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Coalition Effectiveness in Preventing Substance Use: A Brief Review

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In recent decades, many communities have chosen to address large-scale public health problems by pooling together resources to create *community coalitions*. By integrating the efforts of agencies capable of addressing all different aspects of particular public health problems, coalitions have attracted the support of many prevention practitioners and researchers.

A number of studies have found the formation of coalitions to have a **positive impact** on:

- substance use
- risk factors for use
- internal functioning of prevention efforts

Read more about these positive impacts in this fact sheet.



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Coalition Effectiveness in Preventing Substance Use

Background

A number of studies have found the formation of coalitions to have a **positive impact** on:

- substance use (e.g., Feinberg, Greenberg, Osgood, Sartorius, & Bontempo, 2007),
- risk factors for use (e.g., Collins, Johnson, & Becker, 2007),
- internal functioning of prevention efforts (i.e., process variables) (Gomez, Greenberg, & Feinberg, 2005).

Coalition Activities

Substance use prevention coalitions have been found to mitigate adolescents' use of multiple types of substances, including marijuana (Flewelling et al., 2005; Spoth et al., 2007), tobacco (Flewelling et al., 2005), alcohol (Flynn et al., 2006), and inhalants (Spoth et al., 2007). In addition to reductions in substance abuse, coalitions have been found to diminish overall initiation of use, as well as affect risk factors predictive of use such as confidence in refusing substances, perceived prevalence of use, perceived availability of substances, and beliefs about parental substance use norms (Collins, Johnson, & Becker, 2007; Flynn et al., 2006; Spoth et al., 2007; Yin, Kaftarian, Yu, & Jansen, 1997).

Specific coalition activities and characteristics appear to enhance the impact that coalitions have on both outcome and process variables.

- There appears to be a dose-response relationship between prevention activities and substance abuse reduction, with **more activities contributing to greater reductions** (Flewelling et al., 2005).
- Coalitions that focus relatively more on prevention activities and community-based actions **show the best impacts** on reducing substance abuse behaviors and related health problems (Crowley, Yu, & Kaftarian, 2000).
- Communities are **more likely to sustain** effective, coordinated prevention plans when members of coalitions are knowledgeable about prevention programming (e.g., skilled at selecting evidence-based programs), have high motivation, maintain effective communication mechanisms, and show high fidelity to the implementation of their prevention models (Gomez, Greenberg, & Feinberg, 2005).



Other Factors

A number of other factors have been shown to facilitate coalition effectiveness.

- **Community readiness** has been found to improve internal coalition functioning and perceptions that coalitions are working (Feinberg, Greenberg, & Oswood, 2004). The authors of this study found that managing the dynamics of internal coalition functioning was more important than dealing with linkages external to the coalition in increasing perceived coalition effectiveness.
- Having **formal organizational structures**, such as committees, paid coordinators, mission statements, regular agendas, and written community assessments, was strongly associated with the number of activities conducted by coalitions (Garland et al., 2004). For example, coalitions without paid coordinators conducted an average of 2.2 activities, while those with paid coordinators conducted an average of 21.7 activities.
- It has also been found that coalitions with more skilled staff and **leadership** as well as more of a **task focus** had greater member satisfaction (Kegler, Steckler, McLeroy, & Malek, 1998). This study also found that coalitions with more dedicated staff time, better communication, greater cohesion, and more formal structures demonstrated more consistent implementation of planned prevention activities.
- Finally, coalitions found to have greater organizational capacity tended to receive more funds **dedicated to coalition building**, delayed the establishment of new lead agencies, had well-established participatory decision-making bodies, engaged in collaborative leadership processes, and maintained successful long-term project directors (Zakocs & Guckenberger, 2007).
- **High quality TA** has been shown to facilitate the implementation of prevention initiatives, improve the quality of prevention programming, and increase fidelity to chosen prevention models (Elliott, 1997; Kelly et al., 2000; Reifler, Cox, Jones, Rushling, & Yates, 1999; van Houten, Hailman, Yanssaneh, & Bowen, 1996).

Conclusion

A number of research studies have demonstrated that well-functioning coalitions can have positive impacts in promoting healthy behaviors in communities.

To find out more about this topic, please visit the Regional Prevention Services website at <http://rpscolorado.org>, and go to the “Coalition Building” section.

