Chapter 22
Voluntary Health Organizations and Nonprofit Advocacy Organizations Play Critical Roles in Making Community Norms More Supportive of Healthier Eating and Increased Physical Activity

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Recent food choice and physical activity-related policies adopted in California illustrate the important roles that voluntary health organizations and nonprofit advocacy organizations have been playing in efforts to influence policies, community attitudes, and behavioral norms with respect to healthy food choices and increased daily physical activity. Using the history of tobacco control as validation, we outline the major steps that voluntary health organizations and nonprofit advocacy organizations typically take to get nutrition and physical activity-related policies adopted. These steps include: making the problem meaningful, mobilizing local stakeholders, addressing opposition concerns, accumulating and publicizing evidence for community concern, negotiating a sustainable solution, and nurturing implementation of enacted policies. Broadcast and print media play critically important roles in putting pressure on elected officials, as well as potentially galvanizing community support at significant moments in the policy-adoption process, but it is ultimately an organic convergence of hard-working policymakers jockeying within the political system and committed grassroots activists calling and visiting legislative offices, hosting strategy sessions, and engaging public media of all kinds who persuade legislative bodies to adopt health-promotion policies. It is also vigilant stakeholders who ensure appropriate enforcement or strengthening of the policies long term. Mobilizing a critical mass of local advocacy efforts in disparate towns and cities

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is labor intensive but may be more effective in changing community norms statewide or nationwide than relying exclusively on broadcasting health-promotion media messages to effect sustainable community norm change. A detailed example of a vulnerable community combating the effects of junk food marketing with community mobilization and legal advocacy is well described in Kramer et al. (Chap. 18).

Introduction

While most of the examples discussed in this chapter are taken from policy-adoption efforts that took place in California, they could just as easily have taken place in other parts of the country. Most of these examples have, in fact, been replicated throughout the U.S. Prior to California's pioneering Senate Bill 19 Pupil Nutrition Act of 2001 (SB 19) (California Senate, 2001a), all state legislative activity involving nutrition had dealt with food safety, not nutritional quality, and was concerned to minimize risk of acute food-borne illnesses rather than minimize risk of obesity-related disease. The enactment of SB 19 and its successors, SB 677 (California Senate, 2003), SB12 (California Senate, 2005a), and SB 965 (California Senate, 2005b) was a game-changing event that bears close examination for how advocacy organizations such as the California Center for Public Health Advocacy (CCPHA) and California Food Policy Advocates (CFPA) and voluntary health organizations such as the American Cancer Society (ACS) and American Heart Association (AHA) were critical players in framing the debate, mobilizing constituents, and helping policymaker champions broker legislative solutions designed to promote healthier food choices. Before we review the steps that led to the passage of SB 19, it is instructive to review recent tobacco control history because tobacco control is the public health template for how voluntary health organizations and advocacy groups catalyzed the adoption of public health policies initially opposed by monied interests. The lessons from tobacco control illustrate the critical role that voluntary health organizations and advocacy groups such as Americans for Nonsmokers Rights had in choreographing the combination of grassroots mobilization and cultivated champion policymakers to effect adoption of consequential public health policies despite implacable opposition by well-financed opponents.

Lessons from the History of Tobacco Control

Historically, voluntary health organizations such as the ACS were reluctant to get involved in local or state policy making, even though it was partly the ACS' federal lobbying efforts that resulted in President Nixon endorsing a "war on cancer" in 1971 that increased federal investment in cancer-related research (National Cancer Institute (NCI), 2012). Part of this reticence to get involved in local or state policy making stemmed from fear of alienating well-heeled donors. The ACS was also responding to federal restrictions on lobbying for organizations wanting to maintain their 401(c)(3) nonprofit, tax-exempt status (Independent Sector, 2011).

The American Cancer Society-California Division did not have a full-time, on-staff lobbyist until 1982[1]. The first year that the ACS conferred its annual Capitol Dome award to honor volunteer contributions in the public policy arena was 1994[2]. By contrast, today the ACS says "Defeating cancer is as much a matter of public policy as scientific discovery (American Cancer Society, 2011)." What explained this turnaround? A big part of the reason for the 180 degree turn from avoidance to embrace of advocacy was the success that the ACS California Division (and coalition partners) had in passing California's Proposition 99 in 1988, which increased the state excise tax on cigarettes by 25 cents per pack and generated more than $100 million for tobacco control annually (Hill, 2001). Together with the American Lung Association, AHA and other, mostly medical organizations, it pooled about $1.6 million and thousands of volunteers to successfully beat back the tobacco industry's $21.4 million campaign to defeat Proposition 99 (Traynor & Glantz, 1996). What did the ACS achieve as a result of it's full-throated foray into state policy-making? It helped to generate $100 million funding per year for a comprehensive tobacco-control program that subsequently reduced state tobacco use 50% among adults from 24% in 1988 to 12% in 2010 (California Department of Public Health, 2011). Between 1989 and 2004 the new tobacco control resources made possible by Proposition 99 reduced heart disease and lung cancer deaths and reduced California health care costs by an estimated $86 billion (Lightwood, Dinno, & Glantz, 2008). The ACS applied the lessons learned from Proposition 99 and applied them to the rest of the nation, with the result that "70 percent of the U.S. population is now covered by a smoke-free law (American Cancer Society 2011a, b)." Until the passage of Proposition 99, the "war on cancer" initiated by President Nixon in 1969 was considered a failure because cancer deaths continued rising year after year (Sporn, 1996). In recent years, by contrast, the ACS has been able to trumpet measurable declines in cancer-related deaths among Americans, sparing the lives of 767,000 Americans who would have died had not progress been made in prevention, early detection, and treatment (Jemal, Ward, & Thun, 2010). But much of this decline was attributable to declines in lung cancer deaths, for which tobacco use is the proximal cause (Jemal et al.). The prevalence of tobacco use among U.S. adults over the age of 18 years dropped 50% from 1965 to 2006 (National Center for Health Statistics (NCHS), 2009), yet tobacco use still accounts for approximately 30% of all cancer deaths (Jemal et al.). If the ACS is "winning" the war against cancer, its success is largely attributable to its decision in the 1980s to embrace public policy advocacy for the purpose of advancing local and state tobacco-control policies.

Total tobacco use among youth and adults in Sweden (Furberg, Lichtenstein, Pedersen, Bulik, & Sullivan, 2006), Norway, and Finland is higher than total tobacco use among youth and adults in California, despite the fact that these three Scandinavian countries scored 9 or 10 out of a maximum of 10 points for legislated restrictions on tobacco product advertising (Laugesen & Meads, 1991) in 1991. Norway and Finland banned the advertising of all tobacco products in 1975 and

[1]The first full-time, on-staff lobbyist for the ACS California Division was Betsy Hite, who subsequently spearheaded the campaign for Proposition 99.

[2]The first California Division recipient was William J. McCarthy, Ph.D.

1978 (Rimpela, Aaro, & Rimpela, 1993), respectively, more than a decade before California voters created California's now-world renowned comprehensive tobacco-control program with the passage of Proposition 99 in 1988 (Bal, Kizer, Felten, Mozar, & Niemeyer, 1990). One reason that explains why California residents enjoy more tobacco-free living than residents of Sweden, Norway, and Finland is that tobacco-control policies have typically been adopted and implemented in a top-down fashion by federal authorities in Scandinavia, whereas tobacco-control policies in California have typically been initiated by cities and counties in response to grass-roots activists before state legislators felt compelled to have similar policies applied uniformly throughout California (Shipan & Volden, 2006). In brief, Scandinavians have governments that proactively have taken steps to protect citizens whether or not the citizens were prepared to accept such protections whereas California citizens typically get health policies adopted first at the local level, by mobilizing the local electorate to pressure their local representatives to adopt policies that would protect them. Only later, after a critical mass of similar local policies have been adopted, does the cumulative local support for policy adoption get converted to policy adoption at the state level. This difference in top-down policy making in Scandinavia versus the more bottom-up policy making in California means that tobacco-control policies adopted in California already have been vetted by citizen groups and local legislators by the time they get adopted statewide and hence are more readily accepted by those affected by such policies than might be the case for tobacco-control policies imposed by well-intentioned but locally unaware national legislators. One of the remarkable lessons learned during California's persistent accumulation of increasingly restrictive state tobacco-use policies is that these policies have been largely self-policing (Jacobson & Wasserman, 1999). A benefit of the multi-year, labor-intensive, incrementalist bottom-up approach to California tobacco-control policy making is that by the time that policy is adopted statewide it has immediate normative legitimacy at the local level. In California, violations of most state tobacco-control laws are seen by locals as violating their community norms, which will invite immediate criticism and possible ostracism of the violator if the transgression is not corrected. For example, implementation of California's workplace smoking ban required few resources for enforcement because most workers and most employers welcomed the law and took it upon themselves to promote adherence to the law, without requiring enforcement by police or health department authorities (Jacobson & Wasserman, 1999). Moreover, as government-imposed workplace smoking bans have proliferated across the U.S., the voluntary adoption of smoking bans in personal residences has also increased (Cheng, Glantz, & Lightwood, 2011), illustrating a widening community acceptance of the norm that spaces where people congregate for any purpose should be smoke free. Particularly for college-educated persons, government adoption of smoke-free policies appears to stimulate voluntary adoption of similar policies at home (Cheng et al., 2011).

Lessons learned during recent decades of progress in adopting increasingly stringent tobacco-control policies can be seen being applied to the crafting, passage, and implementation of state nutrition policies, notably SB 19 and its successors: SB 677, SB 12, and SB 965. These lessons include addressing six phased challenges

common to most health policy campaigns: (1) make the problem meaningful, (2) mobilize local stakeholders, (3) accumulate and publicize evidence for community concern, (4) address opposition concerns, (5) negotiate a sustainable solution, and (6) enforce or strengthen the solution. Table 22.1 outlines the major phases in the development of a health policy from the first step of identifying an issue of concern

Table 22.1 Phases in the development of a health policy, ranging from identifying a health issue of concern to the community to nurturing the policy solution adopted to remedy the issue

Policy adoption phase	Strategies to grow the issue or its solution	Effect of growing the issue or its solution
1. Make the problem meaningful to local stakeholders	Invoke scientific evidence	Legitimize the issue locally
	Document local concern through surveys and interviews	Require local leaders to take a stand on the issue
	Identify practical solutions	Make the issue appear solvable
2. Mobilize local stakeholders	Recruit allies from community leaders	Community leaders can help recruit an army of volunteer advocates
	Recruit policymaker champion(s)	Let campaign strategy be guided by leaders with inside knowledge of the policy-making process
3. Accumulate evidence and conduct public education	Assemble experts to support the issue	Although health benefits alone won't usually be enough to get a policy adopted, this increases proponents' credibility
	Frame the issue proactively. Be nimble, reframing to maximize community concern about the issue	Anticipate how the opposition will frame the issue; be prepared to subordinate health goal to fit within greater ethical system that politicians and constituents will readily support
4. Address opposition concerns	Neutralize hardcore vested interests	Seize opportunities to contrast the expected community benefits if the policy is adopted versus the self-serving economic benefits of opponents if the policy is defeated
	Minimize collateral damage; make would-be opponents allies	Discuss modified solutions for would-be opponents who acknowledge the community benefits of the proposed policy
5. Negotiate sustainable solution	Have policymaker champion draft potential policy	Set the stage for negotiating a sustainable solution
	Deploy the volunteer advocates to solicit support for the new policy solution	Increase the political stakes for policymakers opposed to the proposed solution
	Provide policymaker champion continual feedback about community willingness to accept modified solution	Help the policymaker champion balance political expediency versus community benefit

(continued)

Table 22.1 (continued)

Policy adoption phase	Strategies to grow the issue or its solution	Effect of growing the issue or its solution
6. Nurture enforcement of the solution or strengthen the solution	Build in periodic evaluation	Document the community health benefits regularly
	Build in periodic enforcement	Regularly hold policy targets accountable for maintaining community health benefits
	Continue expanding the health benefits of the solution or be prepared to replace the solution; community health promotion is an ongoing process, not a destination	Solutions are dynamic and will continue to change over time; continued vigilance is needed to maintain community support for the solution or its successors

to the community to the last step of nurturing community support for the solution adopted to remedy the issue. Below we review the history of California's pioneering school nutrition laws to illustrate these phases. A common thread linking these lessons is the need to document local constituent concerns about the problem and local constituent support for proposed solutions. In this way the cumulative adoption and documented sustainability of policies at the local level help to incubate the eventual adoption of similar policies at the state and federal levels.

The History Behind California's Pioneering School Nutrition SB 19, Illustrates the 6 Phases of Policy Adoption.

The adoption process documented for several recent California food choice and physical activity policies illustrates the steps needed to move from (1) identifying a specific barrier to healthier food choices and adequate daily physical activity to (2) adopting a policy to overcome the barrier to (3) ensuring long-term support for the policy once adopted. Below we discuss our first example used to illustrate the six phases of the policy-adoption process. This example describes the process by which California's pioneering school nutrition policy, Senate Bill 19 (California Senate, 2001a), became law and, in particular, focuses on the role that the CCPHA played in shepherding the policy through each of the six phases.

Make the Problem Meaningful to Local Stakeholders

In the late 1990s, the Southern California chapter of the American Public Health Association (SCPHA) determined that something needed to be done about the

growing epidemic of obesity. The well-documented trends showed a relentless increased prevalence of obesity affecting all age groups below age 65, affecting all ethnic groups and affecting all socioeconomic levels, although low-income groups suffered disproportionately (Kuczmarski, Flegal, Campbell, & Johnson, 1994) (Whitaker, Wright, Pepe, Seidel, & Dietz, 1997) (Troiano, Flegal, Kuczmarski, Campbell, & Johnson, 1995). The Executive Director of the SCPHA was Harold Goldstein, who had recently completed a stint as Director of Health Promotion Initiatives for the Los Angeles County Department of Health Services. Even before the Centers for Disease Control and researchers began characterizing these adverse trends as a social epidemic (Christakis & Fowler, 2007), Goldstein realized that it would take more than conventional health education to reverse the epidemic, it would take advocacy of new policies designed to make it easier for residents of California to make healthier food choices and to engage in physical activity at work, at school and in their own neighborhoods (Nestle & Jacobson, 2000).

- Document significant community concern for the problem in selected localities.

Goldstein founded the CCPHA in 1999, a nonpartisan, nonprofit organization established jointly by the Northern and Southern California public health associations to raise awareness about critical public health issues and mobilize communities to promote effective health policies (Goldstein, 2009). He was particularly interested in reducing the disproportionate burden of obesity in low-income communities and minority communities. He organized grassroots teams of diverse local residents in six low-income legislative districts in Los Angeles County (California Center for Public Health Advocacy (CCPHA), 2012b). These teams educated legislators and other community leaders about the importance of nutrition and fitness for children and adolescents. They identified community needs and concerns through eight Town Hall Meetings and a series of neighborhood surveys. They organized local projects and events to raise awareness among community residents, the media, and policymakers. They educated legislators by sharing information, research findings, and policy recommendations [California Center for Public Health Advocacy (CCPHA)]. The most common suggestion arising from these town hall meetings and surveys was to improve the quality of school food.

- Invoke convincing scientific evidence of a problem

Armed with this knowledge and financial support from the California Endowment, Goldstein then convened a National Consensus Panel on School Nutrition, comprised of state and federal experts in school nutrition (California Center for Public Health Advocacy (CCPHA), 2002). The ten-member panel issued a report calling for minimum nutrition standards for competitive foods, that is, foods that were sold in competition with school lunches and therefore did not have to adhere to USDA school nutrition guidelines. More specifically, the report called for eliminating the on-campus sale of all beverages except for milk, water, and beverages with at least

50% fruit juice. The report also recommended banning the on-campus sale of snack foods that either had more than 35% by weight sugar (except dried fruit) or contained more than 30% of calories from fat as well as selected snack foods that exceeded standard portion sizes. These were, in fact, the nutrition standards adopted by the state legislature and adopted into law in the form of SB 19 California Senate, 2001a. Senate Bill 19 (Pupil Nutrition Act) the Pupil Nutrition, Health and Achievement Act of 2001. SB 19 also included an increase in state reimbursement for the costs of school meals of 10 cents per meal, to be implemented starting in 2004. In the interim, it appropriated funds for planning grants. These first-ever state school nutrition standards eventually became the school nutrition standards for 20 other states that adopted versions of SB 19 to benefit their own students (Center for Science in the Public Interest, 2008).

- Identify practical solutions to the problem

From the start, Goldstein sought out leaders of constituencies, such as the California School Nutrition Association (California School Nutrition Association, 2012) (previously called the California School Food Service Association), for their input, to ensure that the proposed solution would be practical to implement. The resulting proposed nutrition standards for competitive foods were specific, were actionable, and had been vetted by experienced school food service professionals, ensuring their acceptability to the school food service professionals who would be directly affected by the proposed legislation.

Policy making usually entails compromises, at least in the short run, that fall short of the ideal but nonetheless represent significant progress relative to the status quo. The California School Food Service Association initially opposed SB 19 (California Senate, 2001b) until the legislation was amended to include an increase of 10 cents per meal in the state reimbursement for school meals whereupon they dropped their opposition (California Senate, 2001c). The anticipated $60 million cost of this amendment then made it politically impossible to get the legislature to implement SB 19 in the current session, so the implementation was made contingent on funds being appropriated in the Budget Act of 2003, when a new legislative session would be responsible for finding the money (California Senate, 2001a). In practice, everybody "knew" that SB 19 would never be implemented as written, because the state did not have the $60 million in annual funding needed to fund it. As a compromise to appease the proponents of SB 19, legislative leaders included $5.5 million to fund pilot studies ("planning grants") of 10 middle schools or high schools that voluntarily adopted SB 19 standards in 2002 and 2003. The decision to make the legislation apply only to elementary schools and middle schools but not to high schools was a political calculation that this policy effort to modify food-choice behavior would be more acceptable to legislators if only young children were impacted. Although the beverage association fought the proposed legislation to the end and lost with respect to schools being permitted to sell soda beverages to students, it nonetheless scored a victory in maintaining the schools' ability to sell sports drinks to students, despite the recommendation of the National Consensus Panel (California Center for Public Health Advocacy (CCPHA), 2002) to ban their sale.

The inclusion of planning grants to be administered during the interval between the passage of SB 19 in 2001 and its theoretical implementation date of January 2004 assuaged the concerns of some legislators who feared that school food service directors would be unprepared for the transition when it came, at least in terms of living without the supplemental income that had been derived from sales of these now-banned foods. By accepting the planning grants-only version of SB 19 for 2002 and 2003, the proponents of SB 19 took the gamble that the outcomes of the planning grants would be positive. Fortunately, the evaluation results of these planning grants demonstrated that the average school district adopting SB 19 nutrition standards for competitive foods reported significant increases in National School Lunch Program (NSLP) participation with the result that the increase in NSLP revenues offset the observed decreases in revenue from the now-restricted sale of a la carte foods (Center for Weight & Health, 2004).

The results of the planning grant evaluations, in conjunction with ever-increasing scientific evidence of the harm associated with child obesity, made it possible to drop the state school meal reimbursement provision that was supposed to kick in with full implementation of SB 19 in 2004 and still get SB 677 (California Senate, 2003) passed in 2003. SB 677 adopted the SB 19 restrictions on soda beverage sales on campus but it did not apply to high schools and did not include sports drinks, contrary to the recommendations of the National Consensus Panel on School Nutrition (California Center for Public Health Advocacy (CCPHA), 2002)). Further increases in public support, made it possible later to extend SB 19 nutrition standards to high schools and to drop sports drinks and still get SB 12 (California Senate, 2005a) and SB 965 (California Senate, 2005b) passed in 2005. SB 965 (Escutia, 2005) (California Senate, 2005b) improved on SB 677 by extending the ban to high schools and by including sports drinks with the sodas as beverages not to be sold on campus during the school day. A companion bill, SB 12 (Escutia, 2005), extended the ban on snack foods of minimal nutritional value to high schools. If one takes the long view, early compromises that fall well short of fully addressing public health concerns can pave the way for future legislation that conforms more strongly to the public health recommendations that prompted the legislation in the first place.

Once a community health issue has traction, as evidenced by local advocacy and media coverage, it is necessary to get local policymakers to take a stand. In other words, the community health issue needs to have sufficient legitimacy among the local electorate that their future electoral support for the policymaker is likely to be influenced by the policymaker's position on the issue. This politicization of the issue is a necessary step in the campaign to get the policy adopted, because policymaker support is critical to getting the policy adopted, even if the ultimate decision is by plebiscite instead of by elected representatives (Midwest Academy, 2000).

Mobilize Local Stakeholders

- Identify and recruit community champions and partnering organizations with access to community activists to support community mobilization efforts

Early on in the campaign to pass SB 19, the CCPHA joined forces with other organizations in order to increase their political clout. With only five full-time equivalent staff and access to a limited cadre of volunteers, CCPHA needed allies that had considerably greater staff and volunteer resources. In practice, even the largest health advocacy organizations need allies to get valued health policies adopted. Table 22.2 lists the resources of some of these partners. The list of SB 19 supporters eventually included a wide range of groups, including the AHA, the Western Growers Association, the California PTA, two teacher unions, Kaiser Permanente, the California Dietetic Association, the Strategic Alliance to Prevent Childhood Obesity, county health departments, hospitals, and various child health-promotion groups (California Senate, 2001c). These other groups, notably the Strategic Alliance and the AHA, were instrumental in soliciting their volunteers to make phone calls to their legislators and to write advocacy letters at key moments during the journey of Senator Escutia's school nutrition bills through the legislative process.

It is worth noting what advocacy resources the major partners featured, as outlined in Table 22.2. All of them included dedicated, full-time advocacy professionals, with at least one dedicated to lobbying and policy analysis and at least one dedicated to mobilizing community members. All of them featured regular advocacy activities for training volunteers in advocacy skills and registration for volunteer advocates to receive legislative alerts by email. The two advocacy organizations differed from the two voluntary health organizations in putting most of their resources into policy analysis, whereas the ACS and AHA invest considerable resources in policy analysis, lobbying, and recruiting and training volunteer grassroots activists. The California state advocacy staff at the ACS and AHA at times had less autonomy than their counterparts at CCPHA and the California Food Policy Advocates (CFPA) in negotiating legislative language with legislators. If the proposed language is not contained within their policy guidance documents, ACS and AHA staff have to get approval before agreeing to specific legislative language. On the other hand, CCPHA and CFPA have more leverage with legislators when partnering with the ACS or the AHA because the latter are highly trusted and can trigger hundreds of emails, phone calls, and letters from their large networks of volunteer advocates and thereby provide political cover to legislators otherwise wary of getting enmeshed in controversies that might alienate a segment of their constituents.

The ACS and AHA have similar national and state advocacy staff organizational structures, so the following description of AHA advocacy staff and activities would well describe those of the ACS as well. After this was written the ACS announced a reorganization that included shifting most of their advocacy staff to ACS-CAN, its nonpartisan advocacy affiliate. The advocacy activities facilitated by AHA staff dedicated to advocacy of legislative initiatives are consistent with the AHA mission to reduce cardiovascular disease through primary prevention (Lloyd-Jones et al., 2010), and to facilitate access to treatment resources for those who suffer from cardiovascular disease. The advocacy staff for each state typically include a director of government relations and a grassroots director. Large states typically include additional advocacy staff in addition to these two positions. They lobby legislators and send out email messages as needed, usually on the average of two a month.

Table 22.2 Advocacy resources as of 2012 for mobilizing community members to support new food choice and physical activity policies

	American Cancer Society (ACS), American Cancer Society Cancer Action Network (ACSCAN)	American Heart Association (AHA)	California Food Policy Advocates (CFPA)	California Center for Public Health Advocacy (CCPHA)
Total advocacy staff for the U.S., D.C., NYC, 50 states and Puerto Rico	1 national office 97 state-level or regional-level positions (American Cancer Society Cancer Action Network (ACS CAN), 2012)	1 National office in Dallas. Association is broken up into 7 Affiliates. 1 state-level position; 6 advocacy consultants (American Heart Association (AHA), 2012)	8 (Oakland) 4 (Los Angeles) (California Food Policy Advocates (CFPA), 2011)	10 (Davis) 3 (Oakland) 10 (Southern California) (California Center for Public Health Advocacy (CCPHA), 2012c)
Total California-based advocacy staff	8 (Sacramento) 6 (Regional) (American Cancer Society-California Division, 2011)	2 (Sacramento) 2 (Los Angeles) 1 (San Diego) 1 (Oakland) (American Heart Association (AHA), 2011a)	8 (Oakland) 4 (Los Angeles) (California Food Policy Advocates (CFPA), 2011)	10 (Davis) 3 (Oakland) 10 (Southern California) (California Center for Public Health Advocacy (CCPHA), 2012c)
Volunteer base	2–3 million volunteers nationally, 304,000 in California(American Cancer Society-California Division, 2011)	222,000 advocacy volunteers and 20.5 million volunteers and supporters nationally (American Heart Association (AHA), 2011c); 18,000 advocates in California	[Not applicable]	[Not applicable]
Office locations	900 community offices with at least one in every state; 40 ACS Discovery Shops; 44 offices in California(American Cancer Society-California Division, 2011)	150 offices, with at least one in every state except Wyoming; 12 in California (American Heart Association (AHA), 2011a)	2 offices in California (California Food Policy Advocates (CFPA), 2011)	3 offices in California (California Center for Public Health Advocacy (CCPHA), 2012c)

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Table 22.2 (continued)

	American Cancer Society (ACS), American Cancer Society Cancer Action Network (ACSCAN)	American Heart Association (AHA)	California Food Policy Advocates (CFPA)	California Center for Public Health Advocacy (CCPHA)
Regular advocacy activities	Quadrennial "Celebration on the Hill" annual Legislative Day in Sacramento for Legislative ambassador training & legislative advocacy	Annual California Lobby Day in Sacramento for advocacy training and legislative advocacy ; Regular legislative in-district meetings	CFPA sponsors five state legislative proposals annually, in addition to coordinating numerous other policy development and advocacy activities with many coalitions and partners, including Strategic Alliance, California Hunger Action Coalition, Child Care Food Program Roundtable, among others	CCPHA trains local residents in advocacy for healthier eating and improved physical activity environments and mobilizes community grassroots teams to educate policymakers
Internet site for volunteer advocates	http://www.acscan.org, *for both federal and state-specific actions; alerts are sent out as needed*	http://yourethecure.org/default.aspx, *for both federal and state-specific actions*; *You're the Cure Advocacy e-newsletter (monthly)*	http://cfpa.net/subscribe*; Nutrition Action Alert readers receive timely updates on food and nutrition policies affecting low-income Californians. CFPA sends out alerts as needed, usually three or four per month*	http://publichealthadvocacy.e-actionmax.com/signup.asp *CCPHA provides legislative updates to members of its* ***Statewide Advocacy Network****—a network of people interested in improving nutrition and physical activity environments in California*

They also organize meetings between their advocacy volunteers and legislators to discuss specific legislative bills of interest to the AHA. The AHA has national policy priorities and statements that guide the policy work in each state. New policies that the AHA might support can be suggested by volunteers, staff, or legislators. All policies are vetted by advocacy staff first, however, but it is ultimately AHA leadership that decides whether to accept advocacy staff recommendations to take a position on an issue. If AHA leadership agrees to support the advocacy staff recommendations, then advocacy staff disseminate the AHA support/oppose position to the legislature and the AHA's large network of advocacy volunteers, encouraging them to take actions such as visiting legislators' offices, making phone calls to legislators to express support or opposition, and writing letters to the editors of local broadcast stations and print media.

- Identify and recruit legislative/policy-making champions willing to craft and negotiate the legislative details

Martha Escutia was a first-term state senator when Goldstein first met her. Three events conspired to anoint her a legislative champion for healthier school meals. One was that she had been previously diagnosed with gestational diabetes, which sensitized her to the disease and made her aware that one's daily food choices can affect risk of type 2 diabetes. The second was a study documenting the high prevalence of junk foods sold to students by California public schools (Purcell, 2000). The third (in 2005) was evidence that her legislative district had a particularly high death rate from diabetes (more on this later) (California Center for Public Health Advocacy (CCPHA), 2005). Her first legislative effort to combat diabetes was SB 1320, which focused on ensuring high-quality diabetes care for school children with type 1 diabetes attending California public schools. SB 1320 was supported by the Diabetes Coalition of California and several individual letters. Although the bill was passed by both houses of the legislature, Governor Davis vetoed it, saying. School health staffing needs are determined at the local level based on local priorities and should remain so (Davis, 2000)." The governor's veto was motivated in part by a price tag of between $13.8 million to $25.7 million a year to implement this legislation, which he said were amounts not included in the state budget (Davis, 2000).

Goldstein helped convince Senator Escutia that the primary prevention of diabetes could be more impactful than helping children already diagnosed with diabetes to get access to required medications while at school. She became the legislative champion for banning the sale of sugar-sweetened beverages and high-fat, high-sugar snacks from the campuses of California schools (SB 19, Escutia, 2001 (California Senate, 2001a); SB 12, Escutia, 2005 (California Senate, 2005a); SB 965, Escutia, 2005 (California Senate, 2005b)). The opposition to this legislation, predictably, included beverage and confectionary companies, the Grocery Manufacturers of America, the California Chamber of Commerce, and the Dairy Institute (California Senate, 2001c). The CCPHA staff coordinated their community mobilization efforts with legislative staff from Escutia's office to bring pressure to bear on legislators prior to critical votes. Having a legislative champion to guide the nature and timing of advocacy efforts by the public health activists was critical to

CCPHA's success in getting California's pioneering school nutrition law through the twists and turns of the legislative approval process and signed by the governor.

Accumulate Evidence and Conduct Public Education

- Assemble experts who support the issue and can vouch for community concern

University researchers with findings that underscore the importance of a health issue can elicit significant media attention at relatively low cost, particularly when the findings are supported by voluntary health organizations that have high public credibility in health-related matters. Scientific support that validates a community concern is important in mobilizing selected stakeholders, as the CCPHA did at the start with its national panel of experts but it is equally important in broader attempts to engage the media and more directly influence community attitudes toward the issue. Although health benefits alone won't usually be enough to get a policy adopted, scientific evidence confirming such benefits increases the public's trust that proponents are motivated by concern for community well being.

- Engage in opportunistic marketing efforts to maximize pressure on undecided legislators/policy makers and to reinforce community education efforts

As previously noted, SB 677 prohibited elementary and middle schools from selling food soda beverages, but did not affect high schools. Legislative efforts to extend SB 19 standards to high schools beyond the 10 pilot study districts and into all California schools K-12 (SB 12) and to prohibit soda sales in high schools (SB 965) were as difficult as the passage of SB 19 had been. Even with the strong support of newly elected governor Schwarzenegger, neither of these bills had any assurance of passing. Just three weeks before the legislature was due for final votes on these proposals, CCPHA released the results of a study on the prevalence of child obesity by assembly district (Goldstein, 2009). The study showed that the prevalence of child obesity in California had risen from 26.5% to 28.1% in just 4 years (2001–2005) and that the obesity epidemic had worsened in 90% of state legislative districts during that time (Goldstein, 2009). The report couched these findings in the context of other literature showing the high cost of treating obesity and obesity-related medical conditions, and provided every legislator data on the prevalence of overweight children in his/her district (Goldstein, 2009). Local data like these are powerful because constituents hold their local legislators accountable for improving their community's health and because they provide fodder for stories in the local media. Because of the timing of their release, these data permitted the media to spell out concretely the locally relevant implications of these important pieces of state legislation (Goldstein, 2009).

The tobacco industry lost considerable political influence when public health activists succeeded in depicting the industry as engaged in predatory marketing aimed at children (Difranza et al., 1991) and at low-income and minority communities (Pucci, Joseph, & Siegel, 1998) (Gardiner, 2004). Conversely, tobacco industry members have invested enormous resources recently to rehabilitate their public image by reframing their business as the responsible marketing of acknowledgeably

risky products to informed adults (McDaniel & Malone, 2005). The public relations framing of the debate over the adoption of a public health policy can be critical to public support for the policy. As the public relations debacle over tobacco company marketing of Uptown cigarettes illustrated (Balbach, Gasior, & Barbeau, 2003), however, it's not the side with the most marketing dollars that wins. It's the side with the most boots on the ground, the most stories in the news, the most visits to legislative offices, the greatest number of callers to talk shows, and the most persuasive story to tell. While the marketing of tobacco products and the marketing of food products entail necessarily different messages, there are nonetheless important lessons learned from the history of tobacco control that could prepare public health activists for the public relations battles that will be forthcoming from the food manufacturers and their marketing partners (Brownell & Warner, 2009) as public health activists push for more policies to reduce Americans' intake of foods of minimum nutritional value.

Address Opposition Concerns

- Identify implacably hostile opponents of the proposed solutions

A popular tool for use by community organizers in planning a policy adoption campaign is the Midwest Academy Strategy chart (Midwest Academy, 2000). One of the questions that must be answered in using this chart is, "Who are your opponents?" In the case of SB 19 and its successors, the industries that were consistently opposed to the proposed law were beverage companies and confectioners, because the proposed law(s) threatened to reduce the market for their products. The Grocery Manufacturers of America and the Dairy Institute also opposed the final version of the legislation (California Senate, 2001c). Early identification of opponents is important for preparing grassroots advocates to counter the arguments that the opponents would make when justifying their opposition.

- Frame messages to highlight the problem and the practicality of proposed solutions

In the scientific literature, the term most often used to refer to "junk food" is: "foods of minimum nutritional value (Drewnowski, 2005)." This jargony language does not appear in the legislative language of SB 19. Instead, the legislative language identifies problem foods as including the following: "fast foods, the most common of which are sodas, pizza, cookies, chips, and burritos." The legislation mentioned the results of a statewide nutrition survey conducted of a random sample of California school districts that showed that these problem foods were sold by 95% of school districts in California (Public Health Institute, 2000). The use of the specific, immediately recognizable term: "junk" foods and referencing credible evidence of nearly universal school district exploitation of children's preferences for "junk foods" communicated the problem graphically and convincingly. The challenge of convincing a low nutrition-literacy public about the likely practical effects of the recommended solution was also met by the CCPHA convening a National Consensus Panel of 10

experts recruited from around the nation who could authoritatively recommend consensus food standards for California schools.

Negotiate a Sustainable Solution

- Negotiate with potential opponents who acknowledge the benefits of the overall goal but disagree with the methods for achieving the goal.

In July 2001, the California School Food Service Association (CSFSA) was officially opposed to Senator Escutia's draft legislation (California Senate, 2001b) because many food service directors feared that a ban on the sale of foods of minimum nutritional value would deprive them of a significant revenue stream that many depended on in order to offset deficits incurred in administering the NSLP. On the other hand, many CSFSA members were registered dietitians who acknowledged the legitimacy of efforts to reduce student consumption of foods of minimum nutritional value. By September 2001, the California Food Service Association had dropped its opposition to SB 19 (California Senate, 2001c). The CCPHA helped to broker a deal whereby the legislation was amended to include an increase of 10 cents per meal in the state reimbursement for school meals. This significant increase in state support for reimbursable school lunches allayed the concerns of the leadership of the CSFSA that the bill would create a financial hardship for its members, even though privately they still expressed reservations about the bill. The downside to this deal was that Senator Escutia's bill now carried a $60 million annual price tag, which could dissuade lawmakers from supporting the bill on grounds that the state could not afford the cost.

Nurture Continued Community Support for the Solution

- Build in evaluation.

To ensure continued support for the policy it is generally a good idea to build into the solution evaluation resources that can help to document the benefits of the new policy, to illustrate periodically to constituents why the policy should not be repealed. The success of smoking bans in bars and restaurants in California became assured when evaluations of the impact of the bans showed (1) no adverse effect on revenues (Glantz, 2000), (2) large decreases in respiratory symptoms among bar employees (Hahn et al., 2006), and (3) overwhelming public support for the new smoking restrictions (Tang et al., 2003). For the two-year period between January 2002 and January 2004 the SB 19 legislative language appropriated $4 million in funding for a major pilot test of early implementation of SB 19 in representative school districts from all over the state. The evaluation results of this pilot study were important in demonstrating not only the administrative feasibility of SB 19 adoption but financial feasibility as well. The results showed that overall school district food service fiscal

health remained stable, instead of worsening as had been feared (Center for Weight & Health, 2004).

- Build in periodic enforcement

The public health benefits of a new law will be smaller than expected if adherence to the policy is poor. It helps to build in resources to ensure enforcement of the policy. State policies requiring automobile drivers to wear seat belts were more successful when the policies included penalties for those drivers observed by the police to be driving without their seat belts on (Zambon et al., 2007). For these reasons, the authors of SB 19 incorporated stipulations that the California Superintendent of Instruction randomly select 10% of school districts statewide to assess compliance with the law and for the Superintendent to require any school district found to be in non-compliance to file a corrective plan.

- Build on the solution or change the solution

The history of tobacco control suggests that as long as there are profits to be made by importuning Americans to engage in unhealthy behaviors, industry will keep looking for ways to circumvent public health policies designed to reduce the prevalence of such behaviors (Yach & Bialous, 2001). As an industry, food manufacturers collectively spend many billions more than the tobacco industry ever did in marketing products of questionable value to one's health (Brownell & Warner, 2009). Moreover, some major food manufacturers (e.g., Kraft) were largely owned by companies (e.g., Altria/Phillip Morris) that sold tobacco products and had direct access, therefore, to legal and public relations experts knowledgeable about strategies proven to be effective in slowing progress in tobacco control (Brownell & Warner, 2009).

Not content with only the impact that it has had on school nutrition competitive food standards nationwide, the CCPHA has been building on its success by expanding the targets for its campaign to reduce population obesity risk. In 2006 CCPHA partnered with Governor Schwarzenegger to get first-ever dedicated funding for elementary school physical education ($40 million annually; $500 million one-time appropriation). In 2008 CCPHA joined with the ACS to pass the first-in-the-nation state legislation (SB 120) mandating that chain restaurants post calorie information on menus and menu boards. In the 2010 California legislative session, a CCPHA and CFPA-sponsored bill and AHA supported was enacted that would ensure the provision of only healthful beverages in childcare settings (AB 2084, Brownley) (California Center for Public Health Advocacy (CCPHA), 2012a). California Food Policy Advocates (CFPA) also sponsored successful legislation (SB 1413, Leno) requiring school districts to make free, fresh drinking water available in school food service areas by 2012, which CCPHA and the AHA supported (California Center for Public Health Advocacy (CCPHA), 2012a). CCPHA has also been promoting policies at the local level that would eliminate the sale and marketing of sugary drinks on city- or county-owned property, at city- or county-sponsored events, and at youth venues like parks, zoos, and childcare and afterschool settings (California Center for Public Health Advocacy (CCPHA), 2010). Simultaneously, the campaign has been promoting the availability of free, fresh drinking water in all public venues.

Below we discuss the second example used to reinforce lessons about the policy adoption process addressed above. This second example focuses on the role of CFPA in facilitating the adoption by the Los Angeles Unified School district of several significant school nutrition policies.

California Food Policy Advocates (CFPA)

California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization dedicated to improving the health and well being of low-income Californians by increasing their access to nutritious and affordable food (California Food Policy Advocates (CFPA), 2011). CFPA has been the behind-the-scenes broker of several forward-looking nutrition- and physical activity-related policy changes adopted by the Los Angeles Unified School District in the last decade and has been particularly active in ensuring full implementation of the policies subsequent to their adoption. During this period Matt Sharp has been the senior advocate in the CFPA's Los Angeles office. Below we review several case examples that illustrate how the CFPA was able to cultivate inside champions (former L.A. Unified School District (LAUSD) Board Member Marlene Canter, LAUSD food services division deputy director David Binkle) and years of dogged advocacy for policies to improve nutrition quality for students into significant changes in local school district nutrition policies. "Accidental champions" emerged who helped close the deal with respect to LAUSD adoption of ambitious new policies, such as LAUSD Superintendent Roy Romer and L.A. County Board of Supervisors member Zev Yaroslavsky, both of whom recognized the value of prevention when each was diagnosed with type 2 diabetes. Examples of such policy changes include the LAUSD adopting several landmark policies: 1) banning soft drink sales on campus during the school day three years before state laws restricted soda sales at school, 2) adjusting breakfast and lunch menus to incorporate Institute of Medicine (IOM) recommendations for improving the nutrient quality of school meals before these recommendations became legally required and, 3) dropping chocolate milk from the school meal menu (California Food Policy Advocates (CFPA), 2012). In the case of banning soft drink sales, the presentations on the role of soda consumption in the childhood obesity epidemic by pediatrician Dr. Fran Kaufman to LAUSD's Board of Education and to the L.A. County Board of Supervisors resulted in surprisingly quick support from the leaders of both entities for eliminating a suspected contributor to type 2 diabetes from school campuses: sugar-sweetened beverages, also known as "soft drinks (Center for Food and Justice, 2002; Hayasaki, 2002)." In the case of #2 incorporating the 2005 Dietary Guidelines for Americans standards into food services practices, the district's improvements were facilitated by two important factors. First, the district and its external partners convened a committee of committed stakeholders dedicated to finding practical ways to improve nutrition while simultaneously expanding participation, thereby addressing administrators' key concern about fiscal solvency. Second, the district benefited from interest and attention from

its local government partners. These partners included the City of Los Angeles (which formed a high-level Food Policy Council) and the County of Los Angeles Department of Public Health. This convergence of interests was facilitated by a grant to the LAUSD from the $16 million Communities Putting Prevention to Work (CPPW) "Project RENEW" initiative (Los Angeles County Department of Public Health, 2011). These local government partners provided resources and practical strategies to the LAUSD for realizing the high expectations of elected officials, community organizations, and parents, for cutting-edge improvements in cafeteria offerings in District schools. CFPA cultivation of administrative champions, particularly deputy director of Food Services David Binkle who was responsible for menu development, was critical to progress (Watanabe, 2011).

In the case of #3 dropping chocolate milk from the menu, CFPA served as an honest broker of information about the benefits and costs of such a decision. The public impetus to limit the choice of type of milk served in the LAUSD was sparked by a savvy media campaign led by Jamie Oliver, the London-based school food advocate, but the decision by LAUSD Superintendent John Deasy to change the menus and eliminate flavored milk was influenced by thoughtful advice to the Superintendent from a variety of external stakeholders and facilitated by CFPA (Blume, 2011). In all three cases, the instigating events were supported and amplified by grassroots efforts including students, concerned parents, and other activists but the ultimate drivers of the policy changes were various champions whose ability to communicate with each other was facilitated by CPFA staff, who were seen as independent of both industry ties and the LAUSD Food Services Division. Over the course of ten years, CFPA staff also provided the institutional memory and the social glue for convening and maintaining relationships between numerous partners, including key pressure groups, together in an effective coalition and used its influence with the media judiciously to move the advocacy campaigns forward at critical junctures (California Food Policy Advocates (CFPA), 2012).

The American Heart Association (AHA)

The AHA has mobilized thousands of volunteers to support federal and state initiatives to optimize the nutrition and physical activity health of students and the neighborhoods around public schools. For example, a cadre of AHA *You're the Cure* advocates sent 25,000 messages to Congress in support of the 2010 Healthy, Hunger-free Kids Act (U.S. Congress, 2010b). In 2011, *You're the Cure* advocates sent 30,000 messages to Congress in support of the USDA adoption of updated national nutrition school meal standards, which would ensure that school meals include more fruits, vegetables, and whole grain foods, and limit the sodium and saturated fat. The AHA has been actively supporting initiatives to promote healthier levels of physical activity as well. In this vein, the AHA has been actively supporting initiatives to expand community access to school site recreational facilities by strengthening joint-use agreements. In addition, the AHA has led the charge to fight back

the proposed budget cuts of the state physical fitness test, the Fitnessgram, a mandate requiring local school boards to administer and report results to the California Department of Education, annual physical performance tests to pupils in grades 5, 7 and 9. For a number of years, it has been proposed to be eliminated but due to heavy lobbying by the AHA along with the California Association of Health, Parks, Physical Education, Recreation and Dance and CCPHA the funding has been maintained. Preservation of this program is important in a number of ways. It is used by schools to determine the fitness levels of students and provide direction for curricular plans. Students use the results to develop personal fitness programs for improvement and parents use the results to help their children plan fitness activities to improve their health. The Fitnessgram also provides extremely important data at both the local and state level. Results from the test are used to monitor changes in the physical fitness of California students which is important to researchers studying childhood obesity. Furthermore, these data help policy-makers make informed decisions related to physical fitness and childhood obesity.

Reliance on legislation to change community food-choice practices and physical activity levels is problematic inasmuch as special interests have ways of blunting the intent of public health legislation. A recent case in point was Congressional interference with USDA's, seven-year, science-based process to align school breakfast and lunch nutrient standards and meal patterns with the Dietary Guidelines for Americans. Among other things, the proposed regulations sought to boost students' fruit and vegetable intake, to increase their consumption of whole grains and to limit their consumption of starchy vegetables. The Institute of Medicine, which had provided USDA a detailed plan for translating the Dietary Guidelines for Americans into specific, practical changes to school breakfast and lunch menus, said that implementation would help reduce children's risk of consuming excessive calories (Stallings, Suitor, Taylor, & Editors, 2010). Had these rules been fully implemented, students could expect to eat fewer French fries and fewer pizzas. Before the regulations were enacted in January 2012, Congress attached amendments to USDA's annual budget forbidding the USDA from limiting starchy vegetables and requiring the USDA to continue allowing a one-eighth cup of tomato paste (typically the amount found on a slice of pizza) to receive credit for providing students with a standard one-serving half cup of tomato solids. The tomato paste requirement was pushed by a Senator from Minnesota, where Schwan's Food Service Inc. is headquartered. Schwan's Food Service, Inc. is a Marshall, Minn.-based company that supplies frozen pizzas to 75% of U.S. schools (Adams, 2011). The potato requirement was pushed by legislators from Maine and Colorado, two big potato-producing states (Adams). These amendments passed with bipartisan support triggering subsequent widespread media derision of Congress as endorsing the notion that a slice of pizza was equivalent to a full serving of vegetables (Daily Mail Reporter, 2011). A spokesperson for Mission Readiness, an organization of retired generals concerned with maximizing national security readiness called the vote "a national disgrace" because obesity is the leading cause of medical disqualification for would-be recruits into the nation's armed forces. (Daily Mail Reporter)

Increased consumption of energy dense and nutrient-poor foods such as French fries and pizzas is believed to increase children's obesity risk (Harris, Pomeranz, Lobstein, & Brownell, 2009) and documentably increases adults' obesity risk (Mozaffarian, Hao, Rimm, Willett, & Hu, 2011). Conversely, increased consumption of calorie-poor, nutrient-rich foods such as non-starchy vegetables and fresh fruit is commonly associated with increased probability of maintaining a healthy weight (Mozaffarian et al.; Vernarelli, Mitchell, Hartman, & Rolls, 2011).

The arguments in favor of the amendments that undermined USDA efforts to encourage children to eat more non-starchy vegetables and less pizza did not refute the basis for the proposed new rules but instead asserted that the USDA was overreaching its responsibility and depriving parents of a say in what foods their children should eat at school (Daily Mail Reporter, 2011). School food services administrators (in concert with industry) waged an aggressive campaign to undermine the proposed regulations by arguing that the nutrition changes were too costly. Congress appropriated over $3 billion/year to assist schools in purchasing more expensive food ingredients and made other policy changes designed to save school food service budgets $6 billion/year through improved accounting procedures and controls (U.S. Department of Agriculture (USDA), 2011). But because school food services had sought $35 billion/year in additional federal reimbursement at the beginning of the legislative process (School Nutrition Association, 2011), the steps Congress took to minimize the impact of the new nutritional requirements were perceived as insufficient (School Nutrition Association).

Another persuasive argument was the assertion that providing more fresh fruits and minimally processed non-starchy vegetables was simply too expensive at a time when schools nationwide had seen major budget cuts because of government cost-cutting (Daily Mail Reporter, 2011). The AHA mobilized thousands of its advocacy volunteers to remind legislators of the long-term health and academic benefits that would accrue to the nation's children by fully implementing the new USDA school meal rules but these advocacy messages failed to overcome the lobbying efforts of pizza purveyors and potato growers (American Heart Association, 2011b). President Obama felt he had no choice but to sign these amendments to the annual USDA appropriations bill into law, because the appropriations bill was embedded in a must-pass $182 billion omnibus bill authorizing continued funding of several major government departments, including the departments of Agriculture, Commerce, Justice, Transportation and Housing and Urban Development (Ryan, 2011).

Federal or state laws preempting local policy changes squelch the grassroots activism and local experimentation needed to build support for state and federal action. State or federal preemption of local decision-making authority has been one of the tobacco industry's most successful strategies for squelching changes (Siegel et al., 1997) in community norms at the local level because it deprives local activists of the galvanizing benefit of potential local policy change. In the nutrition area, state preemption of restaurant menu board nutrition labeling was the price that state-level advocates were willing to pay, with potentially negative consequences for future efforts to change local community norms by building on the statewide bill to provide

a stronger law with respect to sodium intake, for example, by making the nutrition information more accessible to consumers. California's pioneering SB 1420 menu labeling law (California Senate, 2008) mandated calorie information be placed on menu boards in all large chain restaurants operating in California. This was a result of a two year campaign led by CCPHA, AHA and ACS. After numerous concessions were made to address the opposition's and other legislator's concerns, preemption was added to the bill. At that point the AHA withdrew its support for the proposed legislation. The American Cancer Society California Division Government Relations Office grappled with whether to support SB 1420 after the preemption clause was included. It decided to continue to support it, as did the CCPHA, despite the inclusion of the preemption clause, because they felt that having the state of California adopt any kind of restaurant labeling bill would accelerate national efforts with similar goals. Indeed, the Patient Protection and Affordable Care Act (U.S. Congress, 2010a) passed by Congress subsequently superseded California's SB 1420 by mandating menu board calorie information in chain restaurants nationwide. The federal act was supported by the National Restaurant Association because it provided uniformity with respect to the requirement to provide calorie information on menu boards but the law also preempted localities from requiring restaurants to provide additional menu board information. Federal preemption made good sense for nationally uniform food facts labels as mandated by the Nutrition Labeling and Education Act of 1990 (U.S. Congress, 1990). If public health activists want to require local chain restaurants to post information about the sodium content of menu items, the new federal law preempts their right to get a local ordinance passed to force local restaurants to post sodium levels. Their only recourse now is to convince Congress to pass such a requirement. Without a history of successful local implementation of such a requirement it will be more challenging to get Congress to support such a change. Despite complaints by the National Restaurant Association that this new requirement was onerous for its members and therefore limited the coverage of the menu-labeling policy to chains with at least 20 restaurants, it nonetheless insisted on including a voluntary option for food retail establishments that were not covered by the legislation. Why would food retailers voluntarily adopt this "onerous" federal menu-labeling requirement? The answer lies in guidance prepared for the industry by the U.S. Food and Drug Administration (FDA), which is responsible for crafting the rules that will guide implementation of the new menu-labeling requirements (U.S. Food and Drug Administration (FDA), 2011). The FDA noted that food retailers not covered by the federal legislation could still be regulated under State and local nutrition-labeling laws UNLESS they elected to participate in the federal program by voluntarily registering every other year with the FDA (U.S. Food and Drug Administration (FDA), 2011). The federal menu-labeling legislation thereby protects all local food retailers from being subject to localities or states requiring more menu board nutrition information than the calorie information now required of chain restaurants. However, the law also imposed no restrictions on state or local menu or menu board requirements for establishments not subject to the law, such as restaurant chains with fewer than twenty establishments. Recognizing that the state and localities could go further than federal law for those restaurants not

already covered, the fact that there was preemption in California's state law made it unclear whether or not localities could could go further, Hence the introduction and passage of SB 20 (2011) by Senator Padilla which repealed SB 1420 and instead references federal law and rules. Preemption therefore can be a powerful tool used by industry to squelch public health activism at the local level and to prevent the kinds of local policy-adoption experiments that typically help build momentum and capacity to adopt similar policies at the state and federal levels. In this case, however, because this first-in-the-nation state law established the precedent that state authority could be used to regulate health information in the restaurant setting, there was disagreement among public health advocates as to whether the costs of preemption outweighed the benefits of establishing a precedent that could stimulate similar policy-making federally (and subsequently did just that!). This example nonetheless illustrates how a preemption clause can turn a law originally designed to promote public health into a federal law that makes more comprehensive policy adoption in the future more difficult.

Summary

In sum, the steps typically needed to move a health issue of hypothetical community concern through the policy-adoption process is an organic process, requiring a critical mass of local activists converging with hard-working legislative champions to mobilize community stakeholders, gain the attention of the media and politicize the issue to the point where legislators have more to lose than gain by opposing the adoption of the new policy. Mobilizing local policy advocacy efforts in disparate towns and cities is labor intensive but may be more effective in changing community norms statewide or nationwide than relying exclusively on state or national media health-promotion campaigns to effect sustainable community norm change. At the same time, once there is sufficient momentum at the local level for policy change, strong state laws become politically feasible. Similarly, when the accumulation of similar state policies reaches a critical threshold, then strong federal policies become possible. Of course, in reality, it's not a black/white choice between bottom-up local grassroots organizing versus top-down media messages. Community advocates readily acknowledge the importance of strategically timed press releases to get free media coverage of their message to influence community norms. Contrariwise, ostensibly media-driven efforts such as the VERB campaign (Wong et al., 2004) try to amplify their message through on-the-ground community mobilization efforts. The most successful campaigns use a combination of bottom-up grassroots mobilization of constituents and top-down strategic marketing to achieve maximum effect. Efforts to change community food-choice norms and physical activity practices will benefit from the combined efforts of voluntary health organizations, nutrition alliances and physical activity coalitions coupled with strategic marketing messages from public health experts and legislative champions. This combination yielded solutions to tobacco-use prevention (Traynor & Glantz, 1996), to drunk driving (McCarthy

& Wolfson, 1996) and to addressing the lack of effective treatment for AIDS (Carpenter Center for the Visual Arts, 2009). This combination can work, too, in efforts to find community-level solutions to the obesity epidemic.

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