Community-Led Collaborative Action to Prevent Obesity

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ABSTRACT

At the population level, turning the tide on obesity requires not only health education and promotion programs, but also systemic changes in our society. However, few of these changes can be implemented by single agencies or organizations acting in isolation. Broader community-driven efforts are needed to advance and maintain systematic changes across multiple settings.

We introduce 2 promising approaches for local action to achieve changes: coalition action and community organizing. Understanding differences between the two approaches makes it clear that while each has distinct advantages, there are also possibilities for synergies between them.

We also clarify how community-driven efforts can be catalyzed and supported, and describe our efforts as part of the Wisconsin Obesity Prevention Initiative to identify and implement best practices for building and sustaining the necessary local community capacity to carry out systematic changes. We are working with communities to launch initiatives in which residents are engaged through grassroots organizing, and local agencies, businesses, and other institutions are engaged in pursuit of collective impact on obesity prevention. This will allow us not only to compare the effectiveness of the 2 types of initiatives for driving local changes, but also to explore the potential for the two to work together in pursuit of systemic changes for preventing obesity.

INTRODUCTION

Early responses to elevated rates of childhood overweight and obesity in the United States centered on informational and educational efforts to change individual health behaviors.[1] However, as understanding has progressed, it has been recognized that to prevent obesity at a population level, changes must occur across multiple settings (eg, schools, restaurants, homes, food vendors, recreational settings), and to the policies and systems that affect these settings.[2] For example, increases in the availability and affordability of fresh foods, creation of physical infrastructure for recreation and active transportation, and changes in school policies on nutrition and physical activity all can have compounding positive preventive effects. Systemic changes such as these can have reinforcing effects that shift behavioral norms through social diffusion across the population, even if focused primarily on preventing childhood obesity.[3] Just as rising obesity rates in recent decades have not had a single cause, there is no single simple solution to this pressing public health problem. Achieving policy, systems, and environmental changes across multiple settings is a challenge that requires not only action on the part of clinicians, public health professionals, and educators, but also sustained action by local residents and leaders representing multiple sectors.

Yet, there is little agreement about best practices for mobilizing local capacity toward action directed at changing policies, systems, or environments.[4] Furthermore, locally led efforts are likely to confront entrenched interests in their attempts to intervene for obesity prevention. For example, the corporate political activity of the food industry often runs counter to the policy goals of obesity prevention efforts.[5] There is a gap between the acknowledged need and the ability to successfully implement multisector partnerships that can build community capacity, sustain action, and overcome barriers to the systemic changes that are needed to prevent obesity.[6]

Part of the difficulty in achieving these goals is a lack of clear distinctions between different approaches to community capacity building and action.[7] Many preventive initiatives seek to galva-

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nize community coalitions. Yet in many instances, work toward implementation falls mostly on the small number of people coordinating the initiative instead of being collectively owned among the full range of leaders of different sectors. Likewise, many preventive initiatives seek to engage families and community residents. In some cases, residents are involved merely for passive input or the sake of "buy-in," while in other cases they are deeply engaged as strategists and leaders. These differences, while not always clear, are critical for building the necessary local capacity for sustained action for childhood obesity prevention.

In this report, we examine 2 promising approaches to community-led action to prevent obesity: agency-level coalition action and community organizing. Although these approaches have similarities, looking at both brings to light some salient differences—differences that can create opportunities for synergy between the two approaches. In the first phase of the Wisconsin Obesity Prevention Initiative (Initiative), we are taking a 2-pronged approach—(1) supporting local coalition initiatives aiming to achieve collective impact, and (2) supporting community organizing initiatives aiming to build power among residents to make change. This multifaceted approach to community capacity building and action is intended to produce more systemic changes in the factors that lead to obesity than either of these approaches could have on their own. Yet, implementation of either one of these models alone is complicated, and new challenges arise when implementing multiple approaches simultaneously.[8]

CAPACITY BUILDING FOR OBESITY PREVENTION

Pursuing policy, systems, or environmental changes for childhood obesity prevention requires multiple strategies.[9] To identify 2 strategies of particular interest, we sought community-driven rather than expert-driven approaches (although expert-driven approaches such as informational campaigns and media advocacy are also valuable). Among community-driven approaches, we were particularly interested in those that are asset-based rather than deficit-based. We sought approaches that engage diverse stakeholders in local communities with a successful history in achieving systemic change. Finally, we were interested in approaches that have potential to sustain activity beyond a particular funding cycle. Over the course of several years, our team learned from and experimented with different approaches, ultimately deciding that coalition-led efforts (ie, collective impact) and community organizing held particular promise for capacity building and action for childhood obesity prevention.[10]

Before defining and explaining these approaches, it is important to emphasize that we do not propose universal formulae for community capacity building and action. Rather, we propose 2 conceptual models that can act as touchstones for reflective practitioners and community leaders. Each community organizing or coalition initiative is unique because it is adapting the model for application in its local context, although initiatives are working toward similar goals. In other words, these models for capacity building cannot convert otherwise complicated and unpredictable work into single linear processes with standardized outcomes, particularly because obesity is complex as a social and environmental issue, and its prevention requires multifaceted approaches that are flexible enough to adapt to local context.

COLLECTIVE IMPACT ("GRASS TOPS" APPROACHES)

Collective impact refers to groups of decision-makers and leaders from multiple sectors in a community coming together and committing to a common agenda for addressing a specific social issue.[11] This can be considered a "grass tops" approach, since it primarily engages decision-makers and leaders of organizations.[12] It is an approach that is particularly well-suited to making progress on issues whose causes cut across multiple levels, settings, or systems in a community. For instance, coalitions around the United States are working toward collective impact on poverty reduction, increased high school graduation rates, and reduced childhood overweight and obesity. The term collective impact was introduced relatively recently, but the phenomenon to which it refers has a longer history and has been described variously as coalition action, interorganizational alliances, and partnership synergy.[12] Here we use the term collective impact to describe this type of coalition action. Successful initiatives have been described according to 5 conditions: (1) all participants share an agenda for change, (2) the initiative has developed a shared measurement system, (3) participants are coordinating their activities so that they are mutually reinforcing, (4) regular high-level participants sustain continuous communication, and (5) the activities of the initiative are supported by a "backbone" organization with dedicated staff and coordination skills.[11]

Coalitions' actions have shown promising results for childhood obesity prevention and have become central to current practice. At the municipality level, coalitions have shown success at achieving systemic changes with the goal of childhood obesity prevention. For instance, the San Diego *Childhood Obesity Prevention Initiative*[13] has implemented Safe Routes to School[14] and Farm-to-School[15] programs and has helped to pass healthy beverage policies for school campuses. It also has helped to shape local policies around community development, recreation, early childhood education, transportation, and workplace lactation. Several coalition-driven initiatives have sought to galvanize action for childhood obesity prevention at the state level. These include *Lets Go!* in Maine,[16] which has changed a number of local policies and systems resulting in levels of childhood obesity holding steady or falling for some age groups, *LiveWell* in Colorado,[17] and many others.[18] Partly as a result of the successes of these initiatives, collective impact is increasingly a mainstream approach for locally

driven obesity prevention initiatives, as demonstrated by the fact that it was the theme of the most recent *Biennial Conference on Childhood Obesity Prevention*.[19]

Coalitions are likely to be able to make some systems changes relatively quickly, particularly when those changes involve program delivery or incremental shifts in agencies' and organizations' activities. By engaging current leaders in local agencies and building toward greater alignment, coalitions may be able to identify efficiencies and opportunities in service delivery. However, because many initiatives pursuing collective impact primarily seek to convene those who already hold formalized institutional power in the community, they are unlikely to pursue transformative changes or efforts that would require mobilization and political action, as controversial policy changes often do.[20]

COMMUNITY ORGANIZING ("GRASSROOTS" APPROACHES)

Community organizing initiatives involve groups of residents collaborating to investigate and undertake sustained social action on social issues of mutual concern.[21] Organizing seeks to change the balance of power in local communities so that residents (as opposed to institutional decision-makers) have a greater say in the policies and systems that affect their daily lives—thus the term "grassroots." To build power, organizing initiatives engage the local populace through one-to-one meetings in which residents listen to each other's hopes and concerns for their community. The themes from these meetings inform participatory research on pressing community issues, which in turn inform strategic selection of specific issues that the initiative seeks to address through public actions. In large public actions, often with media present, residents put pressure on decision-makers to commit to policy and systems changes that will enhance local quality of life and hold these decision-makers accountable to their commitments. Many community organizing initiatives in US cities have sustained these activities for decades, tackling a variety of issues related to housing, health care, transportation, education, lending, community development, employment, recreation, and neighborhood safety.

One recent example of community organizing applied to obesity prevention is the *Communities Creating Healthy Environments* initiative[22] funded by the Robert Wood Johnson Foundation. This initiative has supported 22 local organizing initiatives (in 2 cohorts) with 3-year grants to build capacity—particularly in communities of color—to implement systemic changes related to obesity prevention. The progress of one of these organizing initiatives, the *Southwest Organizing Project*[23] in Albuquerque, New Mexico, is described in a recent article by Subica and colleagues.[24] The Project is focused on building leadership in low-income communities, with particular emphasis on the Hispanic and American Indian cultures and leadership by young people. It has applied a food justice lens in its work toward obesity prevention and has converted vacant city properties into community gardens and changed school lunches to include healthier foods. One recent victory, which was a culmination of several years of work on school lunches, was passage of a $1.44 million appropriations bill in the state of New Mexico for public schools to purchase locally grown produce.

Reflecting on the work of the Southwest Organizing Project, as well as that of the other grantees, Subica and colleagues[24] conclude that community organizing is a particularly promising approach for addressing disparities and working toward equity in health promotion efforts through structural—rather than solely individual—change. They also emphasize that the model is different from other community-based health promotion efforts since it features leadership by the people most directly affected by local health issues. Therefore, it offers a vehicle for lower-income communities and communities of color to take action to address disparities, although the authors point out that "health professionals also benefit from being a co-journeyer in the grassroots health promotion process, thus gaining a deepened understanding of the trajectory and contextual realities of health disparities from the community's perspective."[24,p85] Community organizing has the potential to engage large numbers of residents in efforts to build power to change policies, systems, and environments to improve the health of their communities. It is therefore a promising strategy not only for addressing complex issues like obesity, but also to create conditions for greater health equity.

The leadership development and relationship-building processes in community organizing are time consuming, so organizing initiatives can take longer than some other approaches to build toward action.[10] Yet by prioritizing leadership of those whose stake in the discussion is primarily personal rather than institutional and who are often the intended audience of systemic changes in society, community organizing initiatives often view local issues differently (eg, food justice vs food security), are more likely to have broad community relevance, and are less hesitant to press for transformative changes, or those that require mobilization and public action. As indicated above, community organizing initiatives seek to change power relations in their local communities by building power among residents who do not already hold formalized institutional power. These features of community organizing make it a particularly promising approach for achieving greater health equity through action by those most affected by existing inequities on the social determinants of health—the shared living conditions of residents.[25]

LOCAL CAPACITY BUILDING MODEL

Through the Wisconsin Obesity Prevention Initiative, we are investing in local coalitions seeking collective impact and local community organizing initiatives to support action toward

broad-based changes across community settings with the goal of reducing rates of childhood obesity. We are doing this in collaboration with community partners, through realizing the strengths of both the community organizing and coalition-driven approaches. Engaging both the "grass tops" and "grassroots" in action toward systemic changes increases the likelihood that more changes will be made across settings in local communities, and that these changes will be sustained. Furthermore, it is possible that it also will speed the effects of systemic changes on health behavior changes since greater numbers residents are involved in action around health promotion and obesity prevention.[4,26,27] The parallel implementation of both approaches is leading to the identification of new strategies that leverage the relative strengths of both coalition action and community organizing initiatives.

Although we are continuing to learn from a pilot phase of implementing these approaches to local community change,[10] it's important to note several key points. First, the local coalition and community organizing initiatives, while supported by University of Wisconsin (UW) staff, faculty, and students, are led independently by local organizations and leaders. In the case of the coalitions, a local "backbone" organization has been designated to convene and guide the initiative. For the community organizing initiatives, a local organizer has been identified who supports the development of other local leaders and provides training and guidance. All four of the local initiatives (2 per county in 2 pilot counties) have technical support[28] from the UW team, as well as from national experts on coalition work and community organizing. Second, the community organizing and coalition teams are not required to coordinate their activities in each locality, although collaboration is encouraged when advantageous. This flexibility to fully implement each respective approach is critical to ensuring the integrity of each of these approaches, as well as to their ability to build capacity and to seek organic possibilities for collaboration across the two types of initiatives.

A primary aim of the Initiative's research and evaluation design is to assess how each of these approaches works to build local capacity and action to achieve and sustain policy, systems, and environmental changes for childhood obesity prevention. We also are studying the ways they can complement each other to produce or reinforce local changes. Learning from implementation of this new model in local communities is informing our planning for future work with additional Wisconsin communities. Meanwhile, the UW team is selecting and designing tools for periodic assessments to provide empirical insights into community-driven processes and the changes that they produce. These data on community change processes will provide insights with potential to increase efficacy to impact changes in nutrition, physical activity, and overweight and obesity.

CONCLUSIONS

It is now widely acknowledged that in order to turn the tide on the obesity epidemic, sustained action and changes are needed in the settings and environments that people inhabit in their day-to-day lives. Rather than simply encouraging people to make healthier choices, policy and systems changes are needed that can make healthier choices easier and more desirable, as well as increase participation in decision making by those most directly affected by health issues. Some of these changes are simple, but others require concerted actions and sometimes significant changes in paradigms and approaches by nonprofit organizations, businesses, schools, voluntary associations, elected officials, and government agencies. Although researchers, clinicians, and public health practitioners have acknowledged the need for capacity building and cross-sector coordination of action, to date there has been very little specificity regarding approaches for this type of systems-oriented primary prevention.[6] Therefore, a great need exists for more specificity and clarity in the application of different collective action models for obesity prevention and other community health issues. The Wisconsin Obesity Prevention Initiative presents an opportunity to make long-lasting impact on the settings and environments in local communities that promote health, and to learn from rigorous study of multiple models for capacity building and action.

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