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# Community Coalition Building - Contemporary Practice and Research Introduction

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#### **Abstract**

Over the last 20 years, coalition building has become a prominent intervention employed in communities across America. Coalitions provide community psychologists and those in related fields with a chance to work with whole communities and to better understand how to create community change. As we reflect on the past two decades of community coalition building, there are many questions to be answered about this phenomenon. Why has there been such an upsurge in community coalition building activity? What is the impact of this activity? What have we as students of community learned? What are the

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questions that we need to be asking to improve the effectiveness of coalition building efforts and their evaluation?

This set of articles will review the state of the art of community coalition building in both practice and research. The structure of the articles reflects a collaborative process, with multiple contributors from different disciplines using a variety of formats. Because this is an evolving phenomenon where the questions asked are as important as the lessons learned, many of the major sections have dialogues with community experts from across the country and from multiple fields including community psychology, public health, political science, public administration and grassroots organizing.

**KEY WORDS**: coalitions, coalition building, coalition best practices, collaborations, community capacity building

A community coalition is a group that involves multiple sectors of the community, and comes together to address community needs and solve community problems (Berkowitz & Wolff, 2000). The criteria for a community coalition include: the coalition be composed of community members; it focuses mainly on local issues rather than national issues; it addresses community needs, building on community assets; it helps resolve community problems through collaboration; it is community- wide and has representatives from multiple sectors; it works on multiple issues; it is citizen influenced if not necessarily citizen driven; and it is a long term not ad hoc coalition.

These criteria limit the domain of discussion so that we can bring coherent analysis to such a large topic. For example, we mainly focus on experience in multi-issue coalitions, as opposed to single-issue coalitions. Since many different community phenomena are called 'coalitions', one could clearly argue for expansion or contraction of any of the above criteria. In most communities and in the scholarly literature the definition of coalitions is indeed evolving and gaining clarity.

# Positive impact and characteristics of community coalitions:

Community coalitions have many significant attributes, which allow them to be a particularly effective vehicle of community change. Numerous communities have used coalitions to mobilize their resources to successfully solve the emerging problems they are facing. Communities have been able to impact programs, practices and policies (Roussus & Fawcett, 2000) in a very broad range of issues including: economic development, low income housing, substance abuse, tobacco control, domestic violence, racism, deteriorating neighborhoods, violence prevention, and toxic environments.

Unique characteristics of the **most effective** community coalitions include:

1. Community coalitions are holistic and comprehensive. The breadth of the holistic approach allows the community coalition to address the issues that the community declares to be their priority. They are not constrained by funding or mission from taking on the issues critical to the community. This comprehensiveness is well illustrated by the Ottawa Charter's (1986) definition

of the prerequisites of health that underlies many healthy communities coalitions. The prerequisites include: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. This inclusive definition is broad enough to include issues ranging from economics to environment, and fosters attempts to see the interconnections among them.

For example the Lower Outer Cape Community Coalition has over 13 years worked on a wide range of prioritized community issues including: transportation, economic development, substance abuse prevention, programs for youth, dental care access, day care, and livable wages. The coalition has integrated each new issue into a holistic view of the Cape that sees the interrelationship of each of the separate issues.

- 2. Community coalitions are flexible and responsive. They address emerging issues and modify their own strategic plan in response to new community needs. For example while the North Quabbin Community Coalition was addressing violence prevention and transportation in a given year, it was able to quickly switch gears and form a new task group to address the sudden threat of the closing of their local community hospital.
- 3. Community coalitions build a sense of community. McMillan and Chavis (1986) suggest that this sense includes "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together" (p. 9). These coalitions build community by creating a forum where the

community can gather to solve local problems. Often the coalition is one of the few places where diverse members gather to meet, exchange information and solve problems. In this way coalitions also have some of the characteristics of Sarason's resource exchange networks (1979). Members frequently report that they receive personal and professional support for their participation in the social network of the coalition.

- 4. Community coalitions build and enhance resident engagement in community life. DeTocqueville (1945) described the propensity of 19th century Americans to gather in associations to address local issues. Putnam (2000) notes the decline of civic engagement and the resulting loss of social capital, defined as "the connections among individuals –social networks and the norms of reciprocity and trustworthiness that arise from them" (p. 19). After documenting this decline Putnam calls for the revival of civic engagement: "it is now past time to begin to reweave the fabric of our communities.... We need to create new structures and policies (public and private) to facilitate renewed civic engagement." (P. 403) Community coalitions promise to be one of these new structures. Coalitions often become rare forums where multiple sectors can engage with each other and with local citizens to address local concerns.
- 5. Community coalitions provide a vehicle for community empowerment.

  Zimmerman (2000) defines an empowered community as "one that initiates

  efforts to improve the community, responds to threats to quality of life, and

  provides opportunities for citizen participation" (p. 54). These efforts can be

focused on either an internal problem using local resources, or on external institutions and forces. In both cases, the coalition can use a wide range of techniques to create change including advocacy and confrontation. Lappe and DuBois (1994) note that the biggest problem facing Americans is that "we as a people don't know how to come together to solve our problems.... Too many Americans feel powerless" (p. 9). As community coalitions successfully address and solve local problems, they build social capital and hope, by demonstrating the capacity of local residents to have an impact.

- 6. Community coalitions allow diversity to be valued and celebrated as a foundation for the wholeness of the community (The Boston Foundation, 1994.) As America's communities become increasingly diverse, there are increased tensions reflecting prejudice, racism and intergroup conflict. Coalitions provide an opportunity to bring together various components of the community to identify common ground and common goals.
- 7. Finally community coalitions are incubators for innovative solutions to large problems facing not only their community but also the nation as a whole. Angela Glover Blackwell and Raymond Colmenar (2000) have noted that the local social entrepreneurs who are creating innovative solutions to their problems are "pushing government and more established institutions to think differently about how to create opportunities, achieve equity and improve lives" (p. 166). Indeed "local leaders with broad vision, commitment and experience in building community are solving our most difficult challenges, they are national leaders. The world needs to know about them and their work; they need bigger platforms to function as national leaders" (p. 166).

# **Reasons for the creation of community coalitions:**

The forces and influences that have fostered the recent widespread appearance of community coalitions across the country are numerous:

# 1. Expanding interventions to the whole community

Much of the recent interest in community coalitions began with targeted prevention initiatives focused on problems such as substance abuse. As more successful and sophisticated preventive interventions were developed, people discovered the limits of such interventions. For example, a child who learned not to use or abuse alcohol in his/her school prevention program might live in a community with a billboard on each corner promoting alcohol, liquor stores below or even live with a family that abuses alcohol and drugs. The message at school became diluted or lost without community-wide reinforcement. Community wide interventions sponsored by community coalitions were therefore the chosen vehicle for intervention. One of the first national initiatives that relied on community coalitions was the Office of Substance Abuse Prevention's Community Partnership Program, which opened up the world of coalition building to hundreds of communities and thousands of individuals. The Community Anti-Drug Coalition of America (CADCA) represented thousands of substance abuse coalitions and had President Clinton issue a statement urging every community to develop its own substance abuse prevention coalition.

Coalition building has expanded beyond substance abuse and is now a common intervention for a wide range of public health concerns including: HIV, immunizations, teen pregnancy, tobacco control and immunization. It is also a commonly used intervention in other fields such as public safety, violence prevention, and environmental/sustainable community concerns.

Government and foundations have been prominent forces behind this increase in the development of collaborative strategies. They frequently require communities to develop coalitions that involve multiple sectors of the community as part of the application for funding.

## 2. Devolution

Another societal shift that has promoted the development of coalitions is the devolution of federal programs to local government. Significant to this devolution was not just the federal government's shift of responsibility to state and local levels, but in fact the withdrawal of government at all levels as a source of problem solving of issues facing American communities. Although this shift in financial responsibility would seem to mandate a shift in the locus of decision making, in practice local communities often had no increased say about what actually happened to those state dollars. Even more importantly, the implicit message was that government does not solve problems but rather relies on the individuals to pull themselves up by the bootstrap.

An example of this abdication of federal responsibility is the collapse of the Clintons' health care reform. With that collapse, states did not move in large

numbers to assist the vast number of uninsured in this country. Instead, the stance was that the market, not the government would solve the health crisis. In that environment, a fascinating phenomenon occurred. Local communities began to address what had been a large national problem on their own. Even though government washed their hands of the problem, the uninsured remained a serious problem for communities and their local institutions – hospitals, clinics, schools, etc. So communities gathered together, often in coalitions, to come up with interesting, local solutions to this national problem. These solutions included free health clinics, mobile dental vans, faith-based health access programs based on pro-bono physician time, and others. This response reinforces the observation of DeTocqueville(1945) that Americans have a powerful capacity to form associations in order to solve problems. Cutbacks in human services and the devolution of government thus created enormous pressures on communities, but also created interesting opportunities for local problem solving through community coalitions. Coalitions gathered local resources to address issues abandoned by the government including HIV, homelessness, domestic violence and health access.

# 3. Doing more with less:

Coalitions were also created in response to another crisis, that of cutbacks in government funding for basic human needs. Thus coalition building can be seen either as a creative local solution to the collapse of funding and direction from above or as a government strategy to urge communities to do more with

less. Coalitions can become the avenue to help communities to run faster in place in order to compensate for diminishing government support. Himmelman (1996) has made this point, that "doing more with less requires communities, organizations and workers to lower their expectations about new funding for services and benefits while working harder to become more cost effective and productive. In this context, collaboration is described by depoliticized technical qualities, i.e. by its practical usefulness as a cost effectiveness strategy and is used to ease the pain associated with decreased benefits and resources for human and infrastructure needs, particularly where there are high concentrations of low income people." (p. 24) Harden (1999) notes that "in these circumstances, collaboration can be used to obscure the fact that political austerity and many lean and mean business practices are the product of political decisions regarding government tax and spending policies and market deregulation." (p. 11) Therefore another push for the creation of coalitions was to help communities adjust to or compensate for cutbacks in government funding.

## 4. Limitations of the Health and Human service system

As the health and human service helping system grew over the last decades it became too complex and cumbersome a system to address community needs. Categorical funding streams forced clients to go to separate agencies to meet their various needs. These numerous agencies interacted infrequently and knew less and less about each other's programs and personnel. Other dysfunctions in the formal helping systems include: the duplication of efforts, fragmentation of services, competition, crisis orientation, multicultural insensitivity, excessive professionalism,

limited and inaccessible information for clients and others in the system, lack of planning, unequal access to resources, and a detachment from community and clients (Kaye & Wolff, 1997) In this environment, community coalitions were also created to build more competent helping systems by increasing coordination around cases, populations and issues. They were able to foster interagency and cross sector approaches to a wide range of community issues. For example collaboration between domestic violence shelters and police emerged in the intervention and prevention of domestic violence.

# 5. Civic Engagement

The creation of community coalitions was one of many responses to the increasing decline in civic engagement (Putnam, 2000, Lappe & Dubois 1994, Bradley 1998). Before the rise of coalitions, the key institutions in local communities struggled alone with the same problem – alienation of their constituencies. The schools worked to engage parents, churches to involve parishioners, politicians to get out the vote, and police created community policing. All aimed at reconnecting with their core constituents. There was increased pressure to create settings where constituents could regain ownership over their local institutions and communities. Coalitions became a vehicle for this by focusing on re-engaging all sectors of the community with residents in addressing local problems. The National Civic League, a national organization deeply committed to increasing civic engagement, recognized this potential and became the first national sponsor of the Healthy Communities movement as one way of creating the desired change.

In sum, we can see that community coalitions are potentially powerful forces for creating community change. They allow students of community to understand the whole community and to learn ways of potentially improving the quality of life in communities. The significant questions raised by the work of community coalitions are as important as their impressive results. From the viewpoint of practice, it is necessary to determine which approaches will be most effective in creating competent community coalitions. The internal and external variables that effect the development of these coalitions are enormous. Therefore, trying to bring coherence to the vast experience of communities is a significant challenge. Questions of research and evaluation pose similar challenges. The complexity of the interventions, the spread of the community sectors engaged and the reluctance of communities to become involved in the evaluation process have created barriers to developing comprehensive evaluation strategies for coalitions. The articles that follow will look at the state of the art of practice, and research as well as future directions.

#### **References:**

Berkowitz, W. & Wolff, T. (2000). <u>The Spirit of the Coalition</u>. Washington D.C.: American Public Health Association.

Blackwell, A & Colemenar, R. (2000). Community building: From local wisdom to public policy.

Public Health Reports, vol.115, nos.2 & 3, 157-162.

Bradley, B. (1998). The importance of the civic sector. <u>National Civic Review, vol. 87</u>, no2 .161-166.

De Tocqueville, A. (1945, original work published in 1835). <u>Democracy in america</u>. Reeve, H. & Bowen, P. (Eds.) New York: Vintage.

Hardin, B. (1999). <u>The role of multisector collaborations in strengthening communities.</u>
Washington

D.C.: Union Institute.

Himmelman, A. (1996). On the theory and practice of transformational collaboration: From social service to social justice. In Creating Collaborative Change. Huxham, C. (Ed.) London: Sage Publications.

Kaye, G. & Wolff, T. (1997). From the ground up: A workbook on coalition building and community development. Amherst, MA: AHEC Community Partners.

Lappe, F. M., & DuBois, P. (1994). The quickening of America. San Francisco: Jossey Bass.

McMillan, D. & Chavis, D. (1986). Sense of community: Definition and theory. <u>Journal of</u> Community Psychology, 14, 6-23.

Putnam, R. (2000). <u>Bowling alone: The collapse and revival of american community</u>. New York: Simon Schuster.

Ottawa Charter for Health Promotion. (1986). Health Promotion, 1 (4): iii-v.

Roussus, S. & Fawcett, S. (2000). A review of collaborative partnerships as a strategy for improving community health. Annual Review of Public Health, 21:369 – 402.

Sarason, S. & Lorentz, E. (1979). <u>The challenge of the resource exchange network</u>. San Francisco: Jossey Bass.

The Boston Foundation, (1994). New social contract: To make our city whole.

Boston Persistent Poverty Project, The Boston Foundation.

Zimmerman, M. (2000). Empowerment theory: Psychological, organizational and community levels of analysis in <a href="Handbook of community psychology">Handbook of community psychology</a>. Rappaport, J. & Seidman, E. (Eds.) N.Y.: Kluwer.

## A Practitioner's Guide to Successful Coalitions

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#### Abstract

The highly complex practice of building successful community coalitions is explored. Key dimensions related to coalition success are identified and best practices are delineated. Nine dimensions are explored that are critical to coalition success: coalition readiness, intentionality, structure and organizational capacity, taking action, membership, leadership, dollars and resources, relationships, and technical assistance. Two coalition case studies follow the discussion of dimensions and illustrate the journey traveled to create successful community coalitions.

**KEY WORDS**: coalitions, coalition building, coalition best practices, collaborations, community capacity building

This overview of coalition-building practice is an attempt to make sense of the varied experiences of thousands of community coalitions. Although community members have learned much about the coalition building process,

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the track record of their successes and failures is largely unwritten and thus unknown. Rather, their valuable knowledge tends to be passed on orally and stays mainly within their communities. Today there is a growing literature by those who have originated and funded these coalitions, and those who provide evaluation, leadership, technical assistance and training to these communities (Ayre et al 2000; Berkowitz & Wolff,2000; Berkowitz & Cashman, 2000; Fawcett et.al 1995; Fawcett et al 1995; Foster-Fishman 2001; Goodman et al 1996; Johnson et al 1997; Kaye & Wolff 1997; Kreuter et al 2000; Mattessich & Monsey, 1992; Mattessich & Monsey 1997; Roussus & Fawcett, 2000.)

Practitioners know and trust what they themselves have seen at work in communities. Our work in Massachusetts involved starting and supporting three community coalitions for over 16 years, and providing training and technical assistance to hundreds of others across the country. The following observations of the state of the art of practice of coalition building come from these experiences, as well as what has been learned from other community practitioners, and from literature.

The success rate for community coalitions is certainly mixed. All who have been involved with coalitions have experienced both success and failure.

Many were part of the Center for Substance Abuse Programs (CSAP)

Community Partnerships that launched coalition building on a large scale in United States (Kaftarian,1994). That experience lead many to see wonderful community mobilizations around substance abuse prevention; but also see a

huge amount of wasted time, disorganization, and confusion in communities.

Nonetheless the potential of community coalitions is there and they can be almost magical in their effectiveness. Through coalition building it is entirely possible to create community change. Unfortunately, it is also possible to fail to meet the community's goals and to waste time and energy in the process.

From the study of coalition successes and failures, key rules of coalition building can be identified that give coalitions a fighting chance to prove their capacity to solve community-identified problems. Nine dimensions will be examined that are critical to coalition functioning and make the difference between success and failure.

# 1) Community Readiness

The community must be ready to take on its tasks; that is, to find ways to solve its own problems employing a multi-sectoral approach. The state of the community prior to the creation of the coalition is thus critical to its success and related to a series of factors.

Impetus for the coalition: Coalitions are more likely to succeed when the motivation for the coalition comes from within the community. Is the community responding to a pressing concern or pending crisis, or expressing a desire to plan for the future? In these scenarios the community possesses full ownership of its coalition. Often, however, the impetus originates outside of the community. In this case, an external group (government, foundation, etc) may name a specific problem in the community and offer resources in the form of

staffing or dollars to address the issue. Although community ownership increases when the impetus is internal, external efforts to start coalitions are more likely to provide the coalition with resources. This creates a dilemma for coalitions.

Prior history: It is essential to address the community's history with prior collaborations. There is virtually no community in the year 2000 that hasn't had one, if not many, experiences in developing coalitions. Because failures in coalition building are at least as frequent as successes, it is likely that the community has experienced failure in the past. In communities where citizens have successfully built collaboratives in the past, the next collaborative will certainly be easier than in those communities that have struggled and failed.

Intensity of turf wars: The degree of competition, both between and within sectors, is also critical to determining the readiness of communities. For example, it is harder to pull together a coalition focused on community health if two major hospitals are in a life-or-death battle for survival with one other.

Over-coalitioned communities: It is difficult to develop coalitions in communities that are already home to multiple coalitions. There are more and more "over-coalitioned" communities, where various federal and state agencies have mandated the development of coalitions as a condition for receiving funds. In these communities there can be a teen pregnancy coalition, a substance abuse coalition, a tobacco control coalition, a safe roads coalition, a sustainable environment coalition, and an asthma coalition -- all of which have overlapping

visions, target populations, missions and memberships. Creating communication and coordination among these various coalitions becomes a significant community challenge.

Existing leadership: The readiness of a community is naturally dependent upon the quality its leaders. Leaders bring hope, energy and vision to the launching of the coalition. An initial leadership team is likely to succeed if has the support of the major leaders in the community and also has strong grassroots support.

Best practices: Various types of environmental scans can assess the state of the community at the coalition's start up. The social reconnaissance approach (Kaye and Chavis, 1997) involves engaging multiple components of the community and gathering them together for an initial coalition launching. Community asset assessments (Kretzmann and McKnight, 1993) focus on the existing resources and strengths in the community. The Search Institute (1998) has developed a comprehensive set of materials for doing an asset assessment of youth. By evaluating the community's assets and deficits, interveners acknowledge the current state of the community and can more easily partner with the community in the intervention.

The most successful community coalitions take the time to build relationships, mobilize the community, and personally visit the key local players.

Again and again, successful coalition builders emphasize the importance of

establishing relationships and strong personal links with the people whom the coalition wants to engage and mobilize.

# 2) Intentionality

Critical to the success of community coalitions is the early development of a common shared vision and mission. This vision and mission needs to be clear to all participants and relate to the group's goals, objectives, and activities on a day-to-day basis.

Clear goals, objectives, and action plans: The goals and objectives must be concrete, attainable and ultimately measurable. Community coalitions often find this requirement to be a great challenge. Some coalitions set out broad agendas and can easily become distracted by emerging crises, and numerous side issues. Still other single-issue coalitions become so narrowly focused on their topic that they ignore the very contextual and environmental issues that impact them.

Community ownership: Coalitions vary greatly depending on who determines their vision and mission. Florin and Chavis (1990) make the critical distinction between community-based and agency-based initiatives. In the agency-based coalition, the intervention comes from professionals and institutions in the community, and citizens are secondary players. In community-based coalitions, the community is at the core. In this case, community members identify the issues, analyze the problems, select the interventions, and deliver the interventions and the evaluation.

Himmelman (1996) further distinguishes between collaborative betterment and collaborative empowerment. He challenges community coalitions to not only be community based, but to set a goal of empowerment as well. He defines collaborative empowerment as "an increase in the capacity to set priorities and control resources that expand self-determination" (p.30). In Himmelman's model, residents have a major say in setting the vision, mission and goals -- and these very goals lead to their greater empowerment.

By designing community coalitions in which citizens are engaged from the start, community ownership is built in from the beginning. From its first actions, the coalition can define itself as "bottom up" or "top down".

Belief in what is possible: Intentionality also involves members' faith in themselves to tackle whatever issues come along. Faith and hope not only enhance their sense of efficacy but also add a sense of spirituality to the groups' process.

Best practices: There are innovative ways to reinforce the development of a shared vision and mission. These allow large groups to envision together the future of both the community and its coalition (Okubo, D, 1997; Norris, 2000). A visioning process can be simple: for example, asking participants to imagine that two years into the future, a newspaper is writing a story on their coalition's successes. What would the story say? What would be the headline? These visioning exercises often help the coalition members articulate their unstated hopes and wishes. The visioning process can uncover a greater sense of

agreement on future goals than was commonly believed. Missions and goals can then be built from these shared visions of the future.

Annual retreats of the whole coalition, or at least the governance committee, are another useful practice employed by community coalitions.

These meetings are an occasion to examine and reexamine the coalition. By regularly reexamining not only the activities, but also the vision and mission, the coalitions keep themselves fresh, alive and responsive to changing community and organizational needs.

# 3) Structure and organizational capacity

There is no single set structure that has emerged as the most effective for running community coalitions. A community coalition's structure needs to reflect the usual organizational capacities of any successful organization in order to achieve its goals, including the capacity for decision-making, communication, adequate resources and leadership.

Staffing: The issue of staffing is often the most controversial, in that numerous community coalitions are created to proceed without designated staff to support their efforts. Experience in the field indicates that unstaffed coalitions are less able to produce as many results as staffed coalitions. This does not mean that there are not many highly successful unstaffed coalitions, but that their capacity to take on numerous issues, keep members engaged and complete other critical tasks is limited by the lack of staff. Finding resources for staff positions doesn't guarantee success, but it certainly helps.

Decision making: The decision making structures for coalitions often involve a complex system of shared decision making across a wide number of groups, including: coalition staff, coalition steering/governance committees, coalition task forces, the coalition membership itself, the outside funder and/or the lead agency. In this extremely complex setting, clarifying roles and responsibilities for each of these groups across the core critical responsibilities of an organization, (spending money, hiring, setting direction) is a critical process. Successful practices often involve reviewing roles and responsibilities and clarifying and codifying those processes across the coalition membership.

Communication: Communication is the lifeblood of a coalition. Ensuring that all members understand the coalition's actions builds ownership and trust. Informing those outside of the coalition of the coalition's activities and accomplishments builds power and respect. In many coalitions the development of an effective newsletter becomes the central point for these communication processes. Successful design of coalition meetings can enhance communication through providing time for networking and information flow.

Best practices: Successful practices around structure and organizational capacity involve the creation of clear structures, adequate staffing of the organization, clear decision-making processes, and obtaining the core resources necessary to run the organization.

# 4) Taking Action

Coalitions exist to create change according to the coalition's vision and mission. The coalition's ability to effect change and document outcomes impacts the coalition's members, evaluators and funders. Achieving concrete outcomes maintains coalition membership. Coalitions rely on the individuals' voluntary commitment to the community wide agenda. Most volunteers carefully assess the costs and

benefits of participating in coalition activities. Volunteers return to coalitions, for meeting after meeting, in order to create community changes that they cannot achieve alone.

Keeping action in the forefront: Many coalitions never get beyond the information exchange or planning phases of their work, thereby frustrating members. Other coalitions carry out numerous activities that fail to create community change. Rather, such activities (in-service trainings, legislative breakfasts to gain support for ongoing agency activities) address internal coalition needs rather than community concerns. Keeping the goal of substantive community change focused and in the forefront is central to coalition success.

Locus of the action: Community changes usually fall into two categories – internal and external. Internal changes are those within the community that create new local programs, policies and practices. External changes are outside of the coalition's range and might address funding policies, programs and practices at the state or federal level. Often coalitions keep their focus on local issues, since they see this as their area of greatest strength. However, external

factors do in fact have a strong influence on local quality of life. Distant forces, such as multinational corporations closing a local factory, can create local change. In the midst of a global economy, coalitions must develop the capacity to address external influences on their local communities.

Advocacy: Creating community change internally or externally often requires advocacy. Coalitions are often reluctant to enter into advocacy because members believe that it is counter to their practice of collaboration. They thus limit their capacity to create community change.

Power-based vs. relationship-based change: Coalitions may falsely distinguish between the processes of power-based social change (or community organizing) and relationship-based social change (or community building). In the power-based approach, citizens form organizations that aim to transform and redistribute power. In the relationship-based approach, change occurs through building strong,

caring and respectful relationships among community members. Yet these two approaches are not incompatible. Rather, coalition building requires both kinds of social change; a mix of advocacy and relationship building, each used where appropriate (Wolff,1999). More work needs to be done to find modes of coalition building that both build relationships and deal with power issues.

Best practices: Coalitions can foster action by creating working task forces that set clear goals, objectives and realistic work plans; and by including measurable indicators of success. Coalition leaders need to regularly review

their own action plans and those of their task forces to ensure that action will occur. Research suggests that when funders hold coalitions accountable for concrete community changes, (Fawcett, Paine-Andrews, et al,1997) they provide powerful incentives for the occurrence and documentation of community change.

The capacity of the coalition to publicize its actions is also important.

Annual reports that summarize successes, and media publicity of achievements, are critical to enhancing the motivation for change. In many communities clear partnerships have been created between local coalitions and state legislators.

These relationships translate into concrete actions through new programs and funding as well as access to other power brokers.

# 5) Membership

Engaging a broad cross section of the community in active coalition membership is essential to success. Membership is observed in the breadth and depth of local individuals' involvement in a wide range of coalition activities. Membership needs to be defined carefully. For some community coalitions, membership requires paying dues, which may create financial barriers to participation. Other times members may either provide financial resources or simply endorse the mission and goals of the coalition. The basic definition of membership that ultimately matters is whether the individual participates in any coalition activity.

Ongoing recruitment: The building of membership is a task that occurs not only at the start of the coalition, but is also ongoing. The leadership must always be engaged in identifying new players inside and outside the community. These players should be recruited to take part in the various coalition activities, whether it be the leadership team, a specific task force or a specific meeting.

Inclusivity: A unique attribute of coalitions is that they can aspire to engage all residents of a community. Some models of coalition building mandate that key leaders must be part of the coalition. These are often the community's power brokers - the mayor, the chief of police, and the superintendent of schools, for example. This form of membership is exclusive rather than inclusive. As these coalitions continue to develop, they often decide to invite others from the community. However, those invited to participate later on understand that they were an afterthought. Thus from the start, successful coalitions declare their membership open and inclusive. They then devote consistent attention to monitoring membership and recruiting new members.

Diversity: Diversity is an essential goal of coalitions: not just that members be diverse, but that the community learns to celebrate its diversity as the foundation of its wholeness (The Boston Foundation, 1994). Rosenthal (1998) has created an "inclusivity checklist" for coalitions that is composed of a series of questions that a coalition can ask itself to see how welcoming it is of various groups in the community.

Diversity is often racial and cultural, but age can be another variable. Examining how coalitions engage youth is an example of how diversity plays itself out in coalitions. Are we talking about the issues of young people, and the creation of a teen center without having youth in the room? At their worst, coalitions address the issues of young people by setting up task

forces of professionals who decide what the youth need and then implement their plans. An improvement on this model is to invite a few youth to come to a coalition meeting to represent young people. The most successful coalitions, however, bring youth to meetings in large numbers and allow them to run meetings themselves. These groups essentially turn their usual practices upside down in order to accommodate youth. This grants young people ownership and eventually comfort to let the community know what their issues are. The coalition can also provide leadership roles for these young people in implementing the solutions.

Power and ownership: Engaging both the most and least powerful members of the community is often a challenge for coalitions. Do they have the key decision-makers available to them at coalition meetings? Do they have the local residents intimately tied to the coalition? Do both of these populations have any sense of ownership? How much do the members feel that they have a stake in the processes, outcomes, successes and sustainability of the coalition? How well do those members represent the most and least powerful members of the community?

Best practices: In order to broaden and sustain an active membership, coalitions need to understand the key reasons that people participate. Kaye (1997) has summarized these reasons as the six R's: recognition, role, respect, reward, results, and relationships. A supportive organizational culture gives members a feeling of comfort and ownership. Each of these six variables is key to creating an environment where participation is encouraged. Kaye also suggests that individuals join an organization precisely because they are invited.

Coalition steering committees should target desirable members and then issue

them personal invitations. The orientation and welcoming of these members eventually pays off with increased participation.

# 6) Leadership

The leadership of the community coalition is not usually located in a single charismatic individual who launches and sustains the coalition. Rather, successful coalitions disperse their leadership and develop it among all members of the coalition.

Collaborative leadership: A successful coalition is based on principles of collaborative leadership. Chrislip & Larson (1994) have articulated four principles of collaborative leadership: leaders inspire commitment and action; they lead as peer problem solvers; they build broad based involvement; and they sustain hope and participation. Collaborative leadership emerges from what has been called transforming, servant or facilitative leadership. They note, "Collaborative leaders are sustained by their deeply democratic belief that people have the capacity to create their own visions and solve their own problems. If you can bring the appropriate people together...in constructive ways...with good information (bringing about a shared understanding of problems and concerns) it will create authentic visions and strategies addressing the shared concerns of the organization or community. The leadership role is to convene, energize, facilitate and sustain this process" (p.146).

A national group of leaders of violence prevention collaboratives (Wolff & Kaye, 1998) distinguished between collaborative leaders and traditional leaders

in these ways: collaborative leaders share power rather than imposing hierarchy; they take a holistic look at the organization and the community rather than fragmenting or departmentalizing; they focus on facilitation and process versus decision making. They are flexible rather than controlling, decentralized rather than centralized, inclusive rather than exclusive, proactive rather than reactive, and they focus on process and product rather than product only. At the core, collaborative leaders need to be risk takers.

Attributes of leaders: Others (W.K. Kellogg, 1994) have noted that the attributes of successful collaborative leaders are the ability to share power; be flexible; see the big picture; and demonstrate trustworthiness and patience, energy and hope. These leaders are able to resolve conflicts constructively, communicate clearly and honestly, facilitate group interaction, nurture leadership in others and foster top-level commitment.

Building leaders: Successful coalitions leaders are always looking to see how they can expand leadership among participants. Whether it is leading task forces, writing a column in the newsletter, or setting up the room for meetings, coalition leaders are constantly identifying leadership roles and delegating responsibility.

Best practices: At the core, coalition building is about relationships.

Building personal relationships, staying in touch, visiting, and dropping notes have proven over and over to be the core actions that foster successful coalitions.

Leaders also have to be highly attuned to issues of diversity and to making sure

that the coalition represents all sectors in the community. They must constantly find ways to reach out to groups and to lead the coalition in self-examination to make sure it is a welcoming institution.

## 7) Dollars and resources:

Funding in and of itself does not guarantee success or failure, but the degree of funding and the way in which decisions about the funding are made, create very different sorts of coalitions. This raises fundamental questions about whether funding is always required for coalitions. If funding is needed, then one asks how much funding and what will it be used for? What are the problems, dilemmas, strengths and resources that are created by funding? There is no question that some community coalitions have been highly successful with virtually no funding. We have also seen very well funded coalitions (one might suggest over-funded) fail.

Most discussions of coalition funding focus on how to sustain the group financially. However, there are many productive coalitions that instead pose the question, "Is funding really needed for coalition development?" It is instructive to compare coalitions that were started by grassroots groups with no money, with those coalitions that were created specifically to take advantage of a funding opportunity. In the former, there is genuine community ownership at the onset. In the latter, however, we do not necessarily see a great level of community involvement.

How Much Funding? Coalitions can usually get started with a minimal budget that sustains their basic coordination, collaboration and information exchange. This includes money for core staff, mailings, rental of meeting space, and an annual meeting. A later budget increase can pay for staff to do clerical work such as mailings, minutes, and newsletters. After taking care of the basics and staff, coalitions can turn to funding specific programming. The programs developed are often determined by the availability of a particular funding source (for example, substance abuse prevention, violence prevention, tobacco cessation). A key concern here is whether funding begins to drive the coalition's agenda rather than the coalition's original mission and vision.

Finding funding: Coalitions must balance their own integrity with the needs of their funders when seeking to raise money. Often, funders are more willing to provide financial support to a coalition that establishes a single-issue targeted outcome related to the funder's agenda. This can challenge the authenticity of the coalition, which is based not on single-issue programming but rather on supporting the community's ever-changing and ever-emerging problems. The ongoing search for scarce resources unfortunately eats up a huge amount of time for many community coalitions. Even coalitions that have long track records of success have difficulty finding ongoing sustained funding. Part of this has to do with the government's historical failure to view community problem solving holistically. Rarely does government, at any level, trust that funding a community group will actually lead to improved quality of life and

public health. Rather the government tends to support programs through categorical funding focused on one aspect of the community or the human condition. Local legislators, who have an investment in the health of the community without the same mentality about categorical funding, are often more sympathetic in finding support for community coalitions.

Best practices: Coalitions must individually assess their financial needs by deciding how best to fulfill the coalition's mission. The coalition can choose a specific role for itself, for example program deliverer or community catalyst, and create an appropriate funding strategy. In the past coalitions have raised funds from the federal, state, and local government; foundations; United Way; fees; grants; and even fundraisers. There is no one correct pattern to finding funding and it therefore will vary from community to community. In-kind resources are a major source of support since space, secretarial, mailing costs, and copying costs can all be provided by partner organizations.

# 8) Relationships

At its core, community coalition building is a human process. The coalition succeeds by bringing people together, and facilitating the building of relationships among them. This allows certain problem solving processes to occur that ultimately improve the quality of life in the community.

Ripples outside of the coalition: The spin-off benefits from coalition meetings are as critical as the interactions that occur within coalition-specific activities. These benefits accrue as people begin to know, trust, and work with

one other. Connections made in the coalition spark occasions outside the coalition in which members build on these relationships and improve the quality of community life. Coalition members report writing grants with other agencies, increasing cross referrals, designing joint projects, and even socializing with one other as a result of sharing the coalition experience. For example, in one community a police department's participation in a coalition's domestic violence task force led it to build relationships with various community agencies. When the department later wrote a domestic violence grant, it included as partners the community agencies it met through the coalition.

Managing conflict: Interactions in coalitions can, however, be difficult.

Creating an environment where conflicts can surface and be hashed out is a critical task. The existence of collaboration will not eliminate conflict. Coalition leadership needs to model conflict management and create settings where conflict can emerge and be handled productively.

Best practices: New relationships are the raw material with which a coalition is built. It is the sense of community, caring, and 'we are in this together' that is really the heart, soul and spirit of the coalition. Coalitions can foster this component of their work by acknowledging that post meeting 'schmoozing' is as critical as the meeting itself. Build in informal time before, during and after coalition meetings. Create occasions where people can share an annual dinner together. Meet informally to read and share ideas with one another. Join in community fairs and festivals together. All of this builds the

sense of community and connection that provides the hope and the celebration that are critical to coalition success.

#### 9) Technical Assistance

As the discussion of the above eight dimensions makes clear, coalition building is a highly complex community intervention. Coalition building simultaneously sets its scope on the whole community, attempts to engage all sectors, and attempts to create community change on a multitude of fronts. Coalition meetings, which involve 30-60 people on a regular basis, can generate disagreement or even angry conflict. Coalition management often means taking on too many tasks with too few resources. These characteristics of coalitions create a compelling need for technical assistance, consultation, training, and support for coalition staff, boards, and members.

Who provides technical assistance: Coalitions find support for their efforts in many places (Chavis, 1992). Some comes from peer support and learning from others. Various organizations may convene coordinators in order to facilitate peer learning. Professionals from a wide variety of backgrounds (community psychology, public health, community development, and organizational development) have created services to support coalitions with the wide range of issues they confront. Finally there are written materials, manuals, tip sheets and other resources developed for coalition builders.

Of note is the development of websites aimed specifically at supporting such efforts. The Community Tool Box www.ctb.ukans.edu (Fawcett et.al 2000,

Schultz et.al 2000) specifically addresses the needs of community health and development coalitions located in areas where face-to-face technical assistance is hard to deliver on an ongoing basis. The Community Tool Box now contains over 5000 pages of text in over 200 content areas.

Types of technical assistance: Much of what coalitions need is either information or support. Sample goals, objectives, job descriptions, and budgets from other coalitions can be extremely helpful to a new leadership team. Support is critical, particularly to coalition coordinators. Often coordinators work without direct supervision or with the supervision of someone who is not knowledgeable in coalition building. Technical assistance can provide a knowledgeable and sympathetic ear to help them sort out the coalition's issues and move forward. More targeted technical assistance may be provided through facilitating coalition retreats, helping coordinate multiple coalitions in a single community, assisting coalitions in designing strategies to engage the grassroots, mediating conflicts, or dealing with coalition start up or sustainability.

#### **Conclusion:**

In Massachusetts, 16 years of long-term commitment has allowed community coalitions to grow and prosper. Over time these groups have been able to successfully tackle some of the difficult issues mentioned above.

Some of these coalitions have made the engagement of the grassroots their top goal. They have achieved this through devotion of resources and the application of successful techniques such as mini-grants, neighborhood

organizing, community health outreach workers, and leadership development. When the Northern Berkshire Community Coalition began to engage the grassroots, they struggled with how to start the task. Then one neighborhood asked for help with absentee landlords and invited the coalition to a meeting. The coalition attended the meeting and began to focus on the neighborhoods. They began to rebuild neighborhood associations across the city and even built new neighborhood organizations. Soon the city was celebrating its neighborhoods. Neighborhood associations became a way for the city to reengage its community through community policing, public health, arts, and recreation.

The Massachusetts coalitions have also been able to tackle larger systemic issues. The Lower Outer Cape Community Coalition brought data on the livable wage to its residents. The livable wage or self sufficiency standard measures the real costs of living, working and paying taxes without subsidies (Healthy Communities Newsletter, 2000). The coalition showed residents that, according to the livable wage statistics, the average Cape worker with one child needs to be earning \$15.13 an hour just in order to survive. When the coalition presented this information to the Chamber of Commerce, the Chamber members laughed quietly and said, "Thank you very much, but we can't pay \$15.13 per hour." However, the Chamber members did look at the justification for the higher wages and expressed concern about the lack of affordable childcare and housing in the area. They noted that these issues were hurting worker retention and

agreed to work together with the Coalition on the issues. A unique new partnership aimed at systems change emerged in which the coalition and the business community worked hand in hand on affordable housing and child care.

These same Massachusetts coalitions have made a real impact on the quality of life. In North Quabbin, a rural mill town area, residents faced significant transportation problems that prevented people from having access to work, health appointments, and higher education. The coalition tried for 10 years to find a solution. Finally a group of grassroots advocates, working through the local literacy project in partnership with the coalition, decided to tackle the issue. They started a ride pool, engaged the local transportation authorities, and began advocating for change. A local congressman and local legislators became involved. Soon a new transportation system with fixed routes and connecting routes was started. They also began a community campaign to encourage riding the new buses. In the first year the new system provided over 44,000 rides. This systems change, which effects education, health, and the economy, emerged as a result of the coalition's collaboration, grassroots engagement and advocacy.

What did we do right in Massachusetts in developing these coalitions?

We have maintained our commitment to the communities and the coalitions for over 16 years. We have started from the people and allowed them to name the issues. We have provided ongoing technical assistance and support along with financing. Finally, we have developed a series of effective structures and processes. These involve monthly meetings, task forces to address specific issues,

monthly newsletters, annual meetings with annual reports to celebrate success, close links with legislators, advocacy, and a constant reexamination of the work through annual retreats, guest consultants, and evaluations.

These are the observations of but one practitioner, a student of coalition building. Most of this information did not result from careful research or evaluation, but rather from the common sense of practicing coalition building. These guidelines should not be considered rules but rather opportunities to raise questions and study more carefully both the process and the outcomes of this fascinating and powerful form of community change.

## References

Ayre, D., Clough, G., & Norris, T. (2000). <u>Facilitating community change</u>. Boulder: Community Initiatives.

Berkowitz, B., & Wolff, T. (2000). <u>The spirit of the coalition</u>. Washington DC: American Public Health Association.

Berkowitz, W., & Cashman, S. (2000). Building healthy communities: Lessons and challenges. Community, 3 (2), 1-7.

Chavis, D., Florin, P, & Felix, M. (1992). Nurturing grassroots initiatives for community development: The role of enabling systems. In Mizrahi, T., &

Morrison, J., (Eds.) <u>Community and social administration: Advances trends and</u> <u>emerging principles.</u> New York, NY: Haworth Press.

Chrislip, D., & Larson, C. (1994). <u>Collaborative Leadership</u>. San Francisco: Jossey-Bass.

Fawcett, S., Francisco, V., Schultz, J., Berkowitz, B., Wolff, T., & Nagy, G. (2000). The community tool box: A web based resource to building healthier communities. Public Health Reports, 2 & 3, 115, 274-278.

Fawcett, S., Lewis, R., Paine-Andrews, A., Francisco, V., Richter, K., et al. (1997). Evaluating community coalitions for prevention of substance abuse: The case of project freedom. <u>Health Education Behavior 24</u>, 812-28.

Fawcett, S., Sterling, T., Paine–Andrews, A., Harris, K., Francisco, V., et al. (1995).

<u>Evaluating community efforts to prevent cardiovascular disease</u>. Atlanta, GA:

Centers for Disease Control.

Florin, P., & Chavis, D. (1990). <u>Community development, community</u>
<u>participation, and substance abuse</u> prevention. San Jose, CA: Bureau of Drug Abuse Services.

Foster-Fishman, P., Berkowitz. S., Lounsbury, D., Jacobson, S., & Allen, N. (2001). Creating collaborative capacity. <u>American Journal of Community Psychology</u> (in press).

Goodman, R., Wandersman, A., Chinman, M., Imm, P., Morrissey, E. (1996). An ecological assessment of community-based interventions for prevention and health promotion: Approaches to measuring community coalitions. <u>American</u>
Journal of Community Psychology, 24, 33-61.

Hardin, B. (1999). The role of multisector collaborations in strengthening communities: A review of collaborative partnerships as a strategy for improving communities. Washington DC: Union Institute.

Himmelman, A. (1996). On the theory and practice of transformational collaboration: From social service to social justice. In <u>Creating Collaborative Change</u> (Ed. Huxham, C.). London: Sage Publications.

Kaftarian, S., Hansen, W., Eds. (1994). Community partnership program center for substance abuse prevention. <u>Journal of Community Psychology</u>, SCAP special issue, 205pp.

Kaye, G. (1997). Involving and mobilizing the grassroots. In Kaye, G., & Wolff, T. (Eds). From the ground up: A workbook on coalition building and community development. Amherst, MA: AHEC/Community Partners, 99-122.

Kaye, G., & Chavis, D. (1997). Community assessment: a key tool for mobilization and involvement. In

Kaye, G., & Wolff, T. (Eds). From the ground up: A workbook on coalition building and community development. Amherst, MA: AHEC/Community Partners, 123-142.

Kaye, G., & Wolff, T. (1997). From the ground up: A workbook on coalition building and community development. Amherst, MA: AHEC/Community Partners.

Kretzmann, J., & McKnight, J. (1993). <u>Building communities from the inside out:</u>

<u>A path toward finding and mobilizing a community's assets.</u> Chicago, Il: ACTA

Publications.

Kreuter, M., Lezin, N., & Young. L. (2000). Evaluating community based collaborative mechanisms: implications for practitioners. <u>Health Promotion Practice</u>, 1 (1), 49-63.

Mattessich, P., & Monsey, B. (1992). <u>Collaboration: what makes it work</u>. St.Paul, MN: Amherst Wilder Foundation.

Mattessich, P., & Monsey, B. (1997). <u>Community building: what makes it work.</u>
St Paul, MN.: Amherst Wilder Foundation.

Okubo, D. (1997). <u>The community visioning and strategic planning handbook</u>. Denver, CO: National Civic League Press.

Rosenthal, B. (1997). Multicultural issues in coalitions. Kaye, G., & Wolff, T. (Eds) From the ground up: A workbook on coalition building and community development. Amherst, MA: AHEC/Community Partners, 51-73.

Roussus, S., & Fawcett, S. (2000). A review of collaborative partnerships as a strategy for improving community health. <u>Annual Review of Public Health 21</u>, 369-402.

Schultz, J., Fawcett, S., Franciso, V., Wolff, T., Berkowitz, B., & Nagy, G. (2000). The community tool box: using the internet to support the work of community health and development. <u>Journal of Technology in Human Services 17</u> (2/3), 193-216.

Search Institute, (1998). <u>Healthy communities: healthy youth tool kit</u>. Minneapolis, MN: Search Institute. The Boston Foundation, (1994). New social contract: To make our city whole.

Boston Persistent Poverty Project, The Boston Foundation.

Wolff, T. (1997). Money and coalitions: delights and dilemmas. In Minkler, M. <u>Community organizing and community building for health,</u> New Brunswick, NJ: Rutgers University Press, 366-369.

Wolff, T. (1999). Power based vs. relationship based social change. <u>Healthy</u>

<u>Communities Massachusetts Newsletter. May/June.</u>

Wolff, T. & Kaye, G. (1998). Collaborative leadership. Collaborative News,

Newsletter of the National Funding Collaborative on Violence Prevention.

W. K. Kellogg Foundation (1994). <u>Developing community capacity-Module One.</u>
Battle Creek, MI: W. K. Kellogg Foundation.