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Working with community organizations for nutrition intervention

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Abstract

Effective community nutrition interventions require nutrition and health professionals to collaborate with organizations that serve as hosts or loci for programs. These organizations include workplaces, schools, cafeterias, restaurants and supermarkets. Although nutritionists need to develop collaborative working relationships with community organizations, they often lack knowledge about organizational change and experience difficulty initiating and maintaining relationships. This paper describes concepts from theories of organizational change and an example of how they were used to help formulate guidelines for developing and analyzing successful collaborative relationships. In a consensus development workshop guidelines were developed in five areas: (1) goals for mutual relationships; (2) initiation: deciding whether to work with an organization; (3) strategies for working with host organizations; (4) identifying sources of resistance to change; and (5) warning signs and strategic retreat. Applying these guidelines should result in more effective collaborative relationships for community nutrition education.

Introduction

Nutrition education, like health education in general, increasingly includes not only instructional activities but efforts to promote change in social systems and the environmental determinants of health related practices (McLeroy *et al.*, 1988; Preston *et al.*, 1988–89). Community nutrition strategies that are directed at several levels simultaneously may be most durable in producing the desired results (McLeroy *et al.*, 1988). The challenge lies in understanding not only *how*, but when and where to best reach people to maximize the effects of organizational and individual change strategies (Preston *et al.*, 1988–89).

Most public health issues are complex social problems which, in order to be solved, require commitment and input from many segments of the community (Blum, 1981). They call for previously unrelated interest groups to work together in order to improve health in the community. Effective nutrition interventions require that nutrition and health professionals collaborate with organizations that serve as hosts or loci for programs. These organizations and organizational components are gatekeepers for enhancing nutrition in populations. They include social units such as workplaces, schools and hospitals, and food outlets such as cafeterias and other food service operations, supermarkets, and restaurants. These organizations, often in the private sector, are complex structures with various levels of management.

A central challenge of community nutrition intervention programs involves initiating and maintaining effective organizational collaborations to promote healthy eating. These matters emerged as concerns among four distinct but cooperating nutrition programs in California (the Nutrition Coordinating Committee (NCC)). Together they delineated the components of the issues, reviewed relevant conceptual foundations and proposed guidelines for

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working successfully with community organizations for nutrition intervention. This paper describes the NCC's problem definition, and the rationale and conceptual framework for making decisions regarding initiating and maintaining collaborative organizational relationships. It then presents the results of a consensus building workshop aimed at formulating recommendations for interorganizational partnerships.

Problem definition

The NCC is a joint effort of the Henry J.Kaiser Family Foundation, the California Department of Health Services' Nutrition and Cancer Prevention Program, and the Stanford University Health Promotion Resource Center. All participating programs share similar goals of designing and implementing community-wide nutrition health promotion programs to reduce chronic disease risk. Each program conducts its activities through existing organizational channels: worksites, supermarkets, restaurants, health care and the mass media. Staff from the four nutrition intervention programs meet quarterly to share their collective experience.

After the first year of working in their projects, NCC members expressed their frustration about the difficulty often experienced in establishing and maintaining collaborative relationships with other organizations. These problems included lack of follow through, unclear roles and responsibilities, lack of management support, and conflict with organizational liaisons. They felt that problems resulted primarily from these sources: inexperience in working with the private sector, lack of understanding about others' motivations, inability to promote mutual benefits, insecurity about negotiating the terms of the relationship, and failure to stand back and critically assess the nature and status of the partnership. In addition, they voiced their belief that they should work with any and all organizations that want to work with them. They felt this belief often led to a superficial assessment of whether a particular partnership would result in an effective nutrition intervention or relationship. They acknowledged that, when working relationships were not productive, they frequently denied fairly obvious warning signs that a program might be in trouble. They noted that this was due to fear of alienating an organization, insecurity about admitting that a collaborative relationship was not working and/or lack of experience in negotiating a strategic retreat.

Understanding organizational change: rationale and conceptual frameworks

A special meeting of the NCC was planned to address the problems described above and to generate practical recommendations for developing more effective collaborative relationships in the future. To lay the groundwork for discussion, one of the authors (K.G.) presented a review of the major conceptual frameworks for organizational change which were relevant to the group's concerns. This section summarizes key points regarding interorganizational collaboration and organizational change.

Theories of organizational change which have their roots in organizational and industrial psychology are new to most nutrition educators. These conceptual frameworks can help to clarify the dynamics of working with organizations for health improvement and enable nutrition educators to mobilize their energies more effectively or retreat when warranted.

No single theory or framework is sufficient for explaining how and why organizations change (Goodman and Steckler, 1990). However, two complementary frameworks are most applicable to the community nutrition programs we are involved in: Stage Theory, and models of change processes and resistance to change. Here we describe each of these briefly, and give examples of their application to health promotion and nutrition intervention.

Stage Theory

Stage Theory of organizational change explains how organizations adopt innovative goals, programs, technologies and ideas (Kaluzny and Hernandez, 1988). Its name reflects the central tenet, that organizations pass through a series of stages as they innovate. Each stage requires the use of unique

strategies to move the innovation toward maturity (Goodman and Steckler, 1990).

Stage Theory has its roots in theories of individual change developed by psychologists, most notably Kurt Lewin; and also extends diffusion of innovation theory to apply to organizational adoption of innovations. Several Stage Theory models have been proposed, often differing in the number of stages proposed (Goodman and Steckler, 1990). Zaltman *et al.* (1973) proposed one of the earliest models. It includes knowledge-awareness, attitude formation and decision; and implementation includes trial implementation and long-term commitment. Beyer and Trice (1978) delineated a seven-stage model, with the last stage being called 'institutionalization of the change.'

Research on Stage Theory has examined the characteristics of organizations which are most effective during various stages and the major challenges or problems at each stage. At the simplest level, the Initiation stage presents the problem of generating information regarding the need for the approaches to change; the Implementation stage involves the difficult challenge of integrating change into the organization (Zaltman and Duncan, 1977).

The *processes* of change are less well researched in Stage Theory, which has often emphasized the structures and supports for change. However, Stage Theory holds promise for guiding practitioners' efforts to nurture health promotion programs principally by helping to explicate the factors known to enable program development and maturation at each stage (Goodman and Steckler, 1990).

Change processes and resistance to change

By understanding key concepts related to change processes in organizations, and major sources of resistance to change, health and nutrition educators can assess their effectiveness at different stages of relationships with organizations. The concepts of *boundaries* and *relationship mutuality* can be readily applied to health education professionals in the role of interventionist or change agent. *Boundaries* regulate the flow of information, energy and matter; *boundary permeability* refers to the openness or closedness of a system (organization) and its parts. *Relationship mutuality* refers to the degree of 'give and take' between the insiders and outsiders involved in change processes (Alderfer, 1983).

Using these concepts as discussed by Alderfer (1983), several useful guidelines can be derived. In order to successfully introduce nutrition or health promotion programs into an organization, it is necessary to establish relevant boundaries, open closed boundaries and move toward relationships of greater mutuality. This typically involves establishing teams including both insiders and outsiders, and having insiders and outsiders work together during ongoing problem diagnosis, action and evaluation. More open boundaries with mutual relationships can improve the flow and quality of information and thus improve the results (Alderfer, 1983).

When working with organizations it is important to quickly and accurately identify possible organizational barriers to change and assess their modifiability. Key categories of barriers include: the climate for change in an organization, organizational structure (authority patterns, channels of communication, etc.), technological limitations (lack of skills or tools), perceived threats to power and influence in parts of the organization, and counterproductive behavior of top-level administrators (Zaltman and Duncan, 1977). Resistance to change can impede movement through stages of program development. More important, if it cannot be reduced by opening boundaries and/or establishing more mutual relationships, the interventionists may need to retrench and move on to avoid draining valuable resources of time and energy.

Applying organizational change theories to health promotion and nutrition education

The organizational change theories and concepts described here are often applied in health promotion practice situations involving schools, health care institutions and worksites. They are seldom reported in the professional literature, though recently more publications have addressed these matters (e.g. Parcel *et al.*, 1988; Goodman and Steckler, 1990). However, examples of interorganizational collaboration and multi-level interventions in community

nutrition have been increasingly available in the past few years.

Environmental interventions to promote healthy eating have been implemented in supermarkets, restaurants, and school and workplace cafeterias (Glanz and Mullis, 1988). Preston *et al.* (1988–89) described the sequencing and orchestration of various levels of intervention in a community dietary intervention program involving numerous institutions and food sources. Ellison *et al.* (1989) tested an environmental program directed at food service departments in two boarding high schools. They found that the intervention was effective at both the organizational and individual level: school food service workers accepted modifications in food purchasing and preparation to decrease sodium and modify fat composition of foods, and the students reduced their sodium and saturated fat intake by 15–20% over a school year.

Worksite nutrition programs usually require nutrition educators to work on multiple levels of organizations. Relationship developments and opening of boundaries must often be addressed with company management, medical or human resources staff, and food service workers before a program can be implemented (Glanz and Seewald-Klein, 1986). Nutrition educators and community providers have found that the factors related to success are similar to those suggested above for school settings: top management support, employee participation and working with worksite liaisons or advisory groups (American Dietetic Association, 1986).

Consensus development workshop: methods

Following the review of conceptual frameworks, the NCC attempted to translate these ideas into practical strategies. The nominal group process was used to generate ideas about guidelines for working with community organizations in nutrition intervention and to stimulate equal participation from group members (Van de Ven and Delbecq, 1972). Nominal group process was used by the NCC as follows: the entire group participated, considering each of five issues in sequence. After an issue was posed, participants wrote down their responses and then gave responses in a round robin fashion. This was followed by discussion of the meaning of responses, preliminary voting, further discussion, and conduct and tallying of the final votes. The results were recorded on newsprint and later were refined to provide consistent style for presentation in the results reported here. As Green *et al.* (1980) note, the nominal group process compensates for some of the traditional problems of unequal representation of opinions and dynamics that emerge in many group discussions.

The five issues that the NCC considered were: (1) goals for mutual relationships; (2) initiation: deciding whether to work with an organization; (3) strategies for working with host organizations; (4) identifying sources of resistance to change; and (5) warning signs and strategic retreat.

Results

In this section we present the key points that emerged from the group process. (Note: the sequence of key points was determined later by the authors.)

Goals for mutual relationships

Table I illustrates the goals that are most often considered essential to health and nutrition educators, and those which NCC project staff frequently recognize in 'host' organizations. Health promotion staff seek to gain access, participation and commitment in order to promote health and stretch their

Table I. *Goals for mutual relationships*

Nutrition educator goals
Promote health, reduce risk of disease
Access resources
Achieve organizational 'buy-in'
Develop commitment
Engage active participation
Long-term institutionalization
Host organization goals
Make a profit
Improve image, credibility
Demonstrate a concern for health
Improve public relations (internal and external)
Provide community service

resources. Host organizations may be more interested in profit-making, image and the good will generated through involvement in health promotion/disease prevention activities. These goals may be complementary, but they are also quite different. The viability of a productive joint effort depends on how the goals are operationalized in a working relationship.

In many cases, the goals for the health professional and the goals for the organization regarding the health promotion intervention differ significantly. The fact that there may be different goals and underlying assumptions about the relationship is not the issue. What is of greater concern is that many inter-organizational relationships are established without a clear understanding of these goals. The NCC members concluded that divergent goals must be explored and areas of mutual benefits must be identified and articulated before a productive working relationship can begin.

Initiation: deciding whether and how to work with an organization

The decision to work with an organization must be based on more than just an understanding of each other's major goals. The nutrition education program should look not only for promising opportunities but also for evidence that it will be possible to develop an effective working relationship.

The questions in Table II were identified as representative of factors central to initiation decisions: access to decision markers, other examples of organizational change, prior collaborations with the health/nutrition sector, and balanced, critical appraisal of the situation. If program publicity and space for nutrition education activities are continually unavailable, or if personnel are unable to make the decisions necessary for putting the project into place, it may be time to step back and consider whether the partnership is worth the investment of time, money and energy.

Table II. *Initiation: deciding whether to work with an organization*

Is there access to top, key decision makers?
Are there examples of other organizational changes in this setting?
Do others say this organization is likely to be a good partner?
Is this a good opportunity for my organization?
How are decisions made in the organization?
How does the system work?
Is there agreement about goals, objectives, methods and approaches?
Can a written agreement (memorandum of understanding or contract) be established?

Strategies for implementation

The issues which emerged as most important for the implementation stage of nutrition education programs appear in Table III. They involve maintaining and nurturing the initial collaborative relationship. As Table III shows, important questions to ask relate to, among others: continued consensus on project goals and objectives; 'buy-in' at multiple levels of the organization (both the decision makers and the operational staff); a clear sense of shared ownership for the program; and effective negotiation with and responsiveness to the organizational system. For example, if the nutrition project staff is seeking to improve health but the food service manager is only concerned with increasing sales volume, new low-fat offerings might not survive an introductory phase. If the cooks prepare food 'to taste' but the dietary guidelines for health require carefully measuring oil and butter used in cooking, the program will not be implemented as intended.

Table III. *Strategies for implementation*

Is there leadership development within the organization?
Is enough time being spent on the project?
Are clear roles and responsibilities being maintained?
Is there regular review of progress, goals and objectives?
Is 'buy-in' expanding to multiple levels of the organization?
Is there sensitivity to the individual/organizational needs?
Is a flexible approach being maintained that allows for responsiveness to changes throughout the organization?
Is project ownership increasing and being transferred?

Table IV. *Identifying sources of resistance*

Is there clarity of purpose and strategies?
Is there willingness and ability to take on tasks?
Is there follow-through on commitments?
Is there adequate communication and openness?
Is there adequate participation and involvement?
Is there continuing enthusiasm for the project?

Identifying sources of resistance to change

Once program implementation begins, things do not always go smoothly; progress may be impeded by misunderstandings, failure to follow through, communication barriers and loss of enthusiasm over time. We determined that the sequence of questions presented in Table IV can help detect various types of resistance. Each barrier requires a specific response; global problem-solving will not move the program forward. For example, if the Public Relations Division of a supermarket agrees to include announcements of an in-store taste-testing demonstration of heart-healthy foods in newspaper advertisements, but fails to do so, the *action failure* must be analyzed to see if agreements and procedures were clear. Discussion should begin immediately about how to assure follow-through in later efforts.

Warning signs of dysfunctional relationships

Sometimes collaboration relationships with organizations just do not work out. This may become clear through a 'gut level' feeling that your organization is putting in more than was anticipated or that the host organization is just not responding. Frequently there are obvious warning signs that the collaboration is in trouble, but sometimes these signs go unnoticed or are ignored. The NCC identified nine potential warning signs of dysfunctional relationships (Table V). NCC members agreed that even in the presence of several warning signs, the tendency had been to just try harder to make the relationship work.

Sometimes it will be necessary to discontinue a relationship with a host organization. *Strategic retreat* implies pulling out before staff morale is destroyed, resources further drained, or a working relationship becomes impossible or confrontational. Strategic retreat requires a critical assessment of potential warning signs and judgement that further efforts will not result in the desired outcome. A decision to retreat or pull back from a partnership should be discussed openly and without anger with the host organization. A decision to retreat should only be taken when you judge that the collaboration has reached a point of diminishing returns and further collaboration will not benefit your organization. Only through strategic retreat can program resources be redirected and the chances of success in achieving the original goals and objectives be improved.

Table V. *Warning signs of dysfunctional relationships*

Chronic failure to follow through
Lack of consensus on goals, objectives, methods and approaches
Repeated unkept appointments and/or unanswered phone calls
Lack of involvement of administrative/managerial personnel
Unclear roles and responsibilities
Lack of ownership for the program
'Exchange' is no longer valuable to both parties
Conflict with organization's liaison
Low staff morale

Summary

The experience of the NCC clearly underscores the importance of not only understanding organizational change but also of taking time to conduct a critical analysis at various stages of a collaborative relationship. Although nutrition/health educators are not usually accustomed to asking difficult questions about organizational relationships, this process will result in more effective collaboration. Other community nutritionists and health educators should find these guidelines helpful in their work with collaborating organizations.

Critical analysis starts before a relationship is formally established. Making sure the differences between our goals and those of the host organization are understood and the implications openly acknowledged is a critical first step. It is appropriate for health professionals to be candid regarding their goals, needs and expectations, even though these may be in apparent conflict with those of the host organization. Frank and open dialogue among potential collaborative partners guards against future misunderstanding or feelings of manipulation. Acquiescence or passivity in order to gain a 'beachfront' within a target organization may lead to later disappointments and conflicts. Equally important to understanding each other's goals is assessing whether a particular host organization will be a good collaborative partner. It is important for health professionals to value their services and remember that they do not need to work with just

any organization. There must be a good collaborative fit in order to ensure a long-term working relationship.

Once a collaborative relationship has been established it is necessary to once again stand back and assess whether the relationship is working effectively. As the experience of the NCC illustrates, asking very specific questions about roles, responsibilities, leadership development, organizational buy-in, participation, responsiveness and ownership will provide a quick assessment of the status of the organizational relationship and help identify sources of resistance to change. Prompt attention to warning signs may put the collaborative effort back on track and prevent the need for strategic retreat.

Effective nutrition interventions require that nutrition and health professionals learn how to effectively achieve and maintain collaborative relationships with host organizations. Developing and applying critical analysis skills should result in collaborative relationships that are more effective at accomplishing our health goals.

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