# CPRD Research Brief

# *Evidence-Based Practices for Effective Community Coalitions*

## A Summary of Current Research

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# Evidence-Based Practices for Effective Community Coalitions

## *Overview*

Due to their varied and complex origins, coalitions have been defined in a number of ways. A generally applicable definition of a coalition is a loosely structured intra-and inter-organizational alliance of individuals representing diverse organizations, factions, or constituencies who agree to work together in order to achieve a common goal. (Chavis, 1995)

Community coalitions have a long history in public health and prevention, beginning with early efforts at the turn of the 20th century to ensure healthy environments by avoiding and isolating infectious diseases. Community-based efforts to prevent the use of alcohol, tobacco, and other drugs similarly have early beginnings with the temperance movement, which led to prohibition, and the consumer education movement, which led to warning labels on alcohol and tobacco products. Many other early social policies also involved grassroots citizen organizations that proposed, supported, and promulgated government legislations and social pressure to change norms and promote healthy environments (Aguirre-Molina & Gorman, 1996).

Over the past decade, those community-based efforts, now widely known as coalitions, have become the cornerstone of community-based prevention, seeking to mobilize communities to address complex issues such as substance abuse, violence, teen pregnancy, delinquency, and a number of other public health issues. Substance abuse prevention coalitions began in earnest with major federal government and foundation initiatives such as the Robert Woods Johnson "Fight Back" initiative in 1989, which was expanded by the Center for Substance Abuse Prevention's (CSAP) Community Partnerships and Coalition programs, and the Office of the National Drug Control Policy (ONDCP) Drug Free Communities. The Centers for Disease Control and Prevention (CDC) and the Office of Juvenile Justice and Delinquency and Prevention (OJJDP) have also required and supported coalitions to address teen pregnancy, delinquency, and tobacco control.

The major goals of these coalitions are to broaden the mission of member organizations and develop more comprehensive strategies, develop wider public support for issues/action; increase influence of community institutions over community policies and practices; minimize duplication of services; develop more financial and human resources; increase participation from diverse sectors and constituencies; exploit resources in changing environments; and increase accountability. Coalitions must also strive to improve their capacity to plan, implement, evaluate, and strengthen local organizations and institutions to better respond to the needs and aspirations of their constituents (Chavis, 1995).

The basic underlying premise regarding the effectiveness of using coalitions for prevention efforts is related to the belief that most health issues are complex, multi-

layered problems that require sophisticated solutions at the community level. Coalitions by themselves are not a prevention strategy, but a means whereby a community can organize, plan, and deliver multi-level and multi-faceted prevention programs, policies, and practices. These types of collaborative efforts differ from collaborative groups that meet for their own needs, in that prevention coalitions are collaborative efforts that meet to solve problems in a community. Although community coalitions per se are not necessarily limited to substance abuse prevention, they are a means for creating an integral structure and system for organizing and mobilizing communities to assess, direct, and coordinate activities for preventing and reducing the impact of substance abuse.

Research on coalition effectiveness, and in particular, substance abuse prevention coalitions, remains in the early stages of development and understanding; however, a number of factors seem to be associated with effective processes, outcomes, and impacts. Process evaluation results have found that numerous coalition characteristics and factors such as formalization, planning, inclusiveness, leadership, resources, and ongoing professional development are essential to coalition effectiveness. On the other hand, despite the widespread use and moderate success in employing coalitions to reduce substance abuse, the results on long-term behavioral outcomes and impacts are mixed, and call for further research and understanding to determine when and where they work best (Berkowitz, 2001; Hallfors, Cho, Livert, & Kadushin, 2002; Holder et al., 2000; Merzel & D'Afflitti, 2003).

## *Evidenced-Based Principles and Practices*

Evidence-based research and practice for such coalitions emerges from numerous health and prevention disciplines, including substance abuse, HIV/AIDS, pre-natal care, heart disease, cancer, teen pregnancy, and several others. Coalitions are viewed from a developmental, chronological, and reciprocal perspective that has been systematically studied and reported. A number of researchers have described the development of a community coalition using the following stages: formation, capacity building, implementation, sustainability, reflection, and outcomes (Butterfoss, Goodman, & Wandersman, 1993; Center for Prevention Research and Development, n.d.; Wandersman, Goodman, & Butterfoss, 1996). Following those approaches, the most current evidence-based best practices and principles are delineated below:

## *Coalition Formation*

The creation and formation of a coalition requires substantial skill, energy, and commitment from a representative community, regardless of the targeted health or behavioral issue. This is particularly true in the formation stage since various groups of people and organizations with different viewpoints and philosophies are asked to work together in new ways. However, a number of evidence-based practices have been reported in the literature to guide the early stages of coalition development (Butterfoss, Goodman, & Wandersman, 1993; Goodman, 1998).

A. Every community has a unique history and context that must be considered in the development and implementation of a coalition—politics, economics, geography, leaders, and various sectors must all be considered (Goodman, 1998).

B. Community mobilization for a coalition requires recruiting a critical mass of active participants, and engaging key community constituencies or sectors (Florin & Chavis, n.d.).

C. Coalitions should seek to consolidate local power and knowledge to address substance abuse and related health problems.

D. Coalitions should seek to bring people together across social, economic, and political ties to address common community interest (Lasker & Weiss, 2003).

E. Diverse membership contributes to collaborative endeavors, but participants must be on equal grounds to reduce hierarchy (Lasker & Weiss, 2003).

F. More diverse sector representation and increased diversity of membership has been associated with better outcomes for policy change (Hays et al., 2000).

G. Members should represent broad and relevant community sectors.

## *Parent and Youth Involvement*

Most community substance abuse prevention coalitions also typically involve youth and parents. Both youth and parents can bring significant insight and understanding to the unique aspects of substance abuse in a community as well as assist in engaging and promoting solutions and interventions for prevention. In addition, parents and youth often represent a part of the target population that the coalition is trying to affect or reach. Youth and parents represent a "critical" voice of the community who can assist in identifying and contributing to the vision and mission of a substance abuse prevention coalition.

Community coalitions usually involve youth in a variety of roles. Although there has been little research into the efficacy or impact of youth participation, it is reasonable to expect youth participation to have an effect on the individual, organization, and community. In addition, the youth themselves also benefit from their involvement with community initiatives by strengthening their interpersonal competencies, social connectedness, and analytical and organizational skills (Checkoway & Richards-Schuster, 2003).

## *Organizational Structures and Development*

Usually concurrent with the creation and formation of a coalition is the evolution of organizational structures. An essential element of an effective coalition is the creation of structures and operations that maximize community input and ensure goal attainment. In fact, coalitions may be more challenging than other organizations because they are typically voluntary, community-based, and susceptible to the "vote with your feet"

phenomenon whereby members show their dissatisfaction by not attending. Evidence-based practices that address structures can assist in effective coalition development (Butterfoss, Goodman, & Wandersman, 1993, 1996; Kegler, Steckler, McLeroy, & Malek, 1998).

- A.    An effective coalition requires a strong and stable organizational structure that clarifies roles and procedures, and adequately addresses task and maintenance function (Florin, Mitchell, Stevenson, & Klein, 2000).
- B.    An effective coalition creates a formalized set of structures and practices, such as written roles and procedures (e.g., bylaws), and maintains and distributes meeting minutes.
- C.    The coalition should develop and maintain quality organizational management strategies such as effective communication, conflict resolution, perception of fairness, and shared decision making.
- D.    High levels of coalition organizational effectiveness result in a positive work climate, higher member satisfaction and communication among committee members, linkages established with community organizations, and less conflict.
- E.    Effective leadership, leadership development, and staff support are frequently identified as the most essential elements of an effective coalition. Effective leaders are open, task oriented, and supportive to the group.

## Capacity to Manage, Plan, and Implement

Coalitions are easy to initiate but sometimes have great difficulty becoming effective because they do not have the capacity (knowledge, skills, or resources) to attain their goals. Along with creating effective organizational structures, the organization's capacity to plan, manage, and implement prevention programs and policies is essential.

- A.    Leadership is the cornerstone of effective capacity building (Butterfoss et al., 1996; Florin, Mitchell, Stevenson, & Klein, 2000; Drug Strategies, 2001; Kegler et al., 1998; Merzel & D'Afflitti, 2003; Prestby, Wandersman, Florin, Rich, & Chavis, 1990).
- B.    Key coalition members must have a clear understanding of the coalition development process and a basic knowledge of prevention planning and concepts (Kegler, Twiss, & Look, 2000).
- C.    The community must have an appropriate level of readiness to ensure ownership and commitment to act on substance abuse issues.
- D.    Adequate time and staff support are necessary for effective coalition development, planning, and activities (Florin & Chavis, n.d.).
- E.    Coalitions require a common vision, high quality communication, strong relationships both internally and externally, targeted outcomes, and human and financial resources to be effective (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001).

F.     The coalition builds capacity for action by increasing members' knowledge and skills (Florin et al., 2000).

G.     High quality group dynamics lead to better satisfaction and outcomes (Goodman, 1998).

H.     Coalitions should empower individuals by getting them involved in the issues that affect their lives (Lasker & Weiss, 2003).

I.     Active member participation is related to the perceptions that the benefits (recognition, sense of accomplishment, affiliation) they receive are greater than the cost (time, effort, money). This varies for different coalition members.

J.     A positive organizational climate has been shown to improve coalition effectiveness and outcomes. A positive climate is the result of cohesion, effective and regular communication, shared decision making, leader support and control, task orientation, and order and organization.

K.     Member-staff relationships must be clear regarding roles and responsibilities, which should be clarified when the coalition is formed.

L.     Staff effectiveness is balanced between technical assistance and their ability to make decisions based on this information.

M.     Conflict is a common part of a coalition, but if conflict is addressed through negotiation and diplomacy, it seems to minimize the damage. Smaller coalitions use consensus building; larger coalitions look for a two-thirds majority vote.

## *Strategic Planning Practices*

Coalition development is also defined by a group of people coming together to examine, plan, and implement strategies that address a common issue such as substance abuse or a related health problem. A coalition should employ one or more of the well-established planning methods (Outcome-based Planning, SWOT, PIE, Proceed/Precede, Rolling Ball, etc.) in order to create an effective strategic plan.

Although an excellent strategic plan does not assure effective actions and outcomes, it has been associated with positive outcomes. The coalition must develop an ongoing, strategic planning process that allows the coalition to know where they are and where they are going, how they are getting there, and how they will know when they arrive. To that end, a strategic planning process entails a number of critical steps that guide a coalition's work, as listed below (Drug Strategies, 2001; National Institute on Drug Abuse, 2003).

A.     A foundational element of creating a good strategic plan is the development of a clear coalition mission statement with consensus from the members.

B.     Conducting an initial community needs and asset assessment are essential for understanding the community issues and concerns (Kegler et al., 2000).

C. Conducting periodic needs/assets assessment also continually grounds the strategic plan in the most current community needs and issues (Drug Strategies, 1996).

D. The strategic plan should prioritize and clearly state coalition goals and objectives based on the needs/assets assessment.

E. The plan should incorporate and deliver evidence-based programs and strategies logically linked to the goals and objectives.

F. Using comprehensive programs and/or strategies that target multiple levels of substance abuse and related risk and protective factors (targeting multiple domains) is an effective planning method.

G. A comprehensive strategic plan engages people, ideas, and resources to create a synergy of prevention efforts (Lasker & Weiss, 2003).

H. The more community sectors represented, the higher the levels of collaboration, and the more comprehensive the prevention plan (Hays et al., 2000).

I. Programs and strategies proposed in a plan should be based on evidence of effectiveness as well as being appropriate for the community setting (Florin & Chavis, n.d.).

J. Studies have reported that having paid staff and more members attending meetings led to more highly rated strategic plans (Florin et al., 2000).

## *Implementation*

A coalition strategic plan serves as the roadmap for coalition prevention strategies and actions. After the plan has been developed, accepted, and disseminated to the community, the coalition and affiliated individuals and organizations become the impetus to implement the plan or to ensure that strategies are effectively implemented by other community organizations (Bracht, 1999; Butterfoss et al., 1993).

A. Quality implementation requires an array of intervention strategies, and requires engaging key organization players, networks, and citizens in implementation (Florin et al., 2000; Hays et al., 2000).

B. Programmatic capacity is important; for example, using programs with impact, getting others to implement them, and getting community support for programs demonstrates adequate programmatic capacity (Foster-Fishman et al., 2001).

C. Programming should be ecologically valid; in other words, it should fit the community context because it is driven by community needs and builds on community strengths and resources (Foster-Fishman et al., 2001).

D. Programs must be culturally competent (Foster-Fishman et al., 2001).

E. Greater member participation correlates with systems impact (Hays et al., 2000).

F. Social climate, member knowledge and skills, and inter-organizational linkages lead to higher levels of implementation skills (Florin et al., 2000).

G.   Access to resources, social capital, communication channels, and existing networks provide reciprocal links, supportive interactions, new associations, and cooperative decision making (Goodman, 1998).
H.   Coalitions should acquire resources and use them wisely (Goodman, 1998).
I.   Accessing social capital is facilitated by trust (Goodman, 1998).
J.   Access to social contacts and building social capital requires the establishment of social and inter-organizational networks. This development can depend on the structure, size, and number of linkages in place, and the perceived benefits of participating on the coalition or receiving network ties through the coalition (Goodman, 1998).
K.   Networks may start as informal, loose linkages that exist only to exchange information. They should be developed into more formal linkages for engaging in joint activities. Networks can be both vertical and horizontal, but vertical networks create an imbalance of power on the coalition. Good quality networks create greater member satisfaction (Goodman, 1998).

## Self-Assessment and Reflection

The process of self-assessment and reflection demonstrates the capacity of a coalition to observe, listen, and assess its progress and impact on the coalition's major goals and objectives. Only through that reflective process can a coalition continue to respond to changing community needs. The self-assessment process can be done through a variety of methods including surveys, interviews, focus groups, and reviews of progress and milestones. Evidence-based practices that can be used for the assessment process include:

A.   Employing process evaluation data for coalition refinement that includes community input and understanding (Florin et al., 2000).
B.   Reflecting on the assumptions underlying ideas and actions, reasoning logically, assessing how the environment influences individual and social behavior, and growing in the ability to reflect and change over time (Goodman, 1998; Drug Strategies, 2001).
C.   Periodically conducting appropriate outcome and impact evaluations on coalition programs and strategies (National Institute on Drug Abuse, 2003; Center for Prevention Research and Development, 1996).
D.   Reviewing and updating the strategic plan to continually meet the changing community needs and context (National Institute on Drug Abuse, 2003; Center for Prevention Research and Development, 1996).

## Sustainability and Institutionalization

Coalitions require a sustained community effort if they are to address complex health and behavioral issues such as substance abuse prevention. These efforts require attention not only to the health-related problem (substance abuse), but also to ensure that the coalition continues to maintain efforts until their goals and objectives are successfully attained. To help coalitions maintain their efforts, the following evidence-based practices are

recommended (Kumpfer et al., 1993; Butterfoss et al., 1993; Drug Strategies, 2001; Nezlek & Galano, 1993).

- A. Develop and employ a process for leader succession and recruitment of new members.
- B. Provide recognition and renewal to coalition members to increase energy and reduce burnout (Chavis, 1995).
- C. Continuously integrate the coalition's goals and strategies into the missions of their own organizations (Florin et al., 2000).
- D. Develop diversified funding streams to ensure balance and commitment to coalition activities and actions (Center for Prevention Research and Development, 1996).

## *Outcomes and Impacts*

Using various levels of research and evaluation rigor, the results of the multiple coalition studies have demonstrated immediate, intermediate, and long-term outcomes and impacts. Coalition outcomes may be viewed as occurring at several levels, beginning with the collaborative process that brings existing resources together to work more effectively and efficiently. Coordination, collaboration, and resource exchange are often viewed as the true value-added benefit of a working and effective coalition. First-level outcomes may include systems change, changes in service delivery, system reform, cross-referral, and new community linkages. The evidence of long-term impact on behaviors is less well documented in the research literature.

- **A. Examples of Organizational Outcomes - Coordination, Collaboration and Resource Exchange**

  1. Building or accessing external supports through resource exchange and community linkages.
  2. Linking with external resources - elected officials, government, civic groups, neighborhoods, and business.
  3. External resources providing a variety of expertise, facilities, special project, funding, land, grant writing, equipment, and co-sponsorship.
  4. Coordination, collaboration, and resource exchange can help a coalition extend its reach and offer more programs. The greater the number of programs and prevention activities implemented by a coalition, the greater the influence on substance abuse and related outcomes (Crowley, Yu, & Kaftarian, 2000).
  5. Each coalition member has some power to develop and contribute external resources to manage change (Chavis, 1995).
  6. Creating quick wins and short-term successes (outcomes) will increase motivation, commitment, and credibility of the coalition.

7. Coalitions may be more effective in changing community policy, norms, and physical environment, as opposed delivering direct services (Kegler et al, 2000).

**B.    Examples of Behavioral Outcomes and Impacts**

1. Reduction in substance abuse (Fawcett et al., 1997; Yin & Kaftarian, 1997; CSAP, 2001).
2. Reduction in early adolescent tobacco and marijuana use (Johnson, Pentz, Weber, Dwyer, Baer, Mackinnon, Hansen, & Flay, 1990).
3. Decrease in alcohol sales to minors (Lewis et al., 1996).
4. Reductions of alcohol consumption, driving after drinking, rates of alcohol-related crashes, and assault injuries observed in emergency rooms and admissions to hospitals (Holder et al., 2000).
5. Increased number of schools with non-smoking policies, a decrease in alcohol and other drug offenses within university early intervention programs, reduced alcohol related fatalities, and reduced underage alcohol sales to minors (Snell-Johns, Imm, Wandersman, & Claypoole, 2003).

## *Technical Assistance*

Coalitions also require many resources to initiate and sustain their comprehensive efforts. Essential resources include not only tangible support, such as an adequate planning or funding, but they also include the provision of adequate technical assistance to increase knowledge and skills, or to resolve a problem, or create innovative approaches to coalition and prevention issues (Florin, Mitchell, & Stevenson, 1993; Wolff, 2001).

The current research about the necessary kind and intensity of technical assistance to affect coalition and community outcomes, however, is limited. Technical assistance efforts with coalitions for the most part remain intuitive rather than data-based (Florin, Mitchell, Stevenson, & Klein, 2000). Nevertheless, it has been recommended that technical assistance be provided at every stage of coalition development in order to ensure that the creation, planning, implementation, and institutionalization of the coalition are effective and sustainable (Florin, Mitchell, & Stevenson, 1993). As a result of encouraging this structural capacity-building, technical assistance also builds the capacity of such coalitions to deliver more effective, evidence-based programs. With help, coalitions should be able to adequately assess and identify the community's prevention needs and to implement and sustain relevant, comprehensive, and effective substance abuse prevention policies, programs, and products that will have a lasting impact on the community (Mitchell, Florin, & Stevenson, 2002). Some specific best practices and principles for providing technical assistance at each stage of coalition development are delineated below:

## A. Coalition Formation and Organizational Structures

a. In general, technical assistance should follow the basic principles of adult education to determine which mode of training is the most effective and efficient for each individual community or coalition (Florin, Mitchell, & Stevenson, 1993).

b. Technical assistance should address mobilizing broad and diverse community and sector representation from the initial creation of the coalition (Florin, Mitchell, and Stevenson, 1993; Wolff, 2001).

c. Technical assistance should emphasize the importance of organizational structure, goals, objectives, job descriptions, budgets, and bylaws for new coalitions (Florin, Mitchell, & Stevenson, 1993; Wolff, 2001).

d. Technical assistance can take the form of ongoing support to coalition coordinators or as more targeted technical assistance such as facilitating retreats, helping to coordinate multiple coalitions, assisting coalitions in designing strategies, mediating conflicts, or focusing on specific start-up or sustainability strategies (Wolff, 2001).

## B. Capacity to Manage, Plan, and Implement

a. First, concrete capacity-building goals should be determined by a careful assessment of the current structural capacity of the coalition and the level of organizational commitment to receiving technical assistance by sampling a number of coalition participants (Mitchell, Florin, & Stevenson, 2002; Feinberg, Greenberg, & Osgood, 2004).

b. Technical assistance should also be prioritized and balanced between structural capacity-building efforts (i.e., development of membership, leadership, and collaborative activities) and direct program dissemination activities, and it should be directly linked to the coalition's most immediate developmental goals (Mitchell, Florin, & Stevenson, 2002; Hallfors, Cho, Livert, & Kadushin, 2002).

c. Training and technical assistance should be provided in leadership techniques such as meeting management, delegating, and reporting, and should assist the efforts to find, support, and define the role of direct staff (Florin, Mitchell, & Stevenson, 1993; Mansergh, Rohrbach, Montgomery, Pentz, & Johnson, 1996).

## C. Strategic Planning

a. Training and technical assistance should provide the coalition members the skills to thoughtfully connect the identified prevention needs and problems to concrete goals and actions (Florin, Mitchell, & Stevenson, 1993).

## D. Implementation

a. Technical assistance providers should be well-versed about the current evidence-based prevention programs and how to implement them with fidelity, and they should be knowledgeable about basic evaluation theory and the local community's socioeconomic, political, and ethnic context (Mitchell, Florin, & Stevenson, 2002).
b. Technical assistance is needed to guide program selection using effective criteria and to link identified risks factors to evidence-based programs (Feinberg, Greenberg, & Osgood, 2004).
c. Technical assistance providers should assist the coalition in monitoring the implementation, dose, quality, and evaluation of the local programming (Hallfors, Cho, Livert, & Kadushin, 2002).

## E. Sustainability and Institutionalization

a. Technical assistance should be carried out over a long-term time frame or whatever time is necessary to accomplish those goals (Mitchell, Florin, & Stevenson, 2002).

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