AN ASSESSMENT OF PORTLAND'S PREVENTION PROFESSIONALS' PREPAREDNESS FOR A PRODUCTIVE COALITION

by

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A THESIS:

"**An Assessment Of Portland's Prevention Professionals' Preparedness For A Productive Coalition**," a thesis prepared by Matthew McKendree Springer in partial fulfillment of the requirements for the Master in Public Administration degree in the Department of Planning Public Policy and Management. This thesis has been approved and accepted by:

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Title: AN ASSESSMENT OF PORTLAND'S PREVENTION

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        Collaborative groups are increasingly used as a medium for intervention with complex social health issues, despite scant systemic empirical research on their impact. With increasing funding being poured into these complex inter-organizational relationships, more information is needed to determine if initiation of coalition efforts is likely to be productive. Through survey analysis, this study seeks to investigate if the community of prevention organizations and professionals in Portland, Oregon is well positioned to benefit from a coalition. Secondarily, this research investigates if commonalities exist amongst individuals who claim to have a positive outlook on a potential coalition. The study concludes that the Portland prevention community is theoretically well prepared to benefit from a coalition, assessed along 11 broad points. This study represents a unique way to assess the preparedness of a specific community of service providers that might be replicable by other groups investigating the feasibility of a coalition approach.

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Introduction

Collaborative groups are increasingly used as a medium for intervention in complex social health issues (Rousssos 2000, Butterfoss 1993). Part of their allure is a demonstrated and unique ability to impact change on a community-wide level, addressing risk-factors across different public sectors (Roussos 2000, Butterfoss 1993).

Particular aspects of collaborative groups are well understood, such as the process of formation, and what internal structures and governance processes consistently predict goal achievement (Foster-Fishman 2000, Butterfoss 2002). Despite their apparent successes, systemic empirical research of collaboration is scant (Roussos 2000, Florin 1990, Butterfoss 1993, Granner 2004, Feinberg 2004). With increasing funding being poured into these complex inter-organizational relationships, more information is needed to determine when a collaborative approach is likely to succeed and when it might not.

This study examines coalitions, a particular type of collaborative organization (Butterfoss 1993). Previous researchers have determined that the collective positive attitude of a coalition's members towards the coalition is important to the eventual success of the coalition (Whetton 1981, Foster-Fishman 2001, Fawcett 2000). This research investigates the preparedness of one service community for participation in a coalition. The main question answered by this study is: Is the community of prevention organizations and individual providers in Portland, Oregon ripe for the development of a coalition? Secondarily this study explores trends and commonalities that exist among individuals with a positive outlook on a potential coalition. Answers will help determine if developing a coalition in this community is likely to be fruitful, and more broadly what type of experiences influence an individual's perspective about participation in a coalition.

Literature Review

This study looks at the precursors that lead to positive attitudes about potential coalition. To put that in perspective with other studies, this literature review will define coalitions within the broader research of collaboration, examine structural elements that lead to coalition success, and look at aspects that deter and promote participation of individuals and organizations in coalition efforts.

Distinguishing Coalitions from Other Forms of Partnerships

Research of coalitions spawned out of the study of collaborations. We must therefore begin by defining collaboration.

Collaboration has been distinguished from other forms of partnership. For instance, Himmelmen (1992) describes *cooperation* as two or more organizations working together, but independently; whereas *coordination* is defined as a partnership where resources are shared between partners to accomplish compatible missions. *Collaboration*, on the other hand, is described as a formalized "organization of organizations", formed to address a common purpose that is unlikely to be effectively addressed by any one partner acting independently (Himmelman 1992, Himmelman 1996, Mattessich 1992). Gray and others have further distinguished collaboration by suggesting that a membership that reflects the diversity of perspectives surrounding a collaborative group is an imperative element to collaboration (Gray 1989, Roussos 2000, Butterfoss 1993, Margerum unpublished). Through the inclusion of the spectrum of perspectives, collaboration encourages members to gain a holistic vision from which win-win solutions become more likely.

Minimally, it seems broadly accepted that collaborations:

- Are a formalized relationship between two or more autonomous organizations (Himmelman 2002, Weiss 1987, Gottlieb 1993, Roussos 2000, Mattessich 1992, Gray 1985, Julian 1994, Wolff 2001, Ellis 2000);

- Solicit a diversity of perspectives on a given issue (Roussos 2000); that thereby inspire innovative solutions (Weiss 2002, Wolff 2001);

- Aim to tackle an issue that no organization is likely to address successfully independently (Butterfoss 1993, Himmelman 2002, Francisco 2000, Berkowitz 2000);

- And aim to provide solutions at a community-wide level (Butterfoss 1993, Roussos 2000, Fawcett 2000, Butterfoss 2004);

The line between a *collaboration* and a *coalition* is not clearly articulated in the literature. For instance, Roussos (2000) does not make a distinction between them, instead lumping groups that address community well being under the broad term 'community partnerships'. Weiss (2002) similarly lumps all types of collaborations as 'partnerships'. Whetton (1981) describes a 'coordinated group of autonomous organizations' as an *alliance*, and a coalition as a type of alliance. Butterfoss also describes coalitions as '*working alliances*' (Butterfoss 1993), but the same author goes on to explain that coalition members advocating on behalf of the coalition as an individual entity (in addition to the organizations they represent) is what distinguishes coalitions from 'other types of groups' (Butterfoss 1993).

Other contemporary definitions of coalitions, however, do more to distinguish them from other forms of partnerships. For instance, coalitions are often used as an intervention strategy that seeks to alter community-level behavior at multiple-levels (Hawkins and Catalano 1992, Stokols 1992, Butterfoss 1993, Roussos 2000, Francisco 2000, Berkowitz 2000). Coalitions, therefore, target a membership that represents different sectors of the community (e.g. governmental, nonprofit, private etc), but also different constituencies of the community (e.g. youth services, education, public health etc) (Butterfoss 1993, Foster-Fishman 2001). Recent literature also emphasizes that altering chronic social conditions is a long-term process, and therefore coalitions should be planned as long-term, durable multi-purpose agencies able to adapt to changing needs (Benard 1989, Wandersman 1991, Butterfoss 1993).

Several researchers have gone on to distinguish between different types of coalitions. Florin and Cahvis (1990), for example, make a distinction between '*agency-based'coalitions*, an intervention body composed of professionals, and '*community-based'* coalitions, with the general public at their core. Feigherty and Rogers (1989) took this distinction one step further introducing '*community-coalitions'* as a hybrid between '*grassroots coalitions'*, composed of volunteers, and '*professional coalitions'*, composed of service professionals

The biggest distinguishing factors between coalitions and collaborations seems to be that coalitions engage a diverse membership across sectors (though their views might be similar), while collaborations actively engage divergent perspectives; and coalitions are intended to intervene in social behavior that requires long term intervention. Collaborative groups are not necessarily a long-term endeavor (though many are).

While the idea of an independent group of organizational partners from different sectors acting on community-wide goals (coalition) is conceptually distinguishable from a group designed to inform a holistic vision from which to form a strategy (collaboration) the end result seems the same: better informed stake-holders likely to make better choices with richer understanding of the big-picture surrounding an issue. For the purposes of this study, the author considers coalitions as a particular type of collaboration, that engages a broad spectrum of stakeholders to focus on a longer-term, social-level intervention in new and innovative way (Weiss 2002).

Coalition Structure
Previous research has revealed some characteristics of coalitions that help predict their success. For instance, the characteristics associated with the best practices of a coalition's internal capacity are well documented.

There is strong indication that structure adds to the success of collaborations. Collaborations should have formalized agreements, mission statements, goals, and objectives (Foster-Fishman 2001, Weiss 1987, Gottlieb 1993, Roussos 2000, Mattessich 1992, Gray 1985, Julian 1994, Wolff 2001, Ellis 2000). Programs with a clear focus have

5-6 times higher rates of community change than those without such structure (Fransisco 1993). Leadership is also critical to a coalition's effectiveness (Fawcett 2000, Mattessich 1992), and may be the most important element within coalitions (Roussos 2000). In addition to strong leaders, shared and formalized responsibility for decision making is important (Mattessich 1992, Skaff 1988), because democratic or consensus models increase satisfaction, participation, and effectiveness of members (Roussos 2000, Skaff 1988, Foster-Fishman 2001, Himmelman 1996). Between 7-15 members is ideal for any type of decision making group (Strauss, 1999). With that caveat, diverse representation of all perspectives and interests is important (Mattessich 1992, Roussos 2000, Wolff 2001, Foster-Fishman 2001, Kegler 1998).

The availability of financial resources is also critical and predicts positive outcomes (Roussos 2000, Fawcett 2000, Mattessich 1992, Dukes 2001, Wolf 2001). Aside from supporting professional staff, financial resources can also be directed towards ongoing evaluation, which helps collaborations track progress, identify barriers to advancement, adapt to changing needs, and redirect efforts towards effective activities (Roussos 2000, Julian 1994, Hawe 1997, Fawcett 2000). Financial resources also can allow for technical assistance and skills training, which result in increasing productivity for collaborative partnership (Roussos 2000, Fawcett 2000, Wolff 2001, Foster-Fishman 2001).

It is important to note that these best practices relate to conditions and structures that exist within already formed coalitions, that have already become independent and distinct from the organizations from which they spawned. Taking a step back, it becomes important to ask what encourages organizations and individuals to partake in coalitions in the first place.

Factors That Deter and Promote Collaborative Participation

Deterrents

There are a number of disincentives for participation in a collaboration. For instance, the famous tussle in the Pacific Northwest over the spotted owl was initiated by environmental groups empowered through legal action to obstruct powerful corporate

entities. As Gray (1989) suggests, such groups would likely have their comparative power diminished by participation in collaborative processes. As long as power is distributed inequitably between opposing groups, the more powerful group is likely to press its advantage as long as it can achieve its goals acting unilaterally (Zartman 1985; Stedman 1991; and Hass 1990; as reported in Rasmussen). Conflicts typically escalate until a power asymmetry occurs between the main adversaries (Whetton 1981, Whetton 1989). Once primary parties perceive that unilateral solutions have become blocked, the conflict may be considered 'ripe' achieving the status of a 'mutually hurting stalemate' (Gray 1989, Zartman 1985; Stedman 1991; and Hass 1990; as reported in Rasmussen). This is the point at which groups gain greater incentive for participation in alternative forms of conflict resolution.

Other broad constraints can create disincentives as well. Gray (1989) points out that collaborations have distinct goals from their member's organizations. By investing time and energy to an effort not directly pushing their main agenda, an organization's efforts can become 'diluted'. Gray (1989) also cites historical and ideological differences between organizations as a key potential deterrent of participation.

Those in charge of interpreting legislative regulations might suggest that involvement in collaboratives violates legal parameters. Margerum (unpublished) points out that when the Federal Advisory Committee Act (FACA) was implemented, conservative interpretations of the law led to a decline in federal agency involvement in some collaboratives due to concerns of the legality of participation, but others interpreted that FACA should not limit such participation. Similarly, budgetary processes can also create a hurdle for collaborative groups since most groups are forced to anticipate financial needs a year in advance, and resource requirements of collaborations are not conducive to easy prediction (Gray 1989).

A host of a procedural obstacles can also thwart participation in collaborations. One study of collaborations found partnerships, on average, had 10 different types of partner organizations (Butterfoss 2006). With different organizational structures, kinds of

information tracked, methods of evaluation, and differing communication procedures it can be hard for organizations to find a way to communicate effectively about the same subject. Margerum (2004) points out the difficulties the Bureau of Land Management and U.S. Forest Service had just in integrating their agency's maps of the same region during a collaborative effort in the Rogue River Basin.

Well documented costs of participation include:

- The commitment of significant time, money and energy (Butterfoss 2004, Roussos 2000, Birkby 2003);

- Loss of autonomy in decision making (Butterfoss 2004, Gray 1989);

- Dilution of focus on organization's mission (Gray 1989); and that

- Maintenance of relationships is simply too costly for particular organizations (Butterfoss 2004, Roussos 2000, Fawcett 2000, Mattessich 1992, Dukes 2001, Wolf 2001).

In addition to resource costs, other factors frequently act as barriers to an organization's participation in coalitions including:

- Lack of skills necessary to participate effectively (Butterfoss 2004, Hawe 1997, Foster-Fishman 2001), including collaborative communication, conflict resolution, and joint decision making skills;

- Historic animosity or ideological differences with potential partner organizations (Gray 1989);

- Substantial power differentials between participant organizations (Rasmussen 2000, Gray 1989);

- Lack of direction from staff (Butterfoss 2004); and

- Overcoalitioned communities (Wolff 2001), when the number of coalitions creates communication barriers between them.

Promoters:

On the other hand, there are many factors that catalyze participation from organizations. The most obvious reason to engage in a collaborative effort is that the collaborative effort increases the chances of achieving a particular goal. Butterfoss (2004) describes these achievement based incentives as 'purposive', also suggesting that purposive incentives are the most important factor in catalyzing organizational participation in coalitions. Participation in coalitions increases the likelihood of achievement primarily by increasing access to other organization's material and informational resources (Whetton 1981). In other words, collaborations offer a forum for pooling resources. It is worth noting at this point that purposive incentives are simply *perceptions* that a coalition will achieve an outcome. This study will return to this idea later.

Organizations are more likely to pool resources in this way when:

- Mutual needs are recognized that might be met through collaboration (Fawcett 2000), or when there is even a recognition of organizational interdependence (Whetton 1981);

- Mutual trust exists between organizations (Butterfoss 2006), that is perhaps promoted by history of previous collaborative relationships also helps (Butterfoss 2006, Fawcett 2000, Whetton 1981);

- There is a history of collaboration (Butterfoss 2006)

- There is a scarcity of resources (Fawcett 2000, Gray 1989);

- Existing efforts to address the issue have failed (Fawcett 2000, Gray 1989);

- They are mandated to do so or there is a strong catalyst organization (Fawcett 2000);

- Organizations are compatible (Whetton 1981) and in close proximity (Butterfoss 2006).

'Community readiness' is also frequently cited as a motivating factor, but rarely is the term specifically defined (Fawcett 2000, Feinberg 2004, Butterfoss 1993, Butterfoss 2006). Seemingly, community readiness relates to the infrastructural and leadership capacity within a given community, and is positively correlated with that region's social capital (Roussos 2000, Butterfoss 1993). If community readiness is low, some suggest pre-readiness activities should take place before investing in collaborative efforts. Pre-readiness activities could include investing in democratic oriented leadership, conflict management skills, and redevelopment of leadership and institutional infrastructure (Feinberg 2004). Feinberg (2004) also suggest that poor community readiness can be overcome by strong internal organization within collaboratives.

Conditions exist that will both promote and deter an organization's participation in a collaborative effort. Interestingly, the costs seem well defined with clear boundaries. For instance, we can state with some confidence that collaboration requires the investment of significant time, energy and resources. The potential benefits of participation, however, are unreliable, and the impacts uncertain. Participation therefore is a risk. The risk of participation weighs the largely *known* costs against the *perceived* benefits. Studies suggest that there must be 1.6 times the perceived benefits (in comparison to perceived costs) for individuals to voluntarily engage in such risks (Ansari 2004).

Individual Involvement

Beyond organizational enthusiasm to participate in coalitions, individuals must also make important decisions about participation. Strong managerial or organizational support go for naught if the individual representative holds a poor opinion of the partnership. Many studies suggest that coalitions composed of individuals who hold a positive attitude towards the specific collaborative effort are more likely to be successful (Whetton 1981, Foster-Fishman 2001, Fawcett 2000). Many of the broader environmental factors listed previously can contribute or detract from these positive attitudes, but individual perspectives can contribute as well. The literature suggests that individuals tend to hold positive attitudes about a particular collaborative effort when they:

- Perceive the collaboration will produce outcomes (Fawcett 2000, Butterfoss 2004);

- Perceive a need for the collaboration (Foster-Fishman 2001, Butterfoss 1993, Mattessich 1992);

- Are committed to the target problem (Foster-Fishman 2001);

- Have a strong professional background (Whetton 1981);

- Respect the other members involved in the proposed partnership (Whetton 1981);

- Can identify how their specific skills or knowledge will contribute to the effort (Foster-Fishman 2001);

- Perceive that they are likely to be recognized for their contribution within their organization (Whetton 1981, Fawcett 2000, Butterfoss 1993, Wandersman 1993);

- Perceive that participation will increase their skills (Fawcett 2000, Butterfoss 1993, Wandersman 1993).

These factors contribute to the likelihood that an individual will participate in a collaborative effort, and do so willingly with positive expectations. Fawcett (2000) points out that these positive expectations may create the climate that sustains member commitment, once the collaborative organization has formed. It is important to understand, therefore, what circumstances or experiences catalyze these positive perspectives within individuals primed for participation in coalitions. This will be one of the foci of this study.

Analytic Approach

While methods of assessing community readiness have been implemented by previous researchers, their assessments have focused on the likelihood that a whole community will be receptive to the work of a coalition, not the readiness and experience of the individuals likely to participate in the coalition. For instance the Social Reconnaissance approach (Kaye & Chavis, 1997) evaluates a community's state of knowledge, and the Community Asset Assessments (Kretzmann & McKnight, 1993) looks at human and infrastructural resources within a community. Further examples include Yaffe and Wondolleck's Assessing Whether to Participate in a collaborative Process: Detailed Evaluation, which helps individual organizations determine if a collaboration is likely to help them achieve their goals (Wondolleck 2001). This study will differ from previous research by assessing the preparedness of individuals within a specific target demographic, rather than organizational or community preparedness.

This study investigates a particular community, the professionals that make up Portland, Oregon's community of prevention service providers. Indications are this community's prevention efforts are compatible and interdependent, yet their services, funding streams, and staff teams remain fragmented, largely because government funding structures create 'silos', running counter to the holistic community health approach (CPW 2007). In other words, it is a community that might benefit from the formation of a prevention-focused coalition. Stemming from previous coalition research, we can identify key elements that, if in place, make the potential coalition more likely to succeed. By asking specific questions of the individuals in this community, we should be able to determine if those key theoretical elements exist.

Table 1 lists the questions this study will answer, the research that indicates the importance of the answer, and the corresponding survey questions that evaluate the Greater Portland Area prevention community's responses to questions posed.

Table 1:

Assessment Questions and Their Theoretical Grounding (all questions from Survey 1 unless otherwise indicated)

Questions Answered by Survey	Studies that Indicate the Importance of Evaluating This Question	Corresponding Survey Questions
1. Do prevention service providers have a history of partnerships in Portland?;	Foster-Fishman 200; Himmelman 1992; Himmelman 1996; Roussos 2000	1-16
2. If so, can those partnerships be accurately described as collaborations?;	Foster-Fishman 200; Himmelman 1992; Himmelman 1996; Roussos 2000	7, 9, 10, 11, 13, 14a, 14b, 14c, 16
3. Is there a perceived need for a prevention coalition amongst prevention providers?;	Allen 1994; Aronson 1980; Auluck 1991; Barton 1997; Bitter 1977; Butterfoss 1993; Byles 1985; Coe 1988; Flynn 1987; Foster-Fishman 2001; Gottlieb 1993; Gray 1985; Harrison 1990; Hawe 1993; Herman 1991; Mattessich 1992; McCann 1986; Means 1991; Mintzberg 1996; Mulroy 1998; Orians 1995; Pasquero 1991; Peck 1995; Roberts-DeGennaro 1997; Rogers 1993; Sink 1991;Wandersman 1997;Wood 1991; Zapka 1992	19

Table 1:

Assessment Questions and Their Theoretical Grounding (all questions from Survey 1 unless otherwise indicated)

Questions Answered by Survey	Studies that Indicate the Importance of Evaluating This Question	Corresponding Survey Questions
4. Do prevention providers hold a positive view of previous collaborative experiences?;	Foster-Fishman 2001, Butterfoss 1993, Foster-Fishman 2001, Allen 1994; Aronson 1980; Auluck 1991; Barton 1997; Bitter 1977; Butterfoss 1993; Byles 1985; Coe 1988; Flynn 1987; Gottlieb 1993; Gray 1985; Harrison 1990; Hawe 1993; Herman 1991; Mattessich 1992; McCann 1986; Means 1991; Mintzberg 1996; Mulroy 1998; Orians 1995; Pasquero 1991; Peck 1995; Roberts-DeGennaro 1997; Rogers 1993; Sink 1991;Wandersman 1997;Wood 1991; Zapka 1992	1a, 1b, 2, 3, 4, 10, 11, 14a, 14b, 14c, 16
5. Is funding available for a coalition effort?;	Butterfoss 1993; Foster Fishman 2001, McCann 1986; Roussos 2000; Wandersman 1994;	10, 11, 12 (Survey 2)
6. Do prevention providers believe the benefits associated with participation in a coalition outweigh the costs?;	Foster-Fishman 2001, Aronson 1980; Auluck 1991; Bitter 1977; Butterfoss 1993; Chinman 1996; Foster-Fishman 2000; Gray 1985; Hawe 1993; Herman 1993;Kegler 1998; Mattessich 1992; McCann 1986; McLeroy 1994; Mulroy 1998; Roberts-DeGennaro 1997; Rogers 1993; Sink 1991; Wandersman 1997; Zapka 1992	1c, 5, 6
7. Can respondents recognize their role in contributing to a coalition effort.	Foster-Fishman 2001, Herman 1993; McCann 1986; O'Donnell 1998; Zapka 1992	13, 14

Table 1:

Assessment Questions and Their Theoretical Grounding (all questions from Survey 1 unless otherwise indicated)

Questions Answered by Survey	Studies that Indicate the Importance of Evaluating This Question	Corresponding Survey Questions
8. Do potential participants respect one another?	Auluck 1991; Bartunek 1996; Bitter 1977; Bond 1993; Butterfoss 1993; Coe 1988; Foster-Fishman 2001; Gray 1985; Harbert 1997; Harrison 1990; Logsdon 1991; Mattessich 1992; McCann 1986; Mintzberg 1996; Mulroy 1997; O'Donnell 1998; Orians 1995; Peck 1995; Ring 1994; Rogers 1993; Sheldon-Keller 1995; Sink 1991;Wischnowski 1995; Zapka 1992	26, 28, 29, 32
9. Does the prevention community contain individuals with a high degree of professionalism, collaboration skills, and commitment to prevention issues?;	Aronson 1980; Auluck 1991; Feighery 1990; Flynn 1987; Foster-Fishman 2001,Glisson 1998; Goodman 1993; Mintzberg 1996; Mulroy, 1998; Peck 1995; Rogers 1993; Roussos 2000;Wandersman 1997; Zapka 1992	39, 40
9. Does the prevention community contain individuals with a high degree of professionalism, collaboration skills, and commitment to prevention issues?;	Aronson 1980; Auluck 1991; Feighery 1990; Flynn 1987; Foster-Fishman 2001,Glisson 1998; Goodman 1993; Mintzberg 1996; Mulroy, 1998; Peck 1995; Rogers 1993; Roussos 2000;Wandersman 1997; Zapka 1992	39, 40

Table 1:

Assessment Questions and Their Theoretical Grounding (all questions from Survey 1 unless otherwise indicated)

Questions Answered by Survey	Studies that Indicate the Importance of Evaluating This Question	Corresponding Survey Questions
10. Is there a strong catalyst organization, and an individual capable of providing competent and respected leadership to a coalitions effort?;	Fawcett 2000, Mattessich 1992, Roussos 2000	31, 32
11. Lastly, do the potential stakeholder expect success?	Butterfoss 1993, Florin 1984, Hawe 1993,	19, 20, 23, 21, 22, 52

This study evaluates the preparedness of individuals within the Portland prevention community to participate in a coalition. Most other research has focused on the characteristics of the community in which a collaboration is to be based (Kaye 1997, Kretzman, 1993), or on the characteristics of individuals that will comprise a potential collaboration (Wondelleck 2001). Because this survey instead assesses the overall and individual characteristics of the members of an entire local professional community, the survey (see Appendix 1) might serve as a template for other communities attempting to evaluate if a particular 'service community' could be well served by a coalition or collaborative effort.

Additionally, this study will look at respondents' perspectives about a potential coalition. By investigating characteristics of enthusiastic versus skeptical respondents this study seeks to determine if trends exist that explain why some view a potential coalition positively and other do not. If those characteristics are malleable, coalition leaders might be more successful when determining coalition membership, or technical support needs.

Measures

The independent variables in the study will be the factors contributing to a positive attitude about a broad-scale prevention coalition. These factors will include: age, time spent in field, knowledge about prevention best practices, employer (e.g. county government, nonprofit organization etc . . .), gender, positive and negative past experiences with collaboration, level of previous partnerships (e.g. coordination, cooperation etc . . .), perspective of previous collaboration outcomes, professionalism, and perceived need for collaboration. These independent variables stem from the available research theory about collaboration and coalitions, which suggest these elements (aside from the basic demographic details) play a role in a positive outlook on collaboration (Whetton 1981, Foster-Fishman 2001, Fawcett 2000).

The dependent variables in this study will be the respondent's positive (or non-positive) outlook on a potential broad-scale prevention coalition in the Greater Portland Area.

Methodology

Preliminary research of the professionals working in the prevention field was conducted to determine, to the fullest extent possible, the entire prevention working community in the Greater Portland Area. Prevention was defined as: "any activity that promotes protective factors in youth or their families. Helping develop protective factors in youth includes such activities as promoting their positive self-image, developing pro-social communication skills, and increasing the time a youth spends with their parents."

The population of prevention professionals is hard to ascertain. Many professionals doing prevention work do not self-identify as working within this sector despite clearly helping to facilitate activities that reduce the susceptibility of youth and families to risky behaviors. Similarly, it is difficult to identify professionals that do not have some form of "prevention" identified in their job title. Our contact list was created by a research team at the University of Oregon who identified organizations that provided prevention services, and through web-searches within Portland's governmental agencies for individuals with "prevention" in their job title. Larry Langdon, Multnomah County's,

Prevention Coordinator, was consulted after compilation of the initial survey-target list to determine its breadth and accuracy, and the list was augmented accordingly to a total list of 319 individuals (see Appendix for list). While most of these surveys were sent to individuals, some were also directed at organization's general inboxes. After the first survey was sent out, 57 addresses were removed from the list because they were incorrect or inappropriate email addresses. The ill-defined parameters of the target population exacerbates difficulties in assessing sampling error and accuracy.

The survey design included a variety of questions types, including open-ended, closed-ended questions, ordinal, check-all-that apply and dichotomous formats. On formats that asked for check-all-that-apply responses, the answer orders were randomly ordered to avoid sampling error due to satisficing.

The survey was administered electronically in two sections. The first section, administered in November of 2006, evaluated participants experiences with partnerships and their perception of a proposed coalition. The second section, administered in February of 2007, evaluated participants knowledge of prevention compared with the best practices as suggested by research, and perception of a proposed coalition. Contacts were directed to a web-link which redirected them to the survey web-site. A total of four email reminders were sent, and contacts had 4 weeks in which to respond to each survey.

Seventy-nine people responded to our initial survey, and 58 respondents answered the second. We assume that the 'true' population of prevention 'professionals' in the Greater Portland Area is between 200-250 individuals. If true, respondents to our surveys represent 32-40% and 24-30% of this population. The lack of a defined intervention population highlights one of the difficulties of surveying a population for a project such as this. As a result, the professionals contacted for this study may not accurately reflect the actual intervention population.

The surveys were distributed using an online survey tool (www.surveymonkey.com). While the tool limited individual computers to a single response, deterring individuals from responding multiple times, individual identities were not tracked. While there is

between 33-60% overlap in respondents between surveys (the gap represents respondents who couldn't remember if they had responded to the hour-long survey), we were unable to connect the two respondent populations due to a lack of sufficient personal identifiers, however, the surveys were intended to investigate two distinct issues, as noted above, and therefore the inability to link respondents was only a minor limitation.

Both sets of respondents seemingly represented the targeted diverse array of services, sectors, perspectives, and constituencies the survey was aimed at. **Table 2** describes the two respondent populations.

Table 2:
Frequency Descriptions of the Two Survey Respondent Populations

Category	Section 1 Survey		Section 2 Survey	
	Percentage of Respondents	**#**	**Percentage of Respondents**	**#**
Self-describe as prevention professionals	56.7%	38	60.9%	28
Sector in which respondents practice prevention				
• Physical Health	19.7%	12	15.9%	7
• Drug and Alcohol Abuse	31.1	19	22.7	10
• Mental Health	31.1	19	13.6	6
• Violence Prevention	34.4	21	13.6	6
• Housing Assistance	19.7	12	6.8	3
• Economic Assistance	14.8	9	2.3	1
• Employment Assistance	9.8	6	6.8	3
• Homelessness	19.7	12	6.8	3
• Crime	6.6	4	9.1	4
• Youth and Family Services	21.5	17	36.4	16
Number of years in prevention work				
• Less than 10 years	43.4%	26	34.9%	14
• More than 10 years	53.3	32	62.8	27
Age				
• Less than 50 years of age	51.6%	32	46.4%	20
• More than 50 years of age	48.4	30	53.5	25

Table 2:
Frequency Descriptions of the Two Survey Respondent Populations

Category	Section 1 Survey		Section 2 Survey	
	Percentage of Respondents	#	Percentage of Respondents	#
Gender				
• Female	72.1%	44	73.3%	33
• Male	27.9	17	26.7	12
Position within organization/agency				
• Managerial role	65%	40	82%	36
• Non-managerial role	35	22	18	8

Table 2 demonstrates that while there was some difference between survey respondents, the respondent populations were similar in age, years in the field, professional position, gender, and number of clients. **Table 3** further demonstrates that there was no significant difference between the respondent populations by examining t-values testing the difference between the mean values of these variables in the two surveys. None of the t-values is statistically significant.

Table 3:
Comparing Survey Respondent Populations

Characteristic	Survey 1	Survey 2
Age		
Mean	1.48390	1.53490
N	62.00000	43.00000
	0.50382	0.50468
Standard Deviation		
T-test	0.51000	
Years in Prevention		
Mean	1.55170	1.39130
N	58.00000	46.00000
	0.50166	0.49344
Standard Deviation		
T-test	1.63600	

Table 3:

Comparing Survey Respondent Populations

Characteristic	Survey 1	Survey 2
Professional Position		
Mean	1.31110	1.44190
N	45.00000	43.00000
	0.55687	0.82527
Standard Deviation		
T-test	0.86670	
Gender		
Mean	1.72130	1.73300
N	61.00000	45.00000
	0.45207	0.44721
Standard Deviation		
T-test	0.08900	
Number of Clients		
Mean	1.69640	1.66670
N	56	42
	0.46396	0.47712
Standard Deviation		
T-test	0.3096	

It is encouraging that no statistical difference could be found between the two respondent populations, indicating minimally that they did not differ significantly from one another on these demographic and occupational characteristics. Because, however, we do not have knowledge of the characteristics of the total population, the extent of sampling error remains uncertain.

Approach

In part I of this study, the overall characteristics of the two survey respondent samples are explored, describing the gender, age, employment sector (e.g. Health, Mental Health etc . . .), employer type (county government, nonprofit organization etc . . .), experience with partnership (that will be determined from survey responses to specific partnership-level questions in reference to definitions within the literature), and perspectives of survey respondents about a potential prevention coalition (the dependent variable).

Through examination of survey responses, respondent's answers to the questions (posed earlier in **Table 1**) are explored to determine if the theoretical conditions exist for a coalition effort to be successful. This represents the first major element of this study.

The following section indicates how the author assessed the answers to the broad questions posed in **Table 1.**

1. Do prevention service providers have a history of partnerships in Portland?

Respondents were asked to respond to many questions that detailed their partnerships with other organizations. Respondents describing particular partnerships were presumed to have been personally involved in professional partnerships.

2. If so, can those partnerships be accurately described as collaborations? The author used the previously given definition of coalition ("*a particular type of collaboration, that engages a broad spectrum of stakeholders to focus on a longer-term, social-level intervention in new and innovative way*") as a point of reference to determine if respondents experience with partnerships could be classified as collaborations.

3. Is there a perceived need for a prevention coalition amongst prevention providers? The statement "There is a need for a higher-level of organization of prevention efforts within the Greater Portland Area" was provided in Question 19. Respondents indicating an "agree" or "strongly agree" response were considered to perceive a need for a coalition.

4. Do prevention providers hold a positive view of previous collaborative experiences? Respondents indicating an "agree" or "strongly agree" responses to questions 1.1 ("partnerships . . . have achieved positive outcomes"), 1.2 ("partnerships . . . have been an efficient way"), 1.3 (the benefits of partnership have outweighed the costs), or answering in the affirmative to question 10.1 ("mutually beneficial: both organizations/agencies gain") were considered to hold positive views about previous collaborative efforts.

5. Is funding available for a coalition effort? Respondents indicating a "yes" or "maybe . . ." response to Question 12 on Survey II ("Do you believe sufficient resources could be identified to fund and operate a prevention focused coalition") were considered to believe sufficient funding is potentially available. Respondents answering Question 14 (Could an appropriate amount of funding be identified to fund a prevention coalition?") on Survey II in the affirmative were also considered to believe funding for a coalition could be identified. Further, it is assumed that respondents that answered in the affirmative to the statement "I believe there are reasonable conditions under which a prevention coalition could achieve success" (Question 23) believed funding issues were not insurmountable.

6. Do prevention providers believe the benefits associated with participation in a coalition outweigh the costs? It was assumed that respondents answering Question 1.3 ("The positive outcomes achieved by the partnerships . . . make the costs of participation worthwhile") with "agree" or "strongly agree" believed that the benefits or participation outweighed the costs. Further the author assumed that respondents answering Question 20 ("Do you believe a coalition of prevention providers in an effective way to provide oversight over prevention efforts in the Greater Portland Area") with a "yes" response believed that the benefits of a coalition would outweigh the costs.

7. Can respondents recognize their role in contributing to a coalition effort? Respondents answering Question 9 on Survey II (If a coalition were formed, my skills/knowledge would . . .") with "be very important to such a group" or "be important to such a group" were considered to highly value their contribution, whereas those answering ". . .there are likely others that could make a similar contribution" were considered to value their contribution but not view themselves as critical.

8. Do potential participants respect one another? The author considered responses to Questions 26 (that asked which sectors should have representatives in a coalition effort), 28 (which asked which specific organizations should be included in a coalition effort) and 32 (which asked respondents to indicate individuals or organizations that should not

be included) in analyzing this question. It was assumed that if a respondent indicated that a sector or organization should be involved, that their contributions to such a group were respected. On the other hand, it was assumed that respondents indicating that certain individuals or organizations should not be included did not respect the potential contributions of those entities.

9. Does the prevention community contain individuals with a high degree of professionalism, collaboration skills, and commitment to prevention issues? In evaluating if their was a high degree of professionalism, the author considered the answers to Question 39 (. . . how long have you worked in the prevention field) and the same question (Q 31) on Survey II. The group of respondents indicating they have held a prevention job for over 10 years were considered to have a high degree of professionalism. Respondents answering "prevention activities" to Survey II's Questions 5 ("not enough emphasis on . . ."), answering "disagree" or "strongly disagree" to Survey II's Question 10.2 ("The Greater Portland Area has sufficient prevention resources"), or answered Survey II's Question 17 by suggesting that prevention activities held the "most potential" as an intervention strategy were considered to hold a high commitment to prevention activities. The direct connection between responses and the question posed are not as direct as in other elements of this survey.

10. Is there a strong catalyst organization, and an individual capable of providing competent and respected leadership to a coalitions effort? The answer to this question must include an element of circumstantial background, since Multnomah County has already spent significant resources to investigate the feasibility of a prevention coalition in the area (CPW, 2006). The author also considered respondents who indicated "Multnomah County" as an answer to Question 30 (". . . the organization or agency that you believe would be a good choice to lead a coalition effort") to consider if Multnomah County was a reputed strong potential leader for coalition efforts.

11. Lastly, do the potential stakeholders expect success? On both surveys respondents were asked "do you believe there are reasonable conditions under which a prevention

coalition could achieve success?". On Survey II all respondents were directed to this question, and therefore all affirmative responses were considered to be individuals that considered the achievement of success through a coalition as possible. On survey I, however, only respondents answering "maybe . . ." or "no" were directed to this question. Therefore, the # of respondents answering 'yes' were added to # of respondents that answered "yes" to Question 20 ("Do you believe a coalition of prevention providers is an effective way to provide oversight over prevention efforts in the Greater Portland Area?") and divided by the total number of survey respondents to calculate a percentage of respondents that believe a coalition could be successful.

Part II of this research involved a statistical analysis of the impact of different characteristics and experiences of individual's who felt positively about potential coalition efforts (the dependent variable) as opposed to those who did not.

During statistical analysis, several questions were recoded using SPSS (originally, Statistical Package for the Social Sciences) statistical software. Ordinal questions were recoded into an agree category combining "strongly agree" and "agree" responses, a disagree category that combined "strongly disagree" and "disagree" responses, and a neutral category reflecting the "neither agree nor disagree" category. The dependent variable (Question 20 on Survey 1, and Question 7 on Survey 2) was also recoded, combining the "no" and "maybe . ." categories to create a negative response category that could be compared to "yes" responses to the question. Further, respondents' ages were recoded into two categories, above and below fifty. Similarly, two categories were created for respondents "positions within their organizations", either placing them in a managerial category (comprised of "Executive Directors", "Directors", "Site-Coordinators", "Project Managers" and "Managers") and a comparative non-managerial category.

Part I

Results

To describe the findings of this study we will revisit the questions posed at the beginning of this report in **Table 1.** In some cases analysis reveals a clear-cut answer to questions, while in others, analysis can only highlight trends through descriptive analysis. The threshold for determining if a condition exists is independent for each of the questions posed. The literature does not provide specific thresholds or benchmarks that allow definitive conclusions. Subjective interpretation is therefore required to make judgments about many of the evaluated conditions. For instance, indications are that as little as 17% of participants are engaged in collaborative partnerships at present, however, given the rarity of truly high level partnerships, a 17% threshold could be viewed as sufficient. On the other hand, only 65% of respondents indicated that sufficient funding could be identified to fund an effort. Again, this requires subjective analysis to determine if this 65% represents sufficient critical mass to consider this an affirming response. Due to the limitations of circumstantial subjectivity, it is ultimately logical for those who will contribute resources, time, and energy to a coalition to weigh the evidence against the likely risks of undertaking a coalition effort. This research will offer the perspective of the author in the discussion section.

This next section will explain the results of survey data as they pertain to each of the broad conditional questions described in **Table 1**.

1. Do prevention service providers have a history of partnerships in Portland?
Clearly respondents indicated that partnerships had played an important role in the operations of their organizations. All of the respondents indicated they had individually participated in partnerships professionally. The indication, therefore, is that prevention

providers have experience with the skill-set required, and a culture that is accepting of future partnership efforts.

2. If so, can those partnerships be accurately described as collaborations? There appears to be a lot of variation in the level at which respondents indicate their organizations interact with other organizations. While the majority (54%) of respondents indicate that partnerships tend to address coordination of overall activities that span the entire community, indicating high level partnerships, most suggest there activities revolve around "increasing communication between agencies" and "solving common problems". Still, 17% indicate their relationships with other organizations revolve around brainstorming solutions to complex problems, indicating high level collaboration. It is worth noting that collaboration-level relationships are fairly rare amongst organizations in general.

3. Is there a perceived need for a prevention coalition amongst prevention providers? Eighty-six percent agree or strongly agree that there is a need for a higher level of organization within prevention in the Greater Portland area.

4. Do prevention providers hold a positive view of previous collaborative experiences? Ninety percent "agree" or "strongly agree" that partnerships they have participated in have achieved positive outcomes, and further, 83% agree or strongly agree that the benefits of partnership outweigh the costs Seventy percent agree that partnerships have been an efficient way to address problems.

5. Is funding available for a coalition effort? Seventy-six percent of respondents disagree or strongly disagree that resources are "the primary" or "frequently a major limiting factor to the success of partnerships", indicating that insufficient resources are presently dedicated to prevention efforts. Sixty-five percent, however, believed an appropriate amount of funding could be identified to fund a coalition and 85% believe there are reasonable conditions under which a coalition could achieve success.

6. Do prevention providers believe the benefits associated with participation in a coalition outweigh the costs? Approximately 83% of respondents indicated the benefits of partnership outweighed the costs. Further, over 61% of respondents indicated that a coalition is an effective way to provide oversight over prevention activities in the Greater Portland Area.

7. Can respondents recognize their role in contributing to a coalition effort? Many respondents (48%) suggested their specific contribution to such a group would be critical or important, while another 52% believed their contributions were important but that other could likely make a similar contribution.

8. Do potential participants respect one another? Clearly it is hard to quantify an answer to this question. Respondents indicated value in including representatives of all sectors of prevention in a coalitions effort. Seventy percent or more of respondents indicated support for the representation of each sector listed on the questionnaire. Similarly, when asked which agencies and organizations it would be critical to include in a coalition effort, only neighborhood associations, Metro, Ex-offenders, and a State Representative or Congressperson received less than 50% support for inclusion. Only 3 respondents indicated an individual or organization that they thought would detract from a coalition efforts, again indicating that minimally there is a hesitancy communicate disrespect.

9. Does the prevention community contain individuals with a high degree of professionalism, collaboration skills, and commitment to prevention issues? Indications are the respondents have been involved in prevention activities in a professional capacity for a long time (the majority (between 53-63% of respondents for over 10 years), and highly prize prevention as an intervention technique (86% suggesting their should be a greater emphasis on prevention). As suggested earlier, the surveys indicate that collaboration has been a regularly occurring level of relationship between prevention providers.

10. Is there a strong catalyst organization, and an individual capable of providing competent and respected leadership to a coalitions effort? Multnomah County has acted as a catalyst organization by initiating funding of the prevention community, and the feasibility of a coalition effort. Indications are the County is a respected leader in this community with close to 30% of respondents indicating the County would be a good choice to provide leadership of a coalition effort.

11. Lastly, do the potential stakeholders expect success? The two surveys' respondents indicated that there were reasonable conditions under which a coalition could achieve success (97% said 'yes' on Survey II, and approximately 96% responded 'yes' on Survey I)

Discussion

The sum total of **Table 5** is that Portland's prevention community, or minimally the respondent population, is theoretically well prepared to benefit from a prevention coalition, to unite their collective efforts. It is clear that the prevention professionals have had experience in highly structured collaborative partnerships, have viewed those experiences positively, and therefore have useful skills to contribute to future efforts. Similarly respondents generally recognized a need for a prevention coordinating body across different sectors, viewed a professional coalition as a reasonable means to provide such coordination, and seemed to respect their own contribution and those of other likely participants. Multnomah County, by funding this initial research and taking the preliminary steps to involve key stake-holders has acted as an effective catalyst to coalition formation, though it will be important to the success of these efforts that th County ensure that leadership of coalitions efforts is eventually shared amongst participating individuals and agencies. It is the opinion of the author that these results imply the Portland prevention community has the experience and perspective to make use a coalition effort.

The one outstanding concern expressed by respondents is the uncertainty of specific dedicated funding to implement a coalition effort. While respondents were optimistic

that funds could be identified, some respondents clearly identified this as a major concern. Nonprofit agencies in particular saw lack of dedicated funding as a potential barrier, citing that reimbursement for parking and travel expenses would increase their ability to contribute to a coalition effort. Respondents also described specific ways they felt sufficient funding could be identified. The following bulleted list provides highlights of those responses.

- "There are a number of wealthy community members who, if introduced to the concept, would likely support it."
- "We have strong allies in the legislature who could help to make this happen."
- "Multnomah County receives over $900,000 for substance abuse prevention. Some of this funding could be used to support a prevention coalition. There are also federal grants available through the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention to support these efforts through the Drug Free Communities program".
- "We need to legalize marijuana and tax it".
- "Pool funding of many community organizations interested in prevention."
- "Robert Wood Johnson + US Major Cities Initiate funding, local foundations (Murdock, Meyer, Collins, Macdonald) and a annual special event (fund raising banquet raising a net $75K) earmarked for the "Portland Prevention Project"".

The approach taken to this research focused on assessing a particular community's preparedness for a coalition. To our knowledge, this is a unique approach. Given the significant costs required to operate and sustain effective coalition efforts, such evaluations are critical in order to ascertain if such expenditures are likely to produce positive results. Having said that, this approach can only reveal if the theoretical conditions exist for coalition efforts to be successful. As indicated earlier, successful collaborations also require superior leadership, strong internal structures, and committed participants over an extended period of time during their implementation phase (Fawcett 2000, Mattessich 1992, Benard 1989, Wandersman 1991, Butterfoss 1993, Foster-Fishman 2001, Weiss 1987, Gottlieb 1993, Roussos 2000, Gray 1985, Julian 1994, Wolff

2001, Ellis 2000). While there is likely overlap across these issues, there is no guarantee that theoretical conditions will lead to successful implementation. Nonetheless, this approach might serve as a template for other communities attempting to evaluate if a particular 'service community' could be served well by a coalition or collaborative effort. The 11 questions that provide the foundation of this research are broad enough to be applied to most circumstances in which a potential coalition stake-holders are known and are willing to provide precursory feedback. The specific questions posed in the research survey tool are too specific to apply to non-prevention related groups, but can provide a general framework for creating a more appropriate survey tool .

It seems likely that a multi-sector prevention coalition will be established in Portland in the coming years. Research concerning the impact of that organization on prevention efforts could help to determine if a pre-collaboration evaluation like that used in this study can predict successful collaborative efforts.

The survey tool did provide considerable input about the existent conditions in the Greater Portland Area. While the subjective nature of the many of the results require key decision makers to critically assess the responses before committing resources to coalition efforts, initial feedback from Multnomah County staff is that the survey responses have been helpful in providing momentum and building a critical mass of interest in collaborative cross-sector coalition efforts.

If this research is used as a template to assess the readiness of other specific communities, it is recommended that broad reaching surveys be coupled with other outreach techniques like focus groups of key stake-holders. While the surveys allowed an insightful preliminary review, they were less useful in determining how likely participants felt about one another and what the perceived goals of a coalition effort might be. Both of these factors have been identified within the literature as important factors of a coalitions formation (Foster-Fishman 2001, Weiss 1987, Gottlieb 1993, Roussos 2000, Mattessich 1992, Gray 1985, Julian 1994, Wolff 2001, Ellis 2000, Auluck 1991, Bartunek 1996,

Bitter 1977, Bond 1993, Butterfoss 1993, Coe 1988; Harbert 1997, Harrison 1990; Logsdon 1991, McCann 1986, Mintzberg 1996, Mulroy 1997, O'Donnell 1998; Orians 1995, Peck 1995, Ring 1994, Rogers 1993, Sheldon-Keller 1995, Sink 1991,Wischnowski 1995, Zapka 1992). It is the opinion of the author, therefore, that a precursory evaluation that required some face-to-face gathering of stakeholders, would increase the quality of pre-coalition assessment activities.

Part II

Results

The second part of this study attempts to identify what factors play a primary role in impacting an individual's attitude towards a potential coalition effort. To determine this, we analyzed respondent's answers to the question: "Do you believe a coalition of prevention providers is an effective way to provide oversight over prevention efforts in the Greater Portland Area?" Respondents that answered 'yes' were considered positive respondents, whereas respondents that answered "no" or "maybe . . . ." were considered negative respondents. This question is considered pivotal, as mentioned before, because previous research indicates that individuals that hold a positive outlook on a coalition are more likely to achieve positive results utilizing that collaborative tool (Whetton 1981, Foster-Fishman 2001, Fawcett 2000). In survey 1, 39 of 64 respondents indicated yes (60.9%), and in survey 2, 16 of 17 respondents (94.1%) indicated yes.

Table 4 demonstrates the bivariate correlation value between the dependent variable and a variety of independent variables. The independent variables were included for a variety of reasons. Some were included to assess the questions posed in Part I of this study and reflect variables associated with previous literature. Others were chosen because the author was interested in the association between particular variables on their impact on the dependent variable. For instance, gender was included to determine if the gender of the respondent impacted their outlook on coalition, thought this has not been a point of emphasis in previous known research.

Table 4:
Correlation of Various Independent Variables to the Dependent Variable

Variable	Survey 1
	Correlation with dependent variable
Interest in investigating the feasibility of a prevention coalition	
Pearson Correlation	.28499
Sig. (2-tailed)	.03325 *
N	56
Poor perception of meeting organization	
Pearson Correlation	.26490
Sig. (2-tailed)	.03745 *
N	62
Need for a high level coalition	
Pearson Correlation	.31789
Sig. (2-tailed)	.01112 *
N	63
Previous coalitions have been efficient	
Pearson Correlation	.34668
Sig. (2-tailed)	.00538 **
N	63
Position	
Pearson Correlation	-.22385
Sig. (2-tailed)	.50696
N	44
Age	
Pearson Correlation	.04888
Sig. (2-tailed)	.71312
N	59
Gender	
Pearson Correlation	-.024
Sig. (2-tailed)	.844
N	59

* $p < .05$, ** $p < .01$

Factors that could encourage individuals to hold a positive outlook on potential coalitions. These attitudes in turn increase the likelihood that a coalition comprised of those individuals is more likely to achieve success, according to previous research. Indications are that individuals who have participated in partnerships with poorly organized meetings are less likely to be positive coalition members. Further, individuals that perceive a need for the coalition or that perceive that previous coalitions have been efficient are likely to be strong contributors to coalition efforts. The implication of this finding might be that 'perceived need' is one of the most important factors to consider when assessing a potential collaborative effort.

Interestingly 'perceived need' and 'the efficiency of previous partnerships, were not correlated with one another, indicating they are independent of one another. In other words either perceived need or perceived efficiency of other partnerships is enough to impact a positive outlook on potential coalition efforts.

Discussion

Table 4 also illustrates an interesting finding concerning the relationship between the position an individual holds in an organization and their perception of a potential coalition. The results from our second survey indicate that individuals holding management level positions were much more likely to look favorably upon a coalition as an effective way to coordinate prevention efforts. One explanation is that professionals operating at this level might perceive different benefits from a collaborative effort than line-workers, or individuals working more closely with clients. For instance, mangers seem more likely to perceive a need for increased political traction of prevention efforts. This goal might seem more likely to be gained from a collaborative effort than by organizations acting independently. Line-workers on the other hand might perceive that the benefit of collaborative efforts are increased communication or referrals between agencies. Because the perceived benefits are different, so too must be the individual's benefit-cost analysis of a coalition effort. This interpretation is in line with Rational Choice Theory, that claims individuals must anticipate the outcomes of alternative courses of action and calculate that which will be best for them (Browning, 2000).

Interestingly, however, our first survey did not return the same finding. Our belief is that the second survey, with fewer respondents, was comprised of only individuals at the management-level committed to the idea of a coalition. In fact, only one respondent that self-identified in a higher level position within their organization (i.e. Executive Director, Director, or Program Coordinator) did not believe that there were reasonable conditions under which a coalition could achieve success.

Further research is needed to determine if management level individuals are more likely to hold positive outlooks on potential coalitions. Our sample size was simply too small,

particular of line-level respondents, to be conclusive on this issue. If further research validated the finding of our second survey, the implication would be that management-level individuals are more likely to participate successfully in coalitions than line-level individuals. This finding would contradict findings within other literature that suggest including the fullest range of stakeholders (Mattessich 1992, Roussos 2000, Wolff 2001, Foster-Fishman 2001, Kegler 1998) in collaborative efforts is imperative.

Our surveys specifically targeted prevention professionals working in the Greater Portland, Oregon region. This region's social services, and particularly the prevention sector, are reputed to have a progressive system with a distinguished history of collaboration between organizations. Therefore the applicability of the results of the second part of this research to other regions may be limited.

Conclusion

This study consolidated the existent coalition research and identified 11 broad conditions which help determine if a particular community is theoretically prepared to benefit from a collaborative efforts. A survey was created and distributed to prevention professionals in the Greater Portland Area to assess if the 11 broad conditions existed within that particular population. Previous research has generally focused on evaluating community-wide preparedness rather than utilizing a particular service community as a unit of measure. This smaller focus allows the evaluation of conditions to be specific to the particular stakeholders who are likely to be engaged in coalitions efforts. For this reason, it may be an improvement over the broader community-wide evaluations, ultimately helping to determine if the time and energy required to implement an expensive collaborative process is worthwhile.

This survey process still requires an evaluator to make subjective determinations about if ideal conditions are present, but does provide a wealth of information about conditions and perspectives within a specific community from which to base decisions.

From the author's perspective, the community of prevention professionals in the Greater Portland Area seem well prepared to benefit from exploring the establishment of a prevention coalition. Highlighted by this study are the importance of a perceived need for a coordinating entity, and the benefit of the community's widespread experience with previous high-level partnerships. Only time will tell if this study is predictive of a successful prevention coalition in the Greater Portland Area, however, the investigation of conditions seems a worthy endeavor given the potential benefits but high cost of collaborative efforts.

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Appendices

Appendix A:

Appendix B: