Kruis and other JOGG actors.

Although the goals could have been a bit more concrete, like the 60% healthy choices goal in the Healthy Schools agreement, Team:Fit and Healthy Work base are low-cost policy measures for sports clubs and employers that make sense compared to their strategies. Child cares and general practitioners are not actively involved in any program, for the part of general practitioners somewhat surprisingly. On the other hand, that they are not active in the JOGG-program does not mean that they pay no unilateral attention to the obesity subject (although I have not found any examples of them doing this). Moving Is Free, Just Do It, 100 Meters for Daphne and Doing Physical Exercises Close By are governmental initiatives within the JOGG-program and based on physical activities in which any organization can join unilaterally. Considering the analysis of the actors involved, all these JOGG-policies fit within the limited horizon of obesity policy options. Where only an exception of school policies makes sense to be market-intervening in the obesity case, this exception also really exists.

As third actor constellation, the Food Centre has come up with the Nutrition App (as replacement of the Vinkje) and a new update of the 'Schijf van Vijf' to raise awareness about a healthy and balanced consumption diet. We already saw in a note to table 4.1 that the cabinet has decided in 2016 to stop this policy measure because she argued that it had to be updated. The earlier mentioned Food App is the most recent replacement. The two existing policies are active and public informative measures, as analyzed which would fit within the Food Centre actor constellation.

Within the fourth actor constellation, the EU-School Fruit Program is a complementary program where schools can sign-up for and which is aimed to increase the awareness among the students of fruits and vegetables as being part of a healthy diet. It consists of a free amount of fruits and vegetables for member-schools. It is a measure that is fully based on voluntary subscription, fitting the earlier analysis of this EU actor constellation.

Furthermore, where the above policy measures of the current Dutch obesity strategy are all produced by negotiations between different actors and – at least to a certain extent - stimulated by a facilitating government, the current Dutch obesity strategy contains also examples of information provision based governmental policies. The two existing examples are the online information platforms HealthyIn and PlatformLivingHealthy for municipalities and other actors about preventing obesity under their target group. Furthermore, also private unilateral policies exist, in which the government has played no role. The found examples are 'light' products, which contain less calories than 'regular' products and 'Coca Cola Life', in which Coca Cola has reduced the amount of sugars partly by using the

sweetener Stevia as replacement. Where these are good steps forward in an attempt to tackle obesity, they rely on R&D and fit in the analysis of food industry businesses.

To conclude the analysis of the current Dutch obesity strategy, the ‘Food Commercial Code’ policy produced by the Foundation Food Commercials – as additional measure not mentioned in the cabinet’s 2015 policy strategy – needs attention in the analysis. In this policy, companies decided to stop commercials targeted on children below the age of thirteen, which promoted foods or drinks that did not make part of the prescribed ‘Schijf van Vijf’. As opposed to my expectation of food industry businesses within the Covenant Food Improvement, this company-based negotiation led to a market-intervening measure, an own-initiative based prohibition. A quick conclusion would be that this policy, as the only one in the current Dutch obesity strategy, would not fit my analysis. However, this self-governing policy measure seems less effective than it initially sounds. At first, the Consumers Bond, as member of the initiative-taking Foundation, has not acknowledged the Food Commercial Code because of ‘shortcomings’.⁵⁸ Furthermore, a countermovement to gain more political attention for the subject has arisen: the Alliance Stop Kids Marketing⁵⁹, of which the same Consumers Bond is also a member.⁶⁰ One of their main activities is bringing violations of the Food Commercial Code into public knowledge.⁶¹ Considering these critics, the Food Commercial Code makes clear what the weaknesses of a self-governing approach are, in which businesses can still act out of their strategic self-interest. In other words, where it seemed a strong self-governing policy measure and where it would be an exception to my analysis, this measure lacks actually an intervening character. The conclusion is that this produced policy actually fits with the analysis of the food industry actors done in the Covenant Food Improvement actor constellation.

In sum, the policies within the current Dutch obesity strategy fit within the outcome of the *obesity game* based on the characteristics of the institutional setting of the Problem-Based Actor Centered Institutional model. All policies are based on constellations or unilateral actions that led to

⁵⁸ Alliantie Stop Kindermarketing Ongezonde Voeding, 2015: *Reclame Code Commissie: Ongeoorloofde kindermarketing bij 12 voedselabrikanten*, at: <https://www.stopkindermarketing.nl/nieuws-overzicht/52-reclame-code-commissie-ongeoorloofde-kindermarketing-bij-12-voedselabrikanten> (visited 10-01-2018).

⁵⁹ Alliantie Stop Kindermarketing Ongezonde Voeding, 2018: <https://www.stopkindermarketing.nl/> (visited 10-01-2018).

⁶⁰ Consumentenbond, 2018: *Stop Ongezonde Kindermarketing*, at: <https://www.consumentenbond.nl/acties/kindermarketing> (visited 10-01-2018).

⁶¹ There seems to be a positive development into less violations, but violations still occur: Alliantie Stop Kindermarketing Ongezonde Voeding, 2017: *Reactie op de resultaten uit de jaarlijkse monitoring kinderreclame*, at: <https://www.stopkindermarketing.nl/nieuws-overzicht> (visited 10-01-2018).

small market-based changes, as expected, based on unilateral information provision by the government or, although more rare, based on voluntary market interventions in case of schools. One additional surprising policy is the Food Commercial Code. However, also this policy fits within the incremental market adjustments, as followed from the critics about its shortcomings in form and execution. All policies have in common that they cause only limited changes to the status-quo. Therefore, the current Dutch obesity strategy fits within the constrained horizon of obesity policy options. Concluding, **the Dutch cabinet has constrained the scope of obesity policy options through its dominant position to little market-intervening policies.**

As first additional note, among all actors, from schools and employers we could already have expected some intervening policy measures with the 'weaker' cabinet's frame. We saw that this is true for schools, but not for employers. The lack of proved benefits could explain the absent employers' role within the current Dutch obesity strategy. Secondly, the Food Centre as 'pro-health' constellation has still more intervening policy tools in possession, like a concrete added sugars norm.

Part II: The *Theoretical* Game: How it Could Have Gone with the WRR as Government

Until this point, we already saw that the cabinet's problem frame had, besides that it contained the information about the chosen mode of interaction and actor constellations, some influence on the horizon of realistic policy options produced, through the possibility of a "shadow of hierarchy". In this second part, I will further elaborate the role problem framing precisely plays in the obesity case and how important it was within the strategy of the cabinet as dominant actor. In the first paragraph, I will analyze the problem frame of the WRR as *alarmed discoverer* to which the cabinet initially responded, instead of the cabinet's own problem frame, and I will use the same five language frames as I used before. Then, I will compare the language frames of the two reports to analyze the problem *reframing* that has taken place in the obesity case. As last, I will analyze the effect of this difference in frames on the produced obesity strategy.

Problem Frame WRR Report

When reading the WRR report, something that really stands out is the detailed description of the situation existing in 2014 and the use of numbers as tool in clarifying this description. Numbers support every detail: the WRR mentions the number of overweight people in the Netherlands, the estimated number of people who get sick because of it and the number of people dying. To put it in international

perspective, it mentions global facts about obesity. Furthermore, the WRR mentions that 1/14 of the Dutch citizens has an eating pattern that aligns with prescribed norms. It quantifies the difference in prevalence between people with different economic statuses and incomes. Looking at the economic aspect of the food sector, the WRR quantifies the type of products we consume, the share of the different actors supplying this consumption and their market power.

Considering the symbolic storyline, the WRR uses the word *challenge* (in Dutch: *uitdaging en opgave*) to describe the need for dealing with obesity. Given the statistical context that the WRR describes, given the warning that “the consequences of economic, political and institutional imbalances will become even bigger” - with the current trends of a rising world population, urbanization and changing food consumption patterns -, “increasing the risks for a higher obesity rate” and given the argumentation that “the existing techniques are not good enough to influence healthy eating patterns” (2014: p. 127), the main story of the WRR report is a story of decline in the 2014 state of affairs. The main message is that, in case of no policy change, the overweight rate increases further and leads to more people sick or dead. On the other hand, the WRR strongly argues that “it is time for reorienting this strategy” (2014: p. 13), points out the policy problems and comes later in the report with targeted policy advices to handle them, suggesting a way of control at the same time.

Then, what are the causes according to the WRR? In technical terms, a positive energy balance, meaning either a consumption of too many calories – sugar or fat – that is too high or a level of physical exercise that is too low causes obesity. However, what causes this overconsumption of sugar or lack of physical exercise? The WRR argues that people base their choice on price, taste and ease (WRR, 2014: p. 36) and that, because of a high level of welfare, food is widely available and payable in the Netherlands (WRR, 2014: p. 19). Besides, an increase in welfare leads generally to an increase in calorie intake. In addition, as a result of increasing welfare, a higher work participation rate of women and the increase of single households, the demand for food that is easy and quick to prepare (like to-go meals) rose and such easy and quick foods contain mostly more processed ingredients and calories and a lower food quality. Because of the complexity of the society we live in, the WRR argues that it is the responsibility of multiple actors to fight obesity and that “the focus must be at all phases of the food supply chain, not only at the consumer end phase” (2014: pp. 11-12) giving “a strong take-a-lead position to the more powerful companies in the food chain” (2014: p. 107). In other words, the current obesity problem is caused by changes in demand, supply and the bigger societal context and tackling the obesity problem seems argued to be the responsibility of actors within all phases in the supply chain.

About how this situation could exist, the WRR is rather clear: “the relational effect that food has on public health is underexposed within both responsible ministries”. The ministry of Economic Affairs does not consider public health aspects in negotiations about new common agricultural policies, neither pays the ministry of Public Health, Welfare and Sports serious attention to food and the prominent role it can play in preventing need for public health care and in lowering its demand” (2014: pp. 126-127) and “the Dutch government has, for many years, executed a food policy strategy that was one and the same with the agricultural and food safety policy goals (...). It is time for reorienting this strategy” (2014: p. 13). From looking at these goals - increasing productivity of the agricultural sector, securing the Dutch food supply and guaranteeing acceptable product prices (WRR: p. 120) – we can conclude that these goals are economic goals. Using Stone’s words, therefore *bad* economic interests dominate in the Dutch food strategy. The WRR emphasizes the importance of public health interests and of making them more important.

To be able to handle obesity, the WRR advises the cabinet solutions that create a “system-oriented strategy, integrated at many levels in society” (2014: p. 110) and that “the existing policies must be brought better in line with the possibilities and restrictions of both producers (and their power) and consumers” (2014: p. 115). Trying to change the choice of consumers too much will not help the government, a “nanny state” will not bring government and citizens together (2014: p. 109). Instead, the chosen food strategy must be made explicit to motivate actors (2014: p. 13); making the information of and about actors involved public could, to stimulate the attention for public health interests more (2014: p. 149), fit in such a policy strategy. The WRR questions the obesity-reducing effect of the existing policy strategy: the ‘Covenant Improvement of Food Composition’ is “a good first step, but putting a hold to the broad supply of unhealthy products itself is also needed”; “product information, on which consumers base their choice, is still not transparent and clear itself” and in case of adaptation, it followed that it can take many years before negotiations lead to results because of the involvement of many actors (2014: pp. 84-85); about information provision to consumers in general, via nutrition stickers or using mass-media campaigns, “such techniques are not good enough to influence healthy eating patterns” (2014: p. 127), information provision lacks effect (2014: p. 142) and that could be because the consumer choice behavior is complex and flexible. The WRR argues to focus at education, information provision, the food supply and the consumption environment, while focusing mostly on the first two is not good enough.

Language frame	WRR
Words	<p>“the consequences of economic, political and institutional imbalances will become <u>even</u> bigger;</p> <p>increasing risks for a higher obesity rate;</p> <p>the existing techniques are not good enough to influence healthy eating patterns;</p> <p>information techniques lack effectivity to influence healthy eating patterns;</p> <p>the relational effect that food has on public health is underexposed within both responsible ministries;</p> <p>the existing policies must be brought better in line with the possibilities and restrictions of both producers (and their power) and consumers;</p> <p>it is time for reorienting this strategy;”</p>
numbers	<p>Widespread use of numbers</p> <p>“1/14 of the Dutch citizens has an eating pattern that aligns with prescribed norms”</p>
Causes	<p>Origin:</p> <p>Change in demand</p> <p>Change in supply</p> <p>Change in societal context</p> <p>Responsibility: multiple actors in supply chain, mostly the big ones.</p>
interests	Mix of interests; health interests must become more important.
solutions	<p>A “system-oriented strategy, integrated at many levels in society”;</p> <p>An explicit food strategy;</p> <p>No “nanny state”, but combined focus at all four education, information provision, foods supply and consumption environment are necessary.</p>

Table 5.4 Problem Frame WRR (with the most important information in bold)

A Comparison of Frames, Reframing?

With the question how the WRR and the cabinet both used the five framing languages of Stone’s theoretical framework being clear, a comparison of both frames is what comes next. While the WRR warns that the current obesity policies need to be reoriented and that they are out-of-date, showing a

detailed description of the state of affairs and the effects of obesity and arguing that policy change is possible but needed because of the current trends and an ineffective obesity strategy, the cabinet gives only a very abstract description of the same current state of affairs and mentions no single number or statistic. Moreover, the cabinet uses way more positive words than the WRR when talking about the situation, using words like 'reinforcing' instead of 'reorienting' in light of policy change, 'ambitious' and 'strong' instead of 'ineffective' in terms of existing policies and 'intense' instead of 'incoherent' cooperation between different ministries. Although both reports tell a story of control, at least more than a story of helplessness, the WRR report tells another story of decline in case of no policy change, whereas the positive words in the cabinet letter tell a story of rising. Looking from this perspective, the cabinet does *weaken* the urge for stronger policies by the WRR. After all, as I argue, a story of rising has a lower urge for stronger policies than a story of decline.

Then, in what ways does the cabinet differ in its causes frame from the WRR? Where the WRR argues that both demand and supply have changed, that they together led to a cheaper, bigger and unhealthier food consumption and that society is complex; that, therefore, "the focus must be at all phases of the food supply chain, not only at the consumer end phase" (2014: pp. 11-12), giving "a strong take-a-lead position to the more powerful companies in the food chain" (2014: p. 107); the minister argues that, despite the position the WRR substantiates and although she recognizes that the character of the food production and consumption and the market power in the food chain have changed, consumers are still responsible for their own unhealthy choice and capable of changing it to a healthier one. She puts full responsibility into the consumers' hands, while the WRR explains the shared responsibility of both the demand and supply side. When consumers are fully responsible for their own choices and when the existing obesity strategy already focuses on these choices, an urgency for stronger policies does not exist. From this perspective, the cabinet *weakens* the urge for stronger policies as suggested by the WRR.

Considering interests, the WRR argues that public health interests are undervalued in the existing policy strategy, while the cabinet itself argues that "the protection of the public health of citizens has the highest priority" (VWS, 2015a: p. 2). At the same time, despite these words of the minister and looking at her complete argumentation, the existing obesity strategy makes more sense from an economic point of view than from a public health point of view. My conclusion is that business interests seem better represented than public health interests. All the same, even without this additional analysis but with the minister's prior focus on public health, the way the minister frames the current obesity strategy as already representing public health interests fully. Because the WRR argues

that stronger policies are still needed that shift focus from economic interests to public health interests while the minister argues that this already happened, the cabinet *weakens* the urge for stronger public health oriented policies.

Then, as last framing language of Stone, what are the solutions that the WRR advises and what are the solutions the cabinet pledges for? The WRR argues that the current obesity strategy needs to be changed to a multi-level and multi-actor strategy, broadening the current main focus on consumers to a strategy that considers “the possibilities and restrictions of both producers (and their power) and consumers” and putting a hold to the broad supply of unhealthy products itself (2014: p. 115). Although minister Schippers also emphasizes her ambition for a multi-level and multi-actor strategy, she builds on a set of measures that only stimulates education, information provision and changes in the food supply to help people make healthier choices; a strategy that is pretty much the same as the already existing obesity strategy and which the WRR argues to be not broad nor effective enough.⁶² Minister Schippers describes the relevant policy strategy to be worth continuing of which the WRR claims to lack effect. Therefore, the cabinet *weakens*, via the solutions language, the urge for stronger policies that is argued by the WRR.

Summarizing, as differing from the WRR, the minister narrows the responsibility for the obesity problem to consumers selves; argues that the most affected interests by this problem – the public health interests – are well presented in the current obesity strategy; that the obesity strategy should be only stimulation-based and that the already existing obesity strategy is strong; using less (no) numbers to describe the existing obesity problem and using way more positive words. By using Stone’s languages framework as tool of analysis, it becomes clear that the cabinet’s food agenda creates a stronger image of the state-of-affairs than the WRR’s frame did. In this line, because the obesity problem seems smaller, the causes easier to prevent, the interests less shared and the image of the already existing policies stronger, the need for policy change is smaller. Therefore, **the way the Dutch cabinet framed the obesity problem *weakened* the urgency for market-intervening policy change implicated by the frame of the WRR** (see table 5.4 for the most important differences).

⁶² In 2011, the WRR already concluded that the Dutch overweight policy strategy of that time was based on the assumption - by the politicians and the minister of VWS in particular - that citizens were fully rational. In its conclusion, the WRR took in a position in which it, at least, questioned the validity of this rational choice approach and in which it urged for changes in the consumer food supply and its environment (WRR, 2011).

Languages	WRR	Cabinet	Cabinet's Frame Compared
Problem	Imbalances will become even bigger	Positive influence when eating pattern healthier	Smaller
Cause	Change in whole societal context	Unhealthy choice of consumers	Narrower
Public Health Interests	"Public health interests underexposed"	"Public health interests have the priority"	More present
Current Strategy	Existing measures need to be "reoriented" because they "lack effect"	"Strengthening" of "ambitious" and strong policies	Stronger
Content Strategy	Focus at whole supply chain	Focus at consumers choice	More limited

Table 5.5 The Cabinet's and the WRR's Problem Frames compared

The Effect of *Reframing*, a New Game

At this point, we know that the cabinet weakened the problem frame of the WRR in level of urgency for stronger policy change. Furthermore, as followed from case expectation one, we also know that the cabinet constrained the horizon of both technically and realistically possible policy options to little market-intervening policies. The question that remains is, how big was the effect of this problem frame weakening by the cabinet on the produced existing policy obesity strategy? In other words, how would the current Dutch obesity strategy have looked like when the cabinet had copied the obesity problem frame of the WRR report? I will look at this question only in general lines.

Based on the WRR's problem frame, I will first discuss which mode(s) of interaction and actor constellations would fit the WRR's problem frame and, accordingly, what effect these three combined variables would have on the obesity policy *outcome*. Like with analyzing the cabinet's problem frame, I will take into analysis the roles of a "shadow of hierarchy" and the influence of other suggested policies on demand and reputation. Then, what is the difference in policy strategy outcome between the in reality used cabinet's problem frame and the hypothetically used WRR's problem frame?

Where the WRR argues that "existing techniques are not good enough to influence healthy eating patterns" while "risks increase for a higher obesity rate" and that it is therefore "time for

reorienting the (current Dutch obesity) strategy”, she also argues that a “nanny state”, in which the cabinet influences the choices of consumers (or tries to) “too much”, is not recommended. Looking at the Dutch obesity strategy at the time of her 2014 report, this means that the cabinet should go further than all the information provision tools together (she explicitly mentions that information provision tools “lack effect”) and further than the 10% reduction in calories in a time frame of seven years (she also explicitly mentions that this covenant is “a good first step” but that more is needed). Although the WRR mentions that an adaption in the supplying of unhealthy foods itself is an important part of such a further-going strategy and that the role of the dominant food industry actors should be biggest in it, she does not explain how this change in foods supply, the role of important actors or the broader “system-oriented strategy, integrated at many levels in society”, should be achieved.

Therefore, concerning the mode of interaction, it is not clear whether the WRR argues that hierarchical policies would fit or that the cabinet should stick to negotiated agreements like the cabinet did. The other way, unilateral actions, would definitely not match the WRR’s problem frame because of this mode’s weaker character than the already existing obesity strategy. After all, the WRR argues to make the existing obesity strategy stronger. Then, about hierarchical policies, would they transform the Netherlands into a “nanny-state”? If not, how hierarchical must the cabinet’s policies be before this would happen? Where at least stronger negotiated agreements fit, I cannot conclude whether hierarchical direction is what the WRR urges for or not. Concerning the actor constellations, the WRR mentions that the focus must be at the whole supply chain. This is the same as what the cabinet wanted to do with her updated strategy. Combining them, because I cannot conclude with which mode of interaction the WRR wants to match these supply chain-wide constellations, I will analyze both choices, that is for negotiated agreements and for hierarchical direction.

In case the answer is that the WRR chooses for hierarchical direction, the following examples could fit (keep in mind the unwanted “nanny-state”): an imposed higher reduction norm on calories in all processed foods (higher than the 10% negotiated one), a sugars tax or attractive subsidies stimulating health increasing activities and products, a ban on very unhealthy products in case of the Covenant Food Improvement; an obligated healthy products norm for all schools and sports clubs in case of Healthy School and Team:Fit (instead of voluntary membership); and an effective ban on the promotion concerning all unhealthy products, with sanctions in case of violations, concerning the Food Commercial Code. A national or international - in case of the EU actor constellation -sugars tax would not fit very well the grey area. Where the other policies affect the choices of consumers only indirectly, taxes give

already soon a “nanny-state” reputation (WRR, 2014) and this tool seems therefore not very likely within the choice of the WRR.

In the other case, when the WRR actually meant that stronger policies should have been produced via negotiated agreements, what kind of policy measures could we then have expected? For this answer, we must look at the existence of a “shadow of hierarchy” and at the effect of the other suggested policies within the WRR’s problem frame on demand and reputation. With the strong words above, about the need for stronger policies, and although the WRR does not explicitly mention the advice for hierarchical action, she does urge for policy change. The grey area that the WRR keeps in place by not explaining what an unwanted “nanny-state” is, but because this is somewhere other than the existing ‘weak’ strategy, does create a “shadow of hierarchy”.

With the existence of such a shadow of hierarchy, as we already saw, it will be more profitable for actors to keep the government satisfied with the negotiating strategy and thus more profitable to impose stronger policies on own initiative, even while weaker policies would be their highest preferred option. Although the exact effect on policies, and their exact difference with the existing policies, would be guessing, the “shadow of hierarchy” would have resulted in stronger policies than is at the moment the case. For instance, the general 10% reduction in calories within the Covenant Food Improvement would be higher. Furthermore, because the 10% reduction is actually only targeted to certain product groups - and most groups fit within the salt reduction part and not in the calories part that is relevant for tackling obesity⁶³- the pressure of an authoritative government⁶³ could have broadened the number of targeted product groups.

Furthermore, concerning the information provision tools, also these measures could be more intervening. Where the Health Council advises citizens about which products should be part of a healthy diet and although the Food Centre does recommend with her Schijf van Vijf information tool which products do belong to this healthy diet and she does recommend to “reduce the consumption of sugared beverages”, the Schijf van Vijf does not include an added sugars norm. Such a concrete norm about what *not* to consume, more than a certain amount of sugars, would be one of the most intervening measures possible for the Food Centre. That such a sugars norm would be a realistic tool in the obesity case, follows from the fact that the WHO actually came with it in 2016. Where a sugars norm would, despite its absence at the moment, fit the chosen Food Centre actor constellation already in case

⁶³Akkoordverbeteringproductsamenstelling.nl, 2018, *Afspraken en resultaten, overzicht per productgroep*, at: http://www.akkkoordverbeteringproductsamenstelling.nl/Afspraken_en_resultaten/Overzicht_per_productgroep (visited 10-01-2018).

of using the cabinet's problem frame, it would fit even better within the WRR's more urging problem frame.

Secondly, about a changing demand as result of the WRR's more problem suggesting obesity frame, when more explicit and more intervening policies are in place, these stronger policies will raise the public awareness under citizens about living healthy more and, as a result, the demand for healthy products will change faster than happens as a result of the current obesity strategy. Accordingly, as argued before, when demand changes faster, business actors will also adapt their unhealthy supplies faster. The result is that not only the concluded "shadow of hierarchy" leads to more market intervening policies in the Covenant Food Improvement, Foundation Commercial Codes and Food Centre actor constellations, but also a changing demand. This makes the examples given above even more relevant.

Furthermore, as related to demand, a healthy reputation becomes more important when the demand becomes more healthy and, as another additional reason why the importance of a healthy reputation would increase, the WRR calls for making the role of actors public (reference). Therefore, also the JOGG constellation is likely to lead to more market intervening policies without the reframing of the cabinet.

As example, where only 1/3 of the Dutch municipalities uses the JOGG-approach at the moment, this number - and the number of schools participating in Healthy School and sports clubs in Team:Fit - would be higher when the problem frame of the WRR had been used. Additionally, for sports clubs there could also have been developed a norm for the percentage of unhealthy products allowed in their canteens, just like is already the case for schools. The same reasoning holds for the child cares' and Zilveren Kruis' part in this actor constellation, who would more likely have developed concrete actions under the WRR's frame - like more healthy diets and a healthier supply in the work canteens - than under the cabinet's frame.

On individual business level, with a bigger "shadow of hierarchy" and with a quicker changing demand for healthy products, more initiatives with lower sugars percentages - like Coca Cola Life - would have been developed.

In sum, about what the *reframing* of the cabinet has meant for the current Dutch obesity strategy, I cannot give a reliable answer to the question whether the WRR, with its 2014 problem frame, pledged for a hierarchical mode of interaction. If my conclusion was yes, this would indeed have led to stronger obesity policies within all actor constellations in the Netherlands (with an exception of the EU constellation). However, even when we stick to negotiated agreements in our analysis, we saw that the stronger policy frame of the WRR would have most likely led, via a "shadow of hierarchy" and a quicker

changing demand, to stronger self-governing policy measures within the Covenant Food Improvement, the Foundation Commercial Codes and the Zilveren Kruis part of the JOGG constellations. More indirectly, the same conclusion holds for the schools, sport clubs and child cares within as other parts of the JOGG constellation, but then mostly via a changing normative role orientation, one in which health plays a more important role. Therefore, without knowing the concrete choice for the mode of interaction, by using Stone's five language frames and Scharpf's basic explanatory framework, ***the reframing of the obesity problem by the government in its 2015 food agenda led to weaker - or less market intervening - obesity policies than when it had used the problem frame of the WRR's 2014 report 'To Food Policies'.***

VI. Conclusion

In this paper, the research question was ***how the in 2015 chosen self-governing approach of the cabinet led to the current Dutch obesity strategy and to what extent this policy-making outcome differs from the latest 'alarmed discovery' problem frame of the WRR's 2014 report 'To Food Policies'.***

While trying to find an answer to this question, I started with the theoretical framework of Scharpf, analyzing the outcome of policy-making processes by looking at the interactions between the different actors involved, their specific characteristics and the broader institutional setting. However, where Scharpf assumes an equality among these actors - except for in the hierarchical direction setting - and where he excludes the problems concept from the institutional setting, which includes all factors producing policy outcomes, I showed my concerns that this gives not a reliable simplification of reality because there is always one actor who is dominant – the executive government – and because problem frames are subjective political tools. The implication of these two shortcomings is that the old model misses, in its explanatory power, the point that the dominant government has always the biggest influence on producing policies in policy-making processes and that problem framing plays, as part of actors' strategies, a role in influencing policy-making outcomes.

As attempt to make the Actor-Centered Institutional model a better fit with reality and, accordingly, to make it better able to explain policy outcomes in general, I developed my new Problem-Based Actor Centered Institutional model (figure 2.2). In this model, I gave the executive government a dominant position and I included the concept of problem frames within the institutional setting. Although the combination of the two alterations implied a very important role for the problem frame of the government in affecting policy-making outcomes, to understand the entire setting of a policy-making process, I underlined that one should also include the original 'alarmed discovery' in the

analysis. While initially the intention of this paper was to explain the current Dutch obesity case, the development of my new model made this paper actually also, the other way around, function as first-step explanation of Problem-Based Actor-Centered Institutionalism.

To give meaning to the theoretical relation, I at first researched the expectation that the Dutch cabinet constrained the scope of policy outcomes through its dominant position in the policy-making process. From the cabinet's problem frame, it followed that the cabinet chose for the actor constellations the Covenant Food Improvement, the JOGG, the Vinkje, the Food Centre and the European Union and for negotiated agreements as mode of interaction. While these choices alone seemed indeed already likely to have constrained the scope of obesity policy options to not very market-intervening policies – schools seemed to chronic an exception -, a “shadow of hierarchy” and through demand changing market conditions could, in theory, still have led to another conclusion. However, the lack of a “shadow of hierarchy” in the cabinet's problem frame, where minister Schippers supports and continues the already existing policies, and the lack of a likely change in demand do not change this conclusion very much. Furthermore, the current Dutch obesity strategy, with only two concrete agreements – the 10% reduction in calories and the 60% healthy school canteen – and with plenty of information-based policies, appeared to fit within this conclusion. In sum, the conclusion led to a confirmation of the first case expectation.

Secondly, to place the constrained little-intervening horizon of obesity policy options into perspective of the most recent WRR policy advice and because the ‘alarmed discovery’ concept of Problem-Based Actor Centered Institutionalism was missing in the analysis so far, I included the WRR's 2014 report as second problem frame into the analysis. After analyzing and comparing the WRR's problem frame with the cabinet's report, the conclusion was that the WRR's problem frame is - for every language - more problem urging than the cabinet's one. The question was what the effect of this *reframing* had been on the current Dutch obesity strategy. Where the advised “multi-level” actor constellations align with the cabinet's choice for actor constellations, the most important difference is that a “shadow of hierarchy” does exist in the WRR's report, while it was absent in the cabinet's problem frame. With the other variables already analyzed for the first case expectation, the conclusion was that, even with the mode of interaction unchanged, the policy-making outcome would have contained stronger or more market-intervening measures than the current Dutch obesity strategy contains and when the policy frame of the WRR had been used.

Although the question what kind of policies would be likely is mainly hypothetical and very complex, given the WRR's urge for stronger policies than the existing Dutch obesity strategy, it would be

likely that more product groups or higher norms than the 10% calories reduction would be included in the Covenant Food Improvement; more municipalities, schools and health insurance companies would be member of JOGG; the Food Centre would come up with a sugar norm like the WHO; the Food Commercial Code would be better honored and executed; and, with the Dutch government acting stronger, the obesity subject would perhaps even increase attention on EU-level and lead the introduction of a new policy debate.

In short, as answer to the research question, the in 2015 chosen self-governing approach of the cabinet led to the current Dutch obesity strategy because the chosen combination of self-governance, involved actors and problem frame of the cabinet constrained the possible policy options in the obesity policy-making process and, although it is not clear whether the WRR advises hierarchical policies or the existing self-governing approach, the current Dutch obesity strategy would have been stronger than is recently the case. Considered differently, the cabinet's choice for a self-governing approach will not lead to more market-intervening policies than already exist, within the current institutional setting and as long as the government does not urge for stronger policies.

Possible Limitations

Although the answer is formulated after an in-depth case analysis, one should be careful in generalizing it to other cases. After all, this paper is the first step using Problem-Based Actor Centered Institutionalism in explaining outcomes of decision-making processes. Therefore, for a further strengthening of this theoretical model, more research is needed about what exactly the explanatory power of this model is. Furthermore, I argued in the theoretical section that think tanks and advisory bodies have, besides the dominant government self, the most influence on producing policy outcomes compared to all other alarmed discoverers. While a further focus on this assumption laid outside the purpose of this paper, it is still a relevant question for the strength of the Problem-Based Actor Centered Institutional model and for future research whether such a difference in influence exists between different types of 'alarmed discoverers'.

At last, I come with a note about the empirical aspect. Although this research was an in-depth analysis, the reader could argue that the conclusions about the hypothetically imposed WRR policies done in the second part of the analysis might lack reliability. While I would understand this reasoning, because they are not empirically tested like in the first part, the conclusions I made are still based on empirical data of the WRR's report and its context. Furthermore, although a more in-depth analysis of this part would indeed lead to more concrete policy conclusions, the current analysis makes my point

clear and, as abstract analysis, it shows the theoretical relationship I wanted to explain. In other words, I argue that a reliability shortcoming is not really the case.

The Choice of the Cabinet in Context

While hierarchical obesity policies find still no base in the Netherlands, the obesity data showed that this is different for the – in terms of public health - related alcohol and tobacco sectors. Where, to mention a few examples, alcohol commercials were banned from television between 06.00 and 21.00 in 2006, a new law prohibiting smoking in restaurants got adopted in 2008 and the new 2017 cabinet announced to increase the tobacco tax further to achieve a “smoke-free generation” (p. 33), minister Klink argued in 2008 that the government “must be preserved” (p. 32) in using same type intervention measures in the food environment. Moreover, other developments are a lowered government budget for public health prevention policies (p. 33) and an increase in the 6% tax of products - to which water, fruits and vegetables belong - to 9% by the new cabinet Rutte III (p. 35).

At the same time, the Dutch cabinet argued that “the protection of the public health of citizens has the highest priority” (p. 6). Also, we saw that the WRR warned that the chosen Dutch obesity policies lack effect in influencing people’s choices and in reducing overweight. Concerning the empirical side of my findings - that the current Dutch obesity strategy is not very likely to change much in the future as a result of the government’s self-governing approach - why chose the Dutch cabinet for a continuation of this little obesity influencing self-governing strategy? It is a choice that raises questions, especially in combination with the other developments mentioned above.

Maybe it is just a matter of time before stronger obesity policies get adopted:

“Events spill over into adjacent areas because politicians find there is a reward for riding the same horse that brought benefit before, because the winning coalition can be transferred to new issues, and because one can argue from precedent” (Kingdon, 2011).

Maybe it is because the government does not always make the rational choice (Candel, 2014). Perhaps politicians are biased by their ‘sugar instinct’, integrated into the obesity policy-making process:

“Consuming many calories quickly is nestled in our brains. (...) It is, just like sex, one of the strongest human primal rages to survive” (Witkamp, R.F., WUR, in: VWS, 2009).

Or - maybe - the cabinet does not realize (yet) that more stringent measures like a sugar tax might actually work in fighting obesity:

“Sugar, rum, and tobacco are commodities which are nowhere necessities of life, which are become objects of almost universal consumption, and which are therefore extremely proper subjects of taxation”

(Smith, A.: 1776).

No matter which reason lays behind the cabinet’s choice for a self-governing strategy within the obesity case, one thing is sure: also more research about effective obesity policies is needed to be able to come a step closer in tackling the worldwide obesity-epidemic.

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