Accelerating Policy on Nutrition:

Lessons from Tobacco, Alcohol, Firearms, and Traffic Safety

b m s g

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This report is a summary of and reflections on advice gathered from two Acceleration Meetings, held in Princeton, NJ, January 8 & 9, 2004, and Berkeley, CA, October 7 & 8, 2004. The Acceleration Meetings were not consensus meetings, and there was a great deal of lively debate in each. The project is sponsored by The Robert Wood Johnson Foundation and The California Endowment, but the conclusions and recommendations herein are those of the authors.

Acknowledgements

The memos prepared prior to the Acceleration Meetings, along with the preliminary report from the first meeting and additional copies of this report, can be downloaded from bmsg.org.

"In a real sense, all life is interrelated. All men are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly. I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be. This is the interrelated structure of reality."

Martin Luther King, Jr.
February 1963

I

Introduction

In 2004, with support from The Robert Wood Johnson Foundation and The California Endowment, Berkeley Media Studies Group convened two meetings of public health researchers and advocates to discuss how lessons from battles over tobacco, alcohol, traffic safety, and firearms might help accelerate progress on obesity prevention.[1]

During these meetings, four key ingredients for creating social change on food and nutrition emerged: Policy Goals, Framing, Political Opportunity, and Resources. These areas are both independent and overlapping. For instance, policy goals need to be appropriately framed in order to achieve acceptance. Political opportunities can help decide policy priorities and achieving success in any of the areas is dependent on what resources are available.

The four fit together like pieces of a puzzle; together, they present a complete picture for a comprehensive approach toward changing social norms and policies relating to food and nutrition. (These meetings focused specifically on food and the food environment, leaving aside a focus on increasing opportunities for physical activity.) We have organized this report around these four areas. We begin with policy goals, because it was the consensus at both meetings that the necessary and significant environmental changes cannot take place without changes in policies.

[1] Note: As we will discuss later in this report, we recognize that the very phrase "obesity prevention" is problematic; to date, the field has not yet coalesced around an appropriate framing of the terms of the debate. In lieu of an acceptable alternative, we use the phrase while recognizing its limitations.

II

Policy Goals:

What Needs to be Done to Create Healthy Eating Environments?

In public health issues like tobacco, alcohol, guns, and traffic safety, focus has shifted from *behavior* to policy that affects the *environments* in which individual behavior takes place. Consider the issue of drinking and driving. In the 1950s it 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 provided concentrated government support for research and intervention. The issue gained greater visibility in 1980 when Mothers Against Drunk Driving (MADD) 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.

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 range of possible solutions. For example, much of the emphasis in nutrition is on individual children and their parents who need to make healthy personal choices so they'll grow up with strong bodies and sound minds. If they do their part, we should have a healthier society. But even with the best of intentions, making the "right" choices can be difficult, if not impossible. How can children and their parents eat plenty of fruits and vegetables if they are on a limited income? Or if there are no grocery stores in their neighborhood? Or if schools serve only highly processed, high-fat foods because they think that is all kids will eat? Personal choices are always made in the context of a larger environment. Prevention policies must address both ends of the spectrum — individual *and* environmental — and only by addressing the interacting influences on the lives of individuals and communities can we hope to keep populations healthy over the long-term.

Focusing on the social/structural 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. 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 how and what to eat.

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 impact of improving environments is one of the most 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[2], 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.

[2] In the classic metaphor about public health, downstream is where medical interventions occur, after someone is already sick or injured. Public health is focused on prevention, upstream, where environments are constructed and systems put in place to foster health, reducing the number of people who end up downstream needing medical care.

How did other fields move toward policy?

Policy has been an important mechanism for moving toward an environmental prevention approach across various public health issues. 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. An evidence base is essential, but it must be developed over time.

The American Stop Smoking Intervention Trial (ASSIST), a partnership between the National Cancer Institute, 17 state health departments and the American Cancer Society, put an indelible stamp of approval on policy work in tobacco. The ASSIST project advanced 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 been shown to have little or no effect and there is little evidence on the efficacy of advertising restrictions.

However, ASSIST did provide something that had been lacking: focus. Tobacco control policy efforts that had been scattershot were given direction and support. And, even though only 17 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. Tobacco policies went forward on many fronts, some with more evidence than others. Each was evaluated to see what worked; that model could be emulated to improve environments for better nutrition.

Table 1   **Individual Solutions vs. Environmental Approaches**

	Tobacco	Auto Crashes	Guns/Violence	Alcohol	Obesity Prevention
Individual Solutions	Cessation Programs[1] Public Education[1,2,3] School-based Programs[1]	Educate Drivers/ Encourage Defensive Driving[1]	Educate Gun Users[1] School-based Education[1] Alternative Youth Programs[1]	Educate Drinkers and Future Drinkers[1] Designated Driver Programs[1]	Public Education For Healthy Eating and Physical Activity
Environmental Solutions	Excise Taxes[2] Smoking Bans[2] Enforce Access Laws[1] Marketing Restrictions/ Regulation[1,2] Liability[2]	Redesign Cars[2] Redesign Roads[2] Liability[2]	Reduce Access to Guns[2] Restrict Types of Guns that Can be Made[2] Liability[2] Personalize Guns[2]	Reduce Access to Alcohol, Especially to Minors[2] Restrict Marketing[2] Excise Taxes[2] Liability[2]	Nutrition Labeling Zoning Restrictions Marketing Restrictions Junk Food Taxes Restricted Vending in Schools Portion Control Access to Healthy Food for all Communities Liability

1 = Generally supported by Industry

2 = Generally opposed by Industry

3 = The term "public education" covers a very wide range of activities. Some public education efforts directly or indirectly promote significant environmental change and would generally be opposed by the tobacco industry. However, some efforts to educate the public are perceived as so non-controversial or non-threatening (e.g. "Kids Shouldn't Smoke" campaigns) that the industry not only does not oppose these efforts but actually sponsors variations on these campaigns.

The political opportunity of children and youth

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.

In tobacco, efforts to enact clean indoor air laws have been most successful when those laws are framed as protecting the health of all workers, rather than framed as primarily protecting any children who may be exposed to second-hand smoke. But other fields have focused on children and youth without much controversy. 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.

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.

Advocates want to avoid limits on promising policies in the name of children. For example: A restaurant chain agrees to provide nutritional information for its meals — but only on the children's menu. Or, an 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 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.

The political opportunity of children and youth

The policy process — at any level — is complicated and influenced by numerous factors. At best, advocates have only partial control over the political environment that determines which policy options are achievable. So, even after determining their ideal policy goals, advocates are inevitably left with difficult choices about which *realistic* policy goals to support. When should advocates support policies that are compromises, representing only incremental progress, and when should they hold out for the ideal policies they really want? Three things to consider when faced with such a choice:

> Does the policy choice you are making now foreclose other policy options that are more important?

> Does this choice compromise fundamental principles that lead dangerously toward a slippery slope? (For an example, see sidebar on children and youth.)

> Will supporting this policy option splinter fragile organizations and important relationships that have been painstakingly developed?

Prevention efforts in tobacco, alcohol, traffic, and firearms are relevant comparisons because these issues, like obesity prevention, involve the use of potentially deadly products easily available in the marketplace. One clear lesson 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 American political and social life, 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.

Engage communities that suffer most from the problem

Should resources be dedicated to enacting overarching national policy to increase healthy eating environments, or to policy development in local jurisdictions? And if the resources are to be concentrated in local jurisdictions — which ones?

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. The heath effects of poor eating environments are focused disproportionately in communities of color, leading some advocates to call for a greater portion of resources to be dedicated to combating the problem in those communities.

Decisions about where to put resources — where to stack the deck for success — will be determined by theories of change. The question is: will nutrition policy be one aspect of a larger movement for equity and social change? Or is nutrition 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 diabetes, for example, 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.

The way public health advocates have approached gun violence prevention offers a similar dilemma. 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. 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. They see violence as a symptom of these inequities. The way advocates define violence, its causes and cures — the theory of change — will determine the actions they deem appropriate and most likely to be effective.

Ultimately, if environments are to be transformed in lasting and meaningful ways, the communities most affected by the problem must have a significant role in determining the policy and environmental strategies to make those transformations. It would be irresponsible, however, to leave the toughest battles to those with the least resources to muster change. It is incumbent upon those with resources to invest in those communities suffering most from diabetes and other nutrition-related death and disease.

Recommendations to create the environment for healthy eating:

Develop a menu of policy options that can shape research and implementation strategies, and help direct funding decisions. This may take time and may involve some wrong turns, much like tobacco control advocates who discovered, over time, that policies aimed at limiting youth access to tobacco had virtually no impact on youth smoking rates. 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 selling soda in schools, yet not enough evidence for others. Ultimately, different groups will be satisfied by different criteria.

Move forward on several policy fronts at once, evaluating to see what works and should be emulated. The field can advocate for policies that seem promising at the same time they investigate which policies will have the greatest effect on reducing or preventing obesity.

Be wary of behavior change programs couched in policy change language. Many programs claim to be comprehensive but merely give lip service to policy while focusing solely on behavior change. The danger is that the easiest — and least threatening — strategy is always going to be education for personal behavior change. 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. 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.

Involve the communities most affected by the problem so they can have a significant role in determining the policy and environmental strategies to transform their communities. They know their communities best, and are essential to identifying the problems and opportunities for change in their own neighborhoods. Energized community members can also be persuasive advocates for local policy change.

III

Framing:

Who Decides the Terms of Debate, and What Will They Be?

Some of the accepted causes of the obesity epidemic are the most difficult to address. Unhealthy food is plentiful and cheap — and served in large portions. Schools have found a reliable source of income from soda machines. Fast food outlets proliferate in poor communities while quality grocery stores stay away, preferring to locate only in neighborhoods where they think profits can be maximized.

How can public health advocates address these issues? By arguing that people should pay more for their food? Or, at least, that they should receive less for what they pay? Should schools be forced to give up an easy source of income? Should businesses be told where they can and can't locate? These are sticky issues that will require careful thought and analysis. How public health advocates frame the issue will be important because the frames will reflect their deeper values, define the problem, and suggest preferred directions for resolving it. Framing will set the terms of debate.

Reframing food and nutrition from an individual focus to an environmental perspective can create a deeper understanding of nutrition and how to improve it. Careful framing will generate a new vocabulary for use by public health researchers and community advocates. The shared vocabulary is important on at least two levels. First, it is essential that researchers and advocates, and others concerned about nutrition, be able to communicate effectively with one another. Public health battles on other fronts — alcohol, tobacco, violence — have taught us that the earlier we build well-traveled

bridges between groups the faster we'll develop strategies to enact policies that can improve health. Building those bridges depends on each group having a shared understanding of basic concepts, goals, values, and tactics — a fertile ground for fostering trust.

Second, the public health world must have a larger conversation about obesity prevention that brings in elected officials, others in government, neighborhood leaders, captains of industry, and the public at large. To have this conversation effectively, public health advocates need new language that moves the problem definition upstream and clearly identifies the shared responsibility for addressing the problem. Advocates need to know how to characterize their values and anticipate their opposition.

Tobacco control advocates were able, over many years, to redefine how responsibility was shared between individual and environmental causes of the problem. Tobacco control advocates learned to frame the issue from the perspective of shared responsibility: individual smokers should do everything they could to quit, but government and industry also had responsibilities to create smoke-free environments. In many cases it was appropriate to exact more responsibility from industry because the industry, through its aggressive marketing and deceptive practices, was responsible for creating much of the problem.

How do we frame the problem?

The language of obesity prevention today is where tobacco control was 30 years ago. "Obesity" is largely considered a problem caused by individuals who consume more calories than they burn. The public discussion of obesity prevention needs to help shift attitudes away from blaming individuals and towards accepting that a variety of environmental influences are creating a much worse public health problem than was recognized just a few years ago. That shift is necessary for the public and policy makers to accept that changes in the environment are an appropriate response to the issue.

And immediately we have a problem — the word "obesity" itself.

Obesity is an unsatisfactory word on many levels. Even people who are working on preventing obesity and obesity-related health problems do not agree on what the movement should be called. Obesity is not a neutral word. It is a term that can be derogatory and stigmatizing. Use of the term could contribute to negative stereotypes and such problems as anorexia and bulimia. It focuses narrowly on one manifestation of nutrition problems while distracting attention from the larger issue of healthy eating environments.

On the other hand, obesity is a term that is commonly used and well understood by the public, the media, and policy makers. Therefore, some say, the label should not be discarded lightly but should be used as a starting point to expand understanding of the problem and its various causes.

But if we label the problem as "obesity," where does that ultimately lead? To the extent that obesity is caused by over-consumption of calories, a movement built on preventing obesity may be simply inviting food companies to develop new low-calorie products. While such products may address part of the problem, if they are highly processed and of limited nutritional value, they may be adding to other health problems. Urging people to become thinner isn't very helpful if they become thinner by eating low-calorie, unhealthy processed foods.

And, "obesity" ignores all the nutrition-related health problems that afflict thin people, and those between the two extremes.

For most people in public health, the goal is not "obesity control" — the goal is access to healthy foods, the opportunity to practice healthy behavior, and the environments that support good health. Furthermore, when the burden of diabetes and other problems related to nutrition is disproportionately distributed in society, as it is today, it becomes an issue of justice, not just behavior. The issue then is about the decisions we make collectively as a society, not just the decisions we make as individuals. The way the issue is framed must reflect the deeper values of justice if those values are to influence public debate and policy decisions.

Successful reframing in tobacco control offers a beacon for nutrition advocates, but a more apt parallel for framing obesity prevention might be found in the alcohol control field. Public understanding about alcohol is deeply rooted in dominant frames emphasizing individual choice and personal responsibility. Alcohol control advocates have not been as successful as their counterparts in tobacco control at establishing consistent environmental frames. We anticipate that those reframing nutrition will face similar resistance, as obesity prevention is similarly viewed as being rooted in personal decision-making.

How do we frame the stakeholders?

The people who work on prevention come from a variety of backgrounds and have differing motivations. Nutrition advocates want people to eat well, physical fitness advocates want people to be active, social justice advocates want to reduce health disparities, and public health advocates want to prevent problems and promote health. Although they all may want to prevent obesity, they may not all agree on the best way to achieve that goal, nor on whether "merely" eradicating obesity would ultimately constitute success. Just as an appropriate label for the *issue* of obesity prevention must be found, the advocates who work toward the goal of reducing the prevalence of obesity and obesity-related problems must also be labeled in a way that is inclusive and strategic.

Similarly, those who oppose the prevention efforts need to be labeled appropriately. In tobacco control, the "other side" is conveniently concise: a handful of tobacco companies sell almost all of the products that cause tobacco-related disease and death. A few others — convenience store operators, movie producers, bar owners — may also contribute to the problem.

The "other side" is not as easy to define in the area of food and nutrition. Although many may contribute to the problem, no one company or industry is in the "obesity business." Fast food chains, soft drink makers, and food companies may all contribute to the problem, but none of them are solely responsible. Just as tobacco control advocates helped shift public attitudes toward environmental causes of tobacco problems by focusing on the misdeeds of tobacco companies, public health advocates need to find a way to effectively label those who are making and selling the products contributing to increasing rates of diabetes and other health problems in order to create support for environmental solutions to those problems.

Table 2   **Defining the Sides:**
The most strategic terms for obesity prevention need to be determined.

	Tobacco	Auto Crashes	Guns	Alcohol	Obesity
Moniker	Smoking (old) Tobacco Control (new)	Defensive Driving (old) Safety (new)	Gun Control (old) Violence Prevention (new)	Alcoholism (old) Prevention of Alcohol Problems (new)	Obesity Prevention? Nutrition? Healthy Eating? Healthy Eating Environments?
"Us"	Tobacco Control Movement	Injury Control	Violence Prevention	Alcohol Control	Public Health? Nutrition Advocates? Obesity Prevention Movement?
"Them"	Tobacco Companies	Auto Industry	Gun Mfrs./ NRA/Gun Lobby	Alcohol Companies Advertisers	Food & Beverage Industry? Fast Food Companies? Soft Drink Makers? Television?

How do we clarify underlying values?

Nutrition advocates may already have a good idea of what kinds of policies will have a positive impact on obesity prevention, but they need to make sure that these policies are framed in a way that will resonate with existing shared values, or else it will be very difficult to generate widespread support for them.

Consider the real problem of inequitable distribution of food resources. Grocery stores with large, affordable produce sections tend to locate in middle- and upper-class neighborhoods. Poor communities have a disproportionate share of fast-food restaurants and convenience stores, often with little or no access to fresh produce.

It is easy to see that a policy to redistribute these resources would benefit the public's health. But how should you argue for such a policy? Simply arguing that stores need to change where they locate flies in the face of our shared cultural value of free-market decision making for businesses. But framing the situation as "food apartheid" and "redlining" imposed on communities by a handful of people who own all of the grocery stores in a region changes the debate dramatically. This framing resonates with the cultural values of fairness and justice.

Nutrition advocates need to develop and learn the language that will help them advocate for policies in a way that those policies are seen as consistent with our culture's shared values.

Framing Recommendations

Conduct a framing analysis on obesity prevention. What is the public conversation on obesity currently? How are obesity and nutrition portrayed in news coverage? How are food and nutrition depicted in advertising and promotion? What is being left out of the discussion and depictions? How are experts in the field of nutrition describing the problem? What terms are being used now to label the issue and the sides of the debate? What are the advantages and disadvantages of various terms, including obesity? Is there an existing consensus on appropriate terms? Assess research on the questions above, and make recommendations for the field on which terms should be embraced.

Determine the language that will help account for the interconnections related to obesity problems — food availability, marketing, access to recreational facilities, etc. Public health advocates and policy makers tend to see these issues in isolation; they need a vocabulary that will help them illustrate the connections. The vocabulary should help shift the debate away from a blame-the-individual approach and toward an environmental understanding.

Invest in materials and training to ensure that advocates have the tools and skills to put the best language into use. Create fact sheets and suggested questions-and-answers on nutrition to help the field stay focused on policy issues and build synergy by echoing common themes and frames. A system should be established to continually update these materials and re-evaluate their effectiveness. Media advocacy training should be available to help advocates develop the skills to use new language confidently and consistently.

IV

Political Opportunity:

How Can We Create Opportunities to Advance the Policy?

In the real world, policy advocates realize that political successes rarely come when and where you want them. Successful policy advocates are as skilled at taking advantage of political opportunities that present themselves as they are in setting the political agenda to match their policy priorities. So, for example, an airplane crash might quickly bring about new safety regulations that consumer advocates had been supporting for years. Immediately after the shootings at Columbine High School in 1999, injury control advocates advanced gun laws that otherwise might still be languishing in state legislatures.

But opportunity can only be exploited if there is a movement that knows where to look for it, recognizes it when it happens, and has the capacity to act on it. Rosa Parks' refusal to give up her seat on a bus only became a defining moment for the civil rights movement because of the existing infrastructure of community advocates ready to capitalize on that moment.

Acceleration Meeting participants highlighted two areas that nutrition advocates might look toward for upcoming political opportunities: local level policies and misdeeds by political opponents.

Why Does Local Action Matter?

There is untapped power at the local level. The local level is where policy innovation can be most successful. Locally, advocates have moral authority because it is their lives and neighborhoods at stake. A local community can determine the standards by which it wants to restrict product sales or land use more quickly and easily than achieving similar policies at the state or federal level or through litigation.

Opposition can be weaker at the local level. At the statehouse or in the nation's capitol, industry lobbyists wield great power, often out of view of the general public. But local advocates, even with minimal resources, can appeal to local policy makers who are more immediately accountable to their constituents and neighbors. Although huge food corporations have extensive political resources, their interests are not necessarily the community's interest and, often, their outsider status can be made to work against them.

Other fields have gained tremendously by following the leads of successful local advocates. With alcohol, tobacco and firearms, for example, regional or national policy has often followed success at the local level. Tobacco industry spokesperson Walker Merryman once lamented having to fight policy change on many local fronts simultaneously, saying it was like "getting pecked to death by ducks."

In 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. Policy 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. Local policies generate momentum leading to statewide policy. The parallels to nutrition 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 nutrition.

Patterns of success from local to statewide policy

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 few years, more than 100 cities and counties throughout the state enacted more than 300 ordinances, many focused 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 several states with similar smoking bans in place and over 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:

Seek out and support local policy efforts on obesity prevention and reduction, ignite fires where they are ready to burn, provide legal support, 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 otherwise separate efforts into a movement. Make it easy for communities to replicate successes from other places.

Foster and support local efforts already underway. 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.

Ensure local policy efforts are nurtured in the communities with the highest rates of nutrition-related disease, disability, and death. Not only is there the opportunity for local policy change to have a major impact on the community's health, but it also addresses a key value of social justice. Advocates have a responsibility to ensure that the political expediency of a win in a less-impacted community does not trump longer-term investment in the communities most affected by these issues. (See sidebar page 22.)

Caveat: Political opportunity might come first in the communities that need the least help

Because environmental policy change is difficult and takes a long time, there is a tendency among many advocates to seek out the "low-hanging fruit" when deciding which political opportunities to pursue. That is, they believe that some early victories will establish momentum and credibility that can be replicated in other communities and with other policies. The problem with this approach is that the "low-hanging fruit" often exists in communities with the resources to have already made partial policy gains in these areas. The communities with little or no resources will almost certainly have policy fruit that is more difficult to reach. By focusing on low-hanging fruit, then, advocates run the risk of exacerbating an already large resource gap between rich and poor communities.

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 needed the most protection, received the least. Policy progress was made, but communities most affected by the problem failed to reap the benefits. Nutrition advocates need to balance the need to achieve policy success with the need to allocate effort and resources in a way that will not ignore the needs of those who are being hurt the most.

Exploiting Industry Missteps

Advocates in other fields have learned that the industries they are fighting against can often be their own worst enemy. Although the huge resources of the food industry[3] can be formidable, alert advocates can seek out industry behavior that is inconsistent with community values and use that behavior as an example of why that element of the industry is not credible, deserves to be regulated, or should simply not be believed.

An early handbook on media advocacy cited four specific types of industry excess capable of provoking controversy:

Distortions of Science
The tobacco industry spent decades denying what was widely known to be a worldwide scientific consensus: the link between smoking and disease. By stubbornly refusing to budge from its position, the industry isolated itself from scores of potential allies and created an insurmountable credibility gap with the media.

Marketing, Advertising, and Promotional Abuses
While it is a commonly held value that legal businesses have a right to advertise their products, communities can be outraged when the marketing goes overboard. Alcohol control advocates made great strides by publicizing the exploitive marketing practices of malt liquors in African American communities. Similar outrage can be mustered when food companies show blatant disregard for the public's health, as Burger King did with its introduction of a supersized, super fat, super-caloried breakfast sandwich and its use of "Homies" figurines in TV ads for the sandwich.

The Misuse of Philanthropy
Industries — especially those that are under fire — sometimes strategically use charitable contributions to help build upstanding reputations. While it is difficult to argue that companies should not make such contributions (imagine, for example, trying to argue that it is wrong for a large food corporation to donate to a local homeless shelter or hunger organization), their true motivations can sometimes be made clear. When Philip Morris launched highly publicized charitable efforts for a jobs program and a domestic violence prevention effort, advocates pointed out that the thousands of dollars they contributed to the programs paled in comparison to the multi-million dollars they spent advertising these contributions. And local Latino groups have turned the tide on alcohol and tobacco companies by turning down contributions for community Cinco de Mayo celebrations, on the grounds that the products cause disproportionate harm in their communities.

Political Excesses
Political power largely goes to those who fund political campaigns. By tracking political campaign contributions of specific industries, the true motivations behind the acts of well-funded politicians can be easily inferred, subsequently publicized, and used to hold elected officials accountable.

[3] We are using the term "food industry" broadly to include beverages and food, as well as marketing. As we describe later, the food industry is too vast to be treated singularly, though analogies to other industries may, in certain instances, still be apt.

Nutrition advocates face a difficult task in tracking their opposition, because there is no "obesity" industry. Almost every fast food chain can point to options on their menu that are relatively harmless and argue that "it's not our fault if people make bad choices." Soft drink manufacturers can say "there are a lot of overweight people who never drink soda and a lot of thin people who do." Even high-fat ice cream makers can say "used in moderation, our products cause no harm."

But if the *industries* can't be targeted, the *acts* of the industries can be. Food manufacturers and fast-food purveyors can be counted on to dispute the science linking their products to harm and to market their products in ways that the community might find offensive. By carefully tracking and documenting this behavior, nutrition advocates can create opportunities for public attention and policy gains. Advocates can set public health standards for appropriate corporate behavior.

When and how should public health advocates engage the food industry?

The issue of exploiting industry missteps raises a difficult decision faced by those working to improve nutrition: to what extent should they work with representatives of the food industry or should the food industry be considered the "enemy," subject to attack by nutrition advocates?

The issue is more complicated with obesity than it is with other issues. First, the food industry is vast and diverse, including everything from fast food restaurants to organic farmers. Second, unlike tobacco, alcohol, cars or guns, food is essential for life. Third, the food industry and nutrition researchers and practitioners already have a long history of working together. Fourth, the food industry controls the existing and necessary distribution system for getting food to people. Fifth, 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.

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 thwart policy initiatives that the alcohol industry finds troublesome. Those working on alcohol policy on the local level found when industry was at the table the industry representatives would subtly prevent the community from making any progress on environmental prevention or policy issues.

Clearly both extremes — working too closely with the industry, or considering the entire industry a monolithic enemy — have downfalls. **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 their own 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.

Local industry opposition: Jobs

One caveat regarding the emphasis on local policy comes from advocates working on policies to reduce the over-concentration of alcohol outlets. These advocates faced divisive opposition when local merchants protested their policies because they feared lost revenue and fewer jobs. We would expect local nutrition advocates to face similarly fierce opposition if, for example, they wanted to restrict the number of fast food outlets in a neighborhood, especially if those stores employ neighborhood residents. This does not mean that advocates should not pursue a policy restricting the number of fast food outlets if they believe there will be public health benefits. It does mean, however, that they should be prepared to face the opposition's insistence that jobs will be lost, and be open to engaging local merchants who are members of the community too. Calculating the actual economic impact of proposed policies should be an early research priority.

Recommendations for dealing with the food industry:

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, how it relates to 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. Based on the discussions from the Acceleration Meetings, we suggest the following starting points:

Thoroughly research and document the marketing, political, and philanthropic behavior of the industries that are opposed to your efforts. Make the information easily usable and accessible by advocates across the country, in all communities.

Cultivate the field's ability to develop coalitions, research agendas and advocacy strategies away from industry influence. It is clear from the experience of other issue areas that official partnerships with industry can undermine advocates' ability to coalesce, train, and determine their policy priorities. 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. One criterion for judging how to work with the food industry will be: where do industry and public health interests intersect? If advocates' proposed 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 may be opportunity for collaboration with the food industry. Advocates must determine their policy goals before entering into relationships with the industry.

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 public health, and the news media, to identify where the members of the food and advertising industries stand, company by company. The process used 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. Similarly, the field could create standards for public health and children's groups: Coca Cola joined the national Parent Teacher Association, and gave $1 million to the Pediatric Dental Association. Are these relationships appropriate? An agreed upon set of standards would make it easier for the public health field to assess, and when needed, to question, such alliances. In the context of this or other opportunities to create relationships with industry, public health advocates should be cautious to not co-opt their principles.

V

Resources:

What Needs to be in Place if We are to Advance the Healthy Public Policies?

Developing and implementing strategies for the first three areas mentioned in this report (Policy, Framing, and Political Opportunity) requires resources. Some of the resources will be required to establish infrastructure and provide training up front, but there will also be an ongoing need for resources since strategies develop and need revision as they are implemented over time. Key resource investments should focus on: building infrastructure, conducting research, and cultivating leadership. We address each of these areas in turn below.

Overall, resources need to be in place to create and make visible victories that make other communities interested enough to say, we, too, want to do *that*.

Build Infrastructure

Building an infrastructure means developing the tools and support systems that public health advocates at all levels (local, state, national) need to do 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 media advocacy. 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 commitments to creating healthy eating environments.

Why does having a strong infrastructure matter?

Currently, the lament is that there are many players in the nutrition field yet no upstream, policy-focused infrastructure for supporting and connecting them. Without a structured way 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, and policy makers in 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.

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 influence the direction of research and policies; and 3) on-call media advocacy assistance to strengthen advocates' ability to frame the debate and get news attention to issues.

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 supports those pushing the boundaries and lends credibility to the questions people now may be reluctant to ask.

For example, the Marin Institute sponsored a series of week-long trainings where alcohol-control advocates learned hands-on policy and media advocacy strategies and built a network with other advocates. The training environment was a "safe space" where advocates could relax their guard and wrestle with prickly issues. The trainings also cemented relationships among a peer network of advocates, who could then take riskier stands knowing that they could draw upon technical and emotional support from Marin Institute staff and from around the country.

What infrastructure lessons can we learn from other fields?

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 (SCARC), initial policy-focused advocacy meetings, funding for advocacy-oriented community projects and government projects such as the National Cancer Institute's Community Intervention Trial to Prevent Smoking (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 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).

The keys to these meetings' success were that they were held regularly, they were a collaboration (not owned by a single entity), and that they were, at least initially, small, fostering genuine networking and cooperation. Although small meetings are effective in promoting networking, they can also cause problems by being too exclusive. Ideally, meetings would marry the two goals of encouraging networking and increasing diversity, assuring representation among affected groups.

Recommendations for building an infrastructure

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 to discuss research, policy, and strategy, apart and together; and 3) strategic communications research and on-call media advocacy consultation and coaching.

Capture important information — about the industry, policy, and successful local actions. Ensure that policy and other research is developed independent of the food industry. 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.

Develop the capacity to allow advocates to gain easy access to this information. Provide support for organizations and individuals to come together, in person and electronically, to share new knowledge and debate strategy. Create various mechanisms for cataloguing and sharing information, strategy, and ideas.

Create mechanisms for supporting researchers and advocates who want to speak out in favor of public health policy to create healthy eating environments. Anticipate that advocates and researchers may face fierce opposition. Provide resources so that they will be better prepared and have the tools they need to stand up to that opposition.

Conduct Research

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 prevention area there have been similar bridges built between advocates and researchers, with similarly promising effects on policy. 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 alcohol 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 the 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 locality, community members conducted the surveys: local residents, advocates, technical assistants, researchers, and bank presidents.

The study's release got wide press coverage, and states and localities started passing more legislation for emergency food programs, and mandated school breakfast. The research and publicity it generated helped hunger prevention groups hold the line on national food programs that had been threatened with reduction or elimination.

Recommendations for conducting research

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. Researchers must be free to develop their questions and methodologies independently.

Study and evaluate innovations, "natural experiments" and policy advocacy efforts. In the early stages of environmental change the first handful of communities or states implement a policy without knowing definitively what it will bring. Encourage researchers to explore the processes and outcomes of these policy innovations. There are many 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 school meal programs. If it turns out that there's a measurable impact, every school superintendent in the country will be interested in the findings.

Encourage researchers to publish — 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 to policy makers and the general public. Encourage researchers to become more savvy on dissemination and publicity that is consistent with their role as researchers.

Cultivate Leadership

One outcome of a successful system of distributing resources will be the cultivation of new leaders to advocate for healthy eating environments. Cultivating leadership means providing support and safe spaces for individuals to take professionally risky positions, from supporting unpopular policies to directly confronting aggressive opponents in the food industry.

Finding and supporting strong leaders in the obesity prevention movement is important in at least three ways. First, this issue's status as an important public health problem is sometimes discounted: while there is widespread recognition of problems caused by obesity, they often seem much less pressing than other public health issues such as drug abuse and violence. Strong leadership can help position a push for healthy eating environments as the important public health and social equity issue that it is.

Second, strong leaders are needed to respond to the aggressive opposition from industry and from groups such as the Center for Consumer Freedom, an industry-front group that frequently launches personal attacks against researchers and advocates who promote environmental policy approaches toward healthy eating.

Third, strong leadership in this field can have a broader effect on related fields in the research, funding and policy advocacy communities, thereby accelerating progress on obesity prevention.

How has leadership developed in other fields?

Leadership development in other fields has often started at the local level. Many early tobacco control policy victories, such as the first laws to ban cigarette vending machines and the first public smoking bans, happened at the local level. Supporting the advocates who passed these policies created leadership that could help spread these victories to other communities and, eventually, to states and beyond. Similar action is already taking place regarding food. In California, for example, state action to eliminate junk food in schools happened only after similar action took place in several communities.

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 nutrition. A cadre of nutrition advocates willing to break new ground needs to be cultivated and nurtured.

What does leadership look like?

Leadership is ultimately embodied in people who act on the courage of their convictions. But not every leader is in the spotlight. And, the leadership required for advocacy is a special combination of traits and abilities. The Advocacy Institute has investigated these characteristics over the years, first in its work cultivating leaders in tobacco control and later across a variety of social change issues. The Advocacy Institute's taxonomy of leadership includes Visionaries, Strategists, Statespersons, Experts, Outside Sparkplugs, Inside Advocates, Strategic Communicators, and Movement Builders. A movement will deploy different types of leaders depending on the circumstances. As Michael Pertschuk described:

> Leaders who make up the leadership taxonomy each bring to the movements they serve a special skill set. Visionaries raise our view of the possible. Statespersons elevate the cause in the minds of both the public and decision-makers. Strategists chart our road maps to victory. Communicators deploy the rhetoric to inflame and direct public passion toward the movement's objectives. Inside Advocates understand how to turn power structures and established rules and procedures to advantage. Movement Builders are generators of optimism and good will, with the ability to infect others with dedication to the common good. The happy confluence of each of these leadership roles is the hallmark of a successful movement.

Visionaries, Statespersons, and Outside Sparkplugs are highly visible leaders, while other leaders — Experts, Inside Advocates, Strategic Communicators, and Movement Builders — often work behind the scenes, forming the links between systems and networks. The Movement Builders are the unsung heroes, strong on ego but low on egotism, who knit the various parts together into a whole.

Recommendations for cultivating leadership

Cultivate leadership at many levels and across settings among advocates, researchers, and policy makers. Make sure that leadership development efforts don't ignore any segment of the field or communities addressing healthy eating.

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 focused on developing policy advocates in the field. Develop and fund post-doc training programs in policy for healthy eating environments.

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.

VI

Conclusion

The national focus on obesity provides public health with the chance to confront head-on many inequities in the distribution of goods, resources, and opportunities in our society. Food, essential to life and health, is killing us. The problem isn't one of "fixing" people, but of taking on the challenge of creating a society that promotes health and well-being for everyone.

As public health researchers and advocates promote healthy eating environments they will raise key questions that cut to the core of their values and the world we create together: What does the world look like where everyone has access to healthy, affordable, wholesome food? What kinds of policies are present, how do people act, what kinds of media images do we see, what kind of news coverage is there, how do people relate to food and to the food manufacturing process, and how is food produced?

By posing these questions to advocates from a range of public health fields, and capturing their responses, experiences, and expertise in the recommendations in this report, we hope to contribute an important piece of the groundwork for moving the field forward and making progress on this critical issue.

One unexpected outcome of this endeavor to seek guidance from other public health issues is that the lessons from cross-issue comparison flow back to the other non-nutrition issues. Many participants in this process drew valuable conclusions and generated new insights for their own work. Our conclusion is that continued opportunities for marshalling energy and insights from experienced researchers and advocates who think together across fields is a powerful way to spur reflection and creativity for addressing healthy eating and for, ultimately, creating environments that support health.

VII

Appendix:

Brief Takes on Specific Policy Tactics

Excise Taxes

Litigation

Shareholder Resolutions

Land Use Policy

Restrictions on Marketing and Promotion

"Look Back" Provisions

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 nutrient deficient 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 a 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," a pre-meeting memo developed for the Acceleration Meetings, available on bmsg.org.

Litigation

Will litigation against the food and marketing industries help or hinder the movement? 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 legal precedents may be the result. The reasons litigation strategies may be premature include: defendants are not clearly identified; the theory of legal cause of action is not worked out; evidence is not adequate to win (even though much can be learned without a win, the risk is a bad precedent); and people may not yet be willing or available to testify about the evidence because there is not unanimity of opinion or enough science on health effects. In other fields, litigation against target industries 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.

On the other hand, 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 control 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 control, 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 food 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. 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.

For more on land use policies and public health, see Ashe M, Jernigan D, Kline R et al. Land use planning and the control of alcohol, tobacco, firearms, and fast food restaurants. *American Journal of Public Health*. 2003; 93:1404-1408.

Restrictions on Marketing and Promotion

Marketing 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. Even relatively well-funded public health campaigns can't compete in an information environment laden 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 commercial speech, make efforts to restrict food advertising and marketing targeting children challenging at best. Still, the problems of overweight and diabetes among children warrant consideration of every avenue that might slow the rates of increase. Acceleration Meeting participants were concerned about the contribution food and beverage advertising and marketing might have on the rising rates of overweight and obesity among children. 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 reference). 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, 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.

For more on addressing food and beverage marketing to children, see Samuels, S., Craypo L., Dorfman, L., Purciel, M., Standish, M. Food and beverage industry marketing practices aimed at children: Developing strategies for preventing diabetes and obesity. A report on the proceedings from a meeting sponsored by The California Endowment, November 2003. Download from the paper from The California Endowment at http://www.calendow.org/reference/publications/pdf/disparities/FOODANDBEVERAGE INDUSTRYMARKETING PRACTICES3-04.pdf

"Look Back" Provisions

When state attorneys general sued tobacco companies, one item considered during the settlement negotiations was a "look back" provision — a requirement that tobacco companies take it upon themselves to solve the problem of youth smoking if government regulation didn't achieve desired goals. Some believe that a similar shifting-of-the-burden could work in combating childhood obesity.

In essence, this approach would say to soft drink manufacturers, fast food companies, and others deemed responsible for rising obesity rates, "if you don't want government to regulate your industry, then *you* solve the problem." This approach would allow these companies to take whatever approach they think would be most effective in reducing obesity — anything from changing portion size to funding new parks and physical activity initiatives. A similar approach is taken in the automobile industry where the National Highway Traffic Safety Administration is authorized to use performance standards rather than design standards in its regulation of cars. If the food company approaches work in reducing childhood obesity, then the problem is solved. If not, there would be further justification for the government to intervene. Although such a proposal would be very complicated to implement, simply discussing its merits helps raise issues related to the responsibility corporations have to help solve problems they are largely responsible for creating.

For a more in-depth discussion of this proposal, see Stephen D. Sugarman, "A New Diet Plan: Require Fast-Food Companies to Help Kids Slim Down," *Legal Times*, January 10, 2005.