



# NutriNet News

## Developing Effective Coalitions

Many agencies are involved in newly formed coalitions to address obesity in adults and children. This summary of a paper published by the Prevention Institute and included in *Community Health Education and Promotion: A Guide to Program Design and Evaluation* (2<sup>nd</sup> ed, Gaithersburg, MD: Aspen Publishers; 2002:144-161) has some useful ideas for those involved with multi-agency coalitions.

A coalition is a union of people and organizations working to influence outcomes on a specific problem. Coalitions are useful for accomplishing a broad range of goals that reach beyond the capacity of any individual member organization. Coalitions offer a number of advantages: they can accomplish objectives beyond the scope of any single organization; have greater credibility than an individual organization; foster cooperation among organizations, community members, and other entities; and help members to see their jobs in a broader perspective.

### Eight steps to building an effective coalition:

1. *Analyze the objectives and determine whether to form a coalition.* Take a broad, creative look at activities that can accomplish the objectives. Assess the community's potential barriers and supports. Determine the costs and benefits to the lead agency.

2. *Recruit the right people.* Determine the membership based on the coalition's goals. Consider those who have influence, those who will be supportive, even those who may put obstacles in the coalition's path. Some organizations may offer their agency director, while others may send a staff person. Often, both leadership and staff participation is important to



achieving the coalition's goals. Different members may be better suited to different activities.

3. *Devise a set of preliminary objectives and activities.* All members should be involved. The challenge will be keeping the coalition's objectives in the forefront of the planning, while at the same time striking a balance with the interests of each member. Remember that the commitment of the members and their organizations keeps the coalition going; be sensitive to the fact that coalition work is not the members' main job and keep assignments simple and achievable. Remind people it's ok to say no and set limits.

4. *Convene the coalition.* The lead agency should come prepared with a strong sense of the coalition's purpose, but also prepared to invite participating members to further define the coalition's structure and activities.

5. *Anticipate necessary resources.* A coalition succeeds when staffing is adequate to handle the detail work. Coalition members' time is the most valuable contribution they can make. Possible sources for supplementing coalition resources, whether in cash or donated services, are the media, foundations, local service clubs, students and trainees, and volunteers.

6. *Define elements of a successful coalition structure.* Think about: coalition life expectancy; meeting location, frequency, and length; membership parameters; decision making processes; meeting agendas; and participation between meetings. Based on time constraints, commitment, and relevance to their organization's own objectives, different members will offer different levels of involvement.

7. *Maintain coalition vitality.* A group attempting to coordinate services or embark on a joint advocacy effort should expect more pitfalls than a group formed solely for the purpose of information shar-

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## Wisconsin Nutrition Education Network

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# Research Briefs

## The Fast Food Phenomenon

Americans' intake of fast food has increased dramatically in the past 30 years. In fact, there are now almost a quarter million fast food restaurants in the US, with sales over \$125 billion per year. We don't have all the answers on the role this trend plays in the current epidemic of obesity for adults and children in the US, but one recent study has relevant information. Paeratakul and others examined the dietary profiles associated with fast food use by examining data from over 17,000 adults and children from the 1994-96 and 1998 Continuing Survey of Food Intakes by Individuals (CSFII).

Fast food use was reported by 37% of adults and 42% of children during the two nonconsecutive 24-hour recall periods of the survey. Fast food use was higher for adolescents and young adults (ages 10-39) than other age groups. Men ate fast food more often than women, and fast food use was higher for individuals with higher income and households with four or more members. Use of fast food was lowest for people over 60 years old and among people with household incomes less than 100% of the poverty threshold.

Compared to children and adolescents who did not eat fast food on survey days, those who reported eating fast food had higher intakes of total energy (calories) and fat and lower intakes of protein, vitamin A, and beta carotene. They also reported eating:

- Less bread and cereals
- Fewer dark green and other vegetables



- Less non-citrus fruit and juice
- Less milk
- Fewer legumes
- More fried potatoes
- More chicken and mixed meat dishes
- More carbonated soft drinks

Results were similar for adults, but calcium intakes were higher for fast food users, probably reflecting increased cheese consumption in items such as cheeseburgers, tacos, and pizzas. The research also compared intakes on the day that fast food was eaten with a day it wasn't for over 5,000 adults and children. On fast food days, their intakes of energy, fat, saturated fat, calcium and sodium was higher, and vitamin C and beta carotene were lower than the non-fast-food days.

Paeratakul S et al. Fast food consumption among US adults and children: Dietary and nutrient intake profile. *J Am Diet Assoc.* 2003;103:1332-1338.

## Dietary Composition and Weight Change Among Low-Income Preschool Children

A prospective study of children participating in North Dakota WIC investigated the relationships between diet composition and weight change. Dietary, anthropometric, and sociodemographic data were collected from 1379 children aged 2 to 5 years at two visits, 6 to 12 months apart. Data was collected during 1995-1998 and foods were categorized into food groups similar to Food Guide Pyramid groups.

The researchers observed a lower weight change per year with each additional serving of breads and grains, and a greater weight change per year with each additional serving of high fat foods. Total fat and fiber intake, and total energy intake, were not significantly related to weight change.

The results suggest that limiting the intake of high fat foods, such as cookies and chips, processed meat, and fried

foods, and replacing them with breads and grains could reduce excess weight gain and influence the development of childhood obesity.

Newby PK et al. Dietary Composition and Weight Change Among Low-Income Preschool Children. *Arch Pediatr Adolesc Med.* 2003;157:759-764.

## Study explores link between obesity and technology

Study after study confirms that obesity is increasing in the United States. Researchers at the National Bureau of Economic Research have used mathematical equations, information from studies such as the National Health and Nutrition Examination Survey (NHANES) and other resources to try to explain *why* rates are increasing.

They propose that obesity is a side effect of prosperity. Economic development has created plentiful food supplies and less physically demanding work environments. Technology has made our home and work environments more sedentary to the point where we pay for exercise (eg, health clubs) as opposed to more agricultural or industrial societies where people are paid to exercise (eg, jobs involving physical labor). Advances in agriculture have made food cheap, while technological changes have made housework and occupational work more sedentary.

The authors also propose that weight gain may be a consequence of the large supply of food available to consumers, which drives prices down, rather than increased consumer demand which would theoretically drive food prices up. They recommend that society look at the high cost of weight loss – the cost of exercise as well as the higher cost of healthy food – when responding to the obesity epidemic.

Lakdawalla D, Phillipson T. *The Growth of Obesity and Technological Change: A Theoretical and Empirical Examination.* National Bureau of Economic Research. <http://www.nber.org/papers/w8946>.

# Nutrition Education on the Internet Project

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The Wisconsin WIC Program is participating in a Joint Midwest Region Nutrition Services Project entitled "Nutrition Education on the Internet." This internet-based nutrition education project offers WIC participants the opportunity to receive credit for nutrition education by completing internet-based learning modules. These modules are designed to provide WIC participants with information and tools specific to their situations, needs, and interests. The other midwest states participating in the project are Illinois, Indiana, Michigan, Minnesota, and Ohio. The internet-based learning modules are based on the following theories: Stages of Change, Persuasive Communication, Behavioral Intent, and Division of Responsibility in Feeding Children.

The Nutrition Education on the Internet Project features a unique approach in which participants are directed to existing web-based information based on stage of readiness to change behavior. Users receive stage-specific information that as-

sists them in progressing, one stage at a time, toward an action level. For example, the project's modules assist parents in moving along the stages of readiness to change continuum associated with parent-child feeding issues such as providing regular meals and snacks, not giving in to picky/demanding eating behavior, and not overfeeding through guilt/manipulation. Navigating the web sites, each user experiences a unique pathway based on their responses to behavioral intent questions. The web sites selected are evaluated for reading level and credibility and have mostly included WIC, University, and Extension sites. The internet-based educational modules are easy to use and interactive. After completing a module, participants can print or email a certificate that can be used to receive credit for nutrition education completed. The certificate identifies

Each user experiences a unique pathway based on their responses to behavioral intent questions.

the educational module(s) the participant completed and their stage of change at the beginning and end. At the participant's next WIC appointment, staff can use this information to reinforce stage-appropriate messages as part of nutrition education follow-up.

The Nutrition Education on the Internet Project has been successful and is expanding. Acknowledgement goes to local WIC projects in Chippewa, Dane, and Douglas Counties for being involved in the pilot and implementation phases of the project. Other local WIC projects in Wisconsin have expressed an interest in being involved in the expansion of the project and the plan is to go statewide with the project starting in January 2004. Other states and programs are interested in the project and being involved in the development of new modules. The project's web site is available at [www.wichealth.org](http://www.wichealth.org) and is being revised with the addition of two new modules focusing on feeding and trust skills and the feeding environment as they relate to a growth and development. For more information contact Tony Zech at 608-266-3742 or [zechad@dhfs.state.wi.us](mailto:zechad@dhfs.state.wi.us).

## Developing effective coalitions (continued from page 1)

ing, since those tasks are more complex and demand more commitment. One indication that a coalition is having problems is a decline in membership. The characteristics that identify a strong coalition – a sense of collective identity and a high degree of commitment to collaborative work – can also add to tensions. New members add energy and enthusiasm. One way to inform a broad group of potential members is to widely distribute the minutes and information. Make the effort to include new members right away; many leave after one or two meetings because they feel they have nothing special to offer.

8. *Make improvements through evaluation.* Evaluate both *how* the coalition

achieved its goals and *if* the coalition's activities helped achieve its goals. Evaluation should also point out unintended successes, such as increased referrals among agencies.

Every carefully crafted coalition will have an impact. Every effort at cooperation among groups prepares the way for greater and more sustained efforts in the future. In all areas of coalition "anatomy," the same principles apply: minimize complications, maximize relevance, and encourage participation.

### Other resources for coalitions:

The 2002 Healthy Schools Summit: The Action Planning Guide

<http://www.actionforhealthykids.org/events/2002hss/apg.htm>

The Prevention Institute. Examples of the work of nutrition and physical activity coalitions in California: <http://www.preventioninstitute.org/nutrition.html#pub>

Full text of the paper on which this article is based: <http://www.preventioninstitute.org/eightstep.html>

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### Our Mission

The Wisconsin Nutrition Education Network facilitates collaborative planning of nutrition education programs at the state and local levels. We promote healthful and enjoyable eating so that Wisconsin's low income individuals and families receive consistent, positive, relevant, accurate, and effective nutrition messages.

Nutri-Net News is published quarterly. It is available on the web or by mail.

## New for *Walk, Dance, Play... Be Active Every Day!* 2004

*Walk, Dance, Play...Be Active Every Day!* is the logo and theme for the 2004 physical activity and nutrition education campaign sponsored by the Wisconsin Nutrition Education Network. This multi-agency nutrition education campaign educates parents, grandparents and guardians about the need to serve as good role models for children by engaging in regular physical activity and healthy eating habits.

Last year, Wisconsin nutrition educators from WNEP, WIC, Aging agencies and Head Start reached nearly 19,000 adults through group lessons/activities and interactive displays. In addition, over 338,000 adults received indirect contact via tip sheets, posters, menu backs, newsletters and the media—radio, television and newspapers. The campaign was conducted in 47 counties, Great Lakes Inter-Tribal Council and the Menominee Reservation. The full report is available on the Network website: [http://www.nutrisci.wisc.edu/nutrinet/2003\\_report.htm](http://www.nutrisci.wisc.edu/nutrinet/2003_report.htm)

As a result of the 2003 campaign, 95% of program participants reported they intended to make favorable behavior changes after direct participation in the campaign activities. Seventy-one percent of the local agencies said the campaign initiated, strengthened or expanded a prior

relationship; 29% stated that their relationship stayed the same. Collaborating agencies reinforced the campaign message via delivery channels tailored to the needs of their target audiences. Some unique ideas that partners shared may be viewed in the Idea Sharing section of the website, <http://www.nutrisci.wisc.edu/nutrinet/toc.htm>

Although the 2004 campaign is using the same logo, new materials have been added. Most materials will be available by December 1. Spanish translations and news releases will take a little longer. If you experience problems in accessing the Walk, Dance, Play materials, please call the Network office at 608-265-2108.

A new chart has been developed to help educators choose materials specific to the age group they are working with – caregivers of

young children, caregivers of school age children, or grandparents and seniors. You can view the chart of 2004 materials at [http://www.nutrisci.wisc.edu/nutrinet/new\\_page\\_1.htm](http://www.nutrisci.wisc.edu/nutrinet/new_page_1.htm). Click on the links in the chart to download materials in MS Word to print from your computer.

New interactive displays have been developed, which again can be printed from

your computer. Special care was taken to offer displays that are interactive, simple to use and present a clear message. Lesson/activity plans accompany the displays. Also, tip sheets and magnets may be ordered in quantity by November 15.

Most WNEP partners who attended the November Family Living Conference received a copy of Nibbles for Health Leader's Guide. Nibbles was developed by the United States Department of Agriculture Food and Nutrition Service. The kit is a set of newsletters and sharing sessions intended for parents of preschool-aged children who participate in the Child and Adult Care Food Program. However, these nutrition education materials can be used in other settings, such as WIC, Head Start, and with other appropriate audiences to help parents and caregivers promote healthful eating and active living for themselves and young children. Network partners that did not receive Nibbles may order it on the Campaign material order form.

Evaluation is always an important aspect of our education campaigns. It is important to know when nutrition education materials and our teaching efforts make a behavioral difference and make our participant's lives healthier. Evaluation ballots and directions for using the forms are listed and linked from the chart.

*Walk, Dance, Play...Be Active Every Day!* builds a healthier community.



### Network Update