Jack Brockhoff Foundation Churchill Fellowship Report

Advocacy strategies to encourage government to adopt evidence-based policies to prevent overweight and obesity

Jane Martin
The Jack Brockhoff Foundation Churchill Fellowship to travel overseas to study advocacy strategies to encourage government to adopt evidence-based policies to prevent overweight and obesity.

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Signed: Jane Martin  
Dated: 13 May, 2013
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Introduction
Overweight and obesity in Australian children and adolescents has increased dramatically from 5% in 1960 and now sits at around 25%. For Australian adults, the picture is also concerning, with more than 62% in the overweight or obese category and this is happening at younger ages than in the past. There are serious health risks stemming from this, including being greater likelihood of developing cardiovascular disease, diabetes and cancer. This puts a huge burden on individuals and their families and an ever increasing cost on the healthcare system. With an ageing population, it is even more important to have a healthy and productive workforce to maintain a robust economy and this is currently at serious risk due to chronic disease.

Reducing the impact of overweight and obesity requires a comprehensive approach, including action by government. The evidence has also determined that improving diets should be the major focus over active lifestyles, as poor diet the main contributor to the problem. The measures required to encourage healthy eating include programs, policies and regulation, social marketing, monitoring and evaluation. To succeed we need to do more than just focus on individual behavior – we need to create and sustain supportive environments that make healthy eating and active living easy choices. The government plays an important role in implementing the policies that establish such environments. However, there are strong commercial interests that fight against the adoption of policy by government including, but not limited to, processed food companies, the advertising industry, sporting codes with unhealthy food sponsors, and others with a vested interest in maintaining the status quo.

I would like to acknowledge the support of the Churchill Trust in allowing me to undertake this study which has given me invaluable insights to inform my future work. I would also like to thank Professors Boyd Swinburn and Rob Moodie for their endorsements of my application and their valued advice and friendship. I am grateful and indebted to the Jack Brockhoff Foundation who sponsored the Fellowship and I will continue to focus on making the recommendations I have made in this report a reality and to ensure that their investment improves the health of all Victorians, particularly children.

I would like to extend my thanks to all those who facilitated and supported my itinerary, to my partners in the Obesity Policy Coalition and to my fantastic team. I am grateful to my parents, who have given me the confidence to believe in myself and who continue to offer inspiration. To my husband, who has given me unwavering support and encouragement and who has kept ‘the show on the road’ in my absences, both short and long. Finally, to my children, you are both truly awesome.
The Jack Brockhoff Foundation Churchill Fellowship enabled me to spend two weeks the United Kingdom and seven weeks in the United States to study what strategies were successful in advocating for the adoption of evidence-based obesity prevention policy by government.

Executive Summary

Many of the issues faced by those working to influence government policy in the UK and the USA are similar to those in Australia. This is because many of them stem from the actions of large multinational corporations involved in processed food production, media and advertising. As a result there is much that can be learnt from each other with the sharing of relevant strategies, research and policy materials. Champions are a key part of success, they need to be identified and supported to influence those around them. Coalitions, partnerships and community engagement are critical to building consensus between groups and creating a broad base of support for advocacy. Digital platforms are increasingly being used for this type of engagement and groups like the Australian-based Parents Jury are vital to give a voice to the community for change. Funding to build the policy-research agenda is critical, particularly to make the case for policy reform and provide the economic justification for government intervention. Processed food and beverage companies fund and partner with many public health organisations, however credibility is enhanced for advocacy groups that are independent of industry funding and influence. Unlike the US, there is a very small workforce in this field in Australia operating with limited resources and co-ordination, this gives rise to fewer opportunities to influence the policy agenda.

Recommendations:

- Develop funding streams to enhance and extend obesity prevention policy and advocacy work.
- Advocate for funding and uptake of the strategic policy research agenda in obesity prevention.
- Undertake framing research for policy reforms, including for countering industry arguments.
- Engage communities in advocacy, with a focus on partnerships and use of digital media.
- Engage in media advocacy and continue to invest resources in digital platforms.
- Forge and develop new partnerships, including through the Obesity Policy Coalition.
- Develop policy and evidence blueprints for implementation by state and federal governments.

During my travels I wrote a blog as well as commentary for a range of publications. Since my return, I have continued to engage with the media, capitalizing on my established media presence. I have given presentations on my study and its findings at the Cancer Council and at a national conference. This work will continue, including through participating in the Melbourne University’s Festival of Ideas. I will implement the learnings from my study into my work with the Obesity Policy Coalition and will continue to collaborate with many of the people that I met on my Fellowship. I have developed a workshop to encourage students to undertake media advocacy and will integrate my conclusions into this. I will continue to encourage academics to take up the recommendations around effective advocacy through my work in the field and as Chair of the Public Health sub-committee of the Australian New Zealand Obesity Society. I will develop policy blueprints for action by state and federal governments. I will use my knowledge and expert international contacts to enhance the development of a priority driven policy research agenda in obesity which is underway.

I had two major highlights; learning more about Winston Churchill through a friendship with his grand-daughter and another friend now living in Cambridge. These culminated in personal tours together with the Directors of the Churchill War Rooms and the Archives at Churchill College. Both gave me amazing insight into Churchill’s life and times, which added greatly to my experience. The other was in New York where a combination of factors meant that I was in the city the day the legal challenge was heard on Mayor Bloomberg’s proposal to restrict the size of sugary soft drinks sold in many stores to 16 fluid ounces.
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<td>Dr Corinna Hawkes, Head of Policy &amp; Public Affairs</td>
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<td>Jo Jewell, Policy and Public Affairs Manager</td>
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<td>Jeanette Longfield, Coordinator Sustain</td>
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<td>Malcolm Clark, Coordinator Children’s Food Campaign</td>
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<td>Charlie Powell, Campaigns Director</td>
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<td>Professor Tim Lobstein, Director of Policy</td>
<td>International Obesity Task Force, International Association for the Study of Obesity</td>
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<td>Dr Mike Rayner, Director</td>
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<td>Bureau of Chronic Disease Prevention and Tobacco Control, New York City Department of Health and Mental Hygiene</td>
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<td>Jennifer Clapp, Project Manager, Nutrition Strategy</td>
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<td>Cathy Nonas, Director, Bureau of Chronic Disease Prevention and Control</td>
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<td>Earl Brown, Executive Director</td>
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<td>Sandra Mullins, Director</td>
<td>World Lung Foundation</td>
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<td>14-18/1/13</td>
<td>Kelly Brownell, Co-Founder and Director</td>
<td>Yale Rudd Center for Food Policy, Yale University</td>
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<td>Marlene Schwartz, Deputy Director</td>
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<td>Doug Blanke, Director</td>
<td>Public Health Law Center, William Mitchell College of Law, Minneapolis</td>
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<td>Mary Marrow, Staff Attorney</td>
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<td>Mary Uran, Coordinator, The Network for Public</td>
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<td>Blue Cross Blue Shield Centre for Prevention, Minneapolis</td>
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<td>Vayong Mona, Senior Policy Consultant</td>
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<td>Catherine Johnson, Communications</td>
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<td>24/1/2013</td>
<td>Sarah Gollust, Assistant Professor, Division of Health Policy and Management</td>
<td>School of Public Health, University of Minneapolis</td>
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<td>Mary Story, Professor, Division of Epidemiology and Community Health</td>
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<td>Torben Nelson, Director, Division of Epidemiology and Community Health</td>
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<td>Mike Jacobsen, Executive Director</td>
<td>Centre for Science in the Public Interest, Washington DC</td>
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<td>Hannah Jones, Nutrition Policy Coordinator</td>
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<td>Cassie Boles, Project Coordinator</td>
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<td>Joy Spencer, Project Director, Digital Food Marketing &amp; Youth Initiative</td>
<td>Center for Digital Democracy, Washington DC</td>
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<td>Juliet Sims, Program Manager, Linda Shak, Program Manager, Dalila Butler</td>
<td>Prevention Institute, Oakland, California</td>
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<td>12/2/2013</td>
<td>Lori Dorfman, Director</td>
<td>Berkeley Media Studies Group, Berkeley, California</td>
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<td>Manel Kappagoda, Vice President, Sabrina Adler, Staff Attorney, Quang Dang</td>
<td>ChangeLab Solutions, Oakland, California</td>
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United Kingdom
Sustain, International Obesity Task Force, National Heart Forum, World Cancer Research Fund, Food Policy Unit - City University, British Heart Foundation Health Promotion Research Group - Oxford University

Introduction
The United Kingdom has a serious problem with overweight and obesity, with levels somewhat higher than Australia. The UK has had a serious focus on obesity with the Government asking Foresight in 2005 to carry out a review of obesity. This analysis combined the latest science and evidence with future analysis which can be used to aid policy makers understanding of potential opportunities and challenges. Foresight reported its findings ‘Tackling Obesities: Future Choices’ Project in October 2007. The project looked at how the UK could respond sustainably to the prevalence of obesity in the UK over the next 40 years. It outlined future projections based on a range of scenarios to address overweight and obesity, detailing the range of sectors that would need to be engaged in addressing the problem.

The key findings included:

- Most adults in the UK are already overweight. Modern living ensures every generation is heavier than the last.
- By 2050 60% of men and 50% of women could be clinically obese. Without action, obesity-related diseases will cost an extra £45.5 billion per year.
- The obesity epidemic cannot be prevented by individual action alone and demands a societal approach.
- Tackling obesity requires far greater change than anything tried so far, and at multiple levels: personal, family, community and national.
- Preventing obesity is a societal challenge, similar to climate change. It requires partnership between government, science, business and civil society.

After these findings were released, a range of key stakeholders and government signed up to an action plan. This helped to galvanize the focus of government on the issue and resulted in funding for a range of policy and program initiatives. The responsibility rested across the whole of government and the community with a dual focus on issues related to diet and physical activity. There was, and remains, a strong focus on equity particularly as the current economic conditions have greater impact on the disadvantaged, who are also more likely to be overweight or obese.

Issues and Initiatives
The landscape has changed significantly since the development and implementation of an action plan resulting from the Tackling Obesities report. In the years that have passed since this report, there has been a change of government, which has resulted in a focus on supporting commercial interests, deregulation and devolving of responsibility for health promotion out of national government. Industry has now become ‘part of the solution’ through a partnership which includes signing up to the ‘Responsibility Deal’. Under this program pledges that industry can make are, on the whole, weak in relation to what is required to significantly impact on the population’s diet. There is no accountability as part of the deal; one pledge is enough to partner with government, and participation is voluntary.

The processed food and beverage industry, among others, is now involved in promoting health and developing responses to overweight and obesity through a social marketing campaign called Change For Life, which also includes government, non-government agencies and commercial enterprises. However, there are mixed views as to the value of this. The concern is that this can result in social marketing that is weaker and less hard hitting than it would be otherwise.
The recession has made it difficult for agencies engaged in obesity prevention to get funding, and public funds are not able to be used to lobby government directly. This situation also gives a platform for those engaged in the government’s initiatives to argue for protection of commercial interests and profits or retaining the status quo, for example proposed strengthening of restrictions around unhealthy food marketing to children on television have not eventuated. Further, with a more conservative government, behavioral or ‘nudge’ approaches have gained in popularity. This is based on the idea of changing behavior without using compulsion and can include enticing people to take up activities, such as making leisure centers free at particular times. This has resulted in a focus on small changes to elicit positive behavioral responses; however the belief by those working in chronic disease prevention is that these approaches, alone, are weak.

Much of the regulatory framework in the United Kingdom is dominated by the European Union. Europe, through the World Health Organization and the United Nations, is focusing on preventing non-communicable diseases across the board. These are impacted by a range of factors and lend themselves to a coordinated response, at a national, state and local level. However this limits what can be achieved at a country level. Further, government is working to divest public health initiatives to local councils, rather than have the responsibility vest with the national government.

Given that there is a recession in the UK the issue of the cost of obesity to the health system, and economic impact more broadly, is a useful way to frame the issue. This positions obesity as a problem not just for Ministry of Health, but more broadly across government departments and other ministries. In order to more effectively advocate to government a clearly articulated policy framework as to what are the key options and the minimum requirements with a clear scientific rationale would be persuasive.

There are a number of groups working in the obesity prevention area, to further the non-communicable disease agenda. There are funding pressures on all agencies, which impacts on the capacity to undertake advocacy and the effectiveness of advocacy efforts. As a consequence there is good coordination and sharing between groups.

Key Learnings
- Leadership within government is very important as without support from key politicians, it is difficult to get policy traction, particularly on contentious issues.
- Collaboration across groups is important; however some groups that would appear to be natural allies, such as ‘hunger’ groups, can undermine obesity prevention initiatives.
- Key reports around the problem of obesity and the actions required provide valuable opportunities to get the issues in front of government; they also provide a focus for media advocacy.
- It can be difficult to get policies and regulations implemented in an environment which is focused on reducing government regulation and directives. The framing of issues therefore requires careful consideration, particularly to counter the ‘nanny state’ argument.
- Economic evidence which illustrates the problem in terms of cost and potential savings for treasury and other departments can be persuasive in making the case to government.
- Currently government’s view is that the level of evidence required for the adoption of obesity control policies by government is not strong enough for action.
- A menu of policy options including the effectiveness of evidence around the interventions and recommendations around the mix of elements that would deliver the best impact would be useful in persuading governments to take action.
United States of America

Introduction
The United States has made slower progress than the UK in the development of a comprehensive approach to obesity prevention at a national level. However, the issue is high on the agenda due to its prevalence and the level of concern in the community. The First Lady, Michelle Obama has engaged in a campaign called Let’s Move, with a focus on physical activity. This endorsement and leadership is significant in keeping the issue on the agenda and in the media spotlight.

Issues and Initiatives
Despite the poor economic outlook, there continues to be funding available for research and program activity around healthy communities. Funds were committed to this area through the stimulus package and also through Obama’s health reforms. Some of this has been funneled through the Centre for Disease Control, which provides funding for prevention activities. Research and program funds from government and other agencies cannot be used for direct lobbying of politicians, so this function has to be funded from elsewhere.

The Robert Wood Johnson Foundation, a large philanthropic group, provides large grants for research on a range of public health issues. Much of this has been used for research in relation to healthy eating, but a new model is being developed to bring together research and policy hubs around five key issues. The Foundation has funded the American Heart Association (AHA) to coordinate this effort. This agency will advocate for the policy reforms at a state and national level as they already have the infrastructure to do this. Currently government and grant funds are not able to be used for direct lobbying, so the AHA, who has lobbyists in most jurisdictions can take on this role.

There are a huge number of groups working on obesity prevention, particularly through policy and legislative change. This is because states, cities and local government can introduce legislation, for example to shape food served in schools, vending machines and other public places. So there is a lot of regulatory activity across the different jurisdictions that have the ability to implement laws. This has also given rise to a large number of agencies that link policy and regulatory work, including public health lawyers, which is a very large workforce – unlike the UK and Australia.

New York
New York Department of Chronic Disease, Tobacco Control and Mental Hygiene; World Lung Foundation; Partnership for a Healthier New York City.

Introduction
Under the leadership of Mayor Bloomberg, New York City has emerged as a leader in obesity prevention policy, including through the use of regulation. New York City has put the issue of non-communicable diseases, or chronic disease, front and center developing effective interventions, including in obesity prevention. Starting with reforms in tobacco control, the NYC Bureau for Chronic Disease has taken a broad comprehensive approach, including around research and evaluation, to understand the impact of the work they have undertaken. This includes the impact on low income, who carry the greatest burden of chronic disease in the community.

Issues and Initiatives
The City’s Department of Health and Mental Hygiene is the key public health agency working to combat the leading causes of chronic disease. There is a strong commitment, not just to dealing with the health challenges, but also to share strategies and learn from others, which made my visit so productive. There was also an existing relationship with the Department as
one of the partners in the Obesity Policy Coalition, the Cancer Council Victoria, had shared one of its very successful media campaigns, “Every cigarette is doing you damage” and in return the NYC Department had allowed us to use its advertisements from their sugar sweetened beverages campaign, “Pouring on the Pounds” which was launched in Australia in early 2012.

The NYC campaign, which shows how sugar sweetened beverages contribute to extra sugar in the diet and leads to overweight and obesity, includes a range of policy, regulatory and social marketing initiatives. It commenced in 2006 and between 2007 and 2009 the percentage of adults that reported consuming at least one sugar sweetened beverage per day in NYC reduced from 36% to 32%. The percentage of teenagers drinking one or more sugar sweetened soda has also declined from 28% in 2005 to 22% in 2009.

New York has worked on both influencing the behavior of individuals to be healthier, as well as changing the environments in which people live. This type of approach, which has been closely evaluated particularly in tobacco control, has shown that implementing policies and regulation is very important. The approach used in changing the diets of New Yorkers has been to regulate to: remove dangerous trans fats out of restaurants; improve the nutrition of food and drinks available in eleven city agencies – including aged care homes, public hospitals, prisons and schools; improve the nutrition of food and drinks in vending machines in these settings; and improve the beverages in city contracted vending machines.

The importance of a champion, in this case Mayor Bloomberg, has been critical to the success of New York’s initiatives. His tenure is coming to a close, which poses a challenge, as without his influence there is a danger that the focus could be taken off work to support healthy lifestyles. The concern is that without concerted and ongoing action, the advances to date may be undermined and lost.

New York City Department of Health supports and empowers district public health offices in the community. They provide them with local data, resources, toolkits and information to enable them to undertake organisational change in a range of settings. This creates valuable linkages with key influencers within these communities which can then be used to garner support for further action and programs around healthy eating and active lifestyles.

New York City commits to evaluation of its work, including policy and program initiatives. This research and evaluation may include collecting baseline data, prior to implementation, and is extremely valuable. Further, evaluation can be used to refine the program and provide evidence of effectiveness and impact. Given the importance of evidence in relation to the adoption of policy by government, analysis of this data is important not just for NYC, but for others to use to advocate for similar initiatives in their jurisdictions.

Currently the Department is engaged in a project to develop and prioritize a list of research questions for key public health topics, including healthy eating and active lifestyles. This includes questions already being addressed as well as new questions of interest. The rationale for the Department to undertake this was to promote the value of the data collected and bring in additional resources and enhance capacity. They felt it was important to provide a wider perspective to inform research findings and implications.

The Department is offering to open up their databases which contain a lot of information, and research partnerships can include members of the department or be independent. The Department is aware that there will also be questions that need answering, and that they will not necessarily come from data collected by the Health Department. The development of the research agendas will help to promote and track progress in priority research areas within the Health Department, as well as to facilitate external collaborations.
Key Learnings

- For interventions in chronic disease prevention to be effective, particularly where there are vocal and well-funded opponents, a champion is critical. In this case it was Mayor Bloomberg, who acted to ensure buy-in from other elected officials to pass regulatory and policy reforms.
- Research and evaluation in NYC has shown that approaches that change the environment to support active and healthy lifestyles have been much more effective than initiatives to change individual behavior alone, such as social marketing. Making healthy choices easy choices by improving the food available using regulation has been successful.
- Working across agencies, particularly to prevent chronic disease, can have broad population impacts. Adopting nutrition standards in all city funded settings has ensured that many thousands of people across New York City are eating healthier food every day, influencing social norms at the same time.
- There can by a synergy across areas of prevention; for example encouraging cycling and walking increases physical activity and decreases the amount of air pollution. Better air quality can also encourage recreation and active transport, helping to further support healthy lifestyles.
- Preventing chronic disease across a population can be very cost-effective. Policies such as mandating calories posting on chain restaurant menus, stopping the use of trans fats in restaurants, are relatively cheap to impose and even small changes across a population can be significant.

Yale University, Connecticut
Yale Rudd Centre for Food Policy

Background
The Rudd Centre for Food Policy & Obesity is a non-profit research and public policy organisation based at Yale University in Connecticut. It was founded, and until recently, was led by Professor Kelly Brownell who is considered a world leader in the field of obesity prevention policy. Since visiting the Centre, Kelly has moved to the position of Dean of Sanford School of Public Policy, Brown University.

The Rudd Centre undertakes strategic research; interacts with key players in media, industry, and government; and mobilizes grassroots efforts. The staff work to develop innovative and effective measures to combat obesity and improve health, not just for Americans, but around the world.

Issues and Initiatives
The Rudd Centre has an emphasis on public policy research and advocacy, and has a focus on weight stigma and how this can be changed. There is very little research being done on this issue and it is unusual for this to be a focus in a policy unit of this type. The Rudd Centre is a beacon for policy researchers and advocates in the field, and the organisation that I lead, the Obesity Policy Coalition, has based much of its work on that of the Centre. Professor Brownell visited Australia a couple of years ago and did much to engender interest in policy change, in particular addressing the consumption of sugar sweetened beverages, which is a current focus of the Centre.

The Rudd Centre acts to build broad-based consensus to change diet and activity patterns, while holding industry and government agencies responsible for safeguarding public health. It has strong relationships and research collaborations with a number of key agencies, including Centre for Science in the Public Interest, the Public Health Law Centre, Berkley Media Studies Group and international groups like Sustain.
The Centre is a leading research institution and clearing-house for resources that add to the understanding around the influences that affect people’s diets, how stigma impacts on those who are overweight and obese, and how this can be changed. The stigma issue came about because one of the Rudd original funders has an interest in this area, but it is difficult to get funding for this type of research from mainstream sources. This research has found that the most effective advertisements to deal with obesity prevention don’t mention obesity but focus on particular behaviour change elements.

Key Learnings
- The main focus should be on the policy and regulatory changes to create supportive settings and communities because this moves the focus away from the dominant frame of personal responsibility and initiatives to change the individual, such as education.
- It is important to be independent from the influence of industry, particularly in an environment where the food and affiliated industries have so much power. This independence enhances the influence of the Centre on policy development.
- The need to develop a strategic research agenda with an emphasis on developing the evidence base for policy change and sharing this with others. This includes a focus on economic arguments to support change, or the cost of retaining the status quo.
- The need to pay attention to research identified by legislators and policy makers as necessary to supporting them to make the case for implementation of particular policy reforms.
- Media advocacy is a critical element in influencing the policy debate and engaging with the community. An integral part of the work for the staff is to provide commentary and expert input on a range of key issues around obesity prevention policy and their research areas, which is both proactive and reactive.
- Scientific evidence does make a difference and is important, but is it not the only element. It is important to frame messages for legislators and policy makers in a way to make it meaningful for them.
- University affiliation gives the Center gravitas and encourages others, particularly academics, to visit the Center and share their expertise. This supports and encourages the development of collaborations across the US as well as internationally. It also offers an opportunity for staff teaching opportunities with the Yale undergraduates and provides placements and mentoring for post-graduate students.
- Gaining a sense of understanding of personal experience of a chronic disease, such as diabetes, and how it has touched someone influential can be a powerful catalyst to create a supportive relationship.

Washington DC
Centre for Science in the Public Interest; Centre for Digital Democracy.

Background
Washington, as the nation’s capital, is the center of lobbying and advocacy. In the US, the influence of industry is incredibly powerful and persuasive. Many public health organisations take funding from the food industry, which may buy their silence, or influence their position on a particular issue. For example, opponents of restricting sugar drinks to under 16 fluid ounces in New York included the Hispanic Association and the National Association for the Advancement of Coloured People, with close ties to the beverage industry through funding partnerships.

Further, many senior executives in the food industry are offered high level roles in key government bodies, for example the Food and Drug Administration. This then gives them powerful influence around decisions related to nutrition policy and countering this influence can be very challenging for the not for profit sector.
Issues and Initiatives

Centre for Science in the Public Interest is one of the few groups that is funded independently which gives it the ability to lobby congress directly. This is an advantage that many other groups I met with don’t have. Also being independent of industry funding also gives CSPI a reputation of being a trusted independent voice on issues of nutrition.

As its name suggests, the organisation has its foundation in sound science, however the staff also include lawyers and other experts. CSPI has an interest in legal strategies and has used them with some success, for example in working to get action around food marketing to children it threatened Kellogg’s with litigation. They responded by initiating a voluntary self-regulatory program around marketing to children.

Key learnings
- Independence from government or corporate funding creates independence which gives credibility.
- Relying on facts and science is important, even if it leads to policy positions which are not aligned with other non-profit organisations.
- Campaigns for change can take decades, rather than years, so it is critical to commit to the long-term.
- Legal strategies, such as litigation, can be powerful in influencing corporate behavior for the better.
- Topic specific, member only, email lists which everyone can post to can keep large groups of activists informed, active and supported around an issue.
- The power of numbers; coalitions of support, whether they are individuals or organisations, can be harnessed to catalyze reform for change at a national level and in their local community.

Minneapolis, Minnesota

Public Health Law Centre, William Mitchell College of Law; University of Minneapolis; Blue Cross Blue Shield.

Introduction

Although Minnesota is in the mid-west of the United States, it is relatively progressive partially stemming from the immigrant Scandinavian population which puts collective endeavor as an important value. Healthcare is also an important industry in this city, with much of the funding for one of the major health funds, Blue Cross Blue Shield, coming from the Master Tobacco Settlement.

Issues and Initiatives

The Public Health Law Centre is a national non-profit organisation of law and policy specialists that help health leaders, officials, and advocates use the law to advance public health. Since 2000 it has advised on public health policy and acts as a legal resource for local, state, national and international health organisations.

Public Health Law Centre is led by Doug Blanke who was a key player in a case launched in August 1994. The Minnesota Attorney General Hubert Humphrey teamed up with Blue Cross and Blue Shield of Minnesota and the law firm of Robins, Kaplan, Miller & Ciresi to sue Philip Morris alleging decades of conspiring to defraud Americans about the health effects of smoking, stopping the development of a safer cigarette and targeting of children in order to create a new customer base.

Ultimately they succeeded where many had failed and the State of Minnesota was awarded more than $6 billion over the first 25 years and about $200 million annually. Further, $200
million was set aside for a public health foundation, and Blue Cross dedicated its recovery to long-term health improvement for the entire state. It also led to the discovery of millions of pages of previously secret documents that were then made available to the world and spurred action by governments leading to the development of a treaty, the WHO Framework Convention on Tobacco Control.

The aim of the Centre is to:

- Assist local, national and international organisations develop legislation and policies in core areas to preserve, protect and promote public health
- Help defend effective public health policies against legal attacks
- Provide legal guidance on public health legal issues ranging from tobacco control and obesity prevention to worker health, product regulation and land use planning
- Research, analyse, interpret and clearly explain complex public health legal issues in terms that are simple to understand
- Collaborate with the nation’s leading public health law and policy experts, including a broad network of global experts in public health legislation and regulation
- Promote understanding of public health law through scholarly publications, state, national and international presentations, public health law classes, and practical educational resources

The Network for Public Health Law provides legal assistance, resources and opportunities to build connections for; public health practitioners, lawyers, policy-makers, advocates and local, tribal, state and federal officials. Membership of the network is open to organisations and individuals committed to improving public health.

Key Learnings

- Legal strategies are a key element in comprehensive public health approaches.
- Specialist legal advice that is trustworthy and timely, is an important tool for public health advocates, particularly in a climate where industry is likely to resort to legal challenges.
- Creating networks to share advice, resources and link people working on the same issues with each other can create more effective action, foster innovation and catalyze progress.
- The argument of ‘nanny state’ is a key barrier for regulatory intervention and one that has some traction in the US, with concerns around protecting individual’s constitutional rights, and potential infringement of freedom.
- Work to make regulatory change at a local level and then move up to higher level jurisdictions.
- Problem with the public seeing obesity as an issue for the individual and if this is the case they don’t believe that government should step in.
- Important to create a workforce and infrastructure around public health law issues, initially there were only those working in tobacco control, but some have gone into other issues.

San Francisco, California
The Prevention Institute, ChangeLab, Berkeley Media Studies Group

Introduction
California had a champion in Governor Swarzenegger who, when he was elected, organized an Obesity Summit. The Strategic Alliance Network which was made up of those interested in food and physical activity issues, put up a platform to address obesity which was adopted by the governor, albeit with some proposals removed. This endorsement was critical to move the
agenda forward, however there was some slippage as the Governor became more engaged and influenced by the position of industry over time compared with at the start of his term.

Issues and Initiatives
ChangeLab uses public health law and policy to create healthy communities around healthy eating, active lifestyles, safe places, fresh water and smoke free environments. They work with neighbourhoods and cities to implement laws and policies that create permanent change, with a particular focus on those at most risk.

The Prevention Institute combines research, practice, and analysis to address public health issues in California. The Institute has a strong focus on equity, achieving health and safety for everyone and focuses on addressing the determinants of health to ensure that people stay healthy. The Institute takes a broad, comprehensive approach to systematizing prevention as a distinct discipline by combining a community and policy orientation into prevention practices. As can be seen in its name, the emphasis is on prevention and best-practice strategies to achieve this aim.

Berkley Media Studies Group (BMSG) is a nonprofit organisation dedicated to expanding advocates’ ability to improve the systems and structures that determine health. The group conducts research to learn how the media characterizes health issues. They undertake media advocacy training and consultation to help those who are advocating for change harness lessons from that research and develop the skills they need to shape journalists’ coverage of health issues. The aim of this is to ensure that the focus rests on the need for policies that improve the settings to support healthy living.

Media advocacy is a critical strategy which involves the strategic use of mass media to advance policies that improve health. BMSG helps community and public health groups practice media advocacy and is one of the most experienced groups in the country working in obesity prevention, alcohol and tobacco issues. Media advocacy is understood as only one component of advocacy, but is important in supporting the work of the community in engaging with these issues.

Much of the work is around engaging potential supporters around an issue using framing and understanding the importance of values which can be embedded in these frames. Need to start with a value argument and use this to activate people and hone down the messages that motivate support for a policy. It is important to work to build consensus across the breadth and depth of those working in the prevention field in the US. Much of this experience is now being used to develop ways forward to accelerate policy on nutrition, including lessons from tobacco control, which as a movement has had considerable success in the US as in Australia.

Key learnings
- Address all risk factors in a more effective and efficient way under a prevention umbrella. This can take the work out of risk factor silos and a broader focus results in synergies and shared understanding leading to healthier communities across the board.
- ‘Obesity’ as a word represents a condition, but ignores the morbidity and mortality associated with chronic disease resulting from it. Framing the issue in this way not only stigmatizes fat people, but puts obesity as a problem for the individual, with the responsibility resting on them to make changes to improve their health.
- Important to develop a range of policy options in order to drive the research agenda and implement strategies. This can also inform where the best areas are for investment by government and other groups. Don’t just focus on one policy area at a time, need to be working on a number of fronts. Part of this work should involve evaluating what works well and what doesn’t so that this can inform future activities.
• Important to keep the emphasis on changing the environment through policy, rather than focusing on individual changes, need to ensure that programs are in fact working to do this and not focusing on behavioral change.
• Engaging with the local community most affected by the problem can be very persuasive in engendering policy change – they can help to shape policy and environmental strategies.
• Researching and documenting the activities of the food industry and others opposed to public health efforts can provide useful strategic intelligence.
• Cultivate the ability to work in coalitions, develop research agendas and advocacy strategies away from industry influence. Need to determine policy goals before entering a relationship with industry.
• Create tools and infrastructure for public health advocates, to succeed it is important to have operating support for organisations doing the advocacy and conducting the research.

Dissemination
Whilst I was travelling I wrote a blog on Wordpress around issues relevant to my travels. I also wrote pieces for a range of other organisations. A summary of the media is below.


Blogs on Bloomberg’s soda initiative in New York:

Radio interviews
• Rafael Epstein. New York Soda Size ban. ABC Radio National. 6.20pm, 11 March, 6.20pm.
• Jon Faine. ABC 774 Victoria. Discussion on Churchill study and international actions, including sugar drink taxes. 9.20am, 21 February, 2013.

Television
• Sunrise, Channel 7. International actions to prevent obesity. Wednesday 15th February, 2013. (This was a live cross from Yale University’s broadcasting centre).

Presentations

Conclusions
There were more similarities than differences in the issues being faced by those advocating for obesity prevention policies and regulation in the Australia, United States and the United Kingdom. On reflection, much of this is because the main group opposing effective policy is the processed food industry. These global multinationals, together with other vested interests such as media and advertising companies, work across markets to respond to challenges as they arise and the responses vary little between regions, for example the elements of voluntary self-regulation of advertising to children.
Further, because many of the issues we commonly manage relate to controls on commercial activities, the pressure points are the same, such as “nanny state”, “parental responsibility”, “polices will kill jobs”, “no one food causes obesity”, “controls on marketing will not have any effect”, “no evidence to justify government intervention”.

There is much that can be shared between the groups that I visited and the organisation that I lead, the Obesity Policy Coalition. The study tour enabled me to outline how we were working and to identify potential areas of shared interest. In some cases this has meant that I will be sharing my work with other groups, and vice versa. I look forward to collaborating in areas already identified as common and sharing strategies and research into the future.

Risk factor versus chronic disease prevention
There are advantages in a broad approach with a focus on chronic disease prevention taken by some of the agencies I visited. It creates a synergy of actions allowing promising and successful strategies to be shared, resources used more effectively and learnings to be applied relatively quickly to other issues as they arise, which allows a faster response. One way of looking at this would be to have a broad chronic disease prevention strategy and, nested under this umbrella, individual plans to deal with particular risk factors like alcohol, tobacco, obesity or alternatively by disease state covering cancer, diabetes and heart disease.

New York City Department of Health and Mental Hygiene has taken this type of approach and combined alcohol, tobacco and obesity prevention into one department – Chronic Disease Prevention and Tobacco Control. The William Mitchell College of Law also has coverage of a range of public health issues, with specialists within the core areas of work around tobacco, healthy eating and physical activity.

Champions
The best example of a champion was in New York City and the leadership of Mayor Bloomberg to support public health policy initiatives. Changing the environment through policy and legislation involved taking on large, well-resourced corporate interests which requires courage, influence, tenacity and persistence. This is critical to shifting the focus from the dominant economic business model which favours commercial drivers, to the longer term health costs and benefits for policy reform which may dampen demand for particular products. Without this influence, the existence and influence of advocacy groups becomes even more critical to pressuring for action by government at all levels.

Lessons on community engagement from tobacco control are now being used to develop champions in the community to help drive change relevant to those communities. These advocates can then help to take lessons from local areas, to influence policy at a county or state level.

Prevention Research Funding
Research in prevention is very limited in Australia; much of the research funding is directed into clinical and basic science. Of all the research funding categories, prevention has increased least over the last ten years; this is in contrast with the evidence around cost-effectiveness of prevention. This emphasizes the need for public health groups and universities to advocate for more funding for prevention, including policy, across the board with an emphasis on obesity prevention which is now the leading cause of death and disease in our nation. This should be supported by the development of a priority driven research agenda in obesity prevention policy.

Research Agenda
Building the evidence-base is critical to success of obesity prevention and policy change. This involves not just undertaking research, but synthesizing the evidence on key issues and disseminating this for advocacy. There is also a need to speak to legislators and policy makers as to what research they need to make the case for change. The issue of what level of evidence will satisfy governments before they are willing to act is problematic across the board. It is difficult to show that a policy will prevent obesity in the short term and, as in tobacco
control, we need to learn by doing and build research and evaluation into action to determine the most effective policies and combinations of strategies.

**Media Advocacy**
All of the agencies I visited undertook media advocacy and most had a strong emphasis on this element as part of their work. This is a critical strategy engaging the community, politicians and opinion leaders and shaping the debate around obesity prevention, in particular to shape the discussions around changing the environment to make it supportive of healthy and active lifestyles. As part of this, US groups had spent some time considering the implications of using the word “obesity” as it was considered stigmatizing and placed the issue as one of personal responsibility, rather than an issue to be addressed by policy and regulatory approaches. Major reports, such as those by the Institute of Medicine in the US, or documentaries like HBO Weight of the Nation, can provide powerful opportunities for media advocacy and can also open the door to politicians and others of influence. So it is important to capitalize on these opportunities as they arise.

**Framing Research**
In taking the emphasis away from actions of the individual to that of the role of the environment in shaping population health, framing has been critical in promoting the policy agenda and role of government. Many of the organisations I visited have been careful in how they have framed and developed the arguments and evidence for including policy as part of a comprehensive approach to prevention. There has been a focus on funding for research into the most effective framing in relation to messaging and counter arguments around key issues, such as taxing sugar sweetened beverages.

**Networks and Collaborations**
Engaging a number of peak bodies to unite around a key issue can be very influential in creating noise and increasing the urgency and pressure on legislators and others to take action to address the problem. Developing relationships and trust is the key to working together productively. Developing the tools for groups to address issues outside of the collaboration is also important to empower them to tackle the issue with confidence and in a way that is consistent with the evidence and frames that are most likely to succeed. It can also support media advocacy around an issue. Establishing safe places for advocates to share information, strategies and ideas has been very successful in the US. Further, there is now a move in the US away from directly funding research by the Robert Wood Johnson Foundation, to one where funding is directed the American Heart Association to fund hubs. The hubs will involve groups that undertake research and advocacy around key issues, such as marketing unhealthy food to children and taxing sugar sweetened beverages. This is an interesting model and is expected to further strengthen existing linkages and enhance advocacy as the American Heart Association will be able to support lobbying efforts.

**Community Engagement**
This is an important strategy to engender change. The model of the Australian-based Parents Jury, a web based network of parents working to improve diets and activity for their children, was of interest to many of the groups that I met with. Many groups have existing models to engage and empower communities to act within their own neighbourhoods and to pressure for change more broadly. Increasingly the very successful work in community engagement around tobacco control was being examined to provide insights into working in other prevention issues. This is somewhat easier in the United States where there is more potential to make policy changes at a local level and embed these in regulation. Also, there is a stronger culture of fostering community engagement around issues that impact on people’s everyday lives, particularly in relation to issues of equity. Centre for Science in the Public Interest had some very effective models for engaging the community in advocacy, particularly using new media.
Recommendations

- Investigate funding streams to enhance and extend obesity prevention policy work.
  - Advocate for increased funding for prevention, particularly research.
  - Investigate new funding streams for obesity prevention policy work.
- Advocate for funding and uptake of the strategic research agenda for policy reform in food, nutrition, and physical activity.
  - Continue to work with Australian Preventative Health Agency and WA Department of Health to complete this project.
- Use framing research for policy reforms, including frames for opposing industry arguments.
  - Investigate funding for this research and liaise with Centre for Behavioural Research in Cancer as a partner.
- Engage communities in advocacy, with a focus on partnerships and use of digital media.
  - Continue to work with the Parents Jury and investigate opportunities to leverage engagement through social media.
- Engage in media advocacy and continue to invest resources in digital platforms.
  - Continue to have a strategic focus on media advocacy and utilizing digital media as part of this.
  - Provide background materials and engage in partnerships to support others.
- Forge and develop new partnerships, including through the Obesity Policy Coalition.
  - Investigate potential new partnerships to enhance and extend the work of the OPC.
- Develop policy and evidence blueprints for implementation by state and federal governments.
  - Develop evidence-based policy materials to support this.