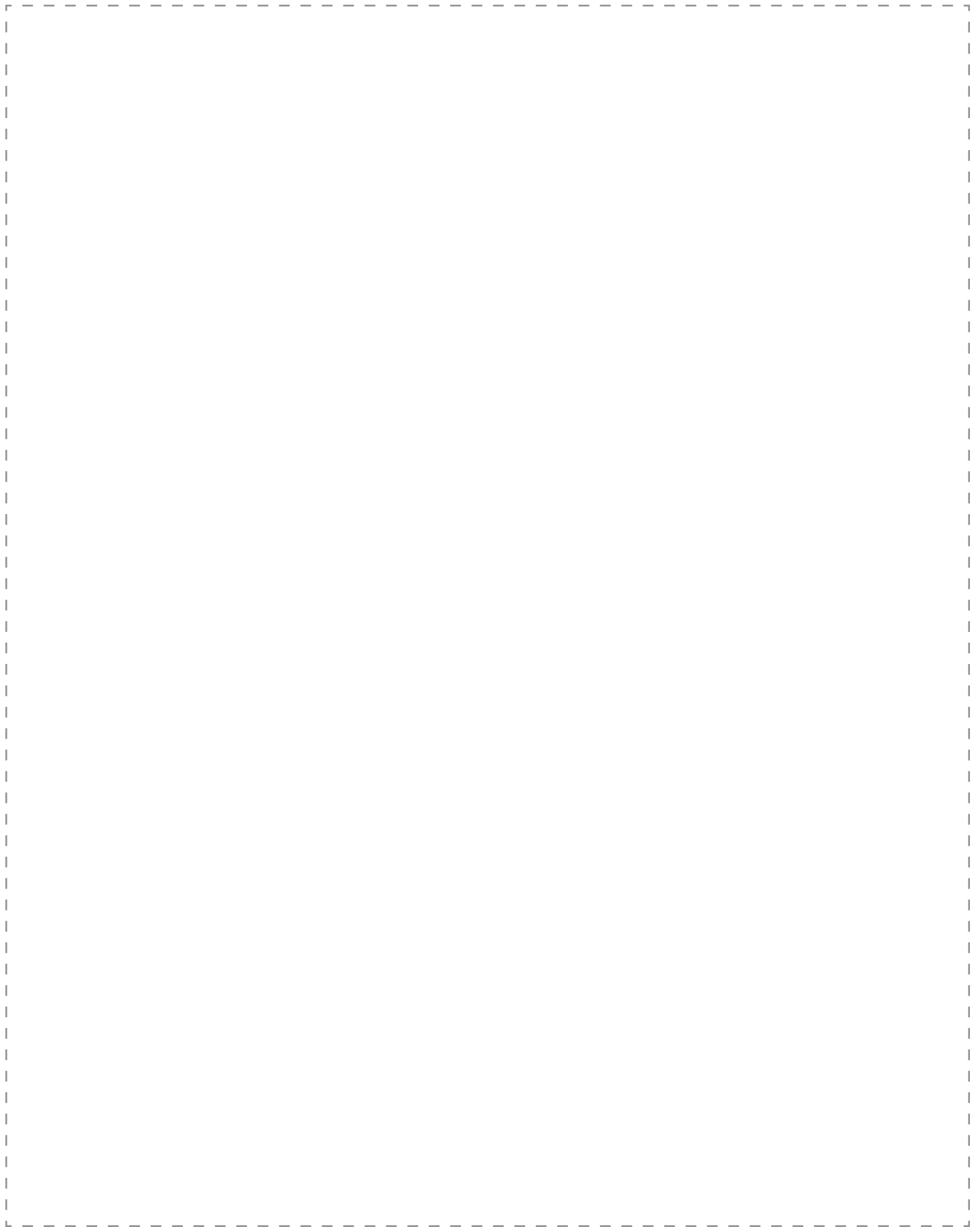




PART 2

SHAPING THE POLICIES THAT
AFFECT THE PUBLIC'S HEALTH



CREATING PUBLIC POLICY AND ADVOCATING FOR NUTRITION POLICIES

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LEARNING OBJECTIVES

After studying this chapter and reflecting on the contents, you should be able to:

1. Define public policy.
2. Discuss the characteristics and importance of public policy.
3. Discuss the ethical tensions that exist in public policy.
4. Discuss the evolution of nutrition policy in the United States.
5. Describe the role various levels of government play in creating public health policy.

KEY TERMS

Public policy
Nutrition policy

Incrementalism
Advocacy

Federal policy

INTRODUCTION

To accomplish something in an organized and efficient manner, you must have a goal and a plan of action. This is the reason for creating policy. In a very general sense, a policy is a set of rules to solve a problem, real or perceived. Most policies consist of two parts: (1) a statement or goal of what is to be accomplished and (2) a set of practical rules, guidelines, programs, or regulations to accomplish the stated goal.

This chapter is about public policy, specifically public health policy as it relates to nutrition. Policy is labeled **public policy** when it is created by federal, state, or local government. The government creates policies to regulate its own actions and to govern the actions of citizens, businesses, and other entities under its control. Ultimately, what a government does is a reflection of its public policy. Some would say that what government does is public policy, regardless of what may be written or stated.

Birkland describes public policy as having several attributes, including that it is made in the public's interest, interpreted and implemented by public and private actors, is a reflection of what the government intends to do, and also reflects what the government chooses not to do. Policy is also more than simply the sum total of all of the government's laws and regulation. Policy is also created daily by people as they implement policy.³

At the federal level, public policy may be created by the legislative, executive, or judicial branch of government. Generally, policy is created by legislation introduced and passed by the legislative branch. This legislation is then translated into a set of practical rules by the executive branch to accomplish the intent of the legislation. Policy, however, also may be informal, indirect, and even unwritten. For example, a governing political party may have a philosophical belief of government involvement in food regulation. This philosophy becomes the government's guiding public policy. Special interest groups, professional organizations, trade groups, and influential individuals also may play an important role in determining public policy.

Government policy is reflected as much in what government will not do as in what it will do. Many unwritten and informal policies are more about what government will not be involved in. If the government identifies a problem, such as advertising directed at children, and then takes no action to regulate such advertising, this is a reflection of government policy. The decision not to become involved may be based on philosophies of downsizing government, reducing spending, decreasing regulation, responding to special interest groups, or even a distrust of the evidence

that says such advertising may be harmful. Because these philosophies direct the actions of the government, they become part of public policy. A *special interest group* or organization may convince policy makers to create or avoid legislation that would affect their interests. Food and nutrition issues are frequently brought forward by professional associations such as the Academy of Nutrition and Dietetics, the American Public Health Association, and the Society of Nutrition Education and Behavior.

CHARACTERISTICS OF PUBLIC POLICY

Policy is generally created in response to a problem, perceived or real. In an ideal world, policy would be created from objective assessments to identify potential problems and then prevent them. This, however, is rarely how public policy is created. Government officials generally create policy in response to emerging or existing problems that are important to the public, special interest groups, or professional or scientific groups. These emerging problems may be real or only perceived problems. Sometimes popular belief or philosophies may result in identification of a concept as a symptom of a problem or as a root cause of a problem, when in fact there is little evidence to support the belief. It has been stated that more public policies fail from working to solve a perceived, yet invalidated, problem than from creating the wrong plan to solve a real problem. Many policy issues are emotionally or financially driven, and solutions are created based on philosophical beliefs rather than on an objective understanding of the facts.

Public policy is often controversial. Because it generally affects a great number and variety of people and interests, it tends to be more controversial than less expansive private policies. Public policy generally results in some form of control that limits the autonomy of individuals so that the majority may experience a greater benefit. This is referred to as Utilitarian theory. Some believe government should limit its role and allow society to function with minimal interference. Under this philosophy of limited involvement, economics and the free market create an environment in which individuals have responsibility for their own actions and situations.

This is in contrast to a social justice philosophy, which acknowledges that society may share in the responsibility for a person's health. Although it may be true that a person who overeats is responsible for his or her diet, there also may be societal determinants that strongly influence a person's diet. For example, a person working for low

wages in a decaying neighborhood without grocery stores or public transportation may have few options other than to buy calorie dense foods from a local convenience store. Public policy may be needed to alter those conditions so the person will have a reasonable ability to choose a healthy diet and lifestyle. This may include advocating for a fair living wage, improved public transportation, or improved food shopping options. Some argue that it is the role of government to create conditions that make healthy choices easier and unhealthy choices harder. The mission of public health is to assure conditions in which people can be healthy. To assure these conditions requires policies that result in government intervention. The decision to limit personal choices and freedoms cannot be taken for granted, however; and the benefit from such public policies must be balanced against economic costs and losses of individual freedom.

In the United States, we are conflicted with these two philosophies of public policy. For example, we want government to ensure that our food supply is healthful, yet we also want the personal freedom to purchase unhealthful food. This tension presents an ethical dilemma as we balance autonomy and beneficence in all issues related to public health. We want it both ways: freedom to make harmful choices, yet protection from harm when we do make those choices.^{4,5,6}

While many argue for less government, public policy is necessary in a complex society, especially to safeguard health. To use a simple example, in a nation with little population and only a few cars, no significant public policy may be necessary with respect to automobiles. In a nation with millions of automobiles crowded into a dense area, public policies are needed with respect to driving, parking, passenger safety, road building and maintenance, car manufacturing, auto emissions, and even car disposal.

The same idea can easily be applied to other health issues in a society. For example, as societies become larger, it becomes more important that a family not dump its sewage and other waste into the local water supply used by many others. Or, as our food supply changes and we become removed from production, policies are needed to ensure an adequate and safe food supply. Obviously, in a democratic society there must be a balance between the need to create a healthier society and the need to maintain personal freedoms.

As a result of a need for public policy in a complex society, public policy touches almost every aspect of our lives. One only need visit the government documents section of a library or peruse the *Code of Federal Regulations* (CFR) to see that numerous public policies affect our daily lives. Public policy is a reality. Life in a complex society

without such policies would be difficult and disorderly. Policy development for community living is a universal requirement.

U.S. PUBLIC HEALTH POLICY

Government has many reasons to be interested in the health of its citizens. A democratic government is elected by its citizens, and therefore has an interest in the welfare of the citizens who have created it. Beyond the needs of individual health, the collective health of a country's citizens is vital to a country's economic health and independence as a nation. Health is a social as well as an individual responsibility.

Many of the major improvements in the health of the American people have come about because of changes in public health policy. By one estimate, 25 of the last 30 years added to the U.S. life expectancy rate have been a result of changes brought about by public health policy.

The successes of public health are frequently taken for granted and only noticed when they fail. Health policy is determined more by crises, hot issues, and the concerns of organized interest groups than by careful analysis of objective data and technical knowledge about health.

NUTRITION POLICY: A BRIEF HISTORY

As with the national health policy in general, no single or unifying public policy guides the activities of government agencies with respect to nutrition in the United States. **Nutrition policy** is fragmented amongst numerous laws, agencies, programs, and branches of the government. Nutrition policy is often conflicting and inconsistent. Much of it is antiquated, having been created in the past when different nutritional problems affected the public.

At the beginning of the 20th century, little was known about nutrition. The main nutritional concerns of most people and the government were related to getting enough food to eat and avoiding foods that would make people sick. Early nutrition policy was, therefore, primarily agricultural policy. The government created policies to provide the population with a consistent and plentiful food supply at low cost. Because getting adequate calories was a major concern, emphasis was placed on providing foods that were a dense source of calories. These early agricultural policies had a major impact on shaping food supply that continues to this day.

With the discovery of vitamins in the early part of the 20th century, nutrition experts began to create guidelines providing direction on food choices based on science. In 1917, the USDA created the Five Food Groups to encourage

people to eat food that provided all of the then-known nutrients. This guide was modified over time into a variety of forms to ensure that people were eating well-balanced diets. It would not be until much later that nutrition guidelines from the government started mentioning moderating, or limiting intakes of certain types of foods, such as those high in fat or sodium.

During the first half of the 20th century, other nutrition policies were enacted, including fortification of salt with iodine, food distribution programs to feed children and other hungry people during the depression of the 1930s, the first Nationwide Food Consumption Survey, and establishment of the National School Lunch Program. In 1941, the first set of Recommended Dietary Allowances (RDAs) was published, making recommendations for levels of certain nutrients in the diet. The emphasis was still on getting an adequate diet and avoiding nutrient deficiencies.

During the 1960s, the attention of the public health community started to change from an emphasis on infectious diseases to one that emphasized chronic diseases. Many accomplishments had been made in controlling communicable disease, and chronic diseases had become the main causes of death in the United States. Public interest in nutrition and its effects on long-term health were heightened by the publication of books in the popular press by Adelle Davis, Rachel Carson, and others, which stirred interest and controversy in the long-term effects of food, food additives, and nutrients on health. Continued interest in ensuring that people got enough food led to the establishment of the Food Stamp Program (now called Supplemental Nutrition Assistance Program [SNAP]), School Breakfast Program, and the Special Supplemental Food Program for Women, Infants and Children (WIC) during the 1960s and 1970s.

In 1977, the Senate Select Committee on Nutrition and Human Needs issued the first edition of the Dietary Goals for Americans (DGA).⁷ It was one of the first government attempts at making nutrition recommendations, based on theories about the effects of diet on chronic disease. This started a change in dietary recommendations that addressed moderation of certain foods and making choices between foods within a food group. The focus of recommendations and policy was changing from just getting an adequate diet to making qualitative choices related to diet. Moderation and choosing one type of food over another because of its effects on chronic disease became important.

Since the DGA was released, many government documents have been created that make recommendations about diet with respect to chronic diseases. The Surgeon General Report on Nutrition and Health⁸ presented the first comprehensive review of the scientific evidence

associating diet with chronic disease. Nutrition and Your Health: Dietary Guidelines for Americans, created by DHHS and USDA and jointly published every 5 years since 1980, recommended dietary changes to help people avoid certain chronic diseases. The Dietary Guidelines for Americans (DGA) were intended to be the foundation of all federal nutrition policies and programs and a vehicle for the government to speak with one voice on nutrition and health. Unfortunately, many federal policies, such as agricultural policies, do not follow the DGA and promote foods high in components such as saturated fat and sodium that are overconsumed by the public.

The *Healthy People* initiative led by the DHHS Office of Disease Prevention and Health Promotion has become the latest model for policy development, including nutrition policy. For the past three decades, *Healthy People* has been committed to improving the quality of United States health by producing a framework for public health prevention priorities and actions. The most recent version, *Healthy People 2020*,⁹ was developed by DHHS with input from all its operating divisions, state and local government partners, national membership organizations, nongovernmental organizations, corporate sponsors, and public input. Going beyond just federal government involvement, the meeting of the 1,200 stated health objectives requires collaboration between all levels of governmental and nongovernmental health organizations. It has been suggested that *Healthy People 2020* may be DHHS's most effective nonlegislative policy vehicle for improving public health.

NUTRITION POLICY: GOALS AND METHODS

If the goal of public health policy is “fulfilling society’s interest in assuring conditions in which people can be healthy,” then nutrition policy has the goal of assuring conditions in which people can be healthy through diet. Two general avenues are used to influence what people eat: education and modification of the food supply. For example, if a group of people were found to have a nutritional problem with inadequate amounts of vitamin A in the diet, the approach would be to teach them about the need for and sources of vitamin A, and assure that they have a culturally acceptable, inexpensive, and appealing source of vitamin A available. Another approach to finding a culturally acceptable and appealing source of vitamin A would be to create a new source for the vitamin through fortification of food, as has been done with some nutrients in the United States. This approach only works, however, when the lacking substances are known nutrients that can be easily added to common foods that are readily available.¹⁰

The solutions becomes more complicated when the major nutritional problems encountered are ones of excess, as with calories, sodium, and certain types of fat, or when whole food groups need to be increased, such as with fruits and vegetables. How does government create policies to discourage the consumption of certain foods and encourage the consumption of others?

The preferred policy method by many is education: training the public on which foods should be consumed and which foods should be avoided or eaten in moderation. This may be accomplished through social media campaigns, mandated nutrition education in food assistance programs, and community and public health programming. However, using education to influence food choices is effective only if nutritious food is the easiest and cheapest choice. Some may argue that a more powerful way to influence dietary choices is through modifying the food supply. Foods that are healthful should be more readily available and less expensive than those that would be considered less healthful or that are currently eaten in excess. Some have argued that the current obesity epidemic is due to a toxic environment where the wrong types of foods are readily available in supersized amounts. Portion sizes of foods in restaurants have increased, the number of convenience foods has multiplied, and vending machines make low-nutrient foods readily available almost everywhere. A change in the food supply, coupled with education, is generally considered to be a more successful strategy for dietary change.

Government policies have a great impact on what foods are available to the public and at what price. Many of the current food policies come from a time when providing adequate food at a cheap price was the goal of U.S. agricultural and nutrition policy. The conditions and health issues that existed when those policies were created are not the same as those that exist now. From a nutrition policy point of view, these policies need to be reevaluated to create food policies that support the production, marketing, and low price of foods associated with a healthier diet rather than support the production of less healthy foods. This is not a readily acceptable option to many, however, because it means dramatic changes in economic realities for those whose livelihoods depend on current government food and agricultural policy.¹¹⁻¹⁴

Beyond agricultural policy, many ways to control the food supply have been tried or suggested. Some of these suggestions include altering school lunch menus to meet the DGA, offering low cost or free fruits and vegetables to schools, free doubling of fruits and vegetables purchased at farmer's markets, adding fruits and vegetables and limiting the fat content in WIC food packages, limiting vending machines and pouring rights for soft drinks in schools,

taxing soda, making water available throughout the day in child and adult food programs, and removing candy from the checkout stands of supermarkets.^{8,16,17,19} By December 1, 2016, restaurants with 20 or more outlets will be required to provide nutrition information on their menus or menu boards. This requirement comes by statute and is enforced by the Food and Drug Administration.^{8,15}

Another way the government attempts to modify the food supply, at least for a select part of the population, is through redistribution. The government purchases foods for those who lack resources to purchase healthy or adequate amounts of food. Food stamps, WIC, and commodities programs are examples of these types of programs.¹⁸ Nutrition policy is also required for nutrition monitoring and surveillance, research, food assistance, licensure, and food safety and quality.

POLICY FORMULATION

Policy formation is a complex, dynamic, and sometimes difficult process. In an ideal world, nutrition policy would be formed using an accurate community assessment focused on community values, nutritional needs, the latest scientific information about nutrition, and information about effective strategies. Policy evaluations would be formative and summative, revised as needed, and would be created proactively to prevent as well as to solve problems. Nutrition policy would be integrated with other public policies, and all public policies would be supportive of the same goals. This is the thinking behind the initiative of "Health in All Policies." The goal of this initiative is to ensure that all decision makers are informed about the health consequences of various policy options during the policy development process.

Public policy is created in a political environment. Although public health officials prefer to look at problems and solutions in an objective manner, valuing technical expertise and scientific data, most policy makers work in a political environment where public values, popular opinions, and organized special interest groups have considerable influence. There are many players in the public policy development process, and some are considered more important than others. There are special interest groups, congressional committees and subcommittees, agencies of the executive branch of government, professional organizations, political parties, private and nonprofit organizations, economic and religious groups, individuals, and the media. Each of these has its own perspectives and philosophies that influence what are perceived to be problems and what solutions should be created to solve

problems. Scientific evidence may or may not coincide with the views of these groups. In the political process, all views become important, and public health officials must work to put forward solutions to problems that are objective and consistent with scientific observations. To many politicians, the opinion of public health officials may be just another opinion, and not necessarily an important, informed opinion.^{8,14}

Policy is generally created to solve a specific problem—often an emerging problem—that has generated public concern. This problem may be real, or it may simply be something that is perceived to be a problem. The more severe the problem is perceived to be and the more public interest the problem generates, the more likely it will result in new policy.²⁰

Most policies are created in an incremental fashion. Public officials prefer **incrementalism** because it allows them to draw on past experience, work within an existing framework, and avoid major changes that could create large unforeseen problems and political fallout. On the other hand, incrementalism stifles innovation and may add to the complexity of existing policy. If multiple small changes are made to a policy to solve immediate problems, sometimes the overall integrity of the original policy starts to break down. This is often observed in federal food programs, where incremental policy changes continue to add policy requirements without making changes to the overall program to accommodate these changes.

Once policies are created, there is a reluctance to change them, especially as they become accepted practice. Old policies that become ineffective because the conditions for which they were created have changed often stay in force because of resistance to change. Changing old policies is especially difficult when economic interests are dependent on the old policy. As noted by the Institute of Medicine (IOM) and others, much of U.S. public health policy was created at a time when conditions were quite different from what they are today.

Most political scientists identify at least four steps for creating public policy:

1. Agenda setting
2. Policy formulation
3. Policy implementation
4. Policy evaluation

AGENDA SETTING

The first steps in creating a new policy are to identify the problem to be solved, create broad goals to resolve the problem, and position the issue on the policy makers' agenda. A number of potential problems may make it

difficult or impossible to move beyond these steps in policy creation, however.

Identify the Real Problem and Create Goals

Identifying the real problem may be easier than it sounds. For example, one of the goals of *Healthy People 2020* is to improve food safety and reduce foodborne illness. There are many theories about why food safety continues to be a problem in the United States, but which reason—production, processing, packing, distribution/transportation, or storage—is the real reason(s) and, therefore, most important for further policy development? Changes to which item would have the greatest impact on foodborne illness rates? Public opinion, people's belief structures, and special interest groups may be passionate in their views on what prevents foodborne illness rates from decreasing, but the real reasons may not be readily apparent. Creating a policy that solves the wrong problem would have a limited impact on food safety outcomes.

Promoting Policy Maker Initiatives

Once problems have been identified and policy goals set, public health officials need to create a plan to get their recommended policy on the policy makers' agenda. Although the value of creating a policy to deal with a nutrition issue may be obvious to public health officials, it may not be obvious to policy makers. In addition, getting a policy issue on the political agenda is difficult and time-consuming. In general, policy issues are more likely to get on the political agenda when a great number of people believe the problem is real, and when people believe the consequences of the problem are likely to be severe, immediate, and affect them personally.

Even when a problem is perceived by many people to be a threat, it still may not get on the political agenda. Policy makers must believe that the problem warrants government intervention. There must also be room on the political agenda, and the issue must have enough priority over other issues. In a year in which many significant problems are facing policy makers, even an important issue may not make the political agenda. Special interest groups opposed to a policy also may have enough clout to prevent a worthy policy issue from making the political agenda.^{21,22}

Lawmakers and the public must believe that a new policy is actually a legitimate policy for the government to make. What the public believes is legitimate for policy makers to tackle changes over time. One only has to look at how nonsmoking policies have changed over the past 30 years. In the 1980s the notion of smoke-free bars and restaurants would have been unthinkable, but now most

of the public embraces laws in cities and states prohibiting smoking in bars and restaurants.²³

POLICY FORMULATION

Once an agenda has been set and a public health problem is placed on that agenda, the next step is formulation of an actual policy to address the issue. Alternative proposals are created. Information is collected about each of the proposals, and a case is made for the proposal that seems to be the best solution for the problem.

Policy formation is about compromising and bargaining. Generally, one solution to a problem will not be accepted and championed to succeed without substantial changes and compromises. More likely, many different solutions and versions will be presented and debated. The solution that is eventually successful will be modified often before it reaches its final form. These modifications may weaken or strengthen the policy. Modifications are generally based on the ideologies and interests of various players in the political process, who have an interest in the outcome and effects of the proposal.

POLICY IMPLEMENTATION

After a new policy has been created, it must be implemented. New policies are rarely written with adequate detail to allow their implementation. The policy must be interpreted with rules and regulations written to spell out how a policy will be implemented. Responsibility and financial resources must be assigned so that the policy can be instituted.

The usual process for policy creation at the federal level is for Congress to pass legislation that then goes to various government cabinets, usually the USDA or DHHS for nutrition policy, where the new law is interpreted through creation of rules and regulations that reflect practical application of the law.

It may be tempting to believe that once a law has been passed public health officials should feel confident that the policy is now in place and will be effective. The implementation phase is critical for the success of public policy. Sometimes laws are passed establishing a new policy, but no funding is given for implementation, or those who write the rules and regulations do so in such a way as to make the policy weak or ineffective. For example, in 2014, the governor of Michigan signed into law Public Act 267 of 2014, which repealed the licensure requirements for dietitians and nutritionists even though their licensure law was enacted in 2007. This act also abolished the Board of Dietetics and Nutrition. How a policy is implemented is

critical to its success and must be guided by those who have the knowledge and expertise to create rules to make the policy successful.^{24,25}

POLICY EVALUATION

The final stage in policy development is policy evaluation. Despite the best efforts of everyone involved in policy development, new policies are rarely perfect. Once a policy has been implemented, it needs to be evaluated for success. If the policy is successful, it should be evaluated to see how it can be changed to make it more successful. Few policies retain the same level of value because the environment and conditions for which they were created change with time.²⁶ Sometimes a sound nutrition policy is formulated that later becomes a policy that promotes poor nutrition. As an example, when the WIC program was originally created, its policies regarding the amount of juice in the food package made sense. Later, as obesity became a more urgent problem in the United States, the amount of juice in the WIC food package was considered a nutritional problem. Policies need to be continuously evaluated so that they may be modified or discontinued as times change.

POLICY CREATION AT THE FEDERAL LEVEL

The federal government was created to have a separation of powers. There are three branches of the federal government, each with its own responsibility and power. The legislative branch (Congress) is responsible for creating laws, the executive branch (the president) for enforcing laws, and the judicial branch (the courts) for interpreting laws.

In the United States, most public policy is created by legislation. Congress has the authority to pass laws that initiate, modify, and authorize, and appropriate funding for all programs and services administered by the federal government. The legislative process is started when a member of Congress introduces a bill for consideration. If the bill is introduced in the Senate, it is given a designation starting with S., followed by an identifying number; if the bill is introduced in the House of Representatives, it is given a designation starting with H.R., followed by an identifying number. The leadership of the Senate or House then assigns the bill to a subcommittee or committee that will consider the bill. Because numerous bills are introduced in Congress each year, many die from low priority in subcommittees and committees.

Congressional committees have considerable power in determining what will move forward to possibly become law and what will be tabled. If the bill is of interest to the members of the assigned committee, is of sufficient priority, and the political climate is right, the committee may hold hearings on the bill. The committee may decide to amend the bill by adding or deleting parts. The clean bill (amended version) is voted on and is reported out either to a committee if it was in a subcommittee or to the entire Senate or House if the bill was in a committee. If the bill was started in the Senate, it will be debated by the Senate, possibly amended, and then voted on. The bill would then go to a committee in the House for consideration. The House committee would consider the bill, possibly amend it, and send it to the House for amendments and a vote. To save time, versions of the same bill may be introduced into both the Senate and House at the same time. These are referred to as companion bills.

If a bill is successfully voted on and passed by both the Senate and the House, the bill is often sent to a conference committee made up of members of both the Senate and House. This is necessary when there are differences in versions of a bill passed by the Senate and House. The conference committee attempts to resolve any differences between the two versions of the bill. The conference version of a bill must be sent back to both the Senate and House for a final vote before the bill is sent to the president.

The president has three choices when receiving a bill. First, he may sign the bill within 10 days and it becomes law. Second, he may veto the bill and send it back to Congress. This effectively kills the bill unless two-thirds of the members of both the Senate and House vote in favor of the bill to override the veto. Third, the president may do nothing with the bill when it is received.

If the president does nothing with the bill after it has been sent to him by Congress, there are two possibilities. If Congress is in session, the bill will become law in 10 days (excluding Sundays) even without the president's signature. If Congress is not in session, the bill does not become law. This is known as a pocket veto.

Although most public policy in the United States is created by legislation through Congress, the other two branches of government can and do create public policy. Legislation passed by Congress must be turned into practical rules and regulations so that the policy may be carried out. This is the duty of federal employees in the executive branch of government. The rules and regulations created to implement policy will have a great impact on whether the original intent of a policy can be accomplished. These employees have considerable policy-making power because they create the rules and regulations of policy implementation.

The executive branch of government also is responsible for enforcement of the legislation. Decisions about how forcefully or even whether to enforce legislation have significant effects on policy. Public policy is what government actually does or does not do. If enforcement is lax, then the intended outcome of legislation or policy will be lost.

The agenda of a U.S. president and his political party can have a significant impact on how legislation is turned into practical policies and how policies are enforced and funded. Members of the executive branch of government, including the president, have a large role in advocating for budget allocations, enforcing policy, and acting as advisors to members of Congress on technical issues.

The president may also create public policy through executive orders. Executive orders are sometimes used to avoid public debate and opposition on an issue. Executive orders are usually considered equivalent to federal statutes and do not require the approval of Congress. President Clinton created policy when leaving office by making an executive order stating that the WIC program would screen children under age 2 for immunizations.

The judicial branch of the federal government makes public policy through court decisions that decide the intent and meaning of laws, whether a public health agency is operating within its scope of legislative authority, and whether public health statutes and regulations are constitutionally permissible. The U.S. Supreme Court has made many decisions of importance to public health, including upholding the power of the government to protect the public's health.^{28,29,32} **Table 3-1** outlines how a bill becomes a law.

POLICY DEVELOPMENT AT ALL LEVELS OF GOVERNMENT: FEDERAL, STATE, AND LOCAL

Policy development is important at all levels of government in order for public health agencies to fulfill their role in assuring health. Each level of government has its own unique contributions to make in policy development and in providing public health services. From a historical and constitutional perspective, states have the primary responsibility for the health of citizens of the United States. Local governments, in turn, receive their authority from state governments. The federal government has, over time, developed a larger role in the promotion of health and now has many technical and leadership roles that influence state and local health policies.

Table 3–1 How a Bill Becomes a Law

Bill Status	People Involved	Where
Bill is drafted	Senator, Representative, White House, State Legislatures, Organizations, Scholars, Constituents	Office, library, home
Bill is introduced by Senator	Senator by way of the Parliamentarian	Senate Chamber
If no objection is heard, bill is considered read twice, and referred to the appropriate committee	Parliamentarian on behalf of the Presiding Officer	Senate Chamber
Bill is entered on the Senate Journal	Journal Clerk	Senate Chamber
Bill is given a number	Bill Clerk	Bill Clerk’s Office
Bill is entered into ledgers and the Legislative Information System and marked up for printing	Bill Clerk	Bill Clerk’s Office
Bill is delivered to Government Printing Office	Bill Clerk	Messenger picks up
Printed Bill is made available in Senate and House document rooms, and electronically on the Legislative Information System and on www.senate.gov	Government Printing Office	Government Printing Office
Printed Bill is delivered to appropriate committee	Government Printing Office	
Committee Action		
Bill is placed on the Legislative Calendar	Legislative Clerk	Senate Chamber
Unanimous consent requested to lay bill before the Senate	Majority Leader	Senate Chamber
If consent is granted, the Presiding Officer instructs the Legislative Clerk to report the title	Legislative Clerk on behalf of the Presiding Officer	Senate Chamber
Bill is debated and Amendment(s) are submitted or proposed	Senator	Senate Chamber
The Amending Process		
The Presiding Officer instructs the Legislative Clerk to read the title a third and final time	Legislative Clerk on behalf of Presiding Officer	Senate Chamber
Call for a vote	Senator	Senate Chamber
Bill voted on by roll call vote, voice vote, unanimous consent, or division	Senators	Senate Chamber
If bill is passed the final copy is prepared	Enrolling Clerk	Enrolling Clerk’s office
Engrossed bill signed	Secretary of the Senate	Secretary of the Senate’s office
Delivered to the House of Representatives	Enrolling Clerk	House of Representatives Chamber
House Action	House of Representatives	House Chamber and House Committees
Bill is passed by the House of Representatives and delivered back to the Senate	House Reading Clerk	House Chamber

(continues)

Table 3–1 How a Bill Becomes a Law (continued)

Bill Status	People Involved	Where
If not amended by House, bill is enrolled in the Senate	Enrolling Clerk	Senate Chamber
Enrolled bill is signed	President Pro Tempore of the Senate and the Speaker of the House	U.S. Capitol
Bill is delivered to White House	Overseen by Secretary of the Senate	
The bill is signed into law or vetoed	President of the United States	White House
OR bill is amended by House of Representatives	Representative	House Chamber
Amended bill is delivered to the Senate	House Reading Clerk	Senate Chamber
Senate may disagree to House Amendment and requests a conference	Senators	Senate Chamber
Conference Committee Action		
If the bill is agreed to, it is enrolled	Enrolling Clerk	
Enrolled bill is signed	President Pro Tempore of the Senate and Speaker of the House	U.S. Capitol
Bill is delivered to White House	Secretary of the Senate oversees delivery	
Bill is signed into law or vetoed	President of the United States	White House

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It is important that all levels of government work together to create effective health and nutrition policy. By the very nature of having so many divisions of government, policies can become fragmented, overlapping, redundant, and at times contradictory. To deliver a convincing policy message in an organized and efficient way, all levels of government must work together.

Health problems, including nutritional problems, are seldom confined to one set of boundaries in the United States. For example, obesity may be more prevalent in some parts of the nation, but overall it is a problem in all parts of the nation. Food is grown in various parts of the country but is then distributed to the entire country. Most processed foods are universally distributed across the nation. Media advertising and the lifestyle effects of media are universal throughout the United States. Food franchises, food labeling, and the effects of federal nutrition programs are nearly the same everywhere in the nation. The factors that improve or detract from our nutritional health are generally widespread and not confined to a single state, county, or city. To make changes in policy that affect nutritional health requires a

concerted policy effort by all levels of government giving a unified message.^{18,19,28,30,31}

ROLE OF THE FEDERAL GOVERNMENT IN POLICY DEVELOPMENT

The federal government plays a vital role in health and nutrition policy development. Many nutrition problems, such as obesity, increased prevalence of certain cancers, and heart disease, are faced by everyone in our nation, and they are affected by behaviors and conditions that exist throughout the country. These problems require national policy attention as well as state and local attention if they are to be solved.

The federal government's policies affect the nutritional health of U.S. citizens in several ways:

1. Federal policies greatly affect the food supply in the United States, including the quantity, types, and pricing of available foods. Because the food supply affects nutritional health, any changes in agricultural policy need to come from the federal level.

2. Most food production, processing, packaging, labeling, and marketing are done at the national level, so federal policies are necessary to bring about any changes.
3. The major food and nutrition programs in the United States are all administered and funded by the federal government. These programs affect a significant portion of the public. The policies of these programs determine what foods are given and what nutritional information is provided. For most states, the majority of the nutritionists and dietitians working in public health are employed by these programs. For some states, these programs constitute almost their entire public nutrition policy. Because federal programs such as WIC purchase such large quantities of foods (such as cereals and infant formulas), program regulations affect manufacturing and marketing practices of the foods to the entire population.
4. The federal government plays an important role in assessing the nutritional health of the population of the United States. The National Health and Nutrition Examination Survey, Behavioral Risk Factor Surveillance System, and other surveys give the nutrition public health community the nutritional data upon which to base policy decisions.
5. The federal government has built up a resource of scientific and technical assistance that may be used by states to identify nutrition and health issues and to help create effective policies for solving the problems.
6. Most nutritional problems are national, and the federal government must play a role in policy leadership to identify, monitor, and resolve nutritional issues.
7. The federal government has the technical and financial resources for research to understand and solve nutrition problems.
8. Finally, the federal government has financial resources to assist states with public policies to solve public health nutrition problems. A good example of this is the money states are receiving from the CDC to create policies and programs to prevent obesity.

Food Program, WIC, and the National School Lunch Program are administered at the federal level by the USDA. Operation of these programs is delegated to state agencies, which in many cases then delegate the programs to local agencies where services are provided.

Nutrition programs are created through legislation that is written with broad goals and a basic design for a program. It is the responsibility of agencies to translate these broad goals and designs into practical rules and regulations that allow for the operation of programs. This arrangement permits legislatures to create broad policies to accomplish goals, and then allows agency staff to use their expertise to create the rules that provide for delivery of services. Agency staff has more expertise in nutrition and in techniques to improve nutrition behavior than legislative staff, so this is a good arrangement. Agency staff can work out details in programs that allow them to be effective and to work in an efficient manner.

If rules and regulations are written poorly, programs will be ineffective and the goals of legislated policy will not be achieved. If the rules and regulations are well written, the program may have great success. Whatever the intent by legislators, the end result depends in great measure on those designing the details of the programs.

Agency staff is also responsible for enforcement, interpretation, and prioritization of rules and regulations. This can have a significant impact on policy. Most government programs have large numbers of rules with many details. It is virtually impossible to follow all rules to the letter. Which rules agency staff decide to focus their energy on or to enforce will substantially affect public policy through the accomplishments of the program.

Agency staff members also have a role in advising policy makers at various levels of government. Agency staff can make recommendations for legislation and budgets. Because many agency staff are experts in their subject areas, such as nutrition, they can advise policy makers about proposed policies and proposed budgets, and can recommend new policies. For example, if agency staff monitoring health statistics finds that fruit and vegetable consumption in school-age children is lacking, they can make recommendations for legislation to encourage fruit and vegetable consumption. Likewise, if a legislator decides that a new program is needed to address obesity, agency staff can help develop the legislation and make recommendations for how the legislation is written, methods for decreasing obesity, and how much money should be allocated. Agency staff often makes recommendations for policy when new legislation is being created and when programs are being reauthorized by Congress.³²

ROLE OF PUBLIC AGENCIES IN POLICY DEVELOPMENT

Agencies are government units that oversee nutrition programs. These agencies can exist at all levels of government, from the federal to the local level. At the federal level, the USDA has been given the primary responsibility for nutrition programs and policy. Nutrition programs such as food stamps (SNAP), the Commodity Supplemental

ROLE OF STATE GOVERNMENT IN POLICY DEVELOPMENT

State governments are responsible for the health of their citizens. This responsibility was given to the states by the U.S. Constitution. States may delegate some of this responsibility to local governments, but the ultimate responsibility rests with the states. Since the 1960s, the federal government has been playing a larger role, providing resources and expertise to help state governments fulfill their responsibility for the health of their citizens. States have a responsibility to collect and analyze information on the health of their citizens, to set policies and standards, to carry out national and state mandates, and to respond to health issues. The IOM recommended that each state have a health council that reports on health issues in the state and makes policy recommendations to the governor and legislature for policy development.³³

Policy does not just happen, and legislatures are generally not looking for new public health policies to create. Because many states do not have a single lead nutritionist responsible for policy development, it is the responsibility of all nutrition professionals in a state to assess their state's nutritional health and determine what legislation is needed. This includes nutritionists at the state-agency level and their professional associations. Nutritionists also need to monitor all legislative activities for policy changes that could affect the nutrition of the public.

State personnel are sometimes restricted in their government positions from advocating for legislation, at least while functioning as a government employee. Local dietetic associations and nutrition alliances, such as anti-hunger groups or nutrition networks, may be effective in proposing and advocating for nutrition policy changes.

State governments offer an advantage in policy development in that most state legislators are more accessible than are federal legislators. Legislators may be more responsive to small groups of advocates. Nutritionists at the state level have been successful at getting legislation introduced and passed regarding licensure of dietitians, pro-breast-feeding policies, issues affecting school nutrition, and reimbursement for certain types of nutrition counseling.

ROLE OF LOCAL GOVERNMENT IN POLICY DEVELOPMENT

Local governments vary considerably in their form and configuration as well as how they deal with health issues. There are a great many units of local government with a wide range of structures, functions, and size. Some local governments are larger than some state governments, and

others are so small that they have few resources and staff for health functions.

Local government is where nutrition services occur. State governments often delegate portions of their responsibility for health to local government units because it is local governments that provide health services. Many nutrition programs, although administered at the state level, provide services through units of local governments.

Policy development needs to occur at the local level, as at all levels of government. Local governments may be the most accessible of all when trying to create policy.³⁴ One passionate nutritionist with good organizational and people skills can do great things with respect to nutrition policy while working with the school board, local health department, physicians, and city government. It may be possible to get legislation created and passed around nutrition education or vending machines in the school, breast-feeding issues, or senior nutrition programs. Policies created at the local level can become models and open doors to get similar policies passed at the state level. Of course, it is important that local policies target goals similar to national nutrition policies.

Much like agency personnel, local nutrition professionals have a great impact on actual nutrition policy as it is administered. A nutritionist working for a federal nutrition program at the local level can determine how well that program functions and interacts with other health programs. Local nutritionists working for WIC, who reach out to the community and build a quality WIC program, help create effective nutrition policy. Likewise, a nutritionist who works to build coalitions with Head Start, preschools, daycare programs, nurse partnerships, and other programs can create an environment in which nutrition issues are addressed and the nutritional health of the community benefits. A nutritionist in the same community who creates barriers to WIC services and builds walls with other programs will have the opposite effect on nutrition in the community.

LEADERSHIP ROLES FOR NUTRITIONISTS

The purpose of public health policy is to create conditions in which people can be healthy. Public policy should create conditions that make it easier to be healthy and harder to make decisions that contribute to a person being less healthy. Policy makers at all levels of government are responsible for policy development.

Good nutrition policy does not just happen. Policy development is a long and complex process, affected by many players and filled with compromises. There is no "nutrition czar" in the United States to watch out for

needed nutrition policy legislation. It is the role of every nutritionist to be involved and to work for good nutrition policy.³⁵ Nutritionists need to be informed and work together to bring about changes for better nutrition. This is especially true as the United States faces one of its most challenging nutritional epidemics, that of obesity.

ADVOCATING AND INFLUENCING HEALTH AND NUTRITION POLICIES

Advocacy is the act of supporting or promoting a cause. Public health and nutrition professionals must advocate for nutrition policy. Nutrition policy does not just happen. We tend to take for granted nutrition policies from the past and to allow market forces and special interest groups to determine nutrition policies for the future. For nutrition and public health professionals, it is a primary responsibility to advocate for effective public policies that will improve the nutritional health of people in the United States. Although those employed in leadership roles in public health nutrition have specialized roles for leading in policy development, it is the responsibility of all nutritionists to advocate for effective nutrition policy.³⁴

Advocacy for new policies often starts at the local level because this is where politicians are elected. Visits to the local offices of politicians are a good way to start building relationships and support for a new or proposed policy. When local policies are put in place to improve nutrition, they can serve as models for state or **federal policy**. Many nutrition initiatives had their start in local government. For example, the Health in All Policies movement started as a collaboration between state and local government in California and, with the endorsement of the American Public Health Association, is being used as a model throughout the United States.³⁶

INFLUENCING LEGISLATION

The first step in creating new public policy is to get the proposed policy on the agenda of lawmakers. This may be the most difficult part of the policy-making process. Legislators have many issues, many individuals, and many interest groups vying to capture their attention. Organized interest groups whose purpose is to create legislation have proliferated. In a given year, far more bills are proposed than can possibly be turned into policies. Also, health issues must compete with policy issues unrelated to health, as well with other health issues.

A number of factors help determine which bills are likely to get put on the policy agenda and successfully move on to become law. Bills are more likely to be successful at being placed on the policy agenda if:

- A greater number of people perceive the policy issue to be a problem.
- The problem is perceived to have greater severity.
- The problem is more immediate and novel.
- More people are affected by the problem personally.
- The political atmosphere is supportive of the policy.
- The policy appeals to the public.

In democracies, public opinion and special interest groups have a substantial impact on whether a bill for a new policy will be put on the legislative agenda. It is, therefore, important for public health officials to know how to influence public opinion and to obtain the support of organized interest groups. Working effectively with the media to form public opinion is an important relationship and skill to cultivate. Well-organized and financed special interest groups can also sway policy makers away from following public opinion in some situations. This is especially true when the policy only affects a small number of people, large economic interests are involved, or the issue is very technical in nature. Even if public opinion can get legislation passed, influential interest groups can have a substantial impact on the fine print of legislation that substantially changes the intent or effectiveness of a new policy.

Building Support for New Policies

1. *The Policy.* The first step in building support for a new policy is to create a defensible, sound policy. Public health leaders must know the scientific literature and be able to present a strong case in favor of the policy. Is there sufficient scientific information to justify the policy? The potential risk of creating policy with inadequate information needs to be weighed against the need for the policy.

Public health leaders also must be able to assess the feasibility of the new policy, the costs and benefits of having the policy, the costs and benefits of not having the policy, and the compatibility of the policy with public values. The human rights burden, the effects of the new policy on personal freedoms, fairness of cost distribution, and reasonableness between means and end must also be considered. It is the responsibility of the policy developer to justify the costs and burdens of new policy against its benefits.

2. *Public Opinion.* Public policy tends to follow public opinion, so it is important to build public support

for new policies. Finding the right community champion(s) is extremely important. This champion can help navigate the political waters and is an essential part of a successful policy campaign. Building public support for an issue can be done through the media, public officials, celebrities, and public awareness campaigns. Public opinion can be developed by building coalitions or alliances, citizen participation in policy development, communication with the public at large, and communication with elected officials. The community, as well as elected officials, must see public health personnel as technical experts and as advocates for the community and supportive of community values. Both technical knowledge and public values determine how public health is practiced. Rather than having a paternalistic approach to communication, public health needs to encourage debate and empower communities to create solutions to their own health issues.

3. *Timing of Policy Proposals.* Timing is critical. Policy agendas may be filled with other issues that are considered high priorities; therefore, a new policy may not become part of the political agenda even though it is well supported. It is important to judge the political climate when introducing a new policy. Reintroduction of the health policy in a different legislative session, when fewer priority items are on the agenda, may increase the likelihood of getting the proposed policy on the political agenda.

Sometimes it takes multiple tries to get a new policy on the legislative agenda. Then once on the agenda, it may also take multiple tries to get the legislation passed. Repeated attempts help gather support and decrease opposition in many cases. To get legislation for dietetic licensure in one state, the sponsors of the legislation had to agree to exempt dietitians employed in certain practice settings. This was not the intent of the original policy, but it allowed a licensure bill to become law. In the following years, the legislation was amended to include some of the dietitians originally excluded. Through incremental change over time, the original intent of the policy was eventually accomplished.

4. *Lobbying.* Lobbying is the process of trying to influence the members of a legislature. Lobbying is an art, not a science. It can be done by professional lobbyists, or it can be done by individuals or groups trying to advance their cause. There are more than

12,000 registered professional lobbyists in Washington, D.C., which makes for a lot of people trying to influence policy makers' decisions.

Lobbyists serve several functions in their roles. They attempt to educate legislators on issues important to their cause, stimulate public debate on issues, and encourage participation in the political process while trying to gather public support for their legislative issues. "Lobby" has also come to have a negative connotation, referring to pressure groups that run sophisticated and heavily moneyed campaigns to influence legislators by a variety of persuasive methods.³⁷

Public health professionals, health professionals, and consumer advocate groups have taken up lobbying as a way to influence legislation on public policy. In general, public health lobbyists are fewer in number and are less well-financed than those from commercial interests. It is a challenge to overcome the influence of lobbyists from well-funded groups that may not favor certain policy changes important for health.

People running government programs are generally prohibited from lobbying, as are government employees in many circumstances. Because government programs need the benefits of lobbying, private groups are sometimes formed that will lobby for them. For example, many state and local WIC programs are members of the National WIC Association (NWA). NWA is a private, nonprofit organization that advocates for WIC and issues related to the WIC program. NWA provides information to legislators, makes recommendations on funding and policy changes related to WIC, and works to build community support for the program.

5. *Groups That Are Part of the Political Process.* Political action committees (PACs) are organized for the purpose of raising and spending money to elect or defeat political candidates. Most PACs have specific legislative agendas and work to elect political candidates sympathetic to their cause. Health-related groups have created PACs so that their members can contribute money to help elect candidates that support their issues. As an example, the Academy of Nutrition and Dietetics has an active PAC.

A coalition is a group of people and organizations that have common interests and come together to influence outcomes. For example, a coalition of interested citizens, social service organizations, and

religious groups may come together to find ways to increase food security in a community. Coalitions can be an excellent way for public health officials to broaden input and tear down silos. They bring together community and health-related groups as well as public and private organizations for public health issues.

Alliances are groups of healthcare and public health organizations that combine forces to address public health issues in a specific geographic area. Alliances can also bring together public and private groups to work on a common issue. Coalitions and alliances allow for synergism in solving problems. Collectively, the group can do more than each of the partners separately. For example, the National Alliance for Nutrition and Activity is comprised of over 500 members and advocates within the legislative and executive branches of government for a better understanding of the importance of healthy eating, physical activity, and obesity control for the nation's health and health-care costs (<http://www.cspinet.org/nutritionpolicy/nana.html>).

Professional organizations of health professionals, such as the Academy of Nutrition and Dietetics (AND), the Society for Nutrition Education and Behavior (SNEB), or the American Public Health Association (APHA), have a strong role in advocating for public health issues. These organizations can create policy statements that support legislation. They can hire lobbyists, and they have the ability to mobilize members to lobby legislators on specific legislation. They can be technical resources when legislation is being created and provide expert testimony. Belonging to a professional organization that advocates for nutrition and public health is an important responsibility every nutritionist has to the nation's health.

Health advocacy organizations generally focus on a specific health issue. They help advocate for public health in the same way as professional organizations. For example, the American Diabetes Association (ADA) is active in advocating for health issues related to diabetes. They can be an important partner in an alliance or coalition working for public policy change.

Consumer advocacy groups can have a very powerful influence on legislatures. The American Association of Retired People (AARP) is one of the largest advocacy groups in the United States, and as such has tremendous influence with legislatures. It

represents a very large and growing block of voting citizens.

The Center for Science in the Public Interest (CSPI) is another consumer advocacy group that has had a considerable impact on nutrition policy in the United States. CSPI's goals include providing useful, objective information to the public and policy makers on food and nutrition; representing citizens' interests before government units; and ensuring that science and technology are used for the public good. CSPI has brought significant attention to nutrition issues, especially in controversial areas, through use of the media.

Political parties have a major role in determining public policy. This is done by formal party manifestos prior to elections, or in an informal way through the philosophical beliefs under which the political parties operate. A political party that is supportive of health policy can be indispensable in helping to draft health legislation and getting it on the policy agenda. A political party opposed to health legislation can be a formidable hurdle.

The National Academies and Institute of Medicine and the National Academy of Science (NAS) is a private, nonprofit society that was given a charter by Congress in 1863. NAS has a mandate to advise the federal government on scientific and technical matters. The Institute of Medicine (IOM) was established under the charter of the NAS in 1970 to provide independent, objective, evidence-based advice to policy makers, health professionals, the private sector, and the public. The IOM conducts policy studies on health issues as part of the National Academies composed of the National Academy of Sciences, National Academy of Engineering, and the National Research Council. Congress often refers health issues to the IOM when a nonpartisan, impartial review and recommendation are needed. Documents from the IOM are invaluable in advocating for change in public health and nutrition policy.³³

The media helps shape the public's view of reality and can have a strong influence on public opinion. Anyone who has ever worked with the media is aware of how important it is to develop a positive and mutually beneficial relationship with the media. How the media "frames" an issue can make a major difference in whether the public will support or reject a proposed policy. The media needs news stories of interest to entice the public, and public health

officials need the media to educate the public. Public health officials must become dependable sources of accurate information for the media so that the media frames them as knowledgeable experts when health issues arise.

IMPORTANCE OF BUILDING AN INFRASTRUCTURE OF SUPPORT

For public health officials to be effective advocates for policy change, they need to have the support of the community, other health professionals, and politicians. The IOM has made several recommendations for building a base of political support:

- Public health officials should develop relationships with legislatures and other public officials and educate them on public health issues.
- Public health agencies should train staff in community relations and citizen participation.
- Public health agencies should develop relationships with physicians and other private sector representatives, including professional societies and academic medical centers.
- Public health agencies should seek stronger relationships and common goals with other professional and citizen groups involved with health issues.
- Agencies should undertake education of the public on health issues.
- Agencies should review the quality of contacts between employees and clients to ensure the public is treated with cordiality and respect.

The IOM noted that these relationships need to be cultivated and fostered on an ongoing basis. Building these relationships is part of the political process necessary to accomplish goals. It has been suggested that political skills must be consistently used in order to maintain them.

ADVOCACY ACTIVITIES AND SKILLS FOR INDIVIDUALS

Many professional organizations provide member training on advocacy skills. It is the actions of members and other individuals that make these groups effective. It is important not to underestimate the power of the trained individual advocate when confronting major health or nutrition

problems. Passionate, persistent individuals have made remarkable differences in the face of poor odds.

There are many ways an individual can advocate for nutrition policy, either as a private individual or as a professional. The following suggestions apply to individuals advocating on their own or as part of groups made up of individuals:

- Know your elected officials and develop professional relationships with them. Read about their voting records, and get to know their philosophies and voting records related to health issues. Attend town hall meetings and make your opinions heard. Be assertive, but polite, friendly, and tactful. Write letters, email, telephone, and visit your elected officials telling them your views on public health and nutrition issues. Even when it is unlikely that the official will be swayed to change his or her mind on an issue, it is still good to let him or her know your views. It may soften his or her opposition.
- Vote in elections to influence who will represent your views in government.
- Join a professional association or advocacy group(s) that advocates for public health. Many voices are generally louder than one. Be active in the group and encourage policy involvement.
- Conflicts arise. Do not take them personally. Learn from your opponent's position; it may strengthen your own position. Accept that some people may reject you for your position on an issue.
- Write letters to the editor of the newspaper when you have a strong position on a health or nutrition issue.
- Identify and know your audience. Adjust your message to better target their concerns and needs.
- Be persistent. Learn from your own mistakes and move on with that knowledge to do a better job next time.
- Take the time to comment on policy proposals and changes. The government often requests written comments on new policies and policy changes. These requests for comments are printed in the *Federal Register* for comment periods of 30 to 90 days. This is one of those unusual times when someone is required to read your letter and comments. Federal employees are required to read and compile all comments received during a comment period. These compiled comments are then used to support approval, change, or rejection of proposed policies

THE FUTURE OF PUBLIC HEALTH

The future of public health will be determined by those with the greatest influence on public policy development. It is critical that public health officials work to become effective advocates of public health. Good public policy does not happen on its own. Without effective leadership from public health officials, public health will be determined by those with the greatest economic interest or political need. Effective skills and strategies in policy development must be developed by public health professionals. These skills require development of a broad base of support in the community and credibility as technical experts. As individuals, those with concerns for public health must remember that it is the actions of many individuals that result in positive changes for public health. Each public health professional as an individual and as part of organized groups must advocate for optimal health for all.

CONCLUSION

To accomplish something in an organized and efficient manner, you must have a goal and a plan of action. This is the reason for creating policy. Public policy may be created by the legislative, executive, or judicial branch of government. Generally, policy is created by legislation that

ISSUES FOR DISCUSSION

1. Why is public policy important to health issues?
2. Discuss the barriers to effective public policy.
3. What types of tensions are evident in a public policy setting? Illustrate your answer with a nutrition example.
4. Building a base of public support is important to get a public health policy through the legislature.

PRACTICAL ACTIVITIES

1. Develop a timeline for a food/nutrition bill from introduction to passage.
2. Develop a social media campaign for a food/nutrition issue.
3. Debate the risks and benefits of using political action committees (PACs) and lobbyists in public health advocacy.

is introduced and passed by the legislative branch. This legislation or policy is then translated into a set of practical rules by the executive branch to accomplish the intent of the legislation. Policy, however, also may be informal, indirect, and even unwritten.

As a result of a need for public policy in a complex society, public policy touches almost every aspect of our lives. The successes of public health are frequently taken for granted and only noticed when they fail. Health policy is determined more by crises, hot issues, and the concerns of organized interest groups than by careful analysis of objective data and technical knowledge about health.

Government policies have a great impact on what foods are available to the public and at what price. Many of the current food policies come from a time when providing adequate food at a cheap price was the goal of U.S. agricultural and nutrition policy. The conditions and health issues that existed when those policies were created are not the same as today's conditions. From a nutrition policy point of view, these policies need to be reevaluated to create food policies that support the production, marketing, and low price of foods that are associated with a healthier diet rather than support the production of less healthy foods.

Good nutrition policy does not just happen. Policy development is a long and complex process, affected by many players, and filled with compromises. It is the role of every nutritionist to be involved and to work for good nutrition policy. Nutritionists need to be informed and work together to bring about changes for better nutrition.

Explain how to develop public support with respect to a policy on child obesity.

5. Research a nutrition advocacy group. What issues are they advocating for? How successful have they been in their past advocacy efforts?

4. Investigate Kantian Duty-Based (Deontological) Ethics and compare it to Mills Utilitarian Ethics. Apply both theories to the Flint Water Crisis.

5. Research Shep Glazer and his fight for Medicare coverage for dialysis in the 1970s. Apply this advocacy tactic to a food/nutrition issue.

CASE STUDY: EDUCATIONAL OPPORTUNITIES

Alisha has been interested in food ever since she can remember. Some of her favorite memories include cooking with her auntie and grandma, and she still makes those favorites in her college apartment when she has the time. Alisha is now a registered dietitian/nutritionist and graduate student in public health. She is amazed that her peers have very few cooking skills and rely on convenience foods from the neighborhood store, the fast food outlet across the street from the university, or foods from the vending machines.

Alisha sees educational opportunities with her fellow students but also sees many barriers to healthy eating. She is interested in making the best food choice the

easiest food choice in order to change her friends' eating behaviors, but she needs a community champion to assist her in an advocacy campaign for a healthier food landscape.

1. What are the assets of Alisha's peer group?
2. What are the barriers to healthy eating among this group of university students?
3. How could Alisha build support for healthier eating?
4. What policy options might assist her advocacy campaign?

ONLINE RESOURCES

1. CFR: the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the federal government, www.gpo.gov
2. "On the Pulse": listserv nutrition policy updates from the Academy of Nutrition and Dietetics, www.eatrightpro.org

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