SCALE, GOVERNANCE COALITIONS, AND THE BRANDING OF
COLLECTIVE ACTION: THE POLITICS OF OBESITY IN PENNSYLVANIA

A Thesis in
Geography
by
Michael Rios

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Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Philosophy

May 2006
The thesis of Michael Rios was reviewed and approved* by the following:

James McCarthy  
Assistant Professor of Geography  
Thesis Advisor  
Chair of Committee

Chris Benner  
Assistant Professor of Geography, Labor Studies, and Industrial Relations

Melissa Wright  
Associate Professor of Geography and Women’s Studies

Carolyn Sachs  
Professor of Rural Sociology and Women’s Studies

James David Plumb  
Clinical Associate Professor of Family Medicine  
Thomas Jefferson University  
Special Member

Roger Downs  
Professor of Geography  
Head of the Department of Geography

*Signatures are on file in the Graduate School
ABSTRACT

Many geographers argue that scale, in addition to being a key concept in cartography, GIS, and other forms of geographic representation, is a critical dimension of processes of political and social change. This research focuses on how scale has been theorized in analyses of institutions and governance. While discussions of institutions have focused on regulatory networks, related processes, and the mutual constitution and evolution of economic, cultural, and political practices, previous studies have conceptualized institutions as regional or localized manifestations of regulation rather than as outcomes of strategic interactions at and among particular scales. Similarly, there has been little discussion of scale and its role in forms of collective action undertaken by state and non-state actors. This study contributes to this literature, then, by demonstrating how scale is used by social actors to mediate and restructure power relations. The study also provides an alternative conceptualization of the state and civil society, one that emphasizes complex relations within and between them, rather than simple oppositions. In the study, scale is used to describe the multiple forms of social activity imagined and produced in ways that assume, require, refer to, or seek particular geographical relationships. In describing the role of scale in structuring social activity, I draw attention to how social actors use multiple senses of scale in fluid, overlapping, and sometimes even contradictory ways. This perspective recognizes the agency of institutions and groups who strategically draw on geographical relationships to create particular political or social outcomes, whether quantifying the extent or significance of a phenomenon in areal terms, facilitating the coordination of local, regional, and supra-regional resources, or seizing opportunities at territorialized juridical levels of the state. The conception of scale in this manner has parallels with social ecology, inasmuch as scale links contextual factors such as community, environment, and public policy with collective action and behavioral change.

In this dissertation I approach scale from an organizational perspective with respect to collective action to address my primary question: what is the significance of scale in the strategies pursued by governance coalitions? I define governance coalitions as alliances between multiple sectors and between politically recognized levels of jurisdiction. Their primary function is to facilitate interaction between policy and mobilization networks, while simultaneously coordinating the implementation of targeted action. The characteristics of governance coalitions include the reflexive participation of independent groups, despite the existence of mixed motives and competing interests. In using the case of the Pennsylvania Advocates for Nutrition and Activity, or PANA, I describe the role of scale in collective action between policy networks and community mobilization focused on obesity prevention. To situate the case study within methodological discussions of scale, I chose qualitative inquiry as the preferred approach to draw connections between theoretical constructs and empirical data. Key data sources included participant observations of coalition activities over four years, coalition documents and promotional materials, and key informant interviews with coalition members. In this study, I argue for the relevance of scale in analyses of governance coalitions for two separate, but related, reasons. First, governance coalitions are a
contemporary expression of collective action aimed at changing political and social behavior. Second, a study of these cooperative mechanisms reveals more dynamic relationships between the state and civil society groups than has been recognized in previous studies. In both instances, scalar discourses play a critical role in structuring the social activity of organizational networks, leading to changes in institutional and social relations. The evidence presented in the study reveals that governance coalitions purposefully and strategically construct scale to mobilize limited resources across space and time, to create a collective identity among different interests, and to seize openings in the polity. I present a formal typological framework of scale to demonstrate the use of scalar representations to structure the issues and agendas of social actors in ways that facilitate collective action in response to the constraints and affordances available. However, the results of this research also expose important tensions in contemporary governance coalitions. One such tension is based on whether this form of collective action represents a marketization of social change or simply the socialization of marketing; another is whether they achieve political outcomes through an alignment with elites, or whether they simply are an alignment of elites. The first paradox focuses on the use of marketing approaches to collective action, and is revealed by the particular characteristics of PANA. The second paradox highlights the tensions that exist between different sectors and levels of coordination and mobilization, pointing to larger theoretical implications for state and civil society relations. While governance coalitions provide a potential mechanism to address social problems through democratic participation and decision-making, they are equally constrained by the encroachment of market forces in public policy discussions and structural inequalities that limit access to resources and the public sphere.
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Action For Healthy Kids (AFHK)
Active Community Environments (ACEs)
America On the Move (AOM)
American Academy of Pediatrics (AAP)
American Academy of Physician Assistants (AAPA)
American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD)
American Cancer Society (ACS)
American Dairy Association (ADA)
American Dietetic Association
American Heart Association (AHA)
America On the Move (AOM)
American Society of Landscape Architects (ASLA)
Association for Community Health Improvement (ACHI)
Behavioral Risk Factor Surveillance System (BRFSS)
Body Mass Index (BMI)
Center for Advancing Nutrition and Activity (CANA)
Center for Consumer Freedom (CCF)
Centers for Disease Control and Prevention (CDC)
Coalition for Healthy Cities and Communities (CHCC)
Highmark Blue Cross Blue Shield (Highmark)
Institute for Health Communities (IHC)
International Food Information Council (IFIC)
Keystone Active Zone (KAZ)
Keystone Healthy Zone (KHZ)
Keystone Healthy Routes (KHR)
National Alliance for Nutrition and Activity (NANA)
National Dairy Council (ADC)
Parent Teacher Association (PTA)
Pennsylvania Advocates for Nutrition and Activity (PANA)
Pennsylvania Beverage Association (PaBA)
Pennsylvania Chapter of the American Academy of Pediatrics (PaAAP)
Pennsylvania Department of Community and Economic Development (DCED)
Pennsylvania Department of Conservation and Natural Resources (DCNR)
Pennsylvania Department of Health (PaDoH)
Pennsylvania Department of Transportation (PennDOT)
Pennsylvania Environmental Council (PEC)
Pennsylvania Nutrition Education Network (PaNEN)
Pennsylvania Nutrition and Physical Activity Plan (PaNPAP)
Pennsylvania Recreation and Park Society (PRPS)
Pennsylvania School Boards Association (PSBA)
Pennsylvania School Food Service Association (PaSFSA)
Pennsylvania State University Outreach and Cooperative Extension (PSUOCE)
Rails-to-Trails Conservancy (RTC)
Robert Wood Johnson Foundation (RWJ)

State Health Improvement Plan Partnerships (SHIPPs)

World Health Organization (WHO)
ACKNOWLEDGMENTS

My heartfelt thanks and gratitude go to my partner, Kristin, who provided unconditional love and support over the past five years. In this time, she not only gave birth to our two beautiful children, Olivia and Mateo, but also sacrificed countless evenings and weekends so that I could occupy the physical and mental spaces to work on this project. During the more challenging moments of writing, my children provided me the inspiration through their simple expressions of wonder and joy.

I am enormously grateful to my doctoral committee, James McCarthy, Chris Benner, Melissa Wright, Carolyn Sachs, and Jim Plumb, who, given my circumstance, treated me as a colleague, but also kept me focused on the task at hand. Their appreciation for cross-disciplinary inquiry that centers on the everyday struggles of people was a validating experience for me. Special thanks go to James, who selflessly guided me through the process, and who helped me to sharpen my intellectual skills and discover my identity as a political geographer.

This dissertation could not have been conceived without the truly innovative work being done by the Pennsylvania Advocates for Nutrition and Activity. I am greatly indebted to the staff for their assistance and support throughout the project. Special thanks go to Allison Topper, who continues to inspire not only me, but hundreds more, through her leadership and impassioned commitment to the children of Pennsylvania.

I would also like to thank PANA’s staff and members who shared their unique perspective and personal insight into their involvement with the coalition. My gratitude goes to Marilyn Corbin, Lisa Bailey-Davis, Jessica Diehl, Deb Ellenberg, Gary Foster, Kristin Joseph, Martin Raniowski, Tom Sexton, and Laurie Whitsel.

And, last but not least, I dedicate this dissertation to my parents, Aida and Julio Rios, whose belief in the power of an education and faith in the capacities of their children put me on the path that led to this accomplishment.
Chapter 1

INTRODUCTION

The scale of an actor is not an absolute term but a relative one that varies with the ability to produce, capture, sum up, and interpret information about other places and times. (Bruno Latour, 1990, p. 56)

Chronic health problems have increased significantly in recent years. In 1998, 15% or more of state populations in over half of the states in the United States were 30 pounds overweight (Mokdad et al., 1999). According to the federal government, over 60% of the adult population in the U.S., or approximately 109 million people, is considered overweight or obese (U.S. Dept. of Health and Human Services, 2002). In response, there has been a rise in the number of coalitions set up to address this health problem. As of 2005, twenty-eight states were funded for between $9.3 and $14.8 million to set up multi-sector coalitions and partnerships to address poor nutrition and inadequate physical activity associated with obesity. Multi-sector coalitions have had a significant impact on the framing of recent public health issues, resulting in significant policy and regulatory reform (Wolfson, 2001). The increasing mobilization around preventable diseases signals a shift away from health problems being seen as resulting from individual behavior, and toward an ecological conception in which health is seen as a byproduct of a wide array of choices and factors defined by larger political, economic, institutional, and social relationships (Glanz, Lewis, & Rimer, 1997). From this vantage point, the public health discourse is increasingly framed in terms of environmental, lifestyle, and citizen rights issues.
In presenting the case of obesity, I acknowledge that this preventable disease is a legitimate health problem worthy of public attention and resources. There is a tremendous amount of important work being done in this area—from concerned parents, teachers and nurses changing school environments to improve childhood nutrition and physical activity; to health intermediaries and university researchers, among others, advocating for public policy reform. However, it is also important to critically investigate the politics of obesity, including how discursive representations and other strategies associated with this chronic health problem are being employed to build a social movement around obesity prevention, as this case demonstrates. Specific tactics include the production of a discourse centered on obesity that creates a visceral (and visual) reaction to obese and overweight bodies, the avoidance of potentially antagonistic class dynamics through the privileging of consumer-driven approaches, and the enlistment of groups and individuals through moral claims of responsibility. While not the focus of this study, it is also clear that specific discourses about obesity and its prevention have other political and social consequences, including the further commodification of health promotion and the objectification of the body.

This research examines the Pennsylvania Advocates for Nutrition and Activity, or PANA, one of the many statewide obesity prevention coalitions formed to create and implement policy and environmental interventions related to obesity prevention. Specifically, it examines how PANA uses scale to organize resources, shape discourses around health, and take advantage of timely opportunities to carry out coalition strategies. Like other obesity prevention coalitions, PANA is multi-sector in nature and shaped by the participation of multiple public agencies, non-profit organizations, institutions of
higher education, trade associations and private companies that operate at the municipal, county, regional, and state levels. These actors of disparate sorts do not share a single, common set of goals in a more general sense, but they do share some specific areas of agreement, and they work through PANA to achieve the latter. Such organizational structures are new in important ways and increasingly common in contemporary forms of collective action. I refer to them here as “governance coalitions.”

Governance coalitions of this sort are part of a broader shift in governance, in which historical state functions such as human welfare and regulatory oversight are being transferred to organizational bodies that blend elements of civil society, the state, and the market. Cooperative alliances are increasingly popular and are characterized by the interpenetration of organizational actors from public agencies, non-governmental organizations, and private corporations (Mayer, 1994; Painter, 2000). This move, from “government” to “governance,” has been widely interpreted as a manifestation of the state’s devolution as part of neoliberalism—a new form of economic liberalism in response to crises in financial markets and changes to labor production as a result of globalization. The state’s associated restructuring has been described as a shift from a Fordist to Post-Fordist, Keynesian to a Post-Keynesian state (Harvey, 1989; Jessop, 1999a, 1999b, 2002a). Regardless of the specific term used, some of the basic tenets of neoliberalism include an embrace of market forces and private enterprise; wholesale dismantling of state structures and related expenditures for the public; unfettered deregulation of policies, rules, and laws that inhibit profit; and privatization of state-owned enterprises, services, and other state-owned goods. From an ideological perspective, neoliberalism eliminates the concept of the public good and replaces it with
“individual responsibility” (Martinez & Garcia, 2002). However, some argue that neoliberalism subsumes too many political and economic factors under one category, does not account for collective action, and remains seriously underspecified (Barnett, 2005; Peck, 2004). This brief review risks oversimplifying the ideas and debates about neoliberalism, yet it is critical background for this study, inasmuch as neoliberal policies have been central to the rise of multi-sector alliances and governance structures in the United States and elsewhere. Neoliberalism per se is not the topic of this dissertation study, though. Rather, neoliberalism’s impact is taken a priori as a contextualizing factor in theorizing civil society’s participation in governance coalitions. Coalitions such as PANA are defined by relationships between the interaction of organizations and spatial processes at formally recognized, perceived, and imagined scales. The choice of PANA as a case study is important in that this coalition explicitly uses scalar strategies to change policy and environment determinants related to obesity. A focus on health behavior change is ultimately aimed at targeting the scale of the body related to an individual’s weight.

The concept of scale has been used as an instrument in cartography, as a spatial metaphor, as a way to discuss the territorialized power of states at multiple levels, and for a variety of other analytical and methodological purposes (Jonas, 1994; Marston, 2000). Recent theoretical attention to scale in human geography emerges from a focus on issues of globalization and political economy (Smith, 1984; Taylor, 1982). The topic of scale, and in particular its social construction, is receiving increasing attention (Herod & Wright, 2002; McCarthy, 2005; Sheppard & McMaster, 2003; Wolford, 2005). In most cases, a social constructivist approach is employed in these studies.
By contrast, some argue that the concept of scale has exceeded its analytical utility (Marston, Jones, & Woodward, 2005). However, in this study I argue that scale is a critical concept that provides for far greater insight into social relations and how geographical relationships are mobilized to facilitate collective action than other concepts in human geography such as space, place, or territory. Furthermore, those who claim that scale is too abstract of a concept suffer from a focus on its ontological weaknesses rather than its methodological value in empirically grounded studies of situated struggles, events, and practices vis-à-vis extra-local forces.

Scale provides a relational understanding of how social activity is organized in spatial terms. Some of the key theoretical contributions have focused on political economy, governance, and social movements. Some define scalar struggles over territoriality in terms of state/non-state or global/local discourses, where the former in each instance dominates the latter (Jessop, 1994; Jones, 1997; Swyngedouw, 1997a; Taylor, 1996). Others view scale as a site of resistance, struggle, contestation and capital accumulation (Brenner, 1998a, 2002; Cox, 1998; Smith 1984, 1992). Contributions to the literature that center on social movements emphasize how scale is used by different actors to create political opportunities, produce territorial frames, and mobilize different actors within and among regions (Miller, 1994, 2002; Staeheli, 1994).

The importance of scale within social movement theory is that it offers a window into the spatial dimensions of collective action. From a comparative perspective, the emergence and development of social movements can be broadly defined by opportunities and constraints created within the larger political context, the organizational forms of social movement organizations and related processes, and the framing of
movement ideas and activities (McAdam, McCarthy, & Zald, 1996). From this perspective, many texts present social movements as objects of empirical study. However, some suggest that social movements are not empirical objects, but rather provide an analytical approach to larger empirical studies of collective action (Melucci, 1996).

One current thread of research in this area focuses on the state’s relationship to collective action. Here, states have been theorized as a target, provider, and facilitator or sponsor. The last of these in particular suggests greater overlap between state and non-state actors (Wolfson, 2001). Others put forth a similar conception of the state as an intermediary and filter to movement demands and goals (Buechler, 2000). Although these perspectives problematize the role of the state, they often fail to address how collective action also acts directly on individuals, non-profit organizations, participating corporations, and other non-state actors. This is not to say that the state does not matter, but rather represents a shift away from formal, bureaucratic decision-making structures, toward institutional forms that negotiate between different interests. Insofar as coalitions can shape the values, beliefs, and practices of multiple publics, these organizational structures also shape the social life that is being governed (Jessop, 2002a).

Previous studies of scale and social movements have generally focused on oppositional relationships between competing ideologies and interests (Cox, 1998; Miller, 2000; Routledge, 1996; Staeheli, 1994; Steinberg, 1994). A focus on how scales are produced to facilitate consumption in a capitalist society and the role of scale in reproducing existing social relations is lacking (Marston & Smith, 2001). This dissertation study problematizes the representation of relationships between state and
non-state actors prevalent in this literature. In particular, the study sheds light on cooperative structures that bring together nongovernmental organizations, governmental agencies, and related groups to change social processes. In doing so, my aim is to identify the relevancy of scalar analysis to understanding state and civil society relations, thus arguing for relational accounts that would broaden the discussion of scale and social movements beyond oppositional forms of collective action.

In chapter 2, I further elaborate on the topic of scale, bringing into focus its relevancy to social movements, institutions, and governance. However, given the various ways in which scale is defined, in this opening chapter it is necessary to explicate how scale is presented in this study. First, I briefly summarize the ways scale has been used and theorized in geography. Major definitions of scale include the following:

- A measure of resolution and related metrics that quantify precise relationships between maps and the areas they represent;
- Metrics that quantify, with varying degrees of precision, the extent or significance of a phenomenon;
- The formal, hierarchical and juridical levels of the state, in which the power of the state is territorialized at different levels that are necessarily areal in extent; and
- Multiple forms of social activity imagined and produced in ways that assume, require, refer to, or seek particular geographical relationships.

Each sense of scale above (except the first) is directly relevant to PANA’s activities and to this dissertation. What unifies them, and what makes them important to a better understanding of PANA’s operations, is that scale in each of these senses plays an important role in structuring social activity. I realize that this is the most diffuse of the
ways in which scale is discussed within the discipline of geography. However, as I argue in the study, it is critical to examine and theorize these less precise aspects of scale precisely because most social actors use multiple senses of scale in fluid, overlapping, and sometimes even contradictory ways. Examining those actual uses, while sometimes frustratingly imprecise, provides important analytical insight into social relations and how social movement groups and governance coalitions frame agendas and issues to facilitate collective action. Furthermore, by focusing on the binary relationships between state and non-state actors, previous studies in geography on the topic of scale and social movements have not recognized the role that scalar representations serve in mediating political and social relations. By analyzing the activities of a governance coalition, this study provides one of the first relational accounts of state and civil society relations in which the framing of scalar possibilities plays a strategic role in collective action. This is not to suggest that governance coalitions avoid quantifying scale or do not capitalize on apriori territorialized juridical levels, but rather that they incorporate these conceptualizations of scale into discursive strategies depending on the constraints and affordances available. For example, in the case of PANA, not only is scale conceived as a strategy to quantify disease (i.e., obesity as a national epidemic) and to target existing territorial constructions of scale (i.e., regulating nutrition and physical activity), but also to produce new scalar configurations (i.e., facilitating the coordination of local, regional, and supra-regional resources).

Thus, the aim of this research is to explain how scalar discourses structure social activity and to theorize scale and issue framing vis-à-vis collective action. In the study, I propose a typological framework of scalar representation that includes scales of
attribution, association, and agency. I demonstrate that governance coalitions such as PANA produce different diagnostic, prognostic, and motivational frames depending on existing constraints and available affordances at different territorial levels of state and juridical decision-making. The study addresses a gap in theorizing scale with respect to state and civil society relations and the identification of governance coalitions as a contemporary expression of collective action that mediates power relations between different interests, offering civil society and social movement groups a vehicle through which to pursue a ‘politics of scale’. Related to the empirical and theoretical significance of the study is the methodological approach that I employ to bring scale and collective action together in a relational manner. Beyond the case of obesity, it provides a framework that is suitable for spatiotemporal analyses of institutions and governance coalitions more broadly.

1.1 Definition of Terms

Given that the research design relies on analytical concepts from different fields, the following section provides some key definitions for the purpose of the study. Scale has already been defined in the introduction section above. In this section, I define the remaining key terms: social movements, networks, coalitions, and governance coalitions.

1.1.1 Social Movements

Although there are varying definitions of social movements and degrees of
emphasis between different types (old versus new, state-oriented versus identity-based), conceptually some of the consistent themes include mobilization of individuals and organizations, a set of core beliefs and values that challenge some element of the existing social structure (political, economic, cultural, etc.), and change-oriented goals (Della Porta & Diani, 1999; McAdam & Snow, 1997; McCarthy & Zald, 1987; Melucci, 1996; Tarrow, 1998; Tilly, 1994). For the purpose of this study, social movements are defined as mobilized efforts to pursue changes in society. Three broad sets of factors are recognized in analyzing social movements—mobilization structures, framing processes and political opportunity. These are the three characteristics of social movements put forth by McAdam, McCarthy, and Zald (1996): (1) Social movements are shaped by the broader set of political constraints and opportunities unique to the national context in which they are embedded; (2) Social movements are shaped by the collective vehicles, i.e., organizational structures, through which people mobilize and engage in collective action; and (3) Social movements are shaped by the conscious strategic efforts made by groups of people to fashion shared understandings of the world and of themselves that legitimate and motivate collective action. For the purpose of the dissertation, social movements are used as an analytical concept to structure the research design, not as a description of governance coalitions. Here I use the term collective action as the object of empirical study.

1.1.2 Networks

Whereas scalar analyses focus on “processes of sociospatial differentiation [that]
unfold both materially and discursively” (Brenner, 2001, p. 600), network analyses are concerned with the linkages and flows in life that affect social change (Low, 1997, p. 208). Networks can be described as social associations that are non-hierarchal, lacking a clear center and formal structure.

Within the field of geography, networks are often discussed in relationship to scale (Cox, 1998; Low, 1997; Sheppard, 2002). Here, networks are presented as a form of association or organization that utilizes scale to carry out specific goals and strategies. While scale and networks can be viewed in relational terms and as mutually constituted categories, the coexistence of scale and networks does not mean that these categories are interchangeable.

Another way to look at scale and networks is that “scale becomes defined within a network” (Murdoch, 1998, p. 362), that is, scale is a result of the mobilization of power (both material and social) through association (Latour, 1986). Thus scale is also expressive of power relations, but is constituted by how these relations unfold spatially.

1.1.3 Coalitions

Historical definitions of coalitions characterize them as loosely-formed alliances of groups or individuals centered on a common purpose or goal (Anton, 1989). More simply, coalitions involve “the joint use of resources to determine the outcome of a mixed-motive situation involving more than two units” (Gamson, 1964, p. 82). In a political sense, coalitions exert power in applying resources to determine outcomes, embody conflict and coordination in a co-dependent relationship, and express collective
activity involving the resources of multiple actors (Hinckley, 1981). Coalitions can be viewed as a type of social movement organization when the primary goal of a coalition is political in nature and serves as the primary vehicle for mobilizing individuals and organizations for collective action (Kreisi, 1996).

Within the public policy literature, the term “advocacy coalition” is used to describe a group that:

... consists of actors from a variety of governmental and private organizations at different levels of government who share a set of policy beliefs and seek to realize them by influencing the behavior of multiple governmental institutions over time” (Sabatier & Jenkins-Smith, 1993, p. 212).

This definition assumes that coalitions are part of a sub-policy system and as such are state-centric, relying solely on government bureaucracy to implement public policy and related programs. However, the interventionist orientation of many health-based coalitions calls for multi-purpose goals and greater participation by civil society in local settings (Butterfoss, Goodman, & Wandersman, 1993). Given the focus on health-based coalitions, this dissertation study defines coalitions as formal working partnerships and intra- and inter-organizational alliances that are issue-based, goal-oriented, and highly structured. Although the definition of coalitions may look similar to that of social movements at first glance, the difference is that coalitions do not always explicitly pursue changes in society and/or the state.

1.1.4 Governance Coalitions

Although a variety of terms such as “public/private partnerships” and
“entrepreneurial government” have been used to describe the decision-making alliances formed between different sectors (e.g., state, market), many of these terms and related explanations in the field of geography center on capital production and accumulation (Harvey, 1989). In contradistinction, I refer to alliances between multiple sectors and between politically recognized levels of jurisdiction as governance coalitions. In putting a descriptive characteristic to decision-making collectives, I employ Jessop’s definition of governance. Here, governance can be defined as:

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\text{. . . the reflexive self-organization of independent actors involved in complex relations of reciprocal interdependence, with such self-organization being based on continuing dialogue and resource-sharing to develop mutually beneficial joint projects and to manage the contradictions and dilemmas inevitably involved in such situations (Jessop, 2002a, p. 1).}
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Coalitions can operate as a governance network when, in addition to these characteristics, they are mobilized for collective action in pursuit of political goals. For the purpose of this study, the terms governance coalitions and governance networks are used synonymously when coalition actors are jointly involved in decision making and resource-sharing with a goal that requires some form of collective action. This is not to suggest that either coalitions or networks are comprised of actors of equal power or have any formal state decision-making capacity. However, a governance coalition can be described as a hybrid organization that operates as a governance network, on the one hand, and a social movement coalition, on the other. Governance coalitions facilitate interaction between policy and mobilization networks while simultaneously organizing and implementing strategies and targeted action.
1.2 Statement of Research Question

For the purpose of this study, theoretical constructs and primary methodological approaches employed are consistent with a relational understanding of social phenomena. In this study, I approach scale from an organizational perspective with respect to collective action to address my primary question: what is the significance of scale in the strategies pursued by governance coalitions? To operationalize this central question, I look to comparative perspectives on social movements as a way to analyze PANA’s strategies as a form of collective action. Despite a narrowed focus of social movement theory on state and non-state relationships, comparative perspectives on social movements provide utility as an analytical framework for collective action in which scale plays a significant role in organizing social activity. The sub-questions driving this study include:

1. How and why does PANA enlist the resources of different agencies, organizations, and individuals under the goals of obesity prevention? Given the range of interests represented in PANA, a mapping of resource flows and channels help to illuminate levels of influence within the coalition structure. A look at both financial and human resources enables a more detailed accounting of investment and risk—for both PANA and its partners’ interests. PANA is able to amass these assets from different networks by extracting resources at differing territorial levels. This includes scales of the state apparatus that administer funding programs and health promotion, and education networks that embody expertise and grassroots organizing at the regional and local scales, among others.
Once resources are secured, PANA collapses these scales as a strategy to repackage and disseminate resources in the form of products and services to its constituents. As a result, a new scale is created that operates between and among commonly perceived scales of reality.

2. *How does PANA frame problems and solutions related to obesity?* Given the multi-factorial nature of disease, it is not immediately apparent how obesity (and obesity prevention) is being defined, at which scale, with what intent, and why certain representations of the disease are chosen over others. For example, in some circumstances PANA incorporates existing representations of obesity whereas in others it is afforded opportunities to construct new representations of the disease. Here, I look to how PANA defines the disease as well as the discourse of obesity evident within the promotional and educational materials developed by PANA staff and others. With relationship to scale, I describe the ontological reframing of obesity from the level of the individual to the broader context that includes community, environmental, organizational, and policy factors. Moving from this diagnostic framing of disease, I then highlight prognostic frames and related strategies of obesity prevention that utilize scale as an explicit strategy for collective action through PANA’s social ecological model. Finally, I describe how PANA encourages participation through a series of motivational frames aimed at changing institutional and individual behavior.

3. *How does the existence of political and policy opportunities inform which strategies are pursued by PANA?* Identifying where PANA invests its time and energy in advocating for regulatory change, creating policy, and acquiring
resources sheds light on the particular types of tools, programs, and services developed in the service of obesity prevention. For example, PANA is attentive to new and emerging policy discussions and funding priorities at the state level. It then brings its products and services in alignment with these state-level opportunities, before disseminating at regional and local scales. At the same time, PANA keeps abreast of political and policy opportunities at the regional and local levels. This serves as a basis for strategically investing its resources, on the one hand, and for enlisting local ‘partners’ as an advocacy tool with statewide elected officials and policy makers, on the other. Scale is important in both examples since PANA capitalizes on opportunities between and among different scales, and tailors its strategies in response. However, the coalition is also sensitive to existing constraints in the polity and either chooses to ameliorate the effects of political challenges and threats, or alternatively seeks opportunities at other scales.

These three sub-questions focus on coalition-defined scales in order to identify the nexus between scale and collective action characteristics. These sub-questions further explore the particular aspects of strategies “designed to systematically target public policy changes; changes to the physical environment; community changes; and organizational changes to ultimately impact on group and individual behavior change” (PADoH, 2003, p. 15). PANA utilizes an explicit social ecological approach to identify scalar relationships of health problems as well as to serve as a model in addressing these problems more systematically, as is the case with obesity prevention (PaDoH, 2003). I utilize the approach adopted by PANA to gather data related to the construction and
deployment of scale consistent with coalition strategies. A social ecological model of health behavior begins with the individual at the center of a series of concentric rings and moves outward toward intrapersonal, sociocultural, policy, and physical-environmental factors (Sallis & Owen, 1997, p. 463).

Social Ecology (SE) has its origins in ecological psychology where individuals and environments are seen as interdependent and the objective is to understand how individuals accomplish their goals via their behaviors in specific environments (Barker, 1968; Barker, Wright, Schoggen, & Barker, 1978). However, given the limited focus of ecological psychology on individual behavior, SE also is influenced by systems theory in its application of relational and holistic conceptions of complex environment and behavior determinants (Wallerstein, 1980). SE is consistent with relational aspects found in structuration theory as put forth by Giddens (1984). Structuration theory seeks to explain and integrate agency and structure. For Giddens, human agency and social structure are not two separate concepts, but rather are two ways to consider social action. Giddens defines structuration as “the structuring of social relations across time and space, in virtue of the duality of structure” (p. 376). Related to structuration theory, SE employs a relational model of environment and behavior that identifies agency not only in individuals, but also in collectivities and other organizational forms. The employment of SE as a purposeful way to conceptualize strategy in health promotion is consistent with the main ideas of structuration theory, and in particular the dialectical relationship between agency and structure.

Alcalay and Bell (2000) suggest that a SE approach is an appropriate model for disease prevention and “provides a way of thinking about the planning of health
promotion interventions that places a spotlight on the relationship between the
environmental and behavioral determinants of health” (quoted in PaDoH, 2003: p. 15). It
is not coincidental that the organizational form of PANA is relational in nature—among
individuals, organizations and agencies—and that strategies pursued to implement
systems and behavior changes related to nutrition and physical activity are also employed
in such a manner. SE is explicitly identified in the Pennsylvania Nutrition and Physical
Activity Plan (2003) as the adopted approach for obesity prevention, making explicit the
relationship among individual, group, environmental and public policy change.

1.3 Methodology

Information derived from participant observations, key informant interviews, and
archival data forms the basis for this analysis. Observations span the period from August
2001 to January 2005. Informal observations leading to this research study began during
my membership on Pennsylvania’s Obesity Prevention Task Force, the precursor to
PANA. It is here that my interest and fascination with multi-sector coalitions began. As
the coalition grew in size and scope I became more involved, first as an executive team
member of PANA and then as the chair of PANA’s subcommittee on community
environments. This early involvement was critical in the formative stages of my research
and in conceptualizing a theoretical framework to relate scale with collective action. To
focus my observations, I spent fourteen months beginning in November 2003, formally
documenting PANA activities on thirteen separate occasions. This included executive
team meetings, sub-committee meetings, conference calls, and advocacy campaigns.
These observations, spanning approximately three and one-half years, are supported by key informant interviews with ten PANA members and an analysis of documents produced by the coalition. The interviews took place in May and June 2004, and July 2005, and included PANA staff, individuals on the executive team, and members of four sub-committees. Archival data collected for the study span the entire period of the study beginning in August 2001. These data include meeting minutes, e-mail communication, promotional material, policy documents, and information on PANA’s web site. To interpret this information, I utilize the extended case study method. This method is a reflexive model of science that situates the researcher within the everyday accounts of real events, challenges and struggles of people (Burawoy, 1991, 1998).

1.4 Significance

What is the value in understanding the role of scale in governance coalitions such as PANA? Given the cross-disciplinary nature of this study, this research not only addresses current debates about scale within field of geography, but also has implications for other analyses of institutions and governance.

First, the case illustrates how scale is used as a strategy to organize social activity through the framing of problems, solutions, and motivations. In presenting scale as a discursive means to identify locations of attribution, association, and agency with respect to the significance of obesity, different territorial levels, and particular geographical relationships, the case clearly demonstrates how social actors maximize the constraints
and affordances available in the immediate environment, conscious or otherwise. The importance lies in the ability of organizations such as PANA to match the possibilities for effective collective action with the capabilities, talents, and skills of its constituent base. The case study provides insight into how scale and its territorial resolution (including, but not limited to, juridical dimensions and distributional effects) are imagined, produced, and ultimately operationalized toward intentional and coordinated action. In doing so, the lessons offered from the case provide an organizing template for other governance coalitions and social movement groups who seek to frame issues and agendas in scalar terms.

Second, the case study also provides a relational account of how the state, civil society groups, and the market participate jointly in collective action. The government’s participation in collective action challenges the idea of the state as a purely regulatory body distinct and separate from civil society. Resource ties and linkages to policy directives suggest greater participation despite claims of government devolution and deregulation. Most studies emphasize either a state-centric or market orientation, presenting civil society groups as either a passive agent or a consensual partner. Within the field of geography little has been written about the complex and relational characteristics of governance structures and, more specifically, their similarities and differences with contemporary forms of collective action as a possible avenue for the pursuit of a ‘politics of scale’. The rise of multi-sector coalitions such as PANA suggests a shift away from a conception of coalitions carried out by informal, voluntary, and weak ties, toward ones that are elastic and represent more professionalized, strategic, and sustained forms of action. Additionally, while more attention is being paid to how scale
provides a lens for understanding asymmetrical power relations, there is little focus on how scale is employed in governance coalitions beyond an exclusive state hegemony or oppositional movement perspective. If scales are constantly being reproduced by different actors and all relations are socially embedded, there is nothing to suggest that the state or social movements are the sole domains in which power is expressed. As a contemporary expression of collective action, governance coalitions construct institutional spaces that serve to mediate different power relations.

Third, the hybrid nature of governance coalitions that can effectively mobilize policy networks and local communities simultaneously also suggests an effective approach to changing the environment and context for institutional and individual behavior. The integration of different interests across scales and sectors is one approach to maximizing resources and extending reach into different segments of the population. This strategy can ensure participation at localized levels and safeguard against the managerial instrumentality of state bureaucracies that are often disconnected from local interests. At the same time, the use of market and communication approaches to improve personal welfare is one way to efficiently utilize public resources toward a social good.

Lastly, this case study of a health coalition illustrates the discursive representations of obesity that link disease to environmental and social causations aimed at what constitutes a healthy body. As a medical condition, obesity is a primary disorder with co-morbidities that include diabetes, heart disease, and osteoarthritis. Increasing obesity rates and media attention suggest that this preventable disease will garner more support from policy makers in the future. Information technology, television advertising, sedentary youth, and sprawl development are several of the examples used to substantiate
the claim that obesity is a social crisis with geographic, demographic, economic, and other structural impacts.

1.5 Obesity Prevention in Pennsylvania

The focus of this research is the Pennsylvania Advocates for Nutrition and Activity (PANA), a statewide obesity prevention coalition. According to the CDC (2002), Pennsylvania has some of the highest rates of obesity in the United States—rating among the top twenty states. From 1990 to 1999, the percentage of obese Pennsylvanians grew from 12.5% to 20.3% (2002). Nearly 70% of Pennsylvanians are also at risk for health problems related to a lack of physical activity (PaDoH, 1998). According to the CDC, being overweight (a body mass index of 25 or more) and obese (a body mass index of 30 or more) can lead to higher blood pressure and type 2 diabetes, which increases a person’s susceptibility to strokes and heart disease. In fact, heart disease and stroke are among the top five leading causes of death in the United States. Over 250,000 annual deaths are attributable to obesity (Allison, Fontaine, Manson, Stevens, & Vanitallie, 1999). Heart disease and stroke also have major economic consequences beyond the treatment of individuals for these medical conditions (Finkelstein, Fielbelkorn, & Wang, 2004).

The discourse on obesity as an epidemic, whether at the federal level or within Pennsylvania, is been primarily conveyed through obesity research and public health reports supported and promulgated by federal and state agencies, foundations, and an array of health intermediaries. Despite such claims, some scholars question the timing
and emergence of public health concerns pointing to a ‘politics of disease’ and ‘construction of risk’ that have aims beyond disease prevention and health promotion (Guthman & DuPuis, 2005; Jackson, 1995; Kersh & Morone, 2002; Proctor, 1996; Vallabhan, 1997). For example, when the CDC lowered BMI to 25 for overweight adults (originally 28 for women and 27 for men) in 1998, an additional 29 million adults – nearly 55% of the U.S. population – became designated as overweight. However, the new guidelines brought the U.S. in line with weight guidelines for other countries as well as the World Health Organization (Washington Post, 1998). Other interest groups such as the Center for Consumer Freedom (an advocacy organization representing restaurant chains and food companies) use a counter-discourse of ‘freedom’ and ‘individual responsibility’ to assert its claim that obesity is not a disease and has gone so far as to create a “Declaration of Food Independence” (Center for Consumer Freedom, 2004).

Regardless of the criticism and attacks, over the past few decades an emerging health movement has grown significantly to shape public policy at the federal, state, and local levels. At the national level, much of this activity has been promulgated by organizations such as the Association for Community Health Improvement (ACHI), formerly known as the Coalition for Healthy Cities and Communities. ACHI serves as a clearinghouse and advocacy vehicle, organizes national conferences, provides technical assistance to state networks, and advocates policy reform at the federal level. A range of other national-level support organizations also exist and are funded by federal agencies and foundations, including the CDC and the Robert Wood Johnson Foundation, among others.

At the state and local levels, this health movement is characterized by disease
prevention initiatives and community health partnerships that range in organizational size and scope. In Pennsylvania, initiatives are supported through health-based intermediaries such as the American Heart Association, American Cancer Society, and a number of state and regionally based organizations. From the mid-1990s until 2004, the Institute for Healthy Communities (IHC) served as a major catalyst for the creation of over ninety healthy community partnerships throughout the Commonwealth (IHC, 2003). IHC was a non-profit affiliate of the Health Alliance of Pennsylvania, an entity comprised of several hospital associations and healthcare providers. At the state level, IHC was similar to a national coalition inasmuch as it supported a network of community-based partnerships in its role as an information clearinghouse, providing publications, technical assistance, conference and workshop coordination, and policy advocacy.

Through the support of the Pennsylvania Department of Health (PaDoH), IHC served as the fiscal agent for PANA, which is now housed at Penn State University. Pennsylvania is one of the first states in the United States to approve a policy plan that is targeting efforts around obesity as a result of efforts made by the PaDoH’s Division of Chronic Disease Intervention to secure a grant from the CDC. PANA officially began its operation in the early part of 2003, but a significant amount of work was done prior to beginning implementation of strategies outlined in the Pennsylvania Nutrition and Physical Activity Plan, or PaNPAP. PANA was initially set up as a “statewide, multi-sector coalition that will coordinate the implementation and evaluation of the state nutrition and physical activity plan” (PaDoH, 2003, p. 17). The plan was initiated by the PaDoH, which received a CDC grant in July 2001 to develop a state nutrition and physical activity program to prevent obesity and related chronic diseases.
The genesis of PANA occurred with the PaDoH’s convening of an Obesity Prevention Task Force that represented a range of public, private, and non-profit interests across the state. This group met regularly for one year to assess obesity-related issues in the state, identify indicators for the increased number of overweight and obese individuals, identify evidence-based medicine research and public health strategies to promote nutrition and physical activity, identify priority areas and target groups, assess the barriers to related health promotion among target groups, and develop an overall framework for the first statewide plan on obesity prevention, the PaNPAP (PaDoH, 2003).

Since its inception, PANA’s mission has been “to create a Pennsylvania where individuals, communities, and public and private entities share the responsibility for developing an environment to support and promote active lifestyles and access to healthy food choices” (PANA, 2002, p. 3). Using the PaNPAP as a guide, PANA focuses its efforts around three targeted areas: schools, healthcare practices, and community environments. In addition to coordinating and convening PANA partners on a regular basis, PANA undertakes joint projects with individuals, organizations, and companies to develop educational and marketing materials; coordinates information advocacy and related campaigns; and guides research and evaluation for the three priority areas.

A focus on state-level activities provides a window into the relationship based on the resource ties among multiple agencies, organizations and actors and serves to illuminate the convergence and divergence of identities and interests among local, regional, and statewide collective actions. One of the main purposes of PANA is to develop a statewide infrastructure system for the coordination of statewide entities and
establish networks in each of the six PaDoH districts (PANA, 2002). PANA has defined specific roles for its different partners and broad constituents. It identifies partners as “anyone who agrees with the mission and wants to attend PANA meetings and events is invited to be a member of the coalition” (PANA, 2002, p. 5). As of 2002, PANA recognized over eighty organizations as partners. The formal structure of the coalition includes an executive team composed of 15–20 people, some of whom serve as co-chairs of various sub-committees and represent the coalition for decision-making purposes. A bulk of PANA’s work takes place within a series of leadership teams focused on three priority areas: healthcare, schools, and community environments. The size of each leadership team varies widely given the newness of PANA and the varying levels of participation by PANA partners.

In addition to these three priority areas, several advisory teams convene less frequently to focus on research and evaluation, and advocacy. The purpose of the research and evaluation advisory team is to: “1) identify gaps in statewide surveillance and evaluation, 2) provide guidance to Leadership Teams in selecting effective interventions, and 3) assist in choosing evaluation measures for PANA’s project and services” (PANA, 2002, p. 5). The purpose of the advocacy advisory team is to identify key issues and develop information advocacy materials for state and local governments.

District networks have been set up for training, education, and advocacy related to PANA priorities. These districts originally mirrored the ones set up by the PaDoH to serve local community partnerships. One of PANA’s goals is to have the networks become the vehicle for facilitating regional and local community collaboration and communication around PANA priority areas. Formal interaction with district networks is
less frequent; district meetings take place via satellite and are scheduled as quarterly meetings throughout the year. District networks have been set up to assist locally and regionally based community health partnerships. Many of the participants in the district networks are recognized as a State Health Improvement Partnership, or SHIP, and receive funding through the PaDoH (PaDoH, 2001). Management and oversight of SHIP originally occurred through a partnership with the Institute for Healthy Communities and the Pennsylvania Medical Society, a physician-oriented philanthropic foundation. With the dissolution of the IHC, SHIP came to be administered solely by the PaDoH. SHIP emphasizes “the prevention of disease and disability, the coordination of resources, interagency cooperation, and improved government responsiveness to community health planning priorities” (PaDoH, 2003, p 19). As a SHIP participant, community-based collaborative efforts can access state resources to support local initiatives.

The other major group represented within PANA’s district networks are local schools, which participate in PANA’s assessments and program delivery. Beginning in 2003, a strategic focus on schools led to the formation of this new constituent group, which represents over nine hundred schools. Of these participating schools, over three hundred “community champions” have received training and now volunteer to coordinate and deliver PANA’s educational programming on nutrition and physical activity in local community school settings.

To date, PANA has been able to develop its constituency and widen its base of support. As of 2004, the coalition had a staff of five individuals and an annual operating budget of just under $900,000 (Penn State University, 2004b). In addition to developing a presence with statewide agencies and organizations, regional and local health
partnerships, PANA also leads educational campaigns in elementary schools and is marketing and distributing an array of products and services within school settings—the primary site of targeted strategies. This is in addition to policy advocacy and securing resources from state government agencies in support of PANA activities.

1.6 Overview of Dissertation

This dissertation contains a description of a statewide obesity prevention coalition that was examined to determine how scale is used to organize limited health resources across space and time, create a shared representation of obesity prevention, and seize openings in the polity related to nutrition and physical activity. PANA employs scale in multiple, simultaneous and often contradictory ways—discursively, operationally, organizationally, and politically. First, scale enables a recasting of obesity’s significance—an ontological shift from individual to environmental and contextual factors that challenge discourses that place boundaries of agency around that of the individual. Second, scale is viewed as a form of infrastructure, albeit related to juridical levels of bureaucracy and control. As I illustrate with the case of PANA, policy and regulatory reform, government funding programs, and the network of interest groups are territorially defined. The utilization of existing scalar infrastructures enables PANA to exploit a priori networks of communication, decision making, and resource distribution. Third, the elastic ties that exist within governance coalitions enable PANA to seek particular geographical relationships through which to share resources and bridge differences between elite state actors and leadership at the more localized levels. This
bridging effect is a crucial link between policy discourse and implementation, whether promulgated as obesity prevention measures, physical activity and nutrition, or lifestyle choice. Fourth, the strategic positioning of governance coalitions such as PANA produces a mediated space from which to effectively negotiate among different scales of power to create consensual agreement among federal and state agencies, non-profit organizations, and industry groups. The flexibility and adaptability of governance coalitions enable these cooperative structures to respond to ever-present constraints while allowing for contradictions to exist as long as the goal of obesity prevention is being achieved.

In the next chapter, I review the theoretical literature on scale and social movements. In terms of the literature on scale, I review contributions within geography that present scale from a social constructivist perspective and with a particular focus on political economy and governance. In addition to highlighting methodological debates, I provide an overview of the perspectives from human geography and the contributions from a neo-Marxist political economy perspective and a regulation approach. In this section, I also discuss how scale has been presented from an institutional perspective and within discussions of governance. I then turn to sociology to briefly summarize comparative perspectives on social movements. An overview of social movements in the geography literature serves to introduce how social movements have been discussed within the public health field. With regard to health-based coalitions, I discuss collective action around recent health issues and how coalitions have shaped the discourse, reform, and implementation of related public policy—despite the growing marketization of healthcare. Returning to the topic of scale, I theorize the possibilities of scale within state
and civil society relations. Drawing from political economy, I identify gaps in previous studies that fail to present scale as a strategy for civil society within governance coalitions. I conclude the chapter with a proposal for analyses of governance coalitions that presents scale and collective action from a relational perspective.

A review of this literature and the proposed framework forms the basis for the research design, which is designed to operationalize the research questions. Having established a theoretical basis for structuring the research, in the third chapter I describe the methodology and methods for collecting data. This includes an overview of the research paradigm, a discussion of reflexivity, and a description of the population and sample, instrumentation, and data collection procedures. Given that one of the primary goals of this research is to describe how scalar processes unfold in the situated practices of coalitions, my study is qualitative in nature, relying primarily on my observations as an inside member of the coalition. Drawing from feminist critiques of science, I argue for a dialogical view of the researcher that allows a multiplicity of positions to develop, while letting the research process unfold as connections are drawn among what is being studied, the participants in the study, and larger theoretical constructs. In this chapter, I discuss participatory action research as a preferred method over others. Given this stance, my data collection methods draw heavily on participant observations, but also include key informant interviews and archival documents.

To present the empirical data, chapters 4–6 focus on responses to the research sub-questions. Information is organized by each question to show how and why resources are used within the goals of obesity prevention, how scale is used to frame problems and solutions related to obesity, and how opportunities and constraints in the
polity inform which strategies are pursued by the coalition.

The data presented in these chapters serve as the basis for chapter 7 in which I analyze the interplay among scale, governance coalitions, and collective action. Specifically, I bring into focus a discussion of the constraints, affordances, and paradoxes that exist within contemporary governance coalitions. I begin with several paradoxes related to: (1) the branding of collective action as an economization strategy to assimilate resources, establish distribution networks, and market obesity prevention to targeted audiences; and (2) the role of governance coalitions as an intermediary between and among different, and often competing, interests. I then return to the central discussion in this study that focuses on scale as a strategy for organizing social activity through the constraints and affordances available to governance coalitions. In addition to describing how this activity is imagined and produced in territorial terms, I present a formal set of scale typologies as a systematic classification of scalar frames consistent with social movement theory. I conclude by highlighting the lessons learned from obesity prevention in Pennsylvania and how governance coalitions such as PANA can serve as a template for other analyses of institutions and governance. A major contribution of the study is the theorization of scale vis-à-vis state and civil society relations.
Chapter 2

ALL LEVELS INFLUENCE CHANGE: SCALING HEALTH

We do not have the capacity to implement the goals at the state level or any state level-- but then there are 67 counties, 501 schools districts, and 2,600 municipalities. There is no way to have that reach. I think that the only way that we can do it is by going through these different organizations that have networks at county and local levels... I think where we take it a step further is capturing ideas and really trying to package it and put it into something where we do get mutual benefit, where different ideas are put together and put out there for dissemination and practice. (PANA staff member, May 24, 2004)

Implementing strategies that target obesity is as much about geography and scale as it is about collective action around disease prevention. When the Pennsylvania Obesity Task Force was developing the state’s first Nutrition and Physical Activity Plan, many task force participants clearly believed that the Department of Health alone did not have the capacity or resources to carry out specific strategies identified in the plan. Nor was the infrastructure of the more than fifty State Health Improvement Plan Partnerships (SHIPPs) sufficient to implement recommended changes related to physical activity and nutrition. This was despite the fact that the SHIPPs were created only a few years earlier in order to coordinate health promotion and disease prevention strategies at the local level. Given this context, why was there a need for a new health coalition?

A main goal of the plan was the creation of PANA as a vehicle to communicate, carry out and evaluate the plan’s objectives (PaDoH, 2003). By creating a multi-sector coalition, PANA would provide a more flexible and adaptable entity that could mobilize resources beyond traditional health constituents. Assuming a public/private partnership orientation, there was an implicit acknowledgment of the growing marketization of
healthcare and the unavoidable influence of (and dependence on) private hospitals and pharmaceutical and insurance companies to help realize obesity prevention goals. Rather than being run through the PaDoH, PANA organized the state’s first network around obesity. Thus, a recasting of health promotion was underway and would provide a model for addressing preventable and chronic diseases related to poor diet and sedentary lifestyles.

Yet, what is the significance of scale for obesity prevention in Pennsylvania? Specifically, how is scale used by the state to regulate obesity prevention? What is the utility of scale for collective action around public health issues? Is it used for a single goal or does it have multiple and even contradictory purposes? In responding to these questions, this chapter provides a summary of theoretical debates on scale and a review of related texts and an overview of the social movements literature within sociology, geography, public policy, and health. This summary will help to situate the study theoretically as we address the significance of scale in collective action as expressed through PANA.

To address my first and second questions in the preceding paragraph about the significance of scale within obesity prevention, I provide a summary of scale and highlight some of the evolving theoretical debates on the topic. I then focus on the theme of institutions, governance and the state in scale construction. To address the third question, a summary of the social movements literature provides a theoretical basis through which to describe health-based coalitions and how collective action is relevant to the discourse, influence, and implementation of public policy. I argue for the extension of scalar analyses beyond the primacy of economic governance, and toward cooperative
structures that provide relational accounts of nongovernmental organizations, governmental agencies, and related groups around social welfare and public policy. In doing so, I identify the theoretical and methodological gaps in both literatures on scale and collective action. I then discuss the contributions of Gramsci, Polanyi, and Jessop in theorizing civil society vis-à-vis the state, and the possibilities for a ‘thick description’ of collective responses and actions by governance structures that have multiple and often competing goals. I conclude by proposing a framework for analyses of governance coalitions. This approach is presented as a way to operationalize a conceptualization of scale and collective action from a relational perspective—drawing connections between what is being studied, the participants in the study, and larger theoretical constructs (Burawoy, 1991, 1998; Ellis & Bochner, 2000).

2.1 Scale

As new scales emerge and/or existing scales gain institutional thickness, social forces also tend to develop mechanisms to link and coordinate them (Jessop, 2003, p. 4).

While scale is considered a key concept within geography, it is only within the past decade or so that theorists and researchers have begun to implicate scale in political and social change (Delaney & Leitner, 1997; Herod & Wright, 2002; Marston, 2000; Smith, 1992). This section provides an overview of some of the key theoretical contributions on the topic of scale with a particular focus on institutions, governance, and the state in scale construction.
2.1.1 Overview of Theory

Investigations on the topic of scale clearly have centered on ontological and theoretical aspects and how the concept of scale is represented in the discipline of geography. While scale is a key concept in cartography, GIS, and other forms of geographic representation, this is not the focus of this chapter. Rather, I focus on the literature within the past decade, where scale has been theorized in analyses of institutions, governance, and the state. Central to these analyses is a social constructivist perspective (Smith, 1992). As such, scale is presented as a relational process of social (re)production and change (Howitt, 1998).

The earliest writings that implicate scale from a non-functionalist perspective have to do with issues related to territoriality and social action (Sack, 1983; Thrift, 1983). Sack (1983) defines territoriality as an “attempt to affect, influence, or control actions and interactions (of people, things, and relationships) by asserting and attempting to enforce control over a geographic area” (p. 55). He argues that territoriality can be applied at any scale, and is not an object but a relationship (p. 56). This observation represents a shift in thinking about spatial analysis in areal terms. In doing so, Sack believes that studies should begin focusing on social organizations, and in particular, the territorial uses of groups at a “geographical scale” (p. 72). Although drawing connections between social action and scale, no proposal is offered on the production of scale.

Neil Smith (1992), in a seminal work titled, “Geography, Difference and the Politics of Scale,” brings the issue to the fore, acknowledging the scholarly silence on the
question of scale and the underdevelopment of substantive theory on the matter. Smith contends that:

The differentiation of geographical scales establishes and is established through the geographical structure of social interactions. With a concept of scale as produced, it is possible to avoid on the one hand the relativism that treats spatial differentiation as a mosaic, and on the other to avoid a reified and uncritical division of scales that repeats a fetishism of space (p. 73).

Power as expressed through social relations is also presented from a scalar perspective more explicitly (Thrift, 1983). The relevancy of constructed knowledge, the role of organizations, and social action come together in the form of a capacity “to organize and then carry on various historically and geographically specific kinds of opposition to other social groupings” (p. 48). It is here that scale is implicated and is used politically by certain actors over material struggle and contestation (Jonas, 1994).

More recent literature on scale has focused on theoretical issues. In reviewing the literature on the ‘politics of scale’, Brenner (2001) identifies a focus on “shifting organizational, strategic, discursive and symbolic relationships between a range of intertwined geographical scales and on the ramifications of such interscalar transformations for the representations, meanings, functions and organizational structures of each of those scale” (p. 600). Geographic scale is only one analytical category from which to understand sociospatial relations. As Brenner asserts, it (scale) must be distinguished from other dimensions such as space and place which involves different geographical properties (p. 597). More specifically, Brenner argues that scale, and scalar analyses, need to focus exclusively on the “production, reconfiguration, or contestation of particular differentiations, orderings and hierarchies among geographical scales” (p. 600).
Otherwise, he asserts the use of scale runs the risk of stretching beyond its theoretical and methodological usefulness. Here, Brenner faults arguments that privilege certain scales over others and a focus on social reproduction and consumption instead of the production of scale (Marston, 2000). As a response, Marston and Smith (2001) critique Brenner’s genealogy of scale and his over-reliance on Lefebvre’s vague theorization of scale and conjoining of scale with space. They also point out the inherent contradictions of Brenner’s theorization of scale, which privileges the regional and urban scale and dismisses scalar structuration of the household (Marston & Smith, 2001, p. 617).

Regardless of these statements, given the increasing attention to scale in state restructuring processes, it would appear that analyses need to begin from a political economy perspective and move toward understanding how rescaling processes take place in ‘situated practices’ and which characteristics present certain scalar opportunities over others (McGuirk, 2004). The context of changing power relations also provides a space for different groups to participate in the ‘politics of scale’ and influence the possible look of the resultant scalar configurations.

2.1.2 Institutions, Governance, and the State

While much of the recent literature about scale utilizes a constructivist perspective, a particular focus has been the interplay among globalization, the state and the role of capital in labor (re)production. Further contributions highlight the significance of scale in giving agency to institutional networks in urban and regional policy. It is the interaction of spatial processes at different scales that structure the
character of governance. Given the importance of political economy in defining the context for institutional decision making, governance structures, and responses by the state, this section contains a discussion of scale in relationship with how these entities have been discussed in the literature. I first begin with an overview of how scale has been presented from a political economy perspective. I then show how state restructuring processes have led to an ‘institutional turn’ within the literature, culminating with an analysis of governance. Based on this overview, I conclude with how non-economic actors are beginning to participate in governance networks.

2.1.2.1 The Political Economy of Scale

The ability to recalibrate, restructure, and reposition the state in light of economic crisis and the shifting from a welfare to workfare state, hinges on scale. This is apparent if one views the increasing attention to scale within the political economy literature.

In putting forth a materialist framework for political geography, Taylor (1982) calls for a three-tiered structure that may be viewed as a ‘political economy of scale’ (p. 23). Like Neil Smith, he is critical about the use of scale within geography, but acknowledges Marxist contributions that attempt to incorporate the global, the national, and the urban (Taylor, 1982). Paralleling this structure, he suggests a ‘scale of reality’ (world economy), a ‘scale of ideology’ (state and nation), and a ‘scale of experience’ (city). However, Taylor privileges a Wallerstein world-system perspective, and suggests that it is at the level of capitalist world economy that separations among reality, ideology, and experience are most pronounced (p. 32). Despite this emphasis, Taylor’s work is one
of the first attempts to utilize geographic scale as an organizing framework that identifies
the relationship between scales as a critical point in the analysis of political economy.
Such an analysis of the world economy across scales bolsters structuralist arguments that
center on international capital and the uneven development of regions (Smith, 1984;
Smith & Dennis, 1987).

In keeping with the emphasis on scale within a hegemonic capitalist state, others
have emphasized certain themes within political economy over others. For instance,
Brenner takes Smith’s argument further to suggest that scale is implicated in capital
accumulation and territorial organization (Brenner, 1998a). Building on the theoretical
contributions of Lefebvre (1991) and Harvey (1982), Brenner theorizes the multi-scalar
nature of territory and the importance of a ‘scalar fix’ with each round of capital
circulation and global capitalist restructuring (1998a, 1998b, 2000). At one level, this
represents a dual process of urban restructuring and territorial restructuring by the state
(Brenner, 1999). The resultant re-scaled and reconfigured state territory is labeled the
‘glocal’ state (1998b), and it is the process of ‘glocalization’ that brings together the scale
of the global with the local (Swyngedouw, 1992).

Similarly, Swyngedouw argues that conceptualizing geographical change and
restructuring in terms of an a priori spatial scale is deeply problematic (1997a). Drawing
on a comparison between Fordist and post-Fordist modes of accumulation to provide a
historical context to changing modes of production that are increasingly both global and
local, Swyngedouw views scale as “both discursively and materially, where sociospatial
power relations are contested and compromises are negotiated and regulated…the result
and the outcome of social struggle for power and control” (p. 140). For Swyngedouw,
new ‘scale politics’ blur the boundary between the global and local. However, he observes that the emerging ‘gestalt of scale’ offers the possibility of empowering strategies that create new alliances to coordinate action across scale to build solidarity in opposition to the state (Swyngedouw, 1997a, p. 160; 2000).

Other writings about the political economy of scale and state power build on regulation theory and a critique of statist approaches that conceive space as a hierarchy of political and territorial boundaries (Taylor, 1996). Describing the spatial dimension of institutional and political relationships vis-à-vis the state, there is a growing focus on how governments employ ‘spatial selectivity’ in a Post-Fordist era (Jones, 1997). Jessop’s *Post-Fordism and the State* provides a starting point for sketching out the evolution from the Keynesian welfare state to the Schumpeterian workfare state, with the latter subordinating “social policy to the needs of labor market flexibility and/or the constraints of international competition” (Jessop, 1994, p. 10). In this process, scale is emerging as a critical area of inquiry within regulation theory and serves to spatialize the scale division of labor and the strategic selectivity of state action (Collinge, 1999; Jessop, 2001a; Jones, 1997). These and other writings on the ‘hollowing out’ of the national state (Mayer, 1994) suggest that state capacities have shifted to other forms of coordination and governance. This shifting is significant in as much as it is seen as a rescaling process for state activities to supranational regimes, on the one hand, and transference to regional and local governance, on the other (Jessop, 1994, pp. 270-271). However, this does not suggest a lesser role for the state, nor new forms of territoriality (Anderson, 1996).

As Purcell (2002) argues, the institutional nature of the state is only partially understood. The movement from welfare to workfare puts the state in a bind between
accumulation and political legitimacy (p. 315). State re-scaling can be viewed as a diffusion strategy to avoid blame and shift citizen expectations of social welfare to regional and local scales of governance. To avoid a crisis of state legitimacy, state re-scaling processes can also be regarded as a strategy to redistribute public goods, resulting in highly differentiated geographies of uneven development (Smith, 1984, 1992). This observation points to the relevancy of ‘instituted process’ in the social reproduction of state, economy, and citizen relations (Polanyi, 1957; Randles & Dicken, 2004), especially with respect to empirical evidence which challenges the discourse of devolution and economic prosperity at the national scale (Rodriguez-Pose & Bwire, 2004; Rodriguez-Pose & Gill, 2004).

In privileging the economic function in analyses of state, Purcell (2002) identifies a ‘methodological constriction’ of studies that also closes off the possibilities of the state as a “political avenue for anti-capitalist political action” (p. 300). In contrast to methodological approaches that focus on the reproduction of economic class relations, Purcell advocates for a shift to analyses of state and citizen relations that provide the conditions for political legitimacy. Such approaches highlight the dependent relationship of the state to its citizens to ensure the reproduction of state institutions and sovereignty. To do so would provide a political account of state re-scaling processes as opposed to the politics of scale as a ‘state as accumulation strategy’.

Would this provide a deeper understanding of the ‘political’ in social relations? If so, what are the implicit assumptions of state and citizen relations vis-à-vis the political economy of scale? Purcell is quick to point out that this relationship is not a voluntarist social contract, but rather a set of ‘mutual expectations’ between the state and its citizens.
This does not presuppose that the state functionally meets these expectations—more important is that the expectations are perceived by citizens as being met. In sum, Purcell contends that securing consent from citizens is more important as long as expectations of material well being, basic rights, common interest, and protection from physical harm (among other expectations) are perceived to be met (pp. 310–311). This is not to suggest that these minimum expectations are fixed, but rather that they may change over time as expectations are recalibrated as part of macro restructuring processes (Cerny, 1995).

2.1.2.2 Scale and the Instituted Process

Others analyze state rescaling processes but have begun to focus more specifically on the role of institutions (MacLeod & Goodwin, 1999a). The ‘institutional turn’ is receiving greater attention among many contributors to the scale literature (Brenner, Jessop, Jones, & MacLeod, 2003; Jessop, 2001a; MacLeod, 2001). Mostly discussed in economic geography, and urban and regional studies, the focus on institutions centers on studies of regulatory networks, related processes, and the mutual constitution and evolution of economic, cultural, and political practices as expressed through institutions (Wood & Valler, 2001). Some suggest that in the absence of macro-level changes and when viewed from the perspective of local and regional economic development, opportunities emerge for policy action at the local level (Amin, 1999). As such, power is being turned over to smaller, elite coalitions at the regional and local scales; it is these actors that are defining the contours of the state restructuring process (Swyngedouw, 1996). This shift from a purely market focus raises questions about the relationship
among the state, economic actors, civil society, and, more broadly, citizenship (Graefe, 2005; Jones, Goodwin, Jones, & Simpson, 2004; MacLeod & Goodwin, 1999b; Purcell, 2002; Uitermark, 2002).

From a critical perspective, Jessop (2001a) identifies several thematic, methodological, and ontological weaknesses with arguments being made on behalf of the institutional turn. However, he posits that ‘institutions matter’ and that “its significance depends on where those who undertake it are coming from, currently situated, and ultimately headed” (Jessop, 2001a, p. 1219). From a methodological perspective, Jessop contends that these analyses need to: (1) be contextually sensitive and understand how institutions operate and reproduce themselves through routine actions; (2) raise questions about governance structures and embeddedness; and (3) pay attention to the reflexive capacities of actors to implement institutional strategies leading to actual outcomes (p. 1221). In contradistinction to various approaches in institutional analyses, Jessop proposes a ‘strategic-relational approach’ (SRA) to overcome the challenges that attend problems with institutional analyses. In brief, SRA attempts to move beyond the influences of structuration theory implicit in more recent analyses of institutions. Rather than “bracketing” structure in relation to agency or vice versa, SRA treats structures as “strategic in their form, content, and operation” and actions “as structured, more or less context sensitive, and structuring” (p. 1223). In other words, this means studying both structures in terms of their spatiotemporal and strategic emergence, and actions as context defined, but reflexively considered. Taken together, elements of this approach use institutions as a starting point in investigating dynamic and emergent institutional forms, not static ones.
Despite these claims, there appears to be consensus on relational approaches to institutional analyses (Amin, 1999; Graefe, 2005; Randles & Dicken, 2004). Jessop’s assertions appear to be a cautious warning about analyses of institutions, given his strong focus on the capitalist state and its role in the formation of governance structures (Jessop, 1990, 2002a, 2002b). Here, Jessop is not alone in cautioning scholars (Amin, 2001; Martin, 2001) who are embracing public policy approaches as “thin political economy”. Others contend that institutional approaches as expressed in the new regionalism fail to acknowledge top-down approaches and the larger political economy (Lovering, 1999; MacLeod, 2001). Rather than turning regulation over to the market or local elites, arguments are being made that the state has become ‘authoritarian’ in its composition and is expressed as new forms of state power (Jones, 2001). While clearly focusing on the state’s relationship to institutions, these contributions also reveal the embeddedness of multiple actors (MacLeod, 2001), raising concerns about who gets to participate in decision-making processes and why (Humphrey & Shaw, 2004; Jones et al., 2004; Whitehead, 2003a).

2.1.2.3 Scale and Governance

Institutions are also prominent in analyses of governance. As stated in chapter 1, governance involves joint decision making and resource-sharing between independent actors. Recently, there has been a flurry of writing on the topic of governance and how institutions either represent a movement toward, or departure from, state regulation and control (Brenner, 2004; Humphrey & Shaw, 2004; Jones, 2001; Jones et al., 2004;
McGuirk, 2004; Pike, 2004; Randles & Dicken, 2004; Ward & Jonas, 2004). While not all of these contributions focus explicitly on the relationship among governance, institutions, and scale, it is clear that state restructuring and regulation processes play a significant role regardless of the state’s power.

Other accounts of governance structures emphasize the employment of strategic projects around purposively constructed networks using a neo-Gramscian perspective (MacLeod & Goodwin, 1999a). Here, the state is an outcome of negotiations among different elements of civil society, the market, and state elites. The character of such negotiations and related outcomes is played out through the ‘politics of scale’ and sheds light on emergent governance structures as both process and implementation mechanisms.

The effectiveness of the governance networks depends on the scale at which “mutually beneficial projects” are actualized and how they relate to different hierarchical and horizontal relationships (Brenner, 2002; Herod, 1997; Jessop, 2003; Leitner, 1997; Leitner, Pavlik, & Sheppard, 2002). The asymmetry of power relations, the multi-directedness of strategic projects, and the associational nature of governance structures suggest that the dominance of any one group—whether the state, market, or civil society—is historically and contextually dependent. Therefore, purely Euclidian definitions of scale, governance, and networks are highly problematic (Howitt, 2002).

In urban and regional policy analysis, one explanation for the re-scaling of the state is the shift from managerial to entrepreneurial strategies of urban governance characterized by competition within the international division of labor, the “spatial division of consumption”, struggles over regulation and control, and the redistribution of
government surpluses (Harvey, 1989, pp. 8–10). Acknowledging this ‘new urban politics’, regime theory has been utilized as an explanation for changing governance structures (Hall & Hubbard, 1996; Laurie, 1997). Regime theory looks to the “availability and mobilization of resources beyond those that are formally part of government” (Painter, 2000, p. 372). Emergent forms of “public-private partnerships” blur the boundaries of the state and exist at different scales as a form of collective action to implement strategies to further the interests of such alliances. Related to regime theory, a Marxian focus on the “scale division of labor” describes the social division of labor at different scales of actors and whose existence determines the social relations at the regional or local level (Cox & Mair, 1991). Within these networks, the state plays a central role in coordination and mobilization of resources, “but it is not the case that all agents with territorial powers/responsibilities are state agencies” (Cox, 1998, p. 16).

Market and organizational networks also yield territorial powers and have the ability to leverage non-state resources (p. 18).

Networks, in the form of governance coalitions, are one way that the state participates in scalar strategies. Essential to accomplishing goals, agents (either individuals or collectivities) construct networks with other centers of social power. Key elements in successful network building require the mobilization of resources, mirroring a central theme in social movement theory. A focus on networks emerges from inquiries related to policy, on the one hand (Marin & Mayntz, 1991; Marsh, 1998), and actor networks, on the other (Granovetter, 1983; Latour, 1987; Law, 1999). The role of scale in governance coalitions not only provides a window into analyses regarding changing state relationships, but also where state hegemony comes up against the resistance from
other actors. As Swyngedow notes, “Scale emerges as one of the sites for control and
domination, but also as the arena where co-operation and competition find a fragile
standoff” (Swyngedow, 1997a, p.145). In reflecting on the potential for new forms of
social movements to ‘mobilize scale politics’, he argues for coordinated action and
solidarity of cross-spatial alliances.

Within the literature on scale and governance, there is a growing awareness of
actors beyond an economic perspective. Here, insight into the actions of state personnel
and stakeholder involvement provide alternative accounts of the state’s restructuring
process (Humphrey & Shaw, 2004; Jones et al., 2004). Paralleling a strategic-relational
approach, these and other contributions attempt to describe governance from the
standpoint of institutionally specific, situated practice (McCarthy, 2004; McGuirk, 2004;
Peck, 2002; Pike, 2004). Given these new investigations, some are calling for more
attention be paid to culture “as part of a broader discursive shift in the terms for
regulating the relations between state, practices of government, capital, and markets”
(Barnett, 2001, p. 19). With regard to the politics of scale in governance, these writings
point to a need to bring social reproduction and consumption more fully into the picture
(Marston, 2000).

Gough (2004) attempts to address this issue head on, offering a class analysis of
scale politics. Rather than externalizing social reproduction from scalar analyses, he
argues that its relationship to social construction is a constituting element of a politics of
scale. To explicate this relationship, he calls for theoretical investigations to begin with
“class relations through which capital and labour reproduce themselves” (p. 192). From
his perspective, this not only reveals class relations, but it also brings into focus “new
divisions and mutual influences *between* civil society and the state at each scale” (p. 192). While appealing at first glance, this approach has some methodological flaws. First, it reinforces binary relationships of the state and civil society. Additionally, it exhibits a weakness inherent in many Marxist analyses that fail to address the spatiotemporal, contingent, and reflexive qualities of scale actors. It also privileges class over gender, race, and other forms of difference (Marston, 2000; Young, 2000). These weaknesses stand in stark contrast to methodological approaches offered by Jessop and others that view the state from a neo-Gramscian perspective and a more fluid relationship between structure and agency.

Just as the emergence of institutions and governance forms is part of state restructuring processes, so is the response by social groups with different claims. Scale production is an expression of power for different social actors to organize strategies with particular goals in mind. Political parties create differing conceptions of geographic scales--from the local to the international--as a way to seize political opportunities to organize space. As such, geography is not external to party organizing, but is implicated in the particular makeup and identity of political parties (Agnew, 1997). Competition between rival groups and the use of scale as social praxis also exists outside formal party politics. Civil society groups, environmental organizations, and labor unions often ‘jump scales’ to secure positions for their respective constituents (Smith, 1984). Negotiations between different labor interests are re-scaled in response to the threat of job loss in a changing capitalist economic geography (Herod, 1997). However, jumping scales is not a linear or unidirectional process, but rather mutually constitutive and multidirectional (McGuirk, 1997). Even in disaster events, there is evidence that the state employs scale
as a way to organize recovery efforts, place blame, and redraw organizational boundaries (Harada, 2000; Law, 2000). Here, scale is used as a discursive strategy to normalize trauma and shift away from particular problems, while creating a moral basis for other causal explanations.

2.2 Social Movements

*Movements are a sign; they are not merely an outcome of the crisis, the last throes of a passing society. They signal a deep transformation in the logic and the processes that guide complex societies.* (Melucci, 1996, p. 1)

Social movements have been theorized mostly within the field of sociology. Although there are many definitions of social movements, conceptually some of the themes include mobilization of individuals and organizations, a set of core beliefs and values that challenge some element of the existing social structure (political, economic, cultural), and change-oriented goals (Della Porta & Diani, 1999; McAdam & Snow, 1997; McCarthy & Zald, 1987; Tarrow, 1998; Tilly, 1994). From this perspective, many texts present social movements as objects of empirical study. However, some suggest that social movements be viewed not as empirical objects, but rather as an analytical concept within larger empirical studies of collective action (Melucci, 1996).

The political origins of social movement theory can be traced back to Karl Marx and class conflict and collective action as an outgrowth of the larger social structure (Tarrow, 1998). Other influences include the writings of Antonio Gramsci, in which he introduces the term hegemony in discussing the role of civil society and how the state is the site of struggle to gain political power (Gramsci, 1971). For Gramsci, this conception
of the state opens up the possible formation of different class-based alliances that will eventually joining the ranks of civil society to compete for the primacy of the state. From these perspectives and others such as Lenin, early contributions to social movements theory are presented in class-based and revolutionary terms. However, Gramsci introduces a cultural dimension in his analysis of social movements in as much as political power flows from intellectual and moral leadership, authority, or consensus. For Gramsci, power is not absolute and can be gained through alliances among different classes, civil society groups, and intellectuals. This conception provides a theoretical basis for a focus on the cultural elements of collection action by scholars today (Carroll & Ratner, 1996; Melucci, 1996).

With the exception of early collective behavior theorists such as Kornhauser (1959) and Durkheim (1951) who took a functionalist view of society, its dysfunctions, and responses by interest groups, social movement theory did not see a resurgence until the 1960s (Tarrow, 1998). This new generation of social movement scholars was greatly influenced by Olson (1965) and others who placed an emphasis on individual behavior, rational choice, and methodological individualism in analyses of collective action. These theorists argued that the resources available to collective actors and organizational form were important in determining success or failure (McCarthy & Zald, 1973, 1977). As such, organizational form provides the infrastructure to support mobilization processes. Membership, organizational networks, financial and non-financial resources, and movement leadership help to define mobilizing structures. More recently, the existence of networks, collectivities and related social movement organizations have become important to resource mobilization theorists (McAdam et al., 1996), as have external
resources, internal innovations, and social capital (Tarrow, 1998). Resource mobilization theorists, by emphasizing rational choice and self interest, are closely aligned with neoclassical economics. They also draw some of the same criticisms, given their emphasis on functionalist behavior without identifying the role that ideology and values play in collective action (Tarrow, 1998, p. 16).

A different focus of collective action centers on the idea of political opportunity structure. One of the earliest influences can be traced back to Charles Tilly’s 1978 “polity model” of collective action. Developed further, political opportunity theorists argue that the timing and survival of movements are largely dependent upon the opportunities created by changes to the institutional structure and the disposition of those in power (McAdam, 1982; McAdam & Snow, 1997). Several indicators that link movement emergence and activity to the political context are: (1) dependent on the actions of elite allies in the polity, (2) access to political institutions, shifting alignments, and (3) the repression or facilitation of movement activity (Della Porta & Diani, 1999; McAdam et al., 1996; Tarrow, 1998). Others view the rise of social movements as part of a larger response to the political economy and changing state relations due to globalization and neoliberalism (Buechler, 2000; Demirovic, 2000).

A more recent development in social movement theory is a focus on movement actors and the purposeful framing of problems and issues, and the construction of an identity around movement activities (Buechler, 2000; Melucci, 1996). This perspective has its origins in Gramsci, but is also influenced by cultural anthropology (Geertz, 1973) and social psychology (Gamson, 1988). The purpose of framing is to produce and maintain meaning for movement constituents, counter-movements, and society at large.
Some of the more common collective action frames include diagnostic frames based on problem and justice/grievance arguments, prognostic framing that proposes strategies and solutions to a problem, and motivational frames purposively created to mobilize individuals and groups into action (Benford & Snow, 2000).

Another distinction within social movement theory worth pointing out is the difference between “old” and “new” social movements. In contradistinction to how social movements have been viewed historically, new social movements (NSM) are:

- issue-specific, cut across class to represent larger segments of the populations, use a wider variety of unconventional tactics, contain elements expressive of meaning and identity beyond purely instrumental goals, and often focus on issues that cannot be understood in terms of zero-sum conflict models of society. (McCarthy, 2000, p. 759)

Proponents of NSM emphasize different aspects of collective action. Thus a single definition is difficult to render. Many of the debates center on whether NSM are really “new”, reactive or progressive, political or cultural, and what the class basis is for NSM (Buechler, 1995). Buechler argues that NSM should be viewed as an approach rather than a theory given that NSM is better at explaining the “why” rather than the “how” of social movements, thus revealing how macrolevel structures shape collective action (Buechler, p. 461).

From a comparative perspective, the emergence and development of social movements can be broadly defined by opportunities and constraints created within the larger political context, organizational form of social movement organizations and related processes, and the framing of movement ideas and activities. These relate to three characteristics of social movements put forth by McAdam, McCarthy, and Zald (1996): (1) political opportunity structure—social movements are shaped by the broader set of
political constraints and opportunities unique to the national context in which they are embedded; (2) resource mobilization—social movements are shaped by the collective vehicles, i.e., organizational structures, through which people mobilize and engage in collective action; and (3) cultural framing—social movements are shaped by the conscious strategic efforts by groups of people to fashion shared understandings of the world and of themselves that legitimate and motivate collective action.

Based on these three characteristics of social movement theory, the relevant literature for this study focuses on the state’s relationship to social movements and different forms of collective action. Early writings on the topic emphasize the interaction between different state and non-state actors, and the birth and demise of social movement organizations (Gale, 1986). Wolfson (2001) identifies three ways that states have been theorized in this context: as a (1) target, (2) provider, and (3) facilitator or sponsor. He puts forth a model of state/movement relationship that describes the “interpenetration” of state and movements (see also Buechler, 2000). State-movement interpenetration is bidirectional and involves the overlapping interests of the state and movement organizations that form “a symbiotic relationship that involves both mutual influence and mutual benefit” (Wolfson, 2001, p. 189). The next section provides an overview of how social movements have been discussed in the context of geography and how actors employ scale as a strategy to realize movement goals. The following section contains a discussion more broadly of the role of collective action around public health issues that attend specifically to the relationship between health coalitions and the state.
2.2.1 Scalar Strategies of Social Movements

A social movements approach has been adopted by some in the past decade to describe scale in relation to territorial forms of resistance and empowerment. In contradistinction to the privileging of the ‘global’, the use of scale as an empowerment strategy emphasizes the agency of local actors and their ability to create, jump, and move between scales to create political opportunities (Staeheli, 1994). This is an attempt to create a landscape—materially and metaphorically—in which social groups can put forward their agendas while resisting forces of marginalization and oppression (Staeheli, 1994, p. 389). This perspective brings relevancy to the use of a social movement framework within geography—in particular, the scalar aspects of political opportunity structure, the production of territorial frames, and the mobilization of different actors and networks within and among regions.

Social actors often operate outside formal government structures, but target territorial control at the local level. The struggle for control provides an opportunity for social movement actors to produce alternative identities, often as an attempt to challenge the use of space by corporate interests (Steinberg, 1994). While the (re)defining of territory is an important factor in determining the success of social movements, Miller (1997) argues the critical importance of having scalar strategies account for the material consequences of such action. Social movements that are responsive to the material implications of redefining territorial use can overcome the tactics of counter-frames to build alliances across class and identity differences (Bystydzienski & Schacht, 2001; O’Conner, 1998). Coalitions between environmental and labor organizations that
explicitly frame issues of jobs and the environment as not being mutually exclusive are one example.

It is Miller’s work on antinuclear activism from the late 1970s to mid-1980s in three Boston-area municipalities (Cambridge, Lexington, and Waltham) that has drawn the most attention to the relevance of social movement theory among geographers as it relates to scale (Miller, 1994, 2000). His book, *Geography and Social Movements* (2000), is a detailed accounting of the Boston nuclear freeze movement that aims to create a “geographic model” of social movements. Using a constructivist perspective, Miller is the most explicit among geographers about the linkages between scale and social movements. In the case of the nuclear freeze movement, Miller implicates scale as the basis for creating a mobilization discourse targeting the defense industry. Miller argues that struggles over space, the importance of context, and the politics of scale are constitutive elements of social movements—and it is the interaction of spatial processes at different scales that structure the character of social movements. Scale is also a strategy used by elite actors to create counter-movements (Leitner, 1997).

Struggles relating to territoriality and scale among state, quasi-state and non-state actors also play out in urban policy arenas. Here, state-led policy directives can often run counter to the local citizenry. Jurisdictional hierarchies and boundaries at different scales (i.e., health, the environment) are used in negotiating local autonomy (Lake, 1994). The use of ‘scale frames’ to determine policy objectives often purposefully conceals power struggles, leading to predictable paths of decision-making (Kurtz, 2002, 2003). Techniques such as alternative dispute resolution are part of a repertoire of state tactics that, on the one hand, make overtures to local participatory decision-making, while on the
other hand make channels of control clear through a technocratic discourse that often predetermines the outcome of processes through bureaucratic logic (Lake, 1994). Thus, the use of scalar frames often bounds the discussion of policy concerns and priorities to certain scales over others. In opposition to these and other strategies led by the state, social groups offer ‘counter-scale frames’ that challenge those of state and corporate interests (Kurtz, 2002). The use of counter-scale frames by marginalized groups can often help to build non-traditional alliances and increase the size of social movement networks, thus challenging existing power relations (Kurtz, 2002, p. 271). Similarly, frames are employed at the neighborhood level by community organizations as a way to organize resources to meet community development needs, constituting a form of ‘place-framing’ (Martin, 2003).

Despite the increasing attention to social movements in geography, the literature still has a gap with respect to studies of the relationship to the larger political economy in which civil society groups employ scale. Specifically, social movements and the state are presented in oppositional terms without problematizing their boundedness. Discussions of coalitions that blend elements of the state and civil society are absent. Furthermore, there is also an unreflexive privileging of grassroots organizations, labor unions, and protest movements in most discussions to date.

While these groups have been an important focus for social movement theory in the past, their presentation in the literature does not reflect more recent contributions that focus on state restructuring in an age of neoliberalism. Rather, they focus on issues of representation with a preference for the local scale, popular in much of the ‘politics of identity’ debates from the 1990s. The literature in question could greatly benefit from
perspectives that problematize the state as ontologically given. This could be further explored through social movement analyses of ‘instituted process’ and participation by social movement organizations within governance networks. By contrast, collective action around health has been less rigid in its presentation of social movements vis-à-vis the state. For this, let us turn to a discussion of health-based movements.

2.2.2 Collective Action and Health

The framing of preventable diseases plays an important role in mobilizing groups toward significant policy change, but is constructed within a larger public sphere of competing social problems (Bash, 1995; Hilgartner & Bosk, 1988). More recently, scholars have begun to integrate social movement theory into an analysis of health issues and related public policy more fully (Wolfson, 2001). This can be viewed in light of the growing marketization of healthcare, on the one hand, and health as an individual right, on the other. This section contains a discussion of recent collective action around public health issues. It presents a summary of how social movements (as a form of collective action) have been discussed by scholars, with an emphasis on state-movement relations.

Until recently, much of the public health literature has focused on government regulation and markets. In a critique of healthcare delivery’s reliance on neoclassical economics, scholars are calling for approaches grounded in theoretical frameworks overlooked by public choice theorists. A review of U.S. market-level healthcare strategies by Wells and Banaszak-Holl raises several issues regarding the role of healthcare decision makers—in particular, how healthcare preferences are determined,
who represents decision makers, and how healthcare plans are operationalized into organizational action (2000). The authors find value in extending a social movements perspective to an analysis of market strategies to address the issues of who decision makers are, but fail to extend a social movements framework to the other issues they raise such as how decision makers’ plans are translated into collective action. Also, by focusing exclusively on market-based decisions, the authors downplay the role of the state in health-based coalitions. Here the state is presented as both regulator and purchaser—a rational actor in the healthcare system—rather than a penetrable domain of competing interests between public and private interests. In both cases, the state lacks agency and is passive in its response to corporate demands and interests.

Others present the state more dynamically and problematize the role of the state in the healthcare arena. From an historical perspective there have been many attempts to reorganize healthcare, but one trend over the last thirty years is the movement toward market-based approaches led by a combination of political opportunities and strategic actions by physicians, hospital administrators, insurers, and large corporations (Schmidt, 1999). The significance of such strategies is important in influencing government’s response to healthcare issues. National problems are often framed by corporate actors to suit particular group interests rather than empirical evidence related to the severity of disease, as is the case with federal legislation on AIDS and cancer (Vallabhan, 1997).

In contrast to a focus on the influence of the market or private interest groups, an increasing number of issue-based movements have targeted the state to bring about change in the public health policy arena. For health-based movements, coalitions have emerged as a predominate organizational form (Butterfoss, Goodman, & Wandersman,
These coalitions often center on health promotion and education, and the implementation of related programs in contradistinction to oppositional forms of collective action prevalent in much of the literature on social movements. Health-based coalitions not only focus on the delivery of services and programs by health-based organizations, but also alliances with other civil society groups working on related community improvement strategies. The value of using a social movement approach to health coalitions includes the “vertical integration of various levels (of experience)”, the ability to motivate individuals and help sustain participation over a long period of time, and the willingness to challenge disease promoters head on including tobacco and alcohol interests, and government agencies that cut health services to the poor (Freudenberg, 2000, p. 492).

Before describing the role of social movement approaches to health-based coalitions, it is important to first define coalitions more clearly and to clarify the similarities and differences between coalitions and networks as analytical categories. I return to a discussion of resource mobilization theory to bring attention to the organizational aspects of social movements. This is relevant given my presentation of coalitions and governance networks in similar organizational terms.

The organizational characteristics of social movements have been a major emphasis in the contributions made by resource mobilization theorists who draw parallels between social movement activity and conventional organizational entities. Mobilization processes and the formal manifestations of these processes have been identified as social movement organizations, or SMOs (McAdam et al., 1996). Within the context of U.S.-based movements, SMOs are part of a highly professionalized field funded by private
foundations, government agencies, and individuals (McCarthy & Zald, 1973, 1977). In outlining a typology of movement-related organizations, Kreisi (1996) distinguishes SMOs from other types of formal organizations in that SMOs “mobilize their constituency for collective action, and …they do so with a political goal, that is, to obtain some collective good (avoid some collective ill) from authorities” (p. 152). These characteristics can be distinguished from: (1) “supportive organizations” such as clubs and churches, which may be sympathetic to movement goals but do not take part directly in the mobilization for collective action; and (2) “movement organizations” created to support the ideology of a movement as members or clients; and 3) “parties and interest groups” that specialize in political representation (pp. 152–153).

Clarification of what constitutes a social movement organization is critical in light of increasing attention paid to coalitions that represent a combination of state, civil society, and private interest groups. Based on Kreisi’s typology of movement-related organizations, coalitions can be viewed as a social movement organization when the primary goal of a coalition is political in nature and serves as the primary vehicle for mobilizing individuals and organizations for collective action. In a political sense, coalitions exert power in applying resources to determine outcomes, embody conflict and coordination in a co-dependent relationship, and express collective activity involving the resources of multiple actors (Hinckley, 1981). Some argue that the interventionist orientation of contemporary coalitions that are issue-based, goal-oriented, and highly structured call for greater participation by civil society (Butterfoss, Goodman, & Wandersman, 1993). As such, these cooperative alliances reflect many of the characteristics of SMOs. Surprisingly, this differs from others who argue that coalitions
consist of loosely-formed alliances or “weak ties” between individuals and organizations (Anton, 1989; McCarthy, 2002).

A network form of organization provides an adequate descriptor of coalitions when “a collection of actors pursue repeated, enduring exchange relations with one another and, at the same time, lack a legitimate organizational authority to arbitrate and resolve disputes that may arise during the exchange” (Podolny & Page, 1998, p. 59). As such, social movement coalitions can be considered a network form of organization when different groups engage in reciprocal patterns of communication and exchange with a political goal in mind, participate in joint decision-making, and at the same time serve as the primary vehicle for mobilizing individuals and organizations for collective action. However, while coalitions rely on a network of individuals and organizations, not all networks are the same. Some networks are defined by relationships centered on shared values and beliefs (Bystydzienski & Schacht, 2001; Carroll & Ratner, 1996), while others such as governance and policy networks center on resource-sharing and decision making (Jessop, 2003; Kitts, 2000; Passy, 2001). As such, social movement coalitions operate as a governance network when, in addition to these criteria, they are mobilized for collective action in pursuit of political goals. Therefore, in presenting health coalitions as a type of social movement organization it is important to point out their difference in relation to other types of coalitions such as grassroots and identity-based coalitions, on the one hand (Bystydzienksi & Schacht, 2001), or “advocacy coalitions” operating within public policy circles, on the other, which rely solely on the state to implement public policy and related programs (Sabatier & Jenkins-Smith, 1993).

Recent studies of national health-based coalitions emphasize an explicit social
movements approach (Nathanson, 1999; Wolfson, 2001). This differs from the mobilization of private interests leading to the marketization of the healthcare industry beginning in the 1970s (Schmidt, 1999). The rise of the former is in part a response to the latter in as much as the declining quality of healthcare and the rising number of uninsured individuals has raised concerns about patient rights and healthcare as a public good that is not being met by health providers.

In a comparative analysis of the nonsmokers and gun control movements, Nathanson contrasts each movement’s supporting ideologies, capacity for mobilizing resources, and political opportunity structures as the analytical framework to study anti-tobacco and gun control issues since the 1960s (Nathanson, 1999). He attributes the anti-tobacco movement’s success to a strong grassroots base, the construction of credible risks associated with smoking, and the absence of an effective countermovement to nonsmokers’ rights (pp. 476–477). In considering the implications for social movements, he identifies the timing of the nonsmokers’ rights movement as a contributing factor to the movement’s success. The increasing demand for health as an individual right, rising healthcare costs, disillusionment with the medical care system, and the loss of faith in government all contributed to changes in beliefs and attitudes during the 1970s (p. 478).

A shift from the nonsmokers’ movement to the tobacco control movement is the topic of Wolfson’s book, *The Fight Against Big Tobacco* (2001). Wolfson’s work is the first systematic research effort to look at public health from a social movement perspective. In the book, he chronicles the history of the tobacco control movement in the United States and the policy strategies pursued by government and movement organizations. Wolfson describes the Minnesota experience and how single-issue
advocacy groups organized statewide campaigns that led to the passage of related legislation. In analyzing the composition of the anti-tobacco movement—national, state, and local organizations; coalitions supported by public agencies and private foundations; and the health profession—Wolfson provides insight into the relationship between state and movement actors and the importance of what he calls organizational “infrastructure”. The prominence of well-established national organizations such as the American Lung Association, the American Heart Association, and the American Cancer Society (pre-existing organizations with considerable resources) helped to facilitate the growth of the movement (p. 185).

The primary concept emerging from Wolfson’s research on state-movement interpenetration points to a new area of study within social movement research. It provides an adequate descriptor of multi-sector coalitions comprised of actors from public agencies, private organizations, and for-profit groups. It also acknowledges the government’s increasing reliance on the non-profit sector for traditional state functions such as delivery of public services and as incubators of policy reform. In his book, Wolfson concludes by raising several issues for social movement theory and research. These include increased limits on political lobbying due to federal funding restrictions to curb movements, the possibility of movement cooptation by the state (Gale, 1986), the constraining of tactical repertoires such as protests and boycotts, and the narrowing of movement goals and frames by government (pp. 200–206). Others have argued that an over-reliance on formal coalitions as mobilizing structures may also reduce the level of grassroots participation and further institutionalize collective action (McCarthy, 2002, 2005).
While these are important issues that warrant further investigation, it appears that a social movements approach is increasingly the strategy of choice for health-based coalitions. Identifying state-movement interpenetration is a critical first step in understanding emerging forms of collective action. This is significant given the recent success of the anti-tobacco movement not only in bringing about federal and state policy, but also in curbing the influence of corporate actors and fundamentally changing the public’s attitude toward smoking in general. Lessons from the anti-tobacco movement are insightful and provide a useful template for collective action around obesity promotion.

2.3 Finding Scale in State and Civil Society Relations

From an historical perspective there have been many attempts to reorganize healthcare, but one trend over the last thirty years is the movement toward market-based approaches led by a combination of political opportunities and strategic actions by physicians, hospital administrators, insurers, and large corporations (Schmidt, 1999). A major change during the post-World War II period has been a shift from a public interest perspective to a public choice perspective (Reich, 1994), leading to movements toward managed care, market-based policy, and deregulation (Saltman, 2002). However, critics are calling for significant reform given the private sectors’ reach into the provision of healthcare services, raising issues and concerns about healthcare regulation by the state (Drache & Sullivan, 1999; Milio 2000). Changes in population, the rise of preventable diseases, runaway costs, and the ‘hollowing out’ of the state are some of the discourses
surrounding recent health care reform. Coupled with the changing political economy of healthcare is the rise of health-based movements and governance networks. As already noted, the increasing mobilization around preventable diseases signals a shift away from health problems as a result of individual choices, towards framing as a byproduct of a wide array of choices and factors at multiple scales (Glanz et al., 1997).

Thus, a focus on state-movement interpenetration provides an analytical starting point in understanding the role of scale in mobilizing around health. While the state has been theorized in many ways, contributions that present state and civil society from a relational perspective are relevant to the discussion of the political economy of scale vis-à-vis health-based movements. Here, I draw on the ideas of Karl Polanyi and Antonio Gramsci, and the recent writings of Bob Jessop. In his seminal book, The Great Transformation, Polanyi (1944) identifies economic activity as being historically embedded in social relations and biophysical environments. With the emergence of capitalism, this relationship reversed, with social relations and transformations of nature becoming defined by the market economy. Polanyi argues that the rise of the market class and its demands on the state changed the nature of governments toward economic relations, resulting in favorable legislation for the mercantile class and coercion on behalf of these interests. As a reaction to protect itself from further encroachment by the market, society calls for change through regulation as a counterbalancing force. This Polanyi calls the “double movement”—push-pull factors between the market place, on the one hand, and elements in society, on the other.

While Polanyi has been critiqued for a mechanistic view and has been vague in attributing the source of counter-movements within society (Munck, n.d.), the utility of
Polanyi’s double movement to an analysis of the current U. S. political economy is significant. His theoretical contributions are timely, especially given the growing marketization of healthcare and the relative success of recent health-based movements in curbing the market. However, beyond the goals of this dissertation study, it remains to be seen (at least in the case of public health), whether civil society will push back, hold the line, or be swept up by the neoliberalist agenda (Cerny, 1995).

More relevant to this study is the lack of attribution in Polanyi’s analysis of societal responses to market hegemony in empirical terms. In using the case of governance coalitions around obesity prevention, one of the key contributions of this study will be to provide a grounded approach to analyzing the processes and dynamics glossed over in Polanyi’s macro model of society. This is where contributions to the topic of social movements and scale within human geography and related fields can provide insight into understanding the dynamic relationship between the state and civil society absent in Polanyi’s work.

Gramsci’s writings (1971) provide a useful way to theorize state and civil society relations. According to Gramsci, the state is a manifestation of two distinct but related elements, political society and civil society (p. 263). Foremost is the concept of hegemony as the political power that flows from intellectual and moral leadership, authority, or consensus—in other words, civil society. Furthermore, civil society is the cultural apparatus that maintains hegemony, and as such, serves a consensual function. If the state represents the political power of dominant groups, in Gramsci’s view, then the state serves as an instrument for conforming civil society to the interests of the ruling class. At the same time, the state is conceived as being in a continual process of
(re)formation. For Gramsci, this conception of the state opens up the possibility of different class-based alliances that may eventually join the ranks of civil society to compete for the primacy of the state. According to Tarrow (1998), “Gramsci’s solution to the cultural hegemony of the bourgeoisie was to produce consensus around the party of workers, give them the capacity for taking autonomous initiatives, and build bridges between them and other social formations” (p. 13).

In a more recent discussion of state power, Mann (1984) identifies two historical ways in which state power is articulated: as despotic power, which denotes ruling by the state elite, and as infrastructure power, which identifies the state’s capacity to “penetrate civil society” (Mann, 1984, p. 188). In Mann’s view, “capitalist democracies are infrastructurally strong [which] denotes the power of the state to penetrate and centrally co-ordinate the activities of civil society [but] still allows the possibility that the state itself is a mere instrument of forces within civil society” (p. 190). Of significance to this conception of civil society is Gramsci’s philosophy of praxis, or human activity, which provides a cultural theory of social change in contradistinction to a pure economic class theory of revolution. Any class struggle, according to Gramsci, must involve the construction of ideas and meanings, whether it is to create a revolution or to prevent it. Gramsci emphasizes human agency in historical change and believes that economic crisis by itself would not subvert capitalism. However, absent from Gramsci’s analysis is the ability of the state to co-opt worker party agendas. Others have addressed this gap in Gramsci’s work and provide a more critical reading, identifying the role of ideology in government and institutions (Althusser, 1971; Foucault, 1979). Thus, Gramsci’s
discussion of the state and civil society lacks a theory of political mobilization (Tarrow, 1998).

The state’s reaction to crisis can be extended to recent concerns about healthcare; and provides one reading of the state’s willingness to engage civil society in regulatory reform. These changing relationships also acknowledge the state’s increasing reliance on civil society for traditional state functions such as the delivery of public services and as agents of policy reform and implementation. As a direct result, health has been redefined more broadly to include other factors beyond individual choice and the marketplace, leading to increased regulation while at the same time stimulating the growth of health-based movements. However, an open question still remains. Can these new forms of governance provide an infrastructure to thicken civil society, or will the continued penetration of the market into healthcare redefine public health more fundamentally? Some argue that the results are mixed and are characterized by unequal patterns of participation, with NGOs contributing to the reproduction of inequality (Mercer, 1999).

Corrective measures to regulate the market through the use of organizations and institutions are also a focus of the French regulation school. Similar to Polanyi, regulationists view the market economy as being embedded in extra-economic relations, and as such are “concerned with the socially embedded, socially regularized nature of capitalist economies, rather than the pure, self-regulating market phenomena” (Jessop, 2001b, p. 5). However, Jessop contends that the difference between the regulation approach and Polanyi’s double movement is that the former see the mediating environments created by civil society as facilitative of market regimes, while Polanyi views these same environments as a move from unregulated to regulated capitalism.
(Jessop, 2001b, p. 6). Jessop looks to autopoietic systems theory to describe mediating factors in a contemporary analysis of market society. The concept of autopoietic systems has to do with a class of systems that are self-constituting, self-organizing, and self-producing, but co-exist with other systems (Whitaker, 1995). The value of autopoietic systems for Jessop is that they provide a way to conceptualize governance as a re-embedding mechanism that “offer(s) useful suggestions on how the market economy could be governed so that it co-exists, rather than threatens, other institutional orders” (Jessop, 2001b, p. 21). In other words, governance provides an institutional environment in which state and civil society relations are mediated. Although Jessop is rather vague about “useful suggestions” on how the market could be governed, the relevance of investigating organizational and institutional governance structures is significant given the strategic selectivity of the state’s involvement in healthcare more recently.

Governance networks and coalitions are terms that describe organizational bodies that blend different elements of the state and civil society that are working on mutually beneficial projects, share resource for joint activities, coordinate efforts on a regular basis, and negotiate differences (Jessop, 2003). However, the distinct role of the state in these contexts is increasingly difficult to identify. The interpenetration of the state also raises the issue of motivational factors for state involvement and responses by civil society groups (Buechler, 2000; Wolfson, 2001).

Jessop’s strategic-relational approach (1990, 2001a) provides some insight into the political nature of state intervention. As stated earlier in this chapter, a strategic-relational approach identifies the state as a site that targets its action selectively to emphasize certain strategies over others. This includes, but is not limited to, human and
financial resources, attention to specific networks, alliances, and coalitions, and most
relevant to this discussion, particular scales over others. An analysis of scale and
governance networks from the perspective of strategic selectivity (Jessop, 1997) reveals
how power is constituted dialectically between the state and civil society groups. Some
have argued that a greater sensitivity to “spatial selectivity” would go further toward
understanding how certain geographic scales are privileged over others, both
ideologically and materially (Jones, 1997; MacLeod & Goodwin, 1999a). Spatial
selectivity (and changes to the political economy which it represents) provides a basis for
understanding the production of scale (Brenner, 2001, p. 592).

In presenting different perspectives of how politics and power intersect with scale,
analyses of governance structures provide a relational account of the state, the market,
and civil society. However, as discussed earlier in this chapter, most studies emphasize
either a state-centric or market orientation, and present cases civil society groups (if at
all) as either a passive agent or a consensual partner. The writings of Polanyi and
Gramsci provide a theoretical vantage point from which to gain a better understanding,
and reveal the possibilities in, the ways in which civil society groups (can) express
power. Burawoy (2003) draws a similar comparison between Polanyi’s depiction of
“active society” and Gramsci’s conception of “civil society”, pointing to Sociological
Marxism as a way to theorize society in relation to the state and economy (Figure 2-1).

Burawoy argues for the incorporation of a sociological view as a way to
reinvigorate Marxism in analyzing state and society relations (p. 196). He identifies
common ground between Polanyi and Gramsci in as much as “both end up asking how
society can find an altogether new order of socialism -- an order that subordinates both
economy and state to a self-regulating society” (p. 199). As a departure from classical Marxism, Burawoy offers three postulates of Sociological Marxism: (1) rather than depicting capitalist economy as self-destructing, capitalism “creates an active or civil society”, (2) identifying class struggle not as an expression of polarization of class, but “organized on the terrain of active or civil society”, and (3) instead of depicting socialism as an evolutionary force in response to the ultimate demise of capital, socialism should be depicted “as a political project—the subordination of the economy to self-regulating society” (p. 213).

Burawoy concludes by calling for a re-scaling of political struggles within a conception of a “transnational society” (p. 250). In doing so, he privileges the global scale over others. Despite this weakness in his argument, Burawoy identifies the importance of analyses of “new institutional forms” sensitive to context, but that can be linked across scale (p. 251).

Jessop’s conception of governance as the arena for negotiations moves this analysis further as a starting point for “middle level” research between the ‘lifeworld’ formed by “social relations, identities, interests, and values” (Jessop, 2003, p. 7) and hegemonic forces of the state and the market economy. A commonly held position among these political economy theorists is that market forces (or bourgeois interests in Gramsci’s case) are embedded in a complex web of social relations that involve institutional, organizational, and regulatory systems, whether presented as the ‘double movement’, ‘historic bloc’ or ‘governance’. As Polanyi writes:

While monetary interests are necessarily voiced solely by the persons to whom they pertain, other interests have a wide constituency. They affect individuals in numerous ways as neighborhood, professional persons,
consumers, pedestrians, commuters, sportsmen, hikers, gardeners, patients, mothers, or lovers—and are accordingly capable of representation by almost any type of territorial or functional association such as churches, townships, fraternal lodges, clubs, trade unions, or most commonly, political parties based on broad principles of adherence”. (Polanyi, as quoted in Jessop, 2003, p. 12)

Figure 2-1. Genesis and function of society (Burawoy, 2003)
This account points to an underdeveloped area of research. Within the field of geography little has been written about the complex and relational characteristics of governance structures and coalitions, and more specifically, their similarities and differences with contemporary social movements as a possible avenue for the pursuit of a ‘politics of scale’. While more attention is being paid to how scale provides a lens for understanding asymmetrical power relations (Herod & Wright, 2003; Sheppard & McMaster, 2003), there remains little focus on how civil society employs scale in governance networks. If scales are constantly being reproduced by different actors and all relations are socially embedded, there is nothing to suggest that the state or markets are the sole domains where power is expressed.

While social movement theory offers a range of vantage points from which to look at collective action around public health, current theory also lacks adequate descriptions of multi-faceted and fluid forms of collective action represented by the interpenetration of the state and civil society. More often than not the state is treated as a target by social movement groups. Absent are discussions that present the state as a facilitator of social movements. Relational accounts of the state are needed and would broaden the discussion beyond oppositional forms of collective action. Analytical terms such as governance, coalitions, and networks provide a better approximation of this form of cooperation than what is currently offered. These terms have migrated from other fields such as political economy, actor-network, organizational and policy studies. As such, the definitions and significance of each vary from one area of inquiry to another. However, they provide a relational understanding of emergent forms of collective action that is lacking in the current offerings in social movement theory.
The introduction of these analytical terms—and specifically governance coalitions—into the discussion of social movements highlights some limitations of current theory. The reflexive and contingent nature of coalitions challenges elements of resource mobilization theory that focus on the monolithic and singular nature of social movement organizations. At the same time, however, the increasing reliance on coalitions as a governance network confronts the “strength of weak ties” argument consistent with the rational choice orientation of many resource mobilization theorists. Network forms of organization may represent weak ties in some instances, but also allow for both commitment and contingency by coalition participants.

Geographers are beginning to bring civil society into the discussion of governance and state restructuring (McCarthy, 2005). The increase in literature reviews on the subject of civil society groups in recent years suggests a growing interest on the topic (Bebbington, 2004; Melliliwaine, 1998; Radcliffe, 2004). Others are attempting to stimulate public policy discussions within the field (James, Gray, Martin, & Plummer, 2004; Martin, 2001). This line of inquiry may prove useful over time with regard to civil society’s increasing role in policy formation and implementation. However, more empirical studies in geography are needed. Lacking in this nascent work is attention to theoretical and methodological issues as well as possible approaches to the study of civil society in governance. Additionally, more awareness is needed when it comes to the unreflexive privileging of the regional/urban scale, despite contradictory claims that there is nothing essential about scale (Jones, 2001; Purcell, 2005). The emphasis on singular territorial levels of social activity also points to a lack of meta-level studies that attempt
to identify governance structures that reside between and among different scales, linking regions to national and supranational spaces.

Additionally, the predominance of political economy in the scale literature, while explanatory of the conditions that drive the production of scale, fails to shed light on the possible avenues for civil society and other actors to pursue change. Discussions of social movements within geography—by emphasizing the production side of scale—underscore the deficiency of approaches that could provide utility to both the “how” and “why” of collective action and social movements. Taken together, these gaps point to the need to focus on the relationship between social (re)production and consumption in theorizing scale (Marston & Smith, 2001) and the role that collective action plays in both. Some have noted that the “social relations of production and consumption, especially by the state, are for the most part downplayed or ignored” (Ward & Jonas, 2004, p. 2135). To use health as an example, how are bodily experiences reproduced and what is the role of consumption in the making of ‘healthy’ bodies? More relevant to this dissertation study, what is the role of governance coalitions in creating the conditions of both (re)production and consumption around obesity prevention?

2.4 Operationalizing Scale and Collective Action: Obesity Prevention in Pennsylvania

In this chapter, I have summarized major contributions to theories of both scale and social movements; and identified coalitions as both a social movement organization and governance network when certain conditions are satisfied. In making the case for scalar analyses of governance coalitions, I have brought together political economy,
institutions and governance. In doing so, I have argued for studies that consider scale within state and civil society relations outside a purely economic sphere. Arriving at this location provided a jumping off point to embark on a second journey—a focus on theories of social movements and their relevancy as a way to conceptualize the role of scale in collective action around public health and policy. In discussing social movement coalitions, my goal was to identify a form of collective action whose aims are political, but that are comprised of individuals and organizations that share common but often contradictory goals regardless of sector affiliation. When the literatures on scale and social movements are taken together, it is clear that governance coalitions are an appropriate unit of analysis for empirical observation.

A study of governance coalitions brings relevancy to two separate but related issues—first, as an expression of collective action to target political and social behavior, and second, as an investigation of dynamic relationships between the state and civil society groups. Similar to characteristics that make up new social movements, governance coalitions coalesce around a particular issue or set of beliefs, cut across class boundaries, and rely on a network of individuals and organizations to share resources and participate in collective decision making. In many ways, governance coalitions combine the instrumental action of resource mobilization theory (McCarthy & Zald, 1977) with the symbolic interactionist approach of new social movements that emphasizes cultural and social processes as part of collective action (Gamson, 1992).

The applicability of governance coalitions with respect to PANA provides an analytical category to be used reflexively among theory, empirical observation, and practice. It provides utility with regard to theorizing the relationship between scale and
collective action while providing an operational focus on situated practice—in this case, PANA. Considering governance coalitions reflexively also provides a political economy account of the state and civil society (as expressed through a statewide health coalition) and how power is (re)constituted through scalar strategies by organizational bodies such as PANA. From an empirical perspective, governance coalitions also demonstrate how scale is being used by PANA staff and its constituents to mobilize networks toward goals of obesity prevention. Relevant to situated practice, the reciprocity of coalition participants allows the tracking of decisions made, temporal opportunities, and the production of collective action technologies through PANA’s network—of value to other governance coalitions beyond this case study.

By bringing scale and collective action together in a relational manner, I propose a framework that is suitable for spatiotemporal analyses of governance networks that are contingently defined and reflexively produced. Table 2-1 contains a diagram of the relationship between scale and collective action, providing an approach for the study of governance coalitions. The diagram provides a framework for the empirical observation of governance coalitions to identify the presence of scale within different forms of collective action. Its aim is to be sensitive to the ways scale is employed by different actors (both consciously and unconsciously), as well as how scale is conceived methodologically by the analyst. For this study, scale has been defined explicitly by PANA using a social ecological approach (SEA) as described in the previous chapter. Acknowledging that scale is not ontologically predetermined, the framework allows the analyst to create her own scalar metrics for empirical investigation, avoiding unnecessarily abstract studies on the topic of scale. However, an explicit social
An ecological approach may serve a purpose beyond this individual study and provide utility to other studies that focus on scale and collective action given that this approach is consistent with scalar analyses with respect to environment and behavior, and how power is expressed through social networks. In using comparative perspectives on social movements (McAdam et al., 1996), my aim is to make connections between different forms of collective action and how scale is employed to frame issues, mobilize resources, and seize opportunities in the polity. The use of a social movements approach in this study is by choice given my definition of governance coalitions presented in chapter 1 and as an expression of collective action around obesity. Other empirical studies that focus on regional growth coalitions, for example, would logically begin with a different set of assumptions and employ a different approach to collective action more suitable to the topic.

<table>
<thead>
<tr>
<th>A Social Ecology of Scale</th>
<th>Collective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>Diagnostic frames based on problem and grievance arguments, prognostic framing that propose strategies and solutions to a problem, and motivational frames</td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td>Membership, organizational networks, financial and non-financial resources, and movement leadership</td>
</tr>
<tr>
<td>(Social Networks)</td>
<td></td>
</tr>
<tr>
<td><strong>Organizational</strong></td>
<td>Action of elite allies in the polity, access to political institutions, policy changes, shifting alignments, facilitation of movement activities</td>
</tr>
<tr>
<td>(Institutions, Businesses)</td>
<td></td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
</tr>
<tr>
<td>(Municipalities, Coalitions)</td>
<td></td>
</tr>
<tr>
<td><strong>Public Policy</strong></td>
<td></td>
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<tr>
<td>(Region &amp; State)</td>
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</tbody>
</table>

*Table 2-1. An approach to the study of governance coalitions*
Beyond proposing this framework for analyses of institutions and governance, and to end where I begin—what value does scale provide for collective action around public health issues and how is it being employed to reorganize public welfare? In addition to contributing to methodological debates on the topic of scale, there is a real need for geographers and others to identify—both theoretically and in practice—those mechanisms, strategies, and approaches that exist for social actors in the present. In an age of neoliberalism, identifying different forms of participation by civil society is a starting point.
Chapter 3

Methodology

The rationality of governance is dialogical rather than monological, pluralistic rather than monolithic, heterarchic rather than either hierarchic or anarchic (Jessop, 1999a, p. 4).

In this study, qualitative inquiry was used to study a statewide governance coalition to find out how scale is used to organize resources, shape the discourse around social problems, and use timely opportunities to carry out coalition strategies. The study utilized an extended case method given my continued involvement with PANA since 2001. A qualitative approach was chosen given the nature of the study, which is situated within a participatory action research paradigm to collect data and analyze activities aimed toward social action. Beyond this overall approach, the study was heavily influenced by ethnography given that the case is an in-depth study of a single group, and by feminist critiques of science and the acknowledgment of a reflexive position for the researcher.

In this chapter I discuss the reasons for these choices, arguing for a reflexive model of science that situates the researcher within the everyday accounts of real events, challenges, and struggles of people (Burawoy, 1991, 1998). In the first section of this chapter, I elaborate on the research paradigm chosen for the study and outline the theoretical constructs for my research design. I then provide an overview of the project research, including a description of the population and sample. This second section also outlines the assumptions, delimitations, and limitations of the study. The third section of the chapter outlines the instrumentation for the study—retrieval of documents, key
informant interviews, and participant observations. Within this section I describe my data collection methods, consideration of participants, and procedures for treating, coding, and analyzing data. I devote the final section to a discussion of positionality and reflexivity given the study’s heavy reliance on my observations as a PANA participant. Here, I argue for a translocal and dialogical view of research that allows for the development of a multiplicity of positions. As a participant of PANA, I believe that obesity is a major health problem and subscribe to the coalition’s goals and objectives. At the same time I acknowledge that the coalition also promulgates specific representations about obesity as a strategy to build a social movement around obesity prevention. This is not a set of contradictory positions but rather affirms my reflexive stance as both participant and researcher. This is central given that my project is also a practical political one—to participate as a member of a group in a particular place and time with an understanding and aim toward social action.

3.1 Methodological and Theoretical Framework

This section contains a description of the research paradigm chosen for the study, the theoretical constructs that guided data collection, and the decision to follow participatory action research as the preferred method. The first section provides a rationale for the choice of a qualitative approach and outlines the predominant method used for the study, the extended case method. Specifically, I adopted an approach from Burawoy (1991, 1998), which uses theoretical frameworks as a starting point from which to situate local experiences within extra-local forces, moving onto more abstract theories.
I present the theoretical constructs used to guide the study, which include integrating a social ecological model of scale with a social movements approach to analyze collective action in a governance coalition. My active involvement with PANA prior to the research afforded me the opportunity to pursue a study aimed at benefiting the coalition. Thus, at the end of this section I describe my participatory action research goals and briefly summarize how this approach has been used in the fields of geography and ethnography.

3.1.1 Research Paradigm and Theoretical Constructs

Qualitative research, or inquiry, is an approach to research that places the researcher in the social world. It cuts across disciplines, the humanities, and the social and natural sciences (Nelson, Treichler, & Grossberg, 1992). With strong roots in sociology and anthropology, methods for qualitative research involve both “the act of observation and the act of communicating the analysis of these observations to other” (Vidich & Lyman, 2000, p. 38). The increasing use of qualitative inquiry in recent years comes in the wake of the scholarly debates that question scientific claims of knowledge. This includes the crises of representation and legitimization in qualitative research that surfaced in the late 1980s (Denzin & Lincoln, 2000). The crisis of representation was the assertion that the qualitative researcher “can no longer directly capture lived experience” (p. 17). Questioning the objectivity of what researchers observe also raised concerns about traditional criteria for interpretation, also known as the legitimization crisis. This led to what Denzin and Lincoln observe as the third crisis, namely the inability to “effect
change in the world if society is only and always a text” (p. 17). While qualitative approaches have gone in a multitude of directions since the early 1990s, a response to the third crisis has been to consider methods of research that engage larger political and structural issues (Kemmis & McTaggart, 2000).

To engage these larger issues, this study combines an extended case method with a participatory action research agenda. In both instances, reflexivity is expressed through: (1) insider participation with the group under study, (2) analyzing the interconnectedness between multiple social processes which creates the local conditions for obesity prevention, and (3) attempting to understand the linkages between these processes at multiple scales, serving as the basis for collective action. While I view myself as a “complete-member researcher” with the participation, access, and privilege that membership implies (Ellis & Bochner, 2000), my insider position brings with it certain challenges. For example, when are my personal observations colored by a conscious attachment to PANA’s goals and practices, and when are my affiliations suspended to consider the broader theoretical implications and political consequences of the discursive strategies that the coalition employs? My relational stance also raises concerns about possible overindulgences that could lead to a focus on the “aesthetics of reflexivity” at the expense of epistemology (Keith, 1992). While some forms of reflexivity are used as a strategy to subvert concepts of validation as an attempt to convey authenticity, reflexivity can also end up as an exercise in navel gazing (Gergen & Gergen, 2000).

Rather than ignore or treat reflexivity as a problem, I treated it as a core element of my dissertation study. To do this, I utilized the extended case method. As mentioned,
the extended case study method is a reflexive model of science that situates the researcher within the everyday accounts of real events, challenges and struggles of people (Burawoy, 1991, 1998). Acknowledging the participation of researchers:

Reflexive science starts out from dialogue, virtual or real, between observer and participants, embeds such dialogue within a second dialogue between local processes and extralocal forces that in turn can only be comprehended through a third, expanding dialogue of theory itself (Burawoy, 1998, p. 5).

The extended case method is particularly useful for my research given that my study represents a form of ‘orientational qualitative inquiry’ that “begins with an explicit theoretical or ideological perspective that determines what conceptual framework will direct fieldwork and the interpretation of findings” (Patton, 2002, p. 129). The research design operationalizes the relationship of theoretical constructs chosen for the study. Based on these constructs, a series of research questions were developed and tied to data sources based on a social ecological model of health promotion (Sallis and Owen, 1997; Stokols, 1992) and comparative perspectives on social movements (McAdam, McCarthy, & Zald, 1996) (Table 3-1).
<table>
<thead>
<tr>
<th>Environment and Behavior Scales</th>
<th>Collective Action</th>
<th>Research Questions</th>
<th>Data</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Membership, organizational networks, financial and non-financial resources, and movement leadership</td>
<td>How and why does PANA enlist the resources of different agencies, organizations, and individuals under the goals of obesity prevention?</td>
<td>Presence, frequency, direction of concepts, words and phrases related to “partnerships”, “collaborations”, “resources”, “contributors”</td>
<td>Archival: hard copy and electronic documents such as organizational reports, agendas, meeting minutes, promotional materials</td>
</tr>
<tr>
<td>Interpersonal (Social Networks)</td>
<td>Diagnostic frames based on problem and grievance arguments, prognostic framing that propose strategies and solutions to a problem, and motivational frames</td>
<td>How does PANA frame problems and solutions related to obesity?</td>
<td>Presence, frequency, direction of concepts, words and phrases related to “obesity”, “trends”, “problems”, “crisis”, “change”, “solution”</td>
<td>Observations: Executive Team meetings, Leadership Team meetings, Regional quarterly meetings, sub-committee meetings</td>
</tr>
<tr>
<td>Organizational (Institutions, Businesses)</td>
<td>Action of elite allies in the polity, access to political institutions, policy changes, shifting alignments, facilitation of movement</td>
<td>How does the existence of political and policy opportunities inform which strategies are pursued by PANA?</td>
<td>Presence, frequency, direction of concepts, words and phrases related to “projects”, “programs”, “priorities”, “services”</td>
<td>Key Informants: PANA staff, Executive Team co-chairs, Leadership Team (co)chairs, multi-sector representatives</td>
</tr>
<tr>
<td>Community (Municipalities, Coalitions)</td>
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<td>Public Policy (Region &amp; State)</td>
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*Table 3-I: Research design*
Developing a formative theoretical model is an important aspect of ethnography (Schensul, Schensul, & LeCompte, 1999) and often begins within specific paradigms. As such, my study uses theoretical constructs from the fields of geography, sociology, and psychology to guide the research (Denzin, 1978). These include a constructivist definition of scale (Herod & Wright, 2002; Lefebvre, 1991; Smith, 1992), a comparative perspective of social movements (McAdam et al., 1996), and a social ecological model of environmental and behavioral determinants (Sallis & Owen, 1997; Stokols, 1992).

However, I avoid applying these constructs in a rigid manner by drawing on the empirical data as a form of theoretical sampling. More specifically, I was sensitive to themes and concepts emerging from the data. As Glaser and Strauss (1967) state: “A grounded theory can be used as a fuller test of a logico-deductive theory pertaining to the same area by comparison of both theories than an accurate description used to verify a few propositions would provide” (pp. 29–30). A grounded theory approach was important to test and build on theoretical constructs chosen for the study. This allowed me to identify important terms used by PANA such as the “social ecological model” to describe scale, or “social marketing of behavior change” as a framework for mobilizing both institutions and individuals around obesity prevention.

### 3.1.2 Participatory Action Research

The choice of the extended case method was appropriate given my continued involvement with PANA beginning in 2001 as a participant in the Obesity Prevention Stakeholders group and since then as a member of the executive team and past chair of
the active community environments leadership team. While this provided me with a rich experience from which to draw on and the personal motivation given my commitment to coalition goals, particular attention was paid to potential conflicts of interest and ‘effects of power’ such as domination by the researcher, silencing of particular viewpoints, objectification of certain social processes as external and natural, and normalization of the world and people into categories for the purposes of fitting the case into a theoretical construct and vice versa (Burawoy, 1998, pp. 22–24). For example, an important question I considered early on was, whose interests would the research serve and with what results? This compelled me to think beyond the scope of the dissertation study and how the results could serve as formative research in the ongoing assessment and evaluation of PANA activities. In this instance, as a result of the research I have assumed an advisory role to PANA staff with regard to strategic decision-making about the organizational characteristics of the coalition. At the same time, knowledge gained from being an inside member of PANA has served as a valuable resource and provided the basis for my research topic (Have, 2002). My role as executive team member, chair of a sub-committee, and recipient of organization funds afforded me a level of inside knowledge that provided understanding of the practice that is being studied—in this case, a multi-sector health coalition.

Consistent with my position as an inside member is my utilization of a participatory action research approach, or PAR. As an alternative to other types of qualitative research, PAR is “a way of creating knowledge that involves learning from investigation and applying what is learned to collective problems through social action” (Park, 1992, p. 30). Efforts in PAR have focused on community development, resource
management, organizational decision-making, and community health, among other aspects (Chambers 1993; Reardon, Welsh, Kreiswirth, & Forester, 1993; Wallerstein, Sanchez-Merki, & Dow, 1997; Whyte, Greenwood, & Lazes, 1989). Attributes that distinguish PAR from other methods of research include its orientation toward community action, analysis of social problems from a community-based perspective, and the collective ownership of research projects (Kemmis & McTaggart, 2000). While the unit of analysis for this study is not a community in a geographic sense, one aim of the research is to aid in understanding the linkages between different scales of collective action, which includes such communities.

A goal of PAR in my particular case was twofold: to gain an understanding of how coalitions work and to apply this knowledge in a recursive process of application, reflection, and assessment. Kemmis and McTaggart (2000) identify PAR as a form of reflexive practice to be studied dialectically: “to study practice is to change it, that the process of studying it is also ‘political’, and that its own standpoint is liable to change through the process of action that is reflexive and to be conducted dialectically” (p. 575). Thus, PAR is consistent with a personally and theoretically reflexive orientation (Ward & Jones, 1999). Within PAR, a dialectical position is taken by the researcher with regard to objectivity/subjectivity and “treats the others involved in the setting as co-participants… the researcher is therefore predisposed to regard such people as members of a group understood as ‘us’ [and] they treat practice as discursively, socially, and historically constructed” (Kemmis & McTaggart, 2000, p. 585).

Theoretical reflexivity in PAR provides a space for the researcher and co-participants to engage in analytical dialogue on more abstract relationships as a means to
inform future action. This is where PAR is a useful method of inquiry, “because only the insider has access to ‘insider knowledge’ and can thus counterpose inside knowledge with the external view” (Kemmis & McTaggart, 2000, p. 590). In this study, I attempted to engage PANA members in this type of dialogue and reflection. This was not difficult given PANA’s disposition toward theoretical and conceptual models that guide organizational strategies. At the same time PAR is also a method grounded in specific action. As Kemmis and McTaggart (2000) argue, “action research concerns actual, not abstract, practices. It involves learning about real, material, concrete, particular practices of particular people in particular places” (p. 596). The dual benefit of PAR is not only the learning and transformation that can take place in these settings, but also how these practices confirm, challenge, or alter existing bodies of knowledge more generally.

Only recently have geographers begun to utilize a PAR approach (Pain, 2003, 2004). It is associated with critical geography given its emphasis as a strategy of activism that involves the engagement of others outside academia (Kitchin & Hubbard, 1999). Contributions to the topic have primarily focused on issues of power and reflexivity (Fuller, 1999; Herod, 1999; Maxey, 1999; Mullings, 1999; Ward & Jones, 1999) and participation as an explicit and vital element in the action research agenda of geographers (Fuller & Kitchin, 2004; Pain 2004). Related to the growing interest in PAR, the use of qualitative methodologies is also increasing within the field. To date much of the literature has focused on issues of research design, data collection, and strategies of interpretation (Crang, 2002; Eyles & Smith, 1988; Limb & Dwyer, 2001). Equally important are issues and debates related to reflexivity and activism (Crang, 2003; Fuller & Kitchin, 2004; Maxey, 1999, 2004; Pain, 2003). Implicit in many qualitative
studies is the utilization of ethnography as “… a scientific approach to discovering and investigating social and cultural patterns and meaning in communities, institutions, and other social settings” (Schensul, Schensul, & LeCompte, 1999, p. 1). Specific characteristics of ethnography include a theory-driven approach, a focus on a local context, personal observation, and the researcher as the primary tool for data collection.

One purpose of ethnography is to make linkages between scales and the relationship to political and economic structures (Schensul, Schensul, & LeCompte, 1999, p. 7). Rankin (2003) argues for a synthesis between geography and anthropology, and an understanding of “how ‘local’ cultural systems articulate with political-economic currents operating at wide spatial scales” (p. 708). Specifically, she identifies three ways in which anthropology can contribute to geography: (1) identifying social differentiation within groups, (2) emphasizing the role that consciousness and ideology play in conditioning agency, and (3) providing “ground level” observations of larger political-economic systems (p. 713). Such approaches that draw on the strengths of ethnography suggest a grounded method for relational studies of scale, as is the case with PANA.

3.2 Description of Project and Sample Population

This section provides an overview of the project and sample population. The first two sections contain a review of the research project and a description of the population studied. Following these sections, I discuss the assumptions, delimitations and limitations of the study.
3.2.1 Description of Project

As an introduction to the sample population being studied, this section briefly summarizes the purpose of the research and the description of the case study. A more detailed overview is provided in chapter 1. This research project examined a statewide obesity prevention coalition to ascertain how scale is used to organize resources, shape the discourse around health, and use timely opportunities to carry out coalition strategies.

To briefly review, the case chosen for the study was the Pennsylvania Advocates for Nutrition and Activity, or PANA. PANA is a statewide obesity prevention created in 2003 to implement and evaluate strategies outlined in the Pennsylvania Nutrition and Physical Activity Plan, or PaNPAP.

The PaNPAP was initiated by the Pennsylvania Department of Health (PaDoH), which received funding from the Centers for Disease Control and Prevention (CDC). To develop the plan, the PaDoH organized an Obesity Prevention Task Force composed of individuals representing public agencies, non-profit organizations, institutions of higher education, and industry groups. In developing the PaNPAP, the Task Force recommended the formation of a statewide multi-sector obesity prevention coalition to realize the goals laid out in the plan. Given the widespread support for a statewide coalition, the group decided to formalize this recommendation through its inclusion in the PaNPAP. In the plan, significant space was devoted to outlining the purpose and structure of PANA, and how this coalition would relate to regional networks. As documented in the PaNPAP, a main purpose of PANA is to develop a statewide infrastructure system for the coordination of statewide entities and regional networks.
targeting obesity prevention, with a specific focus on changing policy and environmental conditions.

PANA is one of 28 projects funded to target statewide efforts to address obesity prevention. PANA is housed at Pennsylvania State University’s Middletown Campus. As of 2005, Pennsylvania was the only state to form an organization outside of a state’s department of health. In this same year, over 50% of PANA funds came directly from the CDC. However, as CDC funding is distributed through the PaDoH, PANA reports directly to this state agency regarding the use of CDC funds.

Given that PANA is under government contract, it is legally prohibited from lobbying government officials. Here, the coalition relies on partnering organizations that can do so indirectly on PANA’s behalf. However, tensions remain between PANA and the PaDoH regarding the control of obesity prevention discourse, the development of model legislation, and policy implementation. Despite this, PANA continues to be active in statewide policy and interest networks, not only in terms of representation but as a force in offering expert testimony and helping to draft model legislation to improve nutrition and physical activity. A more detailed discussion of the politics of obesity in Pennsylvania is discussed in chapter 6.

### 3.2.2 Population and Sample Description

The unit of analysis for the dissertation study was a governance coalition. The population for the study was composed of individuals participating in PANA’s activities, with a focus on individuals involved in PANA’s governance structure. In this section, I
refer to members, partners, representatives, constituents and stakeholders as those individuals representing interests from the public sector, non-profit organizations, and industry groups. Therefore, the population under consideration includes PANA individuals who participate regularly in PANA activities. This includes executive team members as well as other individuals participating on PANA’s leadership, research and evaluation, and advocacy advisory teams. Additionally, local constituents of PANA known as “community champions” were also considered for the study. This group represents PANA’s network of over four hundred volunteers across the state.

3.2.2.1 Executive Team

As of May 2005 a total of 19 individuals were on the executive team. This included eight individuals from institutions of higher education, six from the non-profit sector, three from state agencies, and two representing corporate interests. Individuals representing universities and colleges composed the greatest portion of the executive team. This included representation from Pennsylvania State University, Geisinger Medical Center, University of Pittsburgh, University of Pennsylvania, and Temple University. Participants primarily were university faculty and staff affiliated with medical, research or outreach centers that focus on health and policy issues. Other non-profit representation included an environmental conservancy, two regional community organizations and four national health advocacy organizations with Pennsylvania chapters or affiliates.
Of all the non-profit organizations, the American Heart Association (AHA) has been the most active within PANA, especially when it comes to legislative advocacy and developing model regulation. AHA is a national volunteer-based organization whose aim is to reduce the number of deaths related to cardiovascular diseases and stroke. According to AHA, it raised over $560 million in 2004 and claims over 50,000 volunteers (2004). AHA has national and regional offices throughout the United States with eight affiliate offices in Pennsylvania. Other national health advocacy organizations represented on PANA’s executive team include the American Cancer Society; the American Academy of Pediatrics; and the American Alliance for Health, Physical Education, Recreation and Dance. The American Cancer Society (ACS), another national volunteer-based health organization, is similar in size and purpose to AHA. In 2003 ACS raised over $794 million, allocated $852 million, and according to its web site has over 3,400 local offices, sixty of which are located in Pennsylvania (ACS, 2003, 2005).

The Pennsylvania chapter of the American Academy of Pediatrics is part of an international membership organization with approximately 6,000 members in the United States, Canada, and Latin America (AAP, 2005). It is composed of pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists. The Pennsylvania Chapter of the American Academy of Pediatrics (PaAAP) is a statewide non-profit organization of 2,200 board-certified pediatricians. According to its staff, the PaAAP is engaged in eight statewide educational programs in the areas of immunization, child abuse, traffic injury prevention, improving health and safety in child care, tobacco cessation counseling, newborn hearing screening, and medical homes for children with
special health care needs and child death review (S. Yunghans, personal communication, May 16, 2005). Its pediatrician members serve on state government advisory committees, regional teaching teams, county child death review teams and committees and task forces of the PaAAP.

The Pennsylvania State Association for Health, Physical Education, Recreation and Dance is affiliated with the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), a national entity comprised of six non-profit associations with 30,000 members nationwide, includes “professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion, and education and all specialties related to achieving a healthy lifestyle” (n.d.). As a state-affiliated organization, the Pennsylvania State AAHPERD carries out the mission of the national alliance but with a focus on promoting healthy lifestyles.

Differing from the other nationally affiliated non-profit organizations, the Rails-to-Trails Conservancy (RTC) is not a health advocacy organization. Rather, its purpose is to facilitate the creation of recreational trails from former rail lines “to build healthier places for healthier people” (RTC, 2005, ¶ 1). Rails-to-Trails has over 100,000 members nationally and 25,000 in its northeast region, with the latter group representing the organization’s participation in PANA.

Of the 19 individuals participating on PANA’s executive team, eight are founding members of PANA and two have moved into a full-time staff role. One individual with experience managing regional health partnerships and coalitions, now with a multi-county health services provider, has continued to participate. While the size of the executive team has stayed relatively constant, organizations have come and gone.
Changes in participation have primarily to do with PANA’s increased focus on physical activity and nutrition in school settings. New groups include representatives from the Pennsylvania School Food Service Association and from two food companies, Giant Food Stores and Kellogg’s Foods.

Giant Food Stores is a regionally based supermarket chain located in Carlisle, Pennsylvania. This supermarket chain is a subsidiary of Ahold, a publicly traded food company based in the Netherlands. Ahold USA oversees 1,600 stores in the United States serving twenty million customers every week (Ahold USA, 2005). Like many corporate food interests, Giant has increasingly turned its attention to health-based messages. The emphasis on health information focuses on consumer-based choices related to health and wellness (Giant Brands, Inc., 2005). The food company is under contract with Healthnotes, Inc., a Portland-based company that provides health and lifestyle information and web applications to supermarkets, pharmacies, and health food stores throughout the United States (Healthnotes, Inc., 2005).

The second food company represented on PANA’s executive team is Kellogg, a leading producer internationally of cereal and other “convenient foods” with projected annual sales of more than $9 billion (Kellogg Company, 2005a). Kellogg’s Food Away from Home is a “business-to-business channel” with a targeted focus on “K-12 Schools”, among other market segments. Through its web-based marketing, K-12 Schools provides information on new products and merchandising, and an array of marketing tools. These tools include awards programs, menu planners, downloadable templates, and management guides for school food service providers.
Related to food service in the schools, the Pennsylvania School Food Service Association (PaSFSA) has been participating in PANA’s governance since 2005. The PaSFSA is a non-profit membership organization whose mission is to promote nutrition in school settings (PaSFSA, n.d.). The association provides legislative updates, professional development resources, awards, and conference announcements related to the topic of child nutrition in the school setting to fifteen chapters set up throughout the Commonwealth of Pennsylvania.

3.2.2.2 Leadership Teams

Members of sub-committees that PANA has identified as leadership teams have participated in PANA activities less frequently than have executive team members, given PANA’s increased capacity. When PANA formally began in 2003 there was only one staff person—now there are six. This has changed the dynamic within PANA considerably. One of the necessities in the early stages of PANA’s formation was the close involvement of constituents to develop the coalition’s overall goals and strategies and coordinate the kick-off of PANA’s pilot campaigns. Early efforts by PANA’s constituents also included positioning PANA among different policy and interest networks at the state level. Once these initial activities and targets were achieved, PANA began to shift its focus toward regional networks and local organizing as a form of program delivery and implementation. This increased the overall workload, requiring additional staff to manage PANA’s day-to-day operations. However, the composition of
leadership teams is worth noting given that these groups serve as a bridge between the executive team and PANA’s regional network.

In 2004 there were three primary leadership teams with two individuals focusing on research and advocacy, respectively. The three main groups are thematically based around the areas of youth and family, healthcare, and community environments. As of 2004, more than 69 individuals had been identified on leadership teams, which also include individuals who comprise PANA’s executive team (Table 3-2). Of the total, 38% represent the non-profit sector, followed by public agencies and institutions of higher education, at 28% each. The private sector has the least amount of participation at 7%. Several agencies, organizations and industry groups are represented by more than one individual such as the state Department of Health, American Heart Association, and the National Dairy Council.

Of the non-profit organizations, 11 individuals represent national organizations: this includes industry groups of the National Dairy Council and American Dairy Association (4), and public interest groups ranging from the American Heart Association and American Cancer Association, to the Rails to Trails Conservancy and the Parent Teacher Association (7). In addition to these organizations, eight professional associations represent state chapters of national organizations, including the American Planning Association, American Society of Landscape Architects, American Dietetic Association, American Academy of Pediatric Physicians, and American Academy of Physician Assistants. The Pennsylvania Environmental Council and the Pennsylvania Recreation and Park Society are the only two non-profit organizations with a sole statewide focus. Regional organizations consist of Highmark and Blue Cross of
Northeast PA, two non-profit insurance providers that serve select regions throughout the state. Both are affiliated with Blue Cross Blue Shield, the trade association for the independent, locally operated Blue Cross and Blue Shield Plans (2005). Lastly, the Food Trust, an education and advocacy organization focused on access to affordable and nutritious food, serves the Philadelphia metropolitan region.

<table>
<thead>
<tr>
<th>Leadership team</th>
<th># of individuals</th>
<th>Sector affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare</td>
<td>15</td>
<td>Public: 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-profit: 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher Ed.: 3</td>
</tr>
<tr>
<td>Youth and Families</td>
<td>31</td>
<td>Public: 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-profit: 11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private: 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher Ed.: 8</td>
</tr>
<tr>
<td>Active Community Environments</td>
<td>21</td>
<td>Public: 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-profit: 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private: 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher Ed.: 8</td>
</tr>
<tr>
<td>Research and Evaluation Advisory</td>
<td>1</td>
<td>Public: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-profit: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher Ed.: 1</td>
</tr>
<tr>
<td>Advocacy Advisory</td>
<td>1</td>
<td>Public: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-profit: 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher Ed.: 0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>69</strong></td>
<td><strong>Public: 19 (28%)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Non-profit: 26 (38%)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Private: 5 (7%)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Higher Ed.: 19 (28%)</strong></td>
</tr>
</tbody>
</table>

*Table 3-2. Breakdown of PANA leadership teams*

Twenty-eight percent of leadership team members represent the public sector, which includes primarily state agencies (16), but also regional school district representation (3) given PANA’s focus on nutrition and physical activities in school
settings. Not surprisingly, public sector participation is dominated by the Department of Health (9) followed by the Department of Education (2), and one individual representing each of the agencies of Agriculture, Conservation and Natural Resources, Community and Economic Development, and Transportation.

Of the 19 individuals participating on leadership teams that represent institutions of higher education, eight are faculty from health-related disciplines (medicine, nutrition, physical activity, and health education). However, this group also includes several faculty from other fields such as family and consumer science, parks and recreation and landscape architecture (4). Six of participating 12 faculty either direct or are closely affiliated with research and outreach centers at their respective universities. Seven of the 12 individuals representing institutions of higher education are university staff who are part of technical assistance and outreach programs serving regional and local communities throughout the Commonwealth.

Only five individuals on the leadership teams represent private corporations and consultants. Four of these individuals participate in the youth and families leadership team. This includes representatives from Nutrition, Inc., a private meal provider to Pennsylvania schools; HealthAmerica/Health Assurance, health plans of Coventry Healthcare, a national private insurance company; Kegel’s Produce, a regionally based produce supplier; and Perusal Press, Inc. a publishing company set up to promote healthy eating.

Given the evolution of PANA from an initial convener of interests on the topic of obesity in Pennsylvania to implementation in school settings, the study population has not remained constant over the period of this study. PANA’s adaptation of its strategies
and tactics over time this has required the inclusion of new members as well as others as
members have stepped down. Of the 19 executive team members in 2005, only eight are
founding members. However, there has been little change in the sectoral composition
within the executive team. The only exception is participation by private industry
groups, numbering two as compared to none in November 2003. By contrast, the number
of private sector group participation at the leadership team level has decreased from 10
individuals (14%) in 2003 to 5 individuals (7%) in 2004. Leadership team composition
by other sectors has remained relatively the same. In 2004, 32% represented the non-
profit sector, followed by 31% from institutions of higher education, and 24% from
public agency representatives. In 2005, 38% represented the non-profit sector, followed
by public agencies and institutions of higher education—28% for each.

3.2.3 Assumptions

This study is based on the following assumptions. First, it is assumed that the
implementation of state health policy related to obesity prevention changed in some way
as a result of the adoption of the PaNPAP and the creation of PANA. Resources ties
from the CDC require that the PaDoH target specific obesity prevention strategies
identified in the Plan and that the primary implementation vehicle be PANA.

It is also assumed that prior to the creation of PANA there was little or no
coordinated participation by different sectors focused on the implementation of statewide
health obesity objectives. A major outcome of stakeholder meetings leading up to the
2003 PaNPAP, was an identified need to develop a coalition to coordinate the
implementation of the plan. The stakeholders represented a range of interests in obesity prevention from public, private, and non-profit sectors across the Commonwealth of Pennsylvania.

The study assumes that governance coalitions are an appropriate organizational form to implement policy and societal changes, and that these coalitions will continue to grow in numbers and in importance as a form of a cooperative alliance across sectors. Therefore, it is assumed that increasing the understanding of governance coalitions will provide an additional contribution to practice, especially the role of such coalitions in addressing policy and environmental issues.

### 3.2.4 Delimitations and Limitations

This study is delimited to the examination of the process of coalition building around obesity prevention, whereby the coalition serves as the nexus and coordination vehicle for a variety of political, economic, and social interests. Given that some of the data were collected through key informant interviews, participant responses reflect coalition members’ own perspectives of PANA. For example, positive or negative responses about coalition activities may not reflect objective measures, but rather the perceptions based on personal values and beliefs of individual participants. Similarly, given my personal involvement with PANA as an executive team member and past chair of the active community environments leadership team, the study is also potentially limited to the effects of bias and conflicts of interests in data collection, analysis and interpretations as a participant observer. However, triangulation was used to provide
Furthermore, the study focused on a case study in one state and therefore was limited to the boundaries of Pennsylvania and thus may not take into account different experiences of health-based coalitions in other states, especially since PANA is the only CDC-funded obesity prevention coalition operating outside of a state health agency. In examining PANA, the dissertation study focused on the early process of coalition building, and makes no claims about the long-term impact of coalition strategies and related programs.

The limitation of the research design is that it is exploratory and theoretically based. In utilizing an operational construct sampling, criteria for sampling selection were determined “on the basis of their potential manifestation or representation of important theoretical constructs” (Patton, 2002, p. 238). In addition, this technique was supplemented with theoretical sampling using a grounded theory approach to identify analytical concepts and themes emerging from data collection. Thus, the study makes no claims that can be generalized beyond the case of a single multi-sector coalition.

3.3 Instrumentation and Data Collection Procedures

Although there are varying classifications of theoretical traditions in qualitative inquiry (Creswell, 1998; Crotty, 1998; Denzin & Lincoln, 2000; Schwandt, 2000), most qualitative studies rely on multiple methods of data collection, or triangulation. For some, methodological triangulation tests for consistency between instruments (Denzin, 1978; Marshall & Rossman, 1989). For others, triangulation in qualitative inquiry does
not mean validation, but rather brings depth and rigor to any inquiry (Flick, 1998). For my study of PANA, I collected data through personal observations, interviews, and retrieval of documents (Patton, 2002). In addition to being the primary type of data collection for qualitative inquiry, the selection of these methods meets the criteria of triangulation, regardless of its description (Denzin, 1978). Direct observation helped to gather data related to group dynamics in a specific setting that other instruments can not, especially at the interpersonal level (Lofland, 1971). My early observations also served a vital purpose in identifying the theoretical constructs that informed research design and the development of primary and secondary research questions. Collection of archival data was used as the material expression of core values and beliefs (Hodder, 2000). Given the important function of committee meetings, documents such as agendas and meeting minutes were a vital source of data in determining the priorities of PANA over time as well as a form of institutional memory. Lastly, interviews were conducted with key informants to record the perceptions of group participants involved in PANA’s governance. A stratified purposeful sampling method was used to draw the interview sample for a population to compare different sub-groups of PANA. Priority was given to the key staff and executive team members familiar with PANA operations and working knowledge of the various committees. These interviews provided insight into individual perceptions of PANA and its targeted focus on obesity prevention. (See Appendix A for a detailed interview protocol.)
3.3.1 Archival Documents

The interpretation of documents is a key instrument in qualitative inquiry (Hodder, 2000). Collection of archival data was used as a material expression of core values and beliefs of PANA—how obesity issues are being framed in the public domain, articulate the strategic focus of programs and projects at specific scales, and contain information about the make-up and involvement of coalition partners and related resources. Archival data included hard copy and electronic documents such as reports, grant proposals, meeting agendas and minutes, promotional materials, web pages, etc. Documents collected and analyzed for the study included strategic and operational plans and reports; meeting minutes and committee updates from stakeholder, executive, and leadership teams; marketing and promotional materials, media and press releases; evaluations, surveys, and constituent input; advocacy campaigns, model regulations, and legislative action; grant applications, budgets, scopes of work, fundraising activity; and training and educational materials. (See Appendix B for dates of archival documents.)

Over 200 documents were collected in digital and hardy copy format. These documents covered the time period between July 10, 2001 and June 20, 2005. Access to internal organizational documents was not a concern. In addition to already securing many of the documents for data collection purpose, I had access to all organizational agendas and meeting minutes as an executive team member. Additionally, I was granted access to internal reports such as strategic plans, grant and consultant reports related to marketing, promotion, and resource development.
3.3.2 Key Informant Interviews

Formal interviews were conducted with 10 key informants to record the perceptions and participation of individual coalition members. A stratified purposeful sampling method was used to identify research participants. The purpose of this method is to uncover characteristics of particular subgroups of interest and to facilitate comparisons between the different groups (Patton, 2002). The selection criteria for key informants ensured the inclusion of representative viewpoints from among the different leadership teams. A second criterion was the selection of individuals to satisfy the purpose of the study and research questions. A theory-based, purposeful sampling plan was used to identify research participants with an intimate and working knowledge of each committee. Thus, this second criterion was satisfied through the selection of executive staff and chair/co-chairs of the executive and leadership teams.

It should be noted that the non-profit sector was overrepresented in the interview sample. Of the 10 individuals interviewed, 5 represented non-profit organizations. This was due to the fact that these groups held a majority of the chair positions among the executive and leadership teams. Although one of the aims of this research was to explore the multi-sector nature of governance coalitions, I decided to focus on differentiation within PANA as represented by each of the committees. This is important given that each committee has a distinct purpose and unique function. For example, the healthcare leadership team focuses primarily on the healthcare setting and involvement of doctors, nurses, and other health professionals. Here, a primary goal is patient education related to obesity prevention. By contrast, the active community environments leadership team
focuses on improving the quality of community and school environments to promote walking and biking. Thus, interests represented within this group included land use and transportation professionals such as engineers, planners, landscape architects, and park and recreation membership organizations. Moreover, the responses to research questions (how issues are framed, resources mobilized, opportunities seized, etc.) differed significantly between the healthcare and active community environments groups.

Interview sampling began with key staff and individuals participating in one of the five leadership team committees. The final sample size for interviews was determined by the ability to illustrate the characteristics of different sub-groups—in this case the executive team and other committees. As executive team member and co-chair of one of the leadership teams, I already had a professional working relationship with many of the individuals interviewed and did not have any problem with the interviews being granted. I made my research intention known to the PANA Executive Director, who announced this information to coalition partners.

Interviews took place before and after regularly scheduled PANA meetings, at participant offices, over the phone, and at other locations convenient for the research participants. A semi-structured interview protocol was used for each of the interviews. (See Appendix A for a detailed interview protocol.) A series of open-ended questions were derived from the three research sub-questions. Each interview was digitally tape-recorded and lasted between 45 minutes and 2 hours. In addition to providing accurate data from each interview, the recording allowed me to focus on the interview participant, asking follow-up and clarification questions, as well as writing down personal notes and memos relevant to theoretical constructs. Topics covered in the interviews included:
Information related to participation, including motivation, duration of involvement, and role within the coalition;

Perception of obesity, its causes, effects, and prevention strategies;

Coalition-defined problems and solutions related to obesity;

The utilization of different resources by the coalition to organize obesity prevention efforts;

Perception of external factors that influence coalition decision making; and

An assessment of coalition progress and challenges in the present and the future.

3.3.3 Observations

Participant observations refer to the situation of being in and around social settings for the purpose of qualitative analysis of that setting (Lofland, 1971). Participant observation is an important instrument in ethnographic research on those occasions when both questions and answers are discovered in the social setting that is being studied (Spradley, 1997, p. 32). Participant observation was an essential method, especially during the formative stages of the research in formulating theoretical constructs and research questions. In addition to providing a grounded approach to theoretical sampling (Glaser & Strauss, 1967), my direct observations as an inside participant helped to gather data related to coalition dynamics in a group setting that the other instruments could not, especially at the interpersonal level between different sector representatives and within executive and leadership team discussions. Participant observations of the population took place during meetings of the executive and leadership teams, and at other scheduled
meetings with PANA staff and partners such as conference calls, regional quarterly meetings, and satellite training sessions. One observation took place in the state capitol building as part of a kick-off campaign related to PANA’s Keystone Healthy Zone. Another observation was made at a regional health coalition meeting. As a PANA partner since its inception, I have been documenting my observations, including a summary of meeting tasks and outcomes. Formal documentation of observations for the purpose of this study was descriptive in nature, and included the recording of meeting activities, information on the involvement of meeting participants, and participant impressions of activities being observed. Specific attention was paid to patterns of interaction (frequency, duration, etc.), decision-making processes, thematic focus, and the convergence and divergence of opinions on topics being discussed.

The criteria for selecting a subset of 17 formal observations were similar to those developed for key informant interviews—that of a stratified purposeful sampling method. Observations were representative of the different subgroups within PANA in order to draw comparisons among committees and between different scales of collective action. These recorded observations included face-to-face executive team meetings and conference calls, face-to-face leadership team meetings for each of the three primary committees on active community environments, healthcare, and youth and families. The remaining observations included regional satellite meetings, training sessions, campaign and media events involving the legislature. On several occasions, observations of different meetings and events took place on the same day. The 17 observations were part of more than 30 meetings and events I attended as an insider PANA participant since September 11, 2001. (See Appendix B for dates of formal observations.)
3.3.4 Consideration of Human Subjects

Participants were recruited from a pool of PANA staff, the executive team and individuals who chair/co-chair PANA sub-committees. Individuals who had no formal ties to PANA were excluded from consideration. Treatment of human subjects complied with policies and procedures of the Office for Research Protections (ORP) as specified through The Pennsylvania State University Institutional Review Board. After approval was received from the ORP, an email communication was secured from the PANA Executive Director acknowledging approval of the study, including consent to contact PANA partners to be considered for key informant interviews. After receiving this communication, I contacted leadership team chairs and co-chairs to be interviewed. These and other key informants signed an approved informed consent letter that identified the purpose of the study. This was done before interviews were conducted.

Informed consent was obtained in one of three ways: in-person, by fax, and by email. In person, I conducted the informed consent notification with those who agreed to participate. I read to them the written informed consent in person, sought clarification, and asked each of them to sign two copies. By fax, I sent the consent form and fielded questions by phone. By email, I sent a digital consent form and fielded questions via phone and email. Participants kept one copy and sent a signed second original directly to me.
3.3.5 Procedures for Treating, Coding, and Analyzing Data

Additional assurances included the coding of all audio-taped interviews; as such, the data did not bear any personal identifiers. While the informed consent form did bear personal identifiers, there was nothing in the form that enabled anyone to directly link personal identities to data. For all data collection, a code sheet was used to link data to participants’ identities. While every precaution was taken to assure confidentiality, the data and findings do identify individual organizations, and by inference, potentially individuals. Moreover, given the focus of the study on a single case and the relatively small sample size of the population, it is not difficult to infer the identity of organizations and agencies referenced in the study. To honor individual anonymity, pseudonyms were used to conceal the identities of individuals.

Beyond the treatment of data gathered through the interviews, other considerations in the coding and analysis of data included how the data were transcribed and standardized for research purposes. Each digitally recorded interview was transcribed into a Microsoft Word document using the services of a professional transcriber. Each interview record was then reviewed, checked, and corrected for inconsistencies between the audio record and the transcription. With regard to archival documents, I was able to obtain 134 digital versions of documents, including strategic and operational plans (36); meeting minutes and committee updates (31); marketing and promotional materials, media and press releases (23); evaluations, surveys, and constituent input (15); documents related to advocacy campaigns and legislative action (11); grant applications, budgets, scopes of work, and documentation of fundraising
activities (10); and educational and training materials (8). In addition to documents obtained in digital format, more than 100 additional documents were collected in hard-copy format. With regard to participant observations, of the more than 30 meetings and events attended, I transcribed into digital format 13 separate occasions for formal analysis using the stratified sampling method already described.

To aid in organizing, coding, and analyzing the data, I imported all of the digital records as primary documents into Atlas.ti (version 5.0), a qualitative data analysis software package. As a database, Atlas.ti also aided my research in terms of organizing code categories, writing and archiving memos, and mapping relationships between different codes. With each primary document, I conducted a line-by-line coding of words, phrases, paragraphs, tables, charts, and graphic files. Coding was driven by the presence of concepts, words, and phrases related to the three primary research questions vis-à-vis scale (see Table 3-1). For the first sub-question which focused on resource mobilization, this included terms related to “partnerships”, “collaborations”, “resources”, and “contributors”. For the second sub-question which focused on the framing of obesity, this included terms related to “obesity”, “trends”, “problems”, “crisis”, “change”, and “solution”. For the third sub-question that focused on political and policy opportunities, this included terms related to “projects”, “programs”, “priorities”, and “services”. However, the use of open coding also allowed new themes, concepts, and categories to emerge from the data (Glaser & Strauss, 1967). Additional terms included “strategies”, “education”, “marketing”, “advocacy”, “conflict”, “tools”, “communication”, and “message”, among others.
3.4 Participatory Action Research as Reflexive-Dialectical Practice

I did not begin my participation in PANA to conduct research specific to the coalition. Rather, because of my professional background in community planning and urban design I was invited to join the coalition to lend expertise concerning the impacts of settlement patterns on physical activity. Personally, I was concerned with the increasing number of individuals who suffer from the negative health effects associated with being overweight and obese, and how obesity disproportionately affected communities of color. However, once I began to do conduct research using PANA as my case it became clear to me that the coalition privileged some viewpoints over others. This included representations of the disease that referenced commonly held perceptions of overweight and obese individuals, an avoidance of confrontations with private food and beverage companies that had an active presence in local schools, and an omission of race and class issues as root problems contributing to obesity. However, while I acknowledge these as inherent tensions, they are not the focus of this study. My interests in PANA as a case are to theorize the role of scale in governance coalitions and to identify the potential utility of scalar strategies for social movement organizations and civil society groups.

Beyond serving as a governance member of PANA, I have increasingly been asked to advise staff on strategic planning and evaluation of the coalition. In all instances, I have drawn on my research to assist PANA with establishing a framework and criteria for organizational decision making. To fully disclose my involvement with PANA, I am a founding member of the coalition, an executive team member, past chair
of the active community environments committee, and a technical assistance consultant. I have only offered my observations as a researcher when invited to do so, including informal discussions with PANA staff, and on several occasions, with the executive team. I presented preliminary findings from my dissertation study on April 19, 2005, and have since served as a co-principal investigator on an externally funded proposal to evaluate coalition activities.

Some of those who study governance have discussed the role of researchers in the emerging institutional context of non-profit and quasi non-governmental bodies. A growing concern is the changing landscape in institutions that have closed researcher access to decision-making structures (Imrie & Thomas, 1995, as quoted in Raco, 1999). Others suggest that research on governance can begin to provide insights into the dynamics of power that reside between communities and institutions (Raco, 1999). Given the possibilities and limitations in conducting research on institutions, it would appear that the researcher has a role to play in gaining an understanding of the relationships and networks that exist within decision-making bodies and in constantly considering which interests are being represented and which are not. From a methodological perspective, this suggests not only a high level of reflexivity for the researcher, but also necessitates a “critical, multi-positioned (and repositioned) identity” (Fuller, 1999, p. 221).

At the core of methodological issues associated with participatory forms of research on institutions is the positionality of the researcher—insider versus outsider, observer versus participant, etc. Positionality can be described as locating oneself in relationship to others in a social system or structure. This can include race, class, and
gender, but also can include other forms of identity such as researcher, group member, elite/non-elite, and so forth. As a function of positionality, reflexivity is often referred to as the recognition of one’s location with respect to others and how this affects the (re)production of knowledge and power. In this discussion of reflexivity, I draw from feminist critiques of science and the need for situated knowledges (Haraway, 1988, 1991). However, my treatment of reflexivity differs from representations of the topic by some feminist geographers (Rose, 1997). This is due to the nature of my research study as an attempt to draw connections among what is being studied, the participants in the study, and larger theoretical constructs (Burawoy, 1991, 1998; Ellis & Bochner, 2000). In doing so, I argue for a translocal and dialogical view that allows for the development of a multiplicity of positions (Hermans, 2001). Here, the researcher as “self” is defined in relational terms (Benhabib, 1992). This is central given that my dissertation study is also a practical political one—to participate as a member of a group in a particular place and time with an understanding of and aim toward social action.

Reflexivity is a relatively new innovation in methodology (Gergen & Gergen, 2000). Some see it as a “deconstructive exercise for locating the intersection of author, other, text, and world, and for penetrating the representational exercise itself” (MacBeth, 2001, p. 35). Others see it as a dialogue between the researcher and the audience about the various personal values and biases brought to the work by the individual investigator, and how this situatedness can alter or suppress certain points of view (Behar, 1996; Gergen & Gergen, 2000; Kiesinger, 1998). This section provides a discussion of the methodological issues, using Haraway’s concept of situated knowledge as a starting point (1988, 1991). I then review its development within feminist geography, with specific
reference to the writing on the topic by Rose (1997). Counter to Rose’s claim that achieving transparent reflexivity is impossible, I argue that the researcher and the researched can (co)exist in the same power-geometry, thereby allowing the possibility of keeping the future open for political projects (Massey, 1999, p. 291).

In putting forth the idea of situated knowledge, Haraway (1988, 1991) launches a critique against Western intellectual and political practices that claim objectivity as comprehensive and totalizing. In opposition to this, Haraway (1988) argues for “politics and epistemologies of location, positioning, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims” (p. 589). In other words, since a singular perspective can never be achieved one has to locate a vantage point from which to construct knowledge. However, Haraway is equally suspect of the relativism this implies. To Haraway, “relativism is the perfect mirror twin of totalization in the ideology of objectivity; both deny the stakes in location, embodiment, and partial perspective” (p. 584). According to Haraway, the tension between relativism, on the one hand, and the quest for partial truths, on the other, allows for critical engagement. To some this opens up spaces to uncover certain truths (Landrine, 1995) and to broadcast alternative realities for different epistemological communities to consider (Gergen & Gergen, 2000; Haraway, 1988).

Haraway and other feminist theorists such as Harding (1991) have had a significant influence within feminist geography research (Gilbert, 1994; Katz, 1992; Kobayashi, 1994; McDowell, 1992). In reviewing the literature within feminist geography, Rose (1997) acknowledges that feminist practice has its own set of problems given the privilege of academic women (Kobayashi, 1994; McDowell, 1992) but also
raises concern about the positionality of researchers in as much as formulating research questions and making interpretations is an expression of power over the researched (McLafferty, 1995). She further describes the spatial implications of Haraway’s analysis that uses the terms “position” and “situated” and its implication for the visual world: “As Haraway argues, situatedness is not given; it must be developed, its technologies revised and invented. For many feminist geographers, reflexivity is one if those situating technologies” (Rose, 1997, p. 308). Rose is quick to point out that feminist geographers have been critical in considering such technologies (Bondi, 1993; Katz, 1993; Pratt, 1992) and that it is a problematic project to consider the “spaces in which positionality takes place” (Rose, 1997, p. 308). More specifically, Rose argues that being reflexive requires the self to look out into the world. It is within this space that knowledge production takes place. From Haraway’s viewpoint knowledge production is not passive, but rather a political project fundamentally imbued with unequal power relations. Given this, and feminist geography’s focus on analyzing the ‘terrain of power’, Rose identifies two tactics employed by some: (1) through the “organizing device of scale” (macro and micro), and (2) in terms of the uneven “distributional mode of power” (p. 310). This she describes as a form of “transparent reflexivity… transparently visible and spatially organized through scale and distribution” (p. 311). However, Rose contends that these analytical claims are suspiciously similar to the ‘god-trick’ that Haraway and others have problematized in Western science.

This observation leads Rose to conclude that the “reflexive gaze at a landscape is not sustainable (and that) the researched must be placed in a different position from the researcher since they are separate and different from her” (p. 312). Furthermore, she
argues for the spatial necessity of *distances* between the researched and researcher in the “landscape of power” (p. 312). Thus Rose concludes that reflexively the relationship between researched and researcher can only be mapped out in one of two ways—either in a relationship of difference or in a relationship of sameness (p. 313). Rose negates the possibility of sameness, but is less certain about difference. She goes on further to identify other spatial metaphors such as “betweenness” as one of several alternative forms of research practice (England, 1994; Katz, 1994; Nast, 1994).

While it is logical to consider other spatial metaphors to represent the relationship between researcher and researched, Rose closes the possibility of sameness prematurely. By suggesting that “the researched must be *placed* (my emphasis) in a different position from the researcher since they are separate and different from her” (p. 312), Rose privileges the researcher’s position of power to the point that the researcher can/must manipulate the position of the researched. Furthermore, Rose’s claims of “difference” from the researched are highly problematic, presupposing the identity of the researched. This ‘gaze’ draws parallels to the representation of “Other” in much of the Western scientific discourse that she and other feminist researchers have criticized. In doing so, Rose reifies the unique position of the researcher and disregards the position of the researched vis-à-vis the researcher.

There are two weaknesses in Rose’s argument. First, implicit in Rose’s discussion of reflexivity it is almost assumed that the researched has less power and that it is the researcher—through representation and validation—who can change the status of the researched. While it is important to study less powerful groups in social research, a different set of issues is raised when researched groups have power equal to or greater
than that held by the researcher (Herod, 1999; Mullings, 1999; Ward & Jones, 1999). Second, the concepts of “difference” and “sameness” as presented by Rose are highly problematic. In many ways, discussions around these terms reinforce a duality all too familiar in Western science. Dialectical relationships between researcher and researched have only recently begun to be explored (Breuer & Roth, 2003; Lee & Roth, 2003). It is these two issues—reflexivity with equal or more powerful groups and the positionality between researcher and researched—that pertain to methodological aspects of my study of PANA.

One of the methodological goals of this study is to pursue a form of reflexivity that moves beyond binary relationships of researcher and researched (Haskell, Linds, & Ippolito, 2002; Russell & Kelly, 2002). This is not to challenge partial perspectives, “betweenness” or other vantage points from which to practice research. Rather, my interest is in the more fluid, dialectical, and migratory spaces that the research(er/ed) might occupy. It is also to suggest that the research process and the resultant textual representations are shaped by social relationships between individuals and groups over space and time (Keith, 1992). From this perspective, knowledge is mutually constituted by the research(er/ed) and the position of the self is best described as dialogical rather than the idea of a core, essential self (Hermans, 2001). The dialogical self can be contrasted with the Cartesian self that is based on a dualistic relationship, not only between the body and mind, but also between self and other (Hermans & Kempen, 1993, p. 4).

Hermans’ theory of the dialogical self is consistent with Haraway’s situated knowledge in that it is “grounded, in the physicality of specific human bodies and their
artifacts” (Haraway, 1988, p.743). For Haraway, technology is an artifact and employed as an extension of the self. She uses the term “embodiment” to suggest, beyond the corporeal sense, relationships between self and others to create understanding and meaning. Here, embodiment “has a double sense of the body as living and the body as the experiential structure or context of cognition” (Haskell, Linds, & Ippolito, 2002, p. 2). Thus, a reflexive space is opened up that is relational in nature—that of observation, on the one hand, and experiencing, interaction, and meaning, on the other. However, this is not to assume that power is equal in dialogical relationships. In fact, Hermans (2001) argues that:

The notion of social power or dominance is an intrinsic feature of dialogical processes and, moreover, closely associated with the position a person occupies… Dominance relations organize and constrain not only the interactions within societies or groups, but also the interaction between different cultural groups (p. 265).

This relational form of personal reflexivity can be further extended to theoretical reflexivity (Schwandt, 1997, p. 136). “By abstracting upwards from these complex and concrete observations, localized epistemological concerns hold ontological implications” (Ward & Jones, 1999, p. 309). Here, reflexivity is used to examine theoretical predispositions and other intellectual commitments. Operationalized from a methodological perspective, this also requires migration and movement between the two forms of reflexivity (personal and theoretical) in a dialogical manner and “enables the researcher to move from theory to detailed empirical evidence and, back, from empirical work to theory” (Hermans, 2001, p. 243). Under these conditions, it would appear that the possibilities for political relevancy that Haraway supports are attainable. It further
implies that when the research(ed/er) occupy/ies the same dialogical space, they naturally become co-participants in the knowledge production process.

In this chapter, I provided an overview of methods chosen for the dissertation study and argued for more dialogical and participatory forms of research. At the expense of oversimplifying a significant body of theory on research practice, my intent was to discuss methodological issues that informed my research with PANA. The selection of positionality and reflexivity is intentional and not only serves as an entry point to the discussion of methodological issues, but also presents a rationale for the project aimed at participatory and collaborative forms of knowledge production. I should point out the aim of consonance among theory, research, and method. Feminist contributions to the theorizing of scientific knowledge have opened up spaces for innovation, first by challenging and then transforming the practice of qualitative research. Relational understandings of positionality and reflexivity provide a basis for my research beyond the boundaries of researcher and researched. In using the metaphor of translocal spaces, my intent is to propose a more explicit dialogical approach that brings together personal and theoretical reflexivity in which the boundary between research(er/ed) is more permeable. The choice of participatory action research is consistent with this logic in as much as PAR offers a dialectical understanding that is mutually constituted by researcher and co-participants. Furthermore, PAR alters the processes of knowledge production through ownership of research projects and a collective assessment of problems, both aimed toward social action. This last point is significant given critiques of qualitative research and the lack of political efficacy
Chapter 4
MARKETING CHANGE: MOBILIZING RESOURCES TOWARD HEALTHY LIFESTYLES

Theoretical constructs introduced in chapter 1 and outlined in chapter 2 served as the basis for operationalizing the research design for data collection. First, with regard to the construction and deployment of scale, the study utilized a social ecological model explicitly adopted by PANA for data collection. The purpose was to understand how PANA envisions and operationalizes scale as part of its strategies. Second, a comparative social movements framework was juxtaposed with a social ecological model of scale to direct the collection of data related to how resources are mobilized in support of obesity prevention, how obesity is framed, and which opportunity structures are seized upon by PANA to realize organizational goals. Using this framework, chapters 4–6 present the responses to each of the following research sub-questions, respectively:

- How and why does PANA enlist the resources of different agencies, organizations, and individuals under the goals of obesity prevention?
- How does PANA frame problems and solutions related to obesity?
- How does the existence of political and policy opportunities inform which strategies are pursued by PANA?

A response to the primary question, what is the significance of scale in the strategies governance coalitions? is discussed in chapter 7.

This chapter contains a description of the role of resource mobilization in organizational networks, with PANA as the case study. It also contains an examination of
how scale is used to assimilate and deploy financial and organizational resources. The first section begins with a critique of resource mobilization theory (RMT) and the “strength of weak ties” argument in analyses of coalitions. By ignoring the mobility of resources across organizational and spatial boundaries, RMT fails to explain how resources are mobilized by governance coalitions such as PANA. I argue that network forms of organization may represent weak ties in some instances, but also allow for commitment and contingency. I introduce the term elastic ties to describe organizational relationships that stretch across territory and scale to acquire and assimilate a multitude of resources. Here, scale plays a vital role in extending PANA’s reach—enabling coalition staff to reach beyond its immediate environment and assets to other organizational networks operating at different scales. In drawing contrasts between weak and elastic organizational ties, I highlight the characteristics of governance coalitions that represent professionalized, strategic, and sustained forms of action.

In sections 4.2 and 4.3, I provide empirical evidence to illustrate how and why PANA uses financial and organizational resources to facilitate coalition activities. To substantiate the claim that elastic ties are characteristic of governance coalitions that represent professionalized, strategic, and sustained forms of action, in section 4.2, I describe how PANA uses financial and organizational resources to facilitate coalition governance and develop and implement communication and education campaigns. Consistent with regime theory, a key to understanding PANA’s organizational form is the reliance on the expertise of its participating members, access to member constituents, and the existing products, services, and messages of different organizations outside of government. However, the distinction between state and non-state resources are less
important than PANA’s ability to assimilate, reconstitute, and disseminate an array of financial and organizational products through scalar strategies. From this perspective, coalition resources are an expression of material power deployed through associational networks. To realize PANA’s goals, a scale division of labor is created to manage and disseminate resources to targeted audiences. Here, scale plays an important role in describing where and how resources flow.

In section 4.3, I provide additional evidence from the case to underscore the value of elastic ties in describing the organizational relationships that exist between coalition members. Here, I describe why PANA uses specific resources to target obesity prevention. This includes its primary purpose, which is to position the coalition as Pennsylvania’s statewide clearinghouse related to policy and legislative advocacy, grant opportunities, obesity research, and model practices related to obesity prevention. In organizing resources around a series of targeted school health campaigns, PANA situates itself as a scalar intermediary from which to coordinate the communication and dissemination of resources among local, regional, and supra-regional networks. This not only includes individuals in school settings, but also PANA’s coalition members who are operating at other scales. Through the use of marketing tactics, the coalition attempts to drive institutional behavior to adopt coalition messages in order to realize policy and environmental changes. A dual focus on market approaches aimed at institutions and individuals suggests that PANA is implicated in the production and consumption of healthy lifestyles.

To underscore this point, I conclude the chapter with a brief discussion of the significance of PANA as a case that uses scale to facilitate the production and
consumption of health promotion products. Pointing to the evidence presented here, I argue that governance coalitions provide a relational account of collective action between state and non-state actors whose characteristics are determined by their spatiotemporal and strategic emergence. Moving beyond previous methodological debates about scale, I call attention to organizational structures that are implicated in changing social relations. In PANA’s case, this highlights the significance of scale in helping to reconstitute institutional relationships aimed at changing bodily consumption patterns.

4.1 Elastic Ties: Stretching Across Territorial and Organizational Boundaries

The identification of resources during program and product development stages, the re-branding of existing programs and technical assistance into PANA products, and the creation of a communications infrastructure to build statewide and local capacity through various networks are some ways the coalition enlists the financial and organizational resources of others. Through these activities PANA has been able to establish an organizational identity as an expert resource, obesity prevention convener, and statewide clearinghouse among different health and school networks throughout the state.

In securing the financial and organizational support of others to build organizational capacity and infrastructure, coalition activities underscore the important role that resource mobilization plays in collective action. This includes resources available to collective actors to create an infrastructure to support mobilizing processes (McCarthy & Zald, 1973, 1977); the existence of networks, affinity groups and related
organizations (McAdam et al., 1996); and external resources as well as internal innovations and social capital (Tarrow, 1998). PANA makes available different resources to both statewide and local groups, ranging from practical guides to set up local school health councils to model legislation related to statewide nutrition and physical activity standards. The coalition mobilizes resources from a range of actors that encompass professional and industry associations, existing nutrition and physical activity networks, as well as individual agencies and corporations, among others. Staff members use novel approaches to mobilize resources and apply social marketing techniques to brand and co-brand products and makes them available to constituents.

To date, resource mobilization theorists have emphasized the behavior of organizations from the perspective of rational choice while ignoring how the larger social, cultural and political contexts equally influences the behavior of such groups. While a resource mobilization approach provides a descriptive explanation of what types of resources are needed (i.e., time, money, expertise, etc.), it fails to answer how resources are assimilated across organizational and spatial boundaries—key characteristics of a governance coalition such as PANA. The tracking of resources across these boundaries better explains how governance coalitions exert power and influence through networks.

Previous definitions of coalitions emphasize loosely-formed alliances or weak ties between individuals and organizations (Anton, 1989; Granovetter, 1973, 1983; McCarthy, 2002). However, the institutionalized nature of PANA suggests a shift away from coalitions defined by informal, voluntary, and weak ties, toward more professionalized, strategic, and sustained forms of action. My main point here is not to
refute the veracity of weak ties in some instances, but rather to add a spatial dimension to
diverse organizational relationships found within governance coalitions. In PANA’s
case, organizational relationships are constituted by joint decision making and sharing of
resources that provide a mutual benefit to coalition members. As an organization, PANA
is overseen by an executive team that represents national, regional, and local interests
from the public, private, and non-profit sectors. It is formally recognized through the
PaNPAP and as an obesity coalition by the PaDoH. Governed by organizational by-laws
and standard operating procedures, PANA staff members are accountable to the
organizations and agencies represented on the executive team. To carry out
organizational goals, the coalition is also guided by a strategic plan linked to the
PaNPAP. Theses annual plans address issues related to the management and
coordination of programs and resources, fundraising, policy and evaluation. In addition
to its formal organizational structure, PANA has been convening quarterly meetings of its
executive and leadership teams for over four years. As of 2005, the coalition had a full-
time staff of five individuals with professional knowledge and expertise in public health.
While participation in the coalition is voluntary, the roles and responsibilities of
executive team members are clearly articulated in PANA’s operating procedures. In
some instances, coalition members enter into contractual agreements with PANA when it
comes to the provision of organizational resources, development and coordination of
PANA programs and products, and research and evaluation related to coalition activities.

Are elastic ties a better description of coalitions that are formally structured yet
able to stretch and expand across organizational networks to mobilize resources? In
terms of PANA, I define elastic ties as relationships among coalition members that
stretch across different territories and scales of influence, whether at the federal, state, or local levels. These organizational ties provide a necessary link to share financial and organizational resources related to nutrition and physical activity, and also enable PANA to reach among different sectors, settings and scales of intervention to amass resources. Part of this flexible infrastructure depends on technologically mediated communication channels and distribution networks to give the coalition the ability to extend across time and space to both marshal and disseminate different products and services focused on obesity prevention.

The organizational ties of PANA are neither strong nor weak. Rather, these relationships can be viewed along a continuum from organizations and agencies that have made a significant investment in PANA activities to organizations that contribute little in terms of resources, but legitimize their existence in the network as a form of interest representation. In either case, there is no one group that has executive decision-making power. Organizational standing within PANA depends on how and why resources are being used, the timing of specific campaigns, and the changing roles and responsibilities of coalition participants.

In this section, I identified the limitations of RMT in explaining the organizational characteristics of governance coalitions. Elastic ties between coalition members help to stretch resources across organizational and spatial boundaries. The characteristics of governance coalitions that consist of overlapping networks, involve multiple sectors, and operate at different scales of intervention help to create a level of interdependency and institutional thickness beyond weak forms of association. This is due in part to the mutual reliance on a finite amount of resources among coalition participants; the
formalization of relationships, agreements, and arrangements; and the interdependency of different interests.

Using evidence from the case, in the next section I describe how financial and organizational resources are used by PANA to facilitate coalition governance. Specifically, I demonstrate the interdependence of different groups via the process of resource assimilation and reconstitution. When resource mobilization is described from this perspective, it is clear that scale plays a significant role for both state and non-state actors in creating a cumulative effect for associational networks to change the boundaries of material power in order to target obesity prevention more strategically.

4.2 Cooperation and Contingency in Governance Coalitions

*We have to mobilize professional resources and financial resources in order to see things happen.* (Sara, PANA staff)

This section provides evidence to substantiate the claim that the elastic ties found in governance coalitions such as PANA represent professionalized, strategic, and sustained forms of action. This is not to suggest that relationships among coalition members are equal or necessarily endure over long periods of time. Rather, they are defined by the co-existence of cooperation and contingency. Scale facilitates the development of these organizational relationships in as much scalar relationships enable PANA to achieve its goal of resource mobilization through existing networks and creating new dissemination channels toward the shared goal of obesity prevention. Evidence from the case suggests that governance coalitions are a contemporary expression of collective action in that these organizational structures facilitate interaction
between policy and mobilization networks.

The first section contains a description of how resources have been mobilized to create an organizational network that comprises the structure of PANA. The reliance on the financial and organizational contributions of coalition members was essential to the subsequent sharing of resources that has led to different levels of cooperation among coalition members. In the second section, I describe how common goals are formalized to create a division of labor to manage and disseminate resources to targeted audiences. Examples of resource mobilization at the statewide and local levels help to illustrate resource-sharing among coalition members at different scales and the role of PANA as an intermediary.

4.2.1 Hunter-Gatherers: From Resources to Organizational Network

This section contains a look at how coalition members and staff secure resources from both government and non-governmental groups to carry out coalition activities. In doing so, it reveals the reliance on participating organizations and agencies within PANA’s network and the elastic ties created as a result of these exchanges. To explain how resources are secured to support obesity prevention, regime theory provides a partial explanation for mobilization outside of government. As stated in chapter 2, regime theory can be defined as the enlistment of civil society groups, for-profit corporations, industry and professional associations to realize aspects of government regulation and human welfare (Painter, 2000). Focused primarily on urban politics, regime theory has been utilized as an explanation for changing governance structures (Hall & Hubbard,
Governance structures are a response to situations in which state resources are used to leverage the financial and organizational resources of non-state actors. New institutional spaces are being created in which state and non-state actors negotiate with one another over regulation and control. It is in this institutional space that Swyngedouw (1997b) succinctly argues, “(scale) emerges as one of the sites for control and domination, but also as the arena where co-operation and competition find a fragile standoff” (p. 145). Given the coexistence of different interests represented in governance coalitions, varying levels of state and non-state resources are combined, mixed and repurposed to give a new identity for these resources. The blurring of material and non-material resources is one factor that leads to the interdependencies present in organizational networks such as PANA. This allows the coalition to re-brand existing programs, tools, and services of its members into an identifiable PANA product.

As a formally recognized coalition, PANA has been in existence since August 2002. It is an outcome of a multi-million dollar CDC grant applied for through the PaDoH. As part of this national grant program, the CDC provides public health data, scientific and technical assistance, educational opportunities, and convenes annual meetings of participating states. It also provides states with specific models and templates for health communication strategies including the promotion of outcome-driven logic models, social marketing techniques, and social ecological approaches to disease prevention. Given that funds are part of a federal grant program, states are required to submit work plans, evaluate progress, and measure stated outcomes.

The main requirement of the CDC grant was to create a statewide policy document that described how obesity and related chronic diseases would be addressed in
the Commonwealth of PA. Original coalition members saw a need to leverage the grant with external resources, given the lack of support and expertise within the PaDoH at the time. From the perspective of coalition members, the use of CDC funds has served primarily as a way to develop the initial infrastructure to support nutrition and physical activity throughout Pennsylvania. Sara, the convener of the original stakeholder group, clearly states that a primary purpose of the funds was to create and build a network to mobilize different interests:

I saw that there was no Department of Health plan and the program announcement from the CDC at the beginning also had said it was supposed to be a comprehensive plan and not a Department of Health plan. It had to have an initial focus on coalition development. (Sara, nutritionist, May 17, 2004)

The influence of financial resources from the CDC cannot be understated and in fact served as a motivating factor for many groups to collaborate together as these groups are equally dependent on government funding and related resources. As Olivia, PANA’s executive director, acknowledges:

I know there is money now, but I know there is more money that is coming. There are incentives tied to getting health and local government official and schools to have to work together and we know than money is a catalyst for doing some of those things. That is what happened with tobacco money in our state. We saw coalitions crop up everywhere, but never got together before there was money available. So there is a method to the madness of looking at all of these different forces that I know incentivize one group or another for working together. (Olivia, health promotion specialist, May 24, 2004)

In addition to seeking financial resources, some coalition members viewed participation in PANA as a means to further their own organizational mission and goals. Some examples include providing access to coalition member constituent bases and to different networks not directly associated with PANA. This resource contribution is
important, especially when it comes to mobilizing grassroots support for key policy positions. In turn, PANA members hope to gain visibility or influence among PANA’s network of agencies, non-profit organizations, and industry groups. Some of these groups have the capacity to advocate alone, but it is through their association with PANA and other coalition members that they are able to expand their grassroots support for an array of policy issues and related funding programs:

We believe on the strength of coalitions that you can accomplish more by combining resources -- working together. In terms of policy, for example, you multiply your grass roots network by thousands when you work together as a coalition. So as we move forward on any kind of nutrition or physical activity legislation or policy, we have tremendous grass root reach. That is very powerful. That is what I appreciate about PANA. (Cecilia, American Heart Association, May 17, 2004)

We are a very large rural hospital and cover 31 to 36 counties. So we cover a large part of Pennsylvania. So we have our arms out to be able to spread the message in a lot of different areas. Not only the larger coalitions. I am involved in multiple partnerships. So networking with them and sharing what is going on with the state, what is going on with the issues. (Jason, Pennsylvania Osteoporosis Coalition, May 18, 2004)

As a cooperative strategy, the coalition is able to extend beyond its core constituency and embed its interests within networks representing different sectors and scales of intervention. By reaching into these networks to provide resources, PANA convinces its partners that the interests of the coalition and those of participating organizations are one and the same. By stretching its organizational boundaries, the coalition is able to expand its influence and power over a larger territory.

Another strategy to strengthen ties with coalition organizations is to incorporate member resources into PANA campaigns and products. As Don, a representative of the National Dairy Council, states:
In terms of resources and materials and funding like that we have available, I think those are definitely things that PANA can use to extend their message without the cost to themselves. There are pieces that have been approved by outside organizations like the National Institute to Health and the American Dietetic Association. So there are pieces that they could feel comfortable using to extend their message. They do not have to spend money that they do not have to recreate materials and resources. (Don, dietician, May 4, 2004)

The coalition creates interdependent relationships by mixing and reconstituting the resources of others. One example is the re-branding of existing government funding programs to be consistent with PANA messages and health promotion campaigns. PANA staff has been instrumental in helping shape criteria for funding programs that impact physical activity at the community level. In engaging both PennDOT and DCNR, PANA has brought together the two public agencies that have regulatory and budgetary control over parks and recreation, transportation, and to a lesser extent, land use. The financial resources secured from DCNR and PennDOT have been used primarily to support two health campaigns—Keystone Active Zone and Keystone Healthy Routes. However, these financial resources are not new sources of government funding. In most cases, these resources have been re-appropriated from existing federal and state programs. For instance, funds used to support multiple counties as part of the KAZ campaign come directly from the state’s Growing Greener program, a multi-agency program enacted in 1999 by then Governor Tom Ridge. This grant program originally authorized $646 million to implement an array of open space and preservation projects, environmental cleanup, watershed and water-related restoration efforts across the Commonwealth. This appropriation came from general funds and re-directed funds from
the state’s Recycling and Hazardous Sites Cleanup funds as well as Landfill Closure Accounts.

Likewise, funds to support KHR have not been created for specific health-related projects but rather come from a new federal appropriation for Safe Routes to School as part of federal re-authorization of transportation dollars. Safe Routes to School funding is intended to support the planning, development, and implementation of transportation enhancements to increase the number of children walking and biking to school, a goal shared by PANA. The federal bill authorizes states to spend up to $612,000,000 between 2005 and 2009. Safe Routes to School is a new program for PennDOT, which like many state transportation, agencies focuses primarily on state-owned highways and roads. As a federal cost reimbursement program, Safe Routes to School is not a grant program. Local communities are reimbursed by PennDOT up to the authorized amounts per project.

By taking an active role in the re-branding of existing government funding programs, PANA has also assumed the role of technical assistance and funding intermediary between state agencies and local communities that apply for assistance through a mini-grant system set up through the KAZ and KHZ campaigns. Instrumental to PANA’s intermediary role has been its active involvement in statewide policy discussions, legislative advocacy, and presentations to elected officials and different professional interest groups in an attempt to make health concerns an important priority of state agencies outside the PaDoH. These activities have led to the inclusion of health and wellness goals in model legislation.

The coalition also extends its reach by utilizing the capacities of member organizations and agencies. For example, Penn State Outreach and Cooperative
Extension (PSUOCE) has facilities and staff in every county in the state as well as a number of education and curriculum specialists in the content areas of physical activity, nutrition, and school-based programs. According to Leanna, a PSUOCE representative:

> We have thirty counties that are sites for the community champion school roll out initiative. Those extension educators contribute their time to host the satellite conferences and encourage the community to provide leadership around that initiative. It varies among those thirty counties whether the extensions agent is the continuing facilitator or whether they have decided to sort of share those responsibilities at the local level.  
> (Leanna, educational specialist, May 5, 2004)

Multiple locations provide facilities suitable to the instructional and technological needs of PANA, resulting in an expanded infrastructure to support coalition activities. At the same time, the coalition’s use of this infrastructure helps to legitimize the activities of county staff in the eyes of university administrators. Given the mutual benefit between PANA and Penn State, it is not surprising that the university was chosen as the institutional home for PANA beginning in 2005. This relationship is expressed through a 2004 cooperative agreement between the coalition and the university until PANA is able to secure its own non-profit status. The resource-sharing with coalition members such as PSUOCE is logical given the mutual alignment between organizational missions and target audiences.

For private-sector members, the motivations are different. One explanation for the participation by private corporations in obesity prevention efforts is the growing threat of increased regulation:

> We certainly have seen more interest from food industry partners, manufacturers, and distributors because of the new federal policies with nutrition standards. They know they have to show they are doing something and I don’t think they quite know how to respond. So by starting to partner with us and showing they are working on these changes,
I think there has been a lot of doors’ opening to engage more food industry type partners. Also because of the new requirement for growth screening in schools, we’re starting to see more of the health care partners who don’t want to deal with obesity because it is not reimbursed and now they are going to have to. In the past couple months, we’re starting to see more of the insurance industry, the Medical Society, and Medicaid managed care programs really start to reach out and say what role can they play. But I think there has been a shift and honestly it’s because of requirements that will impact these businesses and industries. (Anonymous, July 15, 2005)

Groups such as the Pennsylvania Beverage Association (PaBA) represent industry interests and already have a presence in school settings. Rather than resisting efforts by the coalition and others to change school beverage policies, industry groups are beginning to show interest by providing financial support to health campaigns in an effort to quell criticism:

In recent years, there has been considerable public discussion about the sale of soft drinks and other sweetened beverages in schools. Our industry recognizes that the availability of soft drinks and other beverages in schools – where children are not under the direct supervision of parents – raises unique issues. We have addressed these issues in the past by adopting responsible school vending policies and working with local school districts to provide a mix of products that meets the needs of school administrators and parents. However, our industry has concluded that a new industry-wide school beverage policy will enable us to better partner with parents and schools, and enhance the role of community decision-making over the sale of beverages in schools. (American Beverage Association, 2005, ¶ 6)

While mixed motives exist among coalition participants, groups are aligning with PANA’s overall goal to improve nutrition in school settings. The coalition has not had a problem with approaching the PaBA and other industry groups as long as there is an increase in the number of food and beverage choices in schools. However, challenges remain.
Some groups have made specific requests as a condition to contributing to coalition activities. Resource commitments are often contingent on the alignment of mutual goals between individual groups and PANA. For example, HighMark, one of Pennsylvania’s largest health insurance companies, wanted to contribute resources to help educate physicians about BMI. However, the company was less interested in serving physicians outside their healthcare system. As a PANA executive team member shares:

High Mark wanted to pay for or do the mailing to the physicians and provide them with their BMI wheel, their information, and their education tools. They would only provide it to High Mark physicians. When it was suggested that they fund a larger mailing, and that they would have to open their resources up to other groups, agencies, organizations and other insurances -- they refused. (Anonymous, May 18, 2004)

PANA staff members are acutely aware of such issues, but will often negotiate with individual groups when asking for resources to support coalition activities. One of PANA’s staff members candidly admits:

People bring hidden agendas or maybe not so hidden agendas to the table with them. “We will do business with you, but this is what we want. We want promotion of Pennsylvania produce growers and how can we get that on your focus with what PANA is doing?” Well, my supervisor is very good to remind me, “These are the issues we are focusing on, these policy issues. We are doing the information advocacy, our media.” (Anonymous, May 25, 2004)

As this example illustrates, contingency is not limited to coalition members, but also to coalition staff. Relationships with participating groups vary from one group to another and are partially determined by changing priorities and where resources exist. As PANA’s executive director states:

I am getting to a point now in coalition development, where you first invite everybody because you just want people. Then over time it evolves
to really trying to get more defined and deciding who needs to be there, who are your biggest allies, and where energy may be wasted versus where you really need to invest a relationship. I certainly think that within each of PANA’s priority areas, I know where it is more important to invest my time in relationships. From organization capacity, from mutual goal and interests, to advancing things that we do not have the resources to do - - it is definitely much clearer. (Olivia, health promotion specialist, May 24, 2004)

Beyond managing different interests with the coalition, conflicts emerge sometimes when external groups operating at one scale compete with groups at other scales. One example is America on the Move (AOM), an organization that is promoting physical activity nationally. As a new organization in 2005, AOM has recruited national experts in nutrition and physical activity, and is providing resources to local and state affiliates in an effort to expand its base. AOM had approached PANA to join and was willing to provide resources to support coalition activities. However, they required PANA to use the products, messaging, and identity of AOM as a program sponsor—an imposition rejected by PANA’s executive team. It was later discovered that AOM was an initiative of Partnership to Promote Healthy Eating and Active Living, whose major sponsors include PepsiCo’s Smart Spot Products (a re-branding initiative from Pepsi designed to market select products to healthy lifestyle consumers), Cargill, and Masterfoods USA (a subsidiary of Mars, Inc., whose $16 billion business includes snack foods and vending machines). Given the conflicts with coalition goals and strategies, PANA eventually decided to forego its affiliation with AOM.

Coalition members are mindful of increasing pressures to accept funds from interests that do not align with the coalition’s priorities goals:

We talk about being apolitical, but the fact is there is going to be more money come into this area now. More people developing programs to
address obesity. America on the Move is only one example where Pepsi is a major sponsor. Obviously, they have an inherit interest in making themselves look good as a corporation, so they are going to want to get involved in coalitions like PANA. We have to be very careful about how we go after sponsorship dollars with companies. (Anonymous, May 17, 2004)

To address these concerns, PANA has had to develop policies and procedures for sponsorship and receiving funds. However, it is unclear whether these guidelines are being followed because PANA’s executive team does not manage the day-to-day decisions made by staff with regard to private sponsorship and support.

In this section, I began with regime theory in order to explain how the state uses public resources to leverage and enlist the participation of non-state actors in support of state-sponsored projects. However, rather than using these resources solely to reproduce economic relations evident in regime theory, some have argued that the movement from a welfare to a workfare state puts the state in a bind between accumulation and political legitimacy (Purcell, 2002). From this perspective, the state re-scaling process associated with obesity prevention can be viewed as a strategy to distribute public goods in order to gain political legitimacy and avoid blame for a health crisis. However, while the state’s resources are the basis for PANA’s initial formation, the actions and relationships of coalition members have determined the makeup and character of the coalition’s organizational network. Important to this network are the various financial and organizational resources mobilized in support of obesity prevention, whether originating from state or non-state sources. An understanding of how resources are shared among participants helps to describe the types of organizational relationships that exist among its members.
Central to the formation of these relationships has been the use of scale by PANA as a strategy for mobilizing state and non-state resources. First, this required mobilizing resources at the federal level to building a statewide health infrastructure and support mechanism to address obesity prevention. Second, institutional relationships were developed at multiple scales to access organizational memberships and constituents in order to extend the coalition’s network and influence. A third strategy included the repurposing of agency and organizational resources by channeling statewide funding, existing prevention tools, and health messages through PANA. Lastly, a fourth scalar strategy focused on the utilization of expertise and capacities of organizations to create regional distribution channels to disseminate PANA programs and products.

This joint sharing of resources among coalition members has helped to create an interdependent web of relationships among different sectors and between different scales of resource allocation and dissemination. The sharing of resources, when combined with joint decision-making around common goals, supports the claim that governance coalitions such as PANA represent professionalized, strategic, and sustained forms of action. These relationships allow for both commitment and contingency, which helps to explain the elastic ties represented in governance coalitions that stretch across spatial and organizational boundaries.

4.2.2 Flexible Production and Divisions of Labor in Governance Coalitions

While the commitments and contingencies involved with resource-sharing begin to describe the web of relationships within PANA, they do not to tell us how resources
are operationalized into discrete tasks under the goal of obesity prevention. To expand upon the role that scale plays in resource mobilization, this section contains a description of how tasks are divided among coalition members and which groups are responsible for carrying out functions on behalf of the coalition. Related to regime theory as discussed in the previous section, PANA’s network form of organization allows the coalition to coordinate resources along a scale division of labor (Cox & Mair, 1991). The social ecological model of health promotion adopted by PANA serves as a guide for focusing resource mobilization at some scales over others. For some coalition members this converges on policy advocacy at the state level, while others target obesity prevention campaigns and products at regional and localized territories. It is this simultaneity of scalar activity that highlights the importance of PANA as an intermediary between and among different levels of territorial jurisdictions in order to organize financial and organizational assets in a strategic and coordinated fashion. Resource mobilization by PANA not only includes the sharing of financial resources, but also an array of in-kind contributions. This support includes:

- Organizational reputation and staff expertise;
- Access to legislators, members, and constituents;
- Products, services, related messages, and communication channels; and
- Facilities, equipment, and technology.

PANA presents the individual and organizational resources it mobilizes as “agents of change” to acknowledge its reliance on participating organizations within the coalition. According to PANA’s executive director:
To solve the issues that PANA focuses on, it is very multidisciplinary and has to be built on partnerships. So I think our loose coalition network where people can align based on interest, for these types of broader environment and policy issues seems to be more powerful than the traditional public health infrastructure. (Olivia, health promotion specialist, May 24, 2004)

The resource flows among coalition members at different scales is partially explained by PANA’s network form of organization, which relies on a flexible mode of production. Flexible production can be described as an adaptable and highly customizable form of manufacturing that relies on information technology and distribution networks. From an organizational perspective, PANA’s distributed network enables the coalition to customize its resources into a set of tailored messages and products to influence institutional change. Different teams of coalition members are charged with introducing model legislation, providing professional training, and evaluating school-based programs, among other tasks. In order to achieve these multiple ends, the coalition employs a scale division of labor that relies on the capacity and expertise of individual coalition members. To channel financial and organizational resources efficiently, PANA also relies on information technology to coordinate tasks, deliver programming, monitor and evaluate progress in localized settings.

Resources are targeted toward environmental and policy change at two primary scales—the Commonwealth of Pennsylvania and elementary schools in local communities. To demonstrate the utility in PANA’s scale division of labor, the following sub-sections provide examples of how resources are simultaneously mobilized in statewide and localized settings.
4.2.2.1 Resource Mobilization at the State Level

A diverse group of participants was needed to build PANA’s statewide capacity while laying the groundwork for collective action in school settings. Some of the targeted areas representing PANA’s statewide division of labor include legislative advocacy, communications infrastructure, and grant programming. Some of these groups, such as the Pennsylvania Nutrition Education Network (PaNEN), were already focusing on health promotion. Other groups such as the Pennsylvania Recreation and Park Society (PRPS) were not, but had an interest in integrating health promotion into recreational activities.

Coalition members knew that to influence and change policy, PANA had to meet with elected officials and their staff, provide model legislation and expert testimony, and organize advocacy campaigns. Due to federal funding restrictions, PANA staff members are not allowed to lobby but enlist select coalition members to lobby on its behalf. Among the most active organizations is the American Heart Association (AHA). By working at multiple scales simultaneously, AHA is one of the most powerful organizations in the coalition in terms of legislative advocacy. The organization provides its staff expertise on policy matters and direct advocacy with elected officials. As one its representatives sums up:

I give my time and two staffers time as well as in-kind contributions of our facility for meetings. PANA can not lobby directly because they receive government dollars. So for some of the legislation, I use my lobbyists as an in-kind contribution. (Anonymous, May 5, 2004)

However, other PANA members do not have the financial resources or the capacity of a national health intermediary organization such as AHA, but lend support to
the coalition in other ways. For example, PANA has enlisted several university researchers who support the coalition through legislative testimony, speaking at conferences and workshops, and evaluating PANA activities:

  We are not giving PANA any money. We are giving them lots of time. What other kinds of things do we do for them? There was a piece of research that PANA staff had outlined in a proposal so we usually get the initial request for proposal so that requires a fair amount of time to review. (Bill, University of Pennsylvania School of Medicine, June 9, 2004)

In order to coordinate statewide educational activities, PANA relies on technology to communicate and distribute resources to its constituents, especially in school settings. To equip the coalition with this support, it relies on PSUOCE. As Leanna, the PSUOCE representative on the executive team, states:

  We have a staff of individuals who work in our satellite and video conferencing office and they help run the satellite training that the PANA office conducts. So there is a team of about six or eight individuals who are actually manning all of the technical equipment and cameras to conduct those satellite training sessions. (Leanna, education specialist, May 5, 2004)

This support system provides the technological infrastructure that enables the video conferencing of meetings and training sessions to almost 30 regional sites located throughout the state.

Other coalition members focus exclusively on setting up statewide funding mechanisms to support PANA’s technical assistance and mini-grants to local communities. Coalition members work together to secure financial resources from state agencies other than the PaDoH. As of 2004, this included the Pennsylvania Department of Transportation (PennDOT), the Department of Education, and the Department of Conservation and Natural Resources (DCNR). For example, PennDOT has provided
over $150,000 to support the creation and delivery of educational tools and programs as part of PANA’s Keystone Healthy Routes (KHR) to School campaign.

4.2.2.2 Resource Mobilization at the Local Level

School settings represent the other scale at which PANA has created a flexible division of labor. PANA staff works with organizations and individual schools to coordinate health campaigns and disseminate PANA products to over 1,000 elementary schools throughout the Commonwealth. PANA’s interest here is to restructure policies and environments as a strategy to induce organizational and individual behavior change. By changing different settings for decision-making (i.e., policy, institutional and physical settings), the belief is that barriers will be eliminated and choices provided. Some examples of occasions in which PANA has created a division of labor among coalition members to implement activities include professional development training, mini-grant programs, and school-based assessments of nutrition and physical activity guidelines.

PANA relies on teams of organizations and individuals to deliver specific educational programming. According to PANA (2005a), professional development trainings are “designed to empower educators, parents, and community organizations to advocate for and implement policies and programs that support nutrition and physical activity through a coordinated school health framework” (p. 11). Specific trainings have focused on physical education, walking and biking to school, and food and beverage choices. Depending on the specific theme or topic, groups representing different sectors and interests are enlisted to deliver content and host satellite training sessions, among
other tasks. For example, for PANA’s 2004 Keystone Healthy Routes training, participating coalition members included PennDOT, Rails to Trails Conservancy, Penn State’s Local Technical Assistance Program, the Hamer Center for Community Design, PA Safe Kids Coalition, and representatives from several school districts.

To stimulate participation in these school-based campaigns, PANA also works with coalition members to develop mini-grant programs, solicit funds, donate equipment, and organize school events. During PANA leadership team meetings, coalition members discuss the new and existing mini-grant programs, grant proposal requirements and guidelines, grant evaluation criteria, and so forth. Select members then review proposals and recommend specific schools for funding. Some coalition members, such as the PaNEN, provide financial contributions to support mini-grant programs. Private companies, such as Polar USA, donate equipment including pedometers and other materials and supplies related to physical activity. Other coalition organizations, such as AHA and Pennsylvania AAHPERD, assist with the coordination of events related to mini-grant programs and other school-based health campaigns.

Schools are also enlisted as part of PANA’s division of labor. The coalition actively involves teachers, nurses, and administrators in self-assessments and evaluation of campaign activities. As a condition of a mini-grant award, each school agrees to set up a health council and provides an annual report that identifies environmental and policy changes related to physical education, physical activity, and nutrition (PANA, 2005a). Specific guidelines, audits, and checklists are provided by PANA staff and coalition members to help guide assessments. In 2005, 1,133 schools participated in PANA’s KHZ campaign, representing 65% of the state’s school districts. According to PANA, there
was an 84% increase in the number of schools reporting the presence of a school health council (PANA, 2005a, p. 1). Participation in these health councils has included school teachers, nurses, administrators, and guidance counselors; Parent Teacher Association (PTA) representatives and parents; and community organizations.

PANA’s aim is to collectively target the resources of its coalition members to integrate nutrition and physical activity into all aspects of the school environment, from curricular activities and after-school clubs to lunch programs and vending machines. Similar to coordination at the state level, a clear division of labor exists for carrying out coalition activities. When combined with resource mobilization statewide, it is clear that coalition activities in school environments are part of a larger strategy to restructure policy, funding, and institutional decision-making by reconstituting the network of sectors, professions, and resources located at the state and local levels.

In section 4.2 of this chapter I provided examples of how PANA uses scalar strategies to mobilize a finite amount of financial and organizational resources. I first illustrated how a diverse set of resources was mobilized to form an organizational network targeting obesity prevention. Beyond the use of CDC funds to build PANA’s organizational capacity, it is clear that the coalition relies heavily on the resources of its members. A key component of resource-sharing is the co-existence of cooperation and contingency among coalition participants. The sharing of resources and joint decision-making among coalition members has helped to create an interdependent web of relationships among different sectors and between different scales of resource allocation and dissemination. After establishing that member resources are essential to PANA’s organizational network, I then described how resources are used to create a division of
labor among coalition members and at different scales simultaneously. Important to this division of labor is a flexible form of production that enables PANA to assimilate member resources while also being sensitive to the timing of coalition campaigns. The coalition also relies on the organizational capacity of its members, whether focusing on communications technology or the delivery of programming through different networks.

This evidence suggests that a scale division of labor is essential to organizational networks that rely on resource sharing to coordinate both state policy formation and local implementation simultaneously. However, while these characteristics help to illustrate the role played by scale in how resources are mobilized, they do not describe why the coalition mobilizes certain resources over others. To illustrate why PANA mobilizes resources, the next section contains an explanation of the role of scale in creating a demand for the consumption of health promotion products aimed at changing lifestyle activities associated with nutrition and physical activity.

4.3 Promoting Product: Creating Consumer Demand for Healthy Lifestyles

It is clear that in taking in food, for example, which is a form of consumption, the human being produces his own body (Marx, 1939-41 [1973], p. 88)

The previous section provided evidence that illustrated how PANA enlists both financial and organizational resources at the local, regional, and supra-regional levels. This led to the creation of an organizational network that has enabled PANA to coordinate member resources in a strategic and sustained manner. Key to this was the coalition’s network structure, which provided the flexibility to produce material resources
for its members through a scale division of labor. The net result of PANA’s resource mobilization has been the creation of an institutional infrastructure that is able to stretch across organizational and spatial boundaries. The elastic ties between coalition members have enabled PANA to extend its reach among different sectors, settings, and scales of intervention to amass resources.

In this section, I further illustrate the importance of the organizational ties that enable PANA to situate itself as an intermediary to facilitate the consumption of healthy lifestyle products. I begin by describing why the coalition has positioned itself as a clearinghouse, which is to control the communication and dissemination of resources among the coalition’s targeted audiences. In this capacity, PANA serves as a fiduciary, technical assistance provider, information broker, and campaign organizer. Here, scale is implicated in as much it provides a scaffold for the coalition to build a communications infrastructure that extends across territorial boundaries and levels of political jurisdiction. In this capacity, PANA coordinates the flow of information to targeted audiences—not only individuals in school settings, but also the organizations and agencies that rely on the coalition for different but equally important resources. The coalition’s function as a resource clearinghouse is part of a larger strategy to create a brand identity through which organizations and individuals associate obesity prevention products with PANA.

To demonstrate how PANA’s messages are adopted by coalition members, I then describe the role that health promotion campaigns and products play in changing institutional behavior. By employing marketing tactics, PANA aims to increase the perceived benefits of healthy lifestyles among targeted audiences, including its own coalition members. PANA applies specific marketing strategies to different spheres of
influence—schools, communities, environment, and policy. I highlight the Keystone Healthy Zone (KHZ) campaign as an example of how the branding of coalition resources drives institutional behavior to adopt messages with the ultimate goal of changing local school environments and policies. Specifically, this includes the purposeful packaging of PANA’s tools, educational programming, and other incentives to create a perception of value among public agencies, industry partners, and non-profit organizations, alike.

4.3.1 Coalition as Communications Clearinghouse

PANA’s clearinghouse function has been an explicit goal since the coalition’s inception. It is explicitly stated in the PaNPAP that PANA would “serve as a communication clearinghouse and expert resource for nutrition and physical activity” (PaDoH, 2003, p. 17). Furthermore, in developing its marketing plan, specific attention was given to driving individuals and organizations to the coalition web site, establishing a strong presence in professional communities, creating communication vehicles to keep coalition members informed, using coalition member resources to get PANA’s message out, and cross marketing its branded programs and products with other groups (Steege Thomson Communications, 2003).

As a communications clearinghouse, the constant mobilization of resources is a primary activity of PANA. This not only includes the financial resources needed to create the necessary communications infrastructure, but also the promotion of member resources on a regular basis. As intended, one result has been coalition members’
reliance on PANA’s web site and regular email updates for information. As one member explains:

They keep us regularly informed, and by us I mean the coalition partners. We hear about issues as they are happening and not only from their web site, but they will send you alerts. So we are informed and feel that our efforts in meetings, calls and strategic planning sessions, there is a result at the end of it all. I think that is important to the coalition partners. (Jill, policy analyst, May 5, 2005)

To create the perception of its relevancy and to keep local constituents engaged, the coalition promotes its web site as an empowerment tool by providing templates that may be used in the implementation of local projects. For local communities and schools, the perceived value of the coalition is its ability to provide credible resources for local adoption. In this role, PANA offers products that are content-specific but also adaptable to serve audiences in different settings. The coalition convenes individual experts and statewide associations to identify what resources are needed. It also hires marketing consultants to help identify target audiences, create a branded identity for the coalition’s products, and establish a constant communications presence.

To disseminate information, the coalition relies on web-based technologies to store and update information. PANA’s web site has become an important way to connect local constituents with information related to promotion and advocacy campaigns, conference and training announcements, web-based tools, on-line grant applications and reports, among other resources (Figure 4-1).
PANA’s web site, email updates, and action alerts provide statewide partners with a means to communicate information about their specific organization or agency. Coalition members gain exposure while also learning about other groups in PANA’s network. As such, the information mediated through PANA is a manifestation of organizational alignments, partnerships, and sponsorships of coalition products and services.

Another function of PANA’s clearinghouse function is to broker resources between coalition members and targeted audiences. Coalition members believe that

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**Figure 4-1.** Local constituents rely on PANA’s web site for a range of products, updates, and announcements (source: www.panaonline.org)
PANA’s information serves a vital purpose by broadcasting timely and relevant information across different networks:

I think through partnering with PANA we are able to network and learn of the latest interventions, the latest components that are being researched, just kind of up-to-date resources. We both are looking to find ways to identify other resources out there to help in the prevention and treatment. So together we are working on similar goal. (Jason, Pennsylvania Osteoporosis Coalition, May 18, 2004)

To frame issues for specific audiences, coalition staff filter information before distribution through it various communications channels. This ranges from announcements regarding campaigns and upcoming events, to advocacy updates on state legislation (Figure 4-2).

Figure 4-2. PANA’s web site provides Action Alerts to encourage users to communicate directly with elected officials, local government representatives, and the media (Source: www.panaonline.org)
Acknowledging the close ties between coalition members and the benefit that PANA provides to local communities, one of the staff comments:

It will be a constant need to build the relationship with all of the partners at the state level and then keep a product coming forth at the state level to the local, so that they continue to see PANA as the expert resource. (Sara, nutritionist, May 17, 2004)

A major function of the web site is to disseminate resources related to grant programs and to encourage schools and communities to participate in one of several campaigns offered by PANA. As part of the KHZ campaign, schools apply online and submit school assessments and final reports associated with mini-grant programs. PANA also promotes a series of health promotion campaigns to drive the consumption of coalition resources. By bundling its web site and mini-grant program with health promotion campaigns, PANA aims to encourage participation in coalition activities and extend its reach into different audiences. While grants are small, they are supplemented with a range of tools, templates, and guides for local implementation. Campaigns also promote professional training sessions where individuals can learn how to implement campaign goals, receive tips from model partnerships, and gain insight on how to be competitively positioned for funding. Cecilia, an executive team member who works with many local AHA offices to coordinate health promotion efforts, states:

This helps our school site staff for example because they are constantly being asked by teachers what do you have, what resources do you have to address obesity or to increase physical activity during the day, etc. So it is nice for us to be able to show that we are working on this issue in a concrete way, that we are trying to help PANA succeed and then be able to give out some of the resources that PANA has, like the tool kit. That is a great resource for teachers. (Cecilia, physical activity specialist, May 17, 2004)
PANA’s web site, its mini-grant programs, and health promotion campaigns are carefully marketed to targeted audiences to stimulate demand for resources. In this capacity, the clearinghouse function of PANA serves a marketing purpose and is part of a larger effort to encourage others to adopt a series of branded and co-branded products related to healthy lifestyles. The coalition’s success in disseminating its resources is a result of the scale economies PANA has created that extend across different regions of the state. In the process, PANA has been able to reorganize Pennsylvania’s institutional networks to create a demand for its programs and products.

4.3.2 Changing Institutional Behavior through Health Promotion Campaigns

PANA markets its resources through a series of health campaigns. Through these campaigns, PANA is able to create economies of scale in the dissemination of its branded products while at the same time driving demand through targeted promotion among partnering agencies, organizations, and member networks. By targeting local schools, PANA encourages greater participation by coalition members who are present in these settings. The first campaign implemented by PANA was the KHZ campaign. According to PANA (2004b), the purpose of KHZ is to:

1. To recognize and reward schools for their efforts in supporting physical activity and good nutrition as part of the total learning environment.

2. To increase awareness and commitment for integrating policies and practices that support healthy eating and physical activity through a Coordinated School Health Model.
KHZ was created after coalition staff and consultants conducted formative research that identified schools as a likely setting for environmental and policy changes. The research also identified youth as a potential targeted audience given the disproportionate impact of obesity on this population, and poor nutritional and physical education standards in the schools. As Olivia, PANA’s executive director, states:

I think we wanted to start with schools because we felt that given limited money and time and resources that we had, it was a closed environment where we could get some initial changes in a shorter amount of time than a more open community environment that has a lot more factors contributing to different ways things operate. We thought schools were really a pivotal point because they are one of the only identifiable centers of communities anymore and it was an easier way to also get volunteers from health, recreation, local government around something tangible because every community in Pennsylvania has a school in it. (Olivia, health promotion specialist, July 15, 2005)

As part of this assessment, PANA staff also identified a high level of institutional participation among coalition members in local community and school settings. Olivia further states:

So although we use schools as our starting point, I think now you can easily see how bridges are being connected with our complimentary efforts of our close-to-home recreation with Keystone Active Zones. Transportation planners and local government are really starting to reach out to schools for these improvements rather than doing things in isolation. So we chose schools as a center, but we think they are a powerful influence on other institutions, parents, families, and media within communities. So it is more of a leveraging point. (July 15, 2005)

Launched in May 2004, KHZ recognizes schools throughout the Commonwealth that are attempting to make changes related to food and beverage policy and practices, physical education, and BMI measurement to monitor obesity and weight gain among school children. PANA has carefully crafted its campaign to include incentives for participation and to reward schools that subscribe to PANA’s brand of physical activity
and nutritional programming in school settings. As a requirement of the KHZ recognition program, participating schools conduct assessments, make changes to policies, and implement interventions in the school setting. As of 2005, over 1,100 schools enrolled in the KHZ campaign, with representation in all but one of Pennsylvania’s 67 counties.

To support health campaigns such as KHZ, PANA has developed a range of products that are funded by multiple sectors at different levels of sponsorship. Financial contributions come from an array of non-profit organizations, private businesses, and industry and professional associations. In 2004, these groups contributed close to $135,000 for coalition campaigns, including school mini-grants, food and beverage tool kits, and professional development training on physical education. According to PANA staff, in 2005 this amount more than doubled to $300,000.

As part of the 2004 campaign, $2,000 mini-grants were given to 200 schools with funds coming from AHA ($27,500), Subway ($30,000), the PaNEN ($52,000), and Giant Foods Inc. ($30,000), among others. A Food and Beverage Action Kit was provided as a web-based tool to assist local school health councils with specific policies, practices, and environmental modifications to increase the availability of healthier and nutritional choices (Figure 4-3). Specific contributors to the development of the tool include Rodale ($30,000), a publisher whose magazines include Prevention, Men's Health, Runner's World, Organic Style, and Organic Gardening; and Kellogg’s Food Away from Home program ($10,000) that targets its products to K–12 school food providers.
Given that only 1 in 9 school applicants received a mini-grant in 2004, additional incentives and motivations are clearly needed to stimulate participation. Among these are mandatory growth screening and newly required guidelines for nutrition and physical education classes (PaDoH, 2004a, 2004c). Acknowledging these motivational factors, one of PANA’s staff states, “I mean, let’s face it people only do what they really have to do, so they will either follow money or requirements” (July 15, 2005). However, the demand for educational programming around obesity prevention might have been

Figure 4-3. Non-profit organizations and food companies contribute to the development of web-based tools such as the Healthy School Food and Beverage Action Kit for Change (Source: http://panaonline.org/programs/khz/actionkits/fbak/intro.php)
considerably less if obesity was not a focus of media attention. As will be discussed in chapter 5, the purposeful framing of the obesity issue was one strategy used by PANA to motivate school teachers, nurses, and administrators into action. The media’s attention further reinforced the victimization of youth, albeit casting blame on major food companies. Regardless of the motivation, many schools are taking advantage of the coalition’s educational and technical resources for several reasons, including the lack of this type of support in school settings.

To encourage greater participation by for-profit corporations and non-profit organizations, the KHZ campaign provides programmatic templates through its “Enter the Zone” events. As PANA’s executive director states:

I think where we come in adding value for industry and the people who have to implement these changes is that we’re trying to make it more programmatic, even though it’s not all required. It’s more like a step-by-step guide and a way for different groups to come together that the government just isn’t supplying. This has created an opportunity for us to be there as a resource. (Olivia, health promotion specialist, July 15, 2005)

PANA’s campaigns help to co-promote events with those from partnering groups, leading to changes in institutional practices (Figure 4-4). Some examples of co-promotion include an annual Kids Walk to School Day sponsored by PennDOT; the Great Pennsylvania Apple Crunch co-sponsored with Giant Foods, Appeeling Fruit, Inc. (a fresh apple processor located in eastern Pennsylvania), the PA Department of Agriculture and the PA Apple Marketing Board; and Hoops for Heart, a program from the American Heart Association. An annual KHZ Event Day is held in conjunction with the national ACES Day (All Children Exercise Simultaneously). Project ACES is endorsed by the
President’s Council on Physical Fitness and Sport and the U.S. Department of Health and Human Services.

CELEBRATE THE GREAT PA APPLE CRUNCH WEDNESDAY, OCTOBER 19, 2005

What is Apple Crunch?
The Great Pennsylvania Apple Crunch is one of PANA’s annual events that focuses on healthy food choices and Pennsylvania produce. This statewide celebration encourages schools to serve apples on October 19th. Apple recipes can be featured in the cafeteria while apple festivities and other apple-oriented events and activities can run throughout the day. Communities are also encouraged to join in by supporting the schools’ event, providing apples to their employees and customers, by featuring apples on restaurant menus and by valuing their support for healthy food and beverage choices in schools and communities.

Special Promotions from 3 State Partners

Figure 4-4. PANA enlists the support of multi-sector partners through co-promotion of products (Source: http://panaonline.org/programs/khz/enterthezone/applecrunch05/)

Through the co-promotion of products, brands, and programs, the coalition creates a perception of value among public agencies, industry partners and other non-profit organizations. Events such as the KHZ Event Day serve to demonstrate PANA’s growing statewide support by its network of organizations and schools. The coalition also uses these events to draw the attention of the media and elected officials in 2004. The KHZ Event Day was co-promoted as a media and legislative day, drawing attention to the campaign in the state capital building. For this event, some of the participating
groups included the American Heart Association, the American Cancer Society, Keggel’s Produce, the Department of Health, and the Department of Education.

PANA is also working with professional associations whose interests reside within local schools. Staff has engaged several professional associations such as the PA School Boards Association, the PA Association of School Administrators, and the PA Association of School Business to ensure that teachers, school nurses and parents will be supported by school administrators and school-related businesses. Involvement by these groups ranges from product planning and development to policy discussions on nutritional and physical education guidelines in middle and elementary schools.

As an interim step in addressing childhood obesity, PANA recognizes that it has to change institutional practices. The coalition has been relatively successful in driving the demand for healthy lifestyle products among coalition members and within school settings. An assessment of the KHZ campaign (PANA, 2005a) showed increases in environment and policy changes of participating schools. Between 2004 and 2005, the report indicated the following:

- 24% increase in the number of schools enrolling in the KHZ Campaign, reaching 1,116 schools.
- 84% increase in the number of schools having a representative committee, or school health council, to oversee school health policies, procedures and programs.
- 35% increase in the number of schools having a written policy about foods and beverages.
- 200% increase in the percentage of schools providing 150 minutes of physical education a week in grades K–5.
- 47% increase in the number of schools taking steps to create safe routes to school.
- 62 policy changes and 80 environmental changes in participating schools.

As these statistics indicate, in the span of a few years the coalition has been able to instigate policy and environmental changes in school settings. PANA has focused its early efforts on developing the statewide and local infrastructure necessary to support obesity prevention, while leaving the responsibility of specific interventions to local constituents. As PANA’s executive director succinctly states, “where coalitions are effective are advising projects and programs or contributing different things. Meeting very well-defined objectives or actions. Where they are not, is implementing and managing a program and creating behavior change” (May 24, 2005).

4.4 Conclusion

In this chapter, I described how and why PANA enlists the financial and institutional resources of different groups to illustrate how organizational scale is employed as a strategy to marshal resources by governance coalitions. Specifically, scale is used to: (1) facilitate resource-sharing to create an interdependent web of organizational relationships resulting in institutional thickness and elastic ties between coalition members; (2) redefine existing networks and create new ones to build a governance infrastructure to facilitate the sharing and dissemination of resources; and (3)
control the flow of resources to change institutional behavior and create a demand for healthy lifestyles in school settings.

In the first section, I began with a critique of resource mobilization theory given its lack of attention to how, why, and where resources are mobilized across organizational and scalar boundaries. I provided evidence that cooperation, commitment, and contingency co-exist within governance coalitions given the reflexive capacities of coalition members and the ability to assess risks associated with intended outcomes. I introduced the term elastic ties to describe organizational relationships that stretch across territory and scale to qualitatively and quantitatively increase the amount of sharing, acquisition and dissemination of coalition resources. This includes the quality and presentation of health promotion products, as well as the efficiencies gained by enlisting many different organizational networks. In contrast to weak ties, I argued that elastic ties are a better description of organizational relationships within governance coalitions that exhibit professionalized, strategic, and sustained forms of action, given the high level of cooperation needed to coordinate resource-sharing among coalition members.

In the second section, I provided evidence of how resources are shared between different groups and sectors to illustrate the organizational structure of PANA’s network. I argued that governance coalitions are a contemporary expression of collective action in as much as these governance structures facilitate resource mobilization between policy and mobilization networks at different scales. Consistent with regime theory, PANA relies on the capacities of its participating members to carry out coalition activities. However, equally important to the tracking of the participation of state and non-state actors is the coalition’s reliance on scalar strategies to assimilate and disseminate an array
of reconstituted resources as an expression of PANA’s material power as deployed through its associational networks. Relying on a flexible mode of production, the coalition has created a scale division of labor by using its network form of organization strategically to manage and disseminate resources to targeted audiences at the state and local levels. Essential to carrying out coalition tasks in this manner is the use of information technology and distribution networks to share resources between and among different scales of coordination, while allowing the flexibility of individual groups to contribute specific resources at some scales over others. For some coalition members, this converges on policy advocacy at the state level, while others target audiences in local settings. An important role for the coalition is the building of a scaffold between and among different levels of territorial jurisdictions. Here, scale plays an important role in describing where and how resources flow from coalition members to PANA, and then subsequently from PANA to targeted audiences.

In the third section, I described why PANA uses specific resources to target obesity prevention. The coalition assimilates different resources into a set of health messages and identifiable products offered to its constituents, whether at the state or local levels. In functional terms, resources are delivered in one of two ways: (1) an information clearinghouse to communicate policy and advocacy, funding and grant opportunities, and tools for local adoption; and/or (2) a series of health promotion campaigns through which PANA mobilizes member and grassroots networks for legislative advocacy, professional development training, and campaign-specific activities. In using a marketing approach, PANA attempts to increase the perceived benefits of healthy lifestyles among different groups whose organizational focus is to work on
physical activity and nutrition issues, especially in local schools. To coordinate the activities and interests of coalition members in these settings, PANA facilitates the communication, dissemination, and consumption of healthy lifestyle products. Through its strategic positioning between different scales and networks, PANA is able to control the flow of information and products targeted not only to individuals, but also the organizations and agencies that rely on the coalition for different, but equally important, resources.

The primary purpose of this chapter was to describe how and why PANA employs scale in mobilizing resources. Beyond understanding the mechanics of resource mobilization, it is clear that one of PANA’s goals is to facilitate the interaction between the production and consumption of health promotion products. As such, the case of PANA highlights issues raised in methodological debates about scale concerning production and consumption (Brenner, 2001; Marston, 2000; Marston & Smith, 2001). At the core of these debates, Brenner (2001) asserts that analyses of scale should focus exclusively on the “production, reconfiguration, or contestation of particular differentiations, orderings and hierarchies among geographical scales” (p. 600). Brenner’s position regarding the purpose of interscalar analyses is a response to Marston (2000), who criticizes Brenner and others who focus on the production of economic relations without considering consumption and social reproduction -- the use of labor power to sustain existing social systems. However, as Purcell (2003) asserts, the two sides of this “non-debate” are not mutually exclusive but rather highlight differences in methodological approaches. Moreover, he hypothesizes that scalar analyses would gain
from more synthetic approaches that integrate the different traditions represented by Brenner and Marston.

The ideological aspects of these debates are not the focus here. Rather, my intention is to call attention to organizations such as PANA that are implicated in pursuing scalar strategies to facilitate both production and consumption. PANA is an example of how scales are produced to mobilize resources around obesity prevention. However, the case also highlights the reasons why PANA uses scalar strategies to mobilize resources—to create and reconstitute institutional relationships aimed at changing bodily consumption patterns. Through the use of social marketing, PANA attempts to redefine social relations both in institutional and bodily terms. Specifically, this includes the assimilation, distribution and exchange of resources that rely on a scale division of labor among coalition members. This labor power is equally consumptive in as much as coalition constituents—organizations, agencies, schools, individuals—are also representative of targeted audiences for PANA’s health promotion products. The mutually constituted relationship between production and consumption is most evident where production and consumption come together in the form of PANA’s branded campaigns.

Beyond this evidence that implicates scale in both production and consumption of healthy lifestyles, many scholars acknowledge structuration in institutional analyses (Amin, 1999; Graefe, 2005; Jessop, 2001a; Randles & Dicken, 2004). Jessop (2001a) is most explicit in advocating for institutional analyses that are structured and contextually sensitive and attempt to understand how institutions operate and reproduce themselves through routine actions. However, he also suggests that attention should be paid to the
reflexive capacities of actors to implement institutional strategies leading to actual outcomes. This chapter provides evidence in terms of a governance coalition’s spatiotemporal and strategic emergence, highlighting the actions of coalition members that are contextually defined but reflexively considered. Examples include a response to available resources at the federal level, the lack of health infrastructure to support obesity prevention, and targeting specific groups and audiences to mobilize and share financial and organizational resources. Capitalizing on the resources of state and non-state actors, an organizational network was formed to coordinate obesity prevention efforts in the Commonwealth of Pennsylvania. The characteristics of the network were constituted by the participation of multiple sectors and different interests. However, to marshal resources effectively, scale was employed to assimilate, repurpose, and distribute health promotion products among different interest groups. This includes elastic ties between organizational networks and territorial jurisdictions at the local, regional, and supra-regional levels.
Chapter 5

THE DISCOURSE OF DISEASE:
SCALE FRAMES, TERRITORIAL BOUNDARIES,
AND INSTITUTIONAL SPACES

The preceding chapter contained a description of how resources are mobilized by PANA and the utility of scale in amassing financial and organizational assets under the goal of obesity prevention. In addition to the material practice of resource mobilization, the coalition employs a variety of representations, or frames, related to disease and its prevention. In this chapter, I provide evidence to illustrate how PANA frames problems and solutions related to obesity. In doing so, I argue that scale frames are used as a tool to mobilize state and non-state actors around a collective identity of healthy lifestyles. I begin the chapter with a summary of previous studies that extend the theory of collective action frames (Benford & Snow, 2000; Snow & Benford, 1988) into scalar analyses. In discussing the work of Kurtz (2002, 2003), I identify limitations of scale idioms as an analytical construct. As an alternative, I propose typologies of scale frames consistent with theories of collective action frames. Respectively, I outline scales of attribution, association, and agency to discuss the diagnostic, prognostic, and motivational frames used by PANA and coalition members.

In section 5.2, I provide evidence from the case to illustrate that scales of attribution demonstrate the elasticity of collective action frames. Specifically, I show how the coalition extends and adapts diagnostic frames promulgated at the national scale to regional and localized settings. I describe the discourse of disease that frames obesity as a crisis at the national, regional, and local levels. Within this larger frame, a series of
sub-frames support the representation of obesity as an *epidemic* and epidemiological health issue; as a preventable disease in which the context is *youth as the victim*; as a manifestation of *environmental* factors related to access, barriers, and prompts available to individuals; and as an *economic* burden that impacts healthcare expenditures, insurance, and workforce productivity. The resonance among these diagnostic frames is important in as much as they allow for different scales of attribution in national, regional, and local terms. While a set of counter-scale frames is supported by a minority but powerful group of corporate interests, they are secondary to a set of mutually constituted frames shared by government agencies, private industry, and non-profit organizations alike. Key to this alignment is the prominence of representations that diagnostically frame obesity as a *lack of choice*, while implicitly calling attention to bad choices.

To illustrate how a set of complementary scale frames are reflexively shared between state and non-state actors, in section 5.3, I describe the discourse of *healthy lifestyle* to highlight the common association of obesity prevention and demonstrate the agreement among different coalition members. Consistent with a neo-Gramscian perspective, the healthy lifestyles frame is mediated through different agencies, foundations, health intermediaries, and corporate interests. I begin with a brief review of recent health promotion efforts that emphasize ecological and marketing approaches to disease prevention and the linkages between national and sub-national frames. I then describe a sub-set of frames associated with the promotion of healthy lifestyles that includes choice and wellness, among others, to create a master frame shared by state and non-state actors.

In section 5.4, I return to social marketing, a topic raised in chapter 4. I highlight
how the coalition uses a discourse of change to mobilize its constituents. To do so, PANA employs a spatial frame of “zones” to place boundaries around its programmatic activities and products as the locus of agency. PANA markets change in local community and school settings through a set of consistent messages to motivate different organizations and agencies to create new institutional spaces. In this section, I discuss how PANA uses a discourse of responsibility to motivate coalition members and enlist constituent resources into a set of branded products and programs related to obesity prevention. This activity underscores the utility of scale as a strategy to tie the frame of healthy lifestyles with the resources necessary to change physical and institutional environments.

I conclude with a summary and discussion of PANA’s use of scale in comparison with theories of collective action frames. In contradistinction to scalar analyses that focus on justice and grievance issues put forth by local actors, the case of PANA provides a different reading of scale frames that are relational in nature among attribution, association, and agency. In doing so, the case provides an alternative account of state and civil society relations, moving beyond perspectives that present the state and social movements in oppositional terms without problematizing their boundedness. The evidence suggests a high level of agreement about the causal explanations of obesity, a shared understanding about its prevention, and collective action to change the physical and social settings in school environments. In presenting the example of the anti-tobacco movement, I draw similarities and differences with obesity prevention in the definition of problems and solutions in discursive terms.
5.1 Representations of Scale in Framing Processes

A central focus in social movement approaches to analyzing collective action is cultural framing. This includes a focus on the purposeful framing of problems and issues, and the construction of an identity around movement activities (Buechler, 2000; Melucci, 1996). The purpose of framing is to create representations and related meanings for movement constituents, counter-movements, and society at large (McAdam & Snow, 1997). Benford and Snow (1988, 2000) categorize three types of frames: (1) diagnostic frames based on problem and justice/grievance arguments, (2) prognostic frames that propose strategies and solutions to a problem, and (3) motivational frames to mobilize individuals and groups into action. Acknowledging considerable variance in each of these categories, they state, “Collective action frames may vary in the degree to which they are relatively exclusive, rigid, inelastic, and restricted or relatively inclusive, open, elastic and elaborated in terms of the number of themes or ideas they incorporate and articulate” (Benford & Snow, 2000, p. 618).

Picking up on the theme of collective action frames, geographers have used the terms “representations” (Miller, 1997, 2000), “scale frames” (Kurtz, 2002, 2003), and “place-framing” (Martin, 2003), among others, to present scale as a discursive strategy by social movement and community organizations. Miller’s work is best known for drawing connections between social movements and scale. However, it is Kurtz (2003) who uses collective action frames to conceptualize the idea of scale frames. In a case study of environmental justice in rural Louisiana, she illustrates how scale frames are used to create representations of social grievance. According to Kurtz, “Scale frames are the
discursive practices that construct meaningful (and actionable) linkages between the scale at which a social problem is experienced and the scale(s) at which it could be politically addressed or resolved” (Kurtz, 2003, p. 894). Based on the work of other geographers (Brenner, 1997; Herod, 1997; McMaster, Leitner, & Sheppard, 1997; Towers, 2000), she develops the idea of scale framing further by identifying three “scale idioms” that comprise “syntax for a politics of scale.” Kurtz differentiates between scale frames that:

1. structure around the scale of regulation involving different levels of government jurisdiction and control,
2. discursively legitimize inclusion and exclusion in political debate, and
3. serve as a category for spatial analysis.

While the elaboration of scale frames into these three categories is a novel approach in describing the role of scale in collective action frames, these distinctions represent categories of convenience rather than methodological ones (Brenner, 2001). Furthermore, the need to be consistent with characteristic features of collective action frames put forth by Benford and Snow would suggest an emphasis on “core framing tasks,” i.e., diagnostic, prognostic, and motivational, and the “discursive processes that attend to these core framing tasks” (Benford & Snow, 2000, p. 615).

My point here is not to disagree with the general relationship of scale vis-à-vis collective action frames, but rather to take issue with the scale idioms chosen by Kurtz. For example, her scale of regulation can also be described from a functionalist perspective, i.e., different levels of bureaucratic resolution and government jurisdiction. Additionally, a discussion of scale associated with levels of regulation is better aligned with a polity model of collective action (Tilly, 1978) rather than a focus on collective action frames. As other have argued (Staeheli, 1994), the use of scale as an
empowerment strategy emphasizes the agency of local actors and their ability to create, jump, and move between scales to create political opportunities. As will be discussed in chapter 6, scale is used as a strategy to seize and create political opportunities related to policies and regulation. Moving to Kurtz’s second scale idiom of inclusion and exclusion, it is clear that while scale can be represented as a site of struggle, this does not exhaust the many ways in which scale is used discursively by different groups. For instance, scale is often employed to normalize crisis as a strategy for shifting away from particular problems while creating a moral basis for other causal explanations (Harada, 2000; Law, 2000). The events surrounding the aftermath of 9/11 and Hurricane Katrina provide plausible cases in which a tragedy was simultaneously represented across a range of scales—from the local to the global—for political reasons. Finally, to state that scale frames “invoke scale as an analytical category” (Kurtz, 2003, p. 895) is to speak the obvious. A growing body of literature presents scale as an analytical category (Herod & Wright, 2002; Jonas, 1994; Sheppard & McMaster, 2003). While some analyses focus on scale’s discursive properties, others focus on scale’s ontological and methodological basis (Brenner, 2001; Delaney & Leitner, 1997).

To draw closer relationships between scale and collective action frames, I would like to propose scale typologies as a closer approximation than scale idioms. As a systematic classification, the use of typologies provides an exhaustive list of scale frames that also allows for comparison between specific scale frame types. In the subsequent sections of this chapter, I introduce a set of scale typologies that are methodologically consistent with Snow and Benford’s core framing tasks, i.e., diagnostic, prognostic, and motivational. Within this discussion, I assume that governance coalitions such as PANA:
(a) are as an expression of collective action targeting political change and social behavior; and (b) emphasize cultural and social processes as part of collective action (Benford & Snow, 2000).

Related to diagnostic framing, I use scales of attribution to describe scalar frames that identify a problem, grievance, or injustice. This typology draws on attribution theory developed by Kelley and his colleagues (1972, 1980), positing that “people interpret behavior in terms of its causes and that these interpretations play an important role in determining reactions to the behavior” (Kelley & Michela, 1980, p. 458). The link between interpretation and behavior is important here, in as much as diagnostic frames employed by PANA center on problematic causes in the environment that affect individual behavior associated with obesity.

Related to prognostic framing, scales of association are used to describe representations that resonate between different social groups to create a shared understanding, identity or ideology. This assumes that shared representations are discursively produced, but result in agreed-upon strategies and solutions due to a frame’s “narrative fidelity” (Fisher, 1984), or association with apriori moral and cultural assumptions (Snow & Benford, 1988). However, this is not to suggest that ideology is a structural condition, rather, it is discursively produced by political and organizational elites (Valocchi, 1996). In the case of PANA, the master frame of healthy lifestyles is used to assimilate mixed-motives into a shared representation of obesity prevention, incorporating the views of different public agencies, non-profit associations, professional and industry groups, among others.
Lastly, related to motivational framing, I use the term scales of agency to describe scale frames that bound the environment in which collective action is to occur. Here, agency is defined as the “efficacy of human action” that “entails an ability to coordinate one’s actions with others and against others, to form collective projects, to persuade, to coerce, and to monitor the simultaneous effects of one’s own and others’ activities” (Sewell, 1992, p. 21). In the case of PANA, this centers on school settings as a spatial frame, despite the fact that coalition members are working at different scales of power and influence. Collectively, these activities are meant to change environmental and behavior determinants, resulting in new institutional spaces. With each scale frame—attribute, association, and agency—I emphasize the plurality of scale to acknowledge that representations of obesity are discursively produced among and between different scales in which coalition members situate themselves.

In this section, I have pointed out the limitations of Kurtz’s different idioms of scale and offered a classification of scale typologies consistent with collective action frames. Using evidence from the case, in the next section I discuss how scales of attribution have been used to create a diagnostic frame of obesity as a crisis. Specifically, I highlight the elasticity of scale frames and how PANA stretches representations between national discourses and regional and local settings. When collective action frames are described from this perspective, it is clear that governance coalitions play a significant role in mutually constituting the scalar representations associated with obesity.

Sections 5.2–5.4 of this chapter provide evidence that substantiates the claim that governance coalitions such as PANA create shared representations that incorporate mixed motives into a set of coherent frames, tailor scale frames to targeted audiences, and
diffuse these frames through a distributed network of coalition members. Evidence from the case suggests that governance coalitions are a contemporary expression of collective action in as much as these organizational structures facilitate the production and mobility of frames between policy networks and local actors.

5.2 Scales of Attribution: Elasticity of Frames in Governance Coalitions

In this section, I present data to highlight how the discourse of obesity is produced at various scales. The primary diagnostic frame used by PANA is obesity as a major health crisis. Within the crisis frame, the coalition uses a series of sub-frames that present obesity as a health epidemic; a manifestation of social norms that target youth as the victim; a result of environmental conditions that are multi-factorial and complex; and a costly medical expenditure with serious economic impacts. However, before describing these secondary representations, a summary of efforts that frame obesity as a major crisis is warranted.

As a master frame, obesity has been presented as a crisis associated with poor diet and physical inactivity. Master frames can be defined as broad representations that act as a “master algorithm that colors and constrains the orientations and activities of other movements” (Benford & Snow, 2000, p. 618). In the case of obesity prevention, the master frame of crisis is used in this manner. The framing of obesity as a crisis enables the extension of obesity into different domains that include medical professionals, community health practitioners, youth advocates, environmentally based organizations, economists and public policy networks. From a clinical perspective, it is commonly
understood that obesity represents the co-morbidity of disease associated with high blood pressure, stroke, and type 2 diabetes. As a diagnostic frame, obesity is presented as a health crisis used to broaden the impact of these related diseases. The frame of crisis is also linked to the social and environmental causation of being obese or overweight. Information technology, television advertising, sedentary lifestyles, and sprawl development are several of the examples used to substantiate the claim that obesity is a social crisis manifesting geographic, demographic, economic, and other structural impacts of the disease. The master frame of crisis is important in as much it simplifies the multi-factorial nature of the disease. According to Bill, a university medical researcher and clinical psychologist:

Obesity has problems medically and it ranges from arthritis to sleep apnea to diabetes, hypertension to dyslipidemia ... Secondly, it’s got psychosocial consequences. At least at the extremes of obesity and at least for women ... There is also significant discrimination against obese people ... It is not that psychopathology leads to obesity, it is that being obese at least in this culture is associated with some psychosocial consequences, bad body image and this leaks over to self-esteem ... Then the third thing of the economics of this largely through its affect on type 2 diabetes, which is such an expensive and costly disease. Then there is other data coming out that obesity for example impacts the productivity of the work force …. I say it is medical, psychosocial and economic. That is why obesity should be taken seriously. Health policymakers, administrators, practitioners, and researchers equally admit to the complexity of the disease. (July 9, 2004)

To unpack the way in which PANA frames obesity as a crisis, within this section I describe several sub-frames that stretch across geographical, sectoral, and professional boundaries. First, I provide an overview of the epidemiological basis of the disease and the related discourse employed by PANA and others. Second, I describe how a set of diagnostic frames identify youth as a vulnerable population in need of protection. Third,
given PANA’s focus on environmental factors, I explain how the coalition employs a causal frame between the disease and physical and social settings. Last, I touch on how obesity is being framed within the larger healthcare crisis and the economic impacts associated with obesity treatment.

5.2.1 The Discourse of Epidemic

In 1990, the number of deaths attributable to obesity was second only those due to tobacco-related cancer in the category of preventable diseases (McGinnis & Foege, 1993). With 365,000 deaths attributable to obesity in 2000 (Mokdad et al., 2004, 2005), it is no surprise that this medical condition has caught the media’s attention (Figure 5-1). However, how long has obesity been considered a problem and when did government agencies such as the CDC begin to identify obesity as a national epidemic and major contributor to a growing health crisis? While this is not the central focus of the dissertation, it is important to provide some context given that PANA borrows and extends its diagnostic frames associated with obesity commensurate with those at the national scale.
In 1985, less than a handful of states were participating in the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), a system used to compile self-reported data about individual health and a major source for obesity statistics. However, 1985 was the first year in which the CDC began to track obesity trends. According to the CDC, obesity is defined as having a Body Mass Index (BMI) of 30 or higher (Allison et al., 1999). In 1991, four states reported obesity prevalence rates of 15–19% and no states had rates at or above 20%. By 2003, fifteen states reported rates of 15–19%. More significant were the number of states at or above 20% for the same year—thirty-one states reported rates

*Figure 5-1. Obesity in U.S. newspaper reporting. (Source: LexusNexus)*

In 1985, less than a handful of states were participating in the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), a system used to compile self-reported data about individual health and a major source for obesity statistics. However, 1985 was the first year in which the CDC began to track obesity trends. According to the CDC, obesity is defined as having a Body Mass Index (BMI) of 30 or higher (Allison et al., 1999). In 1991, four states reported obesity prevalence rates of 15–19% and no states had rates at or above 20%. By 2003, fifteen states reported rates of 15–19%. More significant were the number of states at or above 20% for the same year—thirty-one states reported rates
of 20–24%, while four states had rates more than 25%. To bring the obesity issue to the public’s attention and to paint a picture of a national health epidemic, the CDC began to circulate maps in 2000, and have continued to do so through 2005 (Figure 5-2).

Based on annual BRFSS data (Mokdad et al., 1999), these maps have been an effective tool in communicating with and mobilizing groups to action, including PANA and its constituents. Used in presentations, the geography of obesity has also been effective as the coalition frames its own work in national terms. As Cecilia, an executive team member, comments:

You just thrown it up there graphically for them to see since mid 1980s until now, you watch that epidemic sweep across the country in very
colorful graphic terms. People are shocked and they are like “wow”…Unfortunately I have come to realize that we have to startle people out of complacency. So it takes for some people a graphic image. (Cecilia, physical activity specialist, May 5, 2004)

The CDC maps outline the spatial and temporal nature of the disease nationally to paint a picture of obesity as a pandemic and national health crisis. As an epidemic, obesity has also been introduced to the public through books in the popular press such as *Fast Food Nation* (2001) and *Food Politics* (2002), as well as the 2004 award-winning film documentary *Super Size Me*. Much of this discourse blames the food industry for the increased rates of obesity. As an indication of the acceptance of obesity as an epidemic, newspaper coverage of the issue has increased dramatically throughout the United States (Figure 5-3).

According to the *Stedman’s Medical Dictionary* (n.d.), an epidemic can be defined as “spreading rapidly and extensively by infection and affecting many individuals in an area or a population at the same time” (¶ 6). While epidemics are often associated with diseases that spread through microbes such as viruses and bacteria, in public health the origin of epidemics is tied to environmental factors that contribute to the spread of a disease. The birth of modern epidemiology began with the 1854 outbreak of cholera in London when Dr. John Snow, a medical physician, became famous for identifying the origins of the outbreak to a leaky water pump (Brody et al., 2000). In more recent history, a watershed moment in epidemiology was the British Doctors Study (a famous clinical trial that ran from 1951 through 2001) that provided a statistical link between tobacco smoking and lung cancer (Doll & Hill, 2004). In drawing comparisons with
tobacco-related cancer, the discourse of obesity legitimizes claims made by public health experts regarding the epidemiological nature of the disease.

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Figure 5-3. Obesity as an epidemic in U.S. newspaper reporting. (Source: LexusNexus)

In December 2001, then U.S. Surgeon General David Satcher warned that obesity had “reached epidemic proportions” and that “left unabated, overweight and obesity may soon cause as much preventable disease and death as cigarette smoking” (U.S. Dept. of Health and Human Services, 2001, p. xiii). According to Satcher, in the span of 20 years the number of overweight children had almost doubled, and it had tripled for adolescents since 1980. Beginning in 2001, there has been a concerted national-level effort to curb obesity and treat it as a true health threat with wide-ranging ramifications, from the rise
of public health expenditures to the preparedness of the military’s work force. According to a staff member of a national organization:

The federal government is finally beginning to realize that we have to pull agencies together on this issue and they have also pulled in experts and had some secret meetings. Top secret meetings in Washington, to kind of address this thing ... Yes, I really am serious. They (are) actually by invitation, only very high level meetings because there is .... I guess it is a national security issue to some degree. (Anonymous, May 17, 2004)

Given that a majority of PANA’s funding originates from federal agencies, the coalition’s extension of the discourse of obesity as an epidemic and national health crisis is not surprising. In addition to participating in training sessions and conferences sponsored by the CDC, coalition staff is provided with an array of statistics, facts, and presentation materials that extend the epidemic frame. By drawing comparisons with national trends, PANA localizes the discourse of obesity and makes clear that the Commonwealth of Pennsylvania is on a par with, if not worse than, national averages, especially when it comes to youth (Figure 5-4).

PANA uses scientific evidence to legitimize claims about obesity as an epidemic. The use of trends and statistics provide empirical evidence that the epidemic can be viewed at two different units of analysis—national and regionally. Evidence serves to create a resonance between the frames chosen by PANA and the events occurring in the larger society (Benford & Snow, 2000). Furthermore, “frame alignment processes” (Snow, Rochford, Worden, & Benford, 1986) can be viewed as a strategy to heighten the severity of the disease and to localize obesity within the boundaries of Pennsylvania. Here, the coalition relies on several sources for information. This not only includes statistics, studies, and presentation slides from agencies such as the CDC or foundations
such as the Robert Wood Johnson Foundation (RWJ), but also the informal sharing of information between individuals at professional conferences attended by coalition members and staff. In addition, several coalition members, such as the AHA and RTC, have an organizational presence in multiple networks, allowing for the diffusion of information among local, regional, and national scales of attribution.

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**Figure 5-4.** PANA frames obesity locally by showing statistics specific to the Commonwealth of Pennsylvania. (Source: PANA)
Despite the consonance of frames between national and regional groups, an emerging set of counter-frames challenge the proposition that obesity is an epidemic. 

Counter-frames can be defined as attempts “to rebut, undermine, or neutralize a person’s or group’s myths, versions of reality, or interpretive framework” (Benford as quoted in Benford & Snow, 2000, p. 626). As one executive team member put it, “There is another camp including the President who thinks it is a personal choice and personal responsibility including some of our leaders at our state Department of Health” (May 24, 2004). One of the groups most actively challenging claims made by PANA and others is the Center for Consumer Freedom (CCF). CCF is a national organization supported and financed by the food industry, originally founded as the Guest Choice Network in 1995 with a $600,000 contribution from Philip Morris. CCF describes the recent focus on obesity as an infringement on individual rights. This includes describing obesity prevention advocates as “food cops” and attempts to regulate food and beverages as “sin taxes.”

Using humor and parody, CCF (2004) has gone so far as to make a “Declaration of Food Independence”:

On July 4, 1776, America's founding fathers signed their names to the Declaration of Independence in an effort to affirm basic liberties. But they never dreamed that anyone would someday attempt to strip the American people of the fundamental freedom to control what we eat and drink. In the spirit of throwing off the shackles of harassing powers, we offer our Declaration of Food Independence… We therefore solemnly publish and declare that Consumers are, and ought to be, sovereign adults trusted to make their own food decisions. They have full power to eat, drink, and purchase without fear of harassment, violence, or tyrannical taxes. It’s your food. It’s your drink. It’s your freedom.
CCF uses attack ads in print, radio, and television to challenge the legitimacy of obesity and the media and public’s increasing attention to the disease (Figure 5-5). As an extension of individual rights frames, the CCF also uses the discourse of big government, higher taxes, and greedy trial lawyers consistent with other U.S.-based conservative groups. CCF’s executive director, Rick Berman, is a Washington, DC lobbyist whose public affairs firm, Berman & Co., represents many firms in the tobacco and alcoholic beverages industry as well as restaurant and food trade groups (Organic Consumers Association, 2003).

Figure 5-5. The Center for Consumer Freedom uses attack ads to question the scientific legitimacy of obesity. (Source: Center for Consumer Freedom)
Counter-frames created by CCF depend on the media to get their messages out to the public. One example is the over-counting of obesity by the CDC in 2005. To discredit the claims made by CDC and other national health advocates, CCF launched a $600,000 media campaign to discredit the CDC and other public health groups for mistakenly over-counting the number of annual deaths attributable to obesity (Reuters, 2005).

CCF’s ability to quickly mobilize resources has caught the attention of some public advocacy groups. According to SourceWatch (2005), a project of the Center for Media & Democracy, CCF received over $1.79 million over a two-year period between 2001 and 2002. Some of the main financial contributors included Coca-Cola, Excel/Cargill (an international food processing and manufacturing company), Monsanto, Tyson Foods, Wendy’s, Outback Steakhouse, and White Castle, among others. CCF and other industry-sponsored organizations use doubt as a tool to instill uncertainty about public health and environmental issues (Michaels, 2005; Michaels & Monforton, 2005). However, despite some media attention (New York Times, 2005), most health groups have ignored the counter-frames of CCF and other groups backed by the food industry.

CCF’s inability to change public opinion may have to do with its focus on one scale at the expense of others. While some of the corporations backing CCF have a presence in school settings, they have not been able to bridge the frames of individual responsibility and choice with their actions at the local scale. To do so would reveal that companies such Coca-Cola and Excel/Cargill have a financial stake in schools, and are culpable agents in promoting food and beverages that contribute to the increase in
childhood obesity. Rather, to deflect criticism, companies such as PepsiCo have begun to invest in school-based physical activity programs.

To ensure that counter-frames do not take hold in local settings such as schools, PANA staff translates the epidemic frame into familiar and practical terms. As Aida, a staff member of PANA, stated: “Bringing it down to that lower level, we are looking at ... how the jobs have changed. Looking at what is accessible to us. What is being marketed to us” (May 25, 2004). Given the increasing attention to childhood obesity, PANA has chosen to focus on youth as a way to frame the obesity crisis. This is an explicit strategy to mobilize schools as well as parents, teachers, and surrounding communities.

In this sub-section, I provided evidence that one of the frames employed by PANA focuses on the epidemiological nature of obesity. The importance of representing obesity as an epidemic is to use scientific evidence to legitimize claims and create empirical credibility (Benford & Snow, 2000). The close association between epidemic frame and the master frame of crisis does not appear to be accidental. Both have been employed successfully to capture the attention of the media and the public. However, to extend the epidemic frame from national to sub-national audiences, PANA supplements national representations with regional evidence from Pennsylvania. Moreover, coalition staff also presents obesity in familiar terms in order to mobilize constituents at the local level. Here, the epidemic frame assumes a personal face—youth.
5.2.2 Youth as Victim

PANA employs a frame that identifies youth as victims of the obesity crisis. As a diagnostic frame, youth are presented as a vulnerable population in need of protection, thus resonating with what are often referred to as “injustice frames” (Gamson, Fireman, & Rytina, 1982). Next, I illustrate how PANA presents youth as a victimized population. This includes convincing its audiences with information that includes disturbing trends, and isolating acute problems found in school settings (Figure 5-6).

**Adolescents Beverage Intake**  
Aged 11-18, 1965-1996

![Graph showing beverage intake trends](image)

- **Source:** Cavadini C et al. Arch Dis Child 2000;83:18-24 (based on USDA surveys)

*Figure 5-6.* Consumption of beverages high in sugar content has significantly increased among adolescents, while milk consumption has declined. (Source: PANA)
As obesity is linked to health conditions such as high blood pressure, diabetes, and coronary heart disease, organizations such as the National Alliance for Nutrition and Activity (NANA) are framing childhood obesity in graphic terms. According to NANA (2005):

Autopsy studies of teenagers and young adults have shown that virtually all have fatty streaks in their arteries which are the first step toward clogged arteries. One in ten study subjects had advanced fibrous plaques in their arteries .... As the number of young people with type 2 diabetes increases, diabetic complications like amputations, blindness, kidney failure, and heart disease will develop in people in younger ages (likely in their 30s and 40s). (p. 6)

The bundling of chronic diseases with childhood morbidity has created a discourse in which youth are the victims of life-threatening conditions and premature deaths. As an organization aligned with NANA’s objectives, PANA uses some of the same frames. However, in coupling national trends with statewide statistics, PANA regionalizes the chronic conditions of overweight and obesity youth by situating Pennsylvania within a larger national crisis. To mobilize constituents, the coalition crafts consistent messages that blur the boundaries between regional and extra-regional evidence:

35% of Pennsylvania youth are overweight or at risk for being overweight. Children and adolescents who are physically inactive and maintain a poor diet are at risk for developing chronic diseases such as heart disease, diabetes, and asthma. In fact, 27% percent of children ages 5-10 already have one or more risk factors for heart disease, and the prevalence of children diagnosed with type 2 diabetes has escalated in the past 2 decades. Children and adolescents diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, physically inactive, and insulin resistant. In addition to physical ailments, overweight youth suffer higher rates of depression and lowered self-esteem compromising social development and academic performance. Children who remain overweight beyond the age of six run a 50% chance of chronic, lifelong overweight. An overweight adolescent has a 70% chance of becoming an
overweight adult, a risk that increases to 80% if one or more of the parents is overweight. (PANA Testimony to House Majority Committee, March 10, 2004)

The use of statements by leading physicians and researchers aims to further legitimize the coalition’s claims. For example, coalition staff often use this quote from Dr. George Blackburn of Harvard’s Medical School during presentations: “We must intensify our efforts for early identification and early prevention of overweight and obesity, or we are going to have the first generation of children who are not going to live as long as their parents” (PANA, n.d., ¶6). PANA couples this and other statements with charts and graphs to shock many audiences prior to using prognostic and motivational frames that describe coalition goals and environmental and policy factors that need to change.

Consistent messages, whether described in diagnostic, prognostic, or motivational terms, are a purposeful coalition communication strategy. A monthly electronic newsletter sent to hundreds of individuals highlights recent accomplishments, upcoming events, and advocacy alerts. While the audience for this newsletter represents a core constituent that already subscribes to the coalition’s goals, the epidemic frame is used to create a shared understanding of the disease:

The obesity epidemic - especially that of childhood obesity - is one of our nation’s most daunting health problems - If we don’t act soon, we will be raising the first generation of children who won’t live as long as their parents’ generation. Nationally the percentage of children and adolescents who are overweight has more than doubled in the past two decades, and Pennsylvania’s obesity rates are higher than the national average. (PANA Physical Education Satellite Training Newsletter, September 29, 2004)

By presenting obesity in quantitative terms, the aim is to convince audiences of the disease’s reality and to create agreement about its causes.
Personalized frames are used to make the issues readily accessible to adults (especially parents and teachers). These range from a discourse on sedentary lifestyles and classroom productivity concerns, to psychological factors associated with body image. An executive team member who works on youth development issues states:

There are a lot of factors that affect that obesity rate. A lot of new types of foods and processed foods on the market, issues around transportation, people’s own physically active lives, more sedentary type lives and for the lack of motivation among people to not really realize the difference that maybe not taking care of their health, what that will do for them in the long term. (Liana, education specialist, May 5, 2004)

Another executive team member who is a parent presents it another way:

There is the self-esteem thing. There is the social connections that are cut off for people or for kids in terms of being able to do things and be comfortable about doing those things and when you are obese, from dating to playing sports to even going out for a meal and feeling guilty about ordering or eating. (Adrien, May 4, 2004)

Some claim that the size of meal portions and the effects of aggressive marketing to children contribute to over-consumption by youth. While the coalition is careful not to openly blame the food industry and advertising for problems associated with obesity, its members recognize the role that the food industry plays:

It is the biggest lobby in Congress. There is no way we are going to fight that. Well, we will be able to fight it, but it is going to take a long time. Things are changing already. I think that (the) tobacco settlement actually worked to our favor with that issue. I think that the food companies are definitely more aware and maybe there is some forward thinking and trying to improve their menu offerings. I think that the food supply has to change. I don’t think people are just going to make better food choices. (Anonymous, May 17, 2005)

Food interests that participate in the coalition do not deny the problem of over-consumption and poor eating habits among children. However, these individuals frame the problem slightly differently to protect their interests over others:
As a dietitian, I have to say it is not just the lack of physical activity but also a component in that a lot of it has to do with over consumption and not enough activity also. Often times the types of foods that might be consumed are not necessarily that they are good or bad foods, but just that the quality of the food that people are consuming that the nutrient content of the food that people tend to choose, is not the best choice from the Dairy Council perspective. A lot of that has to do with lack of dairy products in the diet. (Don, dietician, May 4, 2004)

If youth are the victims of poor diet and inactivity, then schools are increasingly the setting in which these problems manifest themselves most acutely. Visits to the nurse’s office and decreases in classroom productivity, some argue, are indicative of the negative effects of obesity on student performance. Compounding these issues is what is known as “competitive foods” or the increasing reliance on private companies to provide the food children eat in school cafeterias and through lunch programs. In addition, many schools have reduced physical education classes due to the pressure to perform in order to meet minimum federal requirements associated with test scores under the Bush administration’s “No Child Left Behind” legislation. Becky Pope, a high school teacher from California, identified multiple problems associated with competitive foods:

I am a high school teacher and while I have no scientific evidence to offer, I see the effects of my students' nutrition habits on a daily basis. A number of students come into my first period class with a soda in hand (which I make them toss) and when I talk to them about what else they've had for breakfast, they indicate that the soda is all they need or want …. Those same students often appear listless and tired, and regularly ask to go to the office for Tylenol for their headache. It also is easy to see evidence of the rise in childhood obesity when one looks around the campus. Our school has in the past benefited from contracts with soda companies, such as obtaining stadium scoreboards in exchange for our agreeing to sell their products to our students. We are now realizing that trading our students' health for the sake of obtaining nifty things is not worth the price our students pay. (Public commentary, Federal Trade Commission, August 28, 2005)
For political reasons, elected officials are beginning to act. Testimony on childhood obesity is increasing and regulatory bills are being introduced into state legislatures nationally (Health Policy Tracking Service, 2005). In discussing politicians’ responses to the issue, a representative from a national health organization identifies the potential political costs associated with inaction:

They are seeing it as a liability issue. In fact during testimony for the first time I heard the majority policy committee chairman say, “You know we know that this is an epidemic, we see the effects and the impact on children’s health and, of course, adult health as well. We are hearing from our constituents that we need to do something about this. We are going to be liable if we do not because we have known about this.” It is just like tobacco now. If you know about it, you do have to do something about it. (Anonymous, May 17, 2004)

From this evidence, it appears that the threat of liability is being taken seriously. For very different reasons, individuals and groups alike are beginning to respond to childhood obesity. The link between the disease and the vulnerability of youth has begun to take hold in the minds of many. Key to this is a set of consistent and shared scale frames that bound the problem of the obesity crisis in bodily terms around youth, while laying blame with other culpable agents. As such, the victimization frame is mutually constituted at different scales of attribution. An important function of PANA is to bridge these different levels of understanding, whether presenting childhood obesity as a national pandemic, a factor in statewide school performance, or a result of competitive foods in local schools.
5.2.3 Place Matters: Environmental Determinants of Health

*Genetics load the gun and it’s the environment which pulls the trigger.*  
(Leann Birch, Penn State Professor of Nutritional Sciences, PSU, 2004)

*The supersizing of our food, which is also happening with the supersizing of our stores, our parks, our schools -- in combination -- is supersizing our bodies.*  
(Dan Burden, Director of Walkable Communities, Inc, PSU, 2004)

PANA presents environmental factors contributing to obesity as a lack of available choices. Differing from the Center for Consumer Freedom’s discourse about an individual’s right to choose what to eat, PANA uses choice in relational terms. By framing choice in terms of settings for decision-making, PANA shifts the focus from the behavior of individual actors to the access, barriers, and prompts available to individuals. This represents a structural framing that shifts the scale of attribution to contextual factors. In comparing obesity with tobacco-related cancer, a shift from individual behavior to environmental factors is often cited by coalition members as one of the keys to success in anti-tobacco campaigns organized by community health professionals.

According to one of PANA’s executive team members:

Well, we are kind of on the forefront of environment and policy change. I think people who have been working on the obesity epidemic for a long time realize that that is where we can make the biggest impact. Tobacco provided us with a really good model. We are not going to do all of that. It is not going to be the perfect match, but it does provide us with a lot of good insight on how to approach a public health problem from an environment and policy standpoint. (Cecilia, physical activity specialist, May 17, 2004)

The shift from individual to environmental factors serves to attribute blame more broadly.
This section focuses on the frames employed by PANA that present the environmental factors contributing to obesity. Obesity is portrayed primarily in terms of risks and exposures due to sedentary lifestyles and the lack of choices in different settings. As one coalition member states:

I think there is a strong social and environmental force. Make choices to be active or to eat foods that are not the best choices, convenient. I think that is the reason why obesity exists of course. Otherwise I don’t think we would have seen it increasing every decade as we become more and more industrialized. (Sara, nutritionist, May 17, 2004)

I first present evidence that attributes problems with obesity as due primarily to a lack of available choices in school settings. Diagnostic frames employed by PANA include poor classroom productivity, the lack of regulations and guidelines associated with food availability and physical education, and the increasing commercialization of foods in schools. I then turn my attention to the community settings. Beyond schools, coalition members use a set of frames to implicate the built environment in contributing to sedentary lifestyles. The coalition extends frames used by design and planning professionals that link dispersed settlement patterns and land consumption with negative environmental and health consequences. However, to link community factors to concerns about youth, the coalition describes childhood safety and risks associated with automobile-dominated landscapes. Relying on information provided by national organizations, PANA couples general representations with more localized policy factors that discourage youth from walking and biking to school.
5.2.3.1 Obesity and School Settings

If institutions and corporate interests are responsible for creating the conditions in which individual choices are made, then by extension how each setting is designed and regulated highlights the environmental correlates of obesity. A dual focus on environment and policy change is a clearly stated objective of PANA. In both presentation and promotional materials, staff members begin with a consistent and repeated message about what needs to change. With regard to specific settings, the coalition explicitly targets community, school, and healthcare environments. For each setting, policies and practices are identified. For example, PANA identifies transportation policies that discourage walking to school, school policies that encourage competitive food vending, and the absence of guidelines for health professionals to monitor body mass index of children’s weight. Schools are not only the place in which children spend a considerable amount of time; they are also the setting for a number of agencies and institutions. Viewing this as an opportunity, PANA’s executive director states:

Certainly national, federal regulation and attention is also directed at schools, so that was helpful to build on some of that momentum, media, and press… So we chose schools as a center, but we think they are a powerful influence on other institutions, parents, families, media within a community. So it was more of a leveraging point. (Olivia, health promotion specialist, July 15, 2005)

Within the school setting, the coalition has identified a number of policies and practices that affect childhood nutrition and physical activity. Diagnostic frames associated with school settings range from poor classroom productivity and psychological deficits to the impacts of school vending and bussing to school.
Trying to tell the superintendents and the principals and the school boards, you know what, physical activity is not a bane on your budget. There are tests that show that kids that are physically active, it increases their brain flow and they actually do better on tests which is what we are hearing, No Child Left Behind law… Obese kids are more prone to depression and suicide and things like that, so we are trying to do a real public, as well as I would say almost professional, education on the obesity and physical education problem. (Jill, American Heart Association, May 5, 2004)

For example with busing, we were surprised when I followed the school buses going into the schools at this one site … we found that they picked the kids up one or two blocks from the school and it actually took those kids longer to get to school because they were waiting at the bus stop for the bus to come. They get on the bus, they sit down and roll a block, they pull in front of the school, and they have to wait until everybody gets out and they could have been there by then. (Adrien, Rails to Trails Conservancy, May 5, 2004)

Linked to the lack of nutrition and physical activity regulation in school settings are the financial incentives that affect decisions made by school administrators and teachers. Some point to lower tax revenues available to schools and the need to look to the private sector to subsidize extracurricular activities such as sports (Levenson, 2003). More schools are turning to partnerships with private corporations and foundations as a way to raise revenue for everything from academic programs and scholarships to football stadiums and band equipment (Figure 5-7). For example, PepsiCo committed over $2 million to a school district in Colorado to build two new football stadiums (Bryant, 1997).

In focus groups organized by PANA, school officials discussed the increased pressure and focus on standardized tests such as No Child Left Behind that limit the amount of resources and time that can be dedicated to physical activity in schools. Regardless of who is to blame, these same individuals admit that without support from community groups, little or no progress will be made to address obesity in these settings.
With regard to transportation issues, many schools are reimbursed by state agencies for the number of children who are bussed, despite the distance between individual homes and school facilities. One executive team member attests to the problem:

It is a huge financial incentive for the schools because they get reimbursed and that reimbursement reflects well upon the administration for example. That they are bringing in this much money from the state even though the result is what we would say is a negative. It is creating a problem. (Anonymous, May 4, 2004)

While PANA uses diagnostic frames to point out the environmental and policy barriers in and around schools, the coalition is cautious about alienating school administrators. Rather, PANA chooses to engage this group as a partner in the coalition. By addressing administrators’ concerns through dialogue and negotiation, PANA aims to
enlist school administrator and related professional organizations as part of an institutional strategy to promote physical activity and nutrition. This is discussed further in section 5.4.

5.2.3.2 Obesity and Community Settings

Related to the built environment, PANA identifies barriers in community settings that contribute to sedentary lifestyles. The relationship between the built environment and health is a recent focus in the health profession. However, the link between health and the built environment is not a recent phenomenon (Garb, 2003; Szczygiel & Hewitt, 2000). Public health and promotion concepts applied to cities and towns have been adapted over the last 150 years to meet different needs and interests (Hancock, 1997). Some point to historical trends related to health, land use and transportation in understanding the impact of urban form on unhealthy food consumption patterns and sedentary lifestyles. This includes federal, state, and municipal land use and transportation policies that have contributed to fragmented land use patterns and degraded natural systems (Benfield, Raimi, & Chen, 1999; Roodman, 1996).

The claim is that dispersed settlement patterns necessitate an increasing dependence upon the automobile as a primary means of travel to and from school, work, shopping, and recreation (Figure 5-8). The separation of uses throughout a region means that people are driving more during daily activities. One frame that the coalition employs is the health impact of dispersed land use and transportation patterns, also known as sprawl. In using this frame, PANA adds health to other anti-sprawl arguments such as a
dependence on automobiles and fossil fuel, loss of open space, social anomie, etc.

Another diagnostic frame plays on parental fear and the risks associated with pedestrian and bicycle accidents due to traffic speed and hazardous routes.

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**Consider the Possibility That...**

- the pattern of growth has upset the balance of human behavior
- the social costs of development may be far more reaching than traffic congestion
- most new communities we have developed may not be “safe” and “healthy”
- there may be another way...

*Figure 5-8. PANA extends national frames that link sprawl development with sedentary lifestyles. (Source: RWJ Foundation)*

A national organization that has taken an interest in health and the built environment is the RWJ Foundation. This philanthropic organization has made a significant investment in research, programming, and communication strategies to correlate the effects of land use and transportation patterns on lifestyle choices and physical activity. According to the Active Living Network—one of the programs funded by RWJ:
Since World War II, physical activity has been engineered out of many parts of American life. From elevators and drive-thru restaurants to cul-de-sac suburbs and strip malls, we have become increasingly sedentary. Currently, more than one in four Americans get no activity at all in an average day. Not surprisingly, rates of obesity and related health problems have skyrocketed during the same time period. (n.d., ¶ 1)

Not surprisingly, PANA has emphasized trends and factors associated with the built environment that affect children directly. The coalition presents trends related to the decrease in walking among youth and the impact of the automobile on both physical activity and safety (Figure 5-9).

The coalition bridges frames between sedentary lifestyles and the negative impact on children, citing studies circulated by RWJ and the CDC:

Our children aren’t walking or biking as much as they used to: In 1977, children aged 5 to 15 walked or biked for 15.8 percent of all their trips; by 1995, children made only 9.9 percent of their trips by foot or bicycle - a 37 percent decline …. 85 percent of children’s trips to school are made by car or school bus; only 13 percent of school trips are made by walking or bicycling. (Federal Highway Administration, 2001)

Figure 5-9. PANA points to downward trends related to walking among youth. (Source: Nationwide Personal Transportation Survey and the CDC)
As is the case with the epidemic frame, PANA localizes national trends and statistics with evidence from the Commonwealth of Pennsylvania. The coalition highlights the connection between community and school environments. For example, in discussing school transportation policies among its 1,133 Keystone Healthy Zone Schools, PANA reported that 57% provide busing to children within two miles or less of schools because walking is considered a “hazard” (2005a, ¶2). According to Adrien, an executive team member researching the issue:

Not only does that eliminate a physical activity for a child twice a day, but it also sets a pattern up and creates a culture in the household and that community that is no-walking and non-biking that you only walk or you only bike for fun and not for transportation, not for purposeful trips. To show people the risks of their actions versus the fallacy of perceived risks that their child might be kidnapped or might be hit by a car, I think people would be surprised. (Adrien, community planner, May 4, 2004)

Whether presenting obesity as a policy problem, food choice, or the result of community design, it is clear that PANA aims to shift the burden of change from individual behavior and responsibility to the social and physical settings in which decisions are made. The lack of choices vis-à-vis environment and policy determinants of health are important in as much as PANA’s messages serve to bridge diagnostic frames and prognostic ones described later in this chapter.

It should be noted that PANA has chosen to focus on automobile-dependent environments typically characteristic of suburban and rural areas. In contrast, settlement patterns in historically urbanized areas are more dense, compact, and conducive to walking and biking. Recent studies indicate that individuals in urban environments are more physically active and exhibit less overweight prevalence (Frank, Schmid, Sallis, Chapman, & Saelens, 2005; Saelens, Sallis, Black, & Chen, 2003). However, different
barriers exist such as safety from traffic and crime, and food security—issues that are closely associated with racial and socioeconomic status (Day, 2006; Kaufman & Pothukuchi, 2000). As will be discussed in chapter 7, PANA does not raise these issues, choosing instead to avoid grievance frames related social and environmental injustice that are complex and political in nature.

5.2.4 The Economics of Disease Treatment

Less prominent than the environmental frame, but often cited by PANA constituents, are the economic costs associated with obesity. This is not surprising given the fiscal concerns with healthcare more broadly:

At some point we are going to have to address access to care. It is like that big elephant out there and our organization (PANA) has tried to decide on how we are going to get involved in the issue. It is so big. The whole fact that our system will be bankrupt if we continue as is. We have over 40 million Americans, as it is now who do not have access to care. (PANA staff member, May 17, 2004)

As a response, economic frames employed by the coalition typically focus on hospital and healthcare expenditures, obesity as an uninsured medical condition, and the economic consequences of the disease on workforce productivity.

As with other diagnostic frames, statistics are borrowed from studies funded by national agencies and organizations to demonstrate the broader impact of obesity. According to one CDC-funded study, in 2003 the annual medical costs associated with obesity were in excess of $75 billion (Finkelstein, Fiebelkorn, & Wang, 2004). Among states, Pennsylvania ranks third with an annual cost of $4.1 billion (Figure 5-10).
The rising costs of Medicare and Medicaid have had ripple effects to the local level, as a regional hospital administrator admits:

We are shifting to outpatient care. What we are seeing is the more critically ill as inpatients … Reimbursement issues are a driving issue. There are a growing number of uninsured. Medicare, Medicaid reimbursement is changing. So we are always looking at that and what services they will reimburse us for. (Julia, June 22, 2005)

There is a growing sense of urgency in light of decreasing resources for non-profit hospitals and health intermediaries. Several coalition members have experienced firsthand the effects of hospital cutbacks and downsizing of public health infrastructure available to local communities:

So nonprofit hospitals are losing a lot of money that they used to have operationally for other things especially in Pennsylvania because of our lack of public health infrastructure. (Anonymous, May 24, 2004)
It is not just with hospitals, it is even like with other non-profit organizations like The American Heart Association and the American Cancer Society. Their staff is cut back tremendously, to go out and do outreach. (Anonymous, May 19, 2004)

Inversely proportional to the decreased in funding for community health promotion are the rising costs of health insurance. Private corporations are beginning to take notice given the rising costs of obesity treatment procedures that affect company profit margins. As PANA’s executive director states:

Our healthcare dollars cannot support it. I guess that makes it even more of a big deal because when the insurance companies get involved and look at it and see morbid obesity even more rapidly increasing and their cost for the gastric by-pass and the serious interventions are so high that insurance companies are hollering about it. (Olivia, health promotion specialist, May 24, 2004)

Compounding rising insurance costs, several coalition constituents argue, is the lack of attention in healthcare settings due to the fact that obesity is not widely recognized as a category of insurable medical treatment:

Part of it is, how do you code obesity? When a doctor is seeing a patient, he has to see that patient for code-able diseases or problems. By that I mean insurance code. You have to have a broken leg or a skin rash or something. There is no code for obesity. So they just one, they don’t think of it and two they do not have the time for it because they have to see so many people in so much time….Obesity is still looked at as a personal defect meaning that person eats too much and that person sits on their bum. They do not look at it as a true disease or a problem that can lead to other diseases. Obesity is what tobacco was twenty years ago. We are just at the cusp of obesity actually being looked at as a true health problem. (Jill, policy analyst, May 5, 2004)

The overall effect of medical expenditures associated with obesity is a rise in health insurance premiums for employers and patients seeking treatment. However, some argue that there are few or no incentives for companies to address obesity through health insurance coverage. As one executive team member frankly admitted:
We are a for profit healthcare system. Companies do not want to make the investment on you when you are going to transfer it to another managed care company down the road and that managed care company is going to benefit from my investment. The whole idea that there is going to be that exchange maybe, but companies do not want to make the investment now for something that they are going to see maybe ten or fifteen years down the road. It is hard for them to justify that. (Anonymous, May 17, 2004)

Contrasting this with the long-term economic impact of obesity on workforce productivity, another coalition member who works in workforce development stated:

There is a greater concern that more and more children will become obese and overweight, which in the long term leads to larger health consequences such as heart disease, diabetes, other disability and millions of dollars spent in health and hospital care. In the even longer term, of course, disabilities to the point that people cannot work, which affects the workforce of our population. (Leanna, education specialist, May 5, 2004)

It appears that the economics of obesity are part of the larger political economy of healthcare, which includes fiscal solvency issues associated with Medicare and Medicaid, the insurance industry, and workforce productivity. Therefore, not a single economic frame is attributable to the disease, perhaps explaining less use of this frame than others. It is clear that PANA does not want to target corporations as this tactic might have negative consequences in terms of securing resources from the private sector. These and other concessions to market interests are discussed in chapter 7.

In section 5.2 of this chapter, I discussed how PANA uses a series of sub-frames to present obesity as a major crisis at the national, regional, and local scales. Within the master frame of crisis, it is clear from the data that the coalition employs a series of sub-frames that represent obesity as an epidemic affecting youth in particular. PANA also implicates environmental and policy barriers that provide individuals with few choices for improving physical activity and nutrition. Here, PANA identifies physical and social
settings in schools and communities that need to change. By highlighting the impact of obesity at the national, sub-national, and regional levels, PANA assumes a strategic position among different networks that range from national elites to local school administrators. The flexible and network structure of the coalition helps to facilitate the production and mobility of shared frames between policy networks and local actors. Likewise, scales of attribution stretch from community settings in which children walk and bike to school, to cartographic representations of the pandemic across the United States. As such, scale frames mutually reinforce and constitute a larger representation of the disease. To understand how the coalition uses scalar frames to produce a discourse of healthy lifestyles, the next section contains a description of how PANA distributes and diffuses prognostic frames among its members and targeted audiences.

5.3 Scales of Association: Obesity Prevention as Healthy Lifestyle

In the previous section, I described how PANA uses scale to extend a series of representations that frame obesity as a crisis. An essential part of these representations is a structural framing that shifts the scale of attribution from the behavior of individuals to more contextual factors such as policy and environment determinants. In this section, I discuss how the master frame of healthy lifestyles creates a collective identity around obesity prevention. Healthy lifestyles refer to the integration of physical activity and nutrition into the everyday activities of individuals, neighborhoods, and communities. The promotion of healthy lifestyles creates scales of association between coalition members and targeted audiences. For PANA, healthy lifestyles range from health
promotion approaches to increasing physical activity and nutrition, to the marketing of ideas associated with health and wellness.

Before describing how PANA promotes the master frame of healthy lifestyles, I begin with an overview of recent efforts that emphasize ecological and marketing approaches to disease prevention. I then summarize some of the responses to criticism of these approaches, resulting in the mobilization of scientific, policy, and philanthropy networks to promulgate a discourse of environmental correlates of obesity prevention. I then describe how PANA employs the master frame of healthy lifestyles. This includes alignment frames of health and wellness with generational trends and the growing marketization of wellness products. The coalition uses the terms lifestyle and choice to create a message of desirable behaviors such as active lifestyles, healthy food choices, and lifestyle choices. These prognostic frames are applied to school settings using a discourse of healthy schools to present strategies related to quality physical education, growth screening, academic performance, etc.

5.3.1 The Environmental Turn in Public Health

A focus on obesity is only the latest public health concern related to preventable diseases in the United States. Recent approaches to obesity prevention can be traced to the early efforts of individuals and organizations concerned with health promotion and community capacity-building. In the United States, a series of pilot projects and events sponsored by the World Health Organization (WHO), the U.S. Department of Health and Human Services, and the National Civic League helped to galvanize support around the
concept of “healthy communities” that led to the creation of the Coalition for Healthy Cities and Communities (CHCC) in 1994. With an institutional home at the Health Research and Educational Trust of the American Hospital Association, CHCC was able to stimulate the participation of over 1,000 local, state, and national organizations, and provided resources through training, education, and policy assistance to these groups with the primary objective of involving multiple sectors and creating a unified advocacy voice at the national level (Norris & Pittman, 2000).

A major milestone for these groups was the endorsement by David Satcher, U.S. Surgeon General, during the Clinton administration that led to the passage of Healthy People 2010 in 2000 (U.S. Department of Health and Human Services). The passage of this policy represented a shift in U.S. health policy. Specifically, the document called for “Healthy People in Healthy Communities” and closely linked individual health to community health: “the health of the community and environment in which individuals live, work, and play” (U.S. Department of Health and Human Services, 2000, p. 3).

The policy rationale for PANA’s creation comes directly from Healthy People 2010. Specifically, Pennsylvania’s statewide plan focuses on leading health indicators identified in Healthy People 2010 related to collective action around obesity prevention:

It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 identified ten Leading Health Indicators on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues. “Physical Activity” and “Overweight and Obesity” are two of the ten Leading Health Indicators. (PaDoH, 2003, p. 12)

PANA uses a discourse of community action targeting environmental and policy change as articulated in Healthy People 2010 and further expressed in Pennsylvania’s
State Health Improvement Plan. A shift from local health facilities to population-based approaches was laid out in Pennsylvania’s first State Health Improvement Plan in 1999. The following year, the updated plan followed broad principles laid out in Healthy People 2010, that included a focus on “addressing the root or underlying causes” of death and disease, and divesting decision making to the local level “to give communities greater voice” (PADoH, 2001, p. i). PANA relies on the participation of State Health Improvement Plan Partnerships (SHIPPs) that came into existence after 1996 when the Pennsylvania Health Care Facilities Act expired (PaDoH, 2001).

PANA’s principles and policy goals are integrated into a set of consistent messages that resonate with local communities based on an ecological model of health. As mentioned, this approach employs a relational conception of environment and behavior change that identifies agency—the ability to act in response to changes in the larger environment—not only in individuals, but also communities and institutions (Figure 5-11).

The application of an ecological model of health promotion is a consistent message in PANA’s external and internal communications. One frame utilized by the coalition includes the identification of environment and policy settings as “spheres of influence” to implement obesity prevention strategies targeting schools and communities. The coalition’s promotional materials clearly reinforce the connection between policy and environmental factors in these settings:

PANA partners recognize that local communities and organizations provide communities by working to advance policy and environmental level changes that will support and encourage positive health behaviors. (PANA, 2002, p. 4)
Coupled with this relational conception of health, the coalition employs consumer-based approaches to motivate constituents. A coalition staff member states:

When you’re selling a can of Coke, you want as many people as possible to buy a can of Coke. So I think by applying those techniques of making things fun, easy, popular through our effort of selling these ideas for change that’s how we get the collective action and the challenge is getting the people to actually talk and work together. So selling them on the new ideas is a marketing piece once we get them to show up. Then I think it’s how we’re structuring opportunities for people to actually start collectively acting together. And I think that completely comes down to creating very tangible, specific, short-term, if you will, opportunities for them to work on things and contribute pieces because then the relationship and collection of activity starts to gel and stick together. So marketing is used to get them to the table, to get them interested, to get them to buy into the team’s idea, but getting them all in one room and creating these very specific tangible marketing activities, if you will, is what’s helping to
actually bring that collective action piece together. (Anonymous, July 15, 2005)

PANA is not alone in using marketing approaches to modify social behavior. As a concept, social marketing is broadly defined as “the design, implementation, and control of programs to influence the acceptance of social ideas” (Kotler & Zaltman, 1971, p. 3). Some argue that social marketing is a sound strategy targeting health, social development, and the environment (Andreasen, 1995). There is a growing literature on the main tenets of social marketing, whether presented as characteristics, concepts, steps, or tools (Lefebvre & Flora, 1988; Siegel & Doner, 1998).

One method aimed at environmental settings is community-based social marketing (McKenzie-Mohr & Smith, 1999). This alternative within the social marketing paradigm posits that behavior change is most effectively achieved through initiatives delivered at the community level that focus on removing barriers to action while simultaneously increasing perceived benefits. Combined with an ecological model of health, social marketing aids in the adoption of prognostic frames. However, this conception of health is not universally accepted. As a leading obesity researcher attested:

I think most people try to treat obesity. I mean that is the Weight Watchers of the world, the clinical based and the hospital based treatment centers. People are doing surgeries. I think largely the focus has been on treatment to date. I don’t think there has been much focus on prevention. (Bill, clinical psychologist, June 6, 2004)

While some researchers point to empirical evidence about the negative health effects of obesity-related symptoms, less consensus exists on which preventative measures work, as Bill readily admits:

So it is a home run slam dunk that obesity is bad for you and bad for you for a lot of reasons ranging from cancer to diabetes to heart disease to
stroke to sleep apnea. You can just go on and on and on. That is clear. So the idea that people should weigh less is pretty solid. Extremely solid I think. How we do that from a prevention point of view, it has only been looked at for the last four or five years and most of the trials that have been done have not been positive ones… Adult studies of prevention have not been successful. (June 9, 2004)

More studies are being conducted to evaluate obesity prevention strategies as well as opinion polls to gain an understanding of the public’s perception of the issue. For example, a majority of respondents to a survey funded by the CDC perceive obesity as a serious health threat (Blendon et al., 2005). In discussing the results of a Harvard School of Public Health poll, CDC Director Julie Gerberding stated:

We are very encouraged about what we’ve learned about obesity awareness … Americans are not confused about the facts. They know obesity is a serious health threat and that being overweight can lead to diabetes, heart attacks and cancer. As the survey shows, people also know they should be getting more physical activity each week and eating more fruits and vegetables, and many are doing so. That’s terrific news. The survey shows that people are knowledgeable, and most of them are motivated, and we hope that people will take even more steps to achieve a healthy weight and physical fitness for themselves and their families. (CDC Press Release, July 14, 2005)

Statements such as these serve to bolster support for the scientific community, given debates about the role of science in public policy more broadly. Researchers are concerned about a concerted strategy by groups to dismantle government regulation on environmental, safety, and health issues. Some argue that industry-funded groups attempt to discredit scientific studies by attempting to leave the public with more doubt than certainty about scientific validity:

The tobacco industry figured this out 50 years ago. By attacking the science behind the relationship between cigarette smoking and say lung cancer, they were able to keep producing their product and selling it and killing people for decades. That strategy has now been widely disseminated and it's used by polluters and manufacturers of dangerous
products who understand that they can slow down regulation and defeat it in many cases by attacking the science. (*Living on Earth* interview with David Michaels, research professor in environmental and occupational health at George Washington University, August 5, 2005)

Despite the mixed results in obesity prevention interventions and efforts to thwart public health regulation (Proctor, 1996; Shell, 2002), federal agencies, national health intermediaries, and foundations continue to support research as part of a strategy to create a consistent message of prevention, healthy and active lifestyles (Figure 5-12). These groups are funding research to further substantiate the claim that environmental modifications lead to reductions in obesity prevalence.

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*Figure 5-12.* The healthy lifestyles frame is promulgated through programs funded by the Robert Wood Foundation. (Source: www.activelivingbydesign.org)
Justified in policy terms, federal agencies such as the CDC explicitly encourage both social marketing and ecological approaches as health promotion and communications strategies (CDC, 2000). Beyond conceptualizing health in the broadest of terms and adoption of theoretically based approaches to promulgate prognostic frames, the coalition uses a set of consistent messages that focus on lifestyle approaches to health and changing the social and physical settings in which individuals and groups make decisions.

5.3.2 Promoting Healthy Lifestyles

Healthy lifestyles approaches have gained in popularity as an important focus for disease prevention. This is not surprising given the broader conception of health as put forth in *Healthy People 2010*. The use of the term is also consistent with an ecological model of health and the shift from individual behavior to the variety of options and choices available to individuals in the larger environment. Variety and choice are consistent with a social marketing and consumer orientation to behavior modification.

A lifestyles approach to obesity prevention clearly shifts from a narrow conception of health in terms of disease conditions (i.e., cancer, heart disease, etc.), toward environmental issues that some call the “root causes” of disease. As a medical condition, obesity is a primary disorder with co-morbidities that include diabetes, heart disease, and osteoarthritis. However, given the emphasis of broad approaches to prevention, there is a shift away from medical treatment and toward physical activity and
nutrition as a way of life. Different health professionals involved with PANA agree that the shift is a recent phenomenon, but a necessary one:

    I think it’s the ability to think about and approach obesity as a large public health issue rather than it is just a health issue. It is a lot more than that. So much more that we do not necessarily say it is about obesity, we say it is more about healthy eating and physically active lives. (Sara, nutritionist, May 17, 2004)

    From a public health standpoint, healthy lifestyles refer to the integration of physical activity and nutrition into the everyday activities of individuals, and in the activities and layout of neighborhoods and communities. The association of lifestyle is key in as much as the concept of health has been broadened to include activities in the everyday landscapes of schools, work environments, neighborhoods, and recreational settings. Lifestyle approaches are increasingly popular given the broad appeal and association with leisure and wellness. The promotion of lifestyle approaches is not by chance, as PANA highlights studies that track changes in attitudes and preferences related to time spent in various activities and how these activities impact health (Figure 5-13).

    Leisure and wellness are part of a vocabulary associated with health promotion and are used to promote self-empowerment in the management of one’s health. For some, this represents a major change in generational attitudes toward health:

    There is more attention now, and there is a lot more information available about how lifestyle affects your health. We are just more aware than say our parents were. For me, I am well aware how I eat, how much physical education I engage in has a tremendous impact on my well being. (Julia, regional hospital administrator, June 22, 2005)
As a paradigm, the concept of wellness represents more than bodily health. It also encompasses mental health, spirituality, and personal relationships. In addition, wellness is a cottage industry within the health market that promotes life management throughout empowerment and choice (Figure 5-14).

Health promotion organizations are not the only group targeting populations receptive to lifestyle approaches. Major corporations are also marketing to consumers that subscribe to the discourse of healthy lifestyle and wellness. For example, Healthy Beginnings, one of the Kellogg Company’s branded programs, uses similar messages to promote its more nutritional products:
Live well longer: You know that it’s important to do everything to keep your body feeling young. Eating right and taking good care of yourself will help you have the energy, enthusiasm and well-being to enjoy the thing you love. Like family, fun, and friends. (Kellogg, 2005b)

One of Kellogg’s educational products includes K-life which focuses on healthy eating and active living messages. Another is kinectic.com, a web site used to market nutrition and physical activity to youth. This web site is the outcome of an educational outreach partnership between national health organizations and the International Food Information Council (IFIC). In addition to Kellogg, other IFIC contributors include Coca-Cola Company, Hershey Foods Corporation, H.J. Heinz Company Foundation,

Whether promoted by health advocates to change behavior or corporations to promote products, the healthy lifestyle frame plays an important role in shifting a focus on health problems toward a conception of health centered on physical activity and nutrition. From this perspective, a set of complementary frames is shared between state and non-state actors, non-profit organizations and private industry. This is worth noting given PANA’s mediating role between these different interests and the coalition’s goal to create institutional spaces of cooperation and coordination between these groups.

The association of healthy lifestyles with nutrition and physical activity is evident in the interchangeable use of terms by PANA constituents, use the terms interchangeably as well as the inclusion of related messages, in organizational documents and statewide policy. An exercise conducted by PANA staff (2005b) revealed a close association between the coalition’s identity and lifestyle approaches, wellness and healthy communities. Some of the responses from coalition constituents included the following:

- Promotion message of healthier lifestyles for nutrition and activity
- Concern and expertise in nutrition and staying physically active
- Building healthier communities from the inside out
- Improve healthy living
- Healthy lifestyles and lifelong wellness
- Prevention/staying healthy
- Advocacy for wellness through partnerships
- PANA emphasizes an overall working together-everyone to accomplish our goals-Big push to HEALTH/A healthful lifestyle and life!
- Maintaining a healthy lifestyle
- Healthy people, kids and community

Healthy lifestyles and wellness are also part of a discourse used in legislative advocacy, whether focused on the creation of new statewide policies linking health with
bicycle and pedestrian use or in the formation of local plans and councils in school settings:

We have included a new 6th goal, tentatively called “Health, Wellness, and Quality of Life” … to reflect the new awareness of the link between the built environment and health. (David Bachman, Bike/Ped Coordinator, PA Dept. of Transportation, June 8, 2004)

Last year, 912 schools became Keystone Healthy Zone Schools, forming after-school walking and fitness clubs, finding creative ways to incorporate nutrition lessons into the curriculum, offering healthier alternatives in the cafeteria and for school fundraisers, and forming school health councils and developing wellness policies. (PANA press release, April 29, 2005)

A second message conveyed through the master frame of healthy lifestyles is choice. This includes both the quantity and quality of choices available to individuals:

I believe firmly that lifestyles are defined, in the aggregate, by the choices available to people. Mass lifestyle education will primarily help those who already have sufficient options and will leave behind those for whom following the advice is too difficult. (Memorandum to PANA from Shiriki Kumanyika, Professor of Epidemiology, University of Pennsylvania, October 9, 2001)

I think to impact physical activity and nutrition it is impact lifestyle related to nutrition and physical activity and do it by creating policy and creating an environment where people can make the right decisions. (Cecilia, executive team member, May 17, 2004)

PANA uses the term choice to categorize strategies and solutions related to physical activity and nutrition. However, rather than offering a myriad of options, PANA privileges certain behaviors over others. As explained by coalition staff, “I think the very issue of creating demand when capacity is there and we know with any behavior change, if you give too many options and choices, you see no change” (Anonymous, June 24, 2005).
In school settings, choice is used as a discursive strategy to target competitive foods. Coalition members use frames that, on the one hand, do not come across as anti-corporate, but on the other make room for the introduction of healthier products because, as Sara, a nutritionist, states, “One diet is not right for every body, you can’t expect everybody to make individual food choices that are going to be beneficial to their health. You have to change the food supply” (May 17, 2004). Rather than trying to eliminate soft beverages altogether, PANA’s approach is to supplement these items with healthier ones such as water, fruits, and vegetables:

> We are not saying pop is bad, but we are saying if you have ten of them in a day, that is probably not the best thing for you. So we are looking at healthy alternatives and that is really an aspect. Healthy alternatives. Giving them the choice of the water, juices and things like that. (Jill, coalition member, May 5, 2004)

Beyond healthy food choice messages employed within the boundaries of school settings, the coalition uses the healthy lifestyle frame to create opportunities for physical activity in local community settings. This includes promoting parks, trails, and other forms of recreation as part of having an active lifestyle (Figure 5-15).

The relationship between choice and active lifestyles also extends the frame of healthy lifestyles to activities that are fun, educational, and long-lasting—another message that PANA conveys to target audiences. As one coalition partner states:

> The approach is to get kids physically active -- to make it fun, to teach them life skills. That is an important side of physical education. We want quality physical education. We do not want them to play dodge ball every day because we know they will get turned off by that. They will get turned off by a competitive sport. So if we can teach them a life skill, anything from you know if you park the car further in the parking lot, that will give you extra steps and you will lose this kind of weight and those things. We are also looking at alternative means of engaging the children in physical education. (Jill, American Heart Association, May 5, 2004)
Consistent messages that communicate health and wellness as a lifetime strategy, and healthy food choices and active lifestyles that are fun and enjoyable represent one set of messages around the master frame of healthy lifestyles. To situate these behaviors in a larger context, PANA employs an environmental frame in which lifestyles, choices, and decisions take place. Here, PANA turns its attention to environmental and policy factors as the setting for desired behaviors for both individuals and institutions.

5.4 Scales of Agency: Modifying Behavior through Social Marketing

In section 5.2, I provided evidence to illustrate the elasticity of scale frames utilized by PANA, demonstrating how the coalition extends and adapts diagnostic frames...
between different scales of attribution. In the previous section, I shifted focus to the set of prognostic frames utilized by the coalition to create a shared representation of obesity prevention with healthy lifestyles—an expanding conception of health beyond an individual’s body to the larger environment. In doing so, PANA is able to assimilate the different values and motives of its coalition members to create a shared agreement about obesity prevention strategies. As part of PANA’s strategy to assimilate different associations with healthy lifestyles, the coalition identifies multiple scales of agency where coalition members situate themselves—whether focused on policy reform at the state level, modifying environments for decision making in school settings, or promoting health and wellness to targeted consumers. Next, I described how PANA uses market-based approaches to create a set of motivational frames to change individual and group behavior, resulting in new institutional spaces and collective action in community and school settings. Coalition staff uses a discourse of change such as “agents of change” and “targets of change” as a strategic crafting of its message to constituents to mobilize member resources. To coordinate the activities of coalition members, PANA uses a spatial frame of zones to place boundaries around programmatic activities, or products, using a consumer-oriented approach.

I first described how PANA uses a set of environmental frames to market behavior change in community and school settings. This includes the frame of healthy schools in which a series of products, such as “enter the zone” activities, “walk to school” programs, and “close to home” recreation, are marketed to youth and families, school teachers and administrators alike. Here, motivational frames are meant to create demand around programmatic activities, use of parks and recreation facilities, and community
environments. I then described the motivational frames employed by PANA to shape new institutional spaces of cooperation and coordination between statewide coalition members and constituents in local school settings. In order to create the opportunities for increased physical activity and nutrition in these settings, PANA uses the discourse of responsibility, targeting to coalition members and others to create institutional infrastructure needed to coordinate healthy lifestyle activities. The frame of responsibility is used as a motivational prompt to stimulate collective action among a diverse group of agencies, organizations, and schools. However, PANA frames responsibility in terms of mutuality as a strategy to stimulate the formation of collective projects among coalition constituents. This is meant to create demand among coalition members and others to produce a set of branded health promotion products to be diffused in school and community settings.

### 5.4.1 Marketing Change in School and Community Settings

PANA defines the environment in broad terms that include both physical and social settings within communities and schools. This section contains a description of the sets of frames used by the coalition to change the institutional spaces in these settings. The three areas that PANA targets through its strategies include youth and families, community, and healthcare environments. For each, PANA tailors its messages given its social marketing approach as mentioned earlier in this chapter. Due to the coalition’s early success with its Keystone Healthy Zone campaign, PANA chose school settings as a priority to bring attention to these three areas:
Pennsylvania schools are critical in coordinating school and community efforts to reverse the obesity trend. The school environment is a powerful influence on students' attitudes, preferences, and behaviors. In addition to classroom lessons, students need access to healthy foods, opportunities for physical activity, and the social support to reinforce healthy behaviors. (PANA testimony to state policy committee, March 10, 2004)

To integrate the three organizational foci of youth and families, community, and healthcare environments, PANA uses the frame of healthy schools with a set of messages related to improving physical education, food and beverages, growth screening, and walking to school. Here, diagnostic frames targeting youth as victims of the disease are turned into motivational frames. According to one school administrator:

I believe schools can make a difference, I think schools better be part of making a difference or else all of these problems we are talking about they are not going to be isolated to homes and families and medical institutions, they’ll creep back in the schools and we are going to have unintended consequences for kids who aren’t very fit, who aren’t really alert, or don’t have the ability to do their best in school. (George Ziolkowski, Director of Pupil Services, East Penn School District, in Creating Health: Childhood Obesity, Penn State Broadcasting, 2004)

The discourse of healthy schools materializes in one of several programs that PANA provides to groups and individuals. These programs are marketed as products within a spatial frame of “enter the zone” activities targeting obesity prevention in school settings (Figure 5-16).

The frame of healthy schools also enables the coalition to channel its energy into localized settings given the presence of multiple targeted audiences. As Olivia, PANA’s executive director, points out:

We thought schools were really a pivotal point because they are one of the only identifiable centers of communities anymore and it was an easier way to also get volunteers from health, recreation, and local government around something more tangible because every community in
Pennsylvania has a school in it. (Olivia, health promotion specialist, July 15, 2005)

Based on local feedback from its first campaign, staff and executive team members were able to identify a significant number of financial and organizational resources already invested in schools. This included groups working within school settings as well as the surrounding community. Aida, PANA’s community relations director, states:

Our Keystone Healthy Zone school campaign is really the first one to come out. It is probably going to be the hub because it is schools that everything focuses around for what we will be doing. What we will be doing in the next year is starting to link our physical educators with our parks and recreation people, so they can introduce the physical activity and the parks and coordinate that and integrate that into the schools. So

Figure 5-16. PANA promotes nutrition and activity through branded campaigns and products. (Source: PANA)
that is like the next big step. Then our link to the healthcare is the BMI and the growth screening program that is going on. (Aida, health promotion specialist, May 24, 2005)

In an attempt to reform physical education, some instructors are promoting activities that take students outside the gym setting into the larger community. To advance this argument, physical education instructors are being enlisted by health advocates to promote obesity prevention efforts in school settings. Dave Schmidt, a physical education administrator at North Allegheny Intermediate High School, stated, “It is all worth it when the kids come into class, they love being there, the discipline problems do not exist, kids are excited about the activities they are participating in” (Penn State Public Broadcasting, 2004).

To extend the boundaries of the classroom into the surrounding community, PANA promotes active community environments to encourage “people to walk and ride a bicycle as part of their everyday lifestyle” (PANA, 2004a, p. 1). This includes presenting local parks, trails, and other forms of leisure recreation as fun, safe, and accessible. In addition to these traditional forms of recreation, the coalition highlights the health benefits of walkable neighborhoods as a setting for active lifestyles. Messages associated with active community environments include accessibility, lifestyle activity, affordability, and choice, among others:

Studies demonstrate that people are more likely to achieve physical activity recommendations if they have access to affordable recreation or can incorporate lifestyle activity it into their daily routine. As a result, public health professionals are emphasizing the need to build communities that provide accessible and affordable recreation facilities and provide safe walking and biking as a transportation choice. (Message from PANA executive director, 2005 newsletter)
PANA ties environmental frames with other messages related to “walk to school” programs and “close to home” recreation. In both cases, PANA uses a marketing and communications approach to facilitate the adoption of health-based campaigns surrounding school and home environments.

One of the campaigns, the Keystone Active Zone (KAZ), is a coordinated message targeting after-school and summertime activities in county and municipal parks. The goal is to stimulate local collaborations among recreation, education, and health professionals to build support for local parks and trails. The creation of a web site is a communications tactic meant to serve as a central clearinghouse for state, county, and local park information. The site allows a user to search for nearby parks and trails by types of activities and amenities. Each park or trail selected also includes driving directions, contact information, hours of operation, and events.

As a companion to the web site, pocket-sized maps are being created that identify park locations and highlight available activities and amenities. This product is being offered to counties that participate in the campaign and are marketed to individuals visiting libraries and doctor’s offices. A different product, the KHZ Passport Program, will be used to encourage individuals to visit parks and trails during summer months (Figure 5-17). To promote existing recreation and health activities, programs and events will be marketed as “passport” stops. Schools participating in the campaign will be encouraged to use the program to promote physical activity during the summer months when schools are not in session. As promotional information for the passport program indicates, “participation will be linked to incentives to support the school’s physical education program in teaching lifetime recreation activities” (PANA, 2005c, ¶ 4).
Figure 5-17. PANA’s Passport Program includes templates that can be modified by local communities. (Source: PANA)
The overall message of the Passport Program is consistent with the coalition’s framing of obesity prevention as a healthy lifestyle. The products are marketed to youth and emphasize games and activities that are meant to be engaging and fun. At the same time the product links this target audience with community environments that provide settings for physical activity. According to PANA’s promotional materials:

Pennsylvania has a rich variety of open space and a growing inventory of trails, parks and recreation facilities. The wealth of facilities provides a supportive infrastructure to promote health and physical activity. There is now scientific evidence that demonstrates providing access to places for physical activity increases the level of physical activity in a community. (Keystone Active Zone web site, 2005)

At the same time that the coalition is promoting an existing inventory of parks and trails, it is clear that a primary goal is to create demand around these facilities. This is done not only to encourage physical activity in these settings, but also to enlist the participation of allied professions with the capacity and resources to engage in collective projects. In order to do this, the coalition employs the frame of collective responsibility as a precursor to building the institutional infrastructure necessary to support obesity prevention.

### 5.4.2 Setting the Stage for Collective Action

When writing the statewide plan, members of the original task force realized that the infrastructure needed to mobilize communities around environmental and policy changes was lacking, and that informational and communication approaches needed to be emphasized. To activate a base of supporters, PANA uses motivational frames targeted at agencies, organizations, and institutions alike. This not only included groups working
in school settings, but also an array of statewide partners with the resources to support local efforts.

A primary motivational frame that serves as a bridging function between diagnostic and prognostic frames is responsibility. This is evident in PANA’s mission statement that calls for “communities and individuals (to) share the responsibility for developing an environment to support physically active lifestyles and access to healthy food choices.”

The frame of responsibility identifies two areas of agency—individual and collective. Individual responsibility is presented as a positive behavior change, assuming choices exist in the larger environment:

I don’t think it enough to like build it and they will come. I think if you give kids healthier choices in school they will not necessarily eat them. I think you need to use social marketing and you need to change the norms in the school. You need to do proactive things. So I think environmental change is probably necessary, but not sufficient. (Bill, executive team member, June 9, 2004)

So you have some people saying, “You know what, people ultimately have to make this decision for themselves and they have to make this change.” Then there are other people saying, “But you have to work on both sides. You have to create an environment where they can make the decisions.” (Cecilia, executive team member, May 17, 2004)

I think that at the same time we do want to put a fair share of the burden on the individual … So I think it has to start right at the home. That is our own education of our kid, but I think the health classes in school could be teaching how students can become good consumers. (Adrien, executive team member, May 4, 2004)

However, while important in the long term, individual responsibility is secondary to the messages that PANA targets to its coalition members. Rather, the frame of collective responsibility serves to motivate many groups’ participation in coalition
activities. An executive team member states, “We have our vending machines full of soda and other things of unhealthy choices. I think everyone is looking around and realizing this is multi-factorial here and complex, but we all have to take some responsibility for making change” (Anonymous, May 17, 2004).

At the community scale, PANA constituents also describe responsibility in shared and collective terms. George Ziolkowski, a school administrator from the East Penn School District, drew national attention when he sent letters to parents regarding student BMI. However, Ziolkowski argued that obesity can no longer be ignored.

We have this other problem, we’re supposed to put it in the drawer, we’re supposed to sit on this information, we are supposed to act like nothing is going on. Well, we act like nothing is going on, the pediatricians act like nothing is going on, who has responsibility for this problem? (Penn State Broadcasting, 2004)

Equally, health administrators realize that obesity and other chronic diseases can no longer be treated through procedures alone. Julia, a regional hospital administrator, readily admits that the organizational culture of hospitals needs to change as well. She states, “When we look at statistics, we see cancer, heart disease, stroke -- the leading healthcare concerns -- and we are looking at root causes, we know we need to be addressing smoking cessation, physical activity, nutrition, those things” (June 22, 2005).

The collective responsibility frame serves to enlist a range of actors in coalition activities. With the attention of these groups, PANA then mobilizes member resources toward collective action across different scales of intervention. Some of the consistent messages promulgated by the coalition include: “connecting people, ideas, and resources”, “the only statewide organization seeking systems change”, “a central
clearinghouse and expert resource”, and “increasing education and awareness.”

Recognizing PANA’s role as an intermediary, coalition staff members state:

> What we do is really mobilize some community action from the local level as well as the state level, to create policy and environment changes, which supports physical activity and healthy eating. (Aida, PANA community relations director, May 25, 2004)

> I think most of the coalitions, both at the community level and the state level and even the national level, assembling ideas is great. I think where we take it a step further is capturing ideas and really trying to package it and put it into something where we do get mutual benefit, where different ideas are put together and put out there for dissemination and practice. (Olivia, PANA executive director, May 25, 2004)

However, without providing tangible resources to local community groups, staff members admit that it is difficult to move from motivation to action. Thus, the staff is conscious of the need to meet the perceived needs of local constituents:

> We are listening to the voice at the local level and they are aligning with us because we are providing the resources that they need -- anything from media templates, to power point presentations, to when we have our satellite training, the how to’s. If you look at what is in it for them, I think they see all of those various audiences that we hit in looking at the resources that they need. (Aida, May 25, 2004)

To respond to the needs of different audiences and bridge different scales of agency, PANA integrates its messages with financial and technical resources into a series of branded products. One of the coalition staff who received training in both public health and marketing was explicit about the need to communicate consistent messages:

> I think the framing and the packaging is really the important issue … So I think where we do add value is packaging it as these are great ways to realize some of the goals of being a healthier school. They are never packaged together and one of the things that the school said is that they are bombarded and they get all of these different things from all of these different organizations. They cannot make sense of what is good and what is bad and then it all ends up in the garbage can. So you know you listen
to those things and I think our packaging is important. (Olivia, May 24, 2004)

PANA products are supplemented with specific steps, actions, and guides related to local empowerment that reinforce a message of collective action and change (Figure 5-18).

Figure 5-18. PANA’s consumer-oriented approach to the framing of strategies, programs, and assistance for local communities. (Source: PANA)

Linking a preventable disease with Pennsylvania school-aged youth draws multiple discourses together. Here, coalition staff brings together non-traditional groups such as university researchers, health intermediaries, school wellness councils and parks and recreation professionals, among others. Moreover, to frame solutions for
communication to different audiences, PANA uses a social marketing approach to
disseminate consistent messages that mutually constitute scales of association—
individual, community, region, and state.

5.5 Conclusion

In this chapter, I summarized the range of messages used by PANA in the framing
of obesity and its prevention. In presenting the data in terms of scales of attribution,
association, and agency, my purpose was to align the discussion with characteristics of
collective action frames put forth by Benford and Snow (1988, 2000) that include
diagnostic, prognostic, and motivational framing tasks. In the first section, I began with a
review of how framing processes are discussed within the social movement literature. I
highlighted the framework of collective action frames put forth by Benford and Snow
that categorize core framing tasks already mentioned. I then discussed the work of Kurtz
(2003), who linked collective action frames with the presentation of scale as a discursive
strategy in the field of geography. In identifying weaknesses in Kurtz’s
conceptualization of scale idioms, I proposed a set of scale typologies as a more
systematic classification of scalar frames that are methodologically consistent with
Benford and Snow’s core framing tasks of diagnostic, prognostic, and motivational
frames. Respectively, these include scales of attribution, association, and agency.

In the second section, I presented evidence to illustrate how scales of attribution
have been used to diagnostically frame obesity. This includes a master frame of crisis
that subsumes a series of sub-frames that represent obesity as a national health epidemic;
a negative outcome of social norms that impact youth in particular; a manifestation of complex environmental factors; and a preventable disease that has significant economic impacts. PANA serves in an intermediary capacity by: (1) facilitating the flow and diffusion of diagnostic frames, and (2) stretching diagnostic frames across geographic, sectoral, and professional boundaries. It is clear that the coalition frames the disease as a health crisis, with much of this discourse originating from elite groups at the national scale. In using a set of related sub-frames, one of PANA’s purposes is to enlist the participation of different actors in coalition activities.

In the third section, I discussed the master frame of healthy lifestyles as the scale of association created by PANA to construct a shared representation of obesity prevention. Before providing evidence from the case, I gave a brief overview of ecological and marketing approaches to obesity prevention that helps to explain the recent convergence between health and the environment. My main point was to outline a series of policies and practices over the past decade that led to a shift in health promotion strategies from individual medical treatment toward the confluence of ecological, marketing and community-based approaches. I then provided empirical evidence to illustrate how PANA crafts a set of positive messages around healthy lifestyles as a way to encourage increased attention to improving physical activity and nutrition in Pennsylvania. Specific messages associate health with wellness and choice that are subsumed under the master frame healthy lifestyles. However, messages are also targeted to organizations, institutions, and agencies responsible for shaping these social and physical environments. The result is a set of complementary representations shared
among coalition members comprised of state and non-state actors, professional and industry associations, and for-profit corporations.

To translate this shared understanding into collective action, in the fourth section I described how PANA employs a set of motivational frames at different scales of agency. This not only includes the institutional environment in school settings, but also the promotion of health and wellness to targeted consumers, and statewide policy networks focused on nutrition and physical activity legislation. To encourage participation in coalition activities, PANA uses the frame of collective responsibility. PANA also uses a spatial frame of zones in school and community settings in order to place boundaries around programmatic activities, or products. With all of the coalition’s health promotion campaigns, PANA uses social marketing as a primary strategy to motivate individual and institutional behavior change.

PANA is able to bridge among the diagnosis of problems, construction of shared representations, and motivation to collective action through the use of complementary frames that identify, stretch across, and bound scales. In doing so, the coalition serves as an intermediary by facilitating interaction among national, state, regional, and local discourses. PANA’s framing of issues and the construction of a collective identity around obesity prevention is consistent with theories of collective action associated social movement organizations (Benford & Snow, 2000; Buechler, 2000; Melucci, 1996). However, the target is not solely the state or corporate interests, but rather groups that have the greatest potential to engage in collective action (Marwell & Oliver, 1998).

The evidence presented in this chapter suggests that PANA is a contemporary expression of collective action in as much as the coalition facilitates the production and
mobility of frames between policy networks and local actors. As a governance coalition, this includes:

- Modifying a set of diagnostic frames to targeted audiences, whether at the state, regional, and/or local levels,
- Facilitating the production of shared representations that incorporate mixed-motives into a set of prognostic frames, and
- Diffusing motivational frames through a discourse of collective responsibility to enlist participation in coalition activities.

Governance coalitions such as PANA play a significant role in mutually constituting scalar representations associated with obesity. Rather than restricting frames to some groups over others, the evidence suggests that governance coalitions should utilize collective action frames that are relatively open, inclusive, and elastic. Among coalition members, there is a high level of agreement about the causal explanations of obesity, a shared understanding about its prevention, and a collective responsibility to change the physical and social settings in community and school environments.

In considering how collective action frames are used in obesity prevention efforts, it is worthwhile to draw comparisons with tobacco-related cancer, another preventable disease that led organizations to utilize discursive strategies to mobilize collective action. Much has been written about the effectiveness of anti-tobacco campaigns and related successes with respect to changing environments and policy, ultimately leading to changes in public attitudes and individual behavior (Flynn, Worden, Secker-Walker et al., 1994; Forster, Murray, & Wolfson, 1998; Mercer et al., 2003; Nathanson, 1999; Perry, Kelder, & Murray, 1992; Warner, 2005).
Both anti-tobacco and obesity prevention campaigns use diagnostic frames that lead to the public to perceive these diseases as credible health risks. However, obesity is being framed as a larger health crisis than tobacco-related lung cancer, given the co-morbidity of diseases subsumed under obesity. There are also differences in the diagnostic frames associated with each disease. In the case of the anti-tobacco movement, a significant frame focused on the impact of tobacco to second-hand smokers. Obesity, on the other hand, uses a diagnostic frame that focuses on children as victims, given the lack of identifiable rights-based or justice frames.

With respect to motivational messages, there is considerable dissonance in the scalar frames chosen for each disease. Given the anti-tobacco movement’s focus on second-hand smokers, the disease was primarily framed in universal terms that centered on individual rights. However, for obesity prevention the discourse of responsibility is used as a motivational frame. More important is the fact that it is cast in relational and collective terms in order to enlist multiple sectors, state and non-state actors. Another characteristic of obesity prevention is the promotion of environmental choice through a master frame of healthy lifestyle choices to empower individual and collective actors. In contrast, tobacco advocates used a discourse of smoke-free environments that necessitated the state’s intervention to regulate space in an explicit manner. While the discourse of obesity prevention does target state regulation, the messages are less coercive so far given the participation of private corporations and industry groups in obesity prevention efforts. Although there is considerable documentation about the significant organizational resources mobilized as part of the anti-tobacco movement, the state served an active role in changing individual behavior vis-à-vis tobacco given the
importance of citizen rights and grievances (Nathanson, 1999). A focus on the regulation of spaces, taxes on cigarettes, and lawsuits with tobacco companies are just some of the areas in which the state assumed an active role. It is too early to ascertain whether the state will do the same for obesity prevention. However, given the emphasis on prevention in local community and school settings, elected officials may be less willing to mandate regulatory changes of the same magnitude in anti-tobacco legislation.

If PANA is any indication of the larger obesity prevention movement, it would appear that the collective action frames used by coalitions focus less on coercion, and more on a discourse of collaboration, leadership, and partnerships at the local level. Implicit in this discourse is a heavy reliance on the capacity and resources of diverse constituents, as discussed in the previous chapter. In the next chapter, I discuss in detail the ways in which the existence of political and policy opportunities inform decisions about the strategies pursued by PANA in relation to coalition goals.
In the previous chapter, I illustrated how PANA frames problems and solutions related to obesity. Critical in this description is the use of frames to motivate a range of actors identified as key partners, collaborators, and constituents from different sectors operating at multiple scales of decision making and intervention. The level of cooperation and coordination is contingent in nature, relying heavily on the timing of opportunities and constraints in the polity. This factor not only influences what strategies PANA pursues, but also the different levels of participation by its coalition members. To unpack the politics of scale that influences organizational behavior, chapter 6 presents a response to the question: *How does the existence of political and policy opportunities inform which strategies are pursued by PANA?*

The first section of the chapter begins with a summary of political opportunity structures as presented by social movement scholars. This includes contributions by Tarrow (1989) and McAdam (1996), among others, who offer a framework of political opportunity related to the relative openness of political institutions, changing of institutional alignments, access to elite allies, and potential conflicts that exist in the polity. I then follow with recent contributions that propose a dynamic polity model of collective action providing for greater sensitivity to the temporal, contingent, and historical dimensions of collective action. I highlight the work of McAdam, Tarrow, and Tilly (2001) that addresses scale in an explicit manner. I conclude this first section with a
comparison of similar themes in the field of geography that are related to political 
opportunity structure, scale, and collective action.

Using a strategic-relational approach (Jessop, 2001a), in section 6.2, I summarize 
the timing, alignments, and allies associated with obesity prevention efforts to highlight 
the role of the federal government in facilitating the formation of PANA. A strategic-
relational approach is an analytical strategy to the study of institutional structures in 
terms of their spatiotemporal and strategic emergence (in this case PANA) and related 
actions that are contextually defined (opportunities in the polity). I begin with an 
overview of changes in national health policy related to physical activity and nutrition 
that was used by statewide actors to legitimize the formation of PANA. I then call 
attention to the changing relationships between state and non-state actors within the 
Commonwealth of Pennsylvania that helped to create new organizational alignments and 
allies to support statewide obesity prevention efforts. Coupled with this timing was a 
strategic decision by PANA’s early organizers to engage prominent individuals and 
organizations from different sectors and interests. This enabled the coalition to expand 
its base to include different professional and organizational networks, leading to an 
alignment of interests that would later constitute a larger group of allies that could be 
mobilized in terms of resources and power.

With this as background, in section 6.3, I turn my attention to how PANA, a 
newly formed obesity prevention coalition, seized opportunities in the polity while also 
creating the demand for policy change. As an outcome of federal legislation, early 
coalition stakeholders took advantage of funding from CDC to establish Pennsylvania’s 
first statewide plan targeting obesity and relate chronic diseases. In section 6.3.1, I
describe how coalition members capitalized on opportunities in the statewide polity through their participation in policy networks, gaining access to key legislators, and helping to draft model legislation related to nutrition and physical education guidelines for Pennsylvania’s elementary schools. In section 6.3.2, I describe how PANA created new policy opportunities in school settings. I illustrate how the coalition created the demand for policy and environmental interventions, and the specific tactics used to prepare these audiences to be receptive to new policies and guidelines. In contrast to openings in the large polity, PANA created its own targets of opportunity by mobilizing a diverse group of constituents to advocate for statewide policy reform that would impact nutrition and physical activity in school settings.

Scalar strategies are important in seizing and creating opportunities in as much as PANA capitalizes on changing relationships among actors operating at different levels. Given the presence of competing interests in the polity, PANA is positioned between and among different groups. As an intermediary, PANA’s network form of organization allows the coalition to be flexible and adaptable to the new situations it is presented with, while also allowing for experimentation given its ability to spread risk among coalition members. While this visibility has created new opportunities for the coalition, it has also exposed the power struggles between different coalition members and external groups that perceive PANA as a threat. This included increased competition from other political identities and brands. In section 6.4, I discuss how PANA has had to navigate this scale politics of obesity and its attempt to jump scales as a political strategy to re-brand itself as a national entity.
I conclude with a discussion of political opportunity structures and the politics of scale. In doing so, I highlight the importance of changing alignments in how collective action is defined in political and spatial terms. As an example, I discuss the work of Miller (2000) to demonstrate the similarities and differences between social movement organizations and governance coalitions. I argue that governance coalitions are a unique expression of collective action in as much governance coalitions: (1) ally with groups across different professional and sectoral networks residing at multiple levels of regulation and mobilization; (2) pursue political opportunities based on an understanding of differential capacities of the central, regional, and local states; and (3) seize openings in the polity while at the same time creating targets of opportunity.

6.1 The Politics of Scale: Opportunity Structures, Shifting Alignments, and Institutional Openings

In the previous chapter, I introduced the terms scales of attribution, association, and agency to provide a spatial dimension to collective action frames. In this chapter, I focus on the relationship between scale and political opportunity. Political opportunities can be defined as “dimensions of the political environment that provide incentives for people to undertake collective action by affecting their expectations for success or failure” (Tarrow, 1994, p. 85). However, it is worth noting that political opportunity and collective action frames are not mutually exclusive, in as much as movement actors frame political opportunities to “shape the political space in which they operate” (Gamson & Meyer, 1997, p. 289). This is not to suggest that all political opportunities are produced as social constructions from ‘within,’ but that the ability to successful seize openings in
the polity equally depends on how well realignment frames and targets of opportunity are created by movement actors (Diani, 1996). For example, a political opportunity was emerging at the time that PANA chose to focus on obesity prevention in school settings, coinciding with a growing pressure on politicians to begin addressing competitive foods in Pennsylvania schools. PANA reframed its strategies from broad obesity prevention measures toward a focus on childhood obesity in elementary schools. As some social movement scholars have pointed out, “instead of focusing exclusively on discourse and meaning, it seems more fruitful to combine the framing and political opportunity perspectives and to look at the political conditions under which specific discourse become imaginable” (Koopmans & Duyvendak, 1995, p. 249). This observation parallels perspectives in geography that are calling for a focus on sociospatial power relations that change political conditions to create new scalar configurations, both in material and discursive terms (Brenner, 2001; Swyngedouw, 1997a).

Political opportunity theorists argue that the timing and survival of movements depend largely on the opportunities created by changes to the institutional structure and the disposition of those in power (McAdam, 1982; McAdam & Snow, 1997). These opening are dependent on: (1) the actions of elite allies in the polity, (2) access to political institutions, shifting alignments, and (3) the repression or facilitation of movement activity (Della Porta & Diani, 1999; McAdam et al., 1996; Tarrow, 1989, 1998). An important observation here is the common reliance on changing relationships between state and non-state actors and the emergence of new institutional spaces that enable coalitions to both respond to and create political opportunities at different scales of regulation and power. A polity model of collective action identifies coalitions as a
connective thread between state and non-state actors (McAdam, Tarrow, & Tilly, 2001). Actors in coalitions include agents of government, polity members (political actors enjoying routine access to government agents and resources), challengers (political actors lacking routine access), subjects (persons and groups not organized into political actors), and outside political actors (including other governments) (McAdam et al., 2001, pp. 11–12).

In pointing out the structural bias in political opportunity approaches to analyses of collective action (Goodwin & Jasper, 1999; McAdam et al., 2001; Soule & Olzak, 2004), some argue for a greater sensitivity to historical, temporal, and contingent dimensions of collective action, making a case for empirical investigations that are “sensitive to the historically shifting and situationally contingent combinations and sequence of processes and events that give rise to the varying forms of social movements and collective action more broadly” (Goodwin & Jasper, 1999, pp. 51–52). Kreisi (2004) proposed a framework for the political process approach that takes into account a more dynamic relationship between structure and agency related to collective action. In short, he puts forth a relational model between political structures and the configuration of political actors that affect each other in an interactive manner. For Kreisi, structures encompass both the larger political economy from an international perspective and the specific political cleavages within any given country. Political actors include various configurations of alliances and conflicts. Conceptually, he situated political opportunities between structures and political actors—as the arena of repression, facilitation, reform, or threat between the strategies pursued by authorities and policy makers, on the one hand, and collective political actors, on the other.
This general framework of the polity process is consistent with studies of collective action from an institutional perspective that centers on studies of regulatory networks, related processes, and the mutual constitution and evolution of economic, cultural, and political practices (Wood & Valler, 2001). From a strategic-relational approach (Jessop, 2001a), the connection between institutions and scale pivots on the spatiotemporal and strategic emergence of cooperative structures and mechanisms. Some social movement scholars argue that scale is an important dimension to analyses of dynamic contention. McAdam, Tarrow, and Tilly (2001) use the term *scale shift* to describe:

A change in the number and level of coordinated contentious actions leading to broader contention involving a wider range of actors and bridging their claims and identities… The vast majority of contentious action never outgrows the local, categorical, or institutional context in which it first emerges. (pp. 331–332)

Within this definition of scale shift, the local scale is not defined in geographical terms, but rather as resolution. However, despite this oversight, the term scale shift is consistent with how the politics of scale has been presented in the field of geography (Brenner, 2001; Swyngedouw, 1997a, 1997b). McAdam et al. (2001) posit, “Not only do major episodes of contention spread conflict from one site to another; as the scale of contention shifts and the range of actors expands, its meaning to participants, opponents and third parties changes” (p. 332). This observation by these three leading social movement theorists highlights the role of scale in facilitating collective action.

McAdam et al. go on further to identify coalition formation as a brokerage pathway that leads to scale shifts. The other is diffusion through established lines of interaction and communication. They argue that this form of diffusion “will almost
always remain narrower in its geographic and/or institutional scale” (p. 333), but that a brokerage/coalition formation pathway is not as constrained. Situating their argument within the institutional realm of politics, they describe the importance of “actors in other sites” in coalition formation, stating:

To the extent that brokered ties help previously disconnected groups see themselves as similar to one another, contention can quickly spread beyond narrow geographic, institutional, and/or categorical boundaries and produce new identities that are more durable than the incidents that give rise to them. (p. 335).

Despite these astute observations, they fail to go further in their analysis to specify the relationships between scales, thus leaving the impression that collective action is unidirectional, beginning from a localized context and proceeding in a linear fashion.

In the field of geography, Miller (2000) has been most explicit in discussing political opportunity structure in spatial term. Miller uses Tarrow’s political opportunity structure model (1983, 1989) to provide a framework for explaining scale in the nuclear freeze movement in Cambridge, Massachusetts. According to Miller, it was the relationship between political opportunities at different scales that determined the path of political mobilization of peace organizations. In the case of the nuclear freeze movement, “An unfavorable central state political opportunity structure and more favorable local political opportunity structures led to the peace movement to stress a decentralized, locally oriented approach” (p. 160).

Adopting Miller’s approach, the convergence of political opportunity and geographical conditions provide the basis for the following discussion of governance coalitions. In the conclusion to this chapter, I revisit Miller’s framework, drawing similarities and differences between the case of the anti-nuclear movement and obesity
prevention to highlight a greater sensitivity to the politics of scale exhibited by governance coalitions. In the next section, I begin with a description of shifting alignments and priorities at the national level due to structural changes related to healthcare more broadly. This serves as background to the evidence presented to illustrate how a network of actors created a rationale for obesity prevention to legitimize the basis for collective action within the Commonwealth of Pennsylvania.

6.2 Timing, Alignment, and Allies: Scales of Opportunity in Obesity Prevention

This section highlights the importance of opportunities presented in the polity, including the timing of shifting institutional alignments that led to the formation of PANA. Using a strategic-relational approach (Jessop, 2001a), I first describe the federal government’s role in facilitating statewide obesity prevention efforts in Pennsylvania. As a response to changing institutional relationships as part of larger political economy of healthcare, I begin with an overview of the government’s policy priorities related to obesity prevention coalitions and how this early investment by the state helped to stimulate activity at sub-national scales. I then discuss the changing relationships between state and non-state actors within the Commonwealth of Pennsylvania that created new organizational alignments leading to the formation of PANA. This included different scales of participation among the coalition’s original group of stakeholders, from national health intermediaries to regional health providers.
6.2.1 Timing is Everything: Strategic Selectivity and Scalar Fixes

Since World War II, one major change in U.S. healthcare has been a shift from a public interest to a public choice perspective (Reich, 1994). Moving away from welfare state policies, trends in healthcare have been tended toward managed care, market-based policies, and deregulation (Drache & Sullivan, 1999; Saltman, 2002). In response to the rise in preventable diseases and related healthcare costs, public health responsibilities have shifted to more localized territories and jurisdictions (Lomas, 1999). Some view these structural adjustments as a strategy to shift citizen expectations of public welfare and policy to regional and local scales of decision-making, while also redistributing public goods (Purcell, 2002). The state’s investment in some regions over others has resulted in geographies of uneven development (Smith, 1984, 1992). Given the inability of the state to address the healthcare crisis at the national level, government agencies are beginning to target resources to more localized territories. From this perspective, governance coalitions such as PANA are part of a scalar fix to ameliorate the effects of preventable diseases while securing consent from civil society groups that are focusing on disease prevention.

An important aspect in shifting the responsibilities of public health from national to sub-national scales has been the adoption of Healthy People 2010, which justified the investment of resources in these newly targeted audiences. With regard to disease prevention, the CDC has been the main federal body in the channeling of resources. As a federal agency, CDC’s mandate is to prevent the spread of chronic diseases.
In 2000, the CDC released a Notice of Availability of Funds for a new program of federal resources dedicated to prevent obesity and related chronic diseases (CDC, 2000). Approximately $1.6 million were available to:

- Establish a statewide infrastructure targeting nutrition and physical activity
- Conduct a strategic planning process to develop a statewide plan
- Engage government and non-government partners during the planning and implementation of the plan
- Make available training and other forms of technical assistance to develop skills of partner and constituents
- Develop and pilot intervention projects
- Evaluate the progress and impact of the state plan and intervention projects

In the notification, CDC recognized that funds alone would not make a significant impact due to the prevalence of obesity. More specifically, funding was intended to “stimulate state and local attention and resources to impact the problem” and that the reversing obesity trends would “depend on effective collaboration of government, voluntary, and private sector components and the cooperation of public citizens” (CDC, 2000, p. 27).

The Commonwealth of Pennsylvania represents a sub-national scale at which the state (as represented by the CDC) decided to make a strategic investment in obesity prevention efforts. Beginning in 2001, Pennsylvania was one of twelve states initially funded under CDC’s obesity prevention program, receiving approximately $250,000 for
three years of coalition capacity-building. Subsequently, it received $1 million beginning in 2003 for five years to implement and evaluate the statewide plan (CDC, 2003). In response to this second round of funding, PANA was required to target its activities toward the following:

- Expand the initial infrastructure created around nutrition and physical activity
- Implement the state plan by providing mini-grants and other assistance to support local community efforts
- Expand partnership activities to leverage additional resources and implement additional intervention projects
- Evaluate the effectiveness of the plan and existing interventions developed during the capacity-building phase
- Develop additional resources and training materials for other state and local projects throughout the United States
- Identify and develop data sources to monitor obesity prevalence

The use of CDC funds for these purposes was not at odds with a growing interest among professionals to address health issues through community-based coalitions and partnerships:

Through the emphasis of CDC and even other funders, there is an expectation that coalitions will be working together to address large scale community and societal issues. It helps to drive and influence why a coalition has been established. They know from research studies that coalitions can be quite excellent in problem solving and making change. Then through that you create visibility through the media, with elected officials, with business and industry, and schools and others who say, “Hey this is a very important issue and we should get involved as well.” (Leanna, education specialist, May 5, 2004)
The government’s role I think should be setting the policy direction and helping to do that side of it. But when you’re talking about implementation, especially to achieve environment and policy changes, it needs to be governed by a network and not within one single agency. (Olivia, health promotion specialist, July 15, 2005)

Accordingly, the timing of CDC funds coincided with changing institutional arrangements regarding the delivery of community health services. Beginning with the passage of Healthy People 2010, new emphasis was focused on multi-sector networks at the state and community levels.

6.2.2 Alignments and Allies: Creating the Rationale for Obesity Prevention in Pennsylvania

A shift toward population-based approaches in Pennsylvania began with the creation of regionally and locally based SHIPPs that came into existence after 1996 when the Pennsylvania Health Care Facilities Act expired (PaDoH, 2001). The certificate of need statute, which was part of the Act, required facilities that were providing health services to establish community need for these services. Like many states, Pennsylvania allowed this formerly federally subsidized process to expire due to shifts toward managed care (Maruca, 1997). New community-based and multi-sector approaches to health promotion were further laid out in Pennsylvania’s first State Health Improvement Plan in 1999. In the following year, the updated plan followed broad principles laid out in Healthy People 2010 (PADoH, 2001). These actions, while preceding the original obesity prevention grant from the CDC, helped to illustrate changing relationships between state and non-state actors within the Commonwealth of Pennsylvania. The shift toward population-based approaches was consistent with language in federal health
policy, and later, as part of the CDC’s goals to build statewide capacity and infrastructure to support obesity prevention.

Additionally, many health professionals were calling for new approaches given growing crises related to healthcare delivery and the increasing burden placed on non-profit organizations. According to a PANA staff member:

Non-profit health organizations have to provide care to uninsured and underserved populations and basically eat the costs. For-profit hospitals don’t really care about people that can’t afford healthcare, so non-profits increasingly have this burden. They also have the burden in Pennsylvania of the third party insurance issues and medical malpractice, and the costs are just going through the roof. Non-profit hospitals are losing a lot of money that they used to have operationally for other things, because of our lack of public health infrastructure. (Olivia, health promotion specialist, May 24, 2004)

Other coalition participants identified potential impacts beyond health:

I think it is the availability of insurance that is lacking, issues around malpractice insurance rates, and the cost of healthcare, both short term and long term. To treat any of the diseases related to obesity, it is very expensive. This is a major concern when there is a change in the workforce or people being laid off and not having as much access to full quality healthcare. (Leanna, education specialist, May 5, 2004)

The expressed desire for new approaches to community health, combined with the lack of focus on the obesity issue among political elites, gave institutional entrepreneurs the room they needed to redefine participation in policy networks to include individuals and groups outside the PaDoH. One of the original obesity prevention task force members responsible for helping secure the initial CDC grant stated:

I saw the need and the timing was good because when I first got to the Department of Health, the nutrition program only had a budget of $30,000 a year. It was also good timing because the administration was getting ready to change and they knew obesity was an emerging and important issue. However, it was too hot and controversial for them to talk about, so they let me have a lot of autonomy which is not a usual practice in the
Department of Health. Because I saw the need, I was able to act on it including talking with stakeholders outside the agency. (Sara, nutritionist, May 17, 2004)

Other coalition members saw an opportunity to capitalize on the growing visibility of the obesity issue:

We are capitalizing on the fact that the federal government and funding streams are starting to say, “Let’s put some money towards this.” We are capitalizing on the media advocacy that has been around obesity for a few years now. We are capitalizing on the fact that people want to make change. We are finally at a point where people want to address obesity. (Cecilia, physical activity specialist, May 17, 2004)

Changing organizational relationships were equally important in the early phases of coalition development. Coalition members believed that associating with a statewide obesity prevention coalition and its base of supporters would open up new opportunities in the polity. Cecilia, a staff member at the American Heart Association, further stated:

Advocacy is a very nice link with PANA because the coalition’s focus on environment and policy… Our goals are the same in terms of nutrition and physical activity. We are both trying to achieve the same things. (May 17, 2004)

Likewise, coalition staff realized that the success of the coalition would rely heavily on the reputation of prominent health intermediaries with ties to national, regional, and local audiences. According to one PANA staff member:

Actually, most of our state partners that we have like AHA, the school board association, but also the National Association for Sports and Physical Education, The Dietetic Association, they also operate at the national level. So there is also that connect because we have many of the same state partners convened, and that’s also a really good fit because we are able to say, “Well, here they created national wellness policies and your organization provided input and we would like build on that at our state level and because your national organization got behind these policies, it is a lot easier for us to make that connect.” (Olivia, health promotion specialist, July 15, 2005)
Changing institutional relationships, new approaches to community health service delivery, increasing public attention to the obesity issue, and organizational alignments led to the convergence of interests around the formation of PANA. However, without a policy rationale for collective action, it is doubtful that the coalition would have been organized.

### 6.2.3 Legitimizing the Basis for Collective Action

The policy rationale for forming PANA came directly from *Healthy People 2010*. Given that the goal of the CDC’s grant program was to fund states to develop and implement comprehensive plans to address obesity, the primary task of the original stakeholder group was to create a policy document that would lay out broad goals to reduce the prevalence of obesity in Pennsylvania. Specifically, Pennsylvania’s statewide plan was to focus on leading health indicators identified in *Healthy People 2010*:

> It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 identified ten leading health indicators on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues. “Physical Activity” and “Overweight and Obesity” are two of the ten leading health indicators. (PaDoH, 2003, p. 12)

The stakeholders also embraced the overarching principles of the *Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity* (2001) as key concepts in the PaNPA Plan. This document recognized obesity as a major health problem, encouraged environmental changes to prevent obesity, and urged the
development of public-private partnerships to help implement the plan (PaDoH, 2003, p. 11).

In crafting elements of the plan that would drive subsequent activities, PANA’s original stakeholders drew from policies and legislative action at the federal level.

According to PANA’s executive director:

> When we were first starting we didn’t know anything about the child nutrition reauthorization and a lot of the policies, although luckily many of our priorities were completely in line. But the Safe Routes to School federal legislation and Child Nutrition Reauthorization Act certainly created some open doors of opportunity. There were gaps in our state in dealing with some of these issues and since we were peripherally talking about those topics, it certainly did create more of an opportunity for us to create a niche as a resource for those priorities and to get a little more specific. (Olivia, health promotion specialist, July 15, 2005)

Another important feature that would define the character of PANA was the formation of a stakeholder group as the plan was being developed:

> It started out with regular meetings with the Department of Health.... From that we saw obesity moving up on their agenda. At one point in a meeting they said, “We are putting together this stakeholder group. We are looking at it from a stakeholder’s perspective, possibly forming a larger coalition that would address obesity and physical activity.” We said we definitely want to participate. (Jill, American Heart Association, May 5, 2004)

The initial activity of stakeholders focused on reaching out to different groups interested in creating the plan. Some of the initial groups included representatives from the Mid-Atlantic Rails-to-Trails Conservancy, the National Parks Service, the Institute for Healthy Communities, Pennsylvania State University, University of Pittsburgh, the American Heart Association, the American Cancer Society, the Pennsylvania, Geisinger Medical Center, Pennsylvania Parent Teacher Association, WellSpan Health (a York-based
regional health organization), the Erie Center on Health and Aging, and the City of Philadelphia.

After the adoption of the plan, participation expanded to other groups, including statewide agencies that had not worked closely with the PaDoH in the past.

When we did the state planning process, the Department could not get the Department of Conservation & Natural Resources and the Department of Transportation to ever show up. There are different levels of planning, and I think in planning the obesity plan, broader concepts of getting into other sectors, you have to first get through all of the health evidence based stuff… (Afterwards) when you get into the strategy or implementation plan that advances or impact one of their goals or interests, that is when other agencies are ready to engage. I think this is part of the reason that other states have not been able to get other government agencies as involved, as we did in Pennsylvania. (Olivia, health promotion specialist, May 24, 2004)

Once the PaNPAP was adopted, coalition members relied heavily on statements in the plan to guide the development of PANA’s work plans, programs, and campaigns.

PANA’s executive director admitted, “Well, the main influence is that I have to always go back to the state plan. It has to be in there. A lot is in there. That is a big one” (Olivia, May 24, 2004). Given the diversity of interests represented in the coalition, the statewide plan provides a common reference point, reminding coalition members and staff to focus on shared goals and to make decisions consistent with the original plan.

### 6.3 Seizing Opportunities, Creating Demand

*Opportunities open the way for political action, but movements also make opportunities.* (Gamson & Meyer, 1996, p. 276)

By taking advantage of policy-initiated funding, PANA was able to convene a range of different interests around the creation of the statewide obesity plan. After the
policy document was formally adopted, coalition members turned their attention to implementation. A primary task of the coalition was to facilitate policy changes at two levels—statewide and within local school settings. This section presents data that illustrate how PANA targeted its strategies at these two scales of intervention. First, I describe how coalition members seized political opportunities through growing access to members of the polity, influenced institutional relationships, and facilitated the drafting of model legislation. An important aspect of these activities was the cooperation among coalition staff and members who worked closely to influence statewide policy networks, meet with elected officials and their staff, and testify at legislative hearings. These tactics led to new policies and guidelines related to school-based physical activity and nutrition. To complement these activities, I then describe how PANA presented policy opportunities for local constituents in community and school settings. Through a variety of health campaigns, professional development trainings, and evaluation tools, the coalition was able to create a demand for changes related to school-based nutrition and physical activity guidelines. Not only did this facilitate the implementation of environmental and policy changes in these settings, but it also helped to form a base of grassroots support for legislative advocacy campaigns targeting other scales of regulation.

6.3.1 Seizing Opportunities in the Polity

Creating a statewide plan to address obesity was the first major accomplishment for the original stakeholder group. As a newly formed coalition, PANA’s main task was
now to begin implementing strategies laid out in the plan. A coalition comprised of organizations working at multiple scales, PANA members played a strategic role in linking legislation at the federal level with desired policy change within Pennsylvania. To draw attention to these policy changes, coalition members met with politicians and participated in policy networks focused on physical activity and nutrition of youth. Coalition members also targeted policies in need of reform and drafted model legislation for consideration by elected officials. PANA staff and coalition members worked closely with one another to make sure that they were presenting themselves as one voice to elected officials and senior policymakers:

It is keeping up almost weekly with PANA…on developments and making sure that we are communicating and both on the same page as we move forward. Especially in terms of policy, we are working together for testimonies that we provide to the general assembly. We work together to communicate before to talk with public officials and policy makers, so that we are all on the same page and we are giving them the same message….We have now developed an incredible relationship with the majority caucus and very soon they are going to put forth a couple of pieces of legislation for us that I think are going to set a standard for the country. I know that if things go as have been discussed, the physical education model legislation will be just about the best piece of legislation out there. (Anonymous, May 17, 2004)

As directed by an explicit goal in PANA’s strategic planning documents (PANA, 2004b), the coalition serves state legislators by sharing formative research with legislative staff and preparing talking points for legislative hearings. However, PANA has been cautious in responding to different interests represented in the polity as it tries to find a balance between partisan agendas. As one coalition member states:

The one thing about tobacco that I am not sure we can follow because legislators are telling us that they are not really keen on the idea, is the whole idea of lawsuits. The legislators have already told us, especially those in the Republican side, “Don’t come to us with that solution.” As
you know some legislation has been introduced to protect the fast food industry and the restaurant industry. So that is not going to be a viable way to approach this issue…. We have to make sure that we make obesity a bipartisan issue…. We have to make sure that we are also talking to the minority party, which we have been. We have to get the governor to buy into it so everybody feels ownership. Nobody wants anything pushed down their throats. So we are really going to need to negotiate that carefully. Timing, I have to be really careful because I have not been pressuring, but talking to (a politician) about introducing the legislation…. So you have to walk a fine line there. (Anonymous, May 17, 2004)

By being bi-partisan and positioning itself between state and local interests, PANA has been able to shape policies and guidelines more substantively given its knowledge of issues at different scales of regulation and mobilization. As one of PANA’s staff members observes, “Along the way there come opportunities for policy change. You have to be able to get your foot in the door and reframe the problem to the audiences that you are talking to” (Anonymous, May 17, 2004). This not only includes legislation and guidelines related to physical activity and nutrition in the schools, but also other statewide policy related to transportation and recreation:

It is a small step in putting health and wellness objectives into the new state bicycle plan. Even though half of the goals were about increasing walking and biking, it talks about health now. The same is true with the Department of Conservation and Natural Resources. So even though it is a first step on seizing opportunities, getting into the state plans of these different agencies has been a major issue. When health is in state plans, then after they get passed and start the implementation phase, those resources get allocated. (Olivia, health specialist, May 25, 2004)

As a result of PANA’s focus on statewide legislation, several bills have made their way through policy committees of the Pennsylvania State House of Representatives and are awaiting approval by the Pennsylvania State Senate. This includes policies related to parental input on competitive food and beverage contracts and legislation requiring schools to form health councils (AHA, 2005).
Legislative advocacy also helps PANA to realize other elements of the PaNPAP. This includes linking statewide policy objectives with funding available at the federal level:

Federal funding is available for the Department of Education in collaboration with Department of Health to support Coordinated School Health. PANA and its partners are encouraging our state agencies to apply during the next funding cycle. (PANA staff, majority policy committee testimony, March 24, 2004)

We are still working with an elected official on how we are going to craft competitive food policy in schools. It may be more of an incentive program, but that is definitely another area that some legislatures are interested in working on. Another example is Safe Routes to School. We are trying to keep the money in the budget for that and give Pennsylvania some time to then apply for the federal dollars that will come through on the transportation reauthorization…. There is going to be a lot of money tied into that, so that is also timing. Making sure we are in position to apply for those monies. (Anonymous, May 17, 2004)

To illustrate how PANA uses its position strategically between statewide policy change and implementation of guidelines at the local level, the next section provides evidence of the linkages between legislative action and the creation of a grassroots base of supporters.

6.3.2 Creating the Demand for Policy Products

Given the broad goals outlined in the PaNPAP, PANA initially identified several areas on which to focus implementation of the plan. This included forming leadership teams around the areas of youth and families, healthcare, and active community environments. As the coalition began to develop each of these areas, PANA’s executive team realized the coalition’s resources were being spread thin. In addition, it had heard
from local constituents shortly after its first campaign, the KHZ campaign, not to exhaust its base with new campaigns that did not build on previous efforts. By identifying new and emerging political opportunities at the federal level, PANA staff and executive team decided that a focus on youth provided the greatest possibility for advancing its goals and would provide a much-needed focus for coalition members. This included the Child Nutrition and WIC Reauthorization Act of 2004, which aimed to improve school-based meal programs and health outcomes for children. As one of the PANA leadership team chairs states:

I know in terms of the school programs side of things, we have a lot of initiatives about creating healthier school environments and especially healthier beverage options in the school. So a lot of what PANA is encouraging or promoting has to do with changing policies in terms of the schools. (Don, American Dairy Association, May 4, 2004)

Objectives outlined in the state plan included policy changes to improve the nutritional quality of foods and beverages served in schools, to improve the quantity and quality of physical education curricula, and to enhance routes used by children to walk to school (PaDoH, 2003).

PANA realized that it had to create the demand for policy change at the local scale given that legislation in Pennsylvania is controlled at that level, rather than exclusively focusing its energy on politicians and interest groups in Harrisburg, the state capital. To convince coalition members of the perceived benefit in targeting efforts in the schools, one of PANA’s primary functions was to extend the messages of its members through the coalition’s programs and products. This included existing national and statewide programs developed by coalition members and others. Likewise, coalition members agreed to incorporate PANA’s programs and services. This did not only
include health intermediaries that already had a presence in schools, but also public agencies that were targeting regional audiences:

PANA maximizes opportunities with the Department of Health. The Department of Health does regional educational programs throughout the state. They allow PANA present to their local Department of Health staff members. PANA has been allowed on a couple of occasions to talk to them and to say, “Here are some materials that you might want to talk about regarding this problem.” (Jill, policy analyst, May 5, 2004)

However, changes to school nutrition and physical education policies would not be easy given that legislation in Pennsylvania is controlled at the local level. As one coalition member states, “You know we are trying to promote mandatory physical education. That is tough in this state because legislators usually leave it up to the local school boards to decide” (Anonymous, May 5, 2004). PANA was mindful of other politically influential groups such as the statewide school board association, which represents school districts in all of Pennsylvania’s 67 counties. As a coalition staff member points out, “Our biggest opposition and ally is the school board association. It is going to be a very thin line of give and take, so they are not blocking our every move locally and at the state level” (Anonymous, May 25, 2004).

The coalition also had to convince local school administrators and teachers that changes in physical education and nutrition were urgently needed, and to provide opportunities on which local schools could act. As one of PANA’s executive team members admits:

We are going to have to bow to the whole idea of local control. This is not unique to Pennsylvania. However, that is another example of how we can provide a model I think for other states, if we can overcome the idea that schools have to give up a little bit of local control in terms of policy making on this issue. At the same time we have to empower local districts to make changes on their own. (Anonymous, May 17, 2004)
Using a social marketing approach, the coalition’s strategy was to create a demand for policy changes through health promotion campaigns that emphasized local empowerment. However, to change these policies would require not only enlisting the support of school administrators and teachers, but also convincing these audiences to participate directly in the assessments of existing policies and guidelines within each school.

If local empowerment was not enough to induce participation, other factors would change attitudes. School administrators knew legislative changes were coming, whether due to growing concerns about obesity as represented through media (Figure 6-1), or the messages they were receiving from politicians. As one coalition member states:

I was shocked to hear the Majority Caucus Policy Chairman say to the school board association, “You have a few weeks to go back and tell your constituents that we are going to act on this. The whole idea of local control is off the table on this. Not completely off the table, we are going to take your view into account, but we are going to act because it is that important.” (Anonymous, May 17, 2004)

Initially, interest was evident among only a minority of school administrators, teachers, and nurses were interested. However, increasing pressure from parents and concern about liability issues also motivated more individuals to get involved in coalition activities:

It is amazing now the connection that we have made at the grass roots level. Just a year ago, we sent out a mailing to school intermediate units and superintendents across the state to give a presentation that we were interested in giving on how schools might address the issue of obesity. You know we had some feedback. We had some requests. The superintendent would pass it down to the school nurse and the physical education, saying “You deal with this.” Now I have superintendents calling me and saying, “Will you come in and give this presentation to our entire district?” So they are looking to make the change. I think it is a whole combination of things. You know they are getting pressure from
parents and they are seeing the results of students who are not healthy and dealing with type II diabetes and high blood pressure at age ten. So they are seeing those results and then how that affects academic performance. Then they are realizing there does have to be change….Then you have school officials that are starting to hear that, “Gosh we may be liable if we do not provide a healthy school environment here. We have our vending machines full of soda and other unhealthy choices.” I think everyone is looking around and realizing obesity is multi-factorial and complex, but we all have to take some responsibility for making change. (Cecilia, American Heart Association, May 17, 2004)

Figures 6-1. Obesity and schools in U.S. in newspaper reporting (Source: LexusNexus)

Anticipated growth screening requirements in the schools helped PANA to enlist others’ participation in coalition activities. Concerned about the potential impact on healthcare providers, PANA’s executive director states:
Also because of the new requirement for growth screening in schools, we’re starting to see more of the healthcare partners because obesity is not reimbursed and now they are going to have to. In the past couple months we’re starting to see more of the insurance industry and medical society and Medicaid managed care programs really start to reach out and ask, “What role can we play?” But I think there has been a shift and honestly it’s because of requirements that will impact these businesses and industries. (Olivia, health promotion specialist, July 15, 2005)

To stimulate the demand for school-based policy changes, PANA equipped local constituents with tools that could be used to begin assessing school policies and environments. Educational resources were provided to school administrators, teachers, nurses, and parents to aid in the implementation of model policies, practices, and procedures.

First, the degree with which we are going to be successful will depend on how practical and applicable change is for the local communities. If we can not create the critical mass, political will and say it can be done, it is not going to happen. Just throwing out model standards and ideas that government agencies often do, does not mean anything to local communities. The degree to which we can make it applicable, meaningful, makes more sense to communities. (Olivia, health promotion specialist, May 25, 2004)

PANA recognizes that individual schools have to handle multiple factors and thus that singular solutions will not provide the motivation necessary to create the change desired by the coalition. Therefore, the focus of campaigns is on assessment and evaluation. With its members, PANA creates policy tools aimed at empowering local constituents to make decisions about local priorities and then acting accordingly. The coalition also provides local constituents with timely information regarding anticipated changes in guidelines and allows local groups to express their concerns as a way to solicit feedback before drafting model legislation for politicians to consider (PANA, 2004c). By
relying on the resources provided by other coalition members, PANA also creates greater
ownership and participation by its members. As one coalition member states:

A lot of tools that PANA is using to evaluate the school environment and
to evaluate policies are from existing resources. I know there are a lot of
different ways to assess a school’s health and I know that PANA has
utilized those. They might have tweaked or modified them a little, but I
think their initial use of these tools or products is something that had
already been created. (Adrien, community planner, May 4, 2004)

Collectively, these activities serve to demonstrate to elected officials and
policymakers the presence of grassroots support for the legislative changes proposed by
PANA and its coalition members. Olivia, PANA’s executive director, admits, “I don’t
think we would have any policy budding if we weren’t able to show the collective
support and numbers behind our programs” (July 15, 2005). In doing so, PANA provides
a vital link between elites in the state polity and local schools. As a coalition member
states:

At the federal level, nutrition policy is so fuzzy, as all federal legislation
basically is… I think where we come in adding value for industry and the
people who have to implement these changes is that we’re trying to make
it more programmatic, even though it’s not all required. It’s like a step-
by-step guide and a way to come together that the state government just
isn’t supplying them. I mean, it has created more opportunity for us to be
there as a resource. (Anonymous, July 15, 2005)

When asked if the coalition strategies are meant to create policy change at the
state level, or to change behaviors and practices in local school settings, PANA’s
executive director responds:

We focus on both. I don’t think one happens without the other. When a
policy changes without the social buy-in, it’s painful. Like yesterday in
my presentation, I didn’t have one administrator complaining about all
these new requirements. And I think it’s because most of their schools
now have been following the Keystone Healthy Zone campaign for a year.
So they just sat there and said, “This is great.” Their schools are onboard.
They are getting acknowledged and they are able to communicate (the campaign) to their parents. So I don’t think one happens without the other. (Olivia, health promotion specialist, July 15, 2004)

The coalition has utilized scale to increase its visibility and power among different constituents. It does this by spanning between different levels of regulation and decision-making. At the state level this includes targeting opportunities in the state legislature related to school-based regulations and guidelines. At the local level, PANA supports local schools by providing policy assessment and evaluation tools. As an outcome, the coalition is then able to tap into a grassroots base of support for specific advocacy campaigns and initiatives. According to PANA’s executive director:

I think a value added is (our) public private partnership and focus on two scales; state versus very local and trying to merge them. I think that is what a hybrid does for environment and policy... that an agency or local coalition can’t do alone if we are looking at a statewide application. We can. (Olivia, health promotion specialist, May 25, 2004)

Operating between these two scales, PANA has created greater visibility for the coalition. Due to its relative success, it has also become a powerful organization that is beginning to affect policy change and institutional behavior. The next section contains a description of some of the challenges PANA faces as it continues to implement goals stated in the statewide plan.

6.4 Scale Politics of Obesity: Strategic Positioning, Timely Possibilities

In the previous section I described how PANA focused its attention on policy opportunities statewide while creating the demand for policy change at the local level. Crucial to the coalition’s success in stretching between different scales of regulation and
mobilization, are the alliances that PANA has helped to forge between political elites and local leadership. The coalition’s network structure has helped to create the linkages and flows needed to enable PANA to seize and create opportunities in the polity. The scalar processes that have helped PANA to facilitate policy change are discursive and contingent in nature in as much as these activities are guided by negotiations between different interests, including elected officials, state agencies, health intermediaries, professional associations, school administrators, teachers, and nurses. By positioning itself between different groups, PANA has raised its visibility at different scales. While this exposure has helped the coalition carry out goals from the PaNPAP, it has also created a new set of political challenges.

The next section provides examples from the data that begin to illustrate how PANA positioned itself to become a leading advocate and prominent voice in its fight against obesity prevention. As an empirical case of political opportunity structures, PANA took advantage of changing institutional relationships between public agencies and health intermediaries. In discussing how PANA employed scalar strategies to seize opportunities in the polity, I highlight the possibilities and limits that exist within governance coalitions. This is a theme I return to in chapter 7. In section 6.4.1, I begin with an overview of how the coalition has positioned itself as an important entity within policy discussions that not only had political implications, but also would impact funding for obesity prevention in school settings. This has served to legitimate coalition activities and to enlist the support of elected officials and coalition constituents alike. I conclude the discussion in section 6.4.2 by outlining some of the challenges PANA has faced in
navigating the scale politics of obesity, leading to attempts by the coalition to re-brand itself as a national entity—the Center for Advancing Nutrition and Activity, or CANA.

6.4.1 Creating Legitimacy through Collective Advocacy

As discussed in chapter 4, PANA has invested much of its organizational resources in positioning the coalition as a clearinghouse for information and advocacy. The coalition has relied on the reputation and expertise of its members to position itself strategically at different scales of regulation and mobilization. Without the credibility of organizations such as the AHA, other health intermediaries, and major research universities, PANA would have had a difficult time in becoming an effective advocacy coalition. One AHA staff member readily admits:

Well, I think it helps PANA because AHA is know nationally and respected for our research. The community knows as well as healthcare professionals and public officials. They know when we come out with something, whether it is a physician’s statement, a product or pamphlet, it is 100% provable through our research. So I think it actually gives some credibility to what PANA does. (Cecilia, physical activity specialist, May 17, 2004)

Another decision was to keep communication channels open with other national organizations such as NANA, despite the fact that this organization had no formal relationship with PANA at the time. However, this later would prove useful as the coalition realized that it needed to seize opportunities at the national level due to political constraints in the state polity. To encourage participation by key organizations and individuals, PANA set up a series of leadership teams and appointed chairpersons with
the reputation needed by PANA. As Don, a representative of the American Dairy
Association, states:

Well, I think on the leadership teams, we have representation from the
leading organizations in Pennsylvania. For example, on the healthcare
team, we have some representation from the Pennsylvania Academy of
Pediatrics. The family physicians, the physician’s assistants, the dietetic
association, so it’s more of a state focused approach. (May 4, 2004)

However, these relationships with PANA were not one-sided. Participating organizations
saw an equal value in associating with the coalition. Even national organizations like
AHA knew it could use the coalition to leverage its own agenda:

We have twenty public policy items, obesity and nutrition and physical
activity is two of them. PANA staff get me excited, so when I walk out of
a meeting (with them), obesity prevention just moved up my agenda and I
am going to go get it done. It has led to positive things.... Obesity and
physical activity moved right up to the top of the legislators’ agenda and
we are actually talking model legislation. (Jill, policy analyst, May 5,
2004)

Alignment with prominent organizations has also been used as a tactic by PANA
to restructure scalar relationships between organizations and agencies in Pennsylvania.
This reflexive positioning provided the recognition and credibility needed to begin
meeting with influential officials and legislators. One coalition member observes, “I
think PANA works much more behind the scenes in terms of policy and legislators and
changing food service environments in schools rather than saying, ‘You ought to go to
your pediatrician and get your BMI checked’” (Bill, clinical psychologist, June 9, 2004).

Beyond advocating for legislative changes, meetings with political elites and
national organizations have provided coalition staff with access to information such as:

Opportunities that are pending, the insider scoop. Whether it is something
in the government agencies or research that is coming out, or you know,
we get a lot of tips. They can turn into opportunities and then we take
advantage of them. So they are little things that I just don’t think I can quantify. (Anonymous, May 25, 2004)

Complementing direct access to legislative officials and staff, PANA has also gained visibility through the promotion of coalition activities. By using the media and the communication channels of its various members, the coalition has developed a credible image among key constituents:

I believe PANA is getting quite a bit of positive press and positive visibility that helps to spread the story of what this coalition is working to accomplish... They are always thinking about what new items can be put out in the press to raise visibility about issues and what organizations are accomplishing in support of PANA and PANA’s goals. (Leanna, education specialist, May 5, 2004)

However, due to its increased visibility and exposure, PANA has faced opposition from other groups as the coalition has attempted to reconstitute institutional relationships and scales of regulation and mobilization.

6.4.2 Scale Politics of Obesity: Competing Brands, Conflicting Interests

*Our Department of Health does not get it. It is very scary that the CDC, of course gets it, but our department does not get it. (Anonymous Coalition Member, May 24, 2004)*

While I showed in chapters 4 and 5 that scale played an important role in PANA’s desire to mobilize resources and frame the obesity issue in Pennsylvania, the existence of opportunities in the polity was essential to the reconstitution of institutional relationships and forging of new alliances mobilized around obesity. The creation of new federal policies enabled Pennsylvania’s health advocates to create one of the first statewide policy plans to address obesity and related chronic diseases. However, coalition
members knew early on that federal legislative and funding were not sufficient. In addition, the state Department of Health lacked the expertise and resources needed to move the PaNPAP forward. Therefore, the coalition turned to new and emerging political opportunities external to the PADoH. PANA staff recognized this as they began mobilization efforts after the PaNPAP’s adoption in 2003:

> The Department of Health does not have the money or resources to make this happen in communities nor will our CDC support the necessary infrastructure and environment changes. So I also have to look politically at where there is will and resources as we move PANA committees along. (Olivia, health promotion specialist, May 24, 2004)

While many coalition members acknowledged that PANA had to leverage new institutional relationships, they also realized that the agency needed to be engaged at some level. In addition to serving as the CDC grant administrator, the agency regularly convened policy networks across the Commonwealth. However, as one of the original stakeholders states:

> Now as far as the Department of Health is concerned, the irony is that they have not been as engaged as our coalition partner. They probably could have more influence, but they have not… Really, the Department of Health has only been there when we have given them pamphlets or stuff from PANA, or say, “Why don’t you give this to your folks, or why don’t you put this in your local Department of Health office.” (Anonymous, May 4, 2004)

Frustration with the quality of agency staff represented in the coalition led to requests for involvement by agency division heads and other senior personnel. This not only included the PaDoH, but other agencies involved in coalition activities. As another coalition member acknowledged at the time:

> We need somebody from a higher level position in the Department of Education involved with PANA. We have not gotten that person yet…. If some of this stuff is going to happen, the Department of Health and
Education have to work together on the issue, because the Department of Education gives access to schools. The Department of Health does health surveillance. So there has to be a combined effort and we have not gotten that relationship to where it should be yet. (Anonymous, May 17, 2004)

This sentiment would later change as the Rendell administration began to get more involved in the obesity issue. However, before then many agency personnel were reluctant to act for fear that their actions would be perceived negatively by the Rendell administration. As one coalition member confides:

In leading change, you need clear direction from leadership and they (PaDoH) don’t have it. They are very afraid to do anything in the press because what if the governor’s office doesn’t want that… if the administration is not on board. They do not have any clear direction and it is creating complete paranoia. (Anonymous, July 15, 2005)

After appointed positions in the PaDoH were filled by the Rendell administration, things began to change. To the dismay of many coalition members, the agency began to distance itself from the PaNPAP, a policy document created during the Ridge administration. For example, newly appointed officials were not receptive to PANA’s broader social ecological approach. As one of the coalition staff states, “I think the Department of Health primarily wanted more control. There was also resistance to learning, therefore not embracing the social ecological model” (Anonymous, May 17, 2004). As time went on, the PaDoH began politicizing the process, seeking more control of decision-making and cooperating less with PANA staff about the coordination and communication of the PaNPAP. Coalition staff began to lose influence; they were no longer invited to high-level discussions within the PaDoH, often finding out about the outcome of decisions from agency staffers after deliberations had occurred and decisions had been made. Coalition staff was also burdened with an excessive number of requests
for information from PaDoH staff and were now required to report their weekly activities
and progress toward grant goals. Despite these new mandates from PaDoH staff,
information was seldom passed to the Secretary of Health or other agency division heads
who had supported PANA in the past. According to one individual:

Our initial involvement with the agency was very complimentary and the
Department of Health was in a role of little staff capacity and resources,
and felt that PANA was the expert on this issue…. Now it’s completely
adversarial. They want to be called, they want to be the resource, they
want to be the expert, so it’s not until they get stuck that they call us to
handle it. It’s unfortunate, but it seems like this administration, unlike the
last one, doesn’t want these outside coalitions and entities as resources.
They want to just be the leader…. In some ways, PANA threatens their
credibility and view that they should be the leaders. They do not like that
the media or that schools are looking to PANA. They want the call to go to
the Department, which they are not equipped to handle. So they are not
being seen as a leader, so they feel they have taken a back seat…. Instead,
if they really looked at this, they are credited for our existence. They look
at it as if they are not getting the primary role, so it is not good enough.
(Anonymous, July 15, 2005)

However, some coalition members and staff believe that these problems with the agency
have little to do with partisan politics, but rather are personal in nature. As one coalition
member explains:

We had the Deputy Secretary sit us down and said, “This is way too big, I
am totally opposed to it. It has to be narrowed down.” So we do have to
narrow it down and we also have to look at what the political environment
is, what we can realistically accomplish. (Anonymous, May 17, 2004)

By promoting and positioning itself strategically, PANA has been very successful
in gaining visibility among schools and the media. However, with increased influence
and power, the coalition began to face opposition from interests outside the coalition,
whether political or personal in nature. This not only included the PaDoH, but also
individuals in other agencies who saw PANA as a threat to existing interests. Frustrated,
one staff member states, “At every step of the way we’re barely making deadlines because of all the barriers that the Department of Health or Department of Education continues to put in our way to serve them” (Anonymous, July 15, 2005).

In addition to the lack of cooperation from public agencies, coalition members more sympathetic to interests outside of PANA complained about how staff has handled organizational decisions in the past:

We are just tired of not being in the loop when decisions are being made. For example, we have an agreement with Action for Health Kids (a national organization); it outlined what they would provide and what we would provide. The agreement was changed and sent back to AFHK. The executive director of AFHK contacted us and wanted to know what was going on. So they (PANA staff) went behind our backs. (Anonymous, December 2, 2003)

While not related to the challenges with the PaDoH, this is indicative of the type of issues faced by PANA. As the coalition continue to evolve, PANA finds itself competing increasingly with other interests who are equally asserting themselves at different scales of regulation and mobilization associated with obesity prevention. At the national level, groups such as Action for Healthy Kids are attempting to create an organizational identity in much the same way that PANA has done so within the Commonwealth of Pennsylvania. The tension between PANA and AFHK highlights the conflicts that surround the scale (national or state) at which obesity prevention programs and products are branded, and questions about which organizations are to assume a leadership role.

At the statewide level, as the obesity issue has gained visibility within the polity, PANA finds itself in scalar struggles over power and influence. The lack of cooperation by the PaDoH demonstrates the existence of scalar struggles over the boundaries of
decision making and control that impact the regulation of school settings. As one staff member admitted:

It is hard because we are trying so many ways to co-promote products… we want relationships more like that, but getting people to that point and trying to communicate that, it is hard…. We have told the Department that it would be great if they want to take some part of Keystone Healthy Zone and add a dimension to it that would be great. I just don’t want them to create another confusing message. (Anonymous, July 15, 2005)

PANA has become a victim of its own success, now finding itself in a larger marketplace of competing political identities and brands. In response, the coalition is beginning to seek political opportunities at other scales. In turning to the CDC, PANA has made the case that the PaDoH is not being as supportive as it should be. However, PaDoH has made it difficult for PANA to communicate its grievances. As one coalition staff member stated:

We are being pinched on all levels of communication with the CDC and others. We are not allowed to talk to them about the department…. CDC is aware that we are having a lot of problems. When they fund a state they can’t tell a state how to administer (a grant), so I would say they are a little stretched…. They definitely want our information and they don’t know quite how to handle it because the department has made it clear it is not without their participation, and the CDC is trying to tread very carefully and I respect that. (Anonymous, July 15, 2005)

Unable to enlist the support of the CDC, PANA has increased its communication with national groups that are closely aligned with PANA’s goals.

Outside organizations are starting to learn about our work and are very impressed by the number of people we have involved. So we have been talking at that level, but we certainly know that they have a channel to communicate with decision makers at the federal level, so now we are starting to share our challenges. (Olivia, health promotion specialist, July 15, 2005)
As obesity prevention efforts in Pennsylvania continue to evolve, it is clear that the coalition is seeking new political opportunities by taking advantage of changing institutional relationships at local, regional, and supra-regional scales. In early 2006, PANA executive team members began to explore the possibility of forming a new organization called the Center for Advancing Nutrition and Activity, or CANA (PANA, 2006a). The purpose of CANA would be: “To coordinate obesity prevention messages between public, private, and academic sectors with statewide obesity prevention outreach efforts influencing changes in healthcare, schools, and communities” (PANA, 2006b, p. 4). CANA would serve as an educational intermediary between national partnerships and federal agencies, national organizations, and corporations. According to coalition staff, the new center would not replace PANA, but rather extend the coalition’s reach to different national and statewide audiences. Furthermore, PANA staff would be housed in CANA, but would “continue to support the state Coalition and existing PANA products” (PANA, 2006b, p. 2).

Reaction from executive team members has been mixed. Some have expressed concern about CANA’s formal ties to the Pennsylvania State University—ties that could eventually alienate universities and colleges that are participating in PANA. Others have raised questions about the copyright issues and ownership of PANA products. Still others worry about the involvement of corporate sponsors through a newly formed Corporate Advisory Team that could negatively affect PANA’s image among the coalition’s existing base of supporters. Despite these concerns, PANA’s executive director states:
I fully believe we need to be operating separate and outside of the department, which was the whole foundation of why we were formed. Given the current events, the department seems to be changing their view on the relationship and acting as if we’re more of an extension of the department than a separate institute. That makes it very hard to be successful and to do our work effectively and efficiently. (Olivia, health promotion specialist, July 15, 2005)

How CANA will affect the future goals, strategies, and characteristics of PANA and obesity prevention in Pennsylvania remains to be seen. Will this new organization enable PANA to become a more powerful and influential coalition in Pennsylvania, or will it lead to PANA’s demise?

6.5 Conclusion

In this chapter, I described how political and policy opportunities inform decisions made by PANA as it selects the strategies it will pursue as it seeks to realize the goal of obesity prevention. Specifically, I demonstrated how governance coalitions such as PANA stretch between scales to seize and create different opportunities in the polity. In drawing comparisons between political opportunity structure and the politics of scale, it is clear that both concepts rely on shifting institutional alignments that lead to the spatiotemporal and strategic emergence of cooperative structures. In the case of PANA, this included changes at multiple scales of regulation and mobilization from the federal level down to local school settings.

In the first section of the chapter, I began with an introduction of political opportunity theory and its relationship to collective action frames as discussed in chapter 5. The connection lies in the ability of groups to use political realignment frames to
create opportunities in the polity. I then provided a brief overview of the political opportunity model of collective action as presented by social movement theorists. Recent contributions from this body of work promote dynamic models of political opportunities that include a greater sensitivity to the historical, temporal, and contingent dimensions of collective action. To identify how scale is presented in theories of collective action, I turned to the work of McAdam, Tarrow, and Tilly (2001), where these authors identify scale shift as a way to describe the pursuit of political opportunities by social movement groups at different spatial registers. They explicitly identify coalitions as a vehicle for collective action leading to scale shifts. However, their account lacks a relational understanding of scale and structuration processes between different levels of regulation and mobilization. McAdam et al. present scale merely as resolution. I then briefly introduced the work of Miller (2000), who has been the most explicit in discussing political opportunity structure in the field of geography. Miller uses Tarrow’s political opportunity model (1983, 1989) to provide a framework for explaining scale in political terms.

Combining the polity model of collective action with Jessop’s strategic-relational approach (Jessop, 2001a), in the second section, I provided evidence to illustrate how the institutional alignments in the polity were critical to the establishment of PANA. I began with a brief overview of trends in U.S. public health policy that have emphasized managed care and market-based approaches (Drache & Sullivan, 1999; Saltman, 2002). Parallel to these trends, but partially in response to the deregulation of healthcare, there has been a shift toward more localized territories in terms of policy formation and implementation (Lomas, 1999). I then presented the political economy perspective
advocated by some scholars. In this view, the process of decentralization is part of a strategy to shift citizen expectations of public welfare and policy to regional and local scales of decision making (Purcell, 2002; Smith, 1984, 1992). From this perspective, I contended that governance coalitions such as PANA are part of a scalar plan to ameliorate the effects of obesity while also securing the consent of citizens to change the scale of public health regulation.

This serves as the backdrop to a series of federal health policies such as Healthy People 2010, which created the rationale for the state’s investment in new forms of health regulation and implementation, including public policy networks and governance coalitions such as PANA. This investment by the state was facilitated by the CDC, which set up grant programs to stimulate participation at sub-national scales. A grant for $250,000 provided the initial funding to develop a statewide obesity plan and build the capacity of PANA. The federal government’s push for new statewide policy formation on obesity prevention coincided with the changing institutional landscape within Pennsylvania, driven by the growing anxiety over obesity and interest among health advocates and others to address this preventable disease through population and community-based approaches. Several precursors to PANA included the formation of State Health Improvement Partnerships and the subsequent passage of the Commonwealth’s first State Health Improvement Plan in 1999. However, it was not until the creation of PANA that national health intermediaries, regional health coalitions, and other allies came together in a strategic manner around obesity prevention. The passage of federal health policy, coupled with changes in institutional relationships within the Commonwealth of Pennsylvania, provided a policy opportunity for PANA’s
original stakeholders to legitimize its early activities. Original coalition members were then able to use this as a basis for pushing through enabling legislation in the form of the Pennsylvania Nutrition and Physical Activity Plan in 2002. Subsequent organizing enabled the coalition to expand its basis to include interests outside of the state’s Department of Health. Initial and subsequent financial resources provided by the CDC were critical in the adoption of the PaNPAP and in PANA’s early capacity-building efforts.

In the third section I described how PANA used this early momentum to seize new opportunities in the state polity while at the same time creating the demand for policy change at the local level. Targeting their efforts at these scales proved useful to PANA in that this dual focus identified targets of opportunity in the statewide polity while at the same creating demand for policy change among coalition members and local schools. Relying on a network of national, statewide, and regional coalition members, PANA was able to link political opportunities that were opening up at multiple scales simultaneously. Coalition members seized these opportunities through their participation in national and statewide policy networks, meeting with key legislators in the polity and drafting model legislation on physical education and nutrition guidelines for schools. To create opportunities in the state polity that aligned with the desired goal of obesity prevention, PANA strategically chose school settings as a central focus.

Given that many policy decisions within the Commonwealth of Pennsylvania are vested at the local level, coalition members began to reach out to interest groups, and industry and professional associations, among others, as part of a larger strategy to create demand around a set of policies related to competitive foods, lunch programs, physical
education classes, and school health councils. To create the demand for policy change, PANA pursued strategies to change the perception of school-based interests including coalition members already working in schools, school administrators, and others.

In addition to negotiating with these groups on model policies and guidelines, the coalition implemented health promotion campaigns that emphasized the local empowerment of school teachers, nurses, and parents. These campaigns helped to equip these groups with the resources they would need to assess school-based policies and guidelines. This created a grassroots base of supporters who would later assist PANA with statewide advocacy campaigns centered on obesity prevention legislation. These efforts were aided by emerging opportunities in the polity due to the growing visibility of the obesity issue among state legislators and the pressure to act through regulation.

In the fourth section, I demonstrated how PANA increased its visibility and power among state legislators, coalition members, and local school advocates. PANA relied on the reputation and expertise of its coalition members and other allies to position itself at different scales of regulation and mobilization. The coalition’s network structure helped to create the linkages and flows between these different interest groups, enabling PANA to seize political opportunities available to the coalition and to create new ones. Coalition members equally gained from their affiliation with PANA, thus providing political opportunities for individual organizations and groups. Visibility at different scales was a key tactic used by PANA to restructure scalar relationships between existing organizations and agencies. This positioning created a presence for PANA in the polity, leading to high-level discussions with influential legislators and participation in policy networks among political elites. However, given the dynamic and shifting alignments in
the polity, PANA’s relationship with different interests had to be discursive and contingent in nature. Changes to the political and regulatory issues at one scale could have an effect at other scales. As such, PANA had to view opportunities in the polity in a strategic and reflexive manner.

By positing itself as an intermediary between different scales of regulation and mobilization, the goal was to have a more dramatic impact than would be possible by focusing on a single scale. These and other positioning tactics were followed after conscious decision making by PANA staff and coalition members early on to do so after finding that the PaDoH alone did not have the capacity to realize the goals stated in the PaNPAP. While passively receptive in the early phases of coalition development, the PADoH changed its stance when the Rendell administration took over in 2003. Public agency appointees and staff began to treat PANA as a PADoH program and not as a multi-sector coalition, cutting off PANA’s communication with and participation in state activities available prior to the Rendell administration. As openings in the polity began to close and as some coalition members began to question the decision-making of PANA staff, others in the coalition saw an opportunity to re-brand PANA as a new national outreach center—the Center for Advancing Nutrition and Activity, or CANA. By jumping scales, the goal of CANA would be to serve as an intermediary among national organizations, private corporations, academic institutions and other states as these entities focused on obesity prevention. Rather than abandon or dissolve PANA, CANA would be grafted onto its structure, allowing the statewide coalition to continue while capacity was being built at another scale.
The purpose of this chapter was to describe how political and policy opportunities inform decisions made about the strategies to be pursued by PANA as it seeks to realize the goal of obesity prevention. To help identify which opportunities in the polity may be seized or created by PANA, the polity model of collective action provides a framework through which to analyze the political dimensions of scale. Miller uses Tarrow’s 1989 model of political opportunity structure to describe shifting scalar struggles and material interests associated with the anti-nuclear movement that took place in Cambridge, Massachusetts. Coupled with the importance of material interests in the defense industry, Miller asserts that the timing and interaction of political opportunity structures at the national and local scales determined the overall success of peace organizations in the Boston metropolitan area (Miller, 2000, pp. 162–163). He identifies several gaps in Tarrow’s political process model, namely the failure to address: (1) the relationship between economic and political forces, and (2) scalar relationships between the local state and central state (p. 150). However, Miller says little about the relationships between peace organizations as part of a larger network of anti-nuclear activism. Implicit in Miller’s analysis is a static conception of scalar relationships that presents political opportunities as: (1) a binary relationship between the central and local states, and (2) an external condition to the activities of social movement organizations. Beyond the tracking of relatively autonomous local groups in response to shifts in the national polity, Miller fails to address whether or not movement groups have the capacity to create openings in the polity by pursuing strategies at different scales.

The case of PANA provides a different reading of the role played by scale in the polity. This is not to suggest that governance coalitions and peace organizations are
comparable units of analysis, but rather to provide a set of contrasting views on the topic of scale vis-à-vis political opportunity. Miller is correct in stating that political opportunities open up at some scales and close at others, and that the dialectical relationship across scales determines which strategies to pursue. However, he does not address the ways in which political opportunities are purposively constructed as part of the restructuring of institutional alignments in the polity—a key feature in scalar analyses. As the case of PANA demonstrates, changing alignments in the polity not only create new scalar relationships, but also serve as a prerequisite in coalition formation.

For the coalition, the dual strategy of seizing openings in the polity and creating targets of opportunity enabled PANA to advocate for statewide policy changes while at the same time creating a demand for changes in local school settings. In doing so, PANA was able to bring together scales of regulation and mobilization. The organizational strategies pursued by governance coalition such as PANA suggest a more intentional, reflexive, and relational understanding of the role played by scale in pursuing and creating political opportunities. This includes a responsiveness to the existence of allied groups across different networks and levels of regulation and mobilization; pursuit of political opportunities based on an understanding of the uneven capacities among the central, regional, and local states; and the simultaneously seizing and producing of openings in the polity. However, as a victim of its own success, PANA is being threatened by other interests as opportunities in the regional state polity begin to close. While PANA’s attempt to jump scales to the national level can be viewed as a strategy to re-brand itself, it can also be read as a survival tactic—necessary to holding on to its very existence as a governance coalition.
Chapter 7

CONCLUSION: GOVERNANCE COALITIONS, PARADOXES, CONSTRAINTS AND AFFORDANCES

*It is not the business of political philosophy and science to determine what the state in general should or must be. What they may do is to aid in the creation of methods such that experimentation may go on less blindly, less at the mercy of accident, more intelligently, so that (wo)men may learn from their errors and profit by their successes.* (Dewey, 1927, p. 34)

In this thesis, I discussed the relevancy of scale within analyses of governance coalitions for two separate but related reasons. I argued that governance coalitions are a contemporary expression of collective action aimed at changing political and social behavior. I also asserted that a study of these cooperative mechanisms reveals more dynamic relationships between the state and civil society groups than has been previously considered. In both instances, scalar discourses play a critical role in structuring the social activity of organizational networks, leading to changes in institutional and social relations. It is clear that scale is a conscious and purposeful *strategy* used by governance coalitions to mobilize limited resources across space and time, create a collective identity among different interests, and seize and create openings in the polity. In this conclusion, I return to the discussion of scale and collective action by drawing attention to paradoxes that exist within governance coalitions; the relationship between scale and constraints and affordances in the social field; and the theoretical significance of scale vis-à-vis institutions and governance.

The first two sections of this chapter contain discussions of several paradoxes exposed in this case study. The first paradox focuses on the use of marketing approaches
in collective action, and is revealed by the particular characteristics of PANA. The second paradox highlights the tensions between different sectors and levels of coordination and mobilization exhibited in governance coalitions, pointing to larger theoretical implications for state and civil society relations. A study of governance coalitions such as PANA brings to the fore the complex nature of collective action, representation, and participation in liberal democracies such as the United States. However, we do not need to seek definitive answers or make judgments about the inherent contradictions that exist within governance coalitions. Rather, the paradoxes discussed in this chapter provide a heuristic device to move beyond binary representations common in discussions of scale and collective action.

The third section returns to the discussion of scale to present a formal typological framework of scale consistent with social movement theory. This is a significant contribution to the literature on scale and social movements precisely because it demonstrates the use of scalar representations to structure the issues and agendas of social actors in ways that facilitate collective action. In illustrating how scale is used to imagine and produce specific geographical relationships, I underscore the importance of constraints and affordances available to governance coalitions such as PANA. My typological classification of scalar representations is also a key innovation for practice inasmuch as it provides an operational template for other governance coalitions and social movement groups to organize issues and agendas to facilitate collective action.

The final section of this concluding chapter presents the contribution of the study with respect to how scale has been theorized in analyses of institutions and governance. The theoretical significance is a conceptualization of the state and civil society groups in
relational terms. Governance coalitions are a protoinstitutional space for social actors to mediate and restructure power relations in non-oppositional terms. They present scale as a means to structure different levels of social activity that draw on particular territorial and geographical relationships to facilitate group mobilization. This perspective not only addresses a gap in theorizing scale and collective action, but also provides an explanatory basis of state and civil society relations useful for other analyses of institutions and governance.

7.1 The Branding of Collective Action: The Marketization of Social Change or the Socialization of Marketing?

This thesis began with the premise that governance coalitions are a contemporary form of collective action. To summarize, governance coalitions are defined as alliances between multiple sectors and between multiple levels of political jurisdiction. Their primary function is to facilitate interaction between policy and mobilization networks while simultaneously organizing and implementing strategies and targeted action. Functioning as a governance network, they are mobilized for collective action in pursuit of political goals. Furthermore, characteristics of governance structures include reflexive participation by independent groups, despite the existence of mixed motives and competing interests. PANA can be defined as a governance coalition based on these criteria. However, beyond these general characteristics, PANA also embodies a unique approach to collective action discussed throughout the study. In targeting obesity, the coalition explicitly adopts a social ecological approach to health promotion that represents a model of environment and behavior change. While the reduction of obesity
is a defined goal, it is an intended outcome rather than an explicit target. The strategies pursued by PANA clearly focus on changing institutional behavior such that policies are put in place to improve physical activity and nutrition. The coalition also focuses its energy on identifying environmental barriers so that institutions can begin making improvements to enhance access and provide choices to individuals, especially youth. As an overlay to this ecological model of health promotion, PANA employs a social marketing approach to change behavior related to obesity prevention, whether focused on individuals or institutions represented in the coalition. Social marketing, as presented in chapter 5, is used to create, disseminate, and manage programs to influence the acceptance of social ideas around healthy lifestyles. PANA applies these techniques to a series of brand and co-brand products it makes available to constituents. The primary aim is to redefine social relations by employing tactics to motivate institutional and individual behavior change.

The coalition’s ability to effectively mobilize different constituents relies on the integration of market-based tactics within an ecological model of obesity prevention. How then is scale implicated in this conception of collective action? In this study, I illustrated that the relationship between an ecological model and scale pivots on altering the environmental conditions to induce changes to the behavior of groups and individuals. The approach adopted by PANA can be viewed as a spatial mapping of social ecology to identify determinants of health problems (scales of attribution), strategies (scales of association), and different levels of intervention (scales of agency). As stated in chapter 1, scale is employed by social actors to seek particular geographical relationships. From the perspective of disease prevention, a move away from individual
medical treatment toward environmental factors has been a paradigmatic scale shift that allows a greater focus on the relationship between environment and behavior. Thus, scale is a strategy rather than a measure of resolution.

Scale is also implicated in the social marketing techniques adopted by PANA inasmuch as the coalition relies on elastic organizational ties that stretch across territory and scales to produce a division of labor to mobilize, assimilate, and reconstitute resources into PANA’s programs and products. As the coalition represents a diverse number of groups with varying capabilities, organizationally situated at different levels of regulation and mobilization, PANA relies on a flexible mode of production. As an intermediary and coordinator of resources, PANA uses multiple networks to disseminate its products through a series of health campaigns, mostly targeting Pennsylvania’s elementary schools. The coalition’s reach allows for the quick dissemination of branded messages and products that combine the interests of many coalition partners simultaneously, indicative of the coalition’s approach to collective action more broadly.

An orientation toward consumer choice, audience segmentation, communication channels to reach target audiences, and product development are some of the marketing repertoires of collective action employed by the coalition. It is through this branding of collective action that PANA aims to change institutional and individual behavior, leading to newly constituted social relations among the coalition’s members and targeted audiences.

The application of market-based models has centered on assumptions of rational choice and methodological individualism associated with neoclassical economics. As the case demonstrates, PANA clearly does not fit within the rational choice model of collective action. Rather, PANA’s social marketing approach represents the application
of market logic within larger institutional, organizational, and regulatory systems. Thus, I return to the first paradox introduced in this chapter: Does this form of collective action represent a marketization of social change or simply the socialization of marketing? From one perspective, it can be argued that contemporary collective action cannot be decoupled from the structural underpinnings of capitalism and the commodification of social life. Therefore, in order to effectively mobilize citizens around public welfare and health issues, it only seems plausible to emphasize approaches that are consumer-based and commodity-driven. With respect to healthy lifestyles, for example, this entails treating citizens as consumers, which allows organizers of collective action to identify target markets, mobilize the necessary resources and divisions of labor, and brand expected behaviors as products. Marketing and collective action are related in that the former is the communication necessary to encourage individuals (or groups) to purchase or use a product, while the latter is the mobilization of a group toward a common goal or purpose. Stripped of its profit-driven connotations, marketing is a strategy to manufacture desire toward an expected state or outcome. In the case of obesity prevention, PANA’s use of marketing is aimed at driving demand around a set of institutional and individual behaviors. Although conceivable, it is also necessary to interrogate these claims and how the marketization of collective action affects different segments of the population, targeted or otherwise.

While the introduction of marketing repertoires into collective action presents a larger concern, it is important to pay attention to inherent problems with ecological models of environment and behavior change. First, implicit in a social ecological model is an unstated assumption about creating a social good and/or addressing a social ill.
However, there are as many different conceptions of what constitutes a social good as there are groups who make such claims. Therefore, the social ecological model does not preclude the use of approaches that reinforce dominant relationships of power and injustice. The actions of neoconservatives over the past several decades provide an example of how the discourse of rights can lead to a constricting of scale that bounds democracy and citizenship in individualistic terms. Second, a social ecological model also reduces political and economic problems to externalities, thus ignoring deeper structural relationships that constitute the basis of social relations. For example, how is the model fully operationalized if existing social relations are not defined apriori? In the case of obesity prevention, what types of bodily rights exist and do they differ based on gender, race, or class identity? It would be unfair to suggest that this omission is an intentional decision by PANA, inasmuch as the coalition’s broad aim is to improve the health of individuals, regardless of identity or status. Despite anything to the contrary, it is important to draw our attention to this possibility.

PANA’s use of a social marketing approach to collective action, however, does raise a set of concerns related to the commodification of social life and the reproduction of existing structural inequalities. By assuming a central role in the communication and dissemination of information, PANA has been able to wield a considerable amount of influence and power among different institutional, organizational, and regulatory networks. In PANA’s case, the efficient production and distribution of resources has been used as an argument to justify the adoption of consumer-based and marketing approaches more broadly. However expedient, this rationale masks the redistribution of public resources away from populations most in need. While demonstrating outcomes
with specifically targeted groups, such approaches further legitimate market logic in the formation and adoption of public policy. This encroachment in the name of social benefits also reinforces a capitalist ideology of the primacy of economic relations over social relations, a concern many political economists and theorists have raised. Although outside the scope of this research, the case of obesity raises another theoretical concern, albeit more speculative, regarding the body as a site of capital accumulation and struggle between different logics of value. From this perspective, the body is a site of contestation between the market value and the value of human capacity. A bodily crisis of over-accumulation suggests that, outside of genetic predisposition, obesity is a manifestation of over-consumption, literally (Guthman & DuPuis, 2005).

Beyond these theoretical implications, but related, is the issue of social equality. A key element in social marketing is the identification of populations defined as ‘target’ audiences. Messages and products are developed around the perceived characteristics of specific populations, with the goal that these groups will adopt expected behaviors. Federal legislation such as Healthy People 2010 employed a discourse of “community,” “participation,” and “empowerment” that was adopted by health advocates but seldom reached the populations most in need of the state’s resources. As a case in point, PANA targets its resources toward primarily rural and suburban whites as an unreflexive strategy, despite the fact that African American, Hispanic/Latino, and other minority populations have a higher prevalence of being overweight or obese, leading to equally higher rates of mortality. These are also the same groups that have limited access to quality healthcare and the types of health promotion services offered by groups such as PANA. Complicating the issue further are the types of environmental barriers that exist
in low-income communities of color. Crime, safety, and food security are just a few examples that nullify the prospect of obesity prevention strategies adopted in these environments.

As these issues are not easily reducible to market-based approaches, it is not surprising that PANA has avoided targeting this segment of the population. In addition, an emphasis on urban communities and people of color poses a political risk for the coalition given the polarization of region and race that exists within Pennsylvania. The reliance on coalition member resources, while helpful in leveraging government funding, has been a major factor in determining PANA’s programmatic focus. While not intentional, this had the effect of reinforcing the values and goals of member organizations and associations whose constituents represent an almost exclusively white, middle-class base of power and influence among Pennsylvania’s legislators. Based on these claims, the institutional relationships expressed in PANA can also serve to reproduce existing social relations. These examples raise serious doubts about approaches to collective action that divide the public into different market segments. Such practices can lead to the reinforcement of existing discrimination, thus revealing the limits to this form of collective action as long as structural inequalities exist. A more inclusive strategy would be to solicit the participation of organizations and groups that represent minority populations and to invest the necessary resources of the state and civil society groups responsive to the claims of these groups.
7.2 The Geography of Governance: Aligning with Elites or Elite Alignments?

By presenting a case of a multi-sector coalition, an aim of this study was to empirically demonstrate how governance coalitions provide an avenue for civil society groups to pursue changes in the polity. Enlisting the participation of over 1,000 elementary schools to form health councils and developing guidelines regarding competitive food contracts in local schools are some of the modest but potentially far-reaching impacts that PANA helped to create in a span of a few years. However, this type of mobilization requires instrumental action combined with a high level of coordination of messages, activities, and expected outcomes. It is the strategic alliance of elites (a group exercising the most influence within a larger group) operating at one territorial scale that sets into motion responses by non-elites at other scales. At the same time, the actions of grassroots groups inform strategies pursued by elites. In the case of PANA, elites represent statewide interests in coalition activities and deliberations that take place within executive team and leadership team discussions. Non-elites represent interests at the regional or local levels that participate in coalition activities through the implementation of specific health campaigns. However, it is worth pointing out that the distinction between elites and non-elites is a relative one, as these relationships are contextually defined depending on the territorial scale at which decisions are made.

Within PANA, civil society groups and institutions of higher education at these multiple territorial scales have assumed a far more active role than state agencies, industry groups, or for-profit corporations. This is most evident in coalition activities that sought to link statewide networks with mobilization in local elementary school
settings. For example, health intermediaries such as the American Heart Association and institutions of higher education such as Penn State University lent significant organizational resources to enable the effective communication and coordination of PANA’s health campaigns. Within localized settings, the action of regional health coalitions, state health improvement partnerships and individual community champions was a vital component in effectively implementing these same health campaigns. This is not to suggest that state or market actors were passive agents in the coalition; my point was to provide an alternative account to studies that focus solely on the state’s or market’s role in institutional analyses. However, rather than signify a ‘thickening’ of civil society, cooperative mechanisms such as PANA illustrate the interdependent, but contingent, relations that exist between different sectors and the professionalization of civil society groups whose role is to negotiate and manage the contradictions inherent in institutional, organizational, and regulatory systems. This includes communicating across sectoral boundaries, organizing alliances between state elites and leadership at the local level, and coordinating the creation and implementation of policies between different levels of government regulation. As scalar intermediaries, a primary purpose of governance coalitions is to create linkages between different networks whose goal is a political outcome.

While a political economy perspective begins to illustrate the structural dimensions of collective action, it does not address philosophical issues about representation and inclusion. Representation on PANA’s executive team, for example, was dominated by state elites who wrote the statewide obesity plan and developed the coalition’s original goals and strategies. Local leaders who participated were, more often
than not, relegated to the role of community champions, serving as liaisons between state elites and local constituents. For local constituents, coalition involvement typically took the form of attendance at quarterly meetings or professional training sessions broadcasted via satellite across the Commonwealth. In all cases, formal feedback was sought through multiple channels ranging from annual conference and quarterly meetings to focus groups and surveys associated with specific campaigns. The varying levels of participation by coalition members point to the second paradox raised in this chapter: in governance coalitions, are political outcomes achieved through an alignment with elites or do they simply represent an alignment of elites?

From one perspective, the utility of governance coalitions as a contemporary form of collective action lies in the ability of these cooperative structures to link participation across scales of regulation and mobilization. This differs from other forms of participatory decision making that emphasize face-to-face and localized deliberation. Governance coalitions provide a coordinating function between policy networks and community mobilization around a political outcome, and as such, they represent alliances between different interests. Thus, by default, these organizational structures function as political intermediaries. In the case of PANA, this mediating function includes a focus on policies to ameliorate the causes of obesity. Throughout this thesis, I provided examples that claim a causal link between obesity and social norms of behavior as part of a larger economic crisis in healthcare, and as a result of environmental factors leading to sedentary lifestyles. From this perspective, it could be argued that to live in a healthy body is a political right inasmuch as the body is a manifestation of social, economic, and environmental forces that cause harm to one’s health.
A contrasting viewpoint would argue that the recent focus on obesity prevention is a strategy by the state to discipline individuals (for example, to increase worker productivity), leading to the conclusion that governance coalitions are implicated in the reproduction of existing social relations and power. This may be true. However, regardless of the motivation, it is also important that obesity is a complex health issue, one that raises a set of contradictory viewpoints worthy of discussion, debate, and deliberation. In a time of diminishing state resources and bureaucratization of public process, it can be argued that there is a need for new forms of participation. Are governance coalitions an appropriate mechanism to make claims? As a contemporary expression of democratic decision making, these cooperative mechanisms provide multiple channels of communication and deliberation across sectoral and territorial boundaries. For PANA, this takes the form of multiple networks that extend across local, regional, supra-regional, and national levels. As intermediaries between scales of regulation and mobilization, governance coalitions can play a valuable role in coordinating the decision making about and diffusion of resources and information.

From the latter perspective, governance coalitions may provide greater transparency in policy decision making and bureaucratic procedure while allowing different groups to make claims on behalf of minority rights. In an increasingly plural and global society, institutional forms that reach across different juridical levels and allow for greater participation provide a possible avenue for addressing the structural inequalities in contemporary society. As the state is in a continual process of reformulation, this opens up the possibility of different groups forming alliances to compete for primacy within the state, including its policies and resources. While this
conception does not preclude cooperative mechanisms from replacing one form of hegemony with another, the growth of multi-sector coalitions suggests that the new spaces for deliberative democracy, especially for issues that extend across space and time, are increasingly needed. Institutional forms that stretch across different scales may also be an appropriate strategy for addressing structural issues, given the pervasiveness of inequality that spans from one level of regulation to another.

By contrast, given that public deliberations in liberal democracies are mediated through institutions, governance coalitions can also serve to filter and stifle claims by groups without power. More problematic is the fact that these decision-making structures can also provide political legitimacy for narrow interests through cooptation of civil society groups. In doing so, governance coalitions can mask the redistribution of state resources, further reinforcing geographies of uneven development. The discourse of partnerships and empowerment promulgated by PANA, while aimed at promoting greater participation, may also allow government agencies to shirk their responsibilities in addressing the structural dimensions of preventable diseases such as obesity.

In the dissertation, I argued that the emergence of governance coalitions is an outcome of changing institutional alignments in the polity, changes that are opening up spaces for collective action. The lack of attention to obesity among political elites allowed social entrepreneurs to seize policy opportunities at the federal level that would significantly impact how obesity prevention would be addressed in Pennsylvania. By involving multiple stakeholders, a purposeful strategy was to seek participation outside of the state’s department of health. This helped to redefine existing relationships between different public agencies and non-profit organizations, as well as other groups who had a
stake in obesity prevention. In the case of PANA, while there was an effort to involve multiple stakeholders, many of the original participants represented established interests in health promotion and disease prevention networks that had access to resources and policy makers.

Although these groups came together around a common goal, the formation of PANA can also be viewed as the creation of a new institutional space for elite groups whose aim is to negotiate their narrow interests without disrupting existing power relationships. This observation begs the question: if governance coalitions are a contemporary expression of collective action, whose interests are being served and with what results? As discussed in chapter 4, the competition for government and philanthropic resources provides a motivational factor for some coalition members. However, others sought to be involved as a means of protecting existing interests. The participation of the American Dairy Association is just one example: its goal in participating in PANA was to ensure that milk and other dairy products in the schools would retain, if not expand, their presence in school-based lunch and nutrition programs. This is consistent with characteristics of governance coalitions that involve joint decision making among independent groups that represent mixed-motive, contingent relations. However, this example does raise a concern about the long-term stability of relationships present in governance coalitions.

I introduced the term elastic ties to describe relationships among coalition members that stretch across different territories and scales of regulation and social organization, whether at the federal, state, or local levels. Elastic ties provide an adequate description of the relationships characteristic of governance coalitions,
relationships that facilitate collective action across, between, and among different scales simultaneously. In addition, I argued that strong or weak ties do not adequately capture the commitment and contingency of relationships found within governance coalitions. The relevancy of elastic ties centers on the relative strength or weakness of organizational ties with respect to alignments in the polity and where the point beyond the ‘elastic strain’ of governance coalitions exists. While this research has demonstrated that scale plays a significant role in collective action, the shifting alignments in the polity that allow for the emergence of these cooperative structures are unstable. However, without this instability, governance coalitions would cease to exist—hence, the paradox.

7.3 Scales in Governance Coalitions

In chapter 5, I drew an analytical relationship between scale and collective action frames by proposing a typological classification of scalar representations as a systematic framework to describe the use of core framing tasks related to the extent or significance of a phenomenon, territorialized juridical levels that are areal in extent, and multiple forms of social activity imaged and produced in ways that seek particular geographical relationships (Table 7-1). I used scales of attribution to describe diagnostic frames that identify a problem, grievance, or injustice. Scales of association were used to describe prognostic representations that resonate between different social groups to create a shared understanding, identity or ideology. Lastly, I used scales of agency to describe motivational frames that bound the environment in which collective action is to occur.
In all cases, scale frames serve as the basis to cognitively structure multiple forms of social activity. With respect to scales of attribution, a major diagnostic frame presents obesity as a national epidemic using maps, population statistics, and scientific evidence. A goal of PANA was to produce a geographical representation of disease in national terms in order to substantiate the argument that the magnitude of obesity was a bona fide health crisis. However, to lend relevancy to their arguments and create a level of urgency, coalition members and staff also quantified the significance of obesity at a second level, that of the Commonwealth of Pennsylvania. Concerning scales of association, a major challenge for PANA was to craft a shared representation of obesity prevention consistent with coalition goals despite the mixed motives of its members. For example, several for-profit companies participated in the coalition to protect existing

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<tr>
<th>Scale Typologies</th>
<th>Core Framing Tasks (Benford &amp; Snow, 1988; 2000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scales of Attribution: Representations that identify a problem, grievance, or injustice.</td>
<td>Diagnostic frames based on problem and grievance arguments.</td>
</tr>
<tr>
<td>Scales of Association: Representations that resonate between different social groups to create a shared understanding, identity, or ideology.</td>
<td>Prognostic framing that propose strategies and solutions to a problem.</td>
</tr>
<tr>
<td>Scales of Agency: Representations that bound an environment in which collective action is to occur.</td>
<td>Motivational frames used to mobilize individuals and groups into action.</td>
</tr>
</tbody>
</table>

Table 7-1: A typological classification of scalar representations
industry interests, whereas several health intermediaries joined the coalition seeking to formulate new policies aimed at regulating competitive foods in local elementary schools. Regardless of these and other differences, PANA was able to craft a set of shared representations centered on healthy lifestyles, e.g., individual choice and wellness, walkable communities, and active community environments, which allowed the coalition to collapse different and contrasting associations into a collective identity aligned with obesity prevention efforts. However, given PANA’s marketing approach to health promotion, it also had to define the boundaries of collective action for these disparate groups. With respect to scales of agency, a spatial frame of zones was created to focus social activities at the scale of individual school settings. In addition to providing a locus for resource sharing and policy advocacy, it also served to define the boundaries for PANA’s programmatic activities and health campaigns.

The particular characteristics of these scale typologies rested on the material and immaterial constraints and affordances available to PANA. Specific circumstances influenced the coalition’s choice of representations and productions of scale. For example, this included the practical necessity of utilizing established regionally territorialized health networks of the Department of Health to distribute PANA’s programming despite the lack of capacity and conflicts with agency personnel. Coalition staff also coordinated many of its funding programs in a hierarchical fashion given that a significant amount of government resources flowed through territorialized, juridical levels.

These constraints stand in stark contrast with PANA’s presence in local elementary schools after the coalition had built this local constituent base upon the
success of its first health campaign. A focus on schools also afforded PANA the ability to share, coordinate, and distribute resources effectively given that many of the coalition’s statewide members were already collaborating with local schools. The coalition’s positioning between territorially defined juridical levels and levels of social organization, i.e. the state legislature and local schools, enabled PANA to coordinate policy efforts between these two different scales of intervention while at the same time advocating for state resources by creating linkages between elected officials and local school constituents.

In closing, what is the significance of scale in governance coalitions? As discussed, the existence of constraints and affordances determined which scalar strategies this governance coalition pursued. On the one hand, governance coalitions such as PANA must respond to and operate within terrains largely structured by the formal, hierarchical levels of the state, which are territorialized at different juridical levels and are areal in extent. On one hand, governance coalitions also produce and use scale in creative ways in order to coordinate multiple levels of social activity in realizing their goals. Creating a scale division of labor among coalition members to share and distribute resources to constituents is one way groups such as PANA structure activities that require particular geographical relationships. For example, the coalition’s reliance on Penn State’s satellite technology capabilities determined the character of educational programming in forming regional clusters throughout the Commonwealth of Pennsylvania. In this and other instances, scale is a critical concept if we want to understand why and how social activity is structured.
7.4 Significance

Beyond answering the primary research question of the study, the case is also significant for analyses of institutions and governance. In chapter 2, I discussed the role of scale in state and civil society relations to demonstrate the confluence of multi-sector interests in mobilizing around public health. In drawing from political economy, I argued for relational accounts that move beyond studies that emphasize either a state-centric or market orientation. Others have discussed the role that scale plays in social movements. Generally speaking, studies have focused on the agency of local actors and their ability to create, jump, and move among scales to take advantage of political opportunities and resources. Operating outside of formal government structures, most claims by social movement groups target territorial control at regional or local levels. Regardless of their specific focus, previous studies invoke a static, hierarchical conception of scalar relationships. In all of these cases, collective action is understood to take place between the two sides of a binary: between state and non-state actors, or between central and localized levels of territorial regulation. In addition, these analyses identify the state as a target of social movement groups rather than as a facilitator.

The case of PANA provides a different reading of the relationship between the state and civil society groups. Mediated cooperation rather than opposition best describes the character of this governance coalition. Contemporary governance and institutional forms provide a viable alternative to simple opposition, one that ameliorates the effects of both state and market forces. As I illustrated throughout this thesis, governance coalitions are one expression of collective action in a complex web of social relations that
involve overlapping institutional, organizational, and regulatory systems. Whereas the concepts of ‘historic block’ and ‘double movement’ express civil or active society’s reaction against state hegemony, governance coalitions offer a middle ground, or third space, between state and market forces. In these contexts, scale serves a noticeably different role than has been previously discussed—as a strategy to structure social activity aimed at sharing resources across space and time, creating understandings of agreed upon strategies, and seizing openings in the polity at territorially-defined juridical levels. In theorizing scale in terms of state and civil society relations, this thesis not only contributes to understandings of scale in the discipline of geography, but brings a geographical perspective to other fields that study institutional behavior and public policy. With respect to this latter contribution, the approach to the study of governance coalitions described in chapter 2 operationalizes scale vis-à-vis situated practice (Table 2-1). Within this approach, a conception of scale in social ecological terms provides a framework to structure social activity toward changing environmental conditions to influence political and social behavior. This conception of scale is useful for collective action beyond public health, especially with respect to other human welfare and public policy issues.

The paradoxes and findings presented in this final chapter, while pointing out the tensions and possibilities that exist within governance coalitions, also raise additional questions for further research, both theoretical and empirical. Regardless of the specific area of inquiry, further investigations would benefit from grounded approaches that aim
to bridge our understanding between theory and effective action. Here are three avenues for further research:

1. From a political economy perspective, the body can be seen as a site that mutually constitutes the contradictions of production and consumption forces. Therefore, further investigation of the specific roles human bodies, existing within highly structured contexts, play in internalizing and mediating crises of capitalist production and reproduction is warranted.

2. A different but related focus would consider the possibilities for collective action around bodily rights, which could also provide an additional dimension to transnational movements such as the Red-Green alternative. Such a framing could expand the discourse of new social movements, provide additional resources, and create opening in the polity, resulting in new alliances from different sectors outside of existing social movement organizations.

3. This study also suggests a move toward more theoretically-oriented, but empirically grounded, analyses of public policy and institutions. Further study is warranted of governance coalitions, not only with regard to public health, but also regional, metropolitan, and urban forms of governance. A key focus should be the quality of democratic participation and the development of metrics to measure the results of citizen engagement.

While the limitations of this study include an attempt to understand the relationship between scale and collective action within a single case, I believe this was also the strength of this research. In choosing a participatory action research approach,
my aim was to begin to bridge the chasm that exists between theory and practice in understanding institutional structures. Additionally, I was also curious to learn why the topic of collective action had previously received little attention in the field of geography, beyond a relatively small body of work on social movements. This observation forced me to confront the limits of existing theory, and the conceptual and analytical terms used in institutional analysis. Despite some challenges in reconciling differences between more theoretical political economy perspectives and normative approaches to public policy issues, the invitation to be a part of an organization such as PANA provided me the opportunity to engage in a reflexive dialogue between these two vantage points, to consider whether the convergence of public policy and community mobilization was possible and, if so, to identify the limitations with respect to democratic participation and political efficacy. After close to five years of personal involvement with PANA, I am even more convinced that obesity is a serious problem worthy of the public’s attention and the necessary resources to address this preventable disease that affects hundreds of thousand of individuals in the United States each year. As this study draws to a close, PANA is seeking to expand to different scales of collective action and spheres of influence. I can only hope that its trajectory will aim toward spaces of inclusion in its fight against obesity.
Bibliography


Bryant, A. L. (1997, October 28). To be effective, school-based partnerships should boost student learning and educate the community. *School Board News*.


Centers for Disease Control and Prevention. (2000). *State nutrition and physical activity programs to prevent obesity and related chronic diseases*, Program


Federal Highway Administration. 2001 National Transportation Household Survey.


Have, P.T. (2002). The notion of member is the heart of the matter: On the role of membership knowledge in ethnomethodological inquiry. *Forum Qualitative


Appendix A

Interview Protocol

Introduction

1. How did your organization get involved with PANA?
2. What was the motivation for your organization’s involvement?
3. From your perspective, what is the purpose of PANA?

Research sub-question #1: How does PANA frame problems and solutions related to obesity?

1. Can you discuss problems associated with obesity?
2. What are some strategies to address these problems?
3. How does PANA frame problems associated with obesity?
4. How does PANA address these problems?

Research sub-question #2: How and why does PANA enlist the resources of different agencies, organizations, and individuals under the goals of obesity prevention?

1. What resources is your organization providing as part of PANA’s efforts?
2. How does PANA’s use of these resources meet your organization’s goals or priorities?
3. How do you think these resources will benefit PANA?
4. What are some of the additional resources that PANA utilizes to fulfill its goals?
Research sub-question #3: How does the existence of political and policy opportunities inform which strategies are pursued by PANA?

1. What are some of the main influences that determine which strategies PANA pursues?

2. Is there something about healthcare today that necessitates organizations like PANA to exist?

3. What types of opportunities does PANA capitalize on?

Wrap-up

1. How is PANA different from other organizations and coalitions that you are familiar with or participate in?

2. What challenges do you think PANA faces, now and in the future?

3. Do you think PANA will be successful in implementing its strategies?

4. Is there anything else you would like to share with me?
Appendix B

Dates of Archival Documents and Formal Observations

Archival documents collected and analyzed for the study included:

- Strategic and operational plans and reports (12/07/01, 01/06/02, 04/09/02, 05/14/02, 08/12/02, 11/16/02, 11/17/02, 11/19/02, 12/11/02, 01/21/03, 03/27/03, 05/05/03, 05/13/05, 09/10/03, 10/01/03, 10/29/03, 10/30/03, 11/01/03, 11/14/03, 12/01/03, 01/13/04, 02/02/04, 02/06/04, 02/10/04, 03/24/04, 04/13/04, 05/18/04, 06/08/04, 07/16/04, 07/20/04, 09/07/04, 09/14/04, 09/25/04, 10/14/04, 01/11/05, 04/19/05)

- Meeting minutes and committee updates from stakeholder, executive and leadership teams (07/10/01, 08/14/01, 09/11/01, 10/09/01, 11/13/01, 11/29/01, 01/15/02, 02/12/02, 04/09/02, 05/14/02, 06/11/02, 11/19/02, 01/21/03, 03/27/03, 05/13/03, 11/05/03, 11/18/03, 12/02/03, 12/19/03, 01/12/04, 01/13/04, 02/03/04, 03/31/04, 04/13/04, 09/14/04, 09/25/04, 09/30/04, 10/14/04, 01/11/05, 09/14/04, 04/19/05)

- Marketing and promotional materials, media and press releases (11/04/02, 11/07/02, 11/15/02, 01/16/03, 03/27/03, 08/07/03, 10/29/03, 11/21/03, 01/13/04, 01/23/04, 02/04/04, 02/10/04, 05/17/04, 05/18/04, 06/08/04, 07/16/04, 07/20/04, 09/14/04, 10/14/04, 11/30/04, 01/11/05, 04/19/05, 04/25/05)
- Evaluations, surveys, and constituent input (07/10/01, 12/04/01, 05/14/02, 11/20/02, 02/03/03, 03/27/03, 11/13/03, 12/04/03, 02/09/04, 05/18/04, 09/14/04, 12/01/04, 01/11/05, 04/19/05, 06/01/05)
- Advocacy campaigns, model regulations, and legislative action (03/10/04, 03/15/04, 03/24/04, 05/17/04, 06/08/04, 10/14/04, 02/15/05, 03/10/05, 04/13/05, 04/19/05, 05/28/05)
- Grant applications, budgets, scopes of work, fundraising activity (09/03/03, 11/03/03, 11/14/03, 11/21/03, 01/13/04, 01/23/04, 01/24/04, 01/30/04, 04/13/04, 04/19/05)
- Training and educational materials (12/04/03, 05/18/04, 07/20/04, 09/14/04, 10/14/04, 01/11/05, 02/15/05, 03/22/05)

Formal observations were made on the following dates:

11/18/03, 12/02/03, 01/13/04, 02/03/04, 02/11/04, 05/05/04, 05/17/04, 05/18/04, 06/08/04, 07/20/04, 09/14/04, 10/14/04, 01/11/05, 01/18/05, 04/19/05, 06/20/05, 06/22/05
VITA

Michael Rios

School of Architecture and Landscape Architecture                     mxr43@psu.edu
The Pennsylvania State University                     (814) 863-5420 (o)
328 Stuckeman Family Building                     (814) 231-8895 (h)
University Park, PA 16802

EDUCATION


Master of City Planning. 1997. University of California, Berkeley, Department of City and Regional Planning.


ACADEMIC EMPLOYMENT

July, 2003 - present. Assistant Professor (tenure-track), The Pennsylvania State University, School of Architecture and Landscape Architecture.

July, 1999 - June, 2003. Assistant Professor (fixed-term), The Pennsylvania State University, School of Architecture and Landscape Architecture.

REFEREED PUBLICATIONS

