

Community coalitions for prevention and health promotion

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Introduction

In the last several years, health promotion specialists have stressed the importance of multiple interventions aimed both at individuals who are at health risk, and at risk-producing environments and policies (Milio, 1980; McLeroy *et al.*, 1988; Pentz *et al.*, 1989; Winett *et al.*, 1989). The current emphasis on multiple interventions at multiple levels of the 'social ecology' is a response to the severity and complexity of chronic health conditions that are rooted in a larger social, cultural, political and economic fabric. The current wisdom in health promotion holds that targeting the behavior of individuals, without also intervening at these other social levels that shape behavior, will not have as great an impact on health status (McLeroy *et al.*, 1988; Minkler, 1989; Hawkins and Catalano, 1992; Stokols, 1992).

The development of coalitions of community agencies, institutions and concerned citizens to combat chronic health conditions is gaining popularity as an intervention aimed at strengthening the social fabric. Currently, hundreds of millions of dollars are being invested in coalition development as a health promotion intervention. For instance, both the COMMIT and ASSIST community tobacco control programs, funded by the National Institutes for Health, require coalitions of citizens in order to develop local strategies to decrease tobacco use (National Cancer Institute, 1988; Shopland, 1989).

The Center for Substance Abuse Prevention (CSAP) has funded over 250 'community partnerships' throughout the US, each for 5 years, to reduce morbidity and mortality caused by alcohol and other drugs (Davis, 1991; Wandersman and Goodman, 1991). The Planned Approach to Community Health (PATCH) and other community chronic disease initiatives sponsored by the Centers for Disease Control encourage the formation of local coalitions for community health planning and implementation (Steckler *et al.*, 1989; Green and Kreuter, 1992). Private foundations also fund health-based coalitions. For instance, the Robert Wood Johnson Foundation funds 'Fighting Back', a project of community coalitions to prevent and reduce substance abuse and the Henry J. Kaiser Family Foundation funded a community reconnaissance project that builds community capacity through coalitions (Tarlov *et al.*, 1987).

The number of funded community health projects that rely on coalitions represents a considerable investment of resources. However, a review of the literature reveals that, in general, coalitions have not been studied in an organized and systematic way, and relatively little empirical evidence exists to support their effectiveness. Recognizing that many worthy projects and skillful practitioners utilize coalitions as a health promotion strategy, a firmer basis in research is still warranted. A systematic study of coalition work in communities is essential to developing the research base. Coalitions are more useful in some instances than others; and, coalitions, like other health promotion strategies, will be criticized as ineffective and wasteful of resources if used indiscriminately. If coalitions continue to be used without the benefit of improved research, support for coalitions may not withstand future changes in public

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health administration or policy (Florin and Wandersman, 1990). The information gained from such research can enhance the efficiency and efficacy of coalitions. This article attempts to synthesize the current state of knowledge and identify gaps in the literature about coalitions. Initially, coalitions are defined and the advantages of using coalitions are listed. Then, we focus on characteristics of coalition functioning that may be related to their effective formation, implementation, maintenance and outcomes. Finally, the article concludes with suggestions for future research.

Coalitions defined

Two definitions that capture our understanding of coalitions are: "an organization of individuals representing diverse organizations, factions or constituencies who agree to work together in order to achieve a common goal" (Feighery and Rogers, 1989, p. 1); and "an organization of diverse interest groups that combine their human and material resources to effect a specific change the members are unable to bring about independently" (Brown, 1984, p. 4). By these definitions, coalitions are inter-organizational, cooperative and synergistic working alliances. The word 'coalition', itself, is derived from two Latin roots, *coalescere*, 'to grow together', and *coalitio*, 'a union'. Coalitions unite individuals and groups in a shared purpose. However, unity and purpose are common ingredients in many types of groups, and cannot serve alone as distinguishing characteristics of coalitions.

The concept of coalitions has evolved in the social sciences over the past three decades, resulting in greater distinctions between coalitions and other types of group arrangements such as networks and consortia (Bracht and Gleason, 1990). Early definitions characterized coalitions as short-term, loosely structured intra- and inter-organizational alliances, and blurred distinctions between coalitions and other types of groups (Levine and White, 1961; Litwak and Hylton, 1962; Gueztkow, 1966; Aiken and Hage, 1968; Schermerhorn, 1975). For instance, intra-organizational coalitions were defined as occurring when two or more actors within formal

organizations "... adopt a common strategy in contention with other actors in the same system" (Caplow, 1959). By recent standards, such an alliance is less formal than a coalition and more characteristic of other group arrangements like networks. Inter-organizational coalitions were defined as occurring when groups of organizations maintained separate goals, but collaborated on an *ad hoc* basis to attain some desired objective (Warren, 1967). By more contemporary standards, coalitions are more formal working partnerships. In the early literature, both intra- and inter-organizational alliances often were defined as short-ranged: "an alliance of distinct parties for a limited purpose" (Boissevain, 1974), whereas today coalitions are often considered as more durable.

Recent definitions characterize coalitions as formal, multi-purpose and long-term alliances. Several authors have developed sets of distinguishing characteristics of coalitions (Boissevain, 1974; Stevenson *et al.*, 1985; Allensworth and Patton, 1990). While these authors do not agree on which characteristics of leadership, structure, rules and roles of members should be formalized within the coalition, they do agree that coalitions should be issue oriented, structured, focused to act on specific goals external to the coalition, and committed to recruit member organizations with diverse talents and resources. They view coalitions as 'action sets' or aggregates of interested groups and individuals with a common purpose whose concerted actions are directed at achieving the coalition's goals. That coalition members collaborate not only on behalf of the organization they represent, but also advocate on behalf of the coalition itself, is a defining characteristic of coalitions in comparison with other types of groups (Appley and Winder, 1978; Hord, 1986; Feighery and Rogers, 1989).

Recent emphasis also is directed at coalitions as multi-purpose alliances. Multi-purpose coalitions accommodate more than one mission or set of goals (Perlman, 1979; Black, 1983; Stevenson *et al.*, 1985), exchange mutually beneficial resources (Hord, 1986; Allensworth and Patton, 1990) and direct their interventions at multiple levels, i.e. policy change, resource development and ecological change

(McLeroy *et al.*, 1988).

Contemporary definitions also emphasize the need for coalitions to be maintained and to remain durable (Bailey, 1986; Gentry, 1987; Benard, 1989; Sink and Stowers, 1989; Wandersman and Goodman, 1991). When coalitions are used as an intervention strategy in public health, the need for coalitions to remain durable becomes evident. Altering chronic conditions and their social causes is a long-term enterprise that requires normative change (Thompson and Kinne, 1990). If coalitions are to be an effective intervention, they will have to endure and have an effect on large sectors of the population.

The importance of coalitions

To date, the literature defines coalitions as important in several ways. First, coalitions can enable organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues (Black, 1983). Second, coalitions can demonstrate and develop widespread public support for issues, actions or unmet needs. Third, coalitions can maximize the power of individuals and groups through joint action; they can increase the 'critical mass' behind a community effort by helping individuals achieve objectives beyond the scope of any one individual or organization (Brown, 1984). Fourth, coalitions can minimize duplication of effort and services. This economy of scale can be a positive side effect of improved trust and communication among groups that would normally compete with one another (Brown, 1984; Feighery and Rogers, 1989). Fifth, coalitions can help mobilize more talents, resources and approaches to influence an issue than any single organization could achieve alone. They are 'strategic devices' that 'enhance the leverage' that groups can amass (Roberts-DeGennaro, 1986a). Sixth, coalitions can provide an avenue for recruiting participants from diverse constituencies, such as political, business, human service, social and religious groups, as well as less organized grassroots groups and individuals (Black, 1983; Feighery and Rogers, 1989). Seventh, the flexible nature of coalitions

allows them to exploit new resources in changing situations (Boissevain, 1974).

Types of coalitions

The recent literature on coalitions suggests that they may be categorized by differences in membership, patterns of formation, types of functions and types of structures that accommodate these functions. Feighery and Rogers (1989) describe three types of coalitions based on *membership*. (1) Grassroots coalitions are organized by volunteers in times of crisis to pressure policy makers to act. They are usually controversial in nature, can be very effective in achieving their goals and often disband when the crisis is over. An example of this type of coalition might be the gathering of different community factions who want to oppose the closing of an elementary school in their neighborhood. (2) Professional coalitions are formed by professional organizations either in a time of crisis or as a long-term approach to increasing their power and influence. An example of this type of coalition is Tobacco Free America organized by the American Cancer Society and the American Heart and American Lung Associations to influence tobacco issues. (3) Community-based coalitions of professional and grassroots leaders are formed to influence more long-term health and welfare practices for their communities. These coalitions are usually initiated by one or more agencies in response to a funding proposal. The Community Partnership programs funded by the Center for Substance Abuse Prevention (CSAP) to prevent alcohol and other drug abuse are examples of community-based coalitions.

Regardless of the type of membership, coalitions can vary in size from a few individuals to hundreds of persons (Boissevain, 1974). Coalitions may be comprised of other coalitions, organizations or combinations of individuals and organizations (Black, 1983; Gentry, 1987). For example, the United Neighborhood Housing Efforts (UNHE) is solely comprised of neighborhood organizations (Kaplan, 1986), while the Birmingham Task Force on Domestic Violence is composed of elected officials, social service agencies and individual advocates (Sink

and Stowers, 1989). Membership also is distinguished by degree of participation; coalitions can have both core and peripheral members (Brown, 1984).

Coalitions also have been categorized according to their *patterns of formation* (Black, 1983; Feighery and Rogers, 1989). Coalitions often form in response to an opportunity or threat (Staggenborg, 1986). For instance, funding opportunities, like the COMMIT anti-tobacco partnerships, serve as an impetus for coalition formation (Lichtenstein *et al.*, 1991). In another instance, the formation of a coalition to defeat Judge Bork's nomination to the supreme court is indicative of a coalition formed out of perceived adversity (Pertschuk and Schaezel, 1989). After the opportunity or crisis is over, member organizations with conflicting ideologies may find it difficult to work together in a coalition setting. For example, in the Illinois Pro-Choice Alliance (IPCA), conflict arose because the powerful NOW group would not share its resources with the coalition (Staggenborg, 1986). The other, smaller member groups wanted to develop the IPCA as an advocacy organization, but NOW was interested in the coalition only as an information network that did not restrict NOW's independent stance on the issues.

The IPCA example illustrates that coalitions may also be distinguished by the *functions* that they perform. Organizations that join coalitions have different ideologies, resources and maintenance needs. Thus, coalitions also can be categorized according to the differences in functions that they fulfill for their members, including: information and resource sharing, technical assistance, self-regulating, planning and coordinating services and advocacy (Croan and Lees, 1979). Most health promotion coalitions perform functions within more than one of these categories. To illustrate, in the CSAP Community Partnership program, alcohol and other drug (AOD) abuse prevention coalitions perform the following functions: share AOD-related resources and information with their members; provide technical assistance to other community groups, plan prevention programs (such as Red Ribbon Week and Alcohol Awareness Month), and advocate for government grants to fund existing and

new community-based programs.

Finally, coalitions have been differentiated by *organizational structure* (Black, 1983; Gentry, 1987). Roberts-DeGennaro (1987) describes three types of coalitions based on *structure*. (1) Organization-set coalitions are groups of cooperative organizations that provide resources or services under an 'umbrella' organization (like the United Way and its member agencies). (2) Network coalitions are subgroups of organizations within an organizational system that provides services to a particular client population. Network coalitions are loosely coupled and coalesce for a specific purpose, such as when mental health agencies lobby for more government funds. (3) Action-set coalitions are issue specific and *ad hoc* in nature. They bring organizations together that may not previously have been in the same network to accomplish a specific purpose (Whetten, 1981) or to develop a common identity (Boissevain, 1974). For example, the Centers for Disease Control's PATCH programs were structured as action-set types of coalitions (Steckler *et al.*, 1989). More formally structured coalitions are often characterized as permanent, with centralized staff and resources and a defined structure for operating. Informal coalitions are organized primarily for information sharing and group strategies with the autonomy of individual agencies maintained.

In summary, coalitions for health promotion tend to be long-term and multi-faceted in their focus; they tend to be directed toward substantive and somewhat intractable public health issues, such as tobacco, alcohol and drug abuse. They can be community-based or agency-dominated, and often follow the action-set model, i.e. agencies, interest groups and individuals come together in an alliance to plan and implement prevention strategies. These coalitions fulfill planning, coordinating and advocacy functions for their communities.

Factors that contribute to coalition functioning

Caveat emptor

To date, the literature on coalitions may be characterized mainly as 'wisdom literature', because

it is largely anecdotal and tends to be based on experiences and impressions (Light and Pillemer, 1984). However, a practitioner-oriented literature of articles and guides on coalitions does exist that suggests what is likely to work (e.g. Brown, 1984; Bader and Carr, 1989; Feighery and Rogers, 1990; Cohen *et al.*, 1991). Although well-researched studies also exist, the predominance of wisdom literature means that, at this time, a review can only be suggestive of factors that enhance coalition functioning. We have placed a compendium of factors into a preliminary framework for the present review. However, the reader should be cautious in interpreting these factors as definitive of coalitions, because the quality of the studies from which they derive is variable. The reader also should be aware that this is not the only framework in which coalition literature can be understood. Other frameworks exist (e.g. Prestby and Wandersman, 1985; Florin *et al.*, 1989) but we select this one since it follows the stages of development of coalitions.

Stages of coalition development

The existing literature suggests that coalitions form and develop in specific stages. Therefore, a discussion of coalition functioning should take into account a coalition's 'stages of development'. These stages include: formation, implementation, maintenance and the accomplishment of goals or outcomes. For instance, we are involved in evaluating several local community partnerships for alcohol and other drug abuse prevention that are funded by the CSAP. Figure 1 illustrates the general model being used for their development. The formation stage occurs at the initiation of CSAP funding. The agency that is granted the funding (lead agency) convenes an *ad hoc* committee of local community leaders. The *ad hoc* committee nominates influential citizens to serve on committees representing business, education, religion, criminal justice and other sectors of the community. Training on prevention goals, issues and tasks takes place. The implementation stage occurs as each of the committees conducts a needs assessment to determine the extent and nature of its constituents' concerns and resources around alcohol and other drug abuse. The needs assessment consists

of secondary data as well as written questionnaires, town meetings, and interviews which are developed and conducted by the committees with input from the staff and evaluation team. Implementation continues with committees using the results of the needs assessment to develop a community-wide intervention plan. The maintenance stage consists of the monitoring and upkeep of the committees and their planned activities. The outcome stage consists of the impacts that result from the deployment of community-wide strategies.

At each stage, different sets of factors may be important in enhancing coalition functioning. Knowing the factors that are particular to each developmental stage can lead to interventions that increase a coalition's likelihood of progressing from one stage to the next. The application of stages of development to coalitions is derived from the organizational literature (Starkweather and Kisch, 1971; Kimberly and Quinn, 1984) and literature on innovations (Zaltman *et al.*, 1973; Goodman and Steckler, 1990). The organizational literature suggests that different organizational designs are important at different stages in an organization's development (Kimberly and Quinn, 1984). The literature on stages of innovation indicates that (1) each stage in the development of a program may require a different set of strategies, (2) that the strategies which apply to one stage may be counterproductive at the next and (3) that strategies should be contoured to a program's stage of development (Goodman and Steckler, 1990). The literature on coalitions provides little guidance in distinguishing what factors facilitate function at a particular stage of development. The following review of factors must be viewed as an initial attempt that requires further study.

Factors that are likely to affect coalition functioning

Factors affecting formation

The few papers that explore the effective formation of coalitions focus on the following three factors: resources exchanged by potential members that lead to inter-organizational cooperation (Caplow, 1959; Aiken and Hage, 1968), payoffs that coalition

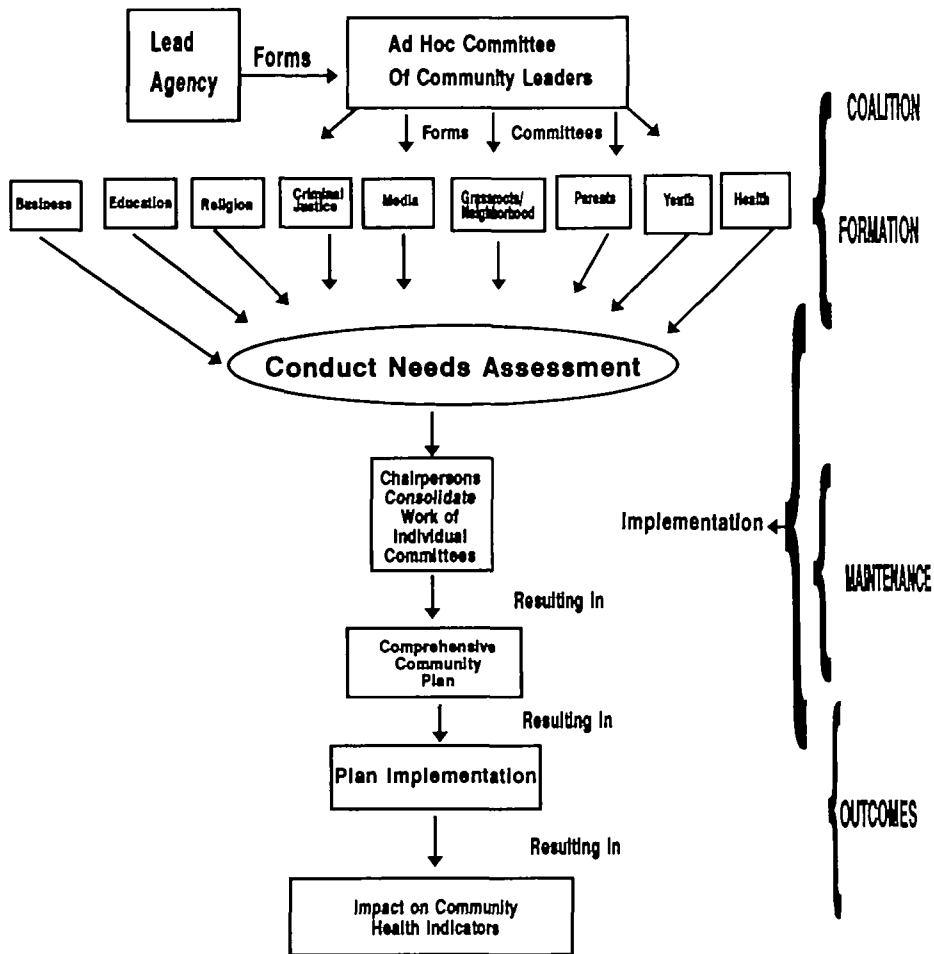


Fig. 1. Overview of the development of a community coalition.

members obtain by joining (Gamson, 1961; Adrian and Press, 1968) and the size of 'minimum winning' coalitions (whereby the defection of any one member makes the coalition ineffective) (Riker, 1962). Coalition formation may be stimulated by the following conditions: positive attitudes toward coordination, recognition of a mutual need or purpose, resource scarcity, failure of existing efforts to address the problem, legislative or extra-organizational mandates, an effective, motivated catalyst organization, previous history of collaboration or competition between coalition members, compatibility among organizations and capacity to maintain linkages

(Schermerhorn, 1975; Whetten, 1981; Benard, 1989; Mizrahi and Rosenthal, 1992).

The most important element in coalition formation appears to be the articulation of a clear mission or guiding purpose for the coalition, what Gray (1985) terms 'direction-setting'. It occurs when potential members reconcile the pursuit of individual goals with a sense of common purpose. The extent to which organizations share interests and needs before joining is a "major determinant in their propensity to work together" (Hord, 1986, p. 26). The 'spirit of cooperation' forged at the formation stage may be the most important reason why coali-

tions become cohesive and effective (DeSwaan, 1973; Kaplan, 1986). Lead agencies often are important catalysts in this process; they form and shape the coalition into the implementation stage (Gwaltney, 1992). However, as Schermerhorn (1975) suggests, before potential members begin to collaborate, they must believe that collaboration will produce positive outcomes. Positive expectations may create a climate of optimism that sustains member commitment (Florin *et al.*, 1989).

Coalition implementation and maintenance

Factors that contribute to the implementation and maintenance of coalitions include degree of formality, characteristics of the leadership and membership, organizational climate, and relationships with external supports.

Formalized rules, roles and procedures

Many authors assert that formalization is necessary for the successful implementation and maintenance of collaborative activities. Formalization is the degree to which rules, roles and procedures are defined precisely. The higher the degree of formalization, the greater the investment of resources and exchanges among agencies (Marrett, 1971), the greater satisfaction with the effort itself (Schermerhorn, 1981), and the more responsible and committed member agencies become (Andrews, 1990). Examples of formalization include: written memoranda of understanding, by-laws, policy and procedures manuals (Bond and Keyes, 1988; Andrews, 1990); clearly defined roles; mission statements, goals and objectives (Neuson, 1989, Feighery and Rogers, 1990); and regular reorientation to the purposes, goals, roles and procedures of collaboration (Croan and Lees, 1979).

Formalization often results in the routinization or persistent implementation of the coalition's operations. The more routinized operations become, the more likely they will be sustained (Goodman and Steckler, 1989). For example, Chavis *et al.* (1987) found that block organizations that survived for 15 months and longer were more structured and task oriented than those that died out. Surviving block organizations had more officers and committees, were more likely to have written by-laws, and were

more likely to use written agendas and minutes to conduct regular and orderly meetings than inactive organizations.

Leadership characteristics

Strong central leadership is an important ingredient in the implementation (O'Sullivan, 1977, Feighery and Rogers, 1989) and the maintenance of coalition activities (Bailey, 1986; Neuson, 1989; Sink and Stowers, 1989; Zapka *et al.*, 1992). Regardless of size, coalitions tend to have a few core leaders who dominate coalition activities (Roberts-DeGennaro, 1986b). When these leaders are attentive to and supportive of individual member concerns, and are competent in negotiation, garnering resources, problem solving and conflict resolution, the coalition tends to be more cohesive in reaching peripheral members and in maintaining coalition operations (Brown, 1984). Other qualities of leadership cited as important include: personal resources such as self-efficacy, membership in other community organizations, level of education (Prestby, 1988); a high degree of political knowledge, commitment and competence (Rich, 1980; Prestby and Wandersman, 1985); proven administrative skills in order to set agendas, run efficient meetings, garner resources and delegate responsibilities (Feighery and Rogers, 1989); skill in communication and interpersonal relations (Brown, 1984; Andrews, 1990); the ability to promote equal status and encourage overall collaboration in the member organizations (Croan and Lees, 1979; Hord, 1986; Lindsay and Edwards, 1988); flexibility (Cohen, 1989); and easy access to the media and decision-making centers of the community (National Assembly of National Health and Social Welfare Organizations, 1991).

Member characteristics

A coalition's membership is its primary asset. Each member brings a different set of resources and skills to the coalition. For instance, one member may provide transportation to or space for meetings, another may contribute staff support, a third may assist in fund-raising and a fourth may provide access to and influence with relevant policy makers (Knoke and Wright-Isak, 1982). The pooling of member assets is especially significant when participation is volun-

tary and the coalition has few material resources of its own (Knoke and Wood, 1981; Prestby and Wandersman, 1985). Diversity among members also enables the coalition to reach and represent a larger constituency.

The degree of member participation may be discerned by the number of active roles that members assume and the amount of time that they contribute to the organization. For instance, members of active block associations attended more meetings, were more engaged in the organization and spent more time working for the organization outside of meetings than did members of inactive block associations (Prestby and Wandersman, 1985). Active participation did not appear to be related to demographic characteristics of members, such as ethnicity, gender or age, but were related to member satisfaction, commitment, expectations about outcomes, skills and training (Prestby and Wandersman, 1985; Chavis *et al.*, 1987; Wandersman *et al.*, 1987). In addition, participants in neighborhood associations tended to exhibit high self-esteem, a sense of citizen duty, affinity for the neighborhood and concern with neighborhood problems (Wandersman *et al.*, 1987). Since most studies have not looked at these correlates before and after participation, it is hard to determine causal directionality.

Benefits and costs of participation

Survival of a coalition may depend on “. . . whether it can convince its member organizations of the payoffs from committing resources for advocacy purposes” (Roberts-DeGennaro, 1986b, pp. 260–261). Potential benefits of collaboration include: increased networking, information sharing and access to resources (Hord, 1986; Kaplan, 1986); involvement in an important cause, attaining the desired outcomes from the coalition’s efforts (Rich, 1980; Zapka *et al.*, 1992); enjoyment of the coalition’s work (Benard, 1989); receiving personal recognition (Bailey, 1986; Benard, 1989; Wandersman and Alderman, 1993); and enhancing one’s skills (Rich, 1980; Roberts-DeGennaro, 1986b; Wandersman and Alderman, 1993).

In contrast to payoffs that facilitate participation, members may decline involvement if it is perceived

as costly. Costs that are often cited include: devoting time to the coalition that is taken from other obligations (Rich, 1980; Bailey, 1986); losing autonomy in shared decision making, expending scarce resources, overcoming an unfavorable image held by other partners (Schermerhorn, 1975); lacking direction from the leadership or staff of the coalition, perceiving a lack of appreciation or recognition, becoming burnt out, lacking the necessary skills and feeling pressured for additional commitment (Wandersman and Alderman, 1993).

Well-structured studies of member benefits and costs suggest that participants will invest their energy in an organization only if the expected benefits outweigh the costs that are entailed (Rich, 1980; Prestby, 1988; Prestby *et al.*, 1990; Norton *et al.*, 1993). These studies are based on Clark and Wilson’s (1961) ‘trimotivational’ typology of material, solidary and purposive incentives. Material incentives are rewards that yield monetary benefits such as increased salary and reduced taxes. Solidary incentives are favorable group identification and status. Purposive incentives are derived from achieving the goals of the organization which are perceived as meaningful and important. Rich (1980) and Knoke and Wood (1981) found that purposive incentives are most important for initiating participation. Wandersman *et al.* (1987) report that members cite purposive and solidary motives most often as reasons for participating. When the studies employed a factor analysis, a ‘bimotivational’ typology was found. Norton *et al.* (1993) identified one factor for personal benefits and one for social/purposive benefits. Others identify material benefits and combined social/purposive benefits (Wandersman *et al.*, 1987; Prestby *et al.*, 1990). Several researchers identify material/personal costs which concern time, effort and the things people give up in other parts of their lives in order to participate; solidary costs include interpersonal conflict and lack of social support; and purposive/organizational costs involve elements such as lack of progress and frustration (Roberts-DeGennaro, 1986a; Friedmann *et al.*, 1988; Wandersman *et al.*, 1987). In voluntary organizations, personal costs and social/organizational costs seem more relevant in limiting participa-

tion (Wandersman *et al.*, 1987; Prestby *et al.*, 1990; Norton *et al.*, 1993). Some research has been performed on the ratio of benefits to costs. Leaders (who tend to be the most active participants) may actually accept a ratio of benefits that is equal to costs, while members (who are less active) may want a higher benefit to cost ratio (Friedmann *et al.*, 1988).

Member satisfaction and commitment

It is not surprising that members who perceive a coalition as beneficial express greater satisfaction and often collaborate to a greater extent than members who perceive coalition involvement as costly (Knoke and Wright-Isak, 1982; Cohen, 1990). Block organizations with more satisfied members were more cohesive, organized and had more effective leadership (Giamartino and Wandersman, 1983). Prestby and Wandersman (1985) found significant correlations between member satisfaction and increased viability of the organization. Yet, other research indicate no significant difference between active and inactive voluntary associations based on member satisfaction (Chavis *et al.*, 1987; Prestby *et al.*, 1990).

The general wisdom holds that coalitions tend to remain durable when the commitment of individual members is strong (Benard, 1989; Cohen *et al.*, 1991). Member groups have different levels of commitment that result in varied investments of time, effort and resources (Brown, 1984; Prestby and Wandersman, 1985). As member commitment develops, a coalition's activities are likely to increase in scope and effectiveness (D'Aunno and Zuckerman, 1987). Brown (1984) and Neuson (1989) suggest that member commitment may be increased by formalizing a system of accountability and developing criteria for judging whether member commitments are honored.

Member skills and training

The effective implementation and maintenance of a coalition not only requires motivated and involved members, but also requires that members have the skills or 'capacity to participate' in order to operate an effective partnership and to be perceived as

legitimate (Gray, 1985). For instance, a coalition that worked with problem youth demonstrated that the competence and the performance of members were positively related to coordination among participating organizations and negatively related to conflict (Hall *et al.*, 1977). A skills training program conducted with members and chairpersons of an advocacy coalition resulted in: increased reporting of issues by members, improvements in the chairpersons' ability to conduct action-oriented meetings and overall improved effectiveness of the consumer organization (Balcazar *et al.*, 1990). Because members of coalitions often hold different theoretical orientations, levels of experience and opinions about how a task is best accomplished, skills training should be based on a review of the relevant training literature and the external policies that may affect a coalition's operations (Andrews, 1990; Cohen *et al.*, 1990).

Organizational climate

Organizational climate is the group members' perceptions of several important organizational characteristics (Giamartino and Wandersman, 1983). Determining the organizational climate of a coalition helps in assessing its 'personality' (Giamartino and Wandersman, 1983; Chavis *et al.*, 1987). In relationship to coalitions, organizational climate may be characterized by relationships among members, member-staff relationships, communication patterns among members and with staff, and a coalition's decision-making, problem-solving and conflict resolution processes.

Member relationships

Although the current literature is limited in addressing the effect that relationships among coalition members have on the climate of a coalition, it is reasonable to hypothesize that positive relationships among members are likely to produce a productive milieu for the coalition. Types of relationships among members of organizations have been studied in task-oriented, social, psychotherapeutic and mutual support groups (see Moos, 1976; Moos *et al.*, 1984; for a description of these studies). Intervention studies have explored how differences in group structure and function affect aspects of group climate and

how variations in group climate affects satisfaction, skill attainment and stability of groups. For example, neighborhood associations characterized by more cohesion, leader support and control, task orientation and order/organization remained viable, and their members were more involved and satisfied with the progress of the group (Giamartino and Wandersman, 1983; Prestby and Wandersman, 1985). Research also has illustrated significant variability among climate factors with the suggestion that some climate dimensions may be more influenced by member interaction than others. For instance, in urban block organizations, leader support and expressiveness were less affected by group processes than were other climate subscales (Chavis *et al.*, 1987; Florin *et al.*, 1990).

Member-staff relationships

Although not all coalitions have the resources to employ staff, staff can reduce the burdens placed on a coalition's membership. When a coalition employs staff, it is likely to be more harmonious if staff and members are clear about their respective roles, and if staff are given latitude to carry out daily tasks (Brown, 1984). Feighery and Rogers (1989) suggest that staff roles should be clarified as soon as a coalition is formed. They believe that in the early stages of the coalition, staff must help educate coalition members to the issues that influence the coalition's mission and strategies, and that staff need to guide members in assuming new roles and responsibilities. Staff effectiveness may be judged by how well they balance their provision of technical assistance to members with the members' ability to make informed decisions. Staff seem more likely to improve the atmosphere of a coalition when they possess an appreciation for the voluntary nature of coalitions, and have organizational and interpersonal skills to facilitate the complex, collaborative process (Croan and Lees, 1979). In a study which asked staff about volunteers, Wandersman and Alderman (1993) found that the relationship between the volunteers and the paid staff is one of negotiation and diplomacy. There are several issues that make this relationship a delicate one. The lack of structure in many volunteer positions often leaves the volunteer unsure of his/her

role within the organization; this may contribute to the volunteers' perceived lack of commitment to the organization.

Communication patterns

Unimpeded internal communication among the membership and staff may be the most essential ingredient for enhancing the climate of a coalition. The quality of communication has been positively related to coordination and negatively related to conflict (Hall *et al.*, 1977). Open communication helps the group focus on a common purpose, increases trust and sharing of resources, provides information about one another's programs, and allows members to express and resolve misgivings about planned activities (Feighery and Rogers, 1989; Andrews, 1990). Durable coalitions often have frequent meetings which members are actively encouraged to attend (Hord, 1986; Benard, 1989) and a well-developed system of internal communication to keep staff and members informed (Croan and Lees, 1979; Andrews, 1990; Cohen *et al.*, 1991). For instance, active block associations used more methods to communicate with members than did inactive associations (Chavis *et al.*, 1987).

Decision-making, problem solving and conflict resolution processes

The climate in which a coalition operates may be enhanced when the leadership shares decision making with the general membership (Zuckerman and Kaluzny, 1990; National Assembly of National Health and Social Welfare Organizations, 1991), and when no one individual or organization has more authority or controls more of the coalition's resources than another (Andrews, 1990; Zuckerman and Kaluzny, 1990). Shared decision making may lead to greater understanding and commitment to the issues confronting a coalition (Brown, 1984). The degree of member input into coalition decisions may range from advice to control (Wandersman, 1981). Small, single-issue coalitions may tend to adopt a decision-by-consensus method, but larger, multi-issue coalitions may aim for a working consensus (e.g. two-thirds majority), especially when time is limited (Brown, 1984). Regardless of the method

used for decision making, encouraging member involvement by formalizing procedures may improve the coalition's ability to sustain itself. For instance, active block associations used consensus and formalized decision making procedures more often and were more decentralized (i.e. delegated responsibilities to a large proportion of the membership) than did inactive block associations. The more active members of block associations felt that they had a greater influence in deciding on policies and actions of the group than did inactive members (Prestby and Wandersman, 1985, Chavis *et al.*, 1987).

Problem-solving and conflict resolution strategies are less commonly reported as important tools for enhancing the climate of a coalition than are decision-making strategies. Yet, decision making frequently involves conflict, negotiation and compromise. Conflicts generated during the decision-making process can be “. . . energizing—forcing both sides to develop new options and new ways of working together” (Brown, 1984, p. 27). Negotiations for reaching a compromise and resolving conflict may be formal or informal, and help improve the climate when they facilitate future interaction among coalition members. Regardless of the problem-solving approach that is employed, a coalition's operational milieu may be enhanced when the process is defined clearly so that the resulting solutions do not conflict with the responsibilities of individual participants (Andrews, 1990). Thus, conflict resolution may aid coordination among the members especially when member interactions are defined and frequent (Hall *et al.*, 1977).

Mizrahi and Rosenthal (1992) argue that conflict is an inherent characteristic of coalitions. Conflict may arise between the coalition and its targets for social change, among coalition members and staff, and among coalition partners concerning issues such as leadership, diverse goals, benefits, contributions and representation. Mizrahi and Rosenthal identify four 'dynamic tensions' that account for conflict in coalitions: the mixed loyalties of members to their own organization and to the coalition; the autonomy a coalition requires and the accountability it has to its member organizations; the lack of clarity about the coalition's purpose as either a means for specific

change, or a model for sustained inter-organizational cooperation; and the diversity of interests of its members.

Edelstein (1992) also suggests several aspects of coalitions that may be useful in understanding the context in which conflicts emerge: (1) *voluntary versus required* — some coalitions are entered into voluntarily, others are formed because they are required (e.g. to obtain federal funding); (2) *reactive versus proactive* — some coalitions form in reaction to a crisis, others form to develop a new program or fill a gap; (3) *confrontation versus cooperation* — some coalitions take an adversarial approach to the power structure, others attempt to work with the power structure; (4) *previous history of coalition partners* — the extent and type of previous history the coalition partners have will influence the trust relationships; and (5) *consensus versus dissensus* — some coalitions work with similar members (e.g. American Heart Association, American Lung Association and American Cancer Society) while other coalitions attempt to coalesce potentially inconsistent partners (e.g. a substance abuse prevention coalition which attempts to work with the beer and wine industry).

How a coalition manages these dynamics affects its cohesiveness and effectiveness. Systematic study of these factors is required to better understand how coalitions manage conflict and continue to pursue their ultimate goals.

External supports: resource exchange and community linkages

While coalitions frequently rely on member resources, coalitions also may benefit by linking with resources that are external to the coalition, especially those concerned with policy, planning and services (Sabatier, 1987; National Assembly of National Health and Social Welfare Organizations, 1991). Examples of external resources include elected officials and governmental agencies, religious and civic groups, and neighborhood and community development associations. These resources can provide expertise, facilities for meetings, mailing lists, referrals, additional personnel for special projects, grant funding, loans or donations, equipment and

supplies, and co-sponsorship of events (Prestby and Wandersman, 1985; Chavis *et al.*, 1987). External supports may be attenuated when they undergo funding cutbacks; have small, overworked, inefficient or incompetent staff; manifest inadequate communication channels; or lack flexible organizational policies (Whetten, 1981).

A coalition's relationships with external resources may be classified along four dimensions: *formalization*, the degree of official recognition of the relationship; *standardization*, the degree to which procedures for linking are specified; *intensity*, the frequency of interactions and flow of resources; and *reciprocity*, the degree of mutual exchange of resources. High levels of these dimensions are related to greater satisfaction with the collaborative relationship, but may also produce more conflict (Marrett, 1971). Collaboration with external resources also may be conceptualized along a continuum from mild to intense linkage whereby the stronger the linkage, the greater the trust and expenditure of time and resources by member agencies (Andrews, 1990).

Establishing effective linkages with potential supports that are external to a coalition may require that a coalition obtain more information about available resources (Kaplan, 1986). A coalition may enhance its exchange of resources with external supports by utilizing 'linking pin' organizations which are defined as organizations that have established ties with both the coalition and external supports (Whetten, 1981). Each organization within a coalition has a domain of power (e.g. financial, access to the target population, technical expertise, credibility) by which it can develop linkages and exchanges with external resources (Zapka *et al.*, 1992). Thus, member organizations that serve as 'linking pins' may enhance the work of a coalition by accessing these resources. Moreover, linking organizations may facilitate ties among similar coalitions in different geographic areas, resulting in mutual support, help in sustaining commitment to a cause and new or improved programs (Bailey, 1986; Lindsay and Edwards, 1988).

Access to local communities is an important link for many coalitions (Roberts-DeGennaro, 1986b), particularly those concerned with health promotion.

Such coalitions often benefit by linking with individuals and organizations that are active in community affairs. For instance, block associations that endured tended to have strong linkages with local community organizers and with other neighborhood associations (Prestby and Wandersman, 1985). Members of both active and inactive block associations linked with community organizations and agencies, but exchange of needed resources occurred more often in active associations (Chavis *et al.*, 1987). Improved linkages with several other community organizations was reported as an important intermediate outcome of a substance abuse task force (Florin *et al.*, 1989). These members also reported higher levels of participation, satisfaction, positive expectations and greater intentions of future participation among their members.

Coalition outcomes

Several publications emphasize the need for coalitions to accomplish 'quick wins' and short-term successes to increase member motivation and pride and to enhance the credibility of the coalition (Croan and Lees, 1979; Brown, 1984; Hord, 1986). Once a coalition attains a quick win, it may direct its efforts at more complex tasks (Cohen *et al.*, 1991). Short-term successes should not, however, be mistaken for ultimate solutions to chronic health problems and endemic social concerns (Sink and Stowers, 1989).

The ultimate indicators of coalition effectiveness reflect a coalition's attainment of its mission, goals and objectives. For instance, in health promotion oriented coalitions directed at reducing AOD abuse, the ultimate indicators of effectiveness may be reduction of AOD-related arrests, admissions to emergency rooms, or absences from work or school (Wandersman and Goodman, 1991). We are concerned by the lack of systematic study devoted to factors that influence the attainment of such outcomes. After all, a well-formed and maintained coalition is not necessarily effective in accomplishing its mission, even if it is effective in generating programs and activities or member satisfaction and commitment. While these activities and outcomes are

important, they are insufficient measures of effective results.

Thorough evaluation is one mechanism that is frequently cited for improving outcome effectiveness (Bailey, 1986; Cohen, 1989; Feighery and Rogers, 1989; Andrews, 1990; Cohen *et al.*, 1991; Wandersman and Goodman, 1991). Program evaluators often discuss two types of program effects: short-term and long-term. For example, Linney and Wandersman (1991) describe short-term effects as immediate results of a program for the recipients of a service or activity. A short-term effect in a drug prevention program may be the degree to which a drug information program actually increased knowledge of drugs and the perceived risk of taking drugs. Long-term effects often extend from short-term effects and may include reduction in overall drug use and a decrease in driving-under-the-influence arrests. In addition, long-term effects also encompass system changes in service delivery, system reform, cross-referrals among agencies and new community linkages (Kagan, 1991). Measurement of long-term effects and system change is difficult and few studies address it. If coalitions are to contribute to improved health status, then coalitions must evaluate the degree of impact that they have on improving the social and health status of the communities that they serve. Additional conceptualization and new methodological tools are required for such assessments.

Summary and conclusions

The purpose of this article was to review the literature to help systematize our understanding of coalitions — how are they defined, why they are important as health promotion strategies, what factors affect their formation, implementation and maintenance, and what characteristics lead to producing short- and long-term impacts on the communities that coalitions serve. Given the lack of empirical literature on community coalitions, our effort must be viewed as an initial attempt at systematizing our current understanding. Hopefully, this review will facilitate much needed research on the factors described in our preliminary framework.

There are many additional questions which remain to be addressed by systematic research and evaluation. Gwaltney (1992), who works with many community partnerships, has raised practical questions about coalitions which demand systematic conceptual and empirical research including:

- What is the impact of outside funding on the effectiveness and duration of community coalitions? Resources from federal funds can bring opportunity as well as conflict over control of the resources.
- How do coalitions adjust to their external environment over time? Funders' requirements and priorities may force coalitions to formalize and revise their by-laws and mission statements. They may decide to expand their missions to include other issues. Will they still be able to achieve their original objectives?
- Does the choice of organization (lead agency) to manage or administer the coalition impact its effectiveness? A small, non-profit group may be more controlling and less willing than local government agencies to empower their communities. Giving authority over programmatic decisions may threaten the existence of the non-profit organization.
- What does the membership of the coalition look like? Do members participate in an official capacity for their organizations or do they represent their own personal interests? Is the participation of the organization institutionalized, i.e. does the coalition survive the turnover of key partner representatives? Does the coalition depend on the individual's participation or the organization's commitment?
- When a coalition has a staff, who do they work for? Conflicts about lead agency role may put staff in the position of not knowing whether to take direction from the coalition or from the grantee/lead agency who pays their salary and benefits.

The answers to these questions will contribute to the conceptual and practical foundations of understanding coalitions.

Obviously, there are many directions for future

research on community coalitions. One overriding area of concentration should be devoted to how the dynamics of coalitions for health promotion are similar to and different from those in other social domains. This would enable us to understand the extent to which concepts and results are generalizable. Potapchuk and Bailey (1992) developed a bibliography of collaborative approaches in crime and drug prevention education, environmental issues, intergovernmental and regional issues, planning, zoning and economic development, racial and ethnic issues, and social services and public health. For readers interested in coalitions in public health, the central questions include what is known about coalition stages, the optimal functioning of coalitions and the production of desired outcomes.

We must be open to examining the benefits and limits of coalitions. In a brief, cogent book on collaboration for child care and early education services, Kagan (1991) raises issues relevant for coalitions in many domains:

How do we know that collaborations are worth the effort? What is the cost-benefit of investing human and capital resources in collaboration? Given that collaboration is only one strategy in an array of alternatives to enhance service delivery (e.g. case management, collocation of programs), how do we judge its comparative effectiveness? Under what conditions is collaboration the most effective strategy? (p. 76).

Systematic research can help us answer these questions and provide ways to maximize the benefits and reduce the costs of forming and maintaining effective coalitions.

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