Why It Is So Difficult To Form Effective Community Coalitions[1]

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Abstract

Reviews of large-scale community coalition evaluations suggest that most have not been successful either in involving a broad array of institutions or in meeting their outcome goals. Informed by the literature and by insights from fieldwork, a social-structural theoretical explanation is offered for this lack of success. To summarize: coalition structures and the concept of community are loosely defined; local structures attempt to cope with problems that have regional, state, national, and international roots; ethnic, class, and racial divisions lead to cooptation; the narrative of past failed interventions creates current problems; organizations with different sizes and institutional affiliations have problems in working together; and the presence of many organizations leads to confused decision-making processes. In addition, drug and alcohol prevention program funding is dwarfed by the funds of the alcohol and illegal drug industries. Recognizing these issues in advance and focusing interventions can help to alleviate the effects of these structural problems.

Keywords: Community Coalitions; Drug and Alcohol Abuse; Cooptation; Organizational Theory; Social Stratification

There has been an outpouring of literature recently on community coalitions that advocates their use and reviews their achievements (Wandersman and Florin 2003). Community coalitions are widely touted as the solution to a variety of social ills -- most prominently, health problems such as adolescent pregnancy, substance abuse, and tobacco use (Foster-Fishman, et al. 2001). Literature advocating community coalitions has not, however, been matched by research evidence documenting the success of coalitions. In fact, in the broadest and most systematic review of community coalitions, Berkowitz (2001) concludes that the evidence is, at best, weak and "inconclusive." As policy makers increasingly look to coalition programs as solutions to critical social and public health problems, it is important to understand how these interventions function. The present paper analyzes the rationale and offers a set of explanations for why the interventions seem not to work as policy makers hope.

The term "community coalition" refers to a wide spectrum of social initiatives and typically includes most of the following elements: an intervention intended to change or reform individuals and organizations, usually dealing with a social welfare, public health, or educational problem, by bringing together a number of organizations and other stakeholders and attempting to coordinate their actions through networking, cooperation and collaboration (Himmelman 2001). Generally, the community coalition concept also includes some notion of "grassroots"[3] empowerment and "community-wide-ness." In some instances, there may be a well-financed opposition – for example, drug dealers, tobacco companies, or liquor interests.

The widespread embracing of community coalitions as an approach to social problems stems from a number of related trends: a recognition by experts that many

disorders are not merely individual problems, but involve multiple ecological levels (Wandersman and Florin 2003); a nostalgia for communal problem solving exemplified by institutions of "generalized exchange" such as barn raising (Kadushin 1981); the false romanticization of small town *Gemeinschaft* as able to transcend local racial and class divisions and bring diverse constituents together for the common good (Wellman 1979; Foster-Fishman et al. 2001); the social capital literature, in which connections among organizations and individuals are seen as a critical resource (Kadushin 2004); the expansion of public health approaches to social problems (Meyer and Schwartz 2000); and last, but certainly not least, the attractiveness to policy makers of possible cost savings in service delivery (Smith 1994).

There have been some successful community coalition interventions; Wandersman and Florin (2003: 444) refer to at least ten, but they also note that "reviews and cross-site evaluations show a modest and mixed record; many interventions did not demonstrate results."[4] They also cite Kreuter, Lezin, and Young (2000), who "examined 68 published evaluations of coalition impacts on health status or systems change and found only 6 occasions of documented success" (Wandersman and Florin 2003). Berkowitz (2001) reviewed a number of studies, mainly in the health field but also in community development, and summarized this literature by stating,

> "[t]he reviews are rigorous, balanced, erudite, and impressive. But the findings themselves are inconclusive at best. While desired change does sometimes occur, overall the documented research evidence for positive coalition or partnership outcomes is weak, or, in stronger language, conspicuous by its rarity" (220).

Another review that takes a more positive view of "collaborative partnerships" nonetheless observes that "[w]eak outcomes, contradictory results, or null effects were found in the more methodologically rigorous studies" (Roussos and Fawcett 2000). A review of community interventions in the health field, including early attempts to reduce the incidence of cardiovascular diseases, also concludes that evidence of success is minimal (Tighe 2002).[5]

Why is the evidence for positive outcomes for coalitions or partnerships "conspicuous by its rarity"? One set of explanations focuses on the technology for involving communities and linking them with adequate technical and expert advice (Wandersman 2002; Wandersman and Florin 2003). The present analysis suggests a different set of reasons: most of the relatively few successful interventions either are focused on a narrow objective or involve a relatively well-integrated homogeneous community or a limited set of organizations or all of these. Our analysis suggests that a lack of consistent regard for the complexities of the social structure of communities is responsible for majority of the problematic interventions. Specifically:

1. Coalitions and their structures have been poorly defined;
2. Community, if defined at all, is left "fuzzy" and does not correspond to coherent political or social units, and at the local level it is rare to find structures that are able to cope with problems that have regional, state, national, and international roots;
3. Communities and coalitions in the United States are rife with ethnic, racial, and class divisions that complicate intervention efforts and lead to cooptation;

4. Communities have histories and narratives of past interventions; how these are remembered and interpreted affects current intervention efforts;
5. Since community interventions are organizational interventions, they tend to bring together organizations that have different organizational forms and habits which make working together extremely difficult;
6. As organizations of organizations, coalitions aspire to rationalize activity within a community, but actual outcomes are often determined by the accidental mixes of partners, ideas, and resources on hand at any given moment.

To illustrate some of these obstacles, the experience of the decade-long initiative supported by the Robert Wood Johnson Foundation, "*Fighting Back*" (*FB*), is instructive. *FB* brought together people and organizations in 14 locations throughout the United States in an effort to combat the perceived wide-spread abuse of alcohol and illegal drugs (AOD). *FB's* objective was to "reduce the demand for alcohol and other drugs" by developing a "single unified system of prevention and treatment" (Jellinek and Hearn 1991: 79). The intervention would not fund direct services; rather, it sought to improve the coordination of existing local responses to AOD problems as well as to inspire new energy and initiatives.[6] Unlike some health initiatives that aim directly to influence persons at risk, *FB* was, for the most part, an *organizational* intervention. Given varying local contexts, each site was expected to differ, but grantees were to mobilize community-wide organizational participation by organizing a "citizens' task force" that would include organizational representatives from across the community. In addition, there was a strong emphasis on involving ordinary citizens, "those most affected by the

problem." The *FB* initiative was later a model for a federal program and for subsequent national policy dealing with substance use.

Our evaluation of *FB* included an extensive field study to understand the processes involved in implementing the initiative, together with biannual telephone surveys conducted between 1995 and 1999 with almost 50,000 respondents in 12 intervention and 30 control sites to determine whether the initiative produced the desired effects on drug and alcohol use. The surveys had true response rates of close to 60% in the first two waves and close to 50% in the third wave (mirroring the general national decline in response rates). Importantly, the prevalence rates mirrored those of national personal interview surveys. The bottom line is that over three waves of data collection there were no significant differences in outcomes between intervention sites and control sites (for details see Ryan 1999; Kadushin et al. 2000; Lindholm 2001; Hallfors et al. 2002; Saxe et al. 2001; Beveridge et al. 2000). For the field study, seven intervention sites were studied in great detail (see detailed reports on fieldwork (Jones et al. 1997)). Interviews were also conducted and documents examined in another five sites.

This evaluation joins the relatively scarce published literature that reports non-findings. As Wandersman and Florin observe, "studies with non-significant results are usually put in the file drawer" (Wandersman and Florin 2003),[7] but such work is not devoid of useful lessons. The fieldwork, together with reports from other studies, is used here as a source of insights into the process of building complex coalitions in general rather than as proof of the efficacy of one strategy or another. In this paper we examine the theoretical issues involved in large-scale community coalitions that involve multiple players from multiple institutional sectors and that attempt to include considerable local

resident involvement. Although some of our discussion may also be applicable to other, more narrowly focused coalitions, they are not our main focus.

We have outlined a list of six structural obstacles and one technical or scientific one. We cannot sort out which of these obstacles is more important than the others. As in most social and psychological situations, outcomes are over-determined and are the product of multiple, intertwined forces. We will address each of these obstacles in turn.

WHAT IS A COALITION?

The first problem is that the "coalition" in community coalitions has strayed far beyond conventional definitions.[8] These extensions introduce a number of challenges to the utility of coalitions as a strategy for addressing social problems.

A coalition is defined in economics and political science as joint action among two or more parties to achieve a common goal (Riker 1962; Shubik 1982), or alliances that are temporary and fluid, dissolving or changing as goals or members' self-interest is re-defined (Caplow 1964; Gamson 1968). Theorists have studied how rational actors should form coalitions and how actual actors do, the expected composition of coalitions, the stability of coalitions, and the factors affecting coalition results (Hinckley 1979). The empirical referents of "coalition" in this sense include citizen groups uniting to elect a candidate (e.g., Sonnenschein 2004), legislators cooperating to pass legislation (Riker 1962), alignments of voting blocs in a population (e.g., Bendyna, et al. 2001), or countries aligning behind a cause (e.g., Dibb 2002). Such coalitions are seen as how things get done in politics, and these may well be the kinds of coalitions legislators, policy makers, and activists have in mind when advocating coalitions as strategies for

solving social problems like substance abuse. (Congress of the United States of America 97; Community Anti-Drug Coalitions of America 2001)

In the field of community interventions, the term coalition is used more broadly, as "[a]n organization of individuals representing diverse organizations, factions, or constituencies who agree to work together in order to achieve a common goal" (Chavis 1995). Three differences from the previous definition are noteworthy: community coalitions are thought of as entities in their own right, often with budget, a staff, and even a (nonprofit) corporate charter; membership is often defined quite generally rather than focussed on a minimal "winning" set of players; "common goal" is often expanded to include abstract social ills rather than more concrete and limited objectives.

Rather than being temporary alignments, "contemporary coalitions are formal, multipurpose, and long-term alliances" (Chavis 1995), often becoming free-standing organizations. The community-wide goal of *FB*, for example, suggested an ongoing "blue ribbon panel" entity that would coordinate the work of dozens, or even hundreds, of diverse agencies and organizations. Most of these were at best leery of being "coordinated," and at worst suspicious of the coalition as a new organizational player which would compete with them for community resources and upset the status quo.

Community coalitions also differ from conventional coalitions by their focus on being community-wide and maximizing participation. Classic coalition studies focus on the minimal set of actors needed to accomplish a goal (Riker 1962, Hinckley 1979) on the assumption that it is rational to minimize the cost of building the coalition and the number of parties among whom the results must be divided. Membership in conventional coalitions is based on self-interest, whereas in community coalitions it is often expected

to be motivated by something akin to good organizational citizenship or a very general sense of "what everyone wants." The mandate to include everyone bifurcates the coalition's goal: is success defined in terms of achieving an outcome or enrolling the greatest number of partners? The *FB* rhetoric suggested that the latter is a path to the former, but, as we suggest below, the opposite may be the case.

The expansion from limited and concrete goals to general and abstract ones is also a problem. Abstract common goals are not easy to operationalize, and, if one works at the (inherently pluralistic) community level, coalitions struggle to manage divergent interpretations of abstract goals among the coalition members. Even if a social ill is perceived as a common adversary, individuals and organizations with different ideologies, professional perspectives, or self-interests will differ on how to address the problem. In *FB's* Vallejo site, for example, Twelve Step program adherents involved with *FB* opposed proponents of methadone treatment because, in their view, this clinical intervention legitimated the underlying problem, addictive behavior, merely substituting a legally prescribed drug for an illicit one (Lindholm 2001).

Each of these extensions and amplifications of "coalition" raises the bar for collaboration and cooperation in the face of a common enemy. Large, ongoing coalitions may develop concrete goals, but to the extent they cease to be primarily narrowly focused temporary alliances based on self-interest, they risk becoming ineffective. Thus, the mis-specification of "coalition" has contributed to unfulfilled promises that there would be reductions in both substance abuse and use, and that treatment as well as prevention would be rationalized and improved if only "everyone could work together."

WHAT IS A COMMUNITY?

A second obstacle or problem for community coalitions is the "definition" of community. Community, if defined at all, is a fuzzy entity that often does not represent coherent political or social units and is treated as simplistically ahistorical. It is difficult to design and implement an effective intervention if the object of the intervention is conceptually unclear, and "community" is even more difficult to pin down than "coalition."

For the purpose of social intervention, "community" implies an integrated entity – say, the population and physical environment of a geographically delineated area – that acts, is acted upon, and serves as the arena for the intervention. The term "community," however, has a plethora of meanings, definitions, and referents. Psychologists define community loosely as "people in their environment" (Riger 2001), meaning people in their natural settings. Sociologists usually distinguish between a "site," a geographic area defined by a system of mapping coordinates, and a "community," which has a coherent set of activities that bind it together as well as some recognition both within and outside its boundaries that the unit is indeed a community (Driskell and Lyon 2002).[9] Political boundaries, for example, such as those of a municipality, in this sense demarcate a "community," because a municipality engages in a defined set of activities, people know that they live in city "X," and people in other spaces recognize city "X."[10] Some sociologists have made density of interaction a defining criterion for community (Kuo et al. 1998), though density can become blurred at the edges, especially in modern cities.

In actual community coalitions the term has been used to refer to all manner of geographically and politically bounded regions, many of which are not actual communities by the definitions cited here. Is a zip code a community? Typically not,

although it is often used as a surrogate. Health, police, and school districts are politically defined entities that in most localities do not completely overlap, entities one would often be hard pressed to call communities. Neighborhoods, too, may or may not function as communities. Residents of the same nominal neighborhood may give different names for their neighborhood or may not know any name at all or have quite different notions as to what are its boundaries (Coulton et al. 2001).

In order to maximize the impact of Foundation resources *FB*'s designers limited sites to a population of 100,000-150,000, and so parts of cities were designated as "communities" for the purposes of the program. It was not always clear, however, that the funded sites constituted actual communities. The lines were drawn to meet Foundation requirements, rather than to maximize internal cohesion or political leverage. In fact, lack of unity is sometimes offered to document the need for programs like FB, illustrating the paradox that community coalition programs are often attempts to create community where it does not exist or where it exists in ways not understood by the interveners (Lindholm 2001: 12). This process of community creation is a tremendous undertaking, more so since it is unrecognized and coalition projects proceed on the assumption that a community already exists.

The individuals, groups, and organizations that make up a community are not only acted upon by a social intervention, they are also the actors who carry it out and the arena in which it takes place. Depending on the nature of the intervention, these entities must cooperate in various ways to achieve the interveners' goals. These individuals, groups, and organizations differ in interests, beliefs, and goals, making collaboration difficult. Moreover, relationships among them may be more or less diffuse, cohesive, or conflicted

based on past interactions and the meanings those interactions have had for the various parties (Ryan, 1999). A social intervention in a local community needs to take into account preexisting social organization even as it proceeds to alter it, and in turn, to be altered by it.

Groups or leaders within a site may vie with one another in claiming that they alone are the true representatives of "the community." Interventions typically animate or engage these claimants to community leadership, beginning as early as the local reception of a grant announcement. In multi-ethnic communities, interventions that reach out to "the community" find themselves caught in inter-ethnic competition. In Vallejo, for example, FB had to steer a very carefully around local perceptions of Filipino "haves" and African American "have-nots." In this sense, social interventions that seek to be in and of the community are always an intervention into local history and social structure. For better or worse (often both), it becomes a part of the process of constructing community and of the ongoing history of local relationships (Suttles 1972: 46,81).

These problems of "community-ness" in program sites give rise to tradeoffs between manageability and the effectiveness of coalitions. As the focus of the interventions community is narrowed – whether to meet funder mandates or to make local politics more manageable – "communities" are less likely to represent recognized political or social units. At the same time, the problems facing local communities increasingly have regional, state, and even international roots. At these levels, political effectiveness often depends on being associated with a recognized political entity.

Especially in the field of drug and alcohol prevention, where government intervention is both a reality and a requirement, coalitions that do not include a

recognized political jurisdiction operate at a severe handicap. For some legal purposes, such as declaring some substances to be illegal and preventing them from entering the United States, the entire nation is the relevant "community." In other situations, the state sets policy and/or controls the purse strings. This puts locally based initiatives at a serious disadvantage unless they build influential relationships with decision makers at higher jurisdictional levels.

San Antonio *Fighting Back* provides an example: for years the initiative lobbied for more public drug treatment facilities. Only if one were jailed was there any possibility of securing such treatment, and even then facilities were scarce. The coalition was on the verge of success, but events at the state level prompted a moratorium on state funding (Lindholm 2001). In Little Rock, on the other hand, a citywide neighborhood federation took on city hall over charter reform and prevailed in having tax revenue be set aside for AOD programs.

In sum, the fuzziness of the concept of community, as well as the internal and external political realities of American municipalities, make intervention into their "communities" problematic: it is not clear what the object of the intervention is, where it is located, who might be involved, how the intervention is to affect the object, and how the intervention itself might be affected by local forces, even as it attempts to reconstruct that object.

ETHNIC, RACE, AND CLASS DIVISIONS

Third, although a major aim of community coalitions is to bring together organizations of differing power and scope to address common problems, almost all community coalitions are riven by vertical cleavages along ethnic, racial, and class

lines.[11] Differences in power typically are either ignored or minimized in the initial call for "everyone to come to the table," but eventually become part of every coalition's narrative. Serious and disabling conflicts along these vertical dimensions were found in at least 10 of the 12 *FB* sites (Lindholm 2001; Jones et al. 1997).

Even when participants had the best of intentions, power differences between organizations created serious problems. *FB* believed that municipal entities such as schools, the police department, the mayor's office, and public health agencies needed to join with less institutionalized and less powerful organizations such as block associations, local churches, neighborhood improvement and citizen action programs. These often strange bedfellows were, in turn, to work closely with traditional "establishment" organizations such as the United Way and non-profit hospitals. Planners also hoped that powerful economic organizations, such as corporations and unions, would join in, but in most sites even the merely symbolic participation of such organizations was difficult to enlist. In cities with white ethnic majorities, the vertical cleavages between the traditional, official, and powerful organizations on the one hand and the so-called "grassroots" on the other coincided with the cleavages between white ethnic majorities and Black and Latino minorities, echoing conflicts dating back at least to the anti-poverty programs of the 60's and 70's (Jones et al. 1997).

Vertical cleavages were manifest in *FB* coalitions in at least four ways: representation in decision making; staff composition; distribution of grants, contracts, and other resources; and program content. In different sites conflicts over these issues led to different results, but they appeared in every site.

Who was in charge and how *FB* was staffed was a sensitive issue in most sites. Representatives of less powerful organizations felt that *FB* was dominated by traditional decision makers who did not adequately represent "the community." Since the more traditional and powerful organizations in multiracial sites tended to have few minorities in professional positions, while ethnic minorities staffed many of the less powerful organizations in the targeted neighborhoods, this organizational divide mirrored racial divides in most sites. Most of the site narratives include at least one incident in which these issues come to a head and led to substantial changes in the program. In San Antonio, the one site that seemed to resolve this issue, African American neighborhood organizations successfully negotiated for majority representation on the board, a change in the executive director, relocation of the office to the neighborhood, and several staff positions to be filled by persons of color from the target neighborhood. In several sites (Milwaukee, Worcester, Columbia, New Haven), the issue resulted in the hiring of an African American executive director, but often the response was token representation on staff and committees.

Distribution of resources was another source of conflict. *FB* brought many organizations of different types "to the table" during a planning phase that lasted up to two years. More powerful players, who knew their presence was necessary, sometimes threatened to withdraw unless they received a lion's share of the resources. In New Haven, for example, the school system held out at the last minute before the proposal was submitted and won significant changes in the plan so that a large proportion of FB's budget would pay for its after-school programs as FB's "youth component" (Ryan 1999). In many sites, civic groups and neighborhood organizations were impatient, asserting that

the problems as well as solutions were obvious, and that funds should be spent on programs rather than planning. Further, when it actually came time to distribute funds, such organizations were frequently passed over because they lacked non-profit status or did not have the kind of accounting and fiduciary oversight that the more established organizations thought necessary. In several sites (New Haven, Milwaukee, Little Rock) this "obstacle" was skirted with mini-grant programs that required far less accounting than formal sub-contracting. Grants were typically small amounts, often for one-time events, rather than ongoing programs. Still, there were cases in which well-meaning residents or groups could not handle even the minimal paper work and were, rightly or wrongly, accused of malfeasance. Eventually this led the Foundation to discourage such programs, even though their avowed goal had been to increase community involvement.

Neighborhood-based groups also disagreed with larger agencies over program content. Their leadership in many sites emphasized "empowerment" – development of general neighborhood political efficacy – which often was not directly related to prevention and treatment, or were more interested in general neighborhood improvement and economic development than in reducing the consumption of alcohol and drugs. The *FB* epidemiological survey showed that visible drug sales were more frequent in disadvantaged neighborhoods, whereas drug usage was more evenly spread (Saxe et al. 2001). Not surprisingly, neighborhood groups were more interested in routing out drug dealers and "crack houses" and in "taking back the neighborhood" than they were in treatment and prevention activities. And, since minority neighborhoods had more young children and youth than middle class neighborhoods (Lindholm 2001), conflict over

content arose when general programs for children and youth were preferred over those that emphasized drug prevention.

Coalitions composed of organizations with different degrees and bases of power sooner or later face the question of how to resolve such differences. At one extreme, they can be ignored, and denial is sometimes a successful, if temporary, strategy. An out-and-out battle, on the other hand, can destroy a coalition. But there are responses between these extremes. In a successful coalition, for example, potentially conflicting leaders or divergent policy alternatives can be absorbed into its structure "as a means of averting threats to its stability or existence" (Selznick 1949: 13). Selznick named this process of adapting to differences in power and interest "cooptation." While cooptation has entered the political organizing lexicon as a pejorative, more neutrally understood (and in keeping with Selznick), it describes a process of adaptation in which the parties may not even realize that they have adapted to one another – often, admittedly, by the stronger party incorporating elements of weaker ones. Cooptation, formal or informal, is a common response to the vertical cleavages in a community.

Formal cooptation openly brings into the leadership or the coalition "elements which in some way reflect the sentiment or possess the confidence of the relevant public or mass" (Selznick 1949: 13), thus lending legitimacy to the coalition and bridging differences in power or interest. In addition, formal cooptation of community elements helps a leadership structure or a coalition reach clients or citizens.

Informal cooptation occurs when players have resources needed by the coalition or its leadership and are in a position to block its goals unless their interests are met. This kind of cooptation, however, "[w]ill necessarily shape the modes of action available to

the group which has won adaptation at the price of commitment to outside elements" (Selznick 1949: 16). This can occur as either a cynical or idealistic compromise. In both cases, the goals of the more powerful organization can change in unanticipated ways.[12] The result is not necessarily unproductive, but in *FB* intervention sites, for example, it often meant reduced focus on the funder's central concern, drug and alcohol prevention.

Cooptation in community organizing or coalition-making sometimes involves attempts to coopt the barely existent. There is a tendency to reify local aggregations as forming true organizations or to see "organizations" in a community when in fact there are only bits and pieces of organization. Fieldwork may uncover a leader of an activist organization that has a letterhead, but no longer any membership, a block association that cannot be located, or "community resource inventories" full of defunct or inactive organizations. The coalition needs "the community," but can have a hard time finding "it." Sets of individuals with common interests or modes of behavior may, on occasion, organize themselves as a group and claim to be "the community," even though their group or organization does not correspond to the entire community. Many neighborhood-level, issue-oriented "organizations" observed in connection with *FB* actually consisted of one or two activists who managed, from time to time, to mobilize a few neighbors who remained active only until the apparent crisis or opportunity of the moment receded. These would-be organizations and their apparent leaders were often courted by coalition builders, who attempted to coopt them in the hope of bringing "the community" on board.

In other cases, community groups were more proactive; aware that FB needed at least their symbolic participation, they threatened to withhold it to steer the direction of the program. In New Haven, Newark, and San Antonio small groups of local leaders

wrote letters to the Foundation saying, in effect, “those who applied are not THE community.” In Worcester a group walked out of a meeting during an RWJF site visit and in Kansas City a group essentially boycotted the program during the planning phase. These actions produced mixed results: in New Haven and Newark committee memberships were offered; in Worcester and San Antonio changes in project leadership; in Kansas City an African American community organization gained complete control of the FB initiative (Lindholm et al. 2004).

This suggests a distinction that must be made between the leaders within a community and the population that is the target of their recruitment and mobilization. McCarthy and Zald (McCarthy and Zald 1977) label as “issue entrepreneurs” those who receive career benefits from their participation in movement organizations (1215). They call other players “adherents” (those believing in the goals of the group), “constituents” (those providing support for the goals), the “by-standing public,” the “audience,” and “potential beneficiaries” (1221). Leaders – the issue entrepreneurs – can be coopted as described above along with their adherents and constituents. But cooptation may also involve the demographic groups that are the potential beneficiaries of community action. A recurrent complaint, in San Antonio and elsewhere (Lindholm 2001), was that community coalitions applying for grants exploit their demography – citing poverty levels or other characteristics deemed in need of improvement – to demonstrate the need for funds. When the funds arrive, however, the coalition organizers use them for other purposes and tend to forget the potential beneficiaries, effectively "coopting" their demographics.

Every community coalition has the potential for cooptation, either formal or informal. In some cases in the *FB* initiative, the funder was coopted by the "community": the Foundation's goals of fighting alcohol and drugs were used to aid in economic development and neighborhood improvement or to aid existing service and treatment organizations rather than to coordinate services and treatment. In other situations, the Foundation enlisted local organizations to focus attention on alcohol and drugs even though these were not the primary purposes of those organizations. Who coopted whom varied among projects and issues. In most communities the result was not a straightforward adoption of the Foundation's version of anti-AOD strategies and tactics and it was far from clear who had "won."[13] The net result was often incomplete implementation of tactics and strategies such that the Foundation's goal of AOD demand reduction was not met (Hallfors et al. 2002). The Foundation's control of funding was not enough to insure compliance with its objectives because it was as committed to working with local organizations (whose agendas did not necessarily match the Foundation's) as it was to its own program.

THE EFFECTS OF PAST NARRATIVES

A fourth point is that communities have histories that include narratives of past interventions, and these narratives affect current intervention efforts. There is a long tradition in the U.S. of community organizing to solve urban problems,[14] and sites like New Haven and Newark were cities with a rich history of community action programs dating from the early 1960's. Other *FB* sites, too, had significant historical experience with community organizing efforts. Paradoxically, it appears that history was often as

much an impediment as a resource. The organizational residue of previous coalitions have strong effects on the way contemporary coalitions play out.

Ryan's paradox (1999) is that, in general, the more experience a community has with organizing – that is, the more "social capital," the harder it may be to achieve an effective working coalition. Although social capital has a variety of meanings, here we refer to those collective human resources that are made available through personal and institutional networks in a community (Lin 2001; Kadushin 2004). New programs can take advantage of the past by recruiting individuals rich with experience in former community organizations, but these "old hands" may also carry a history of resentment, unpaid debts, and sometimes enmity, as well as dysfunctional organizational forms rooted in previous rounds of organizing. In New Haven, Ryan noted, "[t]he new initiative had to steer its way among broken promises, standard operating procedures, real estate commitments, budget precedents, alliances to be honored, and scores to be settled. The community of organizations was the antithesis of an historical vacuum …[full of] obstacles and traps" (1999: 105).

Old programs go away, but they do not disappear without a trace. On the contrary, fragments of social organization erected by old programs accumulate as "organizational debris," turning urban communities into what Ryan called "organizational junkyards" (1999). In these junkyards are retired leaders and alliances that outlived their funding, each awaiting a new purpose or the next grant. Patronage systems and unpaid political debts await reactivation with new funds. Organizational debris also includes rules, regulations, and practices, and even ways of conceptualizing such things as neighborhood boundaries, that were developed for prior circumstances, but that may be dubious

precedents for current realities. An organization may have run out of money and have nominally disbanded, but its organizational forms and history, its values and moral baggage, not to mention its stationery, by-laws, and constituent expectations, remain as a residue. When the new resources appear, old programs, ideas, and pet projects that never got off the ground can be resuscitated, along with their past advocates, vastly complicating the work of the new coalition. A wealth of community experience can look like an embarrassment of riches, but in New Haven as well as Little Rock and Kansas City, a history of failed community initiatives produced cynicism and a foundation of resistance to what *FB* was trying to do.

To be sure, remnants of past organizations can be positively exploited, as, for example, in New Haven where personal relationships developed in a previous initiative led to an excellent working relationship between the police department and *FB* (Ryan 1999), but fieldwork suggests this was a notable exception. All new projects are built on existing social capital, but its negative face – old habits, ideas, debts, and loyalties to moribund organizations whose goals may be irrelevant, or even contrary, to those of the new coalition – often outweigh the positive. In two sites, Washington D.C. and Columbia, S.C., this was carried to the extreme when existing organizations veritably absorbed FB on arrival, providing no opportunity at all for a new organization to emerge (Still et al. 1998).

Moreover, FB itself contributes to the accumulation of organizational junk. For the most part it is too early to observe, but even before the program was over, fieldworkers heard in San Antonio and New Haven talk of "doing it the FB way" in the context of new programs just getting underway as FB wound down.

The more often a community has "been through this all before," as it tells itself, the more challenging it can be to form new coalitions. Communities with rich histories of programs similar to *Fighting Back* become junkyards full of organizational roadblocks to new coalitions.

BRINGING EVERYONE TOGETHER

Fifth, since community interventions are organizational interventions, they are subject to the well-known problems that arise when organizations with divergent characteristics attempt to work together. In 1970, Litwak and Rothman detailed the challenges that social welfare organizations faced when, either recognizing complementary functions or overlapping jurisdictions or simply responding to a funding mandate, they attempted to work together (Litwak and Rothman 1970). They showed how interfaces between organizations with different missions, size, or organizational structures could be problematic. This is a continuing challenge because of the apparently natural inclination of rational observers to ask social welfare and health organizations that have similar missions or clientele to work together to reduce duplication and gaps. But as Litwak and Rothman observed, and as we have found in the case of attempts to form community AOD coalitions, things are not so simple and obvious. This "organizational interface conundrum" was a common issue in all the *FB* sites (Jones et al. 1997; Ryan 1999; Lindholm 2001).

Differences in organizational size are often accompanied by inequalities in power, organizational tools – telephones, fax machines, secretaries – and of course money. Large organizations often find small ones hard to reach, locate, and schedule meetings with. Phone calls are not returned because there is no one to return them. Letters go

unanswered because there is no staff to answer them or no computer on which to write them. Smaller organizations, with little to offer except access to “the street,” may be seen by larger, more professional entities as dangerously improvisational and clerically incompetent, while the former see the latter as needlessly obstructionist and bureaucratic. Smaller organizations may find themselves working with different staff members from larger counterparts on different occasions and thus find it difficult to establish the personal relationships that are the currency of community. These differences are obvious, but no less difficult to overcome as they allow the very act of “working together” to produce constant irritation (Ryan, 1999).

Even organizations of the same size may have different operating styles that make interaction difficult or impossible. In New Haven, for example, relations were never easy between a large university-related organization full of grant writers and academics working in somewhat disorganized quarters and a superficially slick, corporate-like municipal organization staffed by often unambitious patronage employees and lifetime civil servants (Ryan 1999).

Organizations in different institutional domains may have quite different styles of ”working together.” Political entities, for example, speak each other’s language, medical organizations know how to deal with other medical systems because they do it all the time, and neighborhood organizations may be comfortable with extremely informal relations. But, in the New Haven case Ryan studied, collaboration across these realms led to constant friction. Private-sector organizations seemed to have endemic difficulties in joining or staying with coalitions whose membership consisted largely of non-profits and community-based organizations. Goals, styles, and values were different, and these

differences were frequently interpreted as unwillingness to work together or lack of commitment to the overarching goal. A de facto solution is often vacillating participation or a division of labor that keeps entities segregated by style. In San Antonio, for example, as community groups came into the organization, agencies withdrew, while in New Haven, neighborhood representatives gravitated toward the "prevention committee" and agency representatives toward the "treatment committee."

Finally, the mode of the "together" in "bring everyone together" can generate its own problems. Organizational relationships can be divided into three types: competitive, mandated cooperative, and contingent cooperative (Laumann, Galaskiewicz, and Marsden 1978). Competitive relations are those typical of the economic sector. In mandated cooperation, non-competitive relations are coordinated by some central authority in the public interest because cooperation is not expected to emerge voluntarily. National health systems and the public school system fall into this category. In contingent cooperation, agencies are independent, but they voluntarily work together to contribute to the public good. Community coalitions, in theory, fall into this last category, but participation is not exactly voluntary since foundations and legislatures usually mandate who must be involved. This can lead to tensions both within the coalition, as organizations bristle at "being coordinated," and between the coalition and the funder that specified who must be coordinated (Jones et al. 1997).

Whether contingent or mandated, cooperative relations may be an unnatural act for some coalition members. For better or worse, many organizations in the American health system operate competitively: private practitioners compete with clinics, and hospitals compete with one another; in the alcohol and drug field, prevention experts

compete, for both funds and authority, with treatment agencies. In the *FB* sites, the local housing authority, schools, police, and other organizations typically competed with *FB* to organize prevention activities. Even within FB, partners were in *de facto* competition with one another for a slice of the grant pie or symbolic legitimacy. In Vallejo, for example, advocates of prevention and aftercare fought over whose work was most urgent: aftercare helped break the cycle of relapse; prevention kept it from starting. They were in the same side in the "drug war," but at odds within FB. Whatever the generic merits of competition versus cooperation, a goal of community coalitions, as now conceived, is to achieve contingent cooperation, but some potential members are accustomed to operating in a competitive environment, and they generally continue with their usual styles of coordination. Participants in coalitions, expecting problems rooted in past and ongoing competitive relations, often try to limit participation to avoid conflict, but mandates to bring "everyone" to the table create a double bind because excluding partners based on "local wisdom" can cause trouble with funding agencies.

RATIONAL VERSUS RATIONALIZED DECISION-MAKING

Sixth, we noted that the structure of community coalitions often leads to non-rational decision-making by the coalition. In large measure, community coalitions are organizations of *organizations* rather than individuals. As such, the social science literature about organizational decision-making is crucial to understanding how coalitions work. Although organizations are conventionally thought of as the epitome of rational decision making, March and colleagues have developed a provocative theory of organizations which describes the process in terms of a "garbage can": problems, solutions, and decision opportunities are all dumped in, well mixed, and when an

occasion for a decision arrives, a problem is joined to a solution, but the linkage is a matter of the luck of the draw (March, Simon, and Guetzkow 1993). Organizations almost always have plans that seem rational, and logic models that demonstrate apparent linkages between programs and outcomes, but, they argue, the semblance of logic is often after the fact.

March and colleagues hypothesize that the garbage can model holds for most organizations most of the time. The point is not that organizations are not self-interestedly rational; to be sure, coalitions are bedeviled by the fact that members do act (selfishly) rational rather than cooperatively. Rather, the point is that the capacity of organizations to survey their environment, to be clear about their goals, to evaluate alternative courses of action, and to assess the outcomes of their actions is, at best, limited. If this is true of individual organizations, it is even more so for a loose organization of organizations. It follows that the more organizations are involved in any decision-making occasion, the more unpredictable the outcomes are likely to become.

The following only partly apocryphal tale illustrates this process. An organizational coalition member has a solution – say, a public information campaign – derived from its recently defunded work with a particular resource, in this case an advertising agency, on a blood donation campaign. Another organization has a problem: its funder wants to see that the community is committed to combating AOD. A decision opportunity arises when a foundation announces that funds are available to work on drug abuse prevention. The solution finds the problem and the coalition mounts an anti-drug advertising campaign. Fortunately, there are indeed some logic models that suggest that changes in attitudes prompt changes in behavior and that awareness campaigns can

prompt changes in attitudes. The coalition seizes on these models, and then rationalizes the decision on the grounds that public information campaigns are a proven tactic for drug prevention programs.[15]

Bringing as many organizations from as many different sectors as possible "to the table" is important for building widespread public support for anti-alcohol and drug use coalitions, but this strategy runs afoul of the garbage can dilemma. Each organization brings with it goals, ways of problem solving, decision making imperatives, and idiosyncratic solutions, all of which may be somewhat random and determined by the luck of the draw from its own garbage can. As a result, even with a "logic model," it is very difficult to reach a consensus, let alone produce rational decisions leading to effective courses of action.

During the two (or more) year planning phase every *FB* site suffered from the problems engendered by trying to maximize the number of parties "at the table." The resulting confusion, delay, and conflict are detailed in Ryan's (1999) and Lindholm's (2001) case studies. Eventually, the *FB* National Program Office had to intervene, but this just added another perspective to the mix. Even as many organizations withdrew, most sites were left with programs full of sometimes arbitrary issues and agendas barely related to the initial goal of action against alcohol and drug abuse. Such chaos is one inevitable result of bringing "everyone" to the table: the more organizations, the murkier (Ryan 2004).

IMPLICATIONS

Large-scale community coalitions are generally found by careful studies to have limited or no effects. Some of the problems are with the general technology of combining

technical assistance with community input. But others stem from basic social-structural problems that we have argued are often neither recognized nor dealt with. Using our experiences with *Fighting Back* as illustrative, we found seven structural problems. First, extensions and amplifications of the term "coalition" beyond its conventional definition to mean large-scale, on-going entities that attempt to bring everyone to the table to address abstract problems undermine the likelihood of success. Second, "community" is a vague concept referring at once to locations, entities, sentiments, and concrete relations. Community may be hard to locate as the site of interventions and difficult to identify as participants, even as interventions are charged with creating or nurturing community. Even with a sense of community, when community boundaries do not coincide with political boundaries, government assistance, when needed, can be hard to muster. Third, locations said to be communities are often riven by difficult-to-bridge ethnic and class divisions with a long history. Outsiders, such as a foundation or a government program, find themselves siding with one group or another while attempting to coopt them to the goals of the program. In the end, it is often hard to determine who coopts whom, but one result is clear: programs are watered down or become something other than what was intended. Fourth, interventions face not the imagined *tabula rasa* of an organizational desert, but a fragmented complex of current organizations and leaders as well as a "junkyard" of defunct organizations and past leaders, each with unrequited claims. This leads to the paradox that the more experience a "community" has in trying to solve social problems, the greater the number of enmities and the stronger the sense of past failures, both of which augur poorly for future successes. Fifth, large-scale community coalitions inevitably bring together strange bedfellows – organizations of different sizes, from

different sectors, with different kinds of personnel – who not only find it difficult to work together, but who are often used to competing rather than cooperating. Sixth, because of the "garbage can" way that most coalitions make their decisions – matching unrelated problems and solutions almost at random – a further paradox is that the more voices and organizations are brought to the table, the less likely a coherent program is to emerge. Finally, and this is the proper subject for another paper, current technologies for community intervention do not address these complexities and therefore tend not to be readily useful.

The implications of this analysis are straightforward. Coalitions work best when their goals are focused and concrete. The celebration of system-wide cooperation and the unqualified pursuit of eliminating gaps, duplication, overlaps, and competition should be treated skeptically. Supporters of coalition approaches should recognize that building coalitions requires a complex social technology that is not well understood. The concept of community must be understood in practical rather than hortatory terms. And, finally, we need to keep an eye on the relationship between the appeal of advocating coalitions as a strategy and the research that documents the strategy's successes and failures. What follows is a very brief attempt to discuss some elements that might inform a development of better intervention technologies.

Concrete goals and focused participation

Perhaps the most important of these cautionary principles is focus. "Maximum feasible participation" and "bringing everyone to the table" on the basis of abstract common enemies such as "poverty" or "drugs" are politically attractive, but may, in fact, be counter-productive. Although broad public support is important, as the successful

campaign for “designated driver” shows, it is a mistake to “bring everyone to the table” since such a procedure tends to bring together too many players with contradictory and often irreconcilable goals. Better to focus on a concrete goal and just those people and organizations that are directly relevant to it and slowly branch out from there. There were some successful activities in the *FB* study – for example, the adoption of a new ambulance and emergency room protocol for handling chronic inebriates in New Haven, the provision of mobile telephones for neighborhood watch patrols in San Antonio, or successful lobbying for community policing substations in Little Rock – but all involved a limited number of organizations, were of relatively short duration, and focused on a particular campaign or issue. They were neither community-wide nor did they “completely change” the way alcohol and drug abuse prevention and treatment programs were structured. A successful coalition in Northern Michigan (Wagenaar et al. 2000) involved agencies of the same kind in a relatively integrated community, and even then did not bring all of the relevant agencies together.

But what of the basic assumption of community coalition building that everyone should work together? This approach would seem particularly promising for the substance abuse field, where there is no centralized case control, persons in need of treatment shuttle from one facility to another, and the good work of one program is wasted because no follow-up care is available. There is a widespread perception of poor coordination, with many organizations either unaware of the efforts of others or, worse, working at cross-purposes. There is truth in these contentions, but it is also true that a healthy distance between organizations in a community is not necessarily a bad thing. This may be especially true in view of the deep philosophical divisions that beset the

addiction field, where researchers have noted the lack of empirical support for the methods in which the treatment community in the United States has placed uncritical faith (Peele, Brodsky, and Arnold 1991; Miller, Wilbourne, and Hettema 2003). Many believe that a way to reduce the ever escalating costs of social services and medical care is to have a better-coordinated and more "rational" system, but if coordination and rationality mean "everyone working together" in the model of community coalitions, then there are serious questions.

Attending to race

Given the serious schisms and rifts between white, middle-class-based organizations and African-American, working-class and underclass organizations and leaders that are prevalent in most of the communities that we studied, an approach that ignores social-class divisions and ethnic mistrust is unlikely to be successful. At present, there is no social technology that can reconcile Alinsky-based organizing approaches, which indeed have an admittedly abrasive technology for change, with United Way styles of elite coalition formation. Mistrust of "City Hall" or other "establishment"-based organizations by ethnically based organizations is endemic.

PERSISTENCE OF COMMUNITY COALITIONS

Finally, why does the idea of community coalitions persist despite the lack of much solid evidence as to their success? There are at least two reasons: the first is that they might save money; the second is that some stakeholders do derive some benefits.

Saving money

Since the alleged failure of Lyndon Johnson's Great Society programs, Congress, the President, and the American people generally have been reluctant to make major

investments into community welfare and health initiatives. Community coalitions are politically palatable because they can be seen as a way to maximize the impact of outside resources by efficiently marshalling local resources and because they are not mere "handouts." The problem is that coalitions are often promoted precisely in places that have little financial or educational capital – in inner cities that have few resources to begin with. The hope is that the social capital generated by coalitions will substitute for the lack of financial capital (Smith 1994). By and large this is a false hope.

Consider that Americans spent an estimated 64 billion dollars a year on illegal drugs in 2000 (Office of National Drug Control Policy 2001b). Between retail liquor stores and "drinking places" Americans spend about 42 billion dollars per year on alcoholic beverages (U.S. Census Bureau 2001). In contrast, the Robert Wood Johnson Foundation invested about 100 million dollars over 10 years in the FB initiative. For the Foundation, this was a great deal of money, in fact its largest initiative. The Federal Government's Community Partnership program spends about 300 million dollars per year and the Federal Government spends almost 5 billion dollars per year to reduce the supply of drugs (Office of National Drug Control Policy 2001a). But both non-profit and government initiatives pale financially in comparison with the funds available to the "opposition." Moreover, most of the areas targeted in drug prevention programs are inner-city areas where the illegal drug industry represents a significant addition to meager neighborhood resources and where neighborhood leaders are primarily interested in economic stimulus measures and most immediately concerned about drug buying and selling; residents of these neighborhoods are no more likely than residents of middle-class neighborhoods to be consumers of illegal drugs (Saxe et al. 2001).

Stakeholders' benefits

There are four stakeholders involved in the community coalition movement: government (national, state and local); professionals involved in defining and assessing community coalitions (these include foundations, academic journals, evaluators and consultants/facilitators); community leaders who receive grants for implementing community coalitions; and, finally, the community targeted. All but the last have a financial and professional stake in maintaining community coalitions. Governments hope to save money by enlisting the "social capital" of community members and leaders, thereby avoiding having to invest financial capital. Professionals earn their living and enhance their reputations by promoting the field of community coalitions, writing about them, and receiving grants to study them. The present authors qualify, of course, as grant receivers and may be viewed as biting the hand that feeds them. Community leaders, who tend to be middle class or attempting to achieve middle-class status, rely on grants to enhance or maintain this status. They are probably the major winners of the "war on drugs." These constituencies have a strong interest in defending the idea of community coalitions and have conscious or unconscious motivations either to reject outright attacks on the very idea, or at least to grasp at straws by contending that there may be exceptions to the general rule of failure, that the examples cited are unique, or that the theory as to why community coalitions fail has not been properly articulated. Alas, the fourth constituency, the communities themselves, are ill served by governments' failure to provide adequate resources really to help them and by the professionals’ or the community leaders' cozy acceptance of continuing funding for the field.

The argument given here has limitations. More narrowly based coalitions in homogeneous settings may be more successful than the kinds of community coalitions we

have been focusing on, though they apparently have not been as extensively studied. The present analysis is largely based on one major example that has the following characteristics: (1) A fuzzy definition of community. (2) A call to "bring everyone to the table" – horizontally: organizations in different institutional sectors, and organizations that compete with one another; and vertically: including elites and "grassroots" leaders. (3) A heterogeneous community or site. (4) A fight against a well organized and well financed, albeit not always recognized opposition. The majority of broad-based community coalitions share these characteristics. What is not known is whether changing some of them – and which ones, or all of them – would insure greater chances of success. Changing these characteristics might, however, reduce interest in creating such coalitions in the first place.

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NOTES

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[3] The term “grassroots” is used in this paper in its emic sense, as participants used it. Both the program’s designers/funders and local participants used the term very loosely to distinguish neighborhood-level organizations, organizations dominated by residents, and organizations that were perceived to be “of the community” from city and state agencies and larger more “establishment” organizations.

[4] Space limitations and the topical focus of this paper do not permit a review of successes here. The interested reader is referred to Wandersman and Florin (2003) for references. As noted in this paper’s conclusion, further research is necessary to ascertain which of the factors cited here might be changed to increase the likelihood of success.

[5] Tighe also documents a disturbing tendency in the literature to pick and choose “successful” outcomes by not reporting tests that take into account the number of outcomes tested. When this is done, most of the reported “findings” are not statistically significant. Some of the research uses one-tailed tests of significance even when there are many documented instances of boomerang effects or negative as well as positive outcomes.

[6] The complex motivations – political, ideological, scientific – behind this approach are worthy of a separate study, but that subject is beyond the scope of this paper.

[7] It is always tempting to try to produce significant results. Wandersman and Florin cite the CSAP evaluation as finding 8 of 24 communities showing statistically significant reductions in substance use rates as compared with comparison communities and note that the number of tests was taken into account statistically (Wandersman and Florin 2003). Close examination of the report and the data obtained through the Freedom of Information Act suggest that the published report was based on one-way tests. We found as many tests in the opposite direction as in the desirable one.

[8] For a meta-analysis of current definitions and practices of community coalitions see Foster-Fishman, Berkowitz et al., 2001.

[9] Despite or because of the plethora of definitions, sociologists tend to use the word community loosely, often as an undefined “primitive” (in the logical sense of primitive). The ASA Section on Community and Urban Society as well as the journal *City & Community* define community through its extensions, that is, give examples of the kinds of communities they have in mind but do not offer a formal definition.

[10] There are, of course, non-local, non-geographic communities. For a review of these issues see (Wellman, 1999). The usage here is intended for geographically defined communities.

[11] To suggest the stratified nature of divisions between organizations or groups with differential access to resources and influence, we use the term “vertical” to distinguish these divisions from “horizontal” ones between peer organizations and groups.

[12] Selznick was a student of Robert K. Merton's and cooptation was a premier application of the idea of "unanticipated consequences" (Merton 1936).

[13] Further details about the complex relationships between the Foundation's goals on the one hand and the goals of local organizations on the other are found in Jones et al. (1997), Lindholm (2001), and Ryan (1999).

[14] The "good government" coalitions described by (Steffens 1948) are an example of coalitions formed in the 19th Century. Steffens (1931) was quite skeptical of their long-term efficacy.

[15] In fact they often do not work and sometimes even boomerang (Kadushin, Beveridge, and Livert 1997). The results of a national evaluation of the effects on drug use of a federally sponsored media prevention campaign aimed at youths and their parents are still not available. The literature is not optimistic.