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Roundtable Discussion and Final Comments

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I found Bill's article captivating. He certainly has captured well my own frustrations with the limitations of our current methods in researching and evaluating coalitions. His article raised several questions for me including:

1. Where can we look for solutions to this dilemma? We are not the only discipline to struggle with how to study complex, dynamic, multileveled phenomena. Sociology, Political Science, Anthropology, and Organizational Studies are just a few of the areas that have also addressed similar methodological issues, but in ways that are often quite distinct with how we typically conduct research. What can we take

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from their methodologies that would help us deal more effectively with this complex thing called coalitions?

2. How do we balance the need to understand the multilevel factors influencing coalition functioning (e.g., member characteristics, group dynamics, intergroup/interorganizational relationships, community context) with the "costs" associated with such multilevel research (e.g., need for multiple sites, need for longitudinal approach)? What are some ways to off set these costs? Under what conditions should we attend to which levels?
3. How do we increase the role qualitative research can play in promoting our understanding of coalition functioning? In my opinion, qualitative research addresses well many of the limitations Bill raised in this article. And, in my own work, I have found that the qualitative data often better represent the community's experience because it does not require that these complex phenomena be reduced to simple constructs. Yet, many continue to hesitate to use qualitative methods to understand coalition functioning.
4. What can we take from the research on small group functioning to help us understand when and why coalitions really make a difference? Group researchers have found that under some conditions, groups make worse decisions (are less effective) than individuals acting alone. Can these findings help us understand why coalitions sometimes don't accomplish what we would expect them to?
5. Is it possible that the research on coalition outcomes has not had enough "great" coalitions in their samples to find positive effects? My life experience is that coalitions can and do make a difference, but that it is darn hard to get there and many coalitions stop trying because they don't know how to get through the mud. Maybe we should refocus the question from "Do coalitions make a difference?" to "How do coalitions that make a difference make that happen?" and "What supports and technical assistance are needed to help coalitions operate more effectively?" Then again, this reframing reflects my own personal bias, I must confess I am a coalition convert.

Michelle Kegler

Although I agree with Bill Berkowitz's comments that our research methods may not be ready or appropriate for evaluating the effectiveness of community coalitions in achieving outcomes, I sometimes wonder if we

may be setting the bar higher for coalitions than for other approaches to addressing social and public health problems. In public health, our journals tend to publish intervention research projects that have decent levels of funding and are fully staffed. How many real-world, truly community-based projects (where staff are often stretched thin and resources are scarce) have rigorous outcome evaluations that successfully attribute change to a single intervention? Why do we expect coalitions to demonstrate health outcome and systems change when many other real-world noncoalition initiatives also have difficulty demonstrating change? One answer, of course, may be in the amount of time and energy it takes to build and maintain coalitions.

Part of the difficulty with evaluating coalitions is the long chain of events between forming a coalition and achieving changes in health outcomes. In addition to mobilization of members and formation of structures and operating procedures, coalitions must select and implement activities that logically lead to outcomes. Several researchers have noted a tendency for coalitions to select "easy wins" such as awareness campaigns that in all likelihood will not lead to changes in health outcomes. For coalitions to stand a reasonable chance of leading to health outcomes, they must implement intervention strategies that have been shown to lead to health or systems change. Or, they should implement "best practices" that the collective wisdom of a field suggests are likely to lead to outcomes.

We also need to acknowledge that coalitions, in theory, allow us to act consistently with our values of inclusivity and meaningful participation of the people potentially affected by a program. Of course, researchers have noted that "meaningful" participation of community members may not be achieved in many coalitions. Nevertheless, done well, they do provide a valuable vehicle for community involvement in promoting health.

Could it be that in an effort to build ownership and foster meaningful participation, coalition-based projects are not selecting the most effective strategies? Selecting interventions is tricky because you want to build ownership in the community and coalition members, yet coalition members may not be familiar with the best practices or proven intervention strategies for particular public health and social problems. The possibility of this imbalance should be explored if we want to understand why coalition efforts often cannot demonstrate health outcome change. If there is an imbalance, it can be addressed through training and technical assistance but that takes even more time and energy. Perhaps, as some suggest, coalitions are best suited to assessment and priority-setting—leaving implementation to particular organizations or small groups of organizations. It is possible that the energy devoted to building and maintaining coalitions could be applied to greater ends elsewhere.

Pennie Foster-Fishman

I wonder if part of our difficulty in capturing coalition effectiveness is due to the nonlinear developmental processes these groups experience. Simple shifts in personnel (in staff or leader or members) or in context (new state or fed mandate, economic shift) can have a powerful effect on a coalition's operations. I observed one group for 2 years. During the first 18 months this group was progressing quickly, implementing many innovative collaborative community projects, and was considered one of the best of its kind in the state. All intermediate outcomes would suggest that this group was well on its way towards success. Then, the staff member resigned and a less effective staff member came on board; the group fell apart—membership dropped, conflict erupted, planned programs never got implemented. Now, 2 years later, the group seems to be functioning well again, with program implementation underway.

Was this group ineffective or effective? It seems to me it depends upon when you asked the question and what you were looking for. This case example also highlights, for me, the importance of a qualitative approach to understanding coalition functioning.

Bill Berkowitz

I believe Pennie's questions are valuable and her mention of the need for qualitative research well taken. But here is a brief comment on a key point made by Michelle:

Michelle raises the question of where the evaluation bar should properly be set for coalition outcome studies. Maybe it's unwise to set it too high. It's true, as Michelle notes, that real-world grassroots projects can rarely afford rigorous outcome evaluations, and it's also true that important outcomes may not show up right away. Qualitative research might help here, as Pennie points out.

If the bar is in fact too high, our belief in coalition effectiveness will rest to a greater degree on faith, a frequent if not-always-invited guest at scientific discussions. That could be okay, especially if openly acknowledged. We can choose instead to lower our expectations; but setting the bar too low risks different dangers. Too many coalitions can then come through the door, evaluative standards get cheapened, and we may believe that coalitions are more wonderful than they really are.

There may be a correct (is that the right word?) bar height, but I'm not sure that science alone can tell us how to set it.

Suzanne Cashman

I enjoyed Bill's article and was struck by its thoroughness and thoughtfulness. Thanks for helping us get to this next step in summarizing the thinking on evaluation of coalitions. I have several thoughts to throw into the hopper:

1. Relative to the "bar," its height, and what we are measuring: I wonder if we should think first of the process that we are asking coalitions to undertake and value how difficult it is to be successful in what we ask of them. This is tough, given the lofty language that usually accompanies the hopes and expectations for people and organizations involved in coalition building (and it's not to say that we should become the Eeyore type character who consistently points out how difficult the task will be). We must track and measure the process involved and work from that staging point before we try to attack precise measurement of outcomes. I think we should be looking at coalitions as natural settings for qualitative study. As one of my friends raised in a non-Western culture pointed out to me, in her culture, frequently, "the process is the outcome." We are asking coalitions to help us do what each organization as a discrete entity has difficulty doing—to span the boundaries and bring us together. It sounds easy, but it is a very tall order—especially to do on a consistently effective basis. (We all know the now well-worn phrase describing coalitions as an unnatural acts engaged in by unconsenting adults.) At any rate, the bar, I think, should be one that allows for progression, so that coalitions can view themselves as moving in a direction of becoming effective (however they may want to define that), rather than simply being viewed as "yes, effective" or "no, not effective."

   Back to the "bar" again—if we value discrete outcomes, we will look only or primarily for/at them and not at some of the other potential value of coalitions. I'm thinking now of some of Robert Putnam's comments as well as the research that documents the protective power of human connectedness. Might coalitions, as a first step, be striving to strengthen a connective power? Can we measure that? And if we can't measure it, does that mean it doesn't have sufficient value for us? (I think not, but that clearly is my bias here.)
2. I think assessment of coalition work is a natural candidate for participatory research, and I think we haven't worked hard enough to make this connection. Ongoing self-assessment may be a means by which coalitions can help themselves move in a given direction, while exposing members to some of the parameters of good evaluation. On

the other hand, it may be just one more thing for them to have to "do," but I'm inclined to think that the upside of this task outweighs its potential downside.

3. I like Pennie's suggestion that we rephrase the question and try to examine how coalitions that make a difference make this happen. This could help us finesse—appropriately, I think—some of the methodological issues that Bill lays out so thoroughly. I suspect also that it would help us get to those areas that we know are so key but that we shy away from being perscriptive about—leadership and governance decisions. These areas can be so different from what people who are leaders in single organizations experience that they call for a reframing of participants' thinking—and that can take considerable time to effect successfully; or, alternatively, can require some trial and error to get right. Like Bill, I don't want to write off coalitions and collaboration as solutions to social and public health problems, nor can I come up with anything better. I also think that we are early in the evolution of collaborative work and need to keep thinking, assessing, and sharing thoughts about it as a way to push to the next level of understanding. Additionally, given the belief that the environment in which collaborations function matter to their ability to get things done, as collaborations become more the norm than the exception, the environment should become more favorable, thus increasing the likelihood that they will be able to achieve their goals.
4. I want to emphasize my thoughts that a qualitative, rather than a purely quantitative, approach to coalition evaluation is the better of the two approaches (not that it ever should be strictly an either/or). Pennie mentions in her comments that we too often hesitate to use qualitative methods to understand coalition functioning. Yet this is probably the only way we will be able to understand how/why coalitions function and the stories that make up their persona. We should take advantage of the fact that qualitative methods have become fairly respected in the broad health services evaluation and research community and champion this approach to understanding and accounting for the work of coalitions.

Fran Butterfoss

Thanks to all of you who came before in helping me to crystallize my thoughts on this very complex and critical issue for health promotion and disease prevention.

Bill, I think the article is on target in many ways and reflects much of the frustration, concern, and general opinion regarding coalitions and their intended and unintended effects. All of us appear to agree that coalitions should not be written off as poor solutions to social/health problems, so it is a question of how to prove that collaboration and coalitions actually work.

As to your definition, I take issue with how community coalitions are distinguished from community collaboratives, but I haven't had the benefit of reading the Berkowitz and Cashman article. I think many community coalition initiatives often are single issue focused, at least to begin with, and may at some later time become multiple issue focused. We also often see what I refer to as the "morphed" community coalition that starts out focusing in one health area (e.g., alcohol and other drug abuse), then moves to another issue to follow the funding stream (e.g., tobacco control). It isn't always the strong agency driven coalition that follows this pattern, but often the smaller coalition that sees many problems on its landscape but only has the resources and volunteer pool to tackle one at a time. I do agree that a strong distinguishing characteristic common to these groups is their proximity to the grass roots in "origin and function."

I agree very much with your Research Obstacles—you have eloquently and logically set out nine obstacles, some of which I never considered. I'd like to comment on a couple of them: Sampling Representativeness—constructing a representative sample is extremely difficult. I have certainly tried to do so in relation to immunization coalitions, an area where I have worked extensively with coalitions at the local, regional, state, and national level for 8 years. I figured that it would be relatively easy to define that universe, at least, and then choose a representative group to sample concerning their work, community focus, and achievement of outcomes. Exactly what you describe is true—some of the more effective coalitions are not those that are published or well known—and the task of finding out all the coalitions that exist for a particular health issue is a monumental task. Rural coalitions tend to be regional in nature and less well funded or known, whereas urban areas may have a multitude of these groups, operating often at cross purposes.

Working from published manuscripts and reports and through a network of CDC field liaisons and national immunization organizations, we identified 104 immunization coalitions. We know this underrepresents those that are out there but this was our best attempt. We were able to get survey responses from only 64 of them even with repeated attempts—at this time, we don't know if only those that were successful or effective responded. We did learn quite a bit from this survey, especially that an average rate of change in immunization rates from the beginning of the coalition to the time of the survey was 20%. Of course, the question becomes how to determine

what percent was directly attributable to coalition efforts. This is where the qualitative piece comes in to do content analyses of minutes and coalition projects, key informant interviews and focus groups of members to uncover "the rest of the story" as Pennie and Suzanne spoke of. Since we have not collaborated well as an academic community on developing common research protocols and replicating our methodologies, it isn't surprising that we find this undeveloped body of research.

I especially agree with Obstacle 8—we can do multiple time period measurement for those coalitions that hang around long enough, but we usually don't. You also cover this issue well under Collection. I think Pennie's comments about the nonlinear nature of coalitions rings true here. At any one time point, a coalition may be high functioning or nearly defunct, depending on staff and funding issues especially. We tend to do our measurements at the height of the coalition and not return to measure again—probably for fear of what we may find. I think it would be very instructive to do some studies that look not only at how and why the effective coalitions are effective, but to look at these groups over time.

What are the key ingredients that sustain the coalitions that remain functional for 5, 8, 10 or more years? Suzanne speaks to the point of not looking at coalitions as effective (yes or no) at any point but whether they are headed in the right direction. In the Coalition Inventory that I use, I ask leaders and staff to rate each item as achieved, not achieved, or partly achieved (and moving forward towards achievement).

Under Compilation, I love the idea of going to the source—maybe using the Community Tool Box to solicit data from coalition leaders and staff or create an active list serve. Given the amount of technical assistance requested of me and many of you in the coalition field, this would be a blessing to provide a forum for ideas and practices that work as well as to delve into these tough research issues.

This brings me to an area very dear to my heart—that of technical assistance, training, and consultation. If we really expect our community coalitions to not only be high functioning, but to engage in collecting systematic outcome data, we have to do some very comprehensive and understandable training. As savvy as these grassroots leaders and community organizers are, they are not trained to do research and evaluation and frankly, these tasks aren't at the top of their to-do lists.

Let's not say that coalitions do not work until we are satisfied that we have done everything in our power to provide the hands on training and ongoing technical assistance that are needed. Coalition leaders and staff need to learn how to assess their communities, involve the right partners, identify the issues, create a realistic plan of action, use best practices as supported by research, assess their progress (both in terms of the coalition

and its activities), readjust their goals and evaluate their outcomes. Data-driven coalitions are more likely to succeed.

I know that all of you who have participated in this discussion on line and a handful of other folks carry the coalition banner that stresses these things. You crisscross the states offering conferences, workshops, keynote addresses, taking part in panel discussions, and serving as evaluation facilitators. Can our efforts be consolidated—can we do more of this in distance education efforts or in interactive web-based efforts? Can we produce and reproduce materials and tools that are inexpensive and easy to understand? The AHEC/Community Partners and Steve Fawcett's group and its Community Tool Box have made grat strides in this area, but many involved in coalition work are not familiar with these resources. In the immunization world, we are ready to hold our third annual immunization coalition conference and the response each year is overwhelming—yet issues of under funding or lack of funding still exist so that many cannot take advantage of this forum. In this same vein, we need to collaborate better across fields to get the latest information and research results out. Maybe the idea of a journal with a targeted focus on Collaboration and Coalitions is not so far-fetched. I find that getting research professionals from the fields of medicine, health education, psychology, sociology, and anthropology to even read each others' work is difficult—again, maybe a multidisciplinary web site on this topic is a good idea.

Finally, Bill, I am glad that you offered alternative interpretations and their consequences. I am sure we all know colleagues who already believe that one or more of these interpretations are true. Yes, coalitions often move slowly, they can be expensive (although my experience is that coalitions can raise in-kind resources that double or triple their initial budgets) and they certainly are labor-intensive. It depends what the desired goal is—certainly the health outcome is only one measure of success—the empowerment, advocacy efforts, and capacity building that coalitions promote are resources that may leave lasting community good will long after the funding agency leaves. I concur with Schorrr's call for measurements of agreed upon outcomes, but these outcomes must be generalizable, as you and others have said. I don't think the truth about overall impacts and determining factors of coalitions will forever elude us; we must remind ourselves of the new and evolving nature of these collaboratives. I am continually amazed about how little I still know about coalitions—just when I have a new hypothesis about what set of factors spells success, I am confronted by ambiguities and exceptions to the rule. We still have a lot to learn and communities are learning along with us—let's not give up on coalitions as a promising vehicle—let's instead work together to develop collaborative research and practice models.

Michelle Kegler

I'm of the opinion that it is too early to write off coalitions as an ineffective approach to addressing social and public health problems. To date, we haven't developed many other good models for engaging communities in identifying and solving problems. We also have a mismatch between what we cite as the advantages of coalitions and the expectations for their success. The typical advantages ascribed to coalitions include: the pooling of resources and expertise to address an issue no single organization can address alone, minimization of duplication and facilitation of coordinated action. It seems to me we should evaluate whether these benefits actually accrue, and then the relationships of these benefits to successful implementation of intervention strategies. For example, is there a pooling of resources in a coalition-based effort? What kind of resources? Are there more resources generated in a coalition effort than efforts headed by a lead agency? What does coordinated action look like? What kinds of contributions do various organizations or community sectors make? Do coalitions actually facilitate coordinated action more than other approaches? A second series of evaluation questions is whether the implemented interventions lead to outcomes—and these questions are not unique to coalition-based efforts, but to all efforts to achieve changes in social and public health outcomes.

Fran Butterfoss

Thanks, Michelle, for your comments. I agree with all you have said but two points especially resonate with me. First, The fact that coalitions do not always initiate interventions that are recognized as best practices or have any hope of leading to real change. A community-driven coalition often jumps into strategies that are safe and compatible with the way that their community conducts business around health issues. Witness the number of coalitions that are eager to engage in health fairs, poster contests, public service announcement development, and traditional educational workshops and presentations when none of these have achieved stellar results in behavior or community level change. I believe that coalitions can be successful implementers when those initiatives are well researched and carried out with fidelity. Second, I am moved by your suggestion to look at the actual benefits that member organizations of coalitions actually receive and how those benefits relate to successful programs and outcomes. We do have a few instances where interventions can be tied to successful outcomes (e.g., tobacco, immunization, cancer screening) but we have not understood why that happens and how we can replicate these kinds of successful strategies with other

coalitions. Is there a common denominator to certain approaches that seem to work most of the time with community-based coalitions (e.g., the use of lay health advisors, physician-led focus groups, reminder/recall systems, peer counseling, etc.)? Thanks for taking us further with these ideas.

Bill Berkowitz

Personally, I agree with Michelle, Fran and the others in not wanting to write off coalitions and collaborations as a solution to social and public health problems. Far from it. But that belief is partly because I can't come up with anything better, wish though I might. Maybe somebody else really does have a better answer—if so, please come forward; or maybe this is simply a failure of our collective imaginations; or maybe this is just the nature of social reality.

Or, alternatively, maybe we can take some solace in the belief that the direction of social evolution is toward more complex structures, and more specifically in the viewpoint that coalitions are still relatively new, that they will naturally become better through trial and error, and that in any case, as for many other phenomena, it will take research a while to catch up with practice. The research questions Michelle and Pennie pose in their comments may be right on target, may be testable, and their answers revealing. We might arrive at those answers if only we were not quite so hard on our professional disciplines and had a little more patience, even though it's important to be tough-minded too. Finding the proper integration of scientific rigor and experimental knowledge—isn't that what the search for truth is largely about?