Assessing structure and process of collaboratives using Community Coalition Action Theory[1] (CCAT)

What is collaboration?
Two or more entities (organizations, organizational systems, programs, community groups, or individuals) working together for a common purpose.

Collaborations form the bedrock of public health work to address community needs.

Why collaborate?
To address complex issues, we need stakeholders from multiple sectors and levels of operation to work together toward a common vision and goal[1].

The Role: Engage with and build consensus among diverse organizations and individuals in a community to address a community-level issue or problem[2].

The Format: Collaborative partnerships vary by level of commitment, activities undertaken, membership composition, and intensity (e.g., meeting frequency).

? WHAT IS IT?

CCAT is a type of Interorganizational Relations Theory used to build consensus and actively engage diverse organizations and constituencies in addressing community issues.[2] The lead agency/convener brings together a coalition to engage in core processes – analyzing the problem, assessing needs and assets, planning for action, implementing strategies, and monitoring outcomes.

What makes community coalitions effective?
CCAT is comprised of 14 major constructs which provide a framework for understanding the processes, structures, and outcomes experienced by effective community coalitions.[3]

STAGES OF DEVELOPMENT
Coalition building is cyclical, with three main stages: formation, maintenance, and institutionalization. Common activities over the coalition lifespan include recruiting, mobilizing, organizational establishment, action planning, implementation, evaluating outcomes, and institutionalizing strategies.

COMMUNITY CONTEXT
Coalition success is impacted by sociopolitical environment, geography, history, and norms of collaboration efforts.

LEAD AGENCY/ CONVENER GROUP
Successful coalitions include a lead agency or convener group that provides resources such as physical space, staff, technical assistance and material or financial support. Community gatekeepers working with the convener help develop credibility and trust within the community.

COALITION MEMBERSHIP
Coalitions begin with an initial core group of committed members, but effectiveness increases when the core group expands to include a diverse representation of the community

[1] Butterfoss FD, Kegler MC. The Community Coalition Action Theory. In: DiClemente RJ, Crosby RA, Kegler M, eds. *Emerging Theories in Health Promotion Practice and Research*. 2nd ed. San Francisco, CA: Jossey-Bass; 2009:238–276.)

[2] https://www.med.upenn.edu/hbhe4/part4-ch15-community-coalition-action-theory.shtml

[3] Osmond, J. (2008). Community coalition action theory as a framework for partnership development. *Retrieved November*, *15*, 2009.

OPERATIONS & PROCESSES

Positive outcomes result from open, frequent communication; shared and formalized decision-making; conflict management; positive relationships among members; and member perception that benefits of participation outweigh the costs.

LEADERSHIP & STAFFING

A strong leadership team with commitment, clear and shared vision, and skilled, paid staff contributes to improved coalition functioning, pooling of resources, engagement, and assessment and planning.

STRUCTURE

Coalition success includes having formalized rules, roles, structures, and procedures.

POOLED MEMBER & EXTERNAL RESOURCES

Synergistic pooling of member and external resources, including knowledge, skills, expertise, funding, and equipment results in effective assessment, planning, and implementation strategies.

MEMBER ENGAGEMENT

Satisfied and committed members will participate more fully, resulting in membership empowerment and a sense of belonging, which contributes to positive intermediate and long-range outcomes.

ASSESSMENT & PLANNING

Successful implementation is more likely when an action plan for change that identifies what to do, how to do it, and when to do it.

IMPLEMENTATION OF STRATEGIES

The use of evidence-based interventions directed at multiple levels increases the likelihood for community change, provided that coalition members embrace theory and evidence-based practice as norms.

COMMUNITY CHANGE OUTCOMES

Attention to policies, practices, and environmental factors in addition to individual awareness, education, and behavior change are more likely to achieve long term success.

HEALTH & SOCIAL OUTCOMES

The ultimate indicator of coalition effectiveness is the improvement in social and health outcomes; long-term or sustained improvement can be difficult to demonstrate.

COMMUNITY CAPACITY

Participation in a successful coalition results in increased community and organizational capacity, including leadership, networks, skills and resources, and community solidarity, which builds social capital, and prepares members for dealing with future social and health issues.

THINK ABOUT

❓ How might you measure some of the key constructs?

❓ When starting up a new coalition, you might assess how much coalition members understand the community context and the health and social outcomes the coalition is trying to impact.

❓ The operations and processes of the coalition lend themselves to process measurement; you might consider asking coalition members at each meeting to do a brief assessment – do coalition members feel there is open, frequent communication?

❓ What is the mechanism for shared decision-making?

❓ Do coalition members perceive that benefits of participation outweigh the costs and time?

❓ What would improve their experience?

❓ Are the right leaders in place to convene the coalition?

1825 K St., NW, Suite 250
Washington, D.C. 20006
(202) 775-0436
www.amchp.org