

Expanding Physical Activity Options for Youth Through State Legislation

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The campaign to expand physical activity options for our youth takes many forms, but by far the most frequent tool for change is state legislation. This journal contains several reviews of legislative efforts throughout the country that are building momentum for active living in our towns, cities, and states.

As a public health professional by training and a Maine state legislator by election, I have been personally active in advocacy efforts for more than 25 years. I can attest that legislators are influenced by a wide range of factors, some not so admirable. In the case of physical activity, epidemiological data and mounting research evidence are important but not always central to legislative decision-making. Other issues come into play as well, such as pressure from constituents, progress of legislation in other states, public awareness and acceptance, pressure from peer legislators, budget constraints, opposition by prominent lobby groups, and threats to local control (particularly salient in Yankee New England).

Advocacy for new physical activity policy can certainly start with urging legislators to “do the right thing” (address a pressing need with evidence-based approaches) but will falter unless advocates are aware of and plan for those other influences that can sway a legislator’s decision to approve or defeat a bill.

During the past few decades, Maine’s most effective public health campaigns have displayed six common components. These campaigns have built on important research findings from the field but have also prepared for the other, less scientific issues that capture politicians’ attention.

1. *Opportunity Assessment:* Successful policy change is all about timing—finding the windows of opportunity. It’s important to capitalize on recent research results published in reputable journals, build on national or statewide media attention (such as cover stories on childhood obesity in *Time* and *Newsweek*), continue the momentum of successful bills passed in other states, “hitch your wagon” behind a prominent legislator willing to stick his/her neck out, form new

alliances with former opponents who show movement on your issue, and use unpopular policies (No Child Left Behind) to your advantage. But you must be realistic as well—state budget deficits, recent statewide referenda, changes in political balance in the legislature, even changes in tax policy may predict a poor outcome for a new policy change.

2. *Advocacy Strategies:* Your opportunity assessment helps define the range of advocacy strategies that you should employ. In Maine, some of our most important smoking prevention policies started first at the local level with municipal ordinances followed by statewide legislation. Advocates must also be prepared to lobby the Executive branch (governor or department heads) as well as monitor regulatory hearings to be sure that their policy successes are adequately implemented. Flexibility is key—always have a Plan B if your bill is threatened. Perhaps it means holding it over, or “piloting” the program, or phasing it in over time, or perhaps appointing a study commission to keep the issue alive.
3. *Data/Research:* Documenting the evidence base of the proposed policy is vital. Bringing experts up to meet with groups of legislators, committees, or legislative leadership is very useful, particularly if they can also make the rounds of editorial board meetings. Another form of research—polling—is fast becoming a necessity. In Maine, it has helped tremendously to demonstrate that the public will support a specific “sin” tax if it is directed specifically to smoking cessation programs or obesity prevention efforts.
4. *Coalition Development:* By far the most important component in Maine’s campaigns has been the development of a broad-based advocacy coalition. We have had an enormously effective Coalition on Smoking or Health for the past 20 years made up of voluntary health organizations, medical societies, public health agencies, healthcare institutions, health insurers, and others. It has functioned as a consistent, independent, private organization bringing both expertise and a population health view to legislative and policy-making discussions. A similar coalition for obesity prevention has formed in Maine

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with many of the same partners and is tackling an ambitious legislative agenda this year.

5. *Communications Plan:* Raising public awareness and acceptance for a policy change helps advocates “get ahead” of legislators on an issue. Press conferences, editorial board meetings, and frequent “doses” of media coverage through related human-interest stories, testimonials, and letters to the editor all have their place.
6. *Grassroots Mobilization:* This is a major function of the advocacy coalition. There are two aspects to this—within and without the Statehouse. Never underestimate how influential even a small flurry of letters on desks or clusters of phone messages from constituents can be on a state legislator. The emphasis, however, is on constituents; flooding legislator email boxes with hundreds of boilerplate messages from all over the state does not win friends or influence people. Outside the statehouse, the advocacy coalition can arrange in-district meetings among legislators and groups of constituents and local

agencies in order to “inoculate” legislators with key advocacy messages.

Well-constructed, comprehensive campaigns such as these have resulted in a number of health policy successes in Maine. Maine has the most comprehensive smoking regulation legislation of any state in the country. Tobacco settlement funds have been directed almost exclusively to prevention efforts during the past 10 years. The legislature is currently reviewing a process and plan for phasing regular physical education back into the K–8 curriculum. Sales of soda and candy have been banned from all schools, as has brand-specific food or beverage advertising. The Department of Transportation now encourages development of walking and bicycle paths through some of its funding programs.

Finally, advocacy for prevention requires the long view. It can take three or four tries to get key pieces of legislation passed. But those of us who work in the fields of community and public health understand that and are patient, for the health outcomes that we labor for are also years in the making.