

Same Strategy Different Industry: Corporate Influence on Public Policy

In March 2013 a state judge invalidated New York City's proposal to ban sales of sugar-sweetened beverages larger than 16 ounces; the case is under appeal. This setback was attributable in part to opposition from the beverage industry and racial/ethnic minority organizations they support. We provide lessons from similar tobacco industry efforts to block policies that reduced smoking prevalence. We offer recommendations that draw on the tobacco control movement's success in thwarting industry influence and promoting public health policies that hold promise to improve population health. (*Am J Public Health.* 2014;104:e9–e11. doi:10.2105/AJPH.2013.301832)

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TOBACCO CONTROL POLICIES, including cigarette taxes and smoke-free air laws, are largely responsible for dramatic declines in smoking rates over the past several decades.¹ Likewise, public policies that seek to influence the food and physical activity environment hold promise for reducing the prevalence of obesity.² However, policies that aim to limit access to unhealthy foods or tobacco products are often met with opposition by industries concerned that new regulations may have a negative impact on product sales. Evidence from statewide tobacco control efforts has demonstrated that effective grassroots advocacy is an important strategy to counter this opposition and engage policymakers and legislators in efforts to implement policies to improve population health.^{3,4} As such, organizations that represent racial/ethnic minority groups have particularly important roles to play when one considers the disproportionately higher burden of preventable disease among these groups compared with that among Whites. For example, African Americans have obesity rates that are approximately 40% greater than rates among Whites.⁵

Yet, during New York City's (NYC's) recent attempt to restrict sales of sugar-sweetened beverages (SSBs) as part of a strategy to reverse negative trends in obesity rates, it was leading minority organizations, such as the National Association for the Advancement of Colored People (NAACP), who sided with the beverage industry

to strongly oppose the policy. In this article, we explore parallels between the tobacco industry's strategies to prevent grassroots support for tobacco control policies, particularly among minority-led organizations, and recent actions taken by the beverage industry to impede the regulation of SSB sales. We offer recommendations, which draw on the success of the tobacco control movement, to minority organizations and the public health community for promoting obesity-related policy initiatives.

NEW YORK CITY'S EFFORT TO LIMIT SALES

In September 2012, NYC's Board of Health approved Mayor Michael Bloomberg's plan to limit the size of SSBs sold in restaurants, movie theaters, stadiums, and arenas to no more than 16 ounces in a cup. In March of 2013, the courts struck down the proposal; the case is currently under appeal. As expected, the beverage industry opposed the policy. However, the opposition also included the New York State Conference of the NAACP, a local chapter of the nation's largest civil rights organization, and the Hispanic Federation, which represents a network of more than 90 Latino nonprofit agencies providing health and human services. Although eliminating racial and ethnic health disparities is a core advocacy and programmatic issue for these organizations, they both joined the beverage industry in its legal suit.

In the amicus brief, these groups argued that the policy

would disproportionately hurt minority-owned small businesses because they would face competition from larger chain stores such as 7-Eleven that would be exempt from the soda restrictions. These stores are regulated by the state and not the city.^{6,7} However, small corner stores (bodegas), which are primarily minority-owned, more prominent, and most commonly found in minority communities, would be exempt for the same reason. There is no question that the policy exemptions should raise concerns about equity among business owners, but there was little evidence, based on who was exempted, that this would particularly burden minority-owned businesses. Acknowledging that obesity was a significant problem among African Americans and Hispanics, these groups also urged a more comprehensive approach to obesity prevention, including widespread educational activities such as those promoted by the NAACP Healthy Eating, Lifestyles, and Physical Activity program.⁸

Several aspects of the NYC policy may merit correction, and debate on the overall impact and appropriateness of policies targeting SSBs is expected. However, financial ties between minority organizations and the beverage industry raise concerns. Coca-Cola is a prime sponsor of the NAACP Healthy Eating, Lifestyles, and Physical Activity initiative, both Pepsi and Coca-Cola have sponsored the NAACP New York State Chapter annual conference, and this year Coca-Cola was the co-chair of the Hispanic Federation

Gala and was awarded its Corporate Leadership Award.⁹ Although we cannot say with certainty that industry funding influenced these groups, at a minimum this creates the perception of a conflict of interest that undermines the critical voice that such groups could use in advancing potentially impactful policies.

PARALLELS WITH TOBACCO INDUSTRY STRATEGIES

The beverage industry's strategy borrows directly from the tobacco industry playbook.¹⁰ Research on tobacco industry documents, released as part of the Master Settlement Agreement between the 50 state attorneys general and the tobacco industry, demonstrates a 3-pronged approach to solidifying its relationship with minority communities as both consumers of its products and supporters of its policy agenda. First, the tobacco industry used information from marketing research to identify social values among African American and Hispanic communities, which were then leveraged to increase the desirability and enhance the image of its products among the target groups.¹¹ Second, through philanthropy, it curried favor with minority organizations in the hope of defusing opposition to tobacco policies and engaging minority organizations to advance and defend industry policies.¹² Third, the tobacco industry recruited influential African Americans to its workforce. For example, industry documents show that in the 1940s Phillip Morris hired a youth director for the NAACP to expand its reach into predominantly African American colleges and organizations.¹² Phillip Morris documents

illustrate how cultivating relationships with African American organizations worked when, in 1985, the company was able to obtain statements in support of its position opposing cigarette excise taxes from the NAACP, National Urban League, National Coalition of 100 Black Women, and others.¹²

Over the past 2 decades, minority populations and the organizations that represent them have increasingly resisted attempts by the tobacco industry to create alliances that would undermine public health policies. One of the first and most highly visible examples was the response to the Uptown campaign. In 1990, RJ Reynolds planned to launch a menthol cigarette with the brand name Uptown that was created specifically to appeal to the African American market segment. The Uptown marketing campaign was the first time that the industry was explicit about efforts to promote smoking among African Americans through product development and advertising. As a tobacco industry memo noted "marketing to minorities was not new but saying so was."¹³ The Uptown Coalition for Tobacco Control and Public Health, founded by Reverend Jesse W. Brown Jr, and which included more than 30 African American and Hispanic organizations, forced RJ Reynolds to withdraw Uptown just 6 weeks after its launch was announced.¹³ The success of the campaign grew from a set of strategies that included a campaign led by local African American leaders living in Philadelphia, Pennsylvania, which was the target market.¹⁴ They obtained a public denunciation of RJ Reynolds' tactics by the Secretary of Health and Human Services, Louis Sullivan, MD, the first African American to hold the position, and they refused to focus on issues that might divide

different sectors of the African American community. In addition, they vocally countered, in the local media, the traditional tobacco industry arguments (e.g., antitobacco advocates are paternalistic and disrespectful in their belief that African American consumers are less capable than others to make personal decisions about whether to smoke), and built on existing cancer prevention efforts, which included partnerships between the American Cancer Society and local African American clergy. Lessons learned from this effort set the stage for national coordination of community-based mobilization against tobacco industry tactics and could serve to inform efforts to address obesity.¹⁴

RECOMMENDATIONS FOR ADVANCING OBESITY POLICY

The release of the tobacco industry documents was a landmark event that altered the balance of power between tobacco control advocates and the industry.¹⁵ The public health community, concerned with the rise in obesity and associated chronic diseases, can look to these documents and the evidence-based interventions that followed to guide strategies for countering industry tactics that attempt to hinder progress in public policy. As the Uptown campaign demonstrated, one of the key strategies is effective engagement and mobilization of minority organizations and others, including but not limited to churches and local opinion leaders to support these efforts. Subsequent research has demonstrated the importance of support and involvement at the grassroots level in implementing highly effective policy interventions.^{3,4,16}

With respect to obesity policy development, next steps should include similar engagement of minority organizations in the policy development phase and the larger rollout of such policies. "Town hall" meetings and workshops to share evidence and elicit concerns about potential negative consequences of policies before the policy is announced will help local officials and minority groups better frame the issue in a way that is aligned with both scientific evidence and community values. This is often a critical missing piece for policies that come with a "top-down" flavor to them. In fact, the president and CEO of NAACP responded to criticism from Mayor Bloomberg by saying that "the NAACP would have been open to working with Bloomberg to design a ban the organization could have supported"¹⁶ if its input had been solicited earlier in the process. At the same time, it would seem in the interest of organizations like the NAACP to explore more closely aligned partnerships with the public health community, including city and state health departments, whose goal to eliminate disparities in obesity is aligned with their own.

Building on the existing tobacco control infrastructure can facilitate these partnerships and reduce the need to develop new strategies. For example, community coalitions funded through Centers for Disease Control and Prevention, Robert Wood Johnson Foundation, and the National Cancer Institute to advance tobacco control policy were responsible for early successes and continue to advance tobacco control policy.⁴ These same groups could be utilized in the obesity policy domain. Partnering with these state and local coalitions with expertise in policy advocacy and ensuring representation among

minority organizations would provide a vehicle for engaging key stakeholders in obesity prevention.

More specific recommendations for advancing the obesity-related policy agenda include leveraging the Centers for Disease Control and Prevention's Prevention Research Centers to direct funding through Special Interest Projects to support partnerships between community organizations representing minority populations and the public health community to enhance expertise and advocacy skills, specifically related to preventing and reducing obesity.¹⁷ Greater investments in community action through direct funding to minority organizations is necessary to continue to make progress in tobacco control and obesity prevention and to counter industry efforts to co-opt these groups.

Finally, lessons from the tobacco control movement demonstrate the importance of implementing even incremental policy changes, such as restrictions on SSB sales, rather than waiting for comprehensive solutions. Sequential changes in cigarette tax policy, smoke-free air laws, and bans in advertising, adopted over time, resulted in significant public health gains. Policies crafted with input from core constituents, including minority organizations, focused on specific drivers of obesity and implemented over time, may result in similar achievements.

CONCLUSIONS

Under Mayor Bloomberg's leadership, NYC has promoted an evidence-based policy agenda to address the threat that the rise in obesity poses to the public's health, but in a way that has garnered criticism from minority organizations, thus limiting the

overall impact. The key weapons in the battle against smoking, and likely obesity, are public policies. These policies can only advance with the support of organizations whose constituents are most impacted by the health risks these policies are meant to address. We urge the public health community and minority-led organizations to form sustainable partnerships in developing and advancing obesity prevention policies. ■

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Human Participant Protection

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References

1. The Community Guide. Available at: <http://www.thecommunityguide.org/Tobacco/index.html>. Accessed October 1, 2013.

2. The Community Guide. Obesity prevention and control: interventions in community settings. Available at: <http://www.thecommunityguide.org/obesity/communitysettings.html>. Accessed June 1, 2013.

3. Tong EK, Lew R. Moving communities toward policy change. *Health Promot Pract.* 2013;14(5 suppl):29S–35S.

4. ASSIST: *Shaping the Future of Tobacco Prevention and Control*. Bethesda, MD: National Institutes of Health, National Cancer Institute; 2011. Tobacco Control Monograph No. 16.

5. Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of obesity and trends in the distribution of body mass index among US adults, 1999–2010. *JAMA.* 2012;307(5):491–497.

6. Gentile S. NAACP president comes out against blocked NYC soda ban. 2013. Available at: <http://tv.msnbc.com/2013/03/16/naacp-president-comes-out-against-blocked-nyc-soda-ban>. Accessed March 16, 2013.

7. Grynbaum M. In N.A.A.C.P., industry gets ally against soda ban. Available at: http://www.nytimes.com/2013/01/24/nyregion/fight-over-bloombergs-soda-ban-reaches-courtroom.html?_r=2&.&. Accessed October 19, 2013.

8. New York State Conference of the NAACP. Amicus brief. Available at: <https://iapps.courts.state.ny.us/fbem/DocumentDisplayServlet?documentId=HmpJnyM8YRf1z8GAzk9vHw=&system=prod>. Accessed May 13, 2013.

9. Hispanic Federation. Corporate Leadership Award. Available at: <http://www.hfannualgala.com/index.php/honorees/corporate-leadership-award-coca-coal>. Accessed June 1, 2013.

10. Brownell KD, Warner KE. The perils of ignoring history: Big Tobacco played dirty and millions died. How similar is Big Food? *Milbank Q.* 2009;87(1):259–294.

11. Iglesias-Rios L, Parascandola M. A historical review of R.J. Reynolds' strategies for marketing tobacco to Hispanics in the United States. *Am J Public Health.* 2013;103(5):e15–e27.

12. Yerger VB, Malone RE. African American leadership groups: smoking with the enemy. *Tob Control.* 2002;11(4):336–345.

13. Ballbach ED, Gasior RJ, Barbeau EM. R.J. Reynolds' targeting of African Americans: 1988–2000. *Am J Public Health.* 2003;93(5):822–827.

14. Robinson RG, Barry M, Bloch M, et al. Report of the tobacco policy research group on marketing and promotions targeted at African Americans, Latinos and women. *Tob Control.* 1992;1(suppl):S24–S30.

15. University of California San Francisco. Legacy tobacco documents library. Available at: <http://legacy.library.ucsf.edu>. Accessed June 1, 2013.

16. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control—2007*. Atlanta, GA: US Department of Health and Human Services; 2007.

17. Centers for Disease Control and Prevention. Prevention Research Centers. Available at: <http://www.cdc.gov/prc/program-research/index.htm>. Accessed January 8, 2014.