The Six Elements of Effective Coalitions

This resource is the first installment in a series, Key Elements of Effective Coalitions, which has been developed for prevention practitioners and community coalition members by the national Prevention Technology Transfer Center (PTTC) network (https://pttcnetwork.org/). The goal of this series is to provide information on key elements that research suggests are critical for coalitions to operate effectively and increase their impact on substance misuse and its consequences for individuals and communities.

This resource is not meant to be exhaustive, but instead serve as a starting place for prevention practitioners and community coalition members who are in the building and maintenance phase of a healthy coalition. Based on a large and growing body of rigorous research, there are six elements that are characteristic of effective coalitions. Future installments in this series will provide tools to help practitioners assess, monitor, and implement these elements to enhance their coalition work.

As shown in the figure below, the six elements that support an effective coalition are:

Goal-Directedness

Efficiency

Opportunities for Participation

Cohesion

Diverse Stakeholders

New Skills

These six elements work together to support a coalition's capacity to achieve desired outcomes in a community, including changes in community members' attitudes, knowledge, and skills; community policies and practices; allocation of resources; inter-organizational relationships; community norms and values. Collectively, these outcomes may be characterized as **systems transformation.**
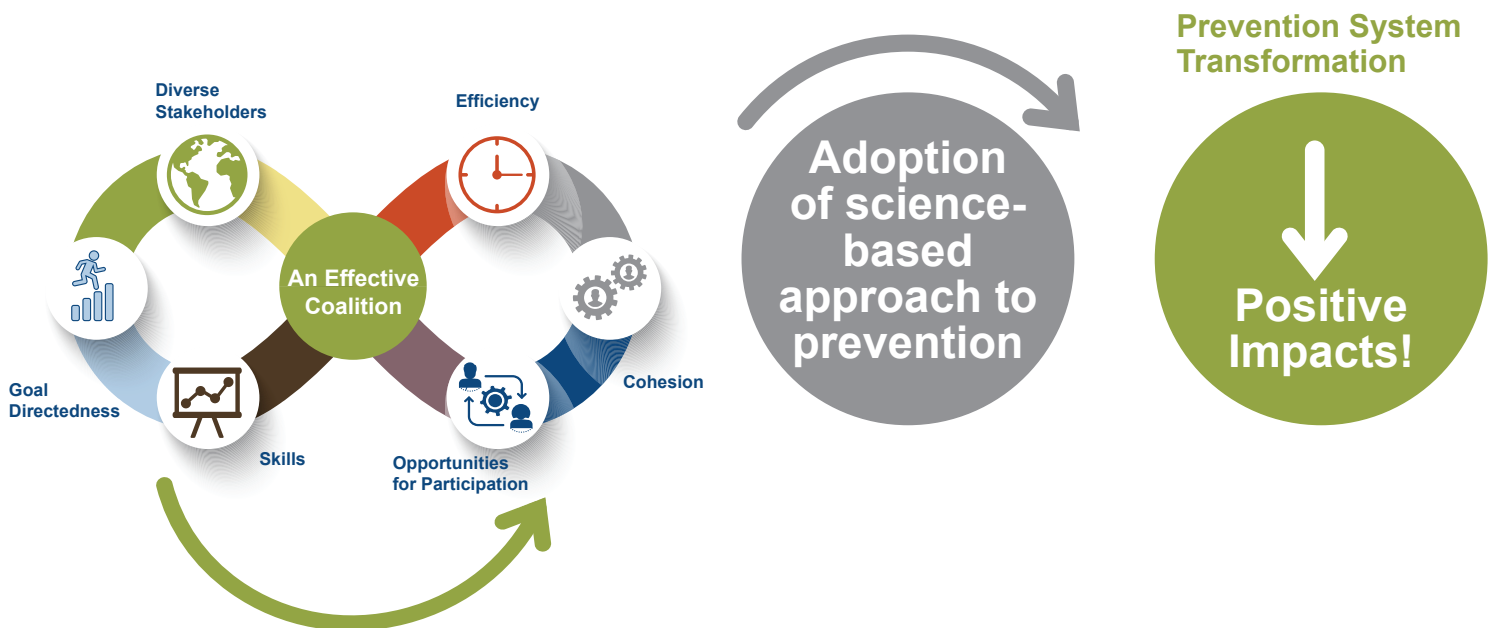
Goal-Directedness

What it is: Coalitions are not formed just for the sake of bringing people together. They are intended as vehicles for members and stakeholders to achieve a common goal or shared vision. Remaining focused on achieving this goal, or maintaining **goal-directedness**, will help the coalition deliver high-quality program implementation.[1] To work towards the coalition's overall goal there may be short-term goals that need to be met along the way.[2] Coalition members should have their goals realistic and action-oriented.[2,3]

Why it's important:
 Goal-directedness is important because it is easy to be side-tracked by smaller issues or pet projects that surround the coalition's central goals, thus making task-focus a critical element in achieving goals.[1,2]

The Science behind Goal Directedness

• Brown LD, Feinberg ME, Greenberg MT. Measuring Coalition Functioning: Refining Constructs Through Factor Analysis. Heal Educ Behav. 2012;39(4):486-497. doi:10.1177/1090198111419655

• Foster-Fisherman PG, Berkowitz SL, Lounsbury DW, Jacobson S, Allen NA. Building Collaborative Capacity in Community Coalitions: A Review and Integrative Framework. Am J Community Psychol. 2001;29(2):241-261.

• Spoth RL, Greenberg MT. Toward a Comprehensive Strategy for Effective Practitioner-Scientist Part-nerships and Larger-Scale Community Health and Well-Being. Am J Community Psychol. 2005;35(3-4):107-126.

Efficiency

What it is: Coalition efficiency refers to the work ethic and task focus of the coalition, and the coalition's ability to utilize its resources to deliver services in an well-organized and effective manner.[1,4]

Why it's important: People and organizations join or form coalitions to accomplish together what they cannot alone. Often coalitions are working with limited resources and require nimbleness to respond to a quick and changing timeline.

The Science behind Efficiency

• Center for Community Health and Development. Chapter 5. Choosing Strategies to Promote Community Health and Development | Section 5. Coalition Building I: Starting a Coalition | Main Section | Community Tool Box. https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main.

Opportunities for Participation

What it is: Opportunities for participation include encouraging members to take on a variety of formal positions or roles within the coalition that are tied to their expertise, abilities and interests.

Why it's important:
•   A coalition may be very successful at attracting membership, but if opportunities are not provided for members to contribute meaningfully, retention could become an issue.

• Opportunities for members to take on significant roles has been shown to create an empowering environment as well as increase the program's success.[5–8]

• Providing members with a variety of roles, not only supports the coalitions goal but also helps to build the skills and competencies of individual members.[5]

The Science behind Opportunities for Participation

• Maton KI, Salem DA. Organizational characteristics of empowering community settings: a multiple case study approach. Am J Community Psychol. 1995;23(5):631-656.
• Peterson NA, Zimmerman MA. Beyond the individual: Toward a nomological network of organizational empowerment. Am J Community Psychol. 2004;34(1-2):129-145.
• Powell KG, Gold SL, Peterson NA, Borys S, Hallcom D. Empowerment in Coalitions Targeting Underage Drinking: Differential Effects of Organizational Characteristics for Volunteers and Staff. J Soc Work Pract Addict. 2017;17(1-2):75-94. doi:10.1080/1533256X.2017.1304947
• Butterfoss FD, Goodman RM, Wandersman A. Community Coalitions for Prevention and Health Promotion: Factors Predicting Satisfaction, Participation, and Planning. Heal Educ Behav. 1996;23(1):65-79.
• Center for Community Health and Development. Chapter 5. Choosing Strategies to Promote Community Health and Development | Section 5. Coalition Building I: Starting a Coalition | Main Section | Community Tool Box.

Cohesion

What it is: Coalition cohesion can be seen at both the member-level and the organizational-level. Feelings of unity, group spirit, trust, and belonging are a few common features of a cohesive coalition.[1,9] Some also refer to cohesion as synergistic collaboration.[1,4] Cohesion among coalition members can be seen as strong interpersonal relationships, effective collaboration strategies, and increased commitment.[1]

Why it's important:
• Organizational cohesion leads to member satisfaction, commitment, and retention; implementation effectiveness; and the long term viability of the project.[2]
• A cohesive coalition has a positive work environment, where members have developed trust with each other and the ability to resolve conflicts. [2]

Resources to learn more about Cohesion

• Brown LD, Feinberg ME, Greenberg MT. Measuring Coalition Functioning: Refining Constructs Through Factor Analysis. Heal Educ Behav. 2012;39(4):486-497.
• Foster-Fishman PG, Berkowitz SL, Lounsbury DW, Jacobson S, Allen NA. Building Collaborative Capacity in Community Coalitions: A Review and Integrative Framework. Am J Community Psychol. 2001;29(2):241-261.
• Brown EC, Hawkins JD, Rhew IC, et al. Prevention System Mediation of Communities That Care Effects on Youth Outcomes. Prev Sci. 2014;15(5):623-632.
• Kegler MC, Steckler A, Mcleroy K, Malek SH. Factors That Contribute to Effective Community Health Promotion Coalitions: A Study of 10 Project ASSIST Coalitions in North Carolina. Heal Educ Behav. 1998;25(3):338-353.

Diverse Stakeholders

What it is: Coalitions that engage a diverse set of sectors in a prevention effort represent a broader group of stakeholders in the community.[10–13]

Why it's important:
• Involving stakeholders who represent targeted sectors is associated with more impactful planning and implementation of prevention strategies.
• Inclusion of diverse sectors promotes collaboration, builds stronger bridges to the target populations, pools resources and builds strategic influence.

Resources to learn more about Diverse Sectors

• Brown LD, Wells R, Jones EC, Chilenski SM. Effects of Sectoral Diversity on Community Coalition Processes and Outcomes. Prev Sci. 2017;18(5): 600-609. doi:10.1007/s11121-017-0796-y
• Shapiro VB, Oesterle S, Hawkins JD. Relating Coalition Capacity to the Adoption of Science-Based Prevention in Communities: Evidence from a Randomized Trial of Communities That Care. Am J Community Psychol. 2014;55(1-2). doi:10.1007/ s10464-014-9684-9
• Wandersman A, Goodman R. Understanding Coalitions and How They Operate: An "Open Systems" Organizational Perspective.; 1993.
• Kegler MC, Swan DW. Advancing coalition theory: the effect of coalition factors on community capacity mediated by member engagement. Health Educ Res. 2012;27(4):572-584. doi:10.1093/her/cyr083

New Skills

What it is: Having a variety of opportunities for trainings and technical assistance can help build upon and refresh staff and coalition members' skills.

Why it's important:
• As a coalition builds and enhances its functioning, acquisition and fostering of new knowledge and skills among its members can increase the effectiveness of the coalition in achieving outcomes.[14]
• Opportunities for skills building and technical assistance not only improves the coalition's impact but can also promote member retention and self-efficacey .[15]
• Greater coalition accountability can come from providing appropriate trainings and lead to solid implementation of prevention strategies.[16]

Resources to learn more about New Skills

• Feinberg ME, Jones D, Greenberg MT, Osgood DW, Bontempo D. Effects of the communities that care model in Pennsylvania on change in adolescent risk and problem behaviors. Prev Sci. 2010;11(2):163-171. doi:10.1007/s11121-009-0161-x
• Hunter SB, Chinman M, Ebener P, Imm P, Wandersman A, Ryan GW. Technical assistance as a prevention capacity-building tool: a demonstration using the getting to outcomes framework. Health Educ Behav. 2009;36(5):810-828. doi:10.1177/1090198108329999
• Brown LD, Feinberg ME, Shapiro VB, Greenberg MT. Reciprocal Relations between Coalition Functioning and the Provision of Implementation Support. Prev Sci. 2013;16(1):101-109. doi:10.1007/ s11121-013-0447-x

References

1. Brown LD, Feinberg ME, Greenberg MT. Measuring Coalition Functioning: Refining Constructs Through Factor Analysis. Heal Educ Behav. 2012;39(4):486-497. doi:10.1177/1090198111419655

2. Foster-Fisherman PG, Berkowitz SL, Lounsbury DW, Jacobson S, Allen NA. Building Collaborative Capacity in Community Coalitions: A Review and Integrative Framework. Am J Community Psychol. 2001;29(2):241-261.

3. Spoth RL, Greenberg MT. Toward a Comprehensive Strategy for Effective Practitioner-Scientist Partnerships and Larger-Scale Community Health and Well-Being. Am J Community Psychol. 2005;35(3-4):107-126.

4. Brown EC, Hawkins JD, Rhew IC, et al. Prevention System Mediation of Communities That Care Effects on Youth Outcomes. Prev Sci. 2014;15(5):623-632. doi:10.1007/s11121-013-0413-7

5. Maton KI, Salem DA. Organizational characteristics of empowering community settings: a multiple case study approach. Am J Community Psychol. 1995;23(5):631-656. http://www.ncbi.nlm.nih.gov/pubmed/8851343. Accessed September 13, 2019.

6. Peterson NA, Zimmerman MA. Beyond the individual: Toward a nomological network of organizational empowerment. Am J Community Psychol. 2004;34(1-2):129-145. doi:10.1023/B:AJCP.0000040151.77047.58

7. Butterfoss FD, Goodman RM, Wandersman A. Community Coalitions for Prevention and Health Promotion: Factors Predicting Satisfaction, Participation, and Planning. Heal Educ Behav. 1996;23(1):65-79.

8. Powell KG, Gold SL, Peterson NA, Borys S, Hallcom D. Empowerment in Coalitions Targeting Underage Drinking: Differential Effects of Organizational Characteristics for Volunteers and Staff. J Soc Work Pract Addict. 2017;17(1-2):75-94. doi:10.1080/1533256X.2017.1304947

9. Kegler MC, Steckler A, Mcleroy K, Malek SH. Factors That Contribute to Effective Community Health Promotion Coalitions: A Study of 10 Project ASSIST Coalitions in North Carolina. Heal Educ Behav. 1998;25(3):338-353.

10. Brown LD, Wells R, Jones EC, Chilenski SM. Effects of Sectoral Diversity on Community Coalition Processes and Outcomes. Prev Sci. 2017;18(5):600-609. doi:10.1007/s11121-017-0796-y

11. Shapiro VB, Oesterle S, Hawkins JD. Relating Coalition Capacity to the Adoption of Science-Based Prevention in Communities: Evidence from a Randomized Trial of Communities That Care. Am J Community Psychol. 2014;55(1-2). doi:10.1007/s10464-014-9684-9

12. Wandersman A, Goodman R. Understanding Coalitions and How They Operate: An "Open Systems" Organizational Perspective.; 1993.

13. Kegler MC, Swan DW. Advancing coalition theory: the effect of coalition factors on community capacity mediated by member engagement. Health Educ Res. 2012;27(4):572-584. doi:10.1093/her/cyr083

14. Feinberg ME, Jones D, Greenberg MT, Osgood DW, Bontempo D. Effects of the communities that care model in Pennsylvania on change in adolescent risk and problem behaviors. Prev Sci. 2010;11(2):163-171. doi:10.1007/s11121-009-0161-x

15. Hunter SB, Chinman M, Ebener P, Imm P, Wandersman A, Ryan GW. Technical assistance as a prevention capacity-building tool: a demonstration using the getting to outcomes framework. Health Educ Behav. 2009;36(5):810-828. doi:10.1177/1090198108329999

16. Brown LD, Feinberg ME, Shapiro VB, Greenberg MT. Reciprocal Relations between Coalition Functioning and the Provision of Implementation Support. Prev Sci. 2013;16(1):101-109. doi:10.1007/s11121-013-0447-x