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Health-related claims on food labels in Australia: understanding environmental health officers' roles and implications for policy

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Health-related claims on food labels in Australia: understanding environmental health officers' roles and implications for policy

Abstract

Objective Health and related claims on food labels can support consumer education initiatives that encourage purchase of healthier foods. A new food Standard on Nutrition, Health and Related Claims became law in January 2013. Implementation will need careful monitoring and enforcement to ensure that claims are truthful and have meaning. The current study explored factors that may impact on environmental health officers' food labelling policy enforcement practices. **Design** The study used a mixed-methods approach, using two previously validated quantitative questionnaire instruments that provided measures of the level of control that the officers exercised over their work, as well as qualitative, semi-structured, in-depth interviews. **Setting** Local government; Australia. **Subjects** Thirty-seven officers in three Australian states participated in semi-structured in-depth interviews, as well as completing the quantitative questionnaires. Senior and junior officers, including field officers, participated in the study. **Results** The officers reported a high level of autonomy and control of their work, but also a heavy workload, dominated by concerns for public health and food safety, with limited time for monitoring food labels. Compliance of labels with proposed health claims regulations was not considered a priority. Lipsky's theory of street-level bureaucracy was used to enhance understanding of officers' work practices. **Conclusions** Competing priorities affect environmental health officers' monitoring and enforcement of regulations. Understanding officers' work practices and their perceptions of enforcement is important to increase effectiveness of policy implementation and hence its capacity to augment education initiatives to optimize health benefits.

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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1 Health related claims on food labels in Australia: understanding Environmental
2 Health Officers' roles and implications for policy.

3

4 Deanne Condon-Paoloni, Heather R Yeatman, Elizabeth Grigonis Deane

5

6 ABSTRACT

7

8 Objective: Health and related claims on food labels can support consumer education
9 initiatives that encourage purchase of healthier foods. A new food Standard on
10 Nutrition, Health and Related claims become law in January 2013. Implementation
11 will need careful monitoring and enforcement to ensure claims are truthful and have
12 meaning. This study explored factors that may impact on environmental health
13 officers' food labeling policy enforcement practices.

14

15 Design: The study used a mixed methods approach, using two previously validated
16 quantitative questionnaire instruments that provided measures of the level of control
17 that the officers exercised over their work, as well as qualitative semi-structured, in-
18 depth interviews.

19

20 Setting: local government; Australia.

21

22 Subjects: Thirty seven officers in three Australian states participated in semi-
23 structured in depth interviews, as well as completing the quantitative questionnaires.
24 Senior and junior officers, including field officers participated in the study.

25

26 Results: The officers reported a high level of autonomy and control of their work, but
27 also a heavy workload, dominated by concerns for public health and food safety, with
28 limited time for monitoring food labels. Compliance of labels with proposed health
29 claims regulations was not considered a priority. Lipsky's theory of street-level-
30 bureaucracy was used to enhance understanding of officers' work practices.

31

32 Conclusion: Competing priorities affect Environmental Health Officers' monitoring
33 and enforcement of regulations. Understanding officers' work practices and their
34 perceptions of enforcement is important to increase effectiveness of policy

35 implementation and hence its capacity to augment education initiatives to optimize
36 health benefits.

37 INTRODUCTION

38 Many countries, including Australia, have responded to both consumer and industry
39 demand for clear regulation concerning health and related claims on food labels⁽¹⁻³⁾ as
40 well as concerns about high levels of non-compliance with existing regulations⁽⁴⁾. A
41 new food Standard on Nutrition, Health and Related Claims became law in Australia
42 and New Zealand in January 2013⁽⁵⁾. This new Standard sets the rules for the nutrition
43 content and health claims that can be used on food labels and in food advertisements.
44 However, food labels may also carry a wide range of statements that are not covered
45 by this new Standard but shoppers still may perceive they are related to health (for
46 example “wholegrain”). Further, some claims on food labels are regulated under
47 other legislation or processes and different rules will apply, adding more complexity
48 to the issue.

49
50 A supportive food policy environment is essential to facilitate healthy choices. The
51 appropriate use and placement of claims on food labels can be a useful tool for
52 consumers trying to buy healthier food. Up to 85% of people, especially those with
53 special needs, report that they read nutrition information panels and other health-
54 related information on the food label⁽⁶⁻¹²⁾, although observational studies suggest a
55 much lower proportion⁽¹³⁾. Recent research has shown that a high proportion of
56 products currently carry health claims⁽¹⁴⁾ and some of these may confuse or mislead
57 consumers⁽¹⁵⁾. Consumers need to be able to trust that label information meets
58 identifiable standards⁽¹⁶⁾. Effective implementation of health claims regulations will
59 require appropriate monitoring and enforcement of the regulations.

60
61 In Australia, environmental health officers have responsibility for monitoring and
62 enforcing the laws and regulations governing public health including food safety⁽¹⁷⁾.
63 Research has found that officers are comfortable with their role and knowledge
64 regulating food safety⁽¹⁸⁾. However officers may find the responsibility for
65 monitoring the new Standard challenging, citing concerns such as workload, the
66 priority of health claim labelling relative to food safety and hygiene, and the need for
67 consumer education⁽⁸⁾. Lack of qualified personnel is also an issue⁽¹⁹⁾.

68

69 The impact of the changes in food labelling standards on the role of environmental
70 health officers in Australia has not previously been reported. The factors influencing
71 their decisions about prioritization of work load are unknown. This mixed-methods
72 study explored the roles of environmental health officers in relation to food
73 regulations and their decision making practice in setting task priorities. Lipsky's
74 model of street-level bureaucracy⁽²⁰⁾ was used as a framework to help understand how
75 the new Standard may be delivered to the public.

76

77 *Lipsky's Model: Public Servants as 'Street-Level Bureaucrats'*

78 Lipsky⁽²⁰⁾ proposed that public servants have a direct influence in shaping policy. He
79 defined the term 'street-level bureaucrats' as those employees working in public
80 service with a high degree of autonomy and a high degree of interaction with the
81 community, for example social welfare workers or police. These workers used their
82 professional expertise to address the needs of their clients; they enforced sometimes
83 vague policy which was open to interpretation; enjoyed a high degree of discretion in
84 decision making; were not closely observed in the workplace; and developed coping
85 techniques to manage the constraints of the workplace.

86

87 In Lipsky's model, street-level bureaucrats had a heavy workload, the demand for
88 their services was often unpredictable, and they directly interacted with clients. They
89 also experienced organisational constraints including limited resources, conflict
90 between client needs and organisational goals, and supervision by managers who
91 themselves experienced conflicting goals and organisation objectives. Lipsky argued
92 that street-level bureaucrats developed mechanisms to lessen these tensions through
93 selective or non-enforcement of regulations and less than optimal delivery of policy.

94

95 In this paper, we argue that environmental health officers can be seen as street-level
96 bureaucrats, accountable to both their superiors (employers) and their clients and the
97 public, within the context of values, morals and expectations⁽²¹⁾. Tensions arising
98 from competing accountabilities may lead to their use of discretion in prioritizing
99 their workload duties and in enforcing regulations. Such use of discretion in relation
100 to their role in regulating health claims may result in incomplete enforcement and
101 hence variable veracity and promulgation of claims on food labels. In turn, the
102 dominance of such claim 'information' on the food label potentially may sway

103 consumers' food decision making^(15, 16) and undermine other health education
104 initiatives.

105

106 METHODS

107 A mixed methods approach used two previously validated quantitative questionnaire
108 instruments that provided measures of the level of control the officers exercised over
109 their work, as well as qualitative semi-structured, in-depth interviews. Ganster's
110 Control Scale⁽²²⁾ and Karasek's Job Decision Latitude Scale⁽²³⁾ provided data to
111 complement participants' responses to the interview questions. The work and control
112 scales survey data were analysed using SPSS 15⁽²⁴⁾.

113

114 Following completion of the quantitative questionnaires, semi-structured interviews
115 were conducted with environmental health officers. The interviews were audio-
116 recorded and transcribed for analysis. The transcripts were analysed by coding for
117 topics and themes⁽²⁵⁾ using QSR NVivo 7⁽²⁶⁾.

118

119 A non-probability purposive sample was selected to capture a sample most likely to
120 bring to light the work practices reported to be of interest. Criteria included varied
121 work structures, professional experience and seniority and different levels of
122 governments⁽¹⁷⁻¹⁹⁾. Environmental health officers were sought in three jurisdictions in
123 Australia (New South Wales (NSW), Australian Capital Territory (ACT) and
124 Queensland) to provide a range of work structures. Sixty-eight responses were
125 received from local councils and state authorities. Of these, 55 local councils from
126 NSW and QLD granted approval for the study, and 13 said no. The reasons stated for
127 not granting approval included: "we currently have no environmental health officers
128 on staff"; "currently have not trained staff"; and "do not wish to participate at this
129 time".

130

131 The number of participants interviewed was determined by two constraining factors:
132 time and anticipated data saturation^(25, 27). Interviews were scheduled as potential
133 participants responded, while ensuring a cross-section of inclusion criteria was met.
134 Interviews proceeded until data saturation was achieved, that is, when no new themes
135 and ideas were being reported⁽²⁵⁾. A total of 39 environmental health officers
136 participated.

137

138 This study was conducted according to the guidelines laid down in the Declaration of
139 Helsinki and all procedures involving human subjects were approved by [name of the
140 ethics committee removed for blinding]. Written informed consent was obtained from
141 all participants.

142

143 RESULTS

144 Thirty seven participants with a full cross section of professional characteristics
145 completed both questionnaires and interviews. Refer Table 1.

146

147 Table 1: Characteristics of Environmental Health Officers who completed both
148 interviews and questionnaires. – to be inserted here.

149

150 *Environmental health officers' responsibilities and workload*

151 Environmental health officers reported a sizeable work load. Their role included three
152 main areas of activity: food safety, protection of environmental and public health, and
153 education. Within these three areas there was a broad range of activities that differed
154 according to jurisdiction, locality or seniority. Duties in relation to food were focused
155 on food safety or hygiene, complaints originating from the public or industry, audits
156 of food premises and food recalls when necessary.

157

158 State level and senior officers reported that they advised the government on food
159 safety issues by preparing ministerial briefs as requested. They also reported liaising
160 with elected members of council, talking to industry or schools regarding food safety
161 and handling or environmental issues, and managing local government projects in the
162 community. In addition, state and senior officers liaised with other government
163 organizations and reported more involvement with management, interaction with
164 outside organizations and political sensitivities, “*for state government it's more (the)*
165 *consequences of what the media will do if we [the government department] don't*
166 *respond*” [EHOS39state field, lines 364]. The senior officer's duties were reported as
167 more organizationally focused:

168

“...the focus is on key result areas, targets, always in the

169

background, like that high risk issue is for the benefit of all, but as far

170 *as my day to day planning... to achieve the organizational goals*
171 *would be the first priority..." EHOS38senior, lines 358-363*

172

173 Local officers reported a more community oriented role. They worked proactively
174 through their routine inspections of premises posing a risk to the community's health,
175 enforcing compliance with regulations and codes, and by educating food handlers in
176 proper hygiene. They also worked reactively to investigate complaints arising from
177 the community, for example possible food contamination or poisoning. Decisions
178 regarding the priority of daily activities were based on a mixture of risk assessment,
179 complaints from the public, crisis management and enforcement of regulations. The
180 magnitude and value of the duties can be illustrated by the following excerpt:

181 *"Huge, definitely huge. They are the first contact between the*
182 *community and public health; their role is very important in providing*
183 *advice to the community in relation to food safety, ... and they've got a*
184 *very, very difficult job and tasks to perform in a single day."*

185 *EHOS34senior, lines 124-133*

186

187 Local officers, due to their proximity to the community, were a 'first stop' for
188 community enquiries, concerns and complaints, with most time taken with 'complaint
189 investigation' and 'routine inspections'. Complaints about food premises or food
190 handling were regarded as serious and received priority.

191

192 *Autonomy and work control*

193 Environmental health officers at all levels reported a high level of autonomy in their
194 work practices, rarely being given direction by a supervisor.

195 *"...our manager [says] we're professionals, we can organize our*
196 *own time... it's up to us to meet the deadlines that we've been given"*

197 *EHOS11 local field, lines 128-133*

198 Senior officers' reports confirmed such autonomy, though they also exerted some
199 influence over daily priorities in the field:

200 *"I don't interfere with how the staff manage their work, but I may*
201 *alert them to something that needs to be done sooner rather than*
202 *later."*

EHOS36 state senior, lines 381-384

203

204 The high degree of autonomy reported in the interviews was very consistent with the
205 results obtained from the two survey instruments. Officers reported exercising a high
206 degree of control over their work practices, consistent with the high mean score above
207 3.6 obtained for overall work control measures using the Ganster work control scale.
208 Table 2 provides mean response scores for a subset of survey questions, to illustrate
209 the degree of work control. The overall mean of 3.6 indicates that the officers had
210 freedom to plan their activities and they were required to make daily decisions to
211 prioritize their heavy workload.

212

213 Table 2 Work control⁽²²⁾ – to be inserted here.

214

215

216 Table 3 presents results from the Decision Authority component of Karasek’s Job
217 Decision Latitude Scale survey. A mean score of 4.11 for question one of the decision
218 latitude items indicates a high degree of autonomy in decision making and the low
219 mean score of 2.13 for the reverse question, “I have very little freedom to decide how
220 I work”, further supports health officers’ degree of autonomy. These results are
221 indicative only, as the sample size is small and only questions from the Job Decision
222 Latitude Scale component were asked.

223

224 Table 3 Decision authority⁽²³⁾ – to be inserted here.

225

226

227 *Environmental Health Officers: Prioritising the tasks*

228 All officers, regardless of position, reported the most important factor influencing
229 their work practice was the assessment of risk to public health and that they would
230 respond first to incidents posing the highest danger. Officers reported that within the
231 legal guidelines they were often required to use discretion and to prioritize activities
232 according to the risk:

233 *“The assessment of risk of, if we didn’t do it,.... which would have the*
234 *greatest negative consequence? ... food shops.”*

235

EHOS27 local field, lines 192-197

236

237 Legislation required the regular inspection of food and other premises but individuals
238 reported applying their discretion to risk analysis to set the frequency of their
239 inspections. Locations with high risk or vulnerable populations, such as nursing
240 homes or child care centres, or high risk premises (e.g. those handling seafood or raw
241 chicken) were inspected more frequently than premises deemed lower risk.

242

243 Environmental health officers reported a belief that their role was to protect the
244 community's health. Local officers rated complaints according to their assessment of
245 the danger posed to the public. Events posing an immediate threat to public health
246 were given highest priority, such as modifiable disease outbreaks and foreign matter
247 or bacteria identified in food necessitating investigation and possibly food recall.

248

249 In addition, internal organizational expectations influenced officers' prioritization of
250 their work, creating tensions. For example, management and budget considerations
251 affected work practice. For example the government policy for 'cost recovery' of
252 (audit and other) services may have resulted in skewing of work activities to generate
253 funds to provide the service, as reflected in the following quote:

254 *"... but one of the things they have to face on a daily basis is*
255 *prioritizing their work...if they don't do enough audits then we go*
256 *broke and you don't have a job...balanced against...all these*
257 *complaints that the consumer's ringing up and saying why haven't*
258 *you done my complaint?"* *EHOS36 state senior, lines 272-283*

259

260 Another departure from the principal theme of risk analysis was the influence on
261 senior officers of external pressures, such as the media or from elected officials:

262 *"Yes, (risk analysis) comes into it a lot, but for state government it's*
263 *more (the) consequences of what the media will do if we don't*
264 *respond rather than what health effects it will have ... or ministerial*
265 *requests. Things like that get priority "*

266 *EHOS39state field, lines 363-368*

267

268 Nearly half of local officers interviewed also expressed concern about the state
269 government's capacity for "passing on" responsibilities to local government, adding
270 to their workload, without providing support and resources. Local officers felt that

271 their ability to take on duties that did not fit anywhere else, and their adaptability and
272 willingness to take responsibility for ‘extras’, made it easier for the state or other local
273 government departments to shift work to them. “*Jack of all trades*” was used to
274 describe this ability to adapt and find ways to get things done.

275

276 A further difficulty identified was the complexity and amount of legislation. Officers
277 described the difficulties they faced in trying to maintain a working knowledge of a
278 large amount of legislation and applying it in different situations. Reported problems
279 included: ‘*ambiguous wording*’; ‘*open to interpretation*’; ‘*too complex*’; and ‘*makes it*
280 *difficult to take immediate action when necessary*’.

281

282 *Health claims labelling and the role of environmental health officers*

283 Officers were asked to consider the implications for their work of the monitoring of
284 the veracity of health-related claims. Local officers predominantly stated that their
285 role in the area of inspecting food labelling was limited to checking minimum weight,
286 use-by-dates and observing quality of food products (that is, visual appearance related
287 to soundness of the product). About one third of local officers reported that
288 monitoring claims on food labels was the responsibility of the state agencies, and that
289 the monitoring of a nutrition, health and related claims standard would be a state level
290 responsibility. State officers reported that while inspection of claims on food labels
291 was under their jurisdiction, it was done in response to complaints rather than as a
292 routine practice.

293

294 Local level officers expressed concern that this monitoring role would be passed
295 down to the local level:

296 “...*State seems to love legislating for these things...local government*
297 *often ends up having to try and administer it...it gets pushed down to*
298 *our level...*” *EHOS 17 local senior, lines709-714*

299

300 Five (of 28) local government officers stated that they were responsible for limited
301 monitoring of claims but were uncomfortable with their ability in this area:

302 “.. *that’s one area where I really think my skills aren’t 100% up to*
303 *scratch...*” *EHOS 03 local senior, lines 294-297*

304

305 Local officers expressed further concerns about guidance and their capacity to
306 interpret and implement that guidance. The language used in standards, policies and
307 legislation was reported by officers as not always being clear, leaving the officers
308 unsure of the intent. In addition, the training available to officers in how to interpret
309 and implement policy was often insufficient. Local officers reported concern about
310 understanding the difference between different types of claims:

311 “ .. if it’s going to be advantageous to cardiovascular improvement
312 or anything like that, that goes back to the professionals who know
313 that. I’m not a doctor...” *EHOS29local senior, lines 474-480*

314

315 Local officers also believed the state did not have sufficient resources to undertake
316 monitoring and assessment of health and related claims at the state level. In addition,
317 officers reported that they would prioritise food safety ahead of health claims.

318 “..if there’s adequate officers to look at that specific issue (health
319 claims) then yes I think it will be taken seriously, and will be a fairly
320 high priority...if it’s left to existing staff, ...and looking at a label
321 claiming fat free, I just don’t think that the risk posed by that
322 particular issue is going to take precedence”

323 *EHOS24local field, lines 546-555*

324

325 The response also reflects officers’ belief that health claims were not a public or
326 environmental health risk, but rather a marketing or fair trading issue, positioning
327 them as primarily marketing tools.

328

329 When asked to place monitoring health and related claims on a scale of 1-10, one
330 being the lowest priority and 10 being the highest, local government officers placed
331 monitoring health claims below the most highly prioritized matters of public health
332 risk, such as poor food handling and food borne illness outbreaks. In particular,
333 health-related claims and labelling did not appear consistent with the notion of
334 ‘altruism’, which appeared as a common thread in the description given by both state
335 and local government officers regarding their duties. For example, officers described
336 their actions as “*protecting consumers’ health*” and “*reassuring the public that the*
337 *food they purchased or ate (in a café) was safe and was not going to make them sick*”.
338 Other phrases such as “*watch dog*” of well-being and “*protector of community health*

339 *and well-being*” also illustrate the perceived altruistic character of officers’ roles.

340 Monitoring of health-related claims was not portrayed in this manner.

341

342 *Environmental health officers as Street Level Bureaucrats: applying Lipsky’s model.*

343 Results from the interviews and questionnaires indicated that the environmental health
344 officers who participated in this study had a very high and diverse workload, and
345 exercised considerable autonomy and control over this, through the priorities they
346 gave to specific tasks on a daily basis. However, they were subject to the constraints
347 of different priorities of management, budget, media and politics, and the complexity
348 of legislation in the area. Results indicated that local officers considered themselves to
349 be protectors of the community’s health, closely interacting with the community and
350 responding to their demands and complaints. Their routine inspections and
351 investigation of food poisoning and hygiene complaints were given highest priority,
352 while monitoring food label claims was given low priority. Conversely, senior
353 officers reported being more involved with management, interacting with outside
354 organizations and politics, and assigned higher priority to the monitoring of health
355 claims on food labels.

356

357 Analysis indicated there were many consistencies between these results and Lipsky’s
358 theory, as illustrated in Table 4. These consistencies broadly included workload and
359 client demands; organisational constraints, including complex and imprecise
360 legislation, shifting goal posts and lack of guidance, the struggle to enforce imprecise
361 policy with insufficient resources; and the officer’s use of coping mechanisms to
362 manage their work load, given the constraints of the work place.

363

364 Table 4 Consistencies with Lipsky’s theory – to be inserted here.

365

366

367 DISCUSSION

368 Results from this study indicate that environmental health officers, through their work
369 practices and especially in their enforcement role, have the capacity to affect the
370 implementation of policy at the community level, and optimize or lessen the benefits
371 to consumers of policy and food regulations, such as nutrition and health related
372 claims on food labels.

373

374 Environmental health officers reported that they operate in a manner similar to that
375 described by Lipsky's street level bureaucrats. They used their professional expertise
376 to address the needs of their clients; enforced sometimes vague policy which was
377 open to interpretation; and exercised a high degree of discretion in decision making.
378 The field officers' responses regarding complexity and imprecise legislation, shifting
379 goal posts and lack of guidance confirmed that, as described by Lipsky,
380 environmental health officers struggled to enforce imprecise policy with insufficient
381 resources.

382

383 The officers' discourse reflected a strong sense that they regarded themselves as
384 "watchdogs" over the community's public health, also consistent with Lipsky's
385 description of the people attracted to public service as idealistic and dedicated to their
386 helping profession. Such traits, said Lipsky, often led to disillusionment when faced
387 with the reality of not being able to make improvements in the lives of their clients.
388 Consequently, Lipsky⁽²⁰⁾(p 143) argued, workers who were the most dedicated quit,
389 or they may psychologically remove themselves from the work.

390

391 Field officers' responses indicated that within their work practice they were given
392 minimal guidance but were expected to exercise discretion in performing their routine
393 public health and environmentally relevant activities. Lipsky argued that a lack of
394 clarity of goals, and insufficient resources to meet all goals, resulted in short-cuts
395 being implemented by street-level bureaucrats to cope with the demands on them. In
396 reports on the work of nurses⁽²⁸⁾, and in the area of social work⁽²⁹⁾, policy was not
397 fully implemented due to workers' inability to cope with increasing demands being
398 placed on them. Earlier studies have shown similar findings^(29, 30). This potentially is
399 a risk for the implementation of changes in food labelling policy.

400

401 This study found that environmental health officers were managing to meet current
402 operational guidelines without shortcuts, despite an acknowledgement by some
403 officers of a lack of guidance. Results suggested that environmental health field
404 officers, by prioritising the jobs (complaints) by degree of risk to environmental or
405 public health, were 'rationing' benefits to best protect public health, a positive
406 outcome. Such 'rationing' of services had a focus on maximising benefit to the

407 community, differing from Lipsky's 'rationing' of services, which focused on
408 decreasing personal frustration in response to work overload. Similarly, previous
409 studies suggest that the work practices of street level bureaucrats in comparable
410 'helping' professions (therapists, social workers, school psychologists), were focused
411 on the client, using operational policy to fit clients' needs, rather than compromising
412 clients' needs to fit policy⁽³⁰⁻³³⁾. The method of prioritising reported by environmental
413 health officers was employed because the officers believed it most effective in
414 ensuring protection of the community's health.

415

416 Rationing of services as a coping technique to manage the constraints and minimise
417 the frustrations experienced in the workplace was not reported in this study.
418 Rationing, said Lipsky, was used to decrease the frustration experienced when trying
419 to meet excessive demands from their organisation and the public. One such rationing
420 strategy was choosing to do those jobs that had greater potential to have a positive
421 outcome over the more difficult ones ("creaming")⁽²⁰⁾(p107). These 'rationing'
422 techniques carry a negative connotation as they ultimately may decrease the benefits
423 to the community. Contrary to this perspective, the environmental health officers'
424 responses depicted a motivation to increase job satisfaction, and a "*desire and wish to*
425 *provide public service*", ultimately to benefit their community.

426

427 The findings of this study also indicated that new policy initiatives such as nutrition,
428 health and related claims, were not well understood by the responsible professionals,
429 lacked intuitive alignment with how they judged risks to public health, and were not
430 seen as a management or community priority. Consequently the policy was not likely
431 to receive well considered attention within the autonomous work environment
432 described by these environmental health officers. The officers reported they would
433 give monitoring such a new policy a lower priority than their food safety
434 responsibilities. They did not believe that it was really their role to undertake such
435 monitoring and if they did, that they were ill equipped to do so.

436

437 Development of healthy public policies needs to consider the implementation and
438 monitoring of such policy, including the influence and actions of responsible officers,
439 if it is to be effective in achieving the desired outcomes of reducing consumers'
440 concerns regarding being 'duped' by manufacturers' claims⁽⁸⁾ (p.13) and maintaining

441 consumers' trust in information on the food label⁽³⁴⁾. In addition, clear delineation of
442 roles could be considered between responsible agencies, such as has occurred in the
443 state of New South Wales⁽³⁵⁾.

444

445 A limitation of this study was inclusion of environmental health officers from only
446 three jurisdictions. Each State and Territory in Australia has different structures
447 through which it undertakes its responsibility for monitoring and enforcement of the
448 food standards. These structures provide varying support for and places different
449 expectations on environmental health officers and how they undertake their roles.
450 Thus the results of this study may not fully reflect the perspectives of environmental
451 health officers across Australia. If a larger, more representative study were to be
452 undertaken, use of the full decision authority component of the Job Decision Latitude
453 scale⁽²³⁾ and Job Control Scales⁽²²⁾ would provide more substantive measurement and
454 allow the results to be compared with other studies.

455

456 CONCLUSION

457 New policy directives are not automatically adopted by professionals who are already
458 juggling multiple responsibilities and do not consider them as high priorities. The
459 potential to support nutrition messages via on-label nutrition, health and related
460 claims will not be met if officers responsible to monitor the use of such claims do not
461 see the importance of, or are not enabled to undertake this role.

462

463 The results of this study have extended Lipsky's model into a new area of work
464 practice. Contrary to previous studies indicating street-level bureaucrats use coping
465 mechanisms to decrease frustration caused by work conditions, the desire to create
466 positive outcomes for the community drove the behaviour of environmental health
467 officers.

468

469 Three major recommendations arise out of this study. There should be provision of
470 sufficient resources and timely training in new responsibilities for environmental
471 health officers. Communication between State and local government authorities must
472 continue to be improved and maintained, for example through memoranda of
473 understanding or more detailed legislation of enforcement roles, so that adequate
474 support and appropriate guidance from team leaders are consistently available. Lastly,

475 increased consumer education regarding the importance of nutrition, health and
476 related claims as a tool to make healthier food purchases is needed, to reinforce with
477 officers the importance of their role in monitoring such claims.

478

479

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578

579 Table 1: Characteristics of Environmental Health Officers who completed both
580 interviews and questionnaires.

581

Categories	Number (total = 37)
Sex	
Males	23
Females	14
Seniority	
Junior Officers	22
Senior Officer	15
Location	
Urban	15
Rural	22
Government Level	
Local Government	28
State Government	9
States	
Australian Capital Territory	4
New South Wales	21
Queensland	12

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584 Table 2 Work control
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Items	N	Min	Max	Mean	Std. Dev.
Control over amount of work completed	38	2	5	3.68	.96
Control over speed of work	38	2	5	3.71	.87
Control over scheduling and duration of breaks	38	1	5	3.82	1.09
Control over how work is done	38	2	5	4.05	.77
General control over work and work related matters	37	1	5	3.68	.78

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588 Table 3 Decision authority

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Items	N	Min	Max	Mean	Std. Dev.
Make decisions on my own	38	1	5	4.11	1.00
Have very little freedom to decide how I work	38	1	5	2.13	0.91
Have a lot of say about what happens on my job	37	1	5	3.70	0.94

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592 Table 4 Consistencies with Lipsky's theory

Lipsky's Theory	Environmental Health Officers: Data consistent with Lipsky	Environmental Health Officers: Data inconsistent with Lipsky
WORKLOAD		
<ul style="list-style-type: none"> • Heavy workload • Demand for services sometimes unpredictable • Direct interaction With clients 	<ul style="list-style-type: none"> • Many and varied duties • Unpredictable nature of work • Field officers have high degree of Interaction with clients 	
<i>Considerable discretion</i>	<i>High degree of discretion</i>	
ORGANIZATIONAL CONSTRAINTS		
<ul style="list-style-type: none"> • Resources limited • Conflict between client needs and organizational goals • Manager concerned with organizational goals • Ambiguous, vague or conflicting goals 	<ul style="list-style-type: none"> • Resources often insufficient • Need to balance community demands and organization targets • Managers and field officers report different duties • "Shifting goalposts" "legislation difficult" "lack of guidance" 	
<i>Tension between Capability/objectives</i>	<i>Tension between Capability/objectives</i>	
COPING MECHANISMS		
<ul style="list-style-type: none"> • Shortcuts • Rationing of services: "creaming" 	<ul style="list-style-type: none"> • Prioritizing/rationing, but by highest health risk (not "creaming") 	
<i>SLBs develop mechanisms to lessen frustration</i>	<i>EHOs develop mechanisms to lessen frustration</i>	
OUTCOMES		
<ul style="list-style-type: none"> • Disillusionment • Psychological removal from work • Dedicated workers quit 		<ul style="list-style-type: none"> • Positive role perceptions: altruism, "watchdogs"

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