THE CENTER FOR MANAGING CHRONIC DISEASE

Putting People at the Center of Solutions

An Exploration of Community Coalitions as a Means to Address Overweight and Obesity

A Report of Allies Against Asthma | September 2007

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A Report of Allies Against Asthma from the
Center for Managing Chronic Disease
University of Michigan

September 2007

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Executive Summary

The dramatic increase in overweight and obesity among children in the U.S. has stimulated serious attention to the problem across the country. In October 2006, representatives from seven existing community-based coalitions came together to talk about how the knowledge, experience, and lessons they gained through their coalition work could help their communities address the significant challenge being posed by the high rates of overweight and obesity. Participants represented communities across the country that received funding from Allies Against Asthma (Allies), a National Program of the Robert Wood Johnson Foundation, and have experience in strategic planning and action for program and policy change. This report documents the results of their conversations and thoughts regarding the strengths of a coalition-based approach to obesity and other chronic diseases.

Given the complexity of obesity and the necessity of engaging a broad range of individuals and organizations in finding solutions, participants agreed that a coalition approach could be an effective model. General strengths of the coalition approach identified include innovative strategies that result from involving the range of stakeholders in solutions to the problem, the power afforded by wide spread community engagement, and the development of new community capacities through effective use of available social capital.

Coalition representatives discussed ways that existing coalitions can apply their acquired capacities such as assisting and mentoring leaders of a new coalition or incorporating obesity as an additional area of work. Participants identified numerous extant critical resources their coalitions had developed such as ongoing relationships, trust and credibility in a community; organizational capacities; skills related to community mobilization; and experience regarding the available levers for policy and system change in the community.

Particular challenges for a coalition rising to the task of working in obesity and overweight were also identified, including being at odds with large scale industry profit-makers, the complexity of the determinants of the conditions and the lack of evidence regarding prevention and management, and the strength of societal norms related to eating.

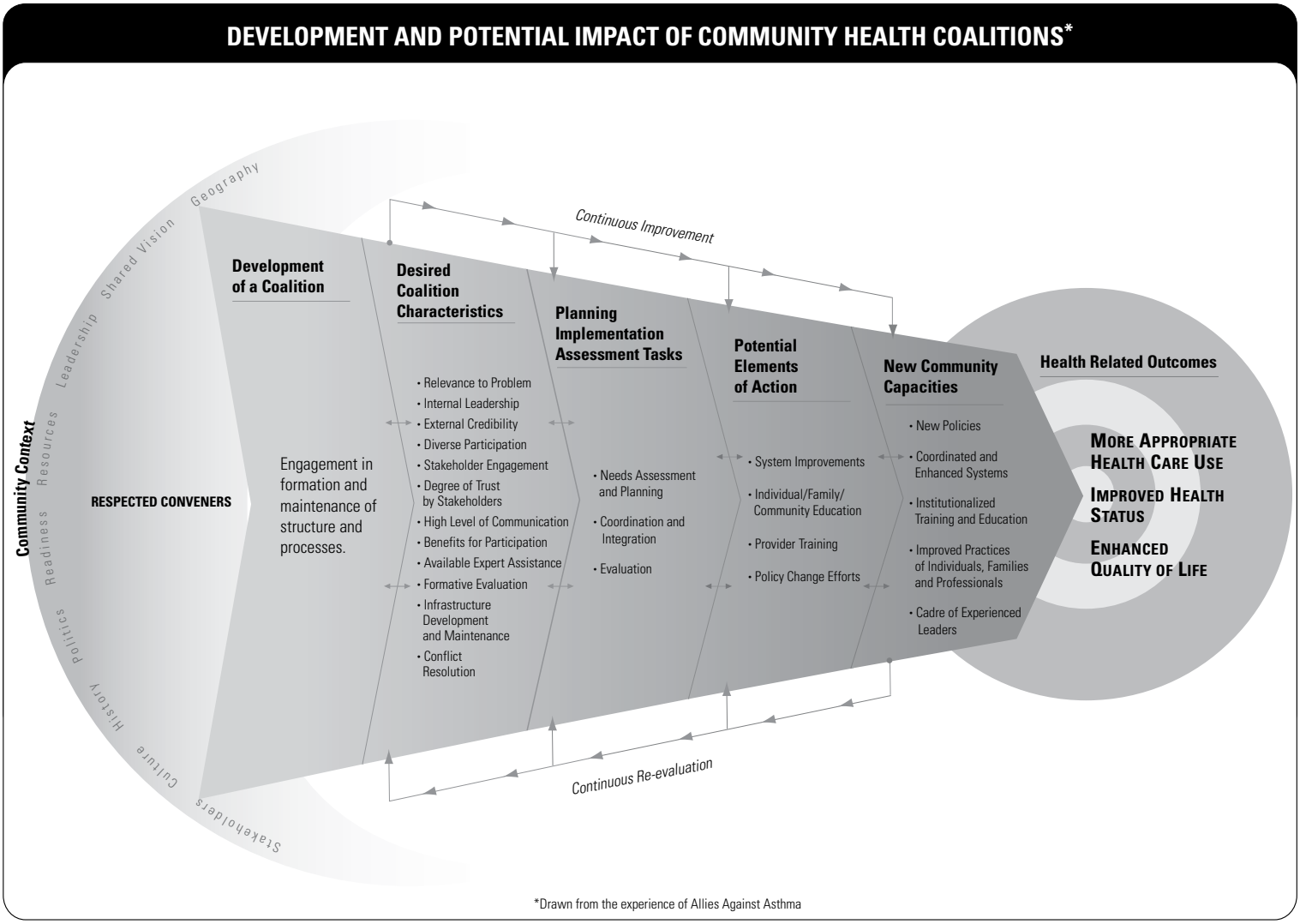
While the challenges related to confronting overweight and obesity are significant and complex, participants strongly argued that a coalition approach is promising, and the capacities built by successful coalitions can provide a significant head start in efforts to address complex health conditions.

Introduction

Thousands of coalitions, including over 200 asthma coalitions, focus on health problems in communities around the United States. In 1999, the Robert Wood Johnson Foundation initiated support of Allies Against Asthma (Allies). This countrywide initiative included seven large community-based coalitions aimed at developing and sustaining pediatric asthma-prevention and control efforts. The primary aims of the coalitions were to reduce asthma hospital admissions, emergency room visits, and missed school days; enhance the quality of life of children with asthma; and develop ongoing means for effective community-wide asthma management. A comprehensive evaluation of the initiative is currently underway.

Collectively, the leaders of Allies' seven coalitions across the United States and the Allies National Program Office, charged with providing technical and evaluative assistance, have drawn from a large body of literature and from first-hand experience in order to develop a

Figure 1



SOURCE: Clark NM, Doctor LJ, Friedman AR, Lachance L, Houle CR, Geng X et al. Community coalitions to control chronic disease: Allies Against Asthma as a model and case study. Health Promot Pract, 2006 Apr Suppl. to 7(2): 14S - 22S.

model of how coalitions function. This model (Development and Potential Impact of Community Health Coalitions) is presented in Figure 1. It describes factors that affect the development and maintenance of a coalition (in this case asthma) and its aims. The model gives a snapshot of community influences that are continuously reciprocal and dynamic, and which require coalitions to anticipate and respond to changes and challenges over time—regardless of whether those challenges are related to asthma or to another health problem. The model guided the discussion and review of evaluative data (1) by representatives of Allies, who met to explore the value of coalitions in addressing childhood overweight and obesity. First, Allies representatives considered general strengths of and challenges for coalitions and then specific assets that coalitions might bring to obesity-prevention and control.

"YOU KNOW, YOU GO INTO ONE OF THESE [LONG AND LIVELY] COALITION MEETINGS AND YOU GO, OH MY GOODNESS, DO I HAVE TO ENDURE THIS? …THEN THERE WILL BE THAT MOMENT WHEN ALL OF A SUDDEN YOU REALIZE SOMETHING UNUSUAL HAS [HAPPENED]… IT'S HEARING EVERYBODY TELL THEIR STORY AND GETTING ENERGIZED. AND THEN WHEN YOU FINALLY GET A PLAN… YOU SEE HOW ALL THESE PEOPLE SITTING AROUND THE TABLE PLAYED A VERY IMPORTANT ROLE IN THAT PLAN COMING ABOUT."

– COALITION MEMBER

"I THINK IT'S INVIGORATING. THAT'S THE THING ABOUT WORKING IN A COALITION… YOU FEED OFF EACH OTHER'S ENERGY. AND YOU FEEL… ALL THESE PEOPLE FEEL THE SAME WAY I DO AND THEY ALL WANT TO ADDRESS THIS ISSUE"

– COALITION MEMBER

General Strengths of the Coalition Approach

New Solutions

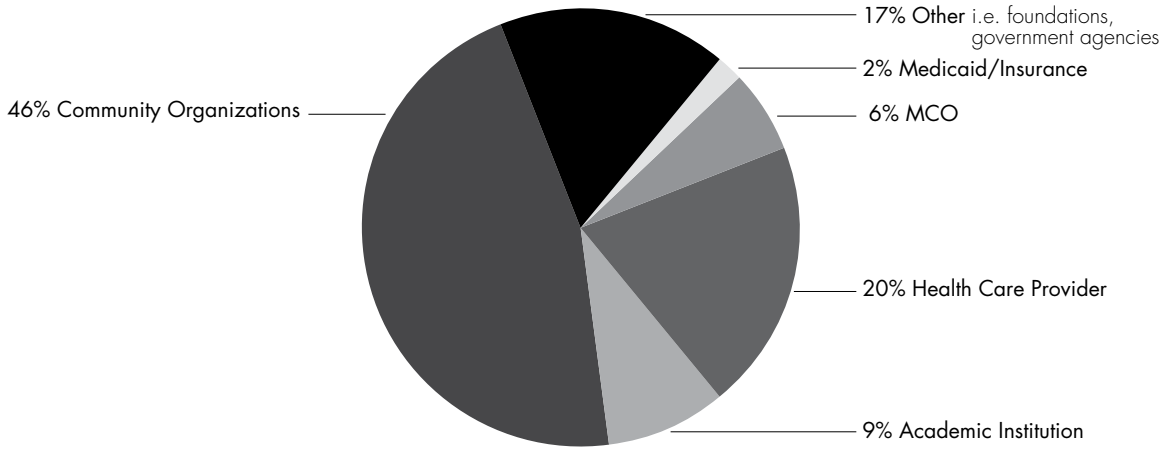
The strengths of community coalitions for addressing complex health conditions are many. Perhaps the greatest strength is that a coalition can provide common ground for decision-making and collective action for stakeholders who share a common problem but have uniquely distinctive perspectives. Such partnerships among stakeholders can lead to creative solutions that are more likely to be both innovative and achievable in a community, because the participatory process leads to a richer array of ideas and more resources than a single organization could amass alone.

The Long Beach Alliance for Children with Asthma, for example, developed a creative air-quality flag program to raise asthma awareness and advise people with asthma of poor air-quality days. Asthma educational materials and flags are distributed to area schools, and the flags are raised on school flagpoles to indicate poor air-quality days, when children's outdoor physical activity should be limited. Different coalition partners contributed different ideas and resources; one planned a contest for children to design the flags, one organized local mothers to sew the flags, one developed the protocols for schools to know when flags should be raised, etc. Several other asthma coalitions in California have adopted this program, and flags are currently flown at hundreds of schools, health departments, childcare organizations and other locales.

Professionals often address community health issues without involving representatives of those who feel the greatest burden of disease. By joining together with concerned community residents and community-based organizations to address problems, coalitions can give a true voice to those often unheard in the change process.

The inclusive approach adopted by community coalitions (see Figure 2 for examples of stakeholder participation in Allies) can foster solutions developed in concert with those who are most intimately connected to a problem and can therefore enhance the chances that solutions will be accepted and used.

Figure 2. Allies Against Asthma Stakeholders: Type of organizations represented in coalitions (n=232)



SOURCE: Peterson JW, Lachance LL, Butterfoss FD, Houle CR, Nicholas EA, Gilmore LA, Lara M, Friedman AR. Engaging the community in coalition efforts to address childhood asthma. Health Promot Pract, 2005 Apr Suppl. to 7(2):56S-65S.

"IT'S REALLY TRANSFORMATIONAL. I THINK ABOUT LEADERSHIP MORE AS A CREATIVE THING THESE DAYS AND SOMETHING YOU DO IN CONCERT WITH OTHER PEOPLE … I THINK OF MYSELF AS A LEADER IN THE COALITION. ALTHOUGH I MIGHT NOT HAVE THAT OFFICIAL TITLE, IT IS A ROLE THAT I'VE BEEN THRUST INTO IN A LOT OF DIFFERENT CONTEXTS… I FIND MYSELF TRYING TO THINK OF WAYS THAT I CAN PROVIDE OPPORTUNITIES FOR PEOPLE TO WORK WITHIN THE COALITION, WHICH IS MUCH MORE CREATIVE THAN THE WAY I USED TO THINK ABOUT LEADERSHIP."

– COALITION MEMBER

Incubator of Leadership

Coalitions can serve an important role as incubators of leadership, giving members experience and skills as change agents and thus developing personal and organizational capacity to address a range of health issues in a community. The act of partnering with others who share the same passion inspires and supports both individuals and organizations.

Further, coalition work creates opportunities through which individuals can learn about issues from different perspectives, take on new responsibilities, and develop and use new abilities. Data also suggest there is widespread agreement among health-system personnel and others in the community about the benefits of participation in a coalition (2).

"I THINK THERE'S A LOT OF THINGS THAT [HEALTH CARE PROVIDERS] CANNOT DO FOR A LOT OF PUBLIC IMAGE REASONS, AND THE COALITION CAN HELP TO SERVE AS A PLATFORM OFF OF WHICH SOME OF THESE ACTIVITIES CAN OCCUR."

– COALITION MEMBER

Political Immunity

Coalitions can also provide an effective channel for action by organizations that cannot publicly pursue policy goals on their own. By joining in a concerted effort, surrounded and supported by other coalition members, an organization can advance its own agenda. For example, because of political constraints an organization may not be able to push independently for a given policy, but a coalition can provide "immunity" for that organization to pursue the policy. Or a coalition can advocate for health care providers to improve their standard of care in ways that a health care payer could not.

Consistent Messages

Key messages consistently delivered through multiple channels by coalition members can contribute to change. Consistent messages can raise public awareness of needed policy change and bring clarity to a complex and/or misunderstood issue. For example, if a coalition coordinates the key messages about children's health coming from health care providers, teachers, and local media, individuals and agencies will be more likely to take action than if these messages come from a mixed range of sources and are confused.

"BEFORE THE COALITION IN THE LAST FOUR YEARS, WE HAD VERY FRAGMENTED SYSTEMS. WE HAD DIFFERENT AGENCIES DOING DIFFERENT THINGS AND WE PULLED ALL OF THOSE AGENCIES TOGETHER, REVIEWED ALL THE LITERATURE SO WE MADE SURE THAT WE WERE SHARING THE SAME MESSAGE ACROSS THE BOARD. I THINK THAT'S AN IMPORTANT THING FOR FAMILIES … THAT THEY'RE GETTING THE SAME MESSAGE NO MATTER WHAT AGENCY THEY'RE GOING WITH."

– COALITION STAFF MEMBER

Resource Building

It is ideal but not always easy to secure funding for the infrastructure of coalitions that is not dependent on grants. Basic infrastructure likely includes a coordinator, clerical support, and basic office expenses. Among the strategies for infrastructure funding explored by Allies coalitions are member dues; an institutional partner or set of partners who support the infrastructure; the identification of influential ongoing individual donors; and the provision of services, such as technical training, to other coalitions or organizations for a fee.

Potential supporters may claim they lack funds to support the coalition's services, but they may not realize how much small amounts, even in-kind contributions, can help to maintain the coalition's infrastructure. Ultimately it is the successful performance of the coalition as a change agent that will allow it to garner support for itself, and therefore it is crucial for the coalition to publicize its achievements. For example, after several years of being told its home organization did not have funds to support the coalition's infrastructure, one Allies coalition secured institutional support for a full-time coordinator following a period of significant success and public attention that highlighted its contribution to the community.

Public Relations

Successful sustainability is usually tied to the coalition's public face. A first step to developing strong public relations is to pay attention to how the coalition operates in the community: Is the coalition linked as much as possible to other credible agencies? Does it complement, not duplicate, efforts in the community? Does the coalition give proper credit to its members and collaborators while at the same time maintaining an easily recognizable presence and brand? Of course, it is imperative that the accomplishments of the coalition be communicated, but the challenge lies in how best to package the coalition as a collective effort. Fiscal agents, potential funders, partners, and others in the community need to be aware of the community service being provided by the coalition, and this can be achieved through a deliberate and well-planned communication campaign. These individuals and organizations must be able to see clearly how they can support the work of the coalition. One Allies coalition received support from its home institution—a local health system—when the health system recognized that the coalition's efforts fulfilled the system's own mission to respond to community needs.

Sustainability

Coalition leaders distinguish between sustainability of the outcomes a coalition achieves and sustainability of the coalition itself. They focus on the former and believe the latter will occur with effective performance. Sustainability, or making a lasting impact on a community, is crucial when addressing intransigent health problems. Coalitions sustain their impact by employing a variety of strategies: resource development; institutionalization of new programs and services; systems-change, including surveillance, care coordination, integration and legislative and policy changes; and, perhaps most importantly, capacity building for both individuals and organizations (3).

The Ebb and Flow of Funding

When it comes to sustainability of the coalition itself as an organization, the Allies coalition leaders have seen over time that coalitions cycle and recycle through funding opportunities over the years. As time goes by, coalitions constantly adapt—partners change, plans change. However, experienced leaders are familiar with these fluctuations and become comfortable with the changes they require. Many coalition members, however, may not be comfortable with such patterns. Such members will function better in times of uncertainty if the coalition is prepared for fluctuations and makes its contingency plans public. Leaders need to calm the fears of staff members when funding wanes, and to be straightforward about whether change can be effectively managed or whether the coalition's life cycle is coming to an end.

"I WOULD SAY THAT ONE OF THE WEAKNESSES OF THE COALITION CONCEPT IS THAT WE DO NOT THINK ENOUGH ABOUT HOW WE'RE GOING TO MARKET OUR SUCCESS TO ATTRACT A BROADER BASE OF SUPPORT. WE'VE GOT SOME GREAT STATISTICS, BUT WE HAVE THEM. …WE HAVEN'T TURNED THEM INTO MARKETING TO ATTRACT MORE SUPPORT, MORE MONEY … WE HAVEN'T TAKEN THOSE RESULTS—LOWERED EMERGENCY ROOM VISITS, MORE KIDS WITH INSURANCE, ETC. AND REALLY DEVELOPED A MARKETING PLAN THAT CAN EFFECTIVELY [PERSUADE] POTENTIAL FUNDING SOURCES."

– COALITION MEMBER

Turning to Childhood Obesity

The dramatic increase in overweight and obesity among children in the U.S. (see Table 1) has stimulated serious attention to the problem across the country. Data are inconclusive regarding the efficacy of interventions over the long term for prevention and management of overweight and obesity in children and adults. Nonetheless, there is substantial agreement that features of society that may contribute to the problem of overweight, particularly in low-income, minority communities, may also contribute more generally to lower levels of quality of life. These features include food low in nutritive value, lack of affordable healthy food products, sedentary lifestyles, increased stress, reduced time for families to eat and/or exercise together, and environments that aren't friendly for family recreation, play, and travel. These features are all suspect in the obesity epidemic and widely held to be negative forces for societal well-being and health more broadly defined (4).

Table 1. Prevalence (%) of overweight among children and adolescents ages 6-19 years, for selected years 1963-65 through 1999-2002

Age (years)*	NHANES 1963-65 1966-70†	NHANES 1971-74	NHANES 1976-80	NHANES 1988-94	NHANES 1999-2002
6-11	4	4	7	11	16
12-19	5	6	5	11	16

*Excludes pregnant women starting with 1971-74. Pregnancy status not available for 1963-65 and 1966-70.
†Data for 1963-65 are for children 6-11 years of age; data for 1966-70 are for adolescents 12-17 years of age, not 12-19 years.

SOURCE: National Center for Health Statistics, Centers for Disease Control and Prevention. Prevalence of overweight among children and adolescents: United States, 1999-2000 [cited 2007 Mar 29]. Available from: URL: http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm

Efforts to address these negative societal features are evident in the agendas of government agencies (5), foundations (6,7), health care systems (8), community organizations (9), and corporations (10).

One strategy discussed as a promising means for mobilizing communities to address these problems is the community coalition.

"A [HEALTH PROBLEM] INVOLVES SO MANY DIFFERENT COMPONENTS—CLINICAL, HOME, ENVIRONMENTAL, POLICY, MONEY... IT REQUIRES EFFORTS IN MANY, MANY DIFFERENT AREAS OF EXPERTISE, AND I THINK THAT'S WHY A COALITION CAN WORK SO EFFECTIVELY WITH A CHRONIC OR A COMPLEX DISEASE."

— COALITION MEMBER

Specifically, the Allies coalition leaders pursued several overarching questions: How would a coalition structure itself to address obesity? What advantages does an existing asthma coalition have over a new coalition designed to target obesity? What would be different in coalition processes when the focus was obesity? What lessons learned by the Allies coalitions would benefit coalitions addressing childhood obesity?

Coalition Structures for Addressing Overweight and Obesity

Given their ongoing concerns about the range of health problems of children in their communities, some coalitions are finding ways to effectively balance work on several issues. They have: 1) continued to work on their original health problem, e.g. asthma, but have organized the coalition into separate task groups that address additional topics such as obesity; 2) continued to work on their original problem and provided support and guidance to a new coalition that addresses obesity.

Like other coalitions across America, the seven coalitions funded through Allies have differing histories and experiences in addressing health issues. Some grew out of coalitions focused on other topics (e.g. maternal-child health), some work on multiple issues simultaneously, and some were convened specifically to work on asthma. The level of interest in developing a focus on childhood obesity will vary from community to community, as will the ways coalitions balance and focus their efforts.

One way a coalition might turn its attention to childhood obesity would be to stop or reduce its work on the problem of its original interest and focus on obesity instead; however, the Allies coalitions noted disadvantages to this arrangement. Allies coalitions have learned that passion about a topic is usually what drives individuals and organizations to participate in a coalition. They have learned to tap that passion to create momentum for effective coalition action. Although some coalition members might share an interest in obesity, the Allies discussants expressed concern that by shifting focus, a coalition might lose the interest or zeal of some key members. Representatives of Allies coalitions that grew out of work on one topic acknowledged that when a new and different topic becomes the focus, representatives/members need to rebuild the coalition and to welcome additional members who are passionate about the new issue.

Transform to Address Multiple Health Problems

One approach to addressing multiple health problems is for a coalition to grow into a "coalition of coalitions." The Consortium for Infant and Child Health (CINCH) in Hampton Roads, Virginia, maintains multiple task groups so that the coalition can address several child health issues. Originally formed as a coalition to increase childhood immunization rates, the coalition slowly grew to address other concerns, including asthma and obesity. CINCH governing groups provide overarching guidance about work and ensure good communication among groups. All task groups meet quarterly to share ideas and resources, and they work jointly when appropriate. Coalition members apply what they learn about successful coalition and program development from one topic to new areas of interest. Experienced community health workers, for example, have many skills that can be applied to different health topics , including the ability to develop rapport with a client, provide health education, and use relevant behavior change strategies. Administrative functions and resources can also be shared across range of topics. For example, a media/communications work group can support all task forces.

"I'LL BET I'VE HAD A HALF A DOZEN COLLEAGUES WHO HAVE ASKED FOR MY CONSULTATION IN THE PAST YEAR ON THEIR PROJECTS. HOW DO YOU BUILD A RELATIONSHIP WITH A PARTNER? HOW DO YOU DEVELOP GOALS? HOW DO YOU SET UP A BUDGET? HOW DO YOU PLAN PROGRAMS? THE HOW-TO STUFF WE'VE LEARNED. AND NOW WE'RE IN A GOOD POSITION TO SHARE WHAT WE'VE LEARNED WITH OTHERS IN OUR COMMUNITY TO ADDRESS OTHER ISSUES."

– COALITION MEMBER

CINCH learned that it was important for members to decide on the primary coalition focus, regardless of the source of funding, and to keep grant-funded activities separate but connected. For example, at CINCH one individual is devoted to the larger job of maintaining the coalition as a whole, while each project has its own topic-specific coordinator. If the overall coalition coordinator is also responsible for specific topic-focused activities, the important work of maintaining the coalition is at risk of neglect, and all coalition efforts may suffer.

Collaborate, Join, or Provide Guidance to Another Coalition

A coalition may choose to keep its original focus while some of its members lend their experience to the development or support of a new coalition to address, for example, obesity. When coalitions analyze their strengths to address a particular issue, they may find they can best contribute by assisting in the creation of another coalition. Coalitions can use their credibility and experience to convene political stakeholders, collaborate in action, or provide mentoring for a new coalition and its leaders. Fight Asthma Milwaukee Allies (FAM) has done just that. Asthma coalition members are sharing their expertise with a new obesity coalition. The asthma coalition members advise on what they have learned about coalition processes, such as stakeholder engagement, governing structures, conflict resolution techniques, etc. FAM is also leveraging the trust and reputation it has in the community to help the new coalition recruit new stakeholders with expertise in and/or passion for addressing obesity. Stakeholders in the new coalition are being recruited through the contacts of many of the FAM coalition members.

Specific Assets of Existing Coalitions for the Fight Against Obesity

Whether a coalition turns its attention to obesity by transforming itself into a coalition that focuses on that problem only; by forming multiple workgroups to address different topics, including obesity; or by mentoring, collaborating with, or joining a new coalition, an extant coalition has many resources to contribute .

Relationships and Trust

One of the most obvious advantages of building on the efforts of an existing coalition is the ability to benefit from established stakeholder relationships. Trusting relationships are essential ingredients of a successful coalition, and building relationships is a slow and sometimes challenging process. By working with others with whom they have already collaborated—for example in addressing asthma--a coalition can build on an existing foundation for community-wide work. Some of the individuals and organizations that hold a stake in both asthma and obesity are likely to be on board, including health departments, schools, child care organizations, parks and recreation departments, health care providers, community organizations, faith-based organizations, academia, the media, and government policymakers.

"IN ORDER TO AVOID CONFLICTS AND BUILD TRUST, ALLIES COALITIONS HAVE LEARNED THAT IT IS BEST TO DETERMINE HOW JOINT RESOURCES WILL BE ALLOCATED AMONG THE COALITION MEMBER ORGANIZATIONS EARLY ON IN THE PROCESS."

– COALITION STAFF MEMBER

However, addressing a new health problem, such as obesity, requires new stakeholders, and these new relationships can take time to develop. Obesity stakeholders may include partners beyond public health and medicine, including people involved in the food system, such as representatives of farmers' markets, grocery stores and local farmers, and people involved with the built environment, such as community development organizations and city planners. While new relationships must evolve, the culture of collaboration previously nurtured may facilitate or set the tone for the growth of new relationships. Members of existing coalitions are likely to have gained experience and developed skills in trust-building, good communication, conflict resolution, and other processes that foster strong relationships.

Established Reputation

A successful coalition's reputation may go a long way toward helping it address a new topic such as obesity. Having demonstrated positive impact in the community, successful coalitions are well-positioned to attract new stakeholders. The coalition can leverage the credibility it has gained through previous work to get the attention of political, official, and opinion leaders. However, the trust that was established for proven leaders in one area, such as asthma, may not always translate easily to a new topic in which the leaders do not have expertise. Bridging leaders, with credibility in both areas, will be needed to help a coalition gain entry and firm footing in the new arena of work.

Organizational Capacities

Members of an existing and successful coalition are likely to have developed a number of important planning and process skills that can be applied to obesity. These skills include the ability to conduct needs and assets assessment, to fund-raise, to achieve community engagement, and to plan and implement sustainable interventions, evaluation, communication, and marketing. Many extant coalitions will have experience working with sizeable budgets. They will have learned how to connect with community residents and other stakeholders and how to tap into people's passions and expertise. They understand the time required to form and maintain a coalition and can build on established structures.

With a complex health problem like obesity, stakeholders come from a wider variety of fields than with other health problems such as asthma. It is possible that collaboration among such a large group could prove unwieldy. With so many stakeholders, the task of making group decisions becomes more challenging. A very large coalition often finds that a governing entity and a number of smaller task groups, with good communication across the entire coalition, will help the coalition function more effectively. When experts in overweight and obesity are recruited, they will join individuals talented in coalition processes. Conscious effort, however, must be made to ensure the full integration of new stakeholders into the mix.

"ANOTHER AREA WHERE I THINK THAT WE'VE BUILT LONG-LASTING LEGACY IS IN PROGRAM EVALUATION AND RESEARCH. A LOT OF OUR AGENCIES AND A LOT OF COMMUNITY PROGRAMS CALL ON US TO FIND OUT, "HOW DID YOU EVALUATE?", ESPECIALLY INTERNAL PROCESSES, THINGS LIKE THE COALITION SELF-ASSESSMENT SURVEY AND THE KEY INFORMANT INTERVIEWS AND THE FOLLOW-UP INTERVIEWS… AND HOW TO PICK A SAMPLE AND HOW TO EVALUATE A GROUP OR WHAT KIND OF STUDY DESIGN TO USE…"

– COALITION MEMBER

Experience Working with the School System

Given that children spend a great deal of their waking hours in schools and are strongly influenced by their school experiences, the school system is a clear stakeholder in work addressing any childhood health problem. Allies coalitions, like many others, have gained extensive experience working in the school systems, and the knowledge and skills gained from that work as well as positive relationships and the respect they've earned from school leaders and staff can be of great use to a coalition focused on obesity.

A significant challenge of working in schools is that they are already overburdened with multiple demands: overcrowding, high expectations with few resources, standardized testing, and new curricula, for example. Most educators agree that new programs may be worthwhile, but each new organization that approaches a school is essentially told to "take a number." Many coalitions have developed effective strategies. For example, Allies coalitions found that a potential strategy when working in schools is to link the activities to outcomes that the schools care about. In efforts to address obesity, for example, coalitions can focus on the linkage between physical fitness and academic performance (11). Schools are usually more receptive to approaches that satisfy unfunded mandates at no or little cost to the school. In addition, Allies coalitions found that overworked school personnel were often unable to participate in coalition activities or to implement recommendations. One coalition found that providing money to the school system for a school coordinator dramatically increased the coalition's ability to engage school personnel.

Ability to Evaluate

Existing coalitions have an advantage over new coalitions in that most members will have already learned the importance of assessment, and less time will be lost convincing members of its critical role. Members understand that good planning and assessment keep a coalition on the right path. Partners will have experienced the use of evaluation data in the continuous cycle of plan, do, act and measure. In addition, a coalition with a track record will have learned many specific skills related to evaluation and will know that positive evaluation outcomes can be essential tools for securing new funding.In addressing obesity, however, new measures and sources of data will be needed. Coalitions must have members who understand or can call on colleagues who know the indicators of success when addressing the complex problems of obesity and overweight.

Policy Expertise

Through time, Allies have learned that their coalitions are best suited to making a community healthier through social, environmental, and policy change. Or, simply put, coalitions can be good at systems change. Some Allies coalitions initially developed community action plans that included coordination and integration of services as well as the delivery of model programs and/or services. Over time, more Allies coalitions became likely to aim for integration and policy over service because direct service delivery ran the risk of competing with member organizations and posed problems for sustainability. In addition, a service approach held less promise for community-wide change if the service or program did not come to be "owned" by many organizations but was seen as an independent coalition activity. Allies coalitions also learned that a local coalition comprised of local stakeholders can achieve greatest results from focusing initially on local policies and practices. When addressing a new topic such as obesity, careful exploration of local policies and practices specific to that topic will be crucial to eventual success.

"SO HAVING THE REACH, HAVING THE INVOLVEMENT OF A BROAD GROUP OF PARTNERS, DISSEMINATING AND CROSS-FERTILIZING AMONG ORGANIZATIONS AND BEING ABLE TO TAKE A STAND ON SOMETHING… BECAUSE THERE'S A COALITION, THERE'S A VEHICLE TO MAKE WHAT WE'VE LEARNED TO TRANSLATE THAT INTO ACTION, INTO SOMETHING ACTIONABLE THAT CAN HAVE A BIGGER EFFECT THAN JUST CHANGING A FEW PEOPLE'S MINDS."

– COALITION MEMBER, SPEAKING ABOUT COALITION'S EFFORTS THAT RESULTED IN LEGISLATORS' SPONSORSHIP OF A BILL THAT SUPPORTS INDOOR AIR QUALITY

Experience Working with the Health Care System

Health care providers play a vital part in addressing both asthma and obesity. Concerned about the health impact of overweight and obesity, clinicians are clamoring for information. Many insurers won't cover clinic-based weight-loss programs because they have not been shown to be effective (12, 13), and the lack of evidence-based messages leaves practitioners at a loss for what to say to their patients (14, 15, 16). Consequently, they may be more receptive to coalition-based approaches. By engaging clinical stakeholders, coalitions can mobilize additional resources and opportunities to implement promising approaches with sound clinical advice and support.

New Challenges When Addressing Obesity

New challenges will accompany a coalition's decision to focus on obesity and overweight. These are likely to include:

Being at Odds with Profit-makers

The profit motive associated with obesity is stronger and farther reaching than in some health problems. Large numbers of companies benefit from the sale of calorie-dense, unhealthy food; these companies are large, well-organized, have deep pockets, and are powerful. A good analogy for working against such powerful opponents may be tobacco control. That said, the processes of planning, strategic action and advocacy are likely the same across all health problems.

Complexity and Lack of Evidence

Although many believe they have "the solution" to the obesity epidemic, many of these solutions are not evidence-based; but their champions strongly believe they are the experts, and as such may compete with a community coalition's efforts, confusing stakeholders and the community at large. The lack of evidence of effective means to address obesity poses a challenge for coalitions trying to build credibility in the field. The multitude of differing efforts to address the problem may hamper the ability of a coalition's members to join together with a shared vision. Advice and guidance from credible experts would seem essential to a coalition's successful contribution to obesity reduction.

Blaming the Victim, Societal Norms

Most people agree that most diseases, such as asthma, need proper care and management, and families deserve help with these tasks. However, rather than seeing it as the result of social and environmental conditions, many view obesity solely as a result of individual behavior. Victim-blaming can make it difficult for coalitions to get the buy-in and support they need from community residents and other stakeholders who see the overweight as not deserving of help. Further, behaviors related to food involve deeply ingrained values and cultural norms that are difficult to change. As a result, a coalition may need to work initially on the problem of community awareness and to reframe obesity as a significant health problem worthy of community attention.

Conclusion

The potential of coalitions to address childhood obesity and overweight is promising. Existing coalitions currently addressing asthma and other chronic diseases have resources and capacity that could address obesity and overweight. These include positive relationships with necessary stakeholders, a culture of collaboration and trust, an understanding of the importance of sound evaluation, experience in policy and other systems change, credibility in the community, and a repertoire of process and implementation skills and wisdom that can be applied to the problem.

However, a coalition working to address childhood obesity will face challenges that differ from those in fields such as asthma, for example: the sheer complexity of obesity and its causes; the sheer number of stakeholders; the lack of evidence for prevention and management; competition with profit seekers; deeply ingrained societal norms; and an environment that makes active living and healthy eating a challenge. Nonetheless, the capacities built by a successful coalition can provide a significant head start in confronting these complex and significant problems.

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