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Nicholas Freudenberg  
*CUNY School of Public Health*

Sarah Picard Bradley  
*Center for Court Innovation*

Monica Serrano

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# Public Health Campaigns to Change Industry Practices That Damage Health: An Analysis of 12 Case Studies

Nicholas Freudenberg, DrPH  
Sarah Picard Bradley, MS  
Monica Serrano, MPH

Industry practices such as advertising, production of unsafe products, and efforts to defeat health legislation play a major role in current patterns of U.S. ill health. Changing these practices may be a promising strategy to promote health. The authors analyze 12 campaigns designed to modify the health-related practices of U.S. corporations in the alcohol, automobile, food and beverage, firearms, pharmaceutical, and tobacco industries. The objectives are to examine the interactions between advocacy campaigns and industry opponents; explore the roles of government, researchers, and media; and identify characteristics of campaigns that are effective in changing health-damaging practices. The authors compared campaigns that operate at different levels of organization and use different strategies. Findings suggest that many campaigns achieve policy or mobilization outcomes that may contribute to improved health; local campaigns may be more effective than national ones; and advocates frequently frame their campaigns on the themes of children's health and social justice.

**Keywords:** *corporations; advocacy; health promotion*

In the past several years, public health researchers, educators, advocates, and others have called attention to growing evidence that industry practices can contribute to poor health (Angell, 2004; Bradsher, 2002; Centers for Disease Control and Prevention [CDC], 2001, 2002; Hemenway, 2004; Nestle, 2002). Advertising by the tobacco, alcohol, and fast food industries; production and distribution of products lacking available safety technology by the automobile and gun industries; and political involvement to defeat health legislation by the tobacco and pharmaceutical industries exemplify practices that damage health. In response, health advocates, local elected officials, consumer activists, and others have mobilized to press for changes in corporate behavior as a method of improving population health (Freudenberg, 2005).

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Nicholas Freudenberg, Program in Urban Public Health, Hunter College, City University of New York (CUNY). Sarah Picard Bradley, Center for Court Innovation, New York, New York. Monica Serrano, public health consultant.

*Address correspondence to* Dr. Nicholas Freudenberg, Program in Urban Public Health, Hunter College, City University of New York, New York, NY 10010; phone: (212) 481-5260; e-mail: nfreuden@hunter.cuny.edu.

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In this report, we describe and analyze 12 campaigns designed to modify the health-related practices of U.S. corporations. Our objectives are to examine the interactions between advocacy campaigns and their industry opponents; explore the roles of government, researchers, and media; and identify characteristics of campaigns that are more or less effective in changing health-damaging practices. By comparing campaigns that operate at different levels of organization (e.g., local, state, and national), use different strategies (e.g., community organizing, legislation, litigation), and target different industries (e.g., tobacco, food, alcohol, automobiles), we hope to gain insights that can guide public health research and practice. More broadly, we aim to develop a paradigm and evidence base that expands the repertoire of interventions so as to include not only strategies that seek to change the health behavior of individuals and communities but also to alter corporate and organizational practices and policies that contribute to ill health.

## BACKGROUND AND CONTEXT

In this study, we focus on six industries (alcohol, automobile, firearm, food and beverages, pharmaceutical, and tobacco) whose practices and products have been linked with a wide range of negative health outcomes, including heart disease, cancer, stroke, respiratory illnesses, obesity, and injuries, among others. Evidence suggests that the products of these sectors have a substantial impact on current U.S. morbidity and mortality (Angell, 2004; CDC 2001, 2002; Hemenway, 2004; Mokdad et al., 2004; Mokdad, Marks, Stroup, & Gerberding, 2005; Yach, Hawkes, Gould, & Hofman, 2004). In addition, the practices of each of these industries have elicited responses from health, consumer, environmental, and other activists, providing a body of evidence to examine for insights into effective advocacy strategies for reducing the impact of corporate policies on health (Freudenberg, 2005).

Industry practices that contribute to unhealthy behavior include advertising, product design, pricing, strategic marketing, public relations, lobbying, and campaign contributions. For example, the tobacco industry has targeted advertising at youth and women, increasing their smoking rates (Carpenter, Wayne, & Connolly, 2005); soft drink companies establish contracts that give them exclusive rights to market their products in schools, contributing to obesity (Nestle, 2000); the automobile industry has heavily promoted polluting and accident-prone sports utility vehicles (SUVs), and lobbied against stricter safety and environmental standards (Bradsher, 2003); and the pharmaceutical industry has promoted profitable drugs that its own research has shown to be dangerous (Angell, 2004).

In recent decades, industry efforts to increase promotion of harmful products and reduce public control of such practices appear to have grown (Anderson & Cavanaugh, 2000). Industry has hired more lobbyists (Center for Responsive Politics, 2004; Pear, 2005), increased contributions to political campaigns (Center for Responsive Politics, 2004), found new venues for advertising and other commercial activities (General Accounting Office, 2004; Schor, 2004), targeted vulnerable populations for advertising (Alaniz, 1998; Austin & Rich, 2001), moved to limit their liability for harmful products (Bohme, Zorabedian, & Egilman, 2005), and lower their taxes (Browning, 2004). Thus, it seems likely that the health-damaging consequences of corporate practices will increase.

In recent years, a variety of organizations and researchers have suggested that policy-level interventions may be an effective tool for promoting and protecting the public's health (e.g., Brownson, Hair-Joshu, & Luke, 2006; Institute of Medicine, 2003; Mittelmark, 1999). In some cases, such advocacy has resulted in changes in corporate practices. For

example, the Attorneys General Master Tobacco Settlement Agreement ended outdoor tobacco advertising, increased excise taxes on cigarettes, restricted marketing toward youth, and established a fund for tobacco prevention and education initiatives for youth (Schroeder, 2004). In the early 1990s, advocacy efforts strengthened federal gun control regulations (Hemenway, 2004), and food and nutrition advocates helped to convince the Food and Drug Administration (FDA) to require food companies to label the trans-fat content of food products (FDA, 2003). Trans fats have been associated with tens of thousands of excess heart-disease deaths (Willett et al., 1993). Despite these accomplishments, few researchers have systematically investigated health advocacy to change corporate practices across industries or strategies. As a result, health practitioners have lacked a body of evidence to guide or evaluate such interventions. This report seeks to meet this need.

## METHOD

To gain insights into the dynamics of these campaigns, we chose a multiple-case-history methodology. Social scientists use case histories to understand better interactions among variables of interest in changing contexts and to develop hypotheses that can then be tested using more quantitative methods (Hamel, Dufour, & Fortin, 1993). Multiple-case-study designs can yield findings that are generalizable to other settings (Yin, 1994), and investigators have recommended the use of this method to deepen understanding of mobilizations for health (Lofland, 1996). After identifying several variables of interest (e.g., campaign objectives, duration, advocacy strategies, successes, obstacles), we developed a multiple-case-history design that enabled us to describe a variety of internal and external dynamics and contextual factors specific to individual campaigns and then to compare findings across campaigns.

The unit of analysis in this study is the individual health advocacy campaign. We defined a campaign as an advocacy initiative in which one or more organizations mounted targeted activities of variable duration designed to achieve explicit changes in corporate or industry practices perceived to harm health. Although these campaigns may have been supported by and contributed to social movements, broader and more ongoing popular mobilizations (Lofland, 1996), the definition used here distinguishes between the more time- and objective-limited campaign and broader social movements.

Because there is no listing of the universe of such campaigns, we used a variety of Internet and computer-based research strategies (e.g., use of Google for general searches, Pub Med for peer-reviewed scientific reports, the Nexis and Thomas databases for media and legislative information, and existing Internet networks linking various advocacy groups and campaigns) to develop a database of campaigns designed to change health-damaging corporate practices. Search terms included "advocacy," "health," and products of the six target industries. Once a relevant source was identified, we followed links to other sources and added new, more specific search terms, such as the name of an advocacy organization, and then searched for additional materials describing identified campaigns. Given the number of search processes used and the large number of "hits" for various search combinations (e.g., a search for "health," "advocacy," and "tobacco" on Google yielded 1.25 million hits), we did not screen or count all hits, focusing instead on finding descriptions of activities that met our criteria.

To be included in the database, a campaign had to meet these criteria: Its activities were directed at a specific practice in one of the six selected industries (alcohol, automobile, firearms, food and beverages, pharmaceuticals, and tobacco), it was designed

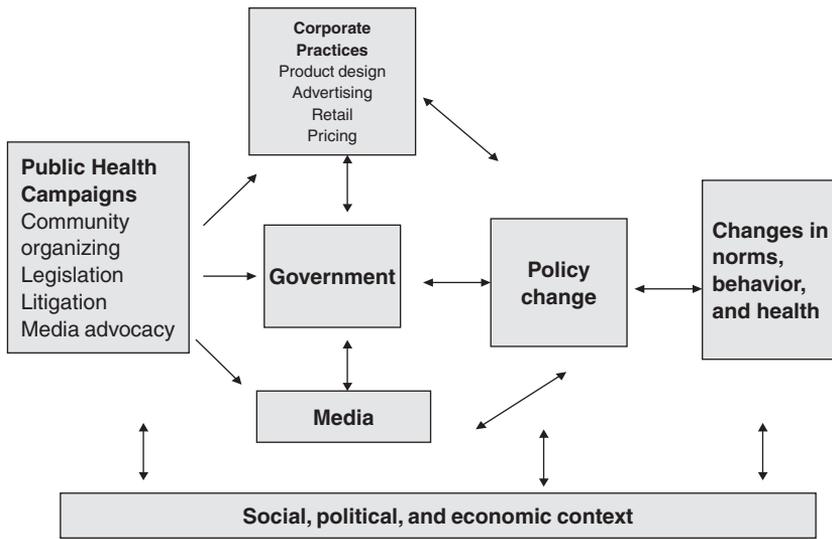
to influence changes in corporate practices, and it identified clearly defined and specific objectives related to health.

Ultimately, we identified 25 campaigns that met these criteria. Once a campaign was entered in our database, staff created a file that contained all relevant material for that campaign. After reviewing the files for 25 campaigns, we selected a stratified convenience sample of 12 campaigns, 2 from each of the six target industries. To ensure that sufficient material was available for a case history, we selected only campaigns for which material was available from at least three separate sources, including two independent sources (e.g., media or advocacy reports, campaign Web sites, government or industry documents). Because advocacy campaigns seek change at different levels of organization (e.g., local, state or regional, and national) and use different strategies, we chose an assortment of initiatives that reflected this diversity. Using the materials so assembled, a team member prepared a case history of the campaign, following a standard outline with sections on the relevant policy background; descriptions of the primary advocacy organization or coalition; advocacy activities; government, media, and industry responses to these advocacy activities; an assessment of the impact of the campaign (i.e., changes in policy, practices, or health that can reasonably be attributed to campaign); an appraisal of factors facilitating or impeding success, and lessons learned. In 2 of the 12 cases selected, we found previously published case studies, which became part of our file. All case histories included content for each section of the outline. All three authors then reviewed the 12 case studies independently to identify themes for comparison across campaigns. This process yielded a consolidated list of 12 broad themes: contextual issues (factors affecting the broader climate in which campaign took place), advocates' strategies and tactics (e.g., media advocacy, community organizing, litigation, legislative advocacy); industry/opponent strategies and tactics to counter-campaign (e.g., public relations, litigation, strategic compromise); public health consequences of industry practices; "framing" efforts by industry and advocates; roles of scientists and public health professionals on both sides of issue; roles of local, state, and federal government; role of media; successes of campaigns; facilitators of success; obstacles to success; and lessons learned. Each author then reviewed all 12 written case histories and coded them thematically using these 12 categories. Some variables were coded dichotomously (e.g., use of a particular strategy or participation of a specific stakeholder), whereas others were described more qualitatively (e.g., the differing roles of government in the campaigns).

In most cases, raters assigned text segments in the case histories to the same themes, reassuring concerns about interrater reliability, a key component to assessing the validity and generalizability of qualitative data (Berg, 1998). In addition, we prepared tables summarizing key facts and characteristics of the 12 campaigns.

Finally, to be able to compare the characteristics of more and less effective campaigns, each author independently rated each campaign on its success in achieving its stated objectives and in mobilizing constituencies. We used a 5-point scale ranging from 1 (*fully successful*) to 5 (*not successful*) on these two criteria. Overall, raters agreed within 1 point on the scale 75% of the time. The three ratings were averaged to obtain a mean score on each of the two criteria.

Our conceptualization of the relationships among variables of interest in this study is illustrated in Figure 1, a conceptual framework for the study of public health advocacy campaigns to change corporate practices. Our research seeks to describe the relevant behavior of the players shown in columns 1 and 2, to elucidate the pathways by which the changes in columns 3 and 4 occur, and to analyze the variety of interactions symbolized by the arrows.



**Figure 1.** A conceptual model for the study of advocacy campaigns to change health-damaging corporate practices.

## FINDINGS

### Description of Campaigns

The 12 campaigns, all carried out in the past 15 years, sought to modify a variety of corporate practices. Campaign objectives included achieving changes in distribution, advertising, or promotion of health-damaging products so as to reduce access; requiring industry to label harmful products; reducing pollution through manufacturing and emissions regulation; and lowering prices of lifesaving drugs to increase access. These campaigns had the potential to reduce such serious health problems as underage drinking and its associated injuries and deaths, pollution-related respiratory conditions, tobacco-related heart disease and cancer, gun-related injuries and deaths, automobile injuries and deaths, obesity, and over- and underuse of prescription drugs. Brief descriptions of the campaigns, organized by target industry, illustrate the diversity of practice.

#### *Alcohol*

Stop Alcopops (1997-present) and the Alcohol Free Sports TV (2003-present) were national campaigns that worked to reduce alcohol promotion to youth. The Alcohol Policies Project at the Center for Science in the Public Interest (CSPI) supported the Stop Alcopop campaign, which included local efforts in Washington, D.C., New York City, and elsewhere. Alcohol companies produced and marketed sweetened, high-alcohol-concentration beverages (“alcopops”) in hopes of expanding their market. As one observer noted, “Sales of traditional alcoholic beverages are in decline, so companies are looking for other categories to sell. . . . Brewers have been looking for stuff that will appeal to groups that don’t drink beer, as a means to develop a broader demographic

pool.” (Richard, 1997). The campaign works to remove alcopops from the market by targeting both federal regulatory agencies and local retailers.

Alcohol Free Sports TV, also initiated by CSPI, mobilized colleges and allied professionals to seek to persuade the National College Athletic Association to end television advertising of beer during its events. The NCAA and many collegiate members depend on contributions and advertising revenue from the brewer Anheuser-Busch and others. Citing public support for a ban and recent research on the deleterious health effects of binge drinking on college campuses, by 2005, the campaign had received the endorsement of 180 organizations and more than 220 schools had agreed to ban alcohol advertising from local broadcasts of sports events. As of early 2006, the campaign was still working toward a full ban on alcohol advertising during NCAA-sponsored events.

### *Automobiles*

The campaign to Strengthen California Emissions Standards (2002-present) supported an effort by the quasi-public agency the California Air Resources Board to establish stricter state auto emissions standards than mandated by federal law to reduce greenhouse gases and global warming. State and national environmental organizations worked to help the board pass strict standards in 2004, which were then challenged in court by the Alliance of Automobile Manufacturers, an industry trade group, a legal action that continues. Other states have since followed California’s lead in tightening emission standards.

Improve SUV Fuel Efficiency (1997-present), a national campaign led by the Sierra Club, an environmental group, seeks to strengthen regulation of SUVs to reduce air pollution. The campaign has used both adversarial and collaborative strategies, including a partnership with Ford Motor Company, to produce less-polluting hybrid SUVs.

### *Firearms*

The Million Mom March for Gun Control (1999-2000) and Close Loophole on Gun Advertising (2001-present) used very different strategies to reduce access to guns and establish stricter accountability for gun marketing. The Million Mom March organized a protest that attracted tens of thousands of people from across the United States and sought to pressure Congress and the president to make gun control a higher national priority. It received broad media attention and brought new activists into the gun control movement. The campaign Close the Loophole on Gun Advertising achieved success incrementally, receiving commitments to eliminate classified gun advertising by unlicensed dealers one newspaper at a time. At least 33 newspapers across the country have changed their policies since the campaign’s inception.

### *Food and Beverages*

Get Coke out of Seattle Schools (1996-2004) was a local campaign to mobilize Seattle area parents and the school board to revoke the system’s exclusive “pouring rights” for the Coca-Cola Company. Although the contract with Coke was terminated in 2003, the lead campaign organization, Citizens’ Campaign for Commercial Free Schools, continues to work to improve the nutritional content of school food and reduce the influence of food and beverage companies.

In 1994, the CSPI petitioned the FDA to require that food manufacturers label the trans fatty acid (trans fat) content of their food products. The petition was based on research showing that replacing trans fats with healthier oils could prevent between 30,000 and 100,000 premature cardiovascular deaths in the United States each year. The Label or Ban Trans Fats campaign (1994-present), joined by other organizations, has continued to work on this goal both locally and nationally. Campaign lawsuits against McDonalds and Kraft Foods led to settlements that reduced the trans fat contents in these companies' products. In 2006, the FDA required U.S. food companies to label the trans fat content of all products.

### *Pharmaceuticals*

The Lower Price of Norvir (2003-2004) campaign confronted and lost a battle with Abbott Pharmaceuticals (2004) to roll back the price of Norvir, a critical component in many HIV drug "cocktails." This campaign, led by the AIDS Treatment Action Coalition, was, however, able to gain visibility for issues around treatment access, and lawsuits won some intermediary goals for advocates.

Stop Patient Channel Drug Advertising (1998-2003) worked to stop the marketing of prescription drugs on a private television network operated by General Electric and broadcast directly to patients in their hospital beds. Many hospitals and health providers groups endorsed the campaign, led by the national group Commercial Alert, and the Joint Commission on Accreditation of Healthcare Organization modified its definition of patient education in response to the campaign.

### *Tobacco*

Stop Uptown Cigarettes (1990-1992), the earliest campaign described here, led a successful effort in Philadelphia, Pennsylvania to end the development of Uptown cigarettes, an R. J. Reynolds Company brand targeted for Black smokers. With the help of local clergy, community leaders, and some national groups, Stop Uptown Cigarettes was able to halt the pilot before any cigarettes hit the shelves.

Fifteen years later, the National African American Tobacco Prevention Network organized the Fight Kool Cigarettes Target Marketing campaign (2004) to challenge Kool, also marketed by R. J. Reynolds. The company's marketing plan targeted African American youth, and promoted Kool cigarettes using hip-hop themes and flavored "Kool Mixx" cigarettes. With the support of several state attorneys general, the campaign won the removal of the flavored cigarettes as well as a \$1.4 million settlement.

### **Advocacy Strategies**

In the case studies, we identified 11 distinct strategies that the campaigns used to achieve their goals, as shown in Table 1. Three strategies—coalition building, media advocacy, and public mobilization—were used by at least half the campaigns. Other commonly used strategies were policy advocacy, community organization, litigation, letter writing, and public protest. Only one campaign worked directly with industry to achieve its goals. The majority of campaigns studied used multiple strategies, with a mean of 4.3. Our sources did not enable us to compare the intensity of the campaigns, another potentially significant variable of interest.

Table 1. Campaign Strategies Used by Advocates

Campaign Name	Community Organizing & Capacity Building										Total
	Public Policy Advocacy	Media Advocacy	Research on Health Effects	Letter Writing	Coalition Building	Counter Marketing	Public Protest	Public Mobilization	Partnership With Company		
Alcohol industry											
Stop Alcopops	✓	✓	✓	✓	✓						2
Alcohol Free Sports TV					✓						3
Auto industry											
Strengthen California Emissions Standards				✓		✓		✓			4
Improve SUV Fuel Efficiency	✓	✓	✓		✓	✓		✓	✓		8
Food/beverage industry											
Get Coke out of Seattle Schools	✓			✓	✓			✓			8
Label or Ban Trans Fats	✓			✓				✓			5
Gun industry											
Close Loophole on Gun Advertising				✓	✓						3
Million Mom March for Gun Control		✓			✓			✓			5
Pharmaceutical industry											
Stop Patient Channel Drug Advertising				✓							1
Lower Price of Norvir	✓				✓						4
Tobacco industry											
Fight Kool Cigarettes		✓		✓	✓			✓			6
Target Marketing											
Stop Uptown Cigarettes		✓			✓			✓			3
Total	5	7	4	5	7	2	5	6	1		4.3 mean

A few campaigns used innovative strategies to reach new constituencies. For example, the Label or Ban Trans Fats campaign joined with local restaurant owners in Tiburon, California to create the first “trans fat-free city” in the United States. All 18 city restaurateurs agreed to use trans fat-free cooking oil (“Ban Trans Fat,” 2004), making Tiburon a model for a local business-friendly approach to improving diets. In another example, the Sierra Club developed a partnership with Ford Motor Company to introduce and promote technology that they claimed would improve the company’s SUVs fuel economy by 25% during 5 years (Sierra Club, 2005).

### **Industry Response to Campaigns**

By definition, campaigns to alter health-damaging practices have a target: the industry or organization whose policies advocates hope to change. Among the 12 campaigns, 4 chose a specific corporate target, 3 a government body, 3 some intermediary private organization (e.g. the National Collegiate Athletic Association, newspapers that advertised unlicensed gun dealers), and 2 a trade association or other industry group.

These targets and their supporters (e.g., other industry groups, supportive citizen organizations such as the National Rifle Association) used a variety of strategies to counter the campaigns, including public relations, litigation, and strategic compromise. Two common responses were to ignore opponents, often possible in the circumstances in which health advocates had far fewer resources than their industry opponents, or to adopt a more aggressive stance, publicly denying advocates’ claims, defending their own practices and delaying action through use of political processes. As noted, in one case, the targeted company and the advocacy organization developed a collaborative strategy.

In many cases, industry responded to campaigns by using strategies similar to those used by advocates (e.g., media advocacy, lobbying government officials, litigation, or the promotion of scientific evidence supporting their perspective). In these interactions, advocacy campaigns and their opponents competed to define the core campaign issues and win popular or political support for their interpretation.

### *Involvement of Other Parties*

Campaigns interacted not only with their opponents but also with a variety of other stakeholders, including scientists, public health professionals, government officials and agencies, community organizations, national advocacy groups, and others (see Table 2). On average, campaigns interacted with six of these constituencies. The most common interactions were with national advocacy organizations (all 12 campaigns) and scientists, community organizations, citizens, and government (10 each). Other participants in the campaigns (not shown in table) were local clergy, small businesses, and companies.

### *Framing Advocacy Campaigns*

In these campaigns, the contest for public support led advocates and their opponents to compete to “frame” the relevant issues (e.g., tobacco and alcohol abuse, gun control, access to prescription drugs, and obesity) so as to achieve their objectives. Interpreting the framing of social problems has recently emerged as a popular strategy in communications, social science, and public health research (Dorfman, Wallack, & Woodruff,

Table 2. Advocacy Campaigns Interactions With Other Stakeholders

Name of Campaign	National Advocacy Groups				Government <sup>a</sup>	Individual Citizens	Public Health Professionals	Total
	Scientists	Community Organizations	Citizens	Government <sup>a</sup>				
Alcohol industry	✓	✓	✓	✓ (f, l)	✓	✓	7	
Stop Alcopops	✓	✓	✓	✓ (l)		✓	4	
Alcohol Free Sports TV								
Auto industry	✓	✓	✓	✓ (s, l)	✓		6	
Strengthen California Emissions Standards	✓	✓	✓	✓ (f, l)	✓		6	
Improve SUV Fuel Efficiency	✓	✓	✓	✓ (f, s, l)	✓	✓	7	
Food/beverage industry	✓	✓	✓	✓ (f, l)	✓	✓	6	
Get Coke out of Seattle Schools	✓	✓	✓					
Label or Ban Trans Fats	✓	✓	✓					
Gun industry	✓	✓	✓					
Close Loophole on Gun Advertising	✓	✓	✓	✓ (f)	✓		6	
Million Mom March for Gun Control	✓	✓	✓					
Pharmaceutical industry	✓	✓	✓	✓ (f)	✓		6	
Lower Price of Norvir	✓	✓	✓					
Stop Patient Channel Drug Advertising	✓	✓	✓			✓	3	
Tobacco industry	✓	✓	✓	✓ (f, s)	✓	✓	7	
Fight Kool Cigarettes Target Marketing	✓	✓	✓	✓ (f, l)	✓	✓	7	
Stop Uptown Cigarettes	12	10	10	10 (8f, 3s, 7l)	9	8	5.75 mean	

a. f = federal, s = state, l = local.

2005; Entman, 1993). *Frames* have been described as tools for defining a problem, diagnosing its cause, justifying treatments for the problem, and predicting its likely effects (Entman, 1993, p. 52). In this study, our case analyses found that frames emerged from the news media coverage of the campaigns as well as the materials developed by advocates, researchers, and their opponents.

In several campaigns, advocates and industry groups offered similar competing frames for the conflict. Advocates portrayed advertising or promotional campaigns as an effort to target vulnerable groups as new markets despite evidence that the product harmed health, (e.g., R. J. Reynolds targets African American youth with the Kool Mixx campaign). On the other side, industry representatives argued that advertising legal products is free speech that is critical to maintaining market share in a free economy. This conflict between targeting vulnerable groups and free speech emerged repeatedly across campaigns, including Label or Ban Trans Fats, Fight Kool Cigarettes Marketing, Close Loophole on Gun Advertising, Get Coke out of Seattle Schools, Alcohol Free Sports TV, and Stop Patient Channel Drug Advertising.

Several campaigns effectively framed their issues by calling attention to the disparate impact of corporate activities on the health of vulnerable populations, including youth, poor communities, and communities of color. Both tobacco prevention campaigns focused on the industry's targeting of African American communities, and both used coalition building in these communities to change corporate practices. Similarly, the alcohol campaigns focused on the negative effects of targeting alcohol to youth markets, and the pharmaceutical campaigns emphasized the disparities in access to medication or control of health care choices for poor and medically underserved groups. This emphasis on disparate impact added a social justice dimension to the campaigns. Industry groups often responded to these charges by accusing advocates of seeking to impose their views on others and denying choice to individuals.

### *Role of News Media*

To some extent, the news media emerged as another player in these campaigns. Both local and national media played key roles in framing issues, raising awareness, and mobilizing various constituencies. In several campaigns (e.g., Label or Ban Trans Fats, Stop Uptown Cigarettes, Get Coke out of Seattle Schools, and Million Mom March), advocates were able to attract significant and favorable national media attention. In some cases, national organizations with media savvy and resources helped to develop and implement the media strategy (Stop Alcopops, Fight Kool Cigarettes Marketing, and Alcohol Free Sports TV). Although industry opponents generally avoided direct confrontation with advocates' media claims, their ongoing national advertising and public relations efforts provided opportunities for them to broadcast positive images of the corporate products and practices that were challenged by the campaigns.

Another form of media that some groups used was the Internet, and several showed creativity in adapting this interactive medium to their needs. The Million Mom March did most of its national organizing online and was thus able to bring in groups of mothers from around the country, both as organizers and participants, in the national march (Wallack, Winter, & Nettekoven, 2004). Ban Trans Fats asked supporters to send e-mail messages to Kraft Foods protesting the sale of Oreo cookies high in trans fats in schools, a strategy that led Kraft to pull the product from the school market and introduce a new Oreo without trans fats, in part out of fear that the e-mail communication would lead to a growing boycott (Burros, 2003).

### **Importance of Context**

Our review of the case histories suggests that the social context in which advocates and industry compete for the dominant interpretation of corporate practices is a critical component to the success or failure of campaigns to change corporate practices. For example, a comparison of the campaigns to change the practices of tobacco corporations and gun manufacturers illustrates the importance of national and local popular opinion, elected officials' willingness to act on the issue, and the role of mainstream news media in influencing the more favorable outcomes for the tobacco control than the gun control advocates. In some cases, the cumulative impact of previous campaigns may have created a more favorable climate for advocates, as in the case of efforts to change food industry practices in the current decade, and the campaign to remove Kool Mixx from the market, which built on the 1998 Master Settlement Agreement.

In other cases, the shifting social and political climate during the course of campaigns suggests the importance of context. For example, when the Seattle-based campaign to remove Coca-Cola from the public schools was launched in 1996, the school district was facing a budget crisis, and many board members felt the financial opportunities presented by the Coke contract were too valuable to pass up. During the course of the campaign, however, public concern about childhood obesity grew, helping to create a climate in which the board could no longer ignore advocates' concerns without the threat of litigation.

### **Outcomes and Impact**

As we moved from description of the campaigns to assessment of their impact, our findings are perforce more suggestive than definitive. Nevertheless, each of the 12 campaigns achieved at least some success in affecting corporate practices or raising public awareness of the core campaign issues. The campaigns we reviewed led corporations to stop production of certain health-damaging products (Uptown Cigarettes and, for a time, alcopops), redesign products (SUVs), reduce access to unhealthy products (Coca Cola in Seattle schools), change advertising practices (Kool cigarettes marketing, Patient Channel drug advertising, newspaper gun advertising), and to label unhealthy products (trans fats). Although we were not able to ascertain the health impact of these activities, there is substantial plausible epidemiological evidence that these changes in practices can contribute to improvements in health (Freudenberg, 2005).

The campaigns succeeded in educating and mobilizing diverse constituencies to raise awareness of threats to health, to change individual behavior, and to participate in advocacy efforts and the political process. In some cases, advocates mobilized thousands of people to take action in their campaigns (e.g., Million Mom March for Gun Control, Label or Ban Trans Fats). In other cases, a few organizations made changes that substantially reduced exposure to harmful practices or products (e.g., Get Coke out of Seattle Schools, Stop Patient Channel Drug Advertising, Close Loophole on Gun Advertising). On a broader level, several campaigns both contributed to and benefited from broader national changes in public perceptions of acceptable industry behavior (Get Coke out of Seattle Schools, Stop Uptown Cigarettes, Fight Kool Cigarettes Marketing, Label or Ban Trans Fats, Stop Alcopops, Improve SUV Fuel Efficiency, Strengthen California Emissions Standards, Million Mom March for Gun Control, Lower Price of Norvir).

On another level, these campaigns suggested indicators that could be used to track the success of campaigns in future research. For example, short-term markers of success could include a campaign's articulation of targeted changes in corporate practices and

establishment of an ongoing coalition; intermediate markers could include success in obtaining positive media coverage, reframing the issue in favorable terms, and achieving policy change; and long-term markers could include sustained changes in corporate practices, norms, behavior, or health.

### *Factors Associated With Success*

The diversity of goals and organizational complexity of many of the campaigns studied here suggests that the success of a campaign to modify health-damaging corporate practices can be attributed to a range of factors. For our purposes, each campaign was rated on two factors: its success in achieving its stated objectives and its success in public education and mobilization. Using the rating methods described previously (1 = *fully successful*, 5 = *not successful*), reviewers looked for evidence that the campaign had achieved its primary and secondary objectives. Only those campaigns that fully achieved their self-defined objectives were rated as fully successful (e.g., Stop Uptown Cigarettes and Get Coca-Cola out of Seattle Schools), although partial success also contributed to higher scores. In the public mobilization category, reviewers looked for evidence that a campaign had galvanized people or institutions not previously involved with the campaign's work. Overall, four campaigns were rated as more effective in both tasks, four as less effective in both, and the remaining four had split scores, suggesting that for some campaigns, success in achieving objectives may be influenced by somewhat different factors than success in mobilizing constituencies.

The level at which campaigns operated seemed to influence its success. Although both local and national campaigns were in the more effective category both on achieving goals and mobilizing constituencies, all three local campaigns (Get Coke out of Seattle Schools, Stop Uptown Cigarettes, Fight Kool Cigarettes Target Marketing) were rated as more effective in both tasks. National campaigns (8 of the 12 cases) were divided between the more and less effective rating in both achieving goals and mobilizing constituencies. It is noteworthy that the two campaigns that did not include a national organization as the lead group (Coca Cola out of Seattle Schools and Stop Uptown Cigarettes) were rated as most effective in achieving their objective. Both of these groups did, however, collaborate with national groups.

Groups rated more or less effective did not differ in their primary targets; companies, government bodies, and intermediary organizations were targeted by both more and less successful campaigns, once again suggesting the importance of social, political, and economic context. As noted earlier, for example, the growing concern about childhood obesity may have been a factor in the success of the Get Coke out of Seattle Schools campaign. Similarly, public ignorance or apathy may play a role in limited success. Although Americans have recently become more concerned with the practices of the pharmaceutical industry, no groundswell of public concern emerged during the course of either selected campaign targeting this industry. More effective campaigns used more advocacy strategies (5.3 versus 4.1) and involved more constituencies (6.3 versus 5.1) than less effective ones.

## **DISCUSSION**

Our study had several limitations. First, because it is not possible to identify the universe of public health campaigns, we were forced to select a convenience sample and

Table 3. Campaigns Ranked by Success

Campaign	Score on Success in Goals	Score on Success in Mobilization	Combined Score	Rank on Combined Score
1. Get Coke out of Seattle Schools	1.0	1.3	2.3	1
2. Stop Uptown Cigarettes	1.0	2.0	3.0	2
3. Fight Kool Cigarettes Target Marketing	1.3	2.3	3.6	3
4. Label or Ban Trans Fats	1.8	1.8	3.6	4 <sup>a</sup>
5. Close Loophole on Gun Advertising	1.8	2.5	4.3	5
6. Stop Alcopops	2.7	2.7	5.4	6
7. Alcohol Free Sports TV	3.3	2	5.5	7
8. Million Mom March for Gun Control	4.0	1.5	5.5	8 <sup>a</sup>
9. Improve SUV Fuel Efficiency	3.3	2.5	5.8	9
10. Strengthen California Emissions Standards	3.2	2.7	5.9	10
11. Stop Patient Channel Drug Advertising	3.3	2.7	6.0	11
12. Lower Price of Norvir	4.3	3.8	8.1	12

NOTE: Rating system: 1 = *fully successful*; 2 = *significantly successful*; 3 = *partially successful*; 4 = *only a little successful*; 5 = *not successful*.

a. In case of ties on combined scores, campaigns with higher score on goals ranked higher.

cannot ascertain its representativeness. It is possible that our search methods led to an oversampling of national campaigns or campaigns led by organizations with a greater capacity to have an Internet presence. The campaigns were also not fully independent—three were led by the same national group—perhaps biasing the results. In addition, we were unable to ascertain through our methods the relative financial resources of each campaign. Although we are aware of funding streams for certain campaigns, such as the Master Settlement Agreement between tobacco corporations and state attorneys general, it would have been ideal to compare budgets and resources across all 12 campaigns. Also, for this study, we did not conduct interviews with campaign participants, limiting our understanding to those provided by other accounts. In future research, interviews with key participants can add deeper understanding.

Third, it was not possible to fully assess the effectiveness of campaigns using standardized measures, in part because of incomplete information and the limits of our methods and in part because the diversity of campaign objectives, strategies, and duration make such systematic assessment difficult. In addition, although our decision to use materials from mass media, advocacy reports, and Internet sites as well as peer-reviewed publications provided more diverse viewpoints on the campaigns, these sources lack the more uniform standards for evidence and consistency found in peer-reviewed publications. Fourth, the campaigns studied here carried out their work in different time frames and for different durations. It is possible that a later assessment of

the more recent campaigns would find differing levels of effectiveness. Finally, our rating of effectiveness was based on a qualitative assessment of overall success in the two tasks; it is possible that raters shared common biases that skewed results in some unsystematic way. Despite these problems, we believe that our case studies accurately reflect the most visible manifestations of this emerging domain of public health practice and that the preliminary generalizations that we make provide a more solid foundation for future health education practice and research.

### **Implications for Practice**

The case studies show that public health advocates have successfully changed health-damaging practices of industries and mobilized diverse constituencies to join these campaigns. These campaigns have operated on local, state, and national levels and targeted industry, government, and other types of organizations. Although most campaigns did not fully achieve their objectives, all successfully mobilized some constituencies and contributed to public discussion of relevant health issues. Furthermore, with an average duration of 6 years (with some campaigns still ongoing), organizers demonstrated an ability to sustain activities over time. The variability in success implies that health educators, advocates, and researchers need to continue to collaborate to identify characteristics of effective campaigns.

Although based on a small convenience sample, our findings suggest some characteristics associated with success. For example, local campaigns may be more effective in achieving their objectives than national ones, perhaps because they set more modest goals or defined a more manageable scope of activities. Both the Stop Uptown Cigarettes and Get Coke out of Seattle Schools campaigns worked to convince a single organization to make a single decision, and in each case, the campaign was able to mobilize a cross-section of constituencies in support of this goal. In comparison, the Million Mom March had a more complex objective of stronger gun control laws and no clear target and failed to achieve its policy goals. At the same time, the national campaigns Lower the Price of Norvir, Improve SUV Fuel Efficiency, and the Million Mom March attracted national media attention and helped to educate more people than did local campaigns. In summary, campaigns at different levels may offer different benefits, requiring advocates to select the level of intervention based not only on their capacity but also their goals.

Campaigns that involve multiple stakeholders appear to be more effective than those that involve fewer. Other evidence also shows that involvement of diverse groups increases the effectiveness of public health campaigns (Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 1997; Zaza, Briss, & Harris, 2005), perhaps as a result of mobilizing a wider cross-section of the population to pressure decision makers to act. For example, the Alcohol Free Sports TV campaign elicited support from university coaches and federal legislators as well as public health scientists and advocates, allowing the campaign to remain visible over time. In some cases, the campaigns forged unusual new alliances that may contribute to future gains. In Chicago, for example, AIDS activists joined with senior citizens to protest price hikes by Abbott Laboratories, the maker of Norvir, an AIDS drug, and other medications. In Stop Uptown Cigarettes, African American church groups, health professionals, and civil rights activists joined forces, a constellation that was recreated in later campaigns elsewhere.

Government players came down on different sides of the battle in these campaigns, depending in part on the broader political forces acting on the public officials involved.

In *Fight Kool Cigarettes Marketing*, several state attorneys general helped advocacy groups to win resources for prevention from the tobacco industry and in *Strengthen California Auto Emissions*, the California Air Resources Board, a key player, was itself a quasi-governmental agency. On the other hand, in the campaigns *Lower the Price of Norvir* and *Get Coke out of Seattle Schools*, government was the target of advocates' actions, the agent for forcing changes in corporate practices. In some cases, sympathetic health officials played a more covert role, providing advocates with information even if their employers were neutral or opposed to the campaign. Overall, our cross-case comparison suggests that government actors typically function as intermediaries between corporations and campaigns regardless of their bias toward one side of the debate. In some cases, government efforts to forge a compromise reflected a helpful effort to achieve results in a charged political environment, whereas in others, government appeared to undercut its mandate to protect public health by accommodating the needs of special interest groups that harm health.

Most campaigns used multiple strategies, a practice associated with effectiveness, and advocates noted that each contributed to the other. For example, public activities led to media coverage, which in turn raised public and policy maker awareness (*Fight Kool Cigarettes Marketing*, *Lower Price of Norvir*, *Label or Ban Trans Fats*). Several advocates remarked that litigation or the threat of litigation was a powerful strategy. Recently, Michael Jacobsen, executive director of CSPI, a national advocacy organization involved with several of the campaigns described here, told a reporter, "We used to file all sorts of complaints with the government. Sometimes we'd get a response, but usually nothing happened. Now, when we have told companies that we're going to sue them, they show up in our offices the next week" (Warner, 2006, p. C3).

Contextual issues also affect the success of a campaign. Differences in the political climate for tobacco and gun control affected the outcomes of these campaigns, perhaps because gun advocates had a powerful mobilized constituency (i.e., the National Rifle Association), whereas Big Tobacco generally lacked genuine grassroots support (Nathanson, 1999). The relative lack of success of the two campaigns against the pharmaceutical industry may reflect that industry's strong political influence in the recent past (Angell, 2004). These findings suggest that sensitivity to changing political contexts is critical in campaign planning. For example, growing concerns about obesity may increase public sympathy toward advocates targeting the food industry, a contextual change that may make the next 5 years a fertile time for targeting the food industry.

Overall, we did not observe dramatic differences in campaign dynamics across industries, even though the six industries differ significantly in the variable impact of their products on health (e.g., tobacco versus food). Although further study with larger samples is needed, the similarities of tactics and strategies that both sides use in these campaigns suggest the value of studying advocacy campaigns across industries.

Our review of the frames that these campaigns used identified common themes across industries. Several campaigns focused on children and youth, a target for protection morally acceptable to many sectors of the population. Others have noted the American tradition of framing advocacy campaigns around children (Wallack & Lawrence, 2005) and also the risk of leaving out more stigmatized populations such as low income, immigrant communities, and adults in communities of color, also often targeted by industries promoting dangerous products. In the 12 campaigns we studied, industry often sought to frame issues around freedom and rights, particularly the right of individuals to make consumer choices. In some cases, advocates were able to turn

these frames around and argue that communities had the right to choose what products to accept. As Charyn Sutton (1993), a spokesperson for the campaign explained,

The Uptown struggle was one of taking back the issue of choice and redefining it in a larger community context, rather than an individual context. Excessive tobacco advertising in African American communities push tobacco products in a way that takes away choice....The Coalition believed that African Americans were exercising their right of free choice—by rejecting Uptown. (p. 11)

In this way, several groups introduced a social justice frame—pressing for an interpretation of health-damaging corporate practices as not only a legal concern but also one of achieving health equality or “health justice” for all communities, regardless of inequality in economic resources.

For example, the Seattle Citizen’s Campaign for Commercial Free Schools noted that “a world-class educational system does not ask its children to consume high-sugar, high-fat food in order to refurbish its ping pong tables nor ask them slake their thirst with caffeinated sugary drinks in order to play sports after school” (Ervin, 2002, p. B1). Others have noted that such moral arguments have been successful in winning support for other health-related campaigns, such as legislation or ballot initiatives to guarantee living wages or to reduce gun violence (Gertner, 2006; Wallack & Lawrence, 2005).

Truth and honesty served as effective frames for advocates, as several of our campaign histories bear out. After the Alliance of Automobile Manufacturers ran ads opposing stricter fuel emission standards by claiming that cars were “virtually pollution free,” the Union of Concerned Scientists (2004), a participant in Strengthen California Emission Standards, mobilized 25,000 people to complain to the Federal Trade Commission about deceptive advertising. Similarly, after the Label or Ban Trans Fats campaign ran national ads accusing McDonald’s of going back on its promise to replace trans fats in its French fries, McDonald’s reached a settlement with the advocacy group that included paying the American Heart Association \$7 million to run an educational campaign on trans fats (“McDonald’s Settles,” 2005).

Finally, many of the campaigns used health promotion as a central theme or frame. In most of the campaigns, the motivating force guiding advocates was a desire to protect the well-being of populations they cared about. For example, the Fight Kool Cigarettes Marketing campaign was run by the National African American Tobacco Prevention Network, which stressed their interest in protecting hip-hop culture from appropriation by corporate interests.

This [Kool Cigarettes Marketing Campaign] is a slick scheme by KOOL to exploit Black culture and music to market deadly tobacco products which are known to kill . . . we will resist this sinister marketing effort by KOOL to target Black youth and the hip-hop culture. We will pursue every means necessary to educate and mobilize the Black community and all people of conscience to stop this effort. (National African American Tobacco Prevention Network, 2004)

In the two automobile-centered campaigns, protection of the environment also played a role. Although targeted industries tried to change the subject (e.g., by focusing on freedom to choose products) or to question the scientific evidence demonstrating harm, in these campaigns companies were generally not successful in shifting the focus entirely away from health, thus limiting their ability to defeat campaigns. With specialized training in how to bring health issues to various populations, health educators may

be able to make an important contribution to campaigns to change health-damaging corporate practices.

In summary, health advocates may be able to increase their effectiveness in changing health-damaging industry practices by following the lead of successful campaigns. For example, they can use frames that have been demonstrated to mobilize diverse constituencies, such as linking health messages with the related themes of fairness and social justice (Dorfman et al., 2005). Despite the success of campaigns in changing corporate practices, advocates face a basic quandary in framing their objectives. On one hand, defining an objective narrowly (e.g., asking one company to withdraw one brand of a harmful product, such as Uptown cigarettes) may be easier to achieve but, on the other hand, have less health impact than a more general effort to eliminate a harmful product line.

More broadly, assessing the scope of the impact of any single campaign illustrates the limits of using campaigns as a unit of analysis. No campaign is likely to be able to overcome by itself the powerful interests that promote legal but lethal products. Rather, it may be that the ultimate effect will be the cumulative impact of many campaigns that change public norms, motivate elected officials, and convince industry that their long-term profitability may be at risk if they fail to heed the health concerns of the public.

In our view, campaigns to modify corporate practices may be elements of a nascent movement that seeks to redraw the lines between the public sector and the free market. Our review of these cases suggests that some elements of a movement may be in place (e.g., national resource organizations, common messages and frames, and a common repertoire of tactics and strategies). In other important ways, however, these efforts do not yet meet the usual definition of a social movement, such as common grievances, a shared common agenda, an ability to coordinate on the local and national levels, or visible national leadership (Snow, Soule, & Kriesi, 2004). Unlike the consumer movement of the later mid-20th century or the environmental movement of the 1970s and 1980s, current mobilizations to modify health-damaging corporate practices do not yet have a consistent voice in Washington, the media, or the mainstream political parties. Both activists and public health professionals may benefit from considering what steps would move the activities described here into a more coherent national force for protecting health.

### **Implications for Research**

On the research side, our preliminary case study analysis suggests questions that require additional study. How can the cumulative adverse public health impact of corporate practices be measured? To what extent are campaigns such as those studied here an effective means to curb this impact? What are the social and economic costs of these campaigns? Under what circumstances do their health benefits outweigh these costs? What is the cost-effectiveness of these strategies as compared to others (i.e., letting market forces resolve the problem)? For campaigns that are successful, are there differences in what strategies are most effective at the local and national levels?

Further research is also needed on the role of corporate practices on disparities. Only a few of these campaigns were centered in primarily African American or Latino communities. What are the unique characteristics of these efforts? If harmful corporate practices play a role in amplifying disparities in health by targeting more vulnerable groups, what is the potential for these campaigns to reduce such disparities?

These and similar questions suggest that continued research on the impact of corporate practices on health can contribute to the development of new strategies for health promotion and disease prevention.

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