Accelerating Policy on Nutrition: Lessons from Tobacco, Alcohol, Firearms, and Traffic Safety

PRELIMINARY REPORT

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Acknowledgements

The Acceleration Meeting was not a consensus meeting, and there was a great deal of debate. The conclusions and recommendations herein are those of the authors.

If they can get you asking the wrong questions, they don't have to worry about the answers.

<div align="right">— Thomas Pynchon</div>

INTRODUCTION: Why This Report Now

In the early 1920s researchers first linked smoking to lung cancer; the Surgeon General's report in 1964 confirmed the risk. In the 40 years since that report, great progress has been made in addressing tobacco use in the U.S. Though there is much yet to accomplish, the long-term effort is paying off. The impetus for this report is our hope that we will not have to wait as long to see progress on obesity.

Obesity is on the rise among youth and adults in the U.S. and the world. Unchecked, we are facing an epidemic of heart disease and diabetes that will eclipse tobacco's toll on society's health and pocketbook. We believe public health can learn from progress on other controversial and contentious issues and apply those lessons to accelerate progress on obesity. To collect and examine those lessons, we commissioned memos from leading researchers and advocates (see Appendix), convened a meeting to discuss and augment the memos, and interviewed experts who couldn't attend the meeting. This report catalogues lessons from tobacco, alcohol, firearms, and traffic safety so that public health funders, researchers, and practitioners might assess them, adapt them, and apply them to preventing and reducing obesity.

Key Debates

The public health experts we consulted had strong opinions about what could be culled from alcohol, tobacco, firearms, and traffic safety to accelerate progress on obesity. Their debates around policy, coalition-building, community organizing, and research coalesced around several key issues:

> Moving from Individual Behavior toward Environmental Policy
> Avoiding (or Considering) Working with Industry
>
> Special Populations versus Mainstream (communities of color versus white and/or low-income versus middle class)
> Youth Focus
> Local Action
>
> Building Infrastructure
> Cultivating Leadership
> Conducting Research

The debate around these issues, including what we've learned about them from the other public health areas and recommendations for how each might apply to obesity, are described below. We begin with Moving toward Policy as we see this as the fundamental starting point. We follow with considerations about how the field should position itself vis-à-vis the food industry, at the moment a highly charged debate among nutritionists in the field. The next set of issues focuses on how the field should divide its attention: how much to certain populations, how much to the mainstream? Locally or nationally? The final grouping discusses the advice for creating mechanisms for making it all happen: developing an infrastructure and two essential components of that infrastructure, cultivating leadership and conducting research. Throughout this report we use the term obesity as a shorthand to encompass obesity, overweight, and general concerns about poor nutrition.

In addition, we offer our thoughts on several specific tactics used in other public health battles that some believe will accelerate progress on obesity: excise taxes, litigation, shareholder resolutions, land use policy, and advertising restrictions.

We conclude with a summary of the recommendations. The Appendix describes the specifics on the components of an infrastructure for accelerating progress on obesity, specific research ideas, the agenda from

the Acceleration Meeting, and the memos on tobacco, alcohol, firearms, and nutrition commissioned for that meeting.

Issue: Moving toward Policy
How can obesity prevention and reduction be structured at the environmental level as well as individual level?

Public health issues like tobacco, alcohol, guns, and traffic safety have all experienced a transition from a focus on behavior to attention to policy that affects the environments in which the behavior takes place. Consider the issue of drinking and driving. In the 1950s the issue was barely visible as a public health problem. Drivers had "one for the road" before they left the bar. Alcohol problems were personal problems and the remedy was to "drive defensively." The development of a national focus on alcohol problems coalesced in the 1970s with the formation of the National Institute on Alcohol Abuse and Alcoholism, which began concentrated government support for research and intervention. The issue gained great visibility and began to mature in 1980 when Mothers Against Drunk Driving was founded to support families of victims and advocate for cultural change regarding how society tolerated drunk drivers. Combining forces with public health advocates who investigated and promoted a variety of prevention strategies, MADD has expanded its purpose and scope to focus on state policies across the country. The alcohol issue has matured over the last 50 years, and while many programs still focus on personal drinking behavior, others include such policy goals as reducing alcohol outlet concentration in the inner city, removing alcohol advertising that reaches kids, and raising excise taxes.

In fact, many health and social problems are related to conditions outside the immediate individual's control. A focus limited to personal behavior change ultimately fails us as a society because it narrows the possible solutions too much. For example, individual children and their parents need to make healthy personal choices so they'll grow up with strong bodies and sound minds. If they do that, we should have a healthier society. But the choices are difficult, and sometimes impossible. How can children get adequate exercise – important for establishing good habits and preventing childhood obesity and adult cancer – if there are no safe places to play? Or if physical education is no longer a mandatory part of the school curriculum? Or if there are insufficient resources for after-school sports? Personal choices are always made in the context of a larger environment. Prevention can address both ends of the spectrum.

Focusing on the environment will inevitably lead to a focus on policy, since policy is how we, as a society, set the rules that govern our social and physical environments.

Why does moving toward policy matter?

The greatest return on investments will not be from coaxing individuals to change their behavior but from prevention that changes conditions for everyone. Focusing on the environment is both humane and cost effective. If society stops a problem before it starts, there will be less pain, suffering, and death. And, because medical care is so costly, if society stops a problem before it starts, society will save money that can then be spent on other social goods. The importance of affecting environments is one of the most pervasive and powerful lessons of public health.

Public health efforts will always focus on many points along the spectrum spanning behavior and environment. Even in the mature tobacco control movement, a majority of prevention dollars flow downstream, toward educating individuals about the dangers of tobacco rather than on changing policy, in part because it is the least controversial strategy. The task is to devote adequate attention and resources upstream, and this often means advocating for policy change.

How did other fields move toward policy?

Across the various public health issues we are exploring, policy has been an important mechanism for moving toward environmental prevention policy. Excise taxes and counter-ads made a substantial contribution to reducing tobacco consumption; seat belt laws and mandating airbags saved lives; local restrictions on selling handguns reduced local fatalities; and raising the drinking age saved lives. These successes emerged through trial and error. No one knew in advance exactly which policies would generate lasting health benefits. For example, despite the strong evidence that we now have from tobacco control, there was a great deal of experimentation with different approaches for reducing consumption of tobacco before excise taxes were championed as the single most effective strategy.

Prior to the large national tobacco projects funded by the federal government (the Community Intervention Trial to Reduce Heavy Smoking [COMMIT] and American Stop Smoking Intervention Trial [ASSIST]), tobacco control was largely a combination of small groups and individuals pursuing policy options (primarily clean indoor air) while the government was paying for more study and the big national organizations were putting most of their resources into program activity, primarily cessation services.

ASSIST (a partnership between the National Cancer Institute, seventeen state health departments and the American Cancer Society) put a stamp of approval on policy work. The ASSIST framework called for advancing tobacco control policy in four areas: clean indoor air, advertising restrictions, pricing policies (e.g. taxation) and youth access. This list was not comprehensive (it left off, for example, litigation, product regulation, cessation policies, trade policy, etc.). And, as time would demonstrate, the list was only partially accurate in focusing on the most effective policies. While clean indoor air and taxation policies have proven to be highly effective in reducing tobacco consumption, youth access restrictions have shown to have little or no effect and there is little evidence on the efficacy of advertising restriction.

However, the list did provide something that had been lacking: focus. Tobacco control efforts that had been scattershot were given direction and support. And, even though only seventeen state health department staffs and a handful of American Cancer Society staff participated directly in ASSIST activities, ASSIST provided focus for advocates around the country. For example, two of the primary ASSIST support activities, the daily news bulletin/briefing and periodic action alerts, were made available to any interested tobacco control advocates around the country, regardless of location or affiliation. The tobacco model went forward on many fronts, some with more evidence than others. Each was evaluated to see what worked; that model could be emulated in obesity prevention.

Recommendations to move obesity prevention and reduction toward policy:

First and most important, focus attention on the environment that sets the stage for obesity. Prevention is the mission of public health and the process of developing policy is one of the primary ways the mission is implemented. It is policy that can most dramatically change the conditions in which people make decisions about what to eat. Make a special effort to invest in environmental policy strategies since, as with each of the other public health issues examined here, there will always be more resources and adherents to behavioral approaches. The field can advocate for policies that seem promising, even before it is absolutely certain which policies will have the greatest effect on reducing or preventing obesity. Move forward on several fronts at once, evaluating to see what works and should be emulated, even though it will be controversial. Watch out for claims of comprehensiveness that give lip service to policy but focus solely on behavior change.

Speed bumps to watch out for:

The danger is that the easiest — and least threatening — strategy is always going to be education for personal behavior change. Unfortunately, while education may be necessary it is not sufficient to generate the required level of change that can reduce or prevent population levels of obesity. Commitments to comprehensive strategies should be measured against a rubric that ensures environmental approaches are a healthy part of the mix. The field needs to develop a yardstick to determine whether or not a strategy is moving in the right

direction, that is, toward environmental policy. In tobacco, for example, a distinction grew between those working on policy (excise taxes, advertising restrictions, clean indoor air, youth access) and those working on strengthening individuals' capacity to stop smoking. Tobacco control has learned that some policies aren't effective (e.g., limiting youth access) and realized that cessation has an important place in a comprehensive approach. But, the movement had identified clear environmental strategies and policies that helped practitioners, researchers, and funders define what was on the right track. The obesity field needs to develop a menu of policy options that can shape research and implementation strategies, and help direct funding decisions.

How such a rubric might be constructed and implemented becomes an important issue in and of itself. Scientific standards are difficult to apply to messy social and political interventions, including policy efforts. The field needs mechanisms for measuring success — and failure — that account for circumstances that don't allow for easily obtained scientific evidence so that promising approaches don't get abandoned prematurely. Policy approaches should allow the field to make decisions based on current evidence but allow for experimentation and flexibility. For example, for many, the soda-calorie link is enough evidence for policies that restrict soda consumption, yet not enough evidence for some others. Ultimately, different groups will be satisfied by different criteria.

Issue: Be Leery of Industry
When and how should public health advocates engage the food industry?

Perhaps the most difficult decision faced by those working to prevent obesity will be the extent to which they should work with representatives of the food industry. Closely tied to that decision will be the extent to which the food industry should be considered the "enemy" and, like the tobacco industry, alcohol industry, and gun manufacturers, subject to attack by obesity prevention advocates.

The issue is more complicated with obesity than it is with these other issues. First, the food industry is vast and diverse, including everything from fast food restaurants to organic farmers. Second, unlike tobacco, alcohol, or guns, food is necessary for life. Third, the food industry and nutrition researchers and practitioners already have a long history of working together. Fourth, no manufacturer is 100% guilty — even those who make the worst products also make many healthy alternatives. It is very easy for food companies to say that they are giving consumers a whole range of choices and, if consumers make bad choices, it's not the company's fault. Finally, the food industry is already active in funding many anti-obesity efforts including school-based education programs and physical activity groups in addition to obesity prevention research.

Why does the field's stance toward the food industry matter?

As the obesity prevention movement grapples with which policy approaches will be most effective, the food industry has already taken positions opposing such options as increasing taxes on snack foods, eliminating soft drink machines from schools, or restricting food advertising aimed at children. Prevention researchers and advocates need the space to work through their priorities and positions without the influences of an industry so clearly driven by its need to sell its products.

How have other fields dealt with industry?

One reason many advocates are proponents of aggressively holding the food industry as accountable as possible is that this has been such an effective strategy on other issues. Tobacco control, in particular, has benefited by ostracizing tobacco companies and relentlessly lifting the veil on industry practices, ranging from its marketing strategies to its political activities.

The alcohol field also has had a great deal of experience dealing with the industry, and has found that involving the industry early in a campaign can be particularly dangerous as, at that stage, the industry can be most effective in heading off policy initiatives that it finds troublesome. Experience shows that those working on

alcohol policy on the local level found when industry was at the table they would subtly prevent the community from making any progress on environmental prevention or policy issues. The opposite approach, considering the industry the enemy and never talking to them, has its downfalls as well. The best approach is to deal with the industry from a base of power. After the community organizing effort gels and there is a strong base of support in the community and solid strategic direction, then advocates can talk with the industry on different terms. This plays out nationally and at the state level the same way — a strong lesson from each public health area that can be applied to obesity prevention.

The food industry has a very specific agenda: its goal is to sell products and make money. The problem occurs when this goal conflicts with public health goals, as it often does.

Recommendations for dealing with the food industry:

Avoid as much as possible allowing the industry to influence coalitions, professional organizations, and research agendas so that the field can develop an independent assessment of what it deems is the best way to reduce and prevent obesity. The food industry is so diverse that it is impossible to have a single set of recommendations. There will be some factions of the industry, fresh produce distributors, for example, whose interest overlaps with the obesity prevention field — how the field relates to that sector may be very different from, say, purveyors of high sugar foods targeting children. This will be complicated by the nature of the companies as well, since they produce and promote so many different types of food, some more damaging to health than others.

One criterion for judging how to work with the food industry will be: where do the industries' and the field's interests intersect? The motivating interest for the industry is profit. If advocates' desires or policies will reduce profits, industry will put up a fight. If the effect is profit-neutral, or perhaps opens up new avenues for profit, there will be opportunity for collaboration with the food industry.

Advocates may want to selectively attack the most egregious examples of bad-acts by food companies, rather than attacking the companies as a whole.

Create tactical opportunities to help the field establish a productive relationship with industry. For example, industry standards for advertising and marketing or product development could be established that would set a high bar, a set of principles that companies could sign on to — or not sign on to — that would allow the field, and the news media, to identify where they stand, company by company. The process to develop the standards could create a broad framework of principles the prevention field agrees upon. The reaction to the standards would make clear who is on the side of public health, and who is not. Some standards could be set that are more normative than they were even three years ago, e.g., some companies might be willing to say they will not advertise on children's television, not sell their products in schools, etc. The Center for Science in the Public Interest's guidelines for responsible advertising and its call on industry to follow them, is one strategy along these lines.

Similarly, the field could create standards for public health and children's groups: Coca Cola joined the national PTA, and gave $1 million to the Pediatric Dental Association. An agreed upon set of standards would make it easier for the field to question such alliances.

Speed bumps to watch out for:

Most people don't understand how influential the food industry is in shaping food and nutrition policy. There is not a widespread understanding of the profit driven nature of food companies. One example: Advertising Age (February 23, 2004) reported why food companies will create new products to capitalize on current diet trends like "low carb" even though they know diet trends fade in about two years, before the product will become profitable. In a quote to a marketing professor, a food industry executive explains, "In the long run, it will be cheaper to offer those items to consumers even if they don't make money than to pay lawsuits for not giving consumers choices." Chances are, consumers will take the new products at face value, rather than considering

that the company's expenditure is about staving off potential losses from future lawsuits. Educating the public, and policy makers, about the food industry's motivations will be a complicated task, made no easier by the fact that people have to be able to trust food companies because they eat the food themselves and feed the products to their children.

Issue: Special Populations versus Mainstream: Communities of Color/White; Low income/Middle class
Who is the constituency, and what does it take to engage them? Who needs protection?

At issue here is whether greater progress will be made if resources are spread across the population overall or if they are concentrated in special pockets of need. Some would say that if you are asking which population deserves attention, you are asking the wrong question. This is because the question implies an individual-level approach to obesity: bring skills and education to the community, so individuals in it will know how to make better decisions. Certainly this is necessary, but it is also not likely to succeed at a population level. Currently more than $300 million in USDA nutrition education programs, many of which are directed to the hardest to reach and the hardest to change, have little to show for it, perhaps because many of those targeted have other pressing problems besides nutrition and obesity, or perhaps because an education strategy that puts the burden on those with the least resources is doomed to failure. Even relatively well-funded public health campaigns can't compete in an information environment saturated with food and beverage advertising, where a launch for just one new candy bar can top $30 million. The real work that must be done — and is being done in many places — is about changing the environment in which people make their health and eating decisions. After all, what good is a poster entreating mothers to feed "5 A Day" to their families, even if it is spectacularly culturally-competent, if those mothers have no place to buy reasonably-priced fruits and vegetables?

Reinterpreting the question in terms of environmental policy change means that we are asking whether resources should be dedicated to enacting overarching national policy to reduce obesity, or whether investments should be concentrated on policy in local jurisdictions. What will the balance be?

Why does it matter which community is the priority?

The answer to the question matters because it cuts to the quick of the theory of change. Decisions about where to put resources — where to stack the deck for success — will be determined by theories of change. The question is: will obesity prevention be one aspect of a larger movement for equity and social change? Or is it primarily a technical problem that requires adjustments in our social and physical environments; once the right adjustments are determined and implemented, then better personal choices will be made and obesity rates will decline? If obesity is defined as a symptom of larger problems rooted in disparities among race and class, it will demand different strategies than if it is defined solely as a technical problem.

What has happened with choosing priority populations in other fields?

There is a clear parallel here to how public health advocates have approached gun violence prevention. For some, reducing the death and injury from gun violence is a technical issue: advocates do whatever they can to keep people from injury and death, by altering the weapon, the ammunition, or its availability. Engineer safer guns and fewer people will be hurt by them. (Because there is profound opposition to any effort to alter gun technology, even to make it safer, what is a technological issue quickly becomes political. Nonetheless, the impetus for change is to find the technological fix.) Others, however, see the larger realm of violence as a symptom of social problems rooted in racial strife and class inequities. In fact, some seek the redefinition of the violence problem to "gun violence" as a way of making the messy sociopolitical problem more technical, and therefore more manageable. But, other advocates would argue that this defines away the root of the problem: race and class inequities. The way advocates define violence, its causes and cures — the theory of change — will determine the action they deem appropriate and most likely to be effective.

In tobacco control the policy focus renders this discussion somewhat moot. That is, effective policies — excise taxes, clean indoor air — affect all populations across the board. (When the focus was on programs, such as workplace interventions, or cessation programs, then the question of "with whom do you start" was more relevant.) Tobacco's challenges have been to 1) make sure that the decision-makers within the movement are diverse and representative and 2) to make sure that inequities caused by policies were taken into account. So, for example, while tobacco control advocates acknowledge that excise taxes are regressive, they also argue that such taxes should, therefore, be partially earmarked for cessation programs and other health services in poor communities (though tobacco control advocates have rarely been successful in making that happen.)

However, evidence from the local policy front on tobacco control reveals differences between mainstream populations and communities of color that are likely to be relevant in local policy struggles around obesity prevention and reduction. Research done in 2003 by The Praxis Project found that most local tobacco policies were passed in places where there weren't that many smokers. Suburban areas had more local policies, urban areas had fewer. So the people who need the most protection are least protected. Policy progress was made, but communities most affected by the problem failed to reap the benefits.

In alcohol control, advocates drew on the moral power inherent in revealing untoward corporate practices, especially as they affect communities of color. If obesity plays out like other public health issues, research will be an important tool for documenting such transgressions and motivating local supporters. For example, research that documented the over-concentration of alcohol advertisements in communities of color compared to upper class white communities motivated residents in communities of color who became very angry about the findings, and as a result, created partnerships with advocates to achieve policy change.

Deciding which population to target is further complicated because people often conflate "low income" with "communities of color." For example, there is a greater proportion of people of color in poverty but most of the people in poverty are white. Also, from a policy point of view "community" is often a geographical consideration and not primarily an ethnic or racial boundary. Local policy is less likely to happen by census track than by municipal or county boundaries.

Recommendations for where to focus resources:

Engage mainstream communities, communities of color, and low income communities on policy action to arrest obesity. Build capacity in communities of color and low-income communities to be sure that the groups who suffer disproportionately from obesity are benefiting from public health's best efforts. Find ways to build bridges between those working in mainstream populations with those working in communities of color, but be sure to strongly support those communities in which the problem is most severe. Ultimately, the field should support inclusive networks of those fired up to work on this issue from both mainstream and specially identified communities. Then the goal is to engage and connect both mainstream, low-income, and communities of color working on policy action to arrest obesity.

To move the field toward policies that address the food environment, the question about populations needs to be: who can be engaged in the issue politically and put it on the policy agenda? In answering this question, there may be a natural tendency to look toward large blocks of voters — the mainstream, white population. This approach carries a certain logic. If the middle income soccer mom is demanding healthy choices at McDonald's, the argument goes, then when the poor family comes into McDonald's they will find more healthy options as well. Advocates for this approach argue for taking advantage of an already-recognized political base. Policymakers pay attention to voters, they say, and voters are overwhelmingly white and upper income. This is the population that has more sway with legislators because they vote in larger numbers.

But insofar as obesity is connected to power differentials in our society, solutions to obesity must address those power differentials. Solutions to obesity then grow out of a theory of change that suggests communities will be healthier when they are engaged in the political systems that determine their environments, including food environments. With this theory of change, encouraging civic action is a prescription for healthier eating and active living.

Our recommendation is to take power into account. The question is only partly "where are resources being devoted" since obviously they must be spread across different groups and regions. The other pertinent factor is whether and how the groups affected participate in those decisions and help determine what happens to reduce and prevent obesity in their own communities.

Speed bumps to watch out for:

The issue of fairness is going to resonate with communities of color, low income communities, and the mainstream. All need to be supported and leveraged. But, the fact is, unless the field engages communities of color fairly quickly, they will be put up as opponents at crucial moments. In California, the NAACP was the only group to oppose legislation which banned soda in elementary and middle schools, in part because advocates didn't make the issue meaningful to that organization, and didn't develop the leadership from that community to take the issue up from an equity perspective. Food and beverage industries are increasing their target marketing focused on racial/ethnic communities. Advocates for obesity prevention must also find meaningful ways to engage communities of color and low-income communities politically on this issue.

Issue: Youth Focus
Is there a strategic reason to focus obesity prevention on youth?

Public health frequently focuses on protecting the most vulnerable among us: children and youth. But does a too-exclusive youth focus potentially limit broader actions?

Why does a youth focus matter?

Most agree that in the policy realm there is often a strategic advantage to framing issues around children. Children are sympathetic because they are innocent. Advertisers prey on them. And children who get addicted to unhealthy products eventually die from them. Prominently with former Food and Drug Commissioner David Kessler, the tobacco control movement put children front and center to great overall benefit. However, there are some limitations to this strategy. The biggest danger is that policies that successfully protect children may preclude adults from the benefits of prevention. Also, because adults largely determine the dietary patterns of young children it simply will neither be efficient nor effective to ignore policies that influence the food environment of adults.

What happened in other fields that focused on children and youth?

In tobacco, clean indoor air laws are aimed at protecting the health of workers. Workers — whether in banks, restaurants, bars, airplanes or any other enclosed working area — can be exposed to high concentrations of secondhand smoke for hours at a time, making the risk to them much greater than that for customers of any age. Within tobacco control, some advocated for clean indoor air policies targeting children — for example, eliminating smoking in restaurants before 9:00 p.m. but allowing it later. However, such policies are not only harder to enforce, they do little to protect the health of workers exposed to secondhand smoke for hours every night. Worse, some policies (e.g., smoke-free family sections) — while appearing to be progress toward making public spaces smoke free — would make it harder to make future progress on clean indoor air. Once laws to protect children are in place — and deemed acceptable by the health community — it's very hard to turn around and say, "Now that we've achieved our goal of protecting kids, we want to protect someone else." This kind of compromise, then, isn't progress; it's a step back.

In other fields it has been less controversial to focus on children and youth. Advocates point out that in injury control it has always been held as obvious that public health could make its best advances by framing issues around children. The examples are many: public health advocates achieved motor vehicle-related child restraint laws before they could even dream of enacting adult seatbelt laws; they regulated the temperature at

which hot water heaters discharge water based on childhood scald injuries; they are changing the designs of guns based on the need to make them childproof.

Recommendations for focusing on children and youth in obesity:

Take advantage of the sympathy for children and youth and make every effort to protect them, but don't create situations that limit progress for adults. Using children as a focus is an effective strategy, but it shouldn't preclude pursuing policies and strategies that benefit the population at large.

The hook of children now developing the type of diabetes that previously was seen only in adults is compelling, and, many believe, should be motivating for others. Furthermore, children's vulnerability alone is reason to target certain industry practices, like advertising aimed at young children, which can be deemed inappropriate because of the stage of children's development and how they process information.

The risk is that no one knows whether a compromise in the form of concessions for children's sake will make it more difficult to achieve policy changes that benefit the entire population. Which policies will create healthy eating environments for all children and adults?

Speed bumps to watch out for:

While the benefits of framing obesity as a children's problem may outweigh the potential downsides, planners should consider the difference between a program focused on preventing obesity among children or preventing and reducing obesity, period. What could go wrong with the former? A few possibilities:

- Someone comes up with a work-place oriented physical education or nutrition education program that seems to be effective, but can't attract support because there are no children in the workplace, therefore it wouldn't satisfy a goal to reduce childhood obesity.
- A restaurant chain agrees to provide nutritional information for its meals — but only on the children's menu.
- Any attempt to attack the practices of a food company or restaurant is thwarted when the offending company responds that only a small fraction of its products are used by children — the company points out that most of its customers are adults who can make decisions for themselves.

A general goal of preventing and reducing obesity does not in any way limit anyone's ability to use children as examples. That remains a useful tactic without being an exclusive focus of obesity related policies.

Issue: Local Action
Where should resources be concentrated, in local communities or on state or national (or international) efforts? What policies can be enacted locally to reduce and prevent obesity?

Local action means that resources are invested in and capacity built at the local level: neighborhoods, cities, unincorporated regions, and counties. Some advocates worry that a concentration at the local level would limit policy's reach. But others believe that local communities can be more nimble and innovative in their change efforts, and can motivate other localities to follow suit, leading to a network of policies gaining momentum that will eventually give broad protection. Similarly, skills developed among advocates at the local level will translate to a broad base of power that will have an impact at the state and even federal levels. Local action, then, should be seen as a movement-building strategy that confers benefits on small communities along the way to broader social change.

Why does local action matter?

There is unleashed power at the local level. In local jurisdictions, food companies' interest may not parallel the community's interest; its outsider status becomes obvious (this will have different implications in farm communities, of course. Even there, though, the difference between local and multinational producers may come into play). At the statehouse or in the nation's capitol, industry lobbyists wield great power, often out of view of the general public. Locally, advocates have moral authority because it is their lives and land at stake. Despite their often minimal financial resources, local advocates can wield hefty power on their home turf because local policy makers are more immediately accountable to their constituents and neighbors. In addition, a local community can determine the standards by which it wants to restrict product sales or land use and will not necessarily require the same level of scientific evidence or precedent required for federal regulations or successful litigation.

What local action worked in other fields?

With alcohol, tobacco, and firearms, local policy efforts have been extremely important both for creating healthier environments and developing advocacy skills among local residents that they can later translate to regional policy efforts. Tobacco industry apologist Walker Merryman, for example, lamented having to fight policy change on many local fronts simultaneously by saying it was like "getting pecked to death by ducks." Local policy approaches have been so successful, in fact, that the tobacco, alcohol, and gun industries have sought, and often won, statewide laws to preempt local action. The parallels to obesity prevention are already being felt in local school district efforts to change students' food environments as well as state efforts to preempt legal action against the food industry. The local policy arena is ripe for exploration and application to obesity prevention and reduction.

In all three areas — tobacco, alcohol, and firearms — a succession of local efforts created momentum that eventually led to state policy. Key factors included having policy research and technical support, community members willing to put it to use, and one domino, usually a city or county government, fall. Success at the local level usually required collaborative efforts between lawyers (private and for the city or county), researchers, and community members and/or advocates. The same pattern emerges across issues:

Guns: In 1996, a public health attorney at the Trauma Foundation in San Francisco did the legal research that determined localities could not license or register firearms, but could impose limits on sales, regulate ammunition, and assess fees on gun dealers. The same attorney provided legal technical assistance to the city attorney of West Hollywood, and the city withstood the gun lobby's challenge when it became the first in California to ban the sale and manufacture of the junk guns known as "Saturday night specials" within its borders. Over the next 10 years, more than 100 cities and counties throughout the state enacted more than 300 ordinances, many focusing on banning the manufacture and sale of junk guns. In 1999, Governor Davis signed legislation banning the sale and manufacture of Saturday night specials in the state of California.

Tobacco: Tobacco control advocates achieved policy successes at the local level well before achieving similar successes at the state or federal levels. The earliest local ordinances banning smoking in public places were passed in the late 1970's. By 1985, just over 200 such ordinances were in place, primarily in California. At that point, however, towns across the country had begun to pass similar ordinances. By 1990, there were nearly 700 local ordinances restricting smoking and by 1993 there were over 1,000 around the country. The first comprehensive state law banning smoking in all public places, including restaurants and bars, wasn't passed until 1998. There are now seven states with similar smoking bans in place and nearly 30% of the U.S. population now lives in a town or state with a comprehensive clean indoor air law.

Alcohol: One legacy of Prohibition is that federal law was rendered weak in favor of a strong states' rights approach to alcohol policy. As states were free to determine alcohol regulation (and

regulatory schemes varied), local policy approaches were often preempted by state laws. Land use regulation was one of the few arenas where locals could advance alcohol policy. In the late 1960s, community groups began targeting land use and zoning policies as a tool to thwart the growing concentration of alcohol outlets — but all they could do was protest stores one at a time. In the late 1980s, planning advocates in California came up with the alcohol license conditional use permit, or CUP, as a tool to control concentration in whole neighborhoods and even citywide. By 1993, 94 cities had passed alcohol CUPs in California with other cities nationwide following closely behind. Today, nearly every license state (that is, states that have private licensees versus state run liquor stores) has some form of CUP regulation at the local level.

Recommendations to accelerate local policy action on obesity:

Seek out and support local policy efforts on obesity prevention and reduction, ignite fires where they are ready to burn, evaluate progress, and disseminate lessons to other locales. Take advantage of local policy action for its immediate benefit to the surrounding communities and as a mechanism for linking together otherwise separate efforts into a movement.

Local efforts need to be fostered and supported. A few victories will become the elixir from which other communities get their strength. Local action must be linked through an infrastructure that brings to bear resources from researchers, other advocates, legal scholars, and policy experts.

Speed bumps to watch out for:

The links across local communities are especially important because the food industry will be watching as localities begin experimenting with policy; if the field gleans anything at all from public health battles in other arenas, it should be that industry will go to the statehouse, where it has more power, and try to thwart local policy with preemptive state laws. The field should avoid having communities working in isolation, and should watch for — and counter — preemption laws which may be brewing at the state level.

Issue: Build Infrastructure
How have public health issues built viable infrastructures for integrated, long-term work? What does the infrastructure look like?

Building an infrastructure means developing the tools and support public health advocates at all levels (local, state, national) need to conduct the work and make progress. Infrastructure includes operating support for the organizations doing the advocacy and conducting the research; technical assistance for those groups on policy development and policy advocacy, law, science, community organizing and coalition building; and strategic communications. A well-developed infrastructure would foster a network of advocates and researchers by convening them to stimulate creative thinking, learn from each other, and cement relationships and commitment to preventing and reducing obesity.

Why does having a strong infrastructure matter?

Without a systematically-built infrastructure to connect advocates, policy change victories will be few and the victors will be isolated and vulnerable. A well-built and strong infrastructure will cultivate connections between researchers, advocates, communities, policymakers, different states, and localities, resulting in an inclusive network of people who have access to each other and each other's work. Such a network would accelerate progress on obesity by fostering creativity and by ensuring that lessons learned in one area are transferred effectively to another. Right now, the lament is that there are many players in the nutrition field yet no upstream, policy-focused infrastructure for supporting and connecting them.

One important function of an infrastructure is to create safe environments for public health advocates and nutritionists to talk freely about nutrition and prevention outside the context of food industry interests. Supporting those initial risk-takers so they can speak out will establish a new norm and extend the boundaries of what now constitutes an unduly limited discourse. The infrastructure provides credibility to the questions people now may be reluctant to ask.

How have other fields built infrastructure?

Other fields developed infrastructures that provided assistance to nascent movements with 1) legal and policy research and advice; 2) space for advocates working on the cutting edge of policy to meet with each other and exchange "war stories," along with opportunities for researchers to do the same, as well as spaces for researchers and advocates to meet each other and develop relationships that would influence the direction of the research and how it could be put to use; and 3) on-call strategic communications assistance to strengthen advocates' ability to frame the debate and get news attention to issues.

In tobacco control, the absence of infrastructure and coordination inhibited progress, particularly in pursuing policies, throughout the 1970's and early 1980's. Eventually, aided by early efforts such as the Advocacy Institute's Smoking Control Advocacy Resource Center, initial policy-focused advocacy meetings, funding for advocacy-oriented community projects and government projects such as the National Cancer Institute's COMMIT and ASSIST, an infrastructure developed that provided training, coordination, technical assistance and communication between researchers and advocates at the community, state and national levels.

One of the earliest uses of computer-bulletin boards (an early version of list-serves or Internet discussion groups) for a social cause was SCARCNet, established by the Advocacy Institute in 1988 to support the tobacco control movement. SCARCNet provided advocates across the country, many of whom did not know each other, a chance to ask questions, share information, jointly strategize and coordinate their industry-monitoring activities.

SCARCNet also gave tobacco control advocates — who were often working in almost total isolation from like-minded peers in other cities and states — a sense of community and a common "script" to use when discussing tobacco control issues in the media. The combined resources of SCARCNet helped give tobacco control advocates focus in their policy efforts and provided a common language for them to frame and speak out about tobacco control issues.

Both the tobacco and alcohol control movements created meeting structures that provided a forum for researchers and practitioners, or advocates, to come together, build relationships, and exchange ideas so that advocates' research questions could be understood and pursued by researchers. At the same time, advocates could learn of the needs of researchers. The relationships that developed led to better work on both sides. It also meant that researchers could participate more fully in the dissemination and application of their findings in policy debate (e.g., providing testimony). There were several parallel mechanisms that made this possible:

- The meetings were regular (every 3 years in alcohol, annually in tobacco).
- The meetings were a collaboration, owned by no single entity.
- The meetings were small, intimate by current conference standards. Early tobacco control meetings consisted of about 200 advocates and researchers. By 2003, the National Conference on Tobacco or Health attracted over 3,500 people. Early alcohol policy meetings were also in the 200-person range. Gun meetings continue to be small because the field is small. Each field used larger public health meetings to create the right size group to meet (the Alcohol, Tobacco and Other Drug and Injury Control sections of APHA served this purpose).

Recommendations for developing an infrastructure for obesity:

Build an infrastructure for the field by supporting one or more organizations to provide 1) legal and policy research, advice, and coaching; 2) space for advocates and researchers to meet, apart and together; and

3) on-call strategic communications research and media advocacy consultation and coaching. The three areas, policy advocacy, bridging, and strategic communications would focus on a variety of specific goals, strategies, and methods. (See Appendix for details on components of an infrastructure.)

Speed bumps to watch out for:

Some fear that a concentration of resources at the national level might thwart local action and leadership development. The creativity of scrappy local policy advocates has to be supported alongside national strategies. Top down and grassroots up are both avenues to involve large numbers of people in a movement. The irony here is that it doesn't always take huge numbers of people. Sometimes just a few lone wolves might do the work to really make a difference. Traffic safety is a case in point: an engineer, an advocate, and a politician made the difference in altering the way cars were made and roads constructed, including the development of the National Highway Traffic and Safety Administration. The task is to create mechanisms to connect the lone wolves to the larger movement, not to reign them in but to be sure each learns from the other.

The challenge overall is to create an infrastructure that is flexible and fluid, to allow ideas, resources and other support to flow where it is needed when it is needed, which is not always easy to predict. The danger is that if the reins are held too tightly the field will lose creativity and spontaneity.

Issue: Cultivate Leadership
How has leadership been developed in diverse communities?

Cultivating leadership has meaning for advocates, researchers, funders, and policy makers. For each group it means providing support and safe spaces for individuals to take professionally risky positions. In obesity prevention and reduction risky positions include principled stands for the public's health that, at times, will contradict the food industry.

Why does leadership matter?

Leadership is important in at least three ways. First, obesity's status as an important public health issue is sometimes discounted — concerns about obesity are considered frivolous given other obvious pressing needs. Strong leadership can position obesity as the crucial social equity issue that it is. Strong leadership will help get some traction on the issue and get community leaders involved to reframe obesity as not just as a public health crisis that will manifest in death and disease in the future but as an equity justice issue now. By elaborating the equity and exploitation issues, the field can embrace obesity prevention and reduction in a much more powerful way and mobilize at the community level and elsewhere. Communities don't move spontaneously — there are leaders motivating and organizing people around the nugget of an idea with the data to move forward. Second, the field needs strong leadership to forge new channels upstream, in the face of strong opposition from such groups as the Center for Consumer Freedom, which levies personal attacks against researchers and advocates who promote environmental policy approaches. Third, in addition to developing leadership in less politically powerful communities, researchers, funders, and policy makers can provide leadership within their own fields to accelerate progress on obesity.

How has leadership developed in other fields?

Leadership was fostered by private and public funders that supported researchers and advocates who took risks, especially those who helped to bring new policy solutions to the fore. In tobacco, a lot of the early policy victories were made visible. The first small town to get rid of cigarette vending machines or stop smoking in restaurants carried a lot of weight. These advocates and policy makers took a risk, but with visibility, they got some mileage out of being the first, being bold, and taking leadership on what was right for health despite the controversy. More visibility translates to more power behind the action so it's less easily discounted.

Often the leadership will come from the local level. In California, eliminating soda in schools is an example of how local action preceded state legislation — state legislation came after the fact, after several communities did it on their own.

Nutrition already has a huge body of researchers and practitioners and yet because of the pervasive influence of the food industry these leaders barely have the independence they need to challenge the status quo. The "early days" of movement building and relationship building that were crucial between researchers and advocates in alcohol, tobacco, and guns need to be recreated in the relatively mature field of obesity prevention.

Recommendations to cultivate leadership in obesity:

Cultivate leadership at many levels and across settings among advocates, researchers, and policy makers. To foster leadership in professional settings, set up leadership academies in partnerships between health departments, Schools of Public Health, nutrition groups, and local nonprofits where community members, researchers, policy makers, and advocates can come together. Create new tracks in Masters of Science and Masters of Public Health programs. Develop and fund post-doc training programs in obesity. Develop curricula in schools of social work, schools of public health, etc. In addition to these longer term strategies, create short term leadership academies and other situations where community members, researchers, and policy makers can come together.

Foster leadership at the neighborhood level, in low-income communities, and communities of color. Build relationships between community-based groups and researchers. Include trainings so local residents can take the lead, explain what the findings mean to them and their neighborhoods, and advocate for policy. In alcohol, for example, because researchers were able to provide concrete data, complete with local maps and statistical analyses on local alcohol outlet concentration, community members were able to present the findings effectively at city council or county board of supervisor meetings. Environmental policy changes were enacted as a result.

Create and make visible victories that make other communities interested and say, we want to do *that*.

Speed bumps to watch out for:

Researchers and advocates in guns, tobacco, alcohol, and obesity, have received personal attacks, even death threats. There are real risks inherent in taking controversial stands, even when that stand has a solid base of evidence. People working on this issue, at whatever level, should be informed of this so they go in with their eyes open. Researchers and advocates note that colleagues who are too outspoken may hurt their professional credibility, their ability to get funding for research, and their ability to serve as an expert witnesses in litigation. Leaders need to be aware of these dangers so as not to damage their careers and deny the field a valuable asset.

Issue: Conduct Research
What should the research agenda be?

Conducting research means answering the questions the field has on a vast array of topics, from the biochemistry of obesity to the effects, or potential effects, of policy on the population's health. The key point here is that research is needed that is independent from the food industry's agenda.

Why does research matter?

Research legitimates policy change efforts by identifying problems and their magnitude as well as what does and doesn't work. It helps with community-based advocacy by localizing problems and describing conditions for success — and failure. When research is disseminated and publicized it energizes the field and informs

practitioners about best practices and promising policies. The field needs research that shores up its credibility and provides direction.

What research was important in other fields?

Tobacco, alcohol, and firearms all have mechanisms for researchers and practitioners to share ideas and build relationships over what sort of research is needed, and what to do with it after it is completed. In the hunger area there have been similar bridges built between advocates and researchers, with similarly promising effects on policy and programs. For example, strong research on the positive impact of school breakfast programs on test scores and classroom behavior has been critical in expanding the breakfast program. Logistical and philosophical barriers dissipated when school superintendents heard about the test score results.

Research can be used to make the familiar strange. For example, neighborhoods saturated with alcohol advertising had become the norm in many communities — the familiar. Research that dissected and deconstructed the ads exposed cultural exploitation which many residents felt showed disrespect for Latino culture. Community members then saw the ads as a form of contamination of their neighborhoods. The research linked to action when community members demanded the ads be removed. There is similar potential for research about food and beverage marketing and promotion to be designed, conducted, and disseminated as a community organizing tool. The researchers didn't compromise the science, they explained it, so neighborhood residents could understand statistical tables and multiple regression analyses and present the data themselves to their local policy makers.

In an example from the community child hunger identification project, advocates asked for a scientific method of documenting hunger in their communities to use as an advocacy tool. Researchers from Food Research and Action Center designed a risk factor measurement survey, piloted it, and implemented it in communities across the country. Researchers as well as community leaders were on the advisory committee. In each place, community members did the surveys: local residents, advocates, technical assistants, researchers, bank presidents. The study's release got wide press coverage, and states and localities started passing more legislation for emergency food, and mandated school breakfast. The research and publicity it generated helped hunger groups hold the line on national food programs that had been threatened with reduction or elimination.

Recommendations to develop and promulgate research findings on obesity:

Provide support for policy and other research along with the development of researchers and research questions that are independent of the food industry. Funders can take leadership in supporting research on two levels: overall infrastructure support for researchers and support for specific research projects regarding food and/or policy (see Appendix for list of specific research ideas).

Research must be strategic and sensitive to the diffusion process. In the early stages of environmental change the first handful of communities or states implement a policy without really knowing definitively what it will bring. Researchers need to study those innovations and "natural experiments", evaluate them, and disseminate the information by publishing the research.

There are many current opportunities to do inexpensive but important research with policies currently being enacted. For example, a study on the impact of children's diets on standardized tests would have important implications for parents and for meal programs. If it turns out that there's a measurable impact, every school superintendent in the country will be interested the findings.

Funders should make it a priority to find and encourage independent researchers and publicize their findings. Identify researchers working on the issue in isolation and bring them into contact with others doing similar work. Some will need help translating and publicizing their work. Help researchers with talking to reporters; even though they're experts on their research they may not be experts on the best way to talk about it. Encourage researchers to take advantage of the savvy on dissemination and publicity that many advocates have.

Speed bumps to watch out for:

The key threat to researchers in nutrition and obesity is that they will be compromised by ties to the industry. This is why independent funding and planning is vital. There are thousands of nutrition researchers, yet those who are critical of the industry are often shut out of policy discussions.

When researchers do have the independence to tackle topics potentially critical of the industry, they still face other challenges. As mentioned earlier, researchers must be strategic and careful about taking advocacy stands. Many do and are very effective, but they are cognizant of the risks.

Note: the Appendix to this report lists the many ideas for specific research questions generated during the course of the Acceleration Meeting.

BRIEF TAKES ON SPECIFIC TACTICS: Excise taxes, Litigation, Shareholder Resolutions, Land Use Policy, Advertising Restrictions

Excise taxes

Excise taxes have been a powerful policy strategy in tobacco control in particular. As a statewide strategy, excise taxes may have particular appeal because the revenues remain in the state, allowing politicians to offer some relief to ailing state budgets. Most current proposals probably do not raise the tax on food or beverages enough to affect consumption rates — that research is sorely needed — and the larger question about the regressive nature of taxes on essentials like food needs thorough exploration. At minimum, the field needs to develop mechanisms for reinvesting the resources back into the communities that would bear the biggest tax burden, and/or find other ways to mitigate the impact of excise taxes on the poor. It seems likely that legislators will turn their attention toward a "junk food tax" if the current state budget crises continue. The obesity prevention field ought to be equipped with some analysis of what the various options are for taking advantage of the situation.

For more on excise taxes see Kenneth Warner's memo, "Lessons for Addressing Obesity from the History of Tobacco Control," in the Appendix to this report.

Litigation

When will litigation help or hinder? Litigation can be a great tool for public health but some feel it may be too soon for obesity prevention and reduction. There is a danger that if litigation is premature, limiting precedents may be the result. The reasons litigation strategies may be premature include: defendants aren't clearly identified; the theory of legal cause of action isn't worked out; evidence isn't adequate to win (even though much can be learned without a win, the risk is a bad precedent); and people may not be willing or available to testify yet about the evidence because there is not unanimity of opinion or enough science on health effects. In other fields, litigation came after other policy tactics had been tried. However, because of recent tobacco litigation successes, some advocates are pursuing litigation earlier than it might have otherwise appeared. The danger is that litigation brought prematurely may do more harm than good.

Litigation is appealing in part because of what can be learned in discovery. In alcohol, confidential industry marketing information was made available to public health advocates. The information empowered the field to take a stronger stance toward the industry and pursue policy.

An advocacy strategy that equips local communities to restrict egregious advertising may inhibit litigation since the damning ads would be pulled or prohibited. Advertising restrictions are not likely in the near term, however, since regulating speech, even commercial speech, is subject to stringent legal tests.

Shareholder Resolutions

Advocates for tobacco and alcohol control have used shareholder resolutions effectively to put the spotlight on problematic corporate practices and to challenge the companies to change these practices. The Interfaith Center on Corporate Responsibility (ICCR) has been the leader in this area, with 30 years of experience and a current coalition of around 300 Protestant, Jewish and Catholic institutional investors who use their investments to challenge companies on various social issues. They work on a wide range of issues including prescription drug access and other health care access issues, sweatshops and other unfair labor practices, environmental issues, violence and militarization of society, corporate governance, and more.

Tobacco advocates have worked with ICCR to sponsor several resolutions asking tobacco companies to adopt policies such as donating 3% of sales (the amount acknowledged to be generated by sales of tobacco to youth) to a prevention campaign run by a third party, or featuring one counter-ad for every three tobacco ads included in sports' sponsorships. In alcohol, a coalition known as Shareholders of Anheuser-Busch for Advertising Reform sponsored several shareholder resolutions in the mid to late 1990s to challenge Budweiser's use of child-friendly images in advertising (the animated "Bud frogs"). In these cases, the larger body of shareholders voted against the public health resolutions each time, but then, the point of the resolutions is not to win but rather to focus attention on the industry's practices. ICCR points out that though the coalition has had minimal direct success influencing tobacco companies, it *has* had significant impact on the behavior of corporations involved "discreetly" or tangentially in tobacco (such as suppliers of filters or glue for tobacco products) who, until ICCR targeted them with shareholder resolutions, were able to quietly benefit from their participation in the tobacco trade. There may be opportunities for shareholder resolution efforts to spotlight anti-public-health practices in similarly tangential corporations in the food industry.

Land Use Policy

Land use ordinances have been particularly critical in other public health arenas especially at the city and county levels. The idea has been to 1) establish local control of land use regarding alcohol, tobacco, and firearms (statewide preemption of local action had to be removed in some cases; whether that will be an issue for obesity is unclear), and 2) restrict the availability or manufacture of the product and so diminish its use (and concomitant harms to health).

The alcohol field provides an example of how independent funding for infrastructure fostered a movement and propelled local actions across the country. In one example, the Marin Institute conducted legal and policy research to determine the local regulatory possibilities. Consequently, local conditional use permits, a type of land use ordinance, were created as the mechanism a community group could use to advocate for restricting alcohol availability. With a focus on land use (and a lot of pro bono lawyer support) the Marin Institute was able to help local communities block additional alcohol outlets in already saturated areas.

Similarly, advocates used local ordinances to restrict the availability of firearms by banning the sale and manufacture of certain types of guns within certain jurisdictions, requiring security measures around places where guns were sold, and eliminating gun shows and sales on city- or county-owned properties. An infrastructure, in this case The California Wellness Foundation's 10-year Violence Prevention Initiative, in collaboration with other funders and local and national organizations, provided sophisticated technical assistance and a space for developing the field.

Advertising Restrictions

Advertising is a mechanism for more than increasing immediate consumption rates of certain products. It also establishes current and future brand loyalty; companies hope that the soda you prefer as a child will be your beverage of choice as an adult, and that your children will establish the same loyalties based on the purchases you bring home. Advertising and marketing is also used to normalize more frequent product use. Just as advertising taught the public that "any time is the right time" for Michelob, advertising is teaching the public that McDonald's is a place not just for burgers but for breakfast. Advertising and marketing dominate the

information environment so neighborhoods saturated with billboards or fast food outlets seem natural. As we noted earlier, even relatively well-funded public health campaigns can't compete in an information environment saturated with food and beverage advertising, where a launch for just one new candy bar can top $30 million.

These factors, along with the courts' reluctance to constrict even commercial speech, make efforts to restrict food advertising and marketing targeting children challenging at best. Still, the obesity epidemic warrants that we consider every avenue that might slow the rates. Indeed, Acceleration Meeting participants harbored many concerns about the contribution food and beverage advertising and marketing has on the rising rates of obesity. We did not discuss those concerns in depth during the meeting or in this report, as The California Endowment had recently convened a meeting and published proceedings covering the issue (see Samuels et al., "Food and Beverage Industry Marketing Practices Aimed at Children: Developing Strategies for Preventing Obesity and Diabetes," The California Endowment: Woodland Hills, November, 2003). That report recommends a comprehensive campaign to

- determine whether low-income children and children of color are at greater risk from food and beverage marketing;
- catalogue the food and beverage marketing practices targeting children, including the effects of television, in-school marketing, Internet marketing, toys and products with brand logos, food used as entertainment, props, and plot devices, and cross-promotions; and
- understand target marketing.

The report outlines a series of questions to help researchers understand the links between food marketing and obesity as well as suggestions for advocates to examine current policies at the Federal Communications Commission and the Federal Trade Commission. The report recommends a combination of voluntary actions on the part of industry, regulatory policies on the part of government, and advocacy strategies.

RECOMMENDATIONS SUMMARY

Our advice, based on the lessons from other public health issues, is:

1. First and most important, focus attention on the environment that sets the stage for obesity. In many cases this means focusing on policy, because it is policy that can most dramatically change the conditions in which people make decisions about what to eat. Advocate for policies that seem promising, even before the field is absolutely certain which policies will have the greatest effect on reducing or preventing obesity. Develop a menu of policy options that can shape research and implementation strategies, and help direct funding decisions.

2. The food industry will fight any attempt to enact policy that it fears will limit its profits or restrict its ability to expand its markets. And yet to really make strides for the public's health, these measures may be exactly what is most needed. Consequently, advocates should be leery of relationships with the industry. Avoid as much as possible allowing the industry to influence coalitions, professional organizations, and research agendas so that the field can develop an independent assessment of what it deems is the best way to reduce and prevent obesity.

3. Engage mainstream communities, communities of color, and low income communities on policy action to arrest obesity. Build capacity in communities of color and low-income communities to be sure that the groups who suffer disproportionately from obesity are benefiting from public health's best efforts. Build bridges between these communities and others who can be engaged in the issue politically and put it on the policy agenda.

4. Take advantage of the sympathy for children and youth and make every effort to protect them, but don't create situations that limit progress for adults.

5.   Seek out and support local policy efforts on obesity prevention and reduction, ignite fires where they are ready to burn, evaluate progress, and disseminate lessons to other locales.

6.   Build an infrastructure for the field by supporting one or more organizations to provide 1) legal and policy research, advice, and coaching; 2) space for advocates and researchers to meet, apart and together; and 3) on-call strategic communications research and media advocacy consultation and coaching. The infrastructure should cultivate leadership among advocates, researchers, and policy makers, and provide support for policy and other research along with the development of researchers and research questions that are independent of the food industry.

Continuous attention needs to be paid to the issue of how short term strategies contribute to the long term goals of the field. Chasing short-term goals, though often important, can preclude the type of planning and foundation building that is necessary for the longer, more complex policy battles that will likely take many years of organizing, research, and advocacy.

CONCLUSION

Prevention efforts in tobacco, alcohol, traffic, and firearms are relevant comparisons because these issues, like obesity, involve the use of potentially deadly products easily available in the marketplace. One of the clear lessons across these issues is that regulation of harmful products is at least as important as individual behavior change. The public health battles around these issues lay bare the stark value conflicts inherent in our society, summarized by Dan Beauchamp as the competing ethics of market justice and social justice. In our society, values of individualism and independence are embodied in the free market, which champions people's right to make a living unfettered from undue regulatory burdens. These values conflict with other common values about protection and the role of government to look after people, so they can be healthy enough to have the opportunity to pursue life, liberty and happiness. As with tobacco, alcohol, traffic safety, and firearms, the values of market justice and social justice will be played out as the field seeks to prevent and reduce obesity. Tackling obesity will not just be about preventing weight gain or shedding extra pounds, but about confronting deeper societal values. Those values will inform the larger strategy decisions about what to do next.

In many ways, what happens next in the field of obesity prevention and reduction will be determined by the theory of change. A theory of change is a clear delineation of why we believe the activities or policies we develop will lead to the outcomes we expect. Arguments about which theory of change to pursue may be about what is possible based on evidence as much as what is desired based on values. Theories of change, therefore, are a reflection of values and experience. Our exercise in drawing out the parallels from other public health issues is, in some ways, an empirical, pragmatic search for a theory of change. We wanted to know: what worked, and how and why did it work? What path was abandoned when another was chosen? And, finally, can the same actions be adapted to obesity?

One unexpected outcome of this endeavor to seek out lessons for accelerating progress on obesity from other public health issues is that the lessons from cross-issue comparison flow back to the other non-obesity issues. Many participants in this process drew valuable conclusions and generated new insights for their own work as well as for obesity prevention and reduction. Our conclusion is that continued opportunities for marshalling the energy from experienced researchers and advocates who think together across fields is a powerful way to spur reflection and creativity for addressing these issues — all of which share the common consternation of being at odds with powerful corporations in the U.S. and the world.