

Lessons From a Pilot Community-Driven Approach for Obesity Prevention

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ABSTRACT

Introduction: The Wisconsin Obesity Prevention Initiative has piloted a novel approach for community action for obesity prevention that incorporates both coalition and community organizing efforts in 2 counties. This article describes lessons learned to date from this experience.

Methods: A description of the progress made in these communities and the support provided by Initiative staff and other partners are drawn from process evaluation of the pilot from November 2014 through December 2015, as well as the reflections of community partners.

Results: In Marathon County, building towards coalition action required thoughtful re-engagement and restructuring of an existing obesity-focused coalition. Community organizing surfaced local concerns related to the root causes of obesity, including poverty and transit. In Menominee County, coalition and community organizing efforts both have drawn attention to cultural assets for health promotion, such as traditional food practices, as well as the links between cultural loss and obesity.

Conclusions: Building coalition action and community organizing varies across community contexts and requires addressing various steps and challenges. Both approaches require critical local examination of existing community action and stakeholders, attention to relationship building, and support from outside partners. In coalition action, backbone staff provide important infrastructure, including member recruitment and facilitating group processes towards collaboration. Community organizing involves broad resident engagement to identify shared interests and concerns and build new leadership. A community-driven systems change model offers potential to increase community action for obesity prevention.

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INTRODUCTION

To combat obesity—a complex problem with myriad intersecting causes—experts suggest multifaceted and multisetting interventions for comprehensive change in local policies, systems, and environments.^{1,2} Recent efforts have demonstrated improvement in population-level obesity outcomes among children through multisetting interventions³⁻⁵ and coordinated community action that can be facilitated through approaches like coalition action and community organizing. For instance, in Shape Up Somerville,^{3,6} a cross-sectorial coalition reflecting the collective impact model⁷ has been considered integral to the effort's success in reducing obesity among local children. The Community Creating Healthy Environments initiative supported by the Robert Wood Johnson Foundation supports community organizing as a mechanism for spurring policy change and addressing the root causes of

childhood obesity in communities of color.^{8,9}

The Wisconsin Obesity Prevention Initiative (Initiative), a project led by the University of Wisconsin-Madison since 2014, incorporates both coalition action and community organizing in a novel model focusing on obesity prevention.^{1,10} Coalition action involves multisector representatives from across the community coming together for coordinated actions to address an issue of shared concern, or to have a “collective impact.”⁷ Community organizing, on the other hand, involves residents collaborating to examine and counteract shared local concerns through sustained social action.¹¹ The Initiative seeks to address obesity in Wisconsin by investing in a model that builds capacity for community action through coalitions and community organizing, and connects these groups to recommended interventions and resources, academic partnerships, and ongoing

support. (See Adams, et al,¹ Christens, et al,¹⁰ and Spahr, et al¹² in this issue for more information on the Initiative.)

One part of the Initiative is a pilot intervention study in 2 Wisconsin communities—Marathon and Menominee Counties—that supports the development of multisectoral coalitions and community organizing efforts in each community to build and focus capacity for population-level obesity interventions. This article summarizes the pilot, drawing on process evaluation data from November 2014 through December 2015 and the reflections of lead community partners, some of whom are also coauthors. Lessons learned to date will help refine a community-driven model for health promotion that builds on the strengths of coalitions and community organizing and supports synergistic opportunities across approaches.¹⁰

METHODS

Partners and Community Contexts

In this pilot, faculty, staff, and students from the University of Wisconsin-Madison partnered with representatives of the Marathon County Health Department, the Menominee Tribal Clinic, and WISDOM, a statewide network of more than a dozen local community organizing groups. Staff from the Marathon County Health Department and the Menominee Tribal Clinic facilitate the coalition efforts in their counties, and local organizers trained by WISDOM galvanize the community organizing work in both counties. Partners from the Healthy Wisconsin Leadership Institute, healthTIDE, and the University of Wisconsin-Extension provide additional support and coaching to the local efforts.

Marathon County is a primarily rural county in north-central Wisconsin (population 134,063; 2010 US Census), but the largest county geographically in the state. The population is primarily white (approximately 90%), but includes a sizable Southeast Asian community and a growing Latino/Hispanic population. About one-half of the population lives in the Wausau, Wisconsin metropolitan area. The Healthy Eating Active Living (HEAL) coalition had been in existence for over 10 years, yet membership had dwindled to a small group of committed members who met quarterly to network and share information. As such, the Marathon County Health Department staff began a concerted effort to revitalize the coalition utilizing the collective impact framework.⁷ While the Wausau area has a local WISDOM community organizing affiliate—“NAOMI”—it was decided that a new organizing effort that could focus on health promotion would most benefit the project.

Menominee County, in northern Wisconsin, is the home of the Menominee Nation and includes a population that is almost 90% indigenous (total population 4,232; US Census, 2010). The tribe is burdened by a high prevalence of overweight and obesity in children and adults, as well as other forms of chronic

disease. The collective impact and community organizing efforts in Menominee County began from the ground up as neither a formal physical nor nutritional health-focused coalition or a formal community organizing effort existed previously.

Supporting Partner Communities

To build coalition infrastructure, Initiative staff from the university met monthly with partners from the Marathon County Health Department and Menominee Tribal Clinic to support their understanding of the collective impact model⁷ and other resources for coalition action. Early activities included assessments of the local context and mapping key individual and organizational stakeholders for obesity prevention efforts. Initiative staff also assisted in developing understanding of the collective impact model's “backbone” support roles. While bearing similarities to familiar coalition coordinator roles, backbone roles are distinct in important ways, including their emphasis on identifying and convening potential members, and a heavy focus on facilitation of group processes and accountability rather than carrying out tasks for the group.¹³ As it is unlikely for professionals to have past experience in backbone roles, this shift often required additional effort to identify and train staff.

Initiative staff have continued to support lead partners at the Marathon County Health Department and the Menominee Tribal Clinic as they have moved forward with their coalition efforts. Ongoing support has enabled a more nuanced understanding and application of collective impact and other coalition ideas. For example, conversations have explored strategies for facilitating group coalescence around a common agenda and effective engagement of different kinds of community partners, including residents. Additionally, Initiative staff keep an eye on the needs of community partners for support from others connected to the Initiative, such as data from researchers that can inform obesity prevention strategies or examples of coalition efforts from healthTIDE's statewide work.

WISDOM hired community organizers in each county and organizers began their work in March 2015. WISDOM is a statewide grassroots organization that supports broad participation of residents in the democratic process, especially through congregation-based community organizing. Its affiliates work to address criminal justice, immigrant rights, and economic justice, among other issues. Their work with the Initiative has built on and expanded grassroots efforts related to obesity, for example, addressing issues of transportation, the built environment, and access to healthy food.

WISDOM staff and mentor organizers have trained, resourced, encouraged, and challenged the organizers throughout the project—from their initial process of individual meetings with local residents, to recruiting leaders, to assessing and ranking potential campaigns. The community organizers completed in-depth weeklong trainings in organizing principles with

the Gamaliel Foundation, alongside other community leaders from across the country. WISDOM staff promote peer-to-peer learning and accountability between the local organizers through regular check-in meetings, sharing of weekly written reflections, and gatherings of WISDOM organizers from across the state. WISDOM staff and organizers have maintained connections with Initiative staff and local coalition partners throughout the project, and these connections have facilitated access to Initiative support and promoted shared learning and collaboration with the coalitions.

RESULTS

Progress in Community Organizing and Coalition Action

Marathon County—The process of building coalition and community organizing capacity has played out differently in each county owing to various distinctions of the local context. Efforts to revitalize the Healthy Eating Active Living coalition began with targeted outreach to agencies and groups important to local obesity prevention. In spring 2015, backbone staff invited identified stakeholders to a “World Café” event¹⁴ (a model for large group generative discussions) focused on reshaping the vision for the coalition. Approximately 40 attended, including previous coalition members such as the University of Wisconsin-Extension Marathon County, as well as new potential partners that could support multisetting obesity prevention, like a local grocery store, the YMCA, and the Marathon County Conservation, Planning and Zoning Department. This process reasserted agencies’ shared interests in promoting healthy eating and everyday physical activity for community members. Attendees also identified a major barrier to the coalition’s past progress—a pattern in which initiatives were generally directed by health department grants and staff, which then discouraged member participation and ownership. This discussion underscored for staff the important distinctions between familiar coalition coordinator roles and those of backbone staff.

The coalition then conducted an asset mapping activity to identify existing healthy eating, physical activity, and other relevant community resources. With this information, the coalition strategically discussed how to expand on existing strengths and create momentum towards building a healthier community. Additionally, backbone staff assisted coalition members in reviewing other successful coalitions, such as the Early Years Coalition in Marathon County, and used these lessons to make decisions around communication and other practices. The backbone staff also facilitated activities to build alignment around a common agenda, including a dot prioritization activity and a coalition membership survey. This led the coalition to form 2 action teams—one focused on access to healthy food options and the other on access to places for physical activity—and helped the coalition select initial activities, specifically assessments of local

community gardens and pedestrian infrastructure. Initiative staff continued to provide support throughout this time, including further guidance on collective impact principles and coaching on group facilitation. The coalition now meets monthly with an average attendance twice what it was prior to the Initiative (20 members vs approximately 10 active attending members, respectively).

In the Marathon County community organizing effort, the organizer began by conducting individual meetings with residents, or “one-to-ones.” One-to-one meetings are a fundamental community organizing practice in which organizers or leaders in the community organizing group meet individually with residents—especially those typically marginalized and excluded from community decision-making—to get to know them and to identify shared areas of interest and concern across the population.^{10,11} These meetings also serve to identify and recruit a broad network of leaders for the organization. Leader teams are then trained in community organizing practices and take responsibility for building action to address shared concerns.

The community organizer in Marathon County completed over 150 one-to-one meetings with residents from March 2015 through December 2015, and other community leaders recruited through the process completed additional one-to-one meetings. From these meetings, the organizer and leaders identified community concerns related to food insecurity, transit, and social isolation, especially affecting young adults and low-income families. As community organizing seeks to build capacity for action by aligning interests—especially among those marginalized and underserved—this orientation has helped turn focus to root causes of obesity (ie, social determinants of health such as poverty) as well as issues of health equity. The connections between the community organizer and the coalition backbone staff have helped remind coalition members of these root causes as well. To further explore these shared concerns and engage more residents, the organization has held gatherings to discuss food, food insecurity, and public transit.

Menominee County—As a small, rural community, lead community partners at the Menominee Tribal Clinic were able to expeditiously identify potential coalition members. Stepping into the role of backbone staff, clinic staff mapped stakeholders for obesity prevention and reached out to agencies with whom they had existing working relationships as well as new potential collaborators. Borrowing from the community organizer’s one-to-one practices, backbone staff met with potential members individually to develop mutual understanding of their interests and build trust.

Coalition members began meeting and named their effort the Menominee Wellness Initiative. Members include the clinic, Head Start, the schools, the College of the Menominee Nation, Menominee Food Distribution, the recreation center, and the University of Wisconsin-Extension Menominee County. In early

meetings, members participated in trainings on collective impact and other coalition approaches supported by Initiative staff, and used these ideas to define their identity and functions. Meetings often included thoughtful discussions of the Menominee cultural context and the unique assets that cultural traditions and values offer. These assets include traditional gardening, food gathering, and hunting practices; a multigenerational orientation to community initiatives; and momentum in revitalizing the Menominee language. Through a series of facilitated discussions, the Menominee Wellness Initiative decided to focus its efforts on 3 areas: gardening and traditional food practices, local food systems, and increasing opportunity for physical activity. Initiative staff have connected the Menominee Wellness Initiative to researchers to help advance work in these areas, for example, by collaborating on a community survey of access to the recreation center.

The Menominee County community organizer completed over 100 one-to-one meetings with local residents, including many tribal elders, from March 2015 through December 2015. These meetings surfaced shared concerns around cultural identity, community cohesion, and language and culture revitalization, and identified several community leaders. The new organization named itself *Menikanaehkem*, or “community builders.” After the original organizer left for another opportunity with the tribe, one of the recruited leaders filled the organizer role and took responsibility for one-to-one meetings with residents and guiding the organization’s work.

Menikanaehkem leaders recognize links between obesity and forms of community, cultural, and linguistic violence inflicted since contact with Europeans. (Research also points to such links, including correlations between native language loss, cultural disruption, and diabetes rates in indigenous communities.¹⁵) To rebuild community connections and revitalize culture and language, while also re-embracing traditional and inherently wholesome food practices, the organization has hosted a series of community feasts. Held in towns and villages across the county and open to all community members, these feasts have spotlighted “pre-contact” foods; incorporated ceremonial, drumming, and storytelling traditions; and emphasized the cultural roots of individual and community health. The feasts have nurtured broad community engagement, developed new leaders, and sparked conversations around notions of health and underlying factors promoting or undermining health.

DISCUSSION

For physicians and other health care professionals who are increasingly becoming involved in community action to address obesity or other chronic conditions,^{16,17} this pilot offers important lessons about the steps involved in building coalition action and community organizing and challenges that can arise along the way.

First, it is clear that developing understanding and then capacity in coalition action and community organizing takes time, both for those guiding their implementation (ie, backbone staff and community organizers) as well as for members. It is important to preserve separate identities of coalition and community organizing efforts as this understanding is developed, thereby ensuring that one does not inadvertently subsume or undermine the other.

Time also must be reserved to provide support to backbone staff and community organizers that may be outside of the coalition action and community organizing toolkits but is needed to get efforts off the ground, such as skill development in group facilitation or project management. In the Initiative, university staff have been able to identify and meet these needs or connect partners to others who can; other initiatives may need to build in such support mechanisms as well. These observations are consistent with recent coalition action and community organizing guidance in terms of preserving time for infrastructural development and adaptation to the local context, and anticipating ongoing technical assistance needs.^{18,19}

This pilot experience also has made clear the importance of critically examining the local landscape of collaborative action and grassroots engagement before beginning new community-driven efforts. Neither community, of course, was a blank slate at the start; whether formal or informal, official or unofficial, collaborative and grassroots efforts existed in the communities and needed to be understood. This included identifying stakeholders in health- and community-related efforts and the relationships among them. In the community organizing model, understanding the power implicit in these relationships was another integral step, and one that coalition efforts may perhaps continue to learn from, as this understanding can influence partnership development and change-making strategies.²⁰ It was also important to remember that the collaborative and grassroots landscapes looked considerably different in each setting, owing to differences in local culture, history, urbanicity, socioeconomic and racial-ethnic diversity, and other factors. Community mapping and power mapping tools and a regular commitment to reexamine the local landscape will continue to be essential moving forward.

Understanding of the collaborative and grassroots landscapes also draws attention to the need to often look beyond the “usual suspects” for health promotion, such as local businesses, cultural organizations, and residents—especially those most impacted by the issues. However, effectively bringing diverse stakeholders to the table requires dedicated time, patience, and attention to relationship building. This is well understood in community organizing, as organizers conduct one-to-one meetings to understand the needs and motivations of residents and to more effectively engage them in grassroots efforts.^{10,11} In the Initiative, coalition staff have seen the value of intentional relationship building to their work as well, and research of effective multisectorial partnerships for

health promotion also points to the importance of attention to trust building.²¹

Finally, lessons from this pilot encourage maintenance of an inclusive perspective of “health” and “obesity prevention” so that diverse partners are not excluded from these initiatives. Indeed, the engagement of partners who represent various community groups, their experiences and diverse resources, will be critical to effective, multisetting community health promotion.²

CONCLUSIONS

As the groups in this pilot move forward with specific efforts to promote health and address obesity locally, new understanding of the effects of community-driven approaches to health promotion can be gleaned through coalitions and community organizing, and the two together. Future evaluation will look for evidence of increased capacity for community action, associations between community action and changes in local policies, systems, and environments and, over time, changes in obesity-related physical activity and eating behaviors. This learning will support population-level change in these communities and help further develop community-driven systems change models for obesity prevention and health promotion.

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