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Advocacy Coalitions involved in California's Menu Labeling Policy Debate: Exploring Coalition Structure, Policy Beliefs, Resources, and Strategies

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Abstract

Advocacy coalitions often play an important role in the state health policymaking process, yet little is known about their structure, composition, and behavior. In 2008, California became the first state to enact a menu labeling law. Using the advocacy coalition framework, we examine different facets of the coalitions involved in California's menu labeling policy debate. We use a qualitative research approach to identify coalition members and explore their expressed beliefs and policy arguments, resources, and strategies by analyzing legislative documents (n=87) and newspaper articles (n=78) produced between 1999 and 2009. Between 2003 and 2008, six menu labeling bills were introduced in the state's legislature. We found the issue received increasing media attention during this period. We identified two advocacy coalitions involved in the debate—a public health (PH) coalition and an industry coalition. State organizations acted as coalition leaders and participated for a longer duration than elected officials. The structure and composition of each coalition varied. PH coalition leadership and membership notably increased compared to the industry coalition. The PH coalition, led by nonprofit PH and health organizations, promoted a clear and consistent message around informed decision making. The industry coalition, led by a state restaurant association, responded with cost and implementation arguments. Each coalition used various resources and strategies to advance desired outcomes. PH coalition leaders were particularly effective at using resources and employing advocacy strategies, which included engaging state legislators as coalition members, using public opinion polls and information, and leveraging media resources to garner support. Policy precedence and a local policy push emerged as important policymaking strategies. Areas for future research on the state health policymaking process are discussed.

Keywords

advocacy coalition; menu labeling; obesity policy; state policymaking; California

1. Introduction

At the beginning of the 21st century, the obesity epidemic was elevated to the forefront of the U.S. health policy agenda due to mounting evidence on the population health impact of obesity and its associated costs (Oliver, 2006; US Department of Health and Human Services, 2001). Policymakers responded with policies and funding to improve dietary behaviors and promote physical activity (Kersh & Morone, 2005). New stakeholders and audiences were drawn to the issue, increasing the number of organizations engaged in health policy advocacy activities. The field transformed from a policy iron triangle—with its tight relationship between legislative committees, government agencies, and interest groups—into policy networks (Kim & Roh, 2008; Peterson, 1994).

Advocacy coalitions have emerged in support of, or opposition, to obesity-related policies. These coalitions engage in political strategies and debates to impact policy through legislation or litigation (Burris et al., 2010; Sabatier, 1988). Coalitions include a variety of participants, including elected officials, nonprofit organizations, journalists, and trade associations (Davis & Davis, 1988; Sabatier, 1991; Sabatier & Weible, 2007). There are many reasons why an organization would participate in a coalition, such as shared ideology or values, networking opportunities, resources, information, and similar desired outcomes (Butterfoss & Francisco, 2004). While it is well known that advocacy groups contribute to the federal policymaking process in the U.S. (Kingdon, 1995), more theoretical policymaking process research is needed (Breton & De Leeuw, 2011; Breton et al., 2008) to examine advocacy coalitions' composition, behavior, and involvement in state-level policy processes (Apollonio & Bero, 2009; Weible, 2007).

The advocacy coalition framework (henceforth, ACF) posits advocacy coalitions are composed of individuals with similar policy belief systems who engage in coordinated activities to promote their position (Kim & Roh, 2008; Sabatier & Weible, 2007; Weible et al., 2009). Public policies are conceptualized as belief systems that involve “value priorities, perceptions of important causal relationships, perceptions of world states (including the magnitude of the problem), perceptions of the efficacy of policy instruments, etc.” (Sabatier, 1988, 132). A coalition's policy beliefs and resources also inform the strategies a coalition pursues. Coalition resources consist of engaging elected officials or policymakers with formal authority to make policy decisions, amassing public support, strategically using information, mobilizing members, spending financial resources, and cultivating skillful leadership (Butterfoss & Kegler, 2002; Sabatier & Weible, 2007, 201–203).

In this article, we use the ACF to explore the structure, membership, and behavior of advocacy coalitions involved in California's menu labeling policy debate. Specifically, we: 1) examine the structure and membership of the coalitions and their participants (individual and organizational) and 2) explore expressed beliefs, policy arguments, resources, and strategies employed.

1.1. Theorized Advocacy Coalitions and Expressed Beliefs and Policy Arguments

The structure and composition of the advocacy coalitions involved in California's menu labeling policy debate may be similar to that of coalitions involved in other health policy debates. To our knowledge, only one study has previously examined advocacy coalitions involved in a menu labeling policy debate. Johnson et al. describe the policy process surrounding the passage of Washington state's countywide menu labeling policy. They identify two advocacy coalitions—a public health (PH) and an industry coalition (Johnson et al., 2012). Similarly, previous tobacco policy studies found anti-tobacco coalitions consisted of health care organizations, public health nonprofit organizations, and government agencies, whereas pro-tobacco coalitions included industry representatives (Bero et al., 2001; Breton et al., 2008; Fallin & Glantz, 2015; Princen, 2007).

Based on these studies, we hypothesize two coalitions—a PH and an industry coalition—were involved in California's menu labeling policy debate. We also propose these advocacy coalitions espoused arguments based on values and beliefs about obesity such as whether individuals or the environment cause obesity. Individual-level beliefs about the cause(s) of obesity can help explain support for different policy positions (Barry et al., 2009; Brownell et al., 2010; Pearl & Lebowitz, 2014). Advocates who attribute obesity to personal responsibility say obesity is caused by individual decisions and use rights-based and self-determination arguments, supporting limited government regulation (Bero et al., 2001; Cohen et al., 2000). Blame metaphors and narratives are also used to describe the consumption and availability of unhealthy food. For example, “sinful” behavior ascribes individual blame (Thibodeau et al., 2015). In contrast, PH advocates focus on the role of the food environment and use phrases such as “toxic” food environment (i.e., the increased availability of inexpensive, calorie-dense foods like junk and fast foods) and support policies to modify the food environment (Barry et al., 2009; Brownell & Horgen, 2003). We theorize that, if two advocacy coalitions participated in California's menu labeling policy debate, the PH coalition supported policies and regulations to modify aspects of the food environment to reduce the obesity rate while the industry coalition opposed these policies and regulations based on personal responsibility attributions.

2. Methods

We use historical and content analysis methods to identify stakeholders and examine their menu labeling policy arguments. We identify multiple levels of stakeholders involved in the policy subsystem, with a focus on the meso and micro levels where policy networks, coalitions, and actors are central (Kim & Roh, 2008). Comparable stakeholder analyses have been conducted in ACF studies on expanded after-school programs (Brecher et al., 2010) and federal environmental policy (Ellison & Newmark, 2010).

2.1. Data Collection

Our primary data sources are legislative bill documents and newspaper articles—potential repositories for the policy positions, values, and beliefs of policy elites and stakeholders (Apollonio & Bero, 2009; Brecher et al., 2010; Burris et al., 2010; Davis & Davis, 1988; Jenkins-Smith et al., 1991). The data collection study period was 1999 to 2009, since at least

a decade is recommended to understand the policy change process (Sabatier, 1991). Prior to data collection, we verified that legislative documents contained stakeholders' written commentary (Bero et al., 2001).

Figure 1 depicts the data search process, which was a systematic search for legislative bill documents and newspaper articles related to restaurant menu labeling policies in California. Legislative bill documents included information documenting a bill's history, status, amendments, analyses, votes, and veto messages. Newspaper articles on menu labeling policies outside of California were excluded. Case studies and reports provided supplementary data.

2.2. Data Analysis

The legislative bill documents were prepared and uploaded into the qualitative analysis software NVivo for coding and analysis (QSR International Pty Ltd, 2012). Since the newspaper articles were available in different formats, coding and analyses were completed manually on hard copies of the articles.

Coding focused on identifying: 1) advocacy coalition members (supporters and opponents) and 2) expressed beliefs and policy arguments. We were aware that the expressed beliefs and policy arguments in these documents could differ from the actual beliefs of individual coalition participants (Jenkins-Smith et al., 1991). Since our data sources consist of publically available documents, policy belief system data could be missing if stakeholders avoided sharing personal or controversial perspectives.

We developed an initial codebook based on our research questions and theorized advocacy coalitions and expressed beliefs and policy arguments (Bero et al., 2001; Kennedy & Bero, 1999; Miles & Huberman, 1994). We piloted the codebook with at least one of each type of legislative document and fifteen newspaper articles. Piloting included open coding to identify emergent themes (Corbin & Strauss, 2014). For example, a priori belief or policy argument codes included personal responsibility and environmental attributions. Emergent belief and policy argument codes included informed decision making and negative economic impact.

Two researchers piloted the codebook and conducted initial analyses. Each coded a sub-set of the material (~15%) for comparison. Coding discrepancies were discussed and addressed before researcher (DP) coded the remaining documents. We reviewed and revised coded material iteratively after each set of documents were coded and wrote analytical summary reports based on thematic output. Legislative documents on each bill's history, status, and votes were not coded and, instead, used to develop a menu labeling policy timeline.

3. Results

3.1. Menu Labeling Policy Timeline and Media Attention in California (2003–2009)

On September 30, 2008, California became the first state in the U.S. to enact a mandatory calorie menu labeling law, which would affect an estimated 17,000 restaurants with 20 state locations (Stein, 2010). These facilities would be required to post calorie information

for standard menu items on menu boards and menus beginning on January 1, 2011. Based on our search of menu labeling bills in California, we identified six bills introduced in the state's legislature between 2003 and 2008, which were associated with 87 legislative bill documents.

Senator Deborah Ortiz (D) introduced the first iteration of a menu labeling bill in 2003 (Senate Bill or SB 679). In 2004, she introduced another bill stating restaurants (10 state locations) should provide nutrition information upon request (SB 1171). Both failed passage. In 2007, two menu labeling bills were introduced by Senators Alex Padilla (D) and Carole Migden (D). The bills were reconciled when Senator Migden was added as a co-author to SB 120 in March. Although SB 120 succeeded in the Senate and Assembly, Governor Arnold Schwarzenegger (R) vetoed it. The subsequent year, Senator Padilla introduced SB 1420 and the industry coalition countered with a competing bill (Assembly Bill or AB 2572) which was a menu labeling bill with a weaker impact on restaurants. In 2008, several local menu labeling bills were successfully enacted. Ultimately, SB 1420 prevailed and was signed into law by Governor Schwarzenegger in 2008. Figure 2 is a timeline of these state and local menu labeling legislative events in California.

Between 2003 and 2009, California's menu labeling bills also received increasing attention from the media (Figure 3). A total of 78 related newspaper articles were published during this period. A bulk were published in 2008 and reported on state menu labeling legislation and local ordinances (46.2% or n=36 articles).

3.2. Coalition Structure, Leadership, and Composition

Consistent with our initial hypothesis, we found a PH and an industry coalition were involved in California's menu labeling policy debate. Each coalition had at least one individual or organizational leader with a higher level of participation and engagement in the policy debate compared to other stakeholders. Individual leaders consisted of elected officials who introduced the bills [e.g., Senators Ortiz, Padilla, Migden, and Assembly member Nicole Parra (D)]. Organizational leaders consisted of organizations that served as formal bill sponsors and demonstrated relatively higher levels of involvement than other organizations in the debate. The initial organizational leaders of the PH coalition were the American Heart Association (AHA) and American Cancer Society (ACS) who sponsored SB 679. Two state-level PH advocacy and health care professional organizations, the California Center for Public Health Advocacy (CCPHA) and California Optometric Association, joined in 2007 as SB 120 co-sponsors.

While the number of PH coalition organizational leaders increased from two to four during the study period, only one organization was identified as an industry coalition leader. The California Restaurant Association (CRA) formally opposed menu labeling in 2003 (Healy, 2004) and went on to sponsor AB 2572.

Organizational coalition leaders appear to have been involved in the debate for a longer period of time compared to elected officials. This may have been due in part to election rules and term limits which can hamper an elected official's involvement in an extended policy debate. For example, while Senator Ortiz sponsored SB 679 and SB 1171, she could not

seek re-election in 2006 due to term limits (Quinn, 2006) whereas the AHA and ACS continued to be visibly involved in the policy debate in later years.

Core members from the PH coalition represented medical and PH associations while industry coalition members consisted of food retail business associations/groups. The number of core organizational members differed between coalitions. We define core organizational coalition members as organizations who visibly supported or opposed the policy in legislative documents pertaining to at least three of the identified bills. Using this definition, we identified fifteen core members in the PH coalition (AHA, ACS, CCPHA, California Medical Association, Prevention Institute, American Diabetes Association, California Food Policy Advocates, Alameda County Board of Supervisors, Consumer Federation of California, Latino Coalition for a Healthy California, Berkeley City Council, California Academy of Family Physicians, California Nurses Association, California WIC Association, and the Health Officers Association of California) compared to five in the industry coalition (CRA, California Chamber of Commerce, California Retailers' Association, International Franchise Association, and Darden Restaurants).

In terms of coalition size, the PH coalition more than tripled in size as it went from having 12 organizational members in 2003 to 43 in mid-2008 (Figure 4). During this same period, the industry group only experienced a slight overall increase in size (+6). On average, 28 organizational members supported each PH coalition bill compared to 13 organizations in the industry coalition.

The industry coalition exhibited slightly higher levels of fragmentation, defined as incidences of defection (Jenkins-Smith et al., 1991). During the study period, two industry coalition members defected and supported their opponent's bill. These organizations initially opposed SB 120 and expressed cost concerns about "the penalty regarding inaccuracy of information" and the nutritional analyses which would "cost several hundred dollars per item." Both of these organizations supported the PH coalition's bill once an amendment was added exempting their associated food retailers from labeling rules, thus providing them with a material interest to switch sides. A third organization (the American Federation of State, County and Municipal Employees) supported two PH coalition bills (SB 120 and SB 1420) but they also supported the industry coalition's bill (AB 2572) in 2008. This organization's motives were unclear based on the data.

3.3. Expressed Beliefs and Policy Arguments

Analyses reveal the PH coalition rallied around an informed decision making argument premised on the notion that consumers would make healthier decisions with point-of-purchase calorie information. Their arguments almost exclusively communicated the belief that people lack nutrition information about prepared restaurant meals (Rudd Center for Food Policy and Obesity, 2008). A 2004 Los Angeles Times article included Senator Ortiz's justification for SB 679 which expressed this belief: "I concluded if the consumers had this information they may not buy ... the cheaper, high-fat products" (Tamaki, 2004). PH coalition leaders stated the importance of eliminating information barriers and addressing the problem of calorie underestimation in restaurants among consumers. Senator Padilla argued SB 1420 "would provide California with reliable nutritional information and help

consumers make more informed choices when eating out” (Vogel, 2008). This perspective reflected a belief that providing calorie information in restaurants would facilitate healthier eating in this setting. PH coalition leaders consistently presented this informed decision making argument in support of a statewide menu labeling policy and this argument persisted throughout the debate.

Alternatively, the industry coalition cited economic and operational barriers and supported voluntary action by restaurants. Coalition members submitted only two statements indicating personal responsibility was to blame. In July 2003, the CRA argued that, “the primary reason for high obesity rates is directly related to lifestyle choices people make that are independent of restaurant menus.” In March 2008, the California Chamber of Commerce stated, “while experts acknowledge that obesity is a function of how much an individual consumes in relation to how much physical activity is undertaken, responsibility still lies with the individual, and that providing nutritional information will not prevent obesity.” A majority of the industry coalition’s arguments focused on less normative claims and centered on the “onerous and costly” effects of the policy on restaurants, mentioning that it would have a “detrimental impact on business” and be “impractical.” The coalition also communicated their preference to maintain the status quo, thus reflecting a belief in free market forces (i.e., restaurants will include calorie information in menus if consumers demand the information and it makes them more competitive). In early 2008, the industry coalition noted that “many of the state’s restaurants already provide this information” in a variety of formats and, in this way, had already “responded to consumer demand or chosen to be proactive with regard to public health.” The argument to retain the status quo was particularly used in support of the industry coalition’s proposed menu labeling bill, AB 2572, which was promoted as “a reasonable and practical way to make nutrition information available to customers in an accessible and meaningful way.”

3.4. Coalition Resources and Strategies

Each coalition used various strategies and resources to advance their desired policy outcome. Engaging policymakers with formal legal authority was one such strategy used to increase the likelihood of success. The PH coalition had an important resource, namely a relationship with Senator Padilla, who sponsored their bills in 2007 and 2008. In terms of the strategy, two PH coalition leaders (CCPHA and AHA) recruited Senator Padilla to sponsor their menu labeling bill based on his PH interest, relationship with the American Diabetes Association, and rising prominence in the legislature (Rudd Center for Food Policy and Obesity, 2008).

Another strategy undertaken by PH coalition leaders was to organize policy-oriented learning activities for political actors, stakeholders, and the public to amass support for their bills. Specifically, CCPHA coordinated events that reflected three policy advocacy strategies —“developing deep knowledge, building networks, and long-term participation” (Weible et al., 2012, 3). In 2006, they led a series of forums where speakers advocated for a menu labeling policy. Forums were strategically held in districts of legislators who had not communicated support for the policy (Rudd Center for Food Policy and Obesity, 2008). This

strategy relied on resources such as information (i.e., on the problem of obesity and possible policy solutions) and staff personnel/volunteers.

Certain coalition leaders were more active in the public sphere, particularly in the media. Advocating expressed beliefs and policy arguments in the media was one way to inform public opinion on this issue. The most frequently quoted stakeholders in newspaper articles consisted of Senator Padilla, the CCPHA, and the CRA. Further, the PH coalition was more proactive in framing the issue and authored several op-ed articles (see Figure 3). Of the 78 newspaper articles, seven were authored by a PH coalition member (9%) and two by an industry coalition member (2.6%). The AHA, ACS, CCPHA, and Senator Padilla authored most of the PH coalition articles, while the Center for Consumer Freedom authored both articles in support of the industry coalition's position.

The PH coalition also used public opinion polls and information to garner support, gain visibility in the media, and sway policymakers. In early 2007, PH coalition leaders invested financial resources to add menu labeling questions to the Field Research Corporation's poll. The findings were used as part of their advocacy strategy since results supported key arguments—84% of those polled supported menu labeling legislation, and most did not accurately assess the caloric content of menu items, regardless of income or education (Engel, 2007). In 2007 and 2008, the CCPHA released press releases, fact sheets, and policy briefs highlighting the poll's findings, which were well publicized by the media. Thus, the PH coalition leaders strategically invested in a product whose results were used as evidence in support of their policy arguments.

There was a lack of evidence in the legislative materials and newspaper articles regarding the industry coalition's resources and strategies. In addition to media visibility, the industry coalition engaged individuals with formal legal authority and used financial resources to promote their policy position in the legal system. In 2008, they sponsored AB 2572 and recruited Assembly member Parra to introduce their bill. Mid-2008, the industry coalition leader also sued two counties (Santa Clara and San Francisco) to fend off local ordinances (Mintz, 2008).

3.5. Policy Precedence and a Local Policy Push: Emergent Strategies

Policy precedence was an emergent theme in the legislative documents. Policy precedence is similar to judicial precedence, whereby judgements in cases carry precedential value that similar future cases rely on in the U.S. legal system (Pomeranz & Brownell, 2008; Sabatier, 1988). Legislative documents referred to existing nutrition policies (i.e., the Nutrition Labeling and Education Act), competing policies, and ongoing legislative activity. Stakeholders may have invoked policy precedence to normatively establish the relevance of the proposed policy and to locate the policy within a broader, well-established context.

Several documents mentioned local city and county menu labeling policies in California, indicating the importance of a local policy push and supporting the notion that adoption of similar policies in other government jurisdictions advances policy change (Heikkila et al., 2014; Kersh, 2009). A local policy push was evident in 2007, when Santa Clara County Supervisor and former nurse, Liz Kniss, proposed a menu labeling ordinance similar to SB

120 within two months of Governor Schwarzenegger's veto (Lohse, 2007). An objective of the ordinance was to "send a message to lawmakers in Sacramento that there is demand for a statewide standard" (Bishop, 2008a).

Considerable intra-state activity to promote local menu labeling policies helped advance a statewide policy in 2008, when San Francisco City and County, San Mateo County, and Santa Clara County approved local menu labeling ordinances requiring restaurants to post calorie information (see Figure 2). Senator Padilla communicated the potential benefit of targeting local jurisdictions since these "cities and counties could create a necessary groundswell of support for his statewide legislation" (de Sá, 2008). Mid-2008, Senator Padilla co-authored a newspaper article with Supervisor Kniss expressing the notion that support for local ordinances indicated broader support for a statewide policy and encouraging the governor to pay attention to local policy activities (Kniss & Padilla, 2008).

In August 2008, the CRA acquiesced and supported SB 1420 (Hirsch, 2008), in part due to Senator Padilla's willingness to expand the definition of a chain restaurant from 15 to 20 locations (Bishop, 2008b) and to promote "a uniform policy applied throughout the state to avoid retailer and consumer confusion" (Lynch, 2008). This amended position reflected a compromise by the industry coalition.

4. Discussion

4.1. State Organizations as Active Coalition Participants

In this study, we examine the membership and structure of the coalitions involved in California's menu labeling policy debate during a ten-year period. The purpose is to explore changes in the policy subsystem, coalition defections, and changes in policy position over time, which are important advocacy coalition framework research topics (Jenkins-Smith et al., 1991). We find that, much like their federal counterparts, state-level organizations can be active advocacy coalition leaders and participants in advancing a health policy agenda. California's menu labeling case illustrates the active role health and PH nonprofit organizations can play in the state policymaking process, as well as coalitions' use of resources and strategies in a policy subsystem. Success in enacting a menu labeling policy in the state may have been associated with specific coalition resources, such as the PH coalition's skillful leadership, public support, media attention, and engagement of elected officials as sponsors (Mizrahi & Rosenthal, 2001; Sabatier & Weible, 2007).

The two advocacy coalitions that emerged in California's menu labeling debate were similar to those reported in the King County menu labeling case study (Johnson et al., 2012). The composition of the industry coalition included a restaurant association while the PH coalition was comprised of elected officials, health professionals, and nonprofit health and advocacy organizations. Together, these findings support the existence of an issue or policy regime where PH organizations assumed the helm to contribute to the set of solutions to the obesity problem (Kersh, 2009; Wison, 2000).

Our exploration of advocacy coalitions involved in California's menu labeling policy debate identifies the value of having organizations serve as coalition leaders in a policy subsystem.

While menu labeling failed to gain traction between 2003 and 2004, the policy was reintroduced in 2007 with stronger coalition leadership and support. Relationships between elected officials and organizations were key toward advancing a policy position in the state health policymaking process. Early PH coalition leaders kept the policy alive by engaging elected officials to serve as policy actors in the debate, mobilizing state organizations, and highlighting the public's support of the policy (Apollonio et al., 2007). It proved important for national organizations, such as the AHA and ACS, to recruit and collaborate with state-level organizations, such as CCPHA, as bill sponsors. State-level organizations that serve as coalition leaders potentially have several advantages compared to national organizations in the state policy arena since they may have a greater understanding of the political and policy environment, the stakeholders involved, and commitment to the state's policy issues.

Assessing the core membership and growth of these coalitions reveals important information about advocacy coalition behavior and strategy. Overall, the PH coalition amassed a larger core membership compared to the industry coalition between 2003 and 2008, which reflected the addition of state and local stakeholders. Recruiting state-level organizational leaders to the PH coalition in 2007 may have brought an influx of new members who were acquainted with these state-level organizations. In terms of defection, the industry coalition lost the support of two organizations when the PH coalition appealed to these organizations' material interest and exempted them from the rules. Further research is needed to examine the strength of ties between organizations in an advocacy coalition and their decision making related to joining a coalition or defecting to another coalition.

4.2. Advocacy Coalitions, Beliefs, and Policy Arguments

We initially proposed advocacy coalitions would espouse personal responsibility and environmental beliefs about obesity. Instead, a different set of messages and policy arguments emerged in the menu labeling policy debate.

The PH coalition behaved similar to a purposive group, united by ideological and policy orientations to promote the public's health. This coalition consistently communicated an informed decision making message, which can be perceived as a combined collective action and personal responsibility argument (Brownell et al., 2010). Their message seems to dually acknowledge the role of individual decision making (individual responsibility) and the impact of social determinants on nutrition and obesity outcomes. A recent study found narratives that acknowledge individual responsibility and emphasize the social determinants of obesity were associated with higher levels of support for obesity policies compared to those that did not acknowledge individual responsibility (Niederdeppe et al., 2015). Thus, this informed decision making policy argument may have been more persuasive for policymakers and the public at large than one solely focused on environmental attributions.

The industry coalition acted like a material group focused on for-profit interests. They mostly avoided personal responsibility arguments and, instead, presented cost and implementation policy concerns. Their arguments were aligned with a "bottom-line policy position" based on a loss-gain viewpoint (Jenkins-Smith et al., 1991, 853). In this case, maintaining the status quo and promoting voluntary adoption of menu labeling was perceived to be less expensive than the PH coalition's proposed bills. Similar cost and

implementation arguments have previously been invoked by restaurant industry members in a 1990's survey of food service companies (Almanza et al., 1997) and in indoor air regulation and tobacco policy debates (Apollonio & Bero, 2009; Bero et al., 2001; Mangurian & Bero, 2000).

4.3. Coalition Resources and Strategies: Lessons Learned

Although policies have specific political and social contexts, several lessons exist for organizations interested in impacting the state health policymaking process based on our findings. These lessons are similar to previously identified recommendations to support the use of research evidence in developing health policy, such as collaborating with and learning from more experienced organizations, cultivating relationships with policymakers and other involved stakeholders, building capacity among personnel, and focusing on specific and clear goals that can be supported by organizational resources (Lavis et al., 2008). The results from this case study can also inform how policy stakeholders and organizations interested in engaging in health policy advocacy frame a policy debate or exploit a window of opportunity for policy change (Heikkila et al., 2014; Kingdon, 1995; Mintrom & Vergari, 1996).

Having coalition leaders and promoting consistent messages are two strategies that emerged as effective coalition strategies in our analysis of California's menu labeling policy debate. Moreover, the PH coalition's strategic use of the media is an important advocacy lesson for health policy coalitions and organizations elsewhere. Generating knowledge and information vis-à-vis a field poll and producing press releases are strategies to publically promote a policy position and counter the opposition's arguments.

Our finding on a local policy push lends valuable insight into the policymaking and advocacy activities that transpire within states. The passage of local health policies in California and in other states may be a viable strategy to promote a policy at the state level, particularly for policy instruments that have failed to gain traction in the state legislature. For example, the enactment of a sugar-sweetened beverage (SSB) tax in Berkeley, California may be leveraged by a PH coalition to attract media and public attention to an SSB tax instrument and ultimately gain momentum for a state-level tax (which has previously failed on multiple occasions in California) (McGreevy, 2016). Several local SSB taxes were also recently passed in San Francisco, Albany, and Oakland and, outside of California, in Philadelphia, Pennsylvania; Boulder, Colorado; and Cook County, Illinois (Belman, 2016; Jansen, 2016). These local taxes may be followed by state taxes in the near future.

4.4. Areas for Future Research

Our study specifically focuses on the advocacy coalitions involved in California's menu labeling policy debate to gain an in-depth perspective of the coalitions involved, their arguments, and the resources and strategies used. The organizations and participants involved in advocating for or opposing menu labeling may have concurrently been involved in other obesity-related policy debates. During the study period, several other obesity-related nutrition and physical activity policies were pursued and successfully enacted in California's policy subsystem, including policies to improve the school nutrition environment (Division

for Heart Disease and Stroke Prevention (DHDSP), 2016). A future avenue of research is to conduct an inventory of obesity-related policies introduced in the state during a certain time period, track the progress of these policies and the actors involved in related policy processes, and compare advocacy coalitions' composition, behavior, and expressed beliefs and policy arguments.

Researchers interested in this area should closely examine the development of advocacy coalition networks, particularly the initiation and maintenance of stakeholder relationships (Butterfoss & Kegler, 2009) and intra-coalition coordination (Weible & Sabatier, 2005; Weible et al., 2009; Zafonte & Sabatier, 1998). Future studies can also examine coalition network structures using social network methods (Elgin & Weible, 2013; Valente, 2010) and their use of resources to mobilize and build capacity (Elgin & Weible, 2013).

Similar research is needed to understand coalitions' expressed beliefs and policy arguments in comparable health policy debates in California and elsewhere in the U.S. for comparison (Apollonio et al., 2007). For instance, it would be of value to compare the coalition participants, expressed beliefs and policy arguments, and resources and strategies used leading up to the 2014 passage of the SSB excise tax in Berkeley (Falbe et al., 2016) and other SSB taxes in the country.

Finally, the role of term limits for elected officials and their function in advocacy coalitions is deserving of additional study. In our research, we saw an example of a coalition leader who lost her opportunity to press forward with her policy agenda due to term limits; however, the PH coalition was able to find a new elected official to join their ranks. Further research is needed to gauge how often new leadership emerges in similar situations or whether policy efforts more often dwindle when an elected official serving as a coalition leader is termed out.

4.5. Limitations

A study limitation is the lack of key informant interview and survey data. These methods have previously been used in ACF studies (Albright, 2011; Brecher et al., 2010; Ellison & Newmark, 2010) and could have provided information on coalition relationships and reasons for participation, as well as deeper insights into stakeholders' belief systems.

A second limitation is the lack of inclusion of information on political campaign contributions and lobbying activities which comprise an important coalition resource, namely financial resources (Sabatier & Weible, 2007). These factors may have influenced legislators' support for health policies as they have been shown to do (Monardi & Glantz, 1998) and may be an important resource for the industry coalition.

We also recognize our findings may not be generalizable to other health policy subsystems, topics, or locations. The obesity policy subsystem may be fundamentally different than other health policy topics like reproductive health and drug prescription policies, which may be driven or influenced more heavily by personal beliefs or lobbying efforts. Moreover, the state actors involved in California's menu labeling policy debate may differ compared to actors involved in obesity policy debates in other states or municipalities, particularly in

smaller states or municipalities where PH government agencies assume a greater role in advocacy such as the King County case study (Johnson et al., 2012).

5. Conclusion

This paper uses a qualitative research approach to better understand advocacy coalitions' policy beliefs and arguments and how they use resources and strategies to support their policy positions at the state level. We identified two advocacy coalitions involved in California's menu labeling policy debate between 2003 and 2008 and found the PH coalition was more effective in promoting a clear and consistent argument (i.e., informed decision making or that consumers would make healthier decisions if the restaurant nutrition information environment were improved). Contrary to our initial conjecture that the industry coalition would employ a personal responsibility frame, the industry coalition responded with economic arguments and focused on cost and implementation policy concerns.

Organizational advocacy coalition leaders used a variety of resources and strategies to advance their beliefs and policy arguments, namely by engaging policymakers with formal legal authority, using public opinion polls and information, and mobilizing troops, thereby gaining public and legislative support. Policy precedence and a local policy push emerged as advocacy coalition strategies relevant to the policymaking process and are constructs that should be further studied.

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Highlights

- Six menu labeling bills were considered in California's state legislature.
- Public health and industry coalitions, led by state organizations, were involved.
- The public health coalition was larger, more stable, and effective.
- Policy arguments focused on informed decision making and cost/implementation.
- Local policy success and precedence were important factors in state policymaking.

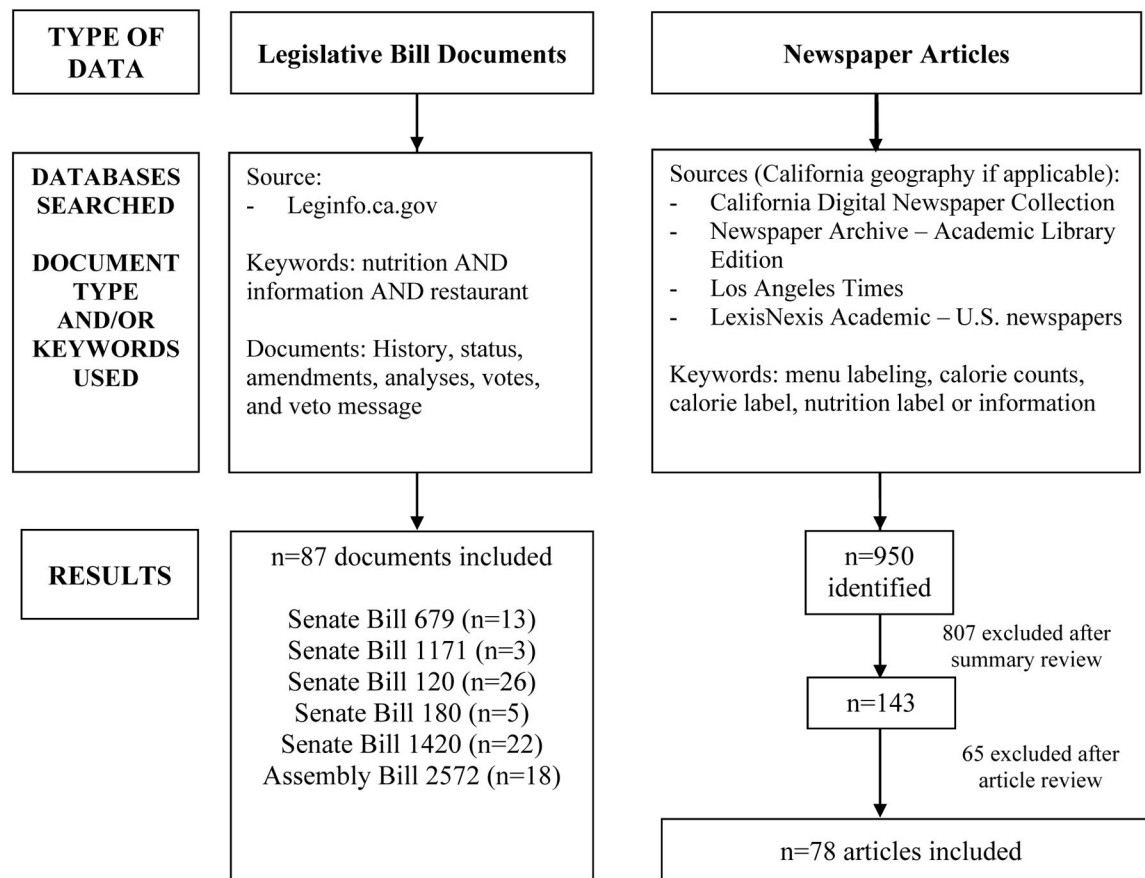


Figure 1.
Mandatory Menu Labeling Data Source Search Process, 1999–2009.
Caption: Mandatory Menu Labeling Data Source Search Process, 1999–2009

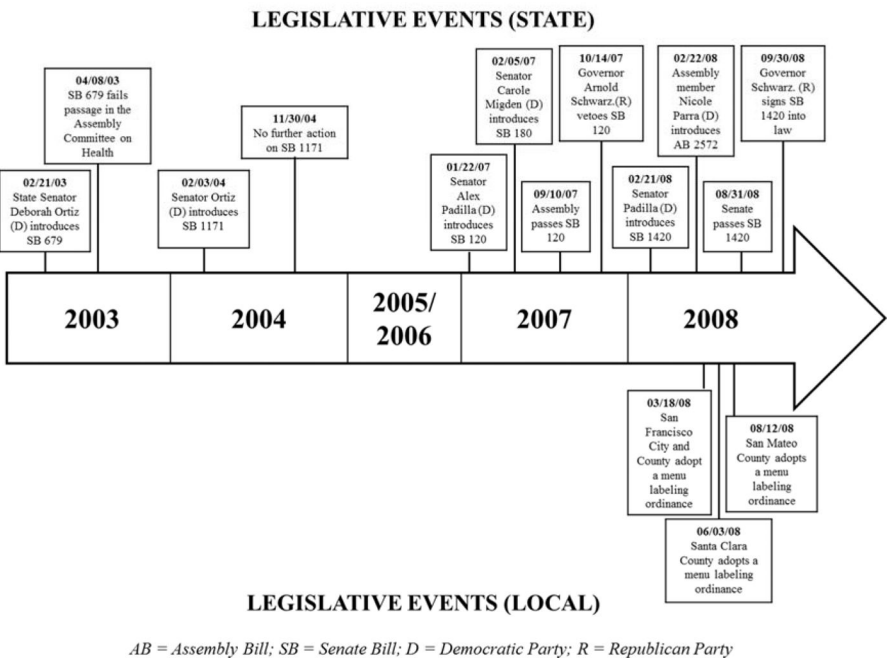
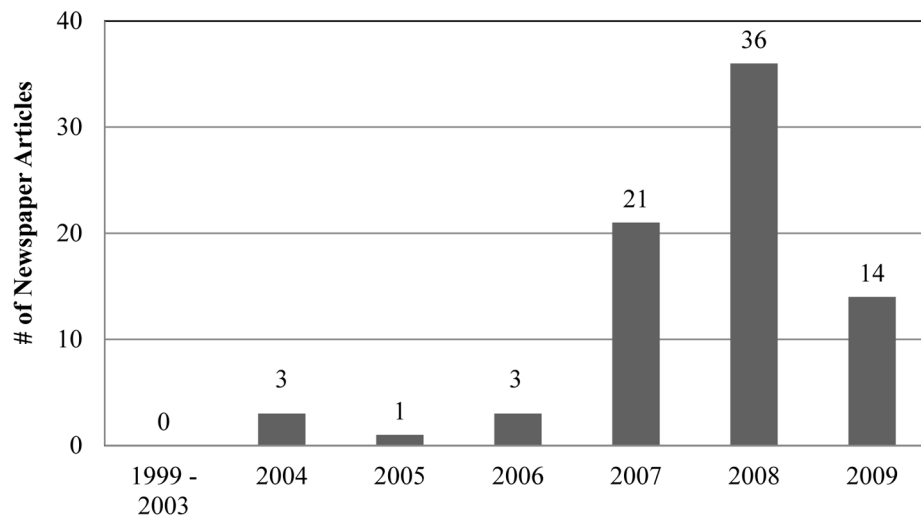


Figure 2.
Timeline of State and Local Menu Labeling Legislative Events in California, 2003–2008.
Caption: Timeline of State and Local Menu Labeling Legislative Events in California, 2003–2008
Source: Authors’ analysis of menu labeling bill documents from California Legislative Information, 2003–2008.



Coalition Member Authored Article ^a	#	%
Public Health Coalition	7	9%
Industry Coalition Member	2	2.6%

Figure 3.

Newspaper Articles featuring California's Menu Labeling Bills, 1999–2009 (n= 78).

Caption: Newspaper Articles featuring California's Menu Labeling Bills, 1999–2009 (n=78)

Source: Authors' analysis of related newspaper articles from the California Digital Newspaper Collection, Newspaper Archive (Academic Library Edition), Los Angeles Times, and LexisNexis Academic (U.S. newspapers), 1999–2009.

^aIn order to be designated here, the author had to list their organizational affiliation in the article. We may not have included all of the coalition member authored articles since several had anonymous authors.

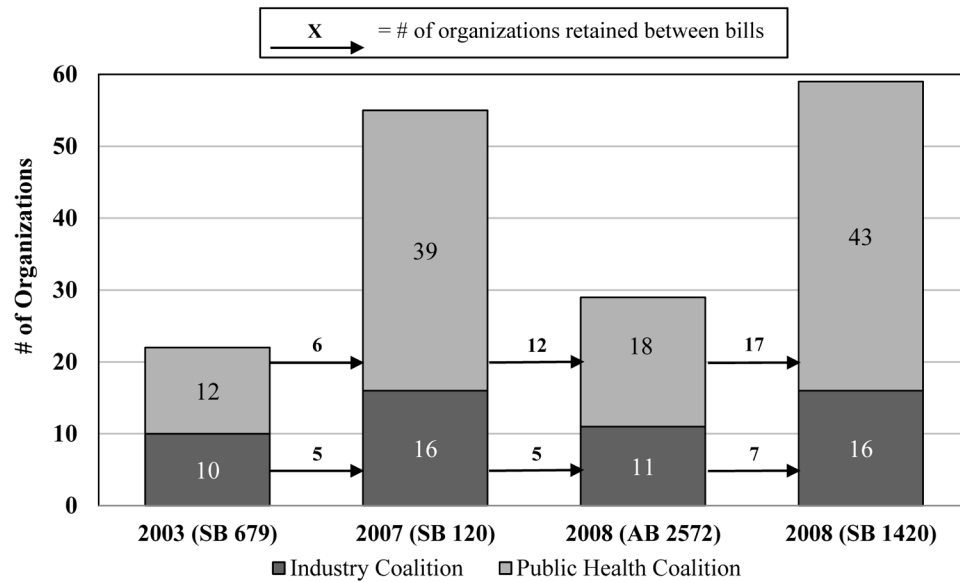


Figure 4.

Number of Organizations participating in each Advocacy Coalition by Menu Labeling Bill and Year in California, 2003–2008.

Caption: Number of Organizations participating in each Advocacy Coalition by Menu Labeling Bill and Year in California, 2003–2008

Source: Authors' analysis of menu labeling bill documents from California Legislative Information, 2003–2008.