

“Fighting Back” Against Substance Abuse: The Structure and Function of Community Coalitions

**Matthew Lindholm, Dan Ryan, Charles Kadushin, Leonard Saxe,
and Archie Brodsky**

The Robert Wood Johnson Foundation's Fighting Back (FB) program was one of the first efforts to develop "community coalitions" to reduce drug and alcohol problems. The challenges of coalition building are described and analyzed based on fieldwork from 10 of the 14 urban communities where the program operated. The possibilities and limits of broad-based participation in decision making and interagency collaboration are described. The program triggered a *vertical* dynamic in its effort to integrate grassroots and elite participation. This dynamic involved negotiation for control within the local program. Structures that encouraged more grassroots-elite integration in the local programs were: 1) relative cohesion and political strength among grassroots leadership; and 2) a grantee agency with resources to distribute and relative freedom from constraints imposed by having to compete in the local political arena and with other service providers. The program initiated a *horizontal* dynamic in its effort to rationalize the delivery of services. Competition, segmentation, and the mandate to be broadly inclusive were barriers to effective collaboration. Short-term collaboration among agencies emerged around concretely defined, shared goals. Longer-term collaboration was infrequent but emerged on a smaller scale around grant writing, legislative advocacy, and educational events for professionals. Coordination proved difficult because relevant policies were typically set by state legislatures rather than in local communities.

Key words: community coalitions, drug and alcohol abuse, co-optation, race

Interventions to ameliorate social and health problems in local communities have emphasized broad-based participation and interagency collaboration (Aguirre-Molina and Gorman 1996). In recent years such interventions have

been called "coalitions," "partnerships," or "collaboratives," and they have been widely promoted as essential to reducing drug and alcohol problems and a host of other health and social ills. Both private and governmental initiatives have championed such models. In the late 1980s, the Robert Wood Johnson Foundation (RWJF) developed its Fighting Back (FB) program (Jellinek and Hearn 1991); in 1990, the federal government's Substance Abuse and Mental Health Services Administration launched "Community Partnerships," a program to reduce alcohol and drug related problems in over 250 local communities across the United States (Yin et al. 2000). Although there is a considerable literature about how coalitions should work (e.g., Butterfoss, Goodman, and Wandersman 1993), evidence that these programs reduce drug or alcohol problems is limited (Berkowitz 2001:213-227). Moreover, few have described what these "coalitions" look and act like in the real world of local communities.

As one of the earliest multicity attempts at "community coalitions" to reduce substance abuse and the model for the federal government's much larger Community Partnership program, FB deserves special scrutiny. The limits and possibilities of the FB model for broad-based participation in decision making and interagency collaboration need to be assessed. FB promoted two kinds of intergroup and interorganizational

Matthew Lindholm is assistant professor of sociology at Concordia College in Moorhead, Minnesota. Dan Ryan is assistant professor of sociology at Mills College. Charles Kadushin, also a sociologist, is distinguished scholar at the Cohen Center for Modern Jewish Studies and Heller School, Brandeis University. Leonard Saxe, a social psychologist, is professor of social policy and management, Heller School, Brandeis University. Archie Brodsky is research associate at Heller School, Brandeis University. The authors dedicate this article to the memory of Delmos J. Jones (1935-1999), late professor of anthropology at the City University of New York, Graduate Center. Professor Jones initially conducted and supervised the fieldwork on which this study was based and developed the original draft of this article. The support of the Robert Wood Johnson Foundation is gratefully acknowledged. The project directors of each of the Fighting Back (FB) sites, their staffs, the National Program Office, and leaders and residents of the targeted urban areas contributed their time and their insights. The research could not have been accomplished without their generous help. The authors also thank the anonymous reviewers for their insightful comments and suggestions. The present authors are solely responsible for data and interpretations. Address all correspondence to: Professor Leonard Saxe, Brandeis University, Lown 314C MS 014, 415 South St., Waltham, MA 02454-9110.

relationships. First, the program sought to include both “grass-roots” and local “elites” in planning and decision making. Local elites and grassroots leaders and groups have unequal access to resources, influence, and power. In this respect, they constitute a *vertical* relation. The vertical dynamic in the implementation of FB involved a negotiation for control and position in the local program that varied according to the institutional context of the agency leading the local program and the character of grassroots organization. Second, FB sought to create collaboration among peer entities in health and social service provision. These *horizontal* relationships were intended to rationalize the delivery of services by reducing competition, duplication, and gaps; however, competition, segmentation, and the mandate to be broadly inclusive were barriers to broad-based, long-term collaboration.

In the discussion below, the conditions that promoted substantive grassroots engagement in the local programs and limited collaboration among service providers are described. Structures that encouraged more grassroots-elite integration in the local programs were: 1) relative cohesion and political strength among grassroots leadership; and 2) a grantee agency with resources to distribute and relative freedom from constraints imposed by having to compete in the local political arena and with other service providers. Short-term collaboration among small groups of service-providing agencies emerged around concretely defined, shared goals. Longer-term collaboration was infrequent but emerged, also on a smaller scale, around grant writing, legislative advocacy, and educational events for professionals.

The Fighting Back Intervention

The objective of Fighting Back 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 program was conceived as a public health alternative to the punitive tack of the “war on drugs” being taken at the time in urban areas. FB did not emphasize direct services; it sought to improve the organization and development of local response to alcohol and other drug (AOD) problems. Grantees were expected to mobilize communitywide participation by organizing a “citizens task force” and a “community consortium.” Given the uniqueness of their organizational contexts, each program was expected to be different. A National Program Office (NPO) was established in 1989 to administer the program and, later, 14 communities were selected from among hundreds of applicants for \$200,000 planning grants, followed in 1992 by five-year \$3,000,000 implementation grants.

The program designers felt that both a community’s powerful leaders and ordinary citizens should participate in decision making. A foundation official noted in 1989:

One of the things that is clearly going to be essential in making this program work, whatever the community, is that those people most affected by the problem are involved in

the establishment of the program and its priorities. It is very important that it not be just a top-down sort of initiative. Clout is very important. In fact, it is critical for this thing to work. But it is equally important that there be bottom-up, grassroots involvement and support for this program in order for it to succeed (RWJF 1989).

Each community, thus, had a local task force to ensure that FB brought elements from different positions along the vertical dimension of the community—from business and political elites to human service executives to the grassroots—to the same table. The community consortium would bring together entities along the horizontal dimension; for example, law enforcement, schools, hospitals, youth and family services, AOD treatment agencies, and religious congregations. The consortium would implement the task force’s plans, the two entities thereby embodying a “single unified system of prevention and treatment.”

Sites

The agencies receiving FB grants were diverse, among them government bureaucracies, community foundations, and service providers (see Table 1, Column 2). The targeted areas were diverse, though all but one were urban (see Table 2). Compared to a national metropolitan sample, the FB sites were significantly poorer and had much larger minority populations (Kadushin et al. 2000). Two, Milwaukee and Newark, were the most segregated cities in the United States (Harrison and Weinberg 1992). These sites, along with San Antonio, included some of the nation’s poorest urban populations (Jargowsky 1997:49-57, 78).

In every site where we conducted interviews, informants recalled past conflicts between neighborhood groups and elites over local issues. For example, in some communities there was a history of conflict over destruction of minority neighborhoods for downtown development and highway construction, in others issues of school desegregation, police brutality, and distribution of city services. In some cases, FB brought into contact individuals and organizations that had clashed in the past. Organized grassroots groups frequently blamed the grantees and other organizations with which FB expected them to collaborate for neglecting or causing problems in their neighborhoods, including AOD-related problems. Moreover, since the community action programs and urban political movements of the 1960s, organized grassroots have often sought control of interventions targeting their neighborhoods and populations (cf. Halpern 1995:115-119, 122-123). Many neighborhood and minority-based organizations believed local elites utilized local poverty and related ills to acquire grants without benefiting the populations whose problems made the grants possible. Consequently, in most FB sites, conflict erupted during the planning and early implementation stages.

AOD problems were visible in the local FB sites in ways they were not in other parts of the urban United States. According to a survey conducted as part of the FB program evaluation, open illicit drug markets and public inebriation

Table 1. Fighting Back (FB) Site Organizational and Group Participants¹

FB Site	Initial Lead Agency	Early Elite Advocates and Sponsors (~1991) ²	Service Organizations Still Participating Mid-Implementation (~1995) ³	Grassroots Groups and Organizations ⁴
New Haven, Conn.	City of New Haven Human Resources Administration	<ul style="list-style-type: none"> • City's substance abuse coordinator • Director of Yale University AOD research and service agency • HRA director • Utility company executive • Hospital executive 	<ul style="list-style-type: none"> • 2 Yale AOD research and service agencies • Police department • Consortium of agencies serving AOD abusing women • Local rehab center 	<ul style="list-style-type: none"> • Community development corporations • Small minority and other health and social service providers
Little Rock, Ark.	City of Little Rock (Office of City Manager)	<ul style="list-style-type: none"> • City manager • Consultant from University of Arkansas 	<ul style="list-style-type: none"> • Dept of Neighborhoods & Planning • KATV Channel 7 • Police department • Hoover United Methodist Church • Parkview Christian Church 	<ul style="list-style-type: none"> • Old alliance of 8 neighborhood associations • New unaffiliated neighborhood associations • Three black-run service organizations (two religious, one CDC)
Milwaukee, Wis.	Milwaukee County Dept. of Health & Human Services	<ul style="list-style-type: none"> • County supervisors • HHS director • School superintendent • Pro baseball team vice president • Youth and family service organization executive 	<ul style="list-style-type: none"> • Social Development Corporation (development, youth & family services) • Youth service organizations 	<ul style="list-style-type: none"> • Group against alcohol advertising on city buses and near schools • Small youth, ethnic, & other service orgs. • A federation of Southside neighborhood associations • Unaffiliated Northside neighborhood associations
San Antonio, Tex.	United Way of San Antonio & Bexar County	<ul style="list-style-type: none"> • United Way executive officer • Former governor • Wealthy local businessman • Department of Health director • Medical school dean • AOD agency executive • County treatment executive 	<ul style="list-style-type: none"> • Community centers • Fort Sam Houston, Kelly Air Force Base • Middle schools • AOD agencies 	<ul style="list-style-type: none"> • A federation of Eastside PTAs • Neighborhood associations and others
Vallejo, Calif.	City of Vallejo (Office of City Manager)	<ul style="list-style-type: none"> • City council members, mayor • School superintendent • County AOD agency director • Family & youth service provider director 	<ul style="list-style-type: none"> • Family and youth service provider • County AOD agency • County probation dept. 	<ul style="list-style-type: none"> • Neighborhood associations • Ethnic youth service organizations • 12-step advocates

¹ The table includes a sample of intervention sites that indicates their diversity. Columns 3 through 5 are not comprehensive but list the most active as well as other examples of participants.

² If elites were actively involved, they tended to be so when the program needed support getting established. They did not tend to be active during implementation.

³ From strategy report appendices (Hallfors et al. 1998), board meeting minutes, and other site documents. These were agencies involved with FB during implementation. Examples of their type of engagement were serving on FB's board and subcontracting with FB.

⁴ These include participants in FB and groups that conflicted with FB.

were far more frequent in the average FB site neighborhood than in the average U.S. metropolitan neighborhood. In 1995, FB residents were 15.9 percent more likely to report seeing illegal drug sales and 13 percent more likely to report seeing people drunk or high. The incidence of AOD use, however, did not appear significantly greater in the FB sites (cf. Kadushin et al. 1998; Saxe et al. 2001).

Fieldwork and Analysis

Case histories were developed for 8 of the 14 local programs. A team of three or more researchers spent two weeks collecting interview and observational data in San Antonio, Texas; Vallejo, California; Little Rock, Arkansas; and Milwaukee, Wisconsin, in 1995 and 1996. In New Haven, Connecti-

Table 2. Fighting Back (FB) Program Sites and Their Minority Populations¹

FB Target Areas	Population ²	% Black	% Hispanic	% Other ³	% Poverty
New Haven, Conn.	130,474	37	13	10	20
Little Rock, Ark.	175,781	29	1	1	10
Milwaukee, Wis. Near north and south neighborhoods	210,441	55	11	11	43
San Antonio, Tex. Eastside school districts	120,675	23	53	23	28
Vallejo, Calif.	109,199	20	10	23	7
Newark, N.J. Three central political wards	131,170	51	36	21	30
Worcester, Mass.	169,759	5	9	8	13
Washington, D.C. Two political wards	113,831	97	1	0	22
Columbia, S.C. School districts	98,052	49	1	1	14
Kansas City, Mo. North and central neighborhoods	178,587	51	6	6	24
Charlotte, N.C. Westside school district	102,236	56	1	2	18
Greater Santa Barbara, Calif.	145,720	2	25	16	6

¹Data are from the Census of the Population and Housing: Summary Tape File 3B (U.S. Census Bureau, 1990). Accurate data are not available for northwest New Mexico. The evaluation study did not analyze the data for Oakland, as implementation there was not completed. "Other" includes Asian Pacific Islanders, American Indians, Eskimos, Aleutians, and those classified as "other" by the census. Hispanics may be of any race.

²The RWJF felt FB had the greatest chance for success in target areas with populations between 100,000 and 200,000 and stipulated this as an eligibility requirement.

³Percentages of these three minority categories—black, Hispanic, other—may total over 100 percent because Hispanics may identify as any race.

cut; Kansas City, Missouri; Worcester, Massachusetts; and Columbia, South Carolina, resident researchers conducted several months of part-time data collection between 1995 and 1997. Field data were also collected in Washington, D.C., and Newark, New Jersey. Program documents were reviewed for all 14 sites.

Semistructured interviews were conducted with a broad range of participants, including FB and other organizational staff, community leaders, and residents of the targeted neighborhoods. Questions focused on the local drug problem, the FB organizing process, relations among organizations, and

local history. At least 30 interviews were conducted for each of the eight case histories. We also drew on two waves of interviews conducted by a previous FB program evaluator in 1990-1991 and 1992-1993.

Researchers toured targeted neighborhoods, attended community events, observed local FB activities, and spent time with residents and staff of participating organizations. Documents reviewed included proposals and plans, meeting minutes, correspondence, media accounts, and site reports. Finally, case histories were drafted and circulated to participants in the study who then provided feedback.

The final reports included factual corrections and samples of participant feedback from responses to the earlier drafts (cf. Jones 1980).

Intergroup and Interorganizational Relations

The intergroup and interorganizational dynamics generated during implementation of the local FB programs can be described in two dimensions, vertical and horizontal. Each dimension is associated with distinct kinds of cooperation and conflict.

Vertical Relations

FB attempted to integrate local elites and grassroots. "Elites" designate those whose decisions affected residents and shaped their neighborhoods, namely, resource-rich organizations and leaders whose influence was communitywide—political officials, government service agencies, large for-profit and nonprofit corporations (see Table 1). "Grassroots" designates leaders and groups whose activities and influence were limited to neighborhoods and more narrowly defined populations. In the FB sites they were based in white, multiethnic, black, Hispanic, or Asian populations and neighborhoods. Their organizational forms ranged from informal and ad hoc to small incorporated nonprofits (see Table 1).

Efforts to incorporate the grassroots in the local programs produced political conflicts. These conflicts and how they were addressed are described below. The local conditions that appeared to produce different kinds of resolutions are identified. Finally, we describe the persisting tension between the grassroots' development needs and the RWJF's goal of improving local prevention and treatment.

Conflicts

Conflict emerged as soon as the local FB programs began to work with the grassroots to establish a common basis for addressing substance abuse. Conflict between grassroots and local FB leadership occurred in at least 10 of 12 sites. Typical areas of conflict were representation in decision making, distribution of resources (grants, contracts, staff positions), and program content (see Table 3).

Local leaders frequently contended that program decision makers did not adequately represent "the community." Several sites experienced crises around this issue, resulting in reorganization of governance, expansion of committee and governing body membership, and changes in staff (see Table 3). In San Antonio, for example, grassroots individuals were incorporated into the board of directors and the lead staff. In many sites the issue was chronic throughout the planning and early implementation phases. In other cases, grassroots disengaged early on, leaving FB vulnerable to the delegitimizing charge that it was run by "outsiders."

Distribution of the grant's resources was a frequent point of contention. A common complaint was that FB

spent too much time and money on talking, planning, and researching local needs, rather than doing something about problems that neighborhood and minority organizations found immediate and obvious. They also believed that program administration and agencies' overhead costs swallowed resources that grassroots organizations could use more effectively.

At least five of the sites distributed resources through small grants to neighborhood associations, churches, and other entities that carried out local prevention projects. However, the largest contracts and grants continued to go to communitywide agencies. Even in San Antonio, where grassroots participation in decision making was significant, a \$10,000 contract to an indigenous Eastside organization was dwarfed by contracts totaling over \$150,000 for a citywide service agency which grassroots leadership said had failed to serve Eastside residents in the past. Although this pattern also reflected many grassroots organizations' inability to fulfill large contracts, distribution of resources to agencies outside the targeted neighborhood continually rankled grassroots leaders.

Some local FB programs addressed the conflict over resources by hiring office staff and experienced community organizers who were from the target areas or were otherwise credible to neighborhood leaders. The organizers helped residents identify major concerns—drug dealing in parks, streets, and rental or abandoned housing; unkempt properties; cigarette and alcohol sales to minors—and trained residents to press police, code enforcement, and other public authorities to address these problems. They also organized volunteer projects and tried to increase citizen participation in political processes, such as the local city council's distribution of community development block grants.

Both small grants programs and community organizing efforts increased grassroots participation in local FB programs, but they also led to a third area of vertical conflict: disagreements over the nature of the AOD problem and what should count as doing something about it. AOD professionals focused on individuals and substance use per se, but target area residents were more immediately concerned with visible neighborhood problems—open drug markets, public inebriation, street violence, and so-called root causes such as lack of jobs. The activities of small grant recipients and community organizers often did not fit a narrow conception of AOD prevention. The NPO initially agreed to such programming by redefining prevention more broadly as cultural, political, and economic "empowerment," but over time conflict emerged over whether local activities adequately focused on AOD.

Once FB entered the second implementation phase in 1994, the NPO faced pressure to show that local programs were reducing AOD use. It pressed the local FB programs more directly to address "demand reduction." The RWJF's goal of "involving those most affected by the problem" thus came into contradiction with the foundation's goal of focusing on AOD use.

Table 3. Conflicts in Program Sites Between Grassroots and Fighting Back (FB)¹

FB Site	Conflict or Problem	Resolution
New Haven, Conn.	Letter to NPO from heads of 8 (primarily black) neighborhood organizations protesting the FB citizens task force did not represent the community.	FB offered board memberships. The group wrote a letter of satisfaction but subsequently did not participate.
Little Rock, Ark.	Federation of black and white neighborhood associations fought charter reform and distribution of local tax revenue supported by lead agency.	The federation prevailed on charter reform and its demand that tax revenue be set aside for AOD problems.
Milwaukee, Wis.	Initially small, neighborhood-based, black-run providers were poorly represented on consortium committees.	Black FB executive director was appointed who recruited small, minority providers. Balance of membership on the provider committee shifted from whites to minorities.
San Antonio, Tex.	Black neighborhood organizations conflicted with lead agency over program leadership and content (e.g., four black leaders wrote letters protesting lead agency did not represent the community and that FB director should resign).	The organization negotiated successfully for majority representation on board, for change in executive director, location of offices in target area, staffing positions, and neighborhood development program content.
Vallejo, Calif.	Black CDC, ministers, and Hispanic agency protested FB decision making about awarding of minigrants during city council meeting.	The protest was unsuccessful and the participating groups withdrew from FB.
Newark, N.J.	Community organizing group (primarily black) sent its own separate letter of intent to apply for the FB grant. The NPO told them to work with the other group.	Community organizers served on the FB steering committee and later implemented tenant alliance organizing. They dropped out when FB ceased to fund the organizing.
Worcester, Mass.	Minorities walked out of citizens' task force meeting in presence of visiting RWJF program officers and NPO officers, protesting lack of representation.	Former head of NAACP was hired as FB director and a black as youth programmer. Minorities had on-and-off representation on board and staff.
Columbia, S.C.	The white-led lead agency predominated. Few blacks participated during the planning phase.	During implementation a black director and staff were hired and blacks were targeted for some programming.
Kansas City, Mo.	An African American-led group told lead agency it would not participate unless it received a contract to continue its role.	African American group gained control of and responsibility for the FB initiative.

¹ The intervention sites where we did not conduct field research are not included here: Charlotte, Oakland, New Mexico, and Santa Barbara. Columns 2 and 3 list examples meant to show the diversity of conflicts and resolutions. Each cell is not a comprehensive account of conflicts or their resolutions in the given site.

Conditions Shaping Grassroots Integration

Despite these challenges, some local FB programs succeeded in establishing relationships with grassroots groups, typically through a co-optation process (Selznick 1966:13-16). The terms of the FB intervention created conditions for interdependency between the local programs and the grassroots. Fighting Back needed access to and legitimacy with inner-city populations and those "most affected," which grassroots leaders could sometimes grant. In some cases, this gave the grassroots leverage with an intervention in their domain.

The extent to which grassroots gained advantage differed across sites. While material and political disadvantage

typically limited their leverage in negotiations over governance, resource distribution, and program content, a number of factors affected these outcomes: the institutional context of the lead agency, the character of grassroots organization, and early NPO interventions. Service-providing grantees, for example, the Council on Alcohol and Drug Abuse in Columbia, South Carolina, tended to provide administrative and programmatic coherence and professional legitimacy to the local programs. However, their organizational goals tended to conflict, or not integrate, with those of the grassroots. Service providers typically sought to augment their own programmatic depth and breadth. They worked with neighborhood and minority-based providers and community organizers

when these efforts contributed to this goal. Sometimes, this resulted in resource sharing with the grassroots. However, it did not tend to develop independent grassroots advocacy and service provision. Service provider leadership also did not tend to incorporate more than token grassroots representation in decision making.

Local government lead agencies also appeared ambivalent about incorporating grassroots leadership. When they did, FB's relationship with the grassroots often reproduced patron-client relations between city officials and their constituencies. In Little Rock, for example, community policing substations were established which were especially popular in middle-income neighborhoods. The other typical strategy was the establishment of neighborhood small grant programs. Government grant programs distributed more resources to neighborhood groups than did those of service provider grantees and tended to produce programming more in line with residents' concerns, but it did not typically draw grassroots into decision making.

Lead agencies more insulated from the dynamics of the local political sector and service-provider competition appeared best able to accommodate, or commit to developing, independent grassroots leadership. For example, in San Antonio, both service providers and grassroots looked to the lead agency, the United Way, to provide resources. The United Way parsed the FB grant and its own resources in a manner that addressed grassroots' desire to organize and train local residents to advocate neighborhood improvement and yet also addressed prevention and treatment providers' interest in services. The agency appeared above the fray of provider competition and did not share the qualms that government-based agencies appeared to face in working with grassroots on their own terms.

But grassroots participation in governance and resource distribution also depended on the extent to which this sector was formally developed and coherently organized. In several sites neighborhood and minority-based organizations conflicted along ethnic, religious, and ideological lines. Black Muslims in San Antonio did not participate with other grassroots in FB. In Vallejo, Latinos and blacks differed with Filipinos over the process by which prevention dollars were distributed. The less developed and more fragmented the grassroots sector in a given site, the less influence the grassroots were able to exercise and the less autonomy they were able to negotiate in the local program.

When a coherent grassroots front emerged and exercised considerable influence, three factors seemed to be at work. First, the individuals and organizations negotiating grassroots engagement with FB were supported by a bloc of neighborhood and minority leadership. Thus, in San Antonio, we found broad support among other minority and neighborhood leaders for the grassroots organization predominantly involved in FB.

Second, histories of professional community organizing were associated with strong grassroots organizations. The Association of Community Organizations for Reform Now

(ACORN) had been active in Little Rock for over a decade, producing a network of influential neighborhood associations (cf. Delgado 1986). In San Antonio, the Industrial Areas Foundation (IAF) had not directly worked in San Antonio's Eastside, but community organizers there had been trained by the IAF (cf. Wilson 1997) and had established a network of politically effective neighborhood associations. ACORN refrained from full participation in Little Rock FB but provided external pressure that powerfully shaped the content of Little Rock FB's program (Jones and Fisher 1997). The neighborhood federation in San Antonio, more than any other grassroots group among the local FB programs, established a role in governance, resource distribution, and programming.

Finally, NPO interventions could affect the role of grassroots groups. At crucial points in a number of local programs, the NPO supported claims of grassroots leaders and forced accommodations by the lead agency. In Kansas City and San Antonio, for example, the NPO's support of grassroots resulted in their playing a major role in governance and participating in resource distribution.

Tensions between Grassroots Development and Program Focus

Drawing grassroots into the distribution of resources conflicted with running a tight administrative ship because grassroots entities sometimes lacked formal organization or administrative capacity. These deficits were self-perpetuating. Resource sharing typically involved contracting out programming and other FB-related tasks. Subcontractors typically were required to be incorporated entities or consultants. Many grassroots groups wishing to work with FB did not have such legal status. Grassroots organizations that were incorporated sometimes lacked staff and resources to manage large contracts or were inexperienced in financial administration. Where FB did make grants to grassroots organizations—in Little Rock and Milwaukee, for example—some handled funds poorly, sometimes raising questions of wrongdoing. Consequently, resource sharing with grassroots was sometimes discredited and these local FB programs reduced grant programs and other modes of resource distribution to the grassroots sector.

Of those local FB programs more committed to organizational development of neighborhood and minority sectors, two strategies were typical: developing service-providing organizations and citizen-advocacy organizations. Grants remained a basis for encouraging nascent and small organizations and were accompanied by training in how to establish boards, write mission statements and bylaws, and achieve incorporated status. Political strategies included campaigns to develop neighborhood associations to address crime, housing, and other areas of neighborhood improvement.

However, working with grassroots leadership, developing grassroots resources, and addressing residents' most pressing concerns tended to dilute the RWJF's original

prevention and treatment agenda. The goal of integrating "the people most affected by the problem" into Fighting Back (FB) was in conflict with the goal of making substance abuse the focus of the program. In the second phase of implementation (1994-1996), the National Program Office (NPO) steered local projects into a narrower conception of prevention and treatment. The effect was to reduce FB's involvement in developing the grassroots sector.

Horizontal Relations

A central premise of the FB program was lack of coordination among prevention and treatment efforts in local communities. The program mandated collaboration among service-providing agencies by requiring each local FB program to create a communitywide consortium of providers. This would be a step toward a "single, unified system" of prevention and treatment (Jellinek and Hearn 1991:79). The local FB programs began by soliciting organizations throughout the community to become "partners."

In their early reports, the local FB programs documented hundreds of participating organizations; however, it was often not clear how many partners were truly active. Moreover, consortium activity typically declined dramatically after the planning phase. Agencies that received funding to help implement the FB plan remained active while unfunded participants tended to drop out. Few of the bridges across sectors and cooperative relations within sectors proved long lasting. In this section we propose explanations for the failure of sustained, broad participation in the communitywide consortia and identify more modest examples of interorganizational collaboration that nevertheless emerged and the conditions that made this possible.

Competition and Segmentation

The horizontal integration implied by the goal of "a single, unified system" contradicted the competition and segmentation that were the institutional context for the entities Fighting Back wanted to unite. By "competition" we denote direct or indirect contests between sectors or organizations over resources. Resources include clients, staff, grants, contracts, and public credit for local initiatives. "Segmentation" is the division of service arenas into distinct institutional sectors such as treatment, prevention, education, law enforcement, and health care.

The organizations FB especially sought to coordinate were often those most successful in commanding resources. Thus, in New Haven, each of the governmental, civic, and social service organizations that FB recruited was "a star in its own right, with its own high profile program or project to promote and protect" (Ryan 1999:212). Many of these organizations were skilled at exploiting new opportunities. For example, the school system in New Haven threatened to withhold support for FB unless the project funded the district's after-school program as FB's "youth component" (Ryan 1999:58-60). In New Haven, as in most sites, "the roster

[of organizations] that so impressed outsiders as collaborative potential was a virtual map of the various fiefdoms that made up [the] human services...domain" (Ryan 1999:212).

Competition and segmentation interact when institutional sectors compete. Different types of service organizations define AOD problems and solutions differently. The genesis of FB itself lay in Robert Wood Johnson Foundation's recognition that the "war on drugs" of the 1980s had privileged law enforcement over public health and treatment as the relevant institutional sector for addressing AOD problems. The RWJF itself participated in this competition. The outcome of competition over defining problems and solutions is that more resources go to those sectors whose discourse dominates (Gusfield 1981:8-9).

Scarcity of resources magnifies this competition. In the local FB programs, prevention and treatment sectors clashed over priorities. For example, in Vallejo, aftercare advocates argued that preventing the relapse of former AOD users coming out of treatment was more urgent than the youth prevention programs others advocated. The aftercare advocates succeeded in gaining the lion's share of resources in the early years of the program.

The More the Murkier

The Fighting Back program assumed that the more participants a coalition attracted, the more creativity, energy, resources, and impact the coalition would have. In the early stages, the variety and sheer number of "partner organizations" were points of pride for many local programs. Proposals and reports contained long lists and elaborate charts showing how many different organizations from how many different sectors had signed on to work with the program. More participants, however, meant more competing ideas, ideological conflict, and logistical gridlock. Moreover, each organization was constrained by its mission, structure, prior commitments, and limited resources. As implementation proceeded, these factors restricted what local FB programs could do and how they could do it if they wanted to keep participants at the table (cf. Ryan 1999:211-223, 237-238).

Interagency Collaboration

Although no local program came close to forging a "single unified system," interagency cooperation existed though it was not often easy to determine when this was directly fostered by Fighting Back. Smaller agencies cooperated with organizations on which they depended for referrals, fees, and other resources. Staff from different agencies interacted to serve clients. It was not unusual for staff to circulate among local agencies, thereby producing a web of informal ties (cf. Ryan 1999:130-139) that sometimes enabled organizational collaboration.

Numerous examples were found of collaboration around shared goals. These collaborations typically were limited to specific projects and dissolved when goals were accomplished. In Kansas City, FB participated in a coalition that pressured the police department to locate police substations

in the target area. In New Haven, FB brokered an agreement among the police, ambulance companies, and hospitals to improve their handling of public inebriates.

Longer-lasting collaborations were much less common. Where they occurred, their membership and activities tended to be oriented to resource development. They wrote grant proposals that benefited multiple organizations, which sometimes involved coordinating services or programs. These consortia also sponsored training, lobbied legislatures for larger budget allocations, and developed and took positions relevant to drug- and alcohol-related legislation. These successes were dependent on membership agreement about specific goals, such as the definition of different organizations' roles in a grant proposal or a given legislative policy.

Co-optation among Service Providing Agencies

Service-providing agencies, like grassroots and elites, differed in their access to resources and therefore in their ability to influence the local FB programs. As on the vertical axis, this gave rise to co-optation. The vertical dynamics between grassroots and others expressed themselves more clearly as conflict than did those between provider agencies, perhaps because the institutional context in which grassroots negotiate their disagreements differs from the context in which service providers negotiate. Nevertheless, the effects of power imbalances among providers were observable.

Agencies richer in resources tended to dominate decision making. This became clear especially in the relationship between the grantee agencies and the local FB programs which they housed. The effect of the lead agencies' leverage depended on the extent to which their own purposes, shaped by their local institutional context, were compatible with FB's. A strong agency taking charge of FB gave the program administrative coherence and programmatic focus. However, such lead agencies also tended to redirect the program toward fulfilling the needs and purposes of the grantee. This diluted FB's goals of broad-based participation and coordination of prevention and treatment. In Little Rock, where FB was lodged under the city manager, much of the FB staff's energy was absorbed in establishing community policing substations. This effort generated mostly favorable publicity for city hall and helped city council members organize their district-based constituents, but its connection to prevention and treatment was tenuous.

However, the solution for FB was not complete independence from a resource-rich lead agency. In Worcester and Newark, where the FB programs became independent nonprofits, FB failed to include many agencies and to implement a strong program because the lead agency was not securely established. The challenge was to avoid the displacement of FB's inclusive prevention and treatment agenda by a powerful lead agency, but nevertheless find a sponsoring lead agency strong enough to support its efforts. In Vallejo, for example, Fighting Back was able to forge some autonomy under the city manager's office.

Discussion

Vertical Integration

The Robert Wood Johnson Foundation's invitation to grassroots engagement in the Fighting Back program generated both conflict and co-optation. In many cities, a legacy of the community action programs of the 1960s is minority and neighborhood leadership that makes claims on interventions in specific locations and populations. This dynamic, combined with varying degrees of organization and experience, played a central role in granting legitimacy to or undermining the legitimacy of the local FB interventions.

The FB program, especially because of its stated commitment to grassroots engagement, needed legitimacy in the grassroots sector of leadership and organization. Its success in establishing this legitimacy depended on its ability to forge relationships with some kind of grassroots leadership and organization within targeted areas. These relationships were often the outcome of initial conflict. The local program tried to resolve conflicts by broadening representation in governance, hiring residents and local leadership, implementing projects desired by neighborhood and minority leadership, and making small grants.

Key factors affected the substantiveness of grassroots engagement: the institutional context of the local grantee, the unity and strength of grassroots organization, and the National Program Office's solidarity with grassroots leadership. Local charities appeared the most able to work with grassroots leadership and organization on its own terms. Although service providers and local governments distributed resources to some grassroots, they were less likely to share decision making. Where grassroots presented a united leadership, they were able to negotiate a greater role in the local FB program, especially when the NPO supported them.

Realizing the goal of grassroots engagement, however, often resulted in programs deviating from RWJF's vision. The foundation's original definition of prevention and treatment typically had to broaden to accommodate grassroots agendas. The NPO's eventual effort to reign in this programmatic drift resulted in reduced grassroots participation.

Given these findings, we conclude that interventions seeking to develop vertical relationships require three inter-related conditions: a funder and local administration open to working with the grassroots on its own terms; a sufficiently united grassroots bloc that has local legitimacy; and compatible goals among the funder, local administration, and the grassroots.

However, local contexts and the funder's context can present barriers to meeting these conditions. During the planning and initial implementation stages, the RWJF demonstrated a strong commitment to working with and developing grassroots engagement. This commitment faded in the later phases of implementation. Under pressure to demonstrate to their board that the program was effective, the RWJF program officers pressured the NPO and the local

programs to demonstrate that FB was reducing alcohol and drug use in the program sites. The national administration eventually concluded that professionalized prevention and treatment were more likely to bring about this result than grassroots engagement. The RWJF could have remained committed to the grassroots by measuring FB's success in terms of increases in vertical integration rather than reductions in AOD use rates. However, this may have meant adopting primary goals not immediately or clearly related to the foundation's mission of improving health. The goal of developing vertical relationships in poor urban areas appeared ultimately to conflict with the RWJF's broader mission. The lesson is that a funder's goals must be internally consistent.

Local grassroots organization varied in the degree of its development, the unity of its leadership, and its legitimacy among local populations. Leadership development and legitimacy appeared greatest in FB sites with histories of professional community organizing that was independent of local government. A critical degree of development of independent grassroots leadership and organizational infrastructure is therefore a precondition for developing vertical relationships. The lesson is that long-term community organizing is a worthy investment, assuming that grassroots engagement is a worthy goal in itself and that grassroots development is a condition for reducing a given social and health ill like AOD.

FB began with the assumption that local groups and organizations could arrive at consensus on the nature of local AOD problems and their solutions. However, genuine differences arose between grassroots views of these problems and the RWJF's definitions. The foundation ultimately chose to limit its investment to addressing AOD use. However, many urban residents experience a broader problem, a breakdown in social order indicated by openly illicit activity and direct personal threats of violence (Anderson 1999). For these residents individual drug use is a less immediate problem than public order. Leadership in minority urban neighborhoods therefore tended to view AOD problems as an aspect of neighborhood deterioration and failures to provide support to struggling youth and families. The lesson is that grassroots leaders in poor urban neighborhoods appear more likely to support programs that address economic and social development than a narrowly defined ill not directly related to these broader concerns (cf. Schorr 1997).

Horizontal Integration

Fighting Back assumed that collaboration among service providers would increase the efficiency of prevention and treatment service delivery. We found efforts at forced collaboration awkward and unnatural for most organizations. Nevertheless, collaboration was an effective strategy where it was a necessary means to particular ends. Organizations worked together when they had common goals that were practical and compelling to the participating parties and could be

achieved by cooperating. FB was sometimes able to identify and encourage this collaborative potential. We found many examples of collaboration between pairs or small numbers of agencies. These typically dissolved when goals were accomplished, but they may constitute dormant relationships that can be reactivated.

Broad-based, longer-term collaboration was unusual, and where it existed it had typically emerged before FB's implementation; however, FB facilitated its ongoing development and survival. These types of collaboration could not be construed, however, as "communitywide." The conditions for long-term collaboration were the persistence of common goals over time, the perception that collaboration served the interests of individual members, and the availability of a convener perceived to be neutral in its relations to the member organizations. The substance of such broad-based, longer-term collaborations included professional education (e.g., conferences and training), grant writing, and legislative advocacy.

Collaboration should be thought of as a practical tool or a means, not an end in itself. The condition for it is compelling, practical goals that particular organizations cannot otherwise achieve. These goals must not undermine conditions necessary for the maintenance of the member organizations, such as their needs for funding, clients, staff, keeping their schedules, and maintaining constituent relations.

Organizations that distribute resources—city and county governments, charities—can facilitate coordination as well as influence the goals of collaboration. The United Way in San Antonio was able to coordinate relationships between conflicting organizations because the latter depended on the former for grants and contracts. Vallejo FB's lead agency was able to shape service priorities because of its relationship with the county agency that distributed state funding for prevention and treatment services. FB lead agencies that did not have this kind of clout in the local grant economy were less able to shape the delivery of services. However, agencies with clout in local service delivery sometimes had little influence on prevention and treatment policies set at the state level. The state of Texas, for example, was inhospitable to treatment initiatives during the period we studied San Antonio FB. The lesson here appears double-edged. Maximum coordination may be achieved by administering programs through an agency that controls resources, but the needs and policies of that agency and its wider policy context will set limits on what goals an outside funder can accomplish.

Conclusion

We have considered vertical and horizontal integration as distinct problems. Fighting Back may have been unique in its attempt at both. However, wedding these two efforts was an extremely difficult undertaking. Perhaps one of the most intransigent types of conflict we observed was between grassroots leaders and agency professionals. They tended to

define alcohol and other drug problems and solutions very differently. Minority grassroots leaders tended to perceive professional agencies as historically neglectful of minority populations or as interlopers. Many local FB programs could not sustain participation from both of these sectors or did so by segregating their activities. These conflicts appeared less intense where minority service providers were well-established participants in the local grant economy, for example, in Newark and Milwaukee. The grassroots and service providing sectors constitute very different institutional environments and produce different types of organizations (Ryan 1999:186). Racial division appeared to exacerbate the differences between these sectors. It may be that certain points of integration between grassroots and service-providing sectors are necessary or helpful. We saw this successfully attempted when a particular situation compelled it; however, getting grassroots and providers to work together directly, broadly, or systematically was usually an unproductive and sometimes bitter experience.

While Fighting Back's effort at vertical and horizontal integration in local communities proved difficult, it nevertheless demonstrated that developing relationships among organizations in local communities along both vertical and horizontal dimensions is possible under certain conditions and productive for certain purposes. We have tried to identify some of these conditions and purposes.

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