UNDERSTANDING COALITIONS AND HOW THEY OPERATE

An "Open Systems" Organizational Perspective

by

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Preface

Coalitions, partnerships, and consortia are "hot strategies" for dealing with complex problems. Bringing diverse partners together is often seen as the key. Witness the potential coalition between Nelson Mandela and F. W. de Klerk to set up a transitional government in South Africa, or the coalition of stockholders, board directors, professors, and company executives to link CEO salaries to performance (USA Today, 2/11/93). Running a successful coalition is very hard work. I believe that it is helpful to view a consortium or coalition as a type of organization. Like any organization, it needs resources, structure, activities, and accomplishments to survive. These are the essential elements of an "open systems framework" which were described in my March, 1993 background paper and illustrated with research findings on neighborhood block organizations. This paper links (in greater detail) the available research on coalitions and voluntary organizations to the open systems framework.

This paper is largely based on a chapter in preparation by Wandersman, Goodman, and Butterfoss and uses the literature review of Butterfoss, Goodman and Wandersman (in press) (see References).

The Rise of Coalitions as a Vehicle for Addressing Complex Public Health Issues

When residents in a four-county, metropolitan area of South Carolina were asked in a 1990 survey about the major problems in their communities, they responded decisively: drugs. No other problem came in as a close second. The survey found that "... nearly 60 percent of adults 18 and over regularly use alcohol." In two counties, "admissions for alcohol treatment rose 77 percent in the last decade and drug admissions rose 107 percent." In one county, "almost 12 percent of seventh graders have at least one alcoholic drink per week. Nearly half of twelfth graders use alcohol on a weekly basis. The numbers are similar for other counties. The problems cut across class and race lines and affect the whole community" [from the Midlands Summit Report, 1991]. This pattern is typical in many communities throughout our country.

Alcohol and other drug use, like most chronic health conditions, has multiple causes that are imbedded in our social fabric. While state and federal efforts are beginning to deal with the magnitude of the problem, community action has been
mobilized in some areas to combat the complex issues involved. This means that the school, business, religious, media, health, academic, government, criminal justice, and grassroots community groups have coalesced as partners. Only through large-scale, coordinated, and concerted efforts will communities have a real chance to win the war against alcohol and drugs.

This example is but one illustration of how coalitions have become a "treatment of choice" for assessing the needs of high-risk populations and promoting broad, community-based solutions to health problems. Like the W. K. Kellogg Foundation's Community-Based Public Health Initiative (CBPH), other private foundations and granting agencies have begun to require coalition formation as an essential ingredient of the programs they support (see box below). These and other public health efforts assume that programs designed, implemented, and owned by community coalitions will be more effective than those developed either by government alone or a single group. Yet research with voluntary organizations suggests that coalitions are variable in their effectiveness and vulnerable to decline. Empirical evidence is needed to document how they operate, maintain their viability, and whether, indeed, they improve the impact of public health initiatives.

This paper reviews a framework of coalition viability and uses the research literature on coalitions and voluntary organizations to illustrate the components of the framework. But first, I define "coalitions" and discuss their potential merits.

Other Grant Initiatives Involving Coalitions

- The National Cancer Institute's COMMIT and ASSIST community tobacco control programs funded by the National Institutes for Health (National Cancer Institute, 1988; Shopland, 1989).

- The PATCH cardiovascular health promotion program granted by the U.S. Centers for Disease Control.

- Indian tribe health promotion efforts sponsored by the U.S. Office of Minority Health.

- Health promotion grant initiatives sponsored by the Henry J. Kaiser Family Foundation (Tarlov et al., 1987).

- The "Fighting Back" substance abuse programs funded by the Robert Wood Johnson Foundation.

- The Center for Substance Abuse Prevention (CSAP) has funded 250 "Community Partnerships" throughout the United States.
Unique Capabilities of Coalitions

What, precisely, is a coalition? Two definitions that capture my understanding:

"An organization of individuals representing diverse organizations, factions, or constituencies who agree to work together in order to achieve a common goal" (Feighery & Rogers, 1989, p. 1).

"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 interorganizational, cooperative, and synergistic working alliances. The word "coalition," itself, is derived from two Latin roots: coalescere ("to grow together") and coelitio ("a union"). Coalitions unite individuals and groups in a shared purpose. But unity and purpose are common ingredients in many types of groups and cannot serve alone as distinguishing characteristics of coalitions. Recent definitions emphasize coalitions as multi-purpose alliances that accommodate more than one mission or set of goals (Black, 1983; Perlman, 1979; Stevenson et al., 1985); exchange mutually beneficial resources (Allensworth & Patton, 1990; Hord 1986); and direct their interventions at multiple levels including policy change, resource development, and ecological change (McLeroy, et al., 1988).

To date, the literature defines coalitions as important in several ways. Coalitions can:

1. Enable organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues (Black, 1983).

2. Demonstrate and develop widespread public support for issues, actions or unmet needs. This can help create the political will to make hard choices (Klitner, 1991).

3. 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).
4 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 & Rogers, 1989).

5 Help mobilize more talent, 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).

6 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 & Rogers, 1989).

7 Exploit new resources in changing situations (Boissevain, 1974).

The "Open Systems Framework" as a Model of Coalition Viability

How can the core elements of these "synergistic, working alliances" be conceptualized? The March, 1993, background paper presented one model that was based on the work of two researchers, Katz and Kahn (see References). Their model describes how organizations function -- especially how they maintain momentum and interact with the surrounding environment. Based on what organizational development experts call an "open systems" perspective (because it is open to and interacts with the environment), the framework proposes that organizations can be seen as mechanisms for processing resources obtained from the environment into products which affect that environment.

Using Katz and Kahn's work as a departure point, John Prestby and I developed a framework of organizational viability which suggests that there are four components of organizational functioning: (1) Resource Acquisition, (2) Maintenance Subsystem, (3) Production Subsystem, and (4) External Goal Attainment. This model suggests that any organization that fails to obtain adequate and appropriate resources, develop an organizational structure for obtaining resources and conducting work, mobilize resources efficiently and effectively, turn out
appropriate "products" (e.g., action, benefits to members), and/or accomplish something, will eventually cease to operate.

Examples from studies of neighborhood block organizations were given in the first background paper to illustrate the core components described above. In the following sections, the components are described in greater detail, using the research on coalitions (when possible) to elaborate their contribution. The information is organized according to the elements of the open systems framework, as diagrammed in Figure 1 (see p. 22).

RESOURCES

In order to maintain itself, a coalition must acquire the resources to keep going. For coalitions, resources consist primarily of those brought to the organization by its members and those recruited from external sources.

Member Resources. A coalition's membership is its primary asset. Several variables related to the members have been associated with organizational maintenance (c.f. Prestby & Wandersman, 1985), including the size of the membership, depth of members' attachment to the mission, and members' personal and political efficacy. Demographic characteristics of members (e.g., race, gender, and socioeconomic status) were not related to organizational viability in the studies of block organizations. Whether this is true of community coalitions is not yet known.

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 & Wright-Isaks, 1982). The pooling of member assets is especially significant when participation is voluntary and the coalition has few material resources of its own (Knoke & Wood, 1981; Prestby & Wandersman, 1985). Diversity among members also enables the coalition to reach and represent a larger constituency. However, diversity among members may lead to diversity in assumptions and needs which may lead to conflict.

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 a partnership and to gain legitimacy (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).

**External resources.** Coalitions also benefit by linking with external resources, especially those concerned with policy, planning and services (c.f. Butterfoss, Goodman, & Wandersman, in press). Examples of external resources include elected officials and governmental agencies, religious and civic groups, neighborhood and community development associations, foundations, and national sources of technical assistance. 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 (Chavis, et al., 1987; Prestby and Wandersman, 1985). Such external support may be reduced when granting sources undergo funding cutbacks; or when the coalition has small, overworked, inefficient staff; inadequate communication channels; or inflexible 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 in which the stronger the linkage, the greater the trust and investment of time and resources by member agencies (Andrews, 1990).

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 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 & 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.

**ORGANIZATIONAL STRUCTURE**

Organizational structure is the aspect of the coalition that obtains the resources and organizes the members. If coalitions are to be viable, they must be able to set goals, administer rewards, and mediate between members' individual needs and the task requirements of the organization. Leadership, formalized rules, roles, procedures, and decision making processes are important mechanisms for accomplishing these tasks.

*Leadership Characteristics.* Strong central leadership is an important ingredient in the implementation and maintenance of coalition activities (c.f. Butterfoss, et al., in press). Regardless of size, coalitions tend to have a few core leaders who dominate coalition activities (Roberts-DeCennaro, 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, and level of education; a high degree of political knowledge, commitment, and competence; proven administrative skills in order to set agendas, run efficient meetings, garner resources, and delegate responsibilities; skill in communication and interpersonal relations; the ability to promote equal status and encourage overall collaboration in the member organizations; flexibility; and easy access to the media and decision-making centers of the community (c.f. Butterfoss, et al., in press).

*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; the greater the satisfaction with the effort itself; and the more responsible and committed member agencies become. Examples of formalization include: written memoranda of understanding, bylaws, policy and procedures manuals; clearly defined roles; mission statements, goals and objectives; and
regular reorientation to the purposes, goals, roles, and procedures of collaboration (c.f. Butterfoss et al., in press; Goodman & Steckler, 1989). 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 & Steckler, 1989).

Decision-Making and Problem Resolution Processes. The influence that participants have in making decisions is vital to a coalition. Wandersman (1981) describes a continuum of decision-making power in groups from advice to control: advisory power means that the coalition would develop recommendations, but professionals and government officials have the final responsibility for decision-making. Control means that the coalition itself has the final decision-making power.

Small, single-issue coalitions may adopt a decision-by-consensus method, but larger, multi-issue coalitions may aim for a working consensus (two-thirds majority) when time is limited (Brown, 1984). Brown (1984) advises coalitions to encourage open discussions and urge members to share in decision-making. If this is not done, group members may not understand or be committed to the issues under discussion. They may "sabotage" a decision by withholding objections initially, and then failing to support the decision later. She also urges coalitions to avoid over-representation in decision-making by limiting the maximum number of votes to each member organization.

Strong, effective coalitions depend on shared leadership and shared decision-making. Decision-making can be affected by a "status differential" in the group, where one professional or organization has more authority or greater resources than others (Andrews, 1990, p. 157). Zuckerman and Kaluzny (1990) suggest that key stakeholders and leaders of an alliance be extensively involved in a joint, decision-making process. Consensus and agreement requires relationships among participants that are "collegial and egalitarian" and a manager who seeks to "balance constituencies rather than to control subordinates."

Prestby and Wandersman (1985) found that active block associations in the Neighborhood Participation Project were more likely to use a democratic decision-making process, while inactive associations used an autocratic or mixed democratic/autocratic process. The Block Booster project (Chavis, et al., 1987) reported that active block association members felt that they had a greater influence in deciding on policies and actions of the group than did inactive block association members. Active block associations used consensus and
formalized decision-making procedures more often and were more decentralized than inactive block associations.

Decision-making frequently involves conflict, negotiation and compromise. Andrews (1990) warns that the problem-solving approach of the group must be clearly defined so that solutions will not conflict with individual responsibilities of participants. In addition, conflict (usually interpersonal in nature) is reduced when a consensus is reached by using group techniques, such as nominal group process. Brown (1984) provides extensive guidelines for managing conflict and maintains that "almost every decision by an existing coalition, or one in the process of forming, necessitates negotiation" (p. 26). She suggests that conflicts should not be suppressed because they can be "energizing" - forcing both sides to develop new options and new ways of working together (p. 27).

Hall and others (1977) report that both conflict and coordination appeared to be a consequence of frequent interorganizational interactions. Personnel competence, performance, quality of communications, and compatibility of philosophy were all positively related to coordination and negatively related to conflict among youth-oriented organizations.

Mizrahi and Rosenthal (1992) argue that conflict is an inherent characteristic of coalitions. It may arise between the coalition and its targets for social change, or among coalition partners concerning issues such as leadership, goals, benefits, contributions, and representation. Mizrahi and Rosenthal identify four "dynamic tensions" that account for conflict in coalitions: (1) the mixed loyalties of members to their own organizations and to the coalition; (2) the autonomy a coalition requires and the accountability it has to its member organizations; (3) the lack of clarity about the coalition's purpose as either a means for specific change or a model for sustained interorganizational cooperation; and (4) 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 vs. required -- some coalitions are entered into voluntarily, while others are formed because they are required (e.g., to obtain funding).

2 Reactive vs. proactive -- some coalitions form in reaction to a crisis, while others form to develop a new program or fill a gap.
3 **Confrontation vs. cooperation** -- some coalitions take an adversarial approach to the power structure, while 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.

5 **Consensus vs. dissensus** -- some coalitions work with similar members (e.g., American Heart Association, American Lung Association, and American Cancer Society), while some attempt to coalesce potentially opposing partners (e.g., public health educators working in a substance abuse coalition with representatives from the beer and wine industry).

How the coalition manages these dynamics affects its cohesiveness and effectiveness. Systematic study of these factors is required to better understand how coalitions deal with conflict.

**Volunteer-Staff Relationships.** While 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 some volunteer 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 & 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. For example, the lack of structure in many volunteer positions often leaves the volunteer unsure of
his/her role within the organization. This may contribute to a misperception that the volunteer lacks commitment to the organization. In addition, staff may feel that their efforts are ignored by volunteers, and volunteers tend to get the "glory."

The literature on different types of roles for volunteers in coalitions is sparse. A volunteer in a coalition can be an instrumental founding board member, a committee chair or dependable member, or an occasional participant working on a single activity. We believe that each role has its own challenges, benefits and costs, and has a different relationship with staff. Additional research is needed to fill this gap in the literature.

Communication Patterns. Smooth 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 (Andrews, 1990; Feighery & Rogers, 1989). Viable coalitions often have frequent meetings which members are actively encouraged to attend (Benard, 1989; Hord, 1986) and a well-developed system of internal communication to keep staff and members informed (Andrews, 1990; Cohen et al., 1991; Croan & Lees, 1979).

Membership Commitment and Mobilization. Membership commitment and resource mobilization are key aspects to the operation of organizations, especially when they depend upon voluntary effort. Indeed, this is so critical, Gittell concludes, "We need to know more about why people join organizations and what encourages them to devote time and energy to those organization's aims" (1980, p. 263). Political economy theory suggests that a social exchange takes place in organizations in which participants will invest their energy in the organization only if they expect to receive some benefits. The potential benefits and costs of participation are listed in the box on the following page.

Several studies have systematically studied the benefits and costs of participation in voluntary organizations for individuals. John Prestby and I, working with some additional colleagues, found two main sources of motivation: "personal gain" benefits (such as learning new skills and personal recognition) and "social-communal benefits" (such as improving the neighborhood, and helping others) (Prestby, Wandersman, Florin, Rich, & Chavis, 1990; Wandersman, Florin, Friedman, &
Some Perceived Benefits of Coalition Participation

- 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 & Alderman, 1993)

- Enhancing one's skills (Rich, 1980; Roberts-DeGennaro, 1986b; Wandersman & Alderman, 1993)

Some Perceived Costs of Coalition Participation

- Devoting time to the coalition takes away time from other obligations (Bailey, 1986; Rich, 1980)

- Losing autonomy in shared decision-making, expending scarce resources, overcoming an unfavorable image held by other partners (Schermherhorn, 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 & Alderman, 1993).

Meier, 1987). In the latter study we found that members and nonmembers agreed that the greatest benefits were in making a contribution and helping others, rather than in self interest or personal gains. Also, more active participants reported receiving significantly more social/communal benefits and personal benefits than less active participants (Prestby et al., 1990).

There are also costs involved in participation. The study by myself and Prestby and other colleagues found two types of costs: "personal costs" (e.g., time, effort and the things people give up in other parts of their lives in order to participate) and "social/organizational costs" (e.g., interpersonal conflict and lack of organizational progress). Prestby, et al. (1990), found that the least active members reported more social/organizational costs than more active members. This finding suggests that these costs may act as a barrier to more active participation.

Several studies have also looked at the ratio of benefits to costs, e.g., do people get more benefits than costs from their
participation? Prestby, et al., found that the more active the participation the higher the benefit/cost ratio. In addition to understanding the costs and benefits of participation to an individual, it would be useful to examine the benefits and costs of participation for an organization to participate in a coalition. In other words, what does an organization get out of participating in a coalition? A study by Wandersman and Goodman and their colleagues (in preparation) will attempt to examine this question.

Given that benefits and costs are related to participation, what can an organization or leader do to make the benefit/cost ratio more positive for participants? Coalitions can provide personal and social/communal benefits to members and reduce the costs of participation. Prestby, et al., (1990) found that the presence of incentive/cost management strategies were related to member's reports of benefits and costs of participation, and they were also related to organizational viability itself. Given the strength of their findings, the authors suggest that private or government agencies, technical assistance agencies or foundations could create programs to help voluntary organizations develop incentive/cost management interventions. For example, they could provide information, training resources, and public recognition awards to voluntary organizations, which could in turn provide increased incentives to members in the form of supplies, education, skills and social recognition. They could also train leaders in management skills such as running meetings efficiently, conflict resolution, and democratic/collective decision making in order to decrease the costs of participation.

**PRODUCTION**

A coalition must engage in two types of activities: 1) those which work directly towards the consortium's intended goals and products ("target activities"); and (2) those which clarify processes, sustain and renew the infrastructure ("maintenance activities").

**Target Activities.** If it is to survive, the coalition must produce more than a sense of safety in numbers or camaraderie among members; it needs to engage in the tasks and produce the products for which it was created. Examples of tasks in the early stages of a coalition are creating a mission statement, setting up committees, performing a needs assessment and developing a comprehensive plan. In the implementation phase of the coalition, the actual activities (e.g., training, advocacy, education
programs, etc.) are carried out. For example, a community partnership to prevent alcohol and other drug problems might develop after-school activities, parent training, media or red ribbon campaigns, and coping skills programs, or advocate for policy change.

**Maintenance Activities.** To sustain momentum and rebuild itself, a coalition needs to recruit and orient new members, train leaders, prepare leaders-in-waiting to take over when there is turnover, address and resolve conflict, engage in public relations, celebrate its accomplishments, and raise funds. Prestby and Wandersman (1985) found that such activities are necessary for the survival of an organization. Many voluntary organizations, including coalitions, appear to be vulnerable in this area because maintenance activities do not always have the "glitz," visibility, or priority that target activities do.

Tension between target and maintenance activities can arise. To illustrate, how much time should be spent on each type of activity when people's energy is limited? While we can't say there is a known "best ratio," we believe that each is necessary for viability, but insufficient for a coalition to be effective. Perhaps understanding the importance of both can lead to a more productive balance of time and energy. For example, staff might spend more time on maintenance activities and volunteers might focus on target activities.

**ACCOMPLISHMENTS AND IMPACTS**

What has the coalition accomplished? For many (including coalition members and funders), this is the bottom line. Has the coalition taken any actions which have achieved its initial goals and objectives? For example, has it reduced the incidence of substance abuse? Has it improved the training of public health professionals?

**Short- and Long-term Changes.** Program evaluators often discuss two types of program effects which may be thought of as short-term and long-term effects. Linney and Wandersman (1991) describe outcomes as the immediate effects of a program on the recipients of a service or activity. Outcome evaluation attempts to determine the short-term or direct effects of the program. For example, in a knowledge-based drug prevention program, outcome evaluation may examine the degree to which a drug information program actually increased knowledge of drugs and the perceived risk of drugs. By contrast, impact evaluation is concerned with the long-term, ultimate effects desired by a program. In alcohol and other drug prevention programs, impacts can include reduction in overall drug use and
a decrease in DUI related fatalities. One assumes that a change in outcome is necessary to bring about change in impacts.

Several articles 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 (Brown, 1984; Croan & Lees, 1979; 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 social concerns (Sink & Stowers, 1989).

In addition to evaluating the outcomes produced by the programs of the coalition, some coalitions are concerned with system change such as alterations in service delivery and system reform (Kagan, 1991). Measurement of system change, such as new community linkages and cross referrals among agencies, is difficult. There are few widely accepted measures and few studies which have attempted to measure systems change.

Challenge to Evaluators. Ultimately, if coalitions are to contribute to the improved health status of the community, they need to evaluate the impact they have on improving the social and health systems and outcomes of the community. Thorough evaluation is one mechanism that is frequently cited for improving outcome effectiveness (Bailey, 1986; Feighery & Rogers, 1989; Andrews, 1990; Cohen, 1989; Wandersman & Goodman, 1991; Cohen, et al., 1991). I think that there is a great need for additional conceptualization and new methodological tools in the assessment of coalition functioning and outcomes.

Challenge to Coalition Leaders. The complex issues which many coalitions address take concerted and long-range efforts. Therefore, successful activities and programs probably need to be repeated. This requires the institutionalization of the program. The program can either be institutionalized in the coalition or in one of its member agencies. In addition to the institutionalization of programs, institutionalization of the coalition itself (or its functions) should be a long-range consideration for most coalitions, and a marker for coalition success. Goodman and Steckler (1989) have used an open systems framework to assess program institutionalization.

Concluding Comments

Coalitions are very popular. They can be viewed as a panacea, as the only solution to getting things done, or the way to break the gridlock of opposing forces or insufficient power. Coalitions form in government when no party receives sufficient votes. Coalitions form at the local level when grassroots groups seek
safety or power in numbers. Coalitions form when opportunities for new funding arise or cutbacks necessitate consolidation or cooperation. The basic idea is that "working together can move us forward." However, the need to know how to really make a coalition work is paramount. The challenges to an effective coalition are enormous. Collaboration has been called an "unnatural act between unconsenting adults." While this remark is made in humor, it appears to reflect a truism that collaboration is challenging because of turf issues, personalities, group dynamics, power, and status. Therefore, a coalition which attempts to achieve stability should be even more challenged.

Along with many others, I embrace the concept of community coalitions and partnerships. They are exciting experiments in social change, and powerful weapons in the battle to solve complex challenges in the public's health and community development. As a social scientist, I hope to be viewed with others as a partner in the process of bringing information about the workings of a coalition to bear in such a way that it benefits all concerned.

While the research literature on coalitions as organizations is relatively thin, I believe that there is enough research and experience to suggest that: if a coalition is to be successful, there needs to be an organization of roles and people. The resources of a coalition (its greatest potential) must be organized in a structure which clarifies roles and relationships and produces activities which work toward the goals of the coalition and sustain and renew the organization. A successful coalition yields perceivable accomplishments and impacts.

If this perspective is useful, CBPH members may wish to spend time reviewing how their consortia operate as organizations. What resources do members bring? What additional external resources are necessary? Are both target and maintenance activities occurring simultaneously? Do members feel the benefits of participation outweigh the costs, for themselves as individuals, and for their organizations? Perhaps these and other questions will be useful as CBPH consortia develop their potential.
References


Health Promotion. Stanford Health Promotion Resource Center, Palo Alto, CA.


Shopland, D. (1989). ASSIST project targets cancer mortality. Chronic Disease Notes and Reports. CDC, Atlanta, GA.


Figure 1. An open-systems framework of organizational characteristics related to block organization maintenance.