

Tracing the Evolution of Pluralism in Community-Based Coalitions

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Abstract:

In this study, a crisis of leadership succession led to greater subsequent pluralism by the previously less inclusive coalition. Substantial tension existed between both coalitions and the federally funded Appalachia Cancer Network, especially around its evidence-based mission. The fact that this tension occurred even at the more locally inclusive site indicates that pluralism may vary across levels within the same coalition. This article contributes to theory by exploring how coalitions evolve over time across community boundaries, as well as to management practice by yielding guidance about how to build inclusive organizations.

Key words: coalition, cross-level, diversity, pluralism

Article:

She explained [that] when she first came to the committee meetings one year ago...[the] chair... was very warm and welcoming. She...characterized [the chair's] attitude as "contagious." – 2002 field note from interview with relatively new member of Cancer Free Women's Coalition

She said on the one occasion when [her organization] did present some ideas to the group, the feeling she got from other members was that [her organization] has no right to be up there speaking. – 2002 field note from interview with relatively new member of Oak Coalition

Community-based coalitions are voluntary organizations whose members represent multiple sectors, potentially including nonprofits, businesses, and government agencies, as well as private citizens, who work together toward common goals.¹ As such, they belong to the broader families of partnerships, consortia, and alliances,² whose otherwise independent participants pool complementary assets.³ As we discuss later, although communities are not always geopolitically defined, most community-based coalitions do serve specific regions.

Community-based coalitions' goals tend to relate to some aspect of health, broadly defined. For instance, some have focused on cardiac health,⁴ adolescent behavioral risk factors,⁵ and substance abuse.⁶ Other coalitions seek to coordinate continuing services to particular vulnerable populations.⁷ Activities include needs assessment, action plans specifying roles of coalition participants, grant applications, educational outreach to local citizens and legislators, and evaluation. Funding may come from the government, private foundations, and coalition member organizations.²

Community-based coalitions differ from most alliances examined in the organizational literature in some important respects. First, most of their members represent nonprofits, and others are individual community members; their shared goal is public welfare rather than private profit. Second, the resource commitments involved in community-based coalitions are typically miniscule compared with those involved in most organizational contexts, with costs accruing primarily through staff time. Participating organizations, therefore, face almost no direct economic repercussions from exiting. At the same time, community-based coalitions exist in institutional environments in which cooperation enhances legitimacy; thus, non-economic costs of disengagement may be higher than those faced by for-profit organizations, whose stake-holders emphasize the focal firm's return on investment.

However, the dynamics of community organizing also share enough commonalities with other settings for findings from one context to have generality to the other.⁸ Even in corporate contexts, both internal and external actors have discretion about their investment in a collaborative process. Even in community-based coalitions, we found that members' motivations for participation were primarily instrumental (e.g., "I'm here because it's my job"). Whether an organization is international or situated exclusively in rural Appalachia, its members are embedded in multiple communities, based on both geopolitical and other sources of identity. Finally, given the need for diverse participation to address complex problems, pluralism is often a strategic imperative in both contexts.

Both private and federal funders have supported community-based coalitions as a strategy for developing sustainable, adaptive responses to local needs.⁹ As one expert¹⁰ in this field has noted, however, coalitions have also "... turned out to be far more complicated and different than most initially believed The diverse interests, history, and power of participants create a more complex setting than any other type of community organization." Organizational representatives often bring divergent norms and may compete with or simply distrust each other.¹¹ Seeking to integrate members of the populations served further complicates coalition dynamics.¹² In addition, there is constant tension between lofty ambitions and very scarce resources. Funders never fully support even the modest costs of coalition activities. Thus, members must typically draw from their employers' tight budgets to participate in collective activities with uncertain returns. The result is that many coalitions have failed to achieve their goals.¹¹

There is a substantial nonempirical literature on coalitions^{11,13-15} and on identification of success factors from more systematic surveys and interviews¹⁶⁻¹⁸ and focus groups.¹⁹ However, there is little empirical evidence about how coalitions' structures and processes evolve. The current study addresses this gap through a fine-grained comparative case study analysis of two cancer prevention coalitions in Appalachia, specifically focusing on their propensity to include diverse partners.

COALITIONS AND THEIR CONTEXTS

To understand how coalitions evolve over time, it is useful to recognize them as communities nested within communities. Few sociological concepts have been more contentious than that of community, whose meaning has often been obscured by a tendency toward normative distinctions. For the sake of clarity, we instead invoke one of the most purely descriptive definitions, noting that communities have in common (1) interdependent activities and (2) a shared perception of belonging to a collective entity, to which (3) the members give a name. Within this broad frame-work, coalitions can be categorized as collaborative communities, which exist for the purpose of pursuing specified goals.²⁰ Their members also belong to other communities, including those defined "tribally" by ethnicity or religion and geopolitically by such boundaries as that of neighborhood, town, and county, as well as those of other organizations, including employers.

Communities often gravitate toward closer forms of connection, in a pattern Wood and Judikis^{20(p.52)} describe as a "move toward the nuclear center." An example is the tendency for members of geopolitical communities to seek additional affiliation through collaborative or tribal activities. Thus arises both the origin of geopolitically identified (e.g., countywide) community-based coalitions and their greatest challenge: sustaining collective action in the face of members' competing roles. What structures enable coalitions to overcome this tension?

Young^{21(p.21)} posits that communities could be characterized in terms of three structural properties: (1) the level of specialized knowledge available, termed *differentiation*, (2) "pluralism," which he described as "the degree of political contestation among subgroups," and (3) "solidarity," the degree to which members of the community mobilize around shared goals. Before proceeding, we need to update this definition of pluralism. By referring to *pluralism* in terms of conflict, Young²¹ is building on the early works in this area, which emphasized "conflictive pluralism," assuming that members of different groups would have competing goals, represented in public arenas through adversarial politics. More recently, however, authors^{22,23} in both political science and anthropology have described pluralism as the degree to which diverse interests are represented within communities, in processes that need not be contentious. It is this revised understanding that we apply in

our study, defining pluralism as the extent to which communities embrace diversity. Thus, *pluralism* is synonymous with *inclusivity*.

Reflecting structural theory's static assumptions, the three properties of communities²¹ described above were not amenable to change. Our study begins with a second distinction relative to Young's model, noting that although all systemic change is difficult, presumed some types are easier than others. Of the three structural properties of communities outlined by Young, pluralism emerges as the primary leverage point. Differentiation is a demographic attribute, reflecting the diversity of members in a given community along both racial/ ethnic/ gender dimensions and those such as income, educational background, and occupation. To the extent that a community seeks to alter its demographic composition, pluralism should play a critical role, as prospective and new members assess how welcome they are. In turn, coalitions that are more inclusive appear to be better able to mobilize their members toward shared goals.^{5,24} Thus, a key to successful solidarity appears to be the degree to which the coalition includes all its members.

Because of the potential role of pluralism in shaping coalition structure and performance, our study focuses on this dimension of community structure. Using an ecological framework, we traced the evolution of two cancer prevention coalitions back to their roots in their geopolitical (town and county) and "tribal" (class, racial, and ethnic) communities. That is, our goal is a probabilistic model of specific sequences leading to variations in social structure across coalitions.²⁵

Research over the last quarter century has suggested the importance of pluralism within geopolitical communities, often measured as an aspect of community competence or empowerment.²⁶ At the coalition level, inclusive decision-making practices also appear to have positive effects, facilitating their performance.^{17,19,27-29} This may occur in part because inclusivity facilitates greater levels of member commitment and participation^{18,30} vital to collaborative communities' success.^{12,16,31} For instance, a 2003 study³² comparing four Community Care Networks found that the two showing greater sustainability had made extensive efforts to include disenfranchised groups in their processes. In the following sections, we consider how pluralism within geopolitical communities may affect how pluralism evolves within the collaborative communities their members form.

TRACING THE EMERGENCE OF PLURALISM FROM GEOPOLITICAL AND TRIBAL TO COLLABORATIVE COMMUNITIES

Substantial empirical evidence supports the proposition that the structures of collaborative communities will evolve in ways that mirror those of their geopolitical and tribal contexts. From military insurrection³³ to social services,³⁴ people and organizations form and function within new organizations in ways that reflect their preexisting relations. These patterns extend to the effects of contextual pluralism on coalitions. Local racial and ethnic tensions have been linked to greater difficulties in building stable coalitions.³⁵ Even in less conflictual conditions, a coalition that recruited members largely on the basis of existing interpersonal and interorganizational networks struggled to represent all relevant constituents.³⁶ In that instance, a lack of pluralism in the approach to formation led to a lack of differentiation in membership composition. Similarly, the level of inclusion people feel locally may affect their willingness to engage once in voluntary organizations. For instance, one study³⁷ found block association participation to be higher among individuals who perceived higher levels of local "neighboring," a pattern of giving and receiving assistance (at $p = .05$).

Collectively, these studies imply that coalitions in more pluralistic contexts will themselves become more pluralistic. However, extant research offers no insights into how such isomorphism evolves. The study outlined here offers an opportunity to characterize coalition-level pluralism empirically, as well as to develop a model predicting how contextual factors affect this evolutionary process.

STUDY METHODS

Having now evolved methodologically and yielded associations between a number of network structural attributes and effectiveness,^{17,38,39} the field of network studies is ripe for investigations of process, probing how

structures unfold and affect outcomes. The current re-search addresses the first of these two goals using a variety of data relating to multiple levels of analysis, collected over just more than a decade. It is among the few studies of coalitions to use network and qualitative data to probe patterns of relations among members (another study³⁴ focused exclusively on interorganizational ties). The comprehensiveness of our approach yields previously unavailable information on both the nature of pluralism in community-based coalitions and its evolution across community levels.

Although invocations of ecological frameworks are common in organizational studies,⁴⁰ empirical investigations of the embedded nature of community organizing are relatively rare,⁴¹ no doubt because of several complications inherent in such efforts. First, there are multiple and nonuniform levels of analysis, with individuals sometimes participating as private citizens and sometimes representing organizations; organizations sometimes acting autonomously and sometimes as representatives of larger corporate entities; the collaborations themselves; and a variety of broader communities (geopolitical, tribal, and other collaboratives), which vary in their salience to different individuals and organizations within those collaborations. In addition, the metrics differ across levels (with indicators of geo-political pluralism, for instance, differing from those of collaborative pluralism); the form of interdependence between collaborations and their broader communities is reciprocal over time; and there are many intermediating events between changes in either and its consequences for the other, characterized by delays and nonlinearities.⁴² Cumulatively, these factors suggest modesty in inference. As we demonstrate below, however, with an appropriately rigorous design there is still much we can learn about how social structure evolves within coalitions and other collaborative communities.

SAMPLE SELECTION: IDENTIFICATION OF COALITIONS AND SAMPLING FRAME WITHIN EACH COALITION

The research presented here employed multimethod case studies⁴³ of two Appalachia Cancer Network coalitions, which we refer to as Cancer Free Women's Coalition (Cancer Free Women) and Oak County Cancer and Tobacco Coalition (Oak), each of which served the entirety of one county. Similarities between the two coalitions included a common mission, similar age, rural locations, comparable membership demographics, and a shared Appalachia Cancer Network staff member. However, there were structural differences in the natures of the two coalitions' counties. Cancer Free Women was in a larger, less rural, and less isolated county than Oak. This study, therefore, employed a comparative design in which we constrained extraneous variation to measure and explore the contextual factors associated with pluralism.

Before collection of field data in the summer of 2002, we used meeting attendance sign-in records from the previous year to identify the initial sampling frame for members within each coalition, with individuals attending at least one regular meeting in the past 12 months considered to be "active."⁴⁴ Cancer Free Women had twenty-seven active members, of whom 93 percent participated in the study. These individual members, in turn, represented twenty organizations. Oak had eighteen active members, all of whom participated in the study. Together, these individuals represented eleven organizations. Thus, this study had three levels of analysis: (1) the coalition ($n = 2$), (2) individuals within each coalition ($n = 27$ and 18), and (3) organizations within each coalition ($n = 20$ and 11).

DATA COLLECTED

In addition to U.S. Census data on the two coalitions' respective counties, we collected five types of data on each coalition (Table 1). The first was Appalachia Cancer Network archival records developed under the leadership of Mary Fennell, which we used both to define our sampling frame, as noted earlier, and to learn about the history and context of each coalition. Data used for historical analysis included a community social assessment completed together by two founding members for each coalition in 1994. This included a series of questions about the religious and ethnic composition of the area, as well as culture and tensions or "issues" faced by the community. The same two individuals at each coalition also listed all the people they identified as leaders in their county and answered questions relating to each leader's role relative to the coalition and his or her overall power in the county. In addition, we drew on interviews conducted in 1995 with founders of Cancer Free Women, although unfortunately that source of data did not exist for Oak. Researchers also reviewed

documents and Appalachia Cancer Network field staff annotations compiled since 1993 to garner a rich profile of the nature of pluralism in each coalition and its local communities. These were augmented with Census data on the income and ethnic profiles of each county in 1990 and 2000.

Second, in the summer of 2002, a member of our team asked each coalition member to complete a forced-choice survey addressing his or her own background and coalition goals. We used those data in part to validate the Appalachia Cancer Network staff's report that the two coalitions' missions were similar. Third, researchers collected network data about ties both between individuals and between the organizations they represented. We did this by asking each informant to check off from a list of all active coalition members the names of those they considered personal friends. We then asked each individual to check off, from another copy of the same list, those he or she would ask for information or advice regarding coalition activities.

TABLE 1

Data Uses in Study

Type	Specific Data Source	Used to
Archival, 1993–2002	Community social assessment completed by two founding members at each coalition, including identification of county leaders, which were “brokers,” and which supported their coalition, 1994	Measure pluralism in each county early in the coalitions' evolution
	Interview with Cancer Free Women founders, 1995	Measure pluralism in each coalition over time
	Meeting agendas, meeting minutes, correspondence between coalition and Appalachia Cancer Network staff, local newspaper articles about coalition activities, Appalachia Cancer Network staff summaries of meeting dynamics, 1990–2002	
	Appalachia Cancer Network field staff reports on meeting content and dynamics, including communication, trust, conflict, and withdrawal, 1995–1998	
	Coalition membership and meeting attendance, 2001–2002	Define sampling frame of individuals within each coalition for 2002 data collection
Survey	Appalachia Cancer Network staff member reports on coalition-building activities, 2001–2003	Compare pluralism in coalition activities before and after Oak leadership transition
	Forced-choice survey given in person to each coalition member, addressing personal background (e.g., relevant degrees) and priorities for coalition, 2002	Compare member demographics and consensus on mission across coalitions
Network	Interpersonal ties: friendship, information seeking, 2002	Quantify structural indicators of pluralism
Observational	Interorganizational ties: competition, 2002	
	Field researcher observations of coalition meetings during summer of 2002; additional observations contributed by Appalachia Cancer Network staff members during fall 2002 feedback sessions	Add interpretive context to evaluations of coalition pluralism at the end of the study period
Interview	Face-to-face individual interviews with all members participating in the study, summer 2002; follow-up with Appalachia Cancer Network staff member, spring 2003	

In addition, we asked each individual representing an organization about interorganizational ties. To improve reliability of these data, when more than one coalition member represented the same organization, we included both individuals from that organization in an additional interview and recorded their consensus opinions.

The fourth type of data, collected during the same period as interviews (summer 2002) consisted of re-searcher and Appalachia Cancer Network staff member observations of coalition meetings. Researcher field notes were composed immediately after each meeting. Field staff notes provided an independent perspective on the dynamics of each meeting.

Finally, we used interview data, based on a semi-structured protocol first pilot-tested in another Appalachia Cancer Network coalition. Drawing on previous research,^{38,44-49} the protocol included prompts for the coalition's goals, atmosphere, ties to the community, decision making, and performance. Coalition chairs and Appalachia Cancer Network staff were asked additional questions regarding the coalition's history, resources, dynamics, and collaboration with other organizations, as well as their impressions of each member's role within the group. All but one of these interviews occurred face to face and were held at the location of the informant's choice, often an office, restaurant, or home. Immediately after each interview, the researcher wrote a field note including responses to questions and any additional unprompted or emphasized points made by the informant during the interview. Researchers also noted parenthetically their own reflections on member disclosures.

ANALYSIS

This study entailed two methods of analysis within a common case study framework. First, using Atlas.ti software, one member of our team developed a set of codes based on previous research, as well as emergent themes from analyses that had been conducted concurrently with data collection.⁵⁰ After initial review and modification of these codes, this author and another member of the team independently reviewed two field notes from interviews with coalition members. Three rounds of this process resulted in an acceptable interrater reliability of 90%.⁵¹ Next, one researcher coded the remaining 62 field notes, which were based on review of all types except survey and network data. The second coding member of the team reviewed these additional documents and noted disagreements about coding; after discussion the first coder made further changes on the basis of consensus decisions. Subsequent analyses of patterns within codes both within and between coalitions were used to explain findings from network data.⁵² Findings were then validated with Appalachia Cancer Network staff and the members of the research team who had collected the field data.

We used UCINET software to analyze network data, including clique and k-core analyses of dense subgroups within each coalition, and how centralized (or concentrated) patterns of friendship and information seeking were at the coalition level. In network terms, a clique is a subgroup of three or more actors who are connected by all possible ties.⁵³ Cliques indicate a lot of connection among a few people who are not as connected to others within a given network (or in these cases, coalition). K-core analyses show how many actors in the network are connected at each degree, for instance, how many are directly tied, how many are separated by only one degree, how many are separated by two degrees, and so forth. Like cliques, "bumpy" k-core structures can indicate the presence of dense subgroups. Mathematically, centralization is calculated as the ratio of the actual sum of differences between the centrality score of the most central actor and those of all other actors and the maximum possible sum of these differences.⁵⁴ The specific formula employed in this study was Freeman's Betweenness, which bases estimates of point centrality on how many actors each focal actor mediates between.

BACKGROUND ON THE APPALACHIA CANCER NETWORK AND THE TWO STUDY COALITIONS

Having determined that rural Americans were a "special population" experiencing disproportionate burden of disease,⁵⁵ in 1992 the National Cancer Institute (NCI) issued a request for proposals to develop cancer outreach programs in Appalachia through the Appalachia Leadership Initiative on Cancer. Four research universities won awards that year to support cancer-control coalitions in eleven of the thirteen states in this region. Two pursued this initiative through Cooperative Extension Services (including that supporting the coalitions in this study); the other two implemented their programs through cancer centers.⁵⁶ Using these existing infrastructures, the

universities worked with state and local partners to support local coalitions, both building on existing ties and fostering new ones. Partners included departments of health, national and regional cancer prevention organizations, and government systems supporting health care for the underserved.

The Appalachia Leadership Initiative, later renamed the Appalachia Cancer Network, is thus a regional infrastructure through which university-based partner-ships support local interorganizational and interpersonal cooperative cancer-control efforts. The Appalachia Cancer Network focuses on rural low-income populations, particularly those that are underserved or identified as being at disproportionately high risk for cancer.⁵⁷ We begin our empirical overview with a brief introduction to each study coalition.

CANCER FREE WOMEN’S COALITION

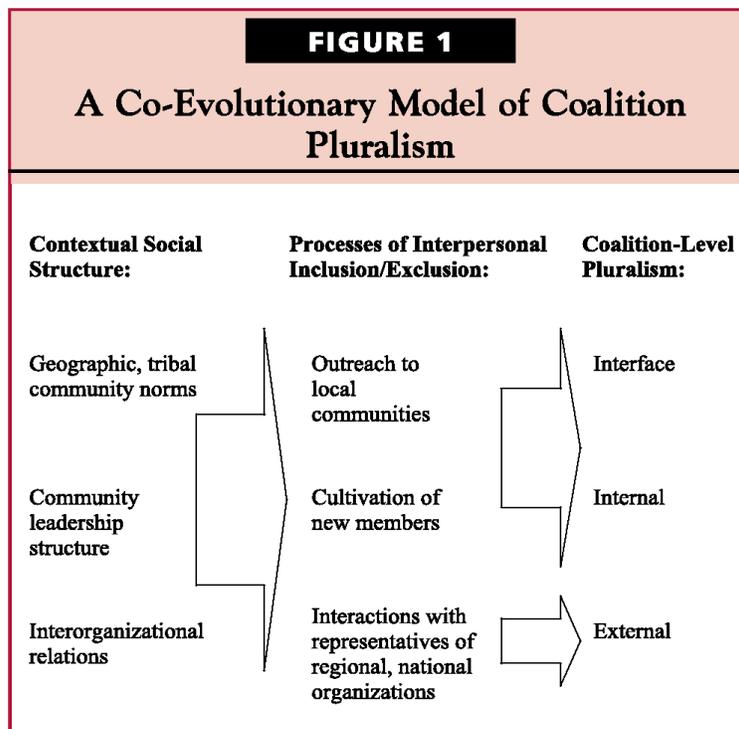
Together with the County Department of Health, since the early 1990s the coalition had provided low-cost/ no-cost breast and cervical screenings to women who met income-based eligibility requirements. These screenings were provided through a cooperative contractual arrangement with local hospitals and were scheduled through a toll-free number underwritten and administered by the Department of Health. Revenue came from multiple sources, including a state breast health partnership with funding from the Centers for Disease Control and Prevention’s Breast and Cervical Cancer Early Detection Program.

OAK COUNTY CANCER AND TOBACCO COALITION

The coalition was formed, also in the early 1990s, by a small group of citizens brought together by staff from the local Cooperative Extension Office and a cancer organization at the invitation of university researchers. The coalition’s first project was a door-to-door assessment of citizens’ perceptions of cancer in each of the county’s three towns. The group then proceeded to conduct activities that responded to the needs identified through that survey. In 2002, the coalition began to receive funds from the county’s share of the state tobacco settlement. Reflecting the increasing importance of tobacco to its mission, the coalition changed its name to incorporate that term.

RESULTS OF ANALYSIS

Overall, the comparison between Cancer Free Women and Oak coalitions supports our proposition that coalitions in more pluralistic contexts will themselves be more pluralistic. In the following sections, we present a comparison of the two coalitions and then trace the paths of their divergence (Figure 1).



CONTEXTUAL SOCIAL STRUCTURE IN CANCER FREE WOMEN'S AND OAK'S COUNTIES

Analyses of archival records indicated that the norms and power structures of the two coalitions' counties differed, with more signs of pluralism in Cancer Free Women's county than in Oak County. In addition, network data revealed much less competition among Cancer Free member organizations than among the organizations represented in Oak.

Geographic and Tribal Community Norms

Cancer Free Women serves a largely rural county with a population of more than 100,000 and median household income just below the state average⁵⁸ (Table 2). A community social assessment conducted in 1994 by Appalachia Cancer Network notes that "there is a definite 'line' between north and south, and planning programs for the entire county just doesn't work— residents won't travel to the other 'end'."

During the 1990s, Hispanics comprised 4% of the population and lived primarily in two concentrated areas. Farming families were spread countywide and tended to be isolated from the rest of the population. A very small proportion of residents were African American. According to the 1994 Appalachia Cancer Network assessment, the latter kept a "low profile." In addition, there were a growing number of Amish in the area.

Oak County was rural, with a population less than 50,000 and a median household income just above the state average.⁵⁸ The coalition's region had developed around a local factory. Previous tensions between Italian and Polish residents and Catholics and Protestants were described by 1994 as diminished, in part by a natural disaster that had served as a catalyst to cooperation. The area was also home to Mexicans and African Americans who had come to work in the factory. The latter comprised less than 1 percent of Oak's population between 1990 and 2000, yet were the subject of two references in the 1994 social assessment concerning initial fears of White residents (later reportedly allayed) that "they were going to be 'raped, robbed, mugged' by these people." The same assessment, however, noted active efforts by the elementary school principal to welcome Mexican children.

Both counties in this study were rural and were relatively segregated along ethnic lines. The rhetorical emphasis on race in Oak's social assessment, however, given the miniscule number of African Americans in the county at the time (fewer than twenty-five), provides evidence of less pluralism in Oak county than in Cancer Free Women's county with respect to race. Both geography and differentiation may have contributed to this difference across the two study sites. First, Cancer Free Women's county was less rural and less isolated than Oak County, with a rurality index of 4 in 2000, on a scale of 0 (most urban) to 9 (most rural) versus Oak County's 7, and a major road, which Oak County did not have. In addition, although homogenous by national standards, Cancer Free Women's county was more racially and ethnically diverse than Oak County. It is possible that with 5% of residents who were non-White, people in Cancer Free Women's county were more aware of the needs of non-Whites than those in Oak County, with its 1 percent non-White population. By itself, racial pluralism may not appear to be an important aspect of social structure in such homogenous communities as examined here. It is plausible, however, that pluralism with respect to race serves as a barometer of broader pluralistic tendencies.

Community Leadership Structure

Another indicator of local pluralism is the concentration of the community power structure. According to the 1994 social assessments, civic leadership was more distributed in Cancer Free Women's county than in Oak County. Oak's founders identified only three individuals as "power brokers," all of whom were businessmen. In contrast, the power brokers identified by Cancer Free Women's founders were identified with local government, health care, and labor, in addition to business. These individuals included a "local cancer specialist," a dentist, and a physician, indicating that health care was also more integrated into the power structure in Cancer Free Women's county than in Oak County.

TABLE 2**Background Information on Study Coalitions**

	Cancer Free Women	Oak
County population (statistics given in ranges to protect coalition confidentiality)	125,000–150,000	25,000–50,000
U.S. Department of Agriculture rural–urban continuum codes ⁶⁸ (0 is most urban and 9 is most rural)	3 in 1990, and 4 in 2000	7 in both 1990 and 2000
Highway goes through county? (2001)	Yes, an interstate	No
% county population under the Federal poverty line, 1989–1999 (2001)	Between 11.3% and 16.8%	Between 0 and 11.2%
% county population African American, 1990–2000 (average across Censuses; there were no significant shifts in either county)	2%	0.1%
% county population Hispanic of any race, 1990–2000 (average)	4%	0.2%
% county population white, 1990–2000 (average)	95%	99%
Number of “power brokers” identified in 1994 social assessment	13	3
% of organizations perceived as competitors by at least one other organization represented within the coalition	15%	73%
Number of active members	27	18
Mean member tenure in coalition	5.18	3.72
Mean number of member’s related degrees	1.31	1.23

Interorganizational Relations

The structure of social services in the two counties also differed substantially. First, there was more evidence of collaborative interorganizational experience in Cancer Free Women’s county than in Oak County. As one of the Cancer Free Women’s founders commented in the 1995 Appalachia Cancer Network interview, “. . .in [our] State, we’ve been doing coalitions forever. There’s a coalition for every-thing—we joke about it, there’s a coalition for every organ and every disease out there.”

In addition, whereas only three of Cancer Free Women’s member organizations (15%) were perceived as competitors by another member organization (in no case a reciprocated perception), eight (73%) of Oak’s eleven-member organizations were perceived by at least one other organization as a competitor, and three of those perceptions were reciprocated. Thus, the interorganizational social service context within Oak County appeared to be more competitive than that in Cancer Free Women’s county.

The analyses above show significant differences between the contexts of Cancer Free Women and Oak. Next, we turn to a comparison of their internal dynamics, continuing to focus on issues potentially related to pluralism.

PROCESSES OF INTERPERSONAL INCLUSION/EXCLUSION

One of the central attributes of alliances is how they seek to control their joint endeavors. ³ Because of community-based coalitions’ nonprofit context and low financial stakes, the control exercised in these contexts is almost exclusively social rather than economic, occurring through informal face-to-face interactions between

individuals. Inductive analyses of archival, interview, and observational data yield three themes concerning interpersonal processes within the two coalitions. First, there is evidence that individuals in Cancer Free Women reached out more to their broader communities. Second, data suggest that Cancer Free Women leaders more actively cultivated new members, thus encouraging their participation in coalition activities. Third, members of both coalitions partially excluded representatives of regional and national organizations.

Outreach to Local Communities

Between early 1995 and late 1998, Appalachia Cancer Network field staff collected systematic data on various meeting dynamics, including communication, trust, conflict, and signs of member withdrawal. Among these are references in Cancer Free Women notes to outreach, a theme that does not emerge from field staff notes on Oak from the same period. Specifically, there are repeated references to two local groups in Cancer Free Women's county: a local women's group characterized elsewhere by coalition members as "ultraconservative" and a group representing members of an ethnic minority. In each case, there is a reference on one date to Cancer Free Women members emphasizing to their guests that they want them to take ownership of activities within their own community. In each case, there is also a reference at a later date to members of the other group becoming more involved in the coalition. Together, these staff field notes indicate more active recruitment of new members within Cancer Free Women than within Oak, although we should note that there were more data for Cancer Free Women (with twenty-eight entries between 1995 and 1998) than for Oak (with twenty-one entries during that period). There were also different Appalachia Cancer Network field staff members for the two coalitions during this period. Thus, the differences in observations across the two coalitions may be due to low interrater reliability rather than actual divergence between the coalitions. However, later data imply that early findings were not anomalous.

By 2002, both qualitative and archival data indicate that Cancer Free Women sought more ties with other local communities than did Oak. The current chair of Cancer Free Women, for instance, said that they "partner with everyone, basically any group that is willing to help us teach people." In contrast, the leadership of Oak was described as limiting the coalition's interaction with other groups to churches for advertising activities and programs in their bulletins and to (some) schools.

These differences appeared to reflect a greater openness of Cancer Free Women's long timers toward forming new ties. Whereas the Oak chair said of physicians, "Maybe they know who we are, but they are too busy to be bothered," members of Cancer Free Women described a number of specific physician ties, although some did comment on wishing for more such connections (neither coalition currently had any physician members). Physicians are particularly important to cancer-related coalitions because they can refer patients for preventive, diagnostic, and supportive services. Similarly, a founder in Cancer Free Women noted that new members brought "fresh, new ideas" and described specific measures designed to attract and retain them. A long-time member in Oak, in contrast, said that it was "fine with" her if new, professional, and more health care-oriented members made her own contributions less necessary, but that "others among the group's founding members do not feel as gracious about giving up their roles in the coalition."

Cultivation of New Members

The 1995–1998 Appalachia Cancer Network field staff notes on coalition meetings also revealed differences in dynamics affecting members once they had joined. First, there are five references to conflict within the Cancer Free Women coalition, whereas there is none for Oak. Specifically, the Cancer Free Women notes typically address conflict resolution. As one field note put it, "The coalition does an excellent job of avoiding turf issues before they even surface." If these were the only data we had about these two coalitions, we might infer that there was simply more potential for conflict in Cancer Free Women than in Oak. However, additional data belie that image.

Data from five 2002 field notes (four interview, one observational) indicate that Cancer Free Women was friendly (e.g., a previous chair was described as very warm and welcoming), whereas there were no specific qualitative data to support that conclusion for Oak. This, in turn, appeared to affect the opportunities new

members saw to engage in coalition activities. One relatively new Oak member, for instance, said she was an outsider because she was not local and portrayed her involvement in coalition activities as low, although she did not link the two. Two observers commented that newcomers had not always felt welcomed in Oak, although some long-term members described the coalition as very friendly.

Interactions with Representatives of Regional and National Organizations

Thus far, Cancer Free Women and Oak have offered a study in contrasts. In one significant respect, however, the two coalitions revealed very similar dynamics: Participants in both exhibited deep ambivalence about their connection to regional and national cancer prevention organizations.

Oak members described an active antipathy toward evidence-based practices that appeared to affect their relationship with the Appalachia Cancer Network staff member, whose job entailed promoting such tools. One member recounted another saying to the staff member “We don’t care about your goals,” and others agreed that the staff member should speak last because “she takes up the whole meeting” (a perception observational data did not support). Some members of Cancer Free Women also expressed ambivalence about the increasing emphasis on measurement in health promotion, but during our field observations these feelings were reflected in what appeared to be gentle ribbing toward the Appalachia Cancer Network staff member.

In the process of validating our initial analyses with the Appalachia Cancer Network staff member, however, we discovered that she perceived greater tension and even “outright hostility” around her evidence-based mission in Cancer Free Women, to the extent that “[i]t’s hard to even make a point.” This was illustrated by a meeting after our field observations during which one individual asked the staff member to leave so that coalition members could reassess their relationship with the Network. Thus, it appears that there was resistance within both coalitions toward the Appalachia Cancer Network’s research focus, which undermined the network’s ability to support the coalitions. Both observational data and correspondence with the network staff member indicate that she played the role of cautious outsider in both coalitions. As one of our researchers commented in a field note: “Even her tone of voice, soft and almost monotonic, made her seem almost like a non-presence at the meeting, there only to deliver brochures and materials for future distribution.”

The goal of the Appalachia Cancer Network was to empower members of these communities to make healthier lifestyle decisions and to have better access to improving technologies in cancer treatment. Such strategies of local empowerment have postmodern philosophical roots, including the belief that people at the local level can resist false narratives.⁵⁹ Paradoxically, it appears that the increasing emphasis on evidence-based practices adopted by the Appalachia Cancer Network was, to the members of the communities it served, just such a false narrative. The tension between the good intentions of outsiders and the cultural norms of local communities has long been noted. In these coalitions, the Appalachia Cancer Network was also not the only external organization whose trend toward rationalization encountered resistance within the study coalitions. There was substantial evidence in both coalitions of conflict with another national cancer prevention organization for similar reasons.

These dynamics may both resemble and differ from those in for-profit alliances. Issues of identity are salient in all networks, as members seek to maintain network structures that are robust enough to meet their needs without undermining their individual agendas.^{44,60} In these rural communities, however, another layer of identity arises: that of the local geopolitical community versus those of regional and national collaborative communities, whose goals may be seen as alien and even threatening.

COALITION-LEVEL PLURALISM

In the previous section, we described interpersonal processes of inclusion and exclusion within each coalition. Below, we compare the coalitions’ pluralism at the interface with local communities, internally, and externally relative to regional and national organizations before examining how interpersonal processes may have affected these phenomena over time.

Interface

Because coalitions have few indigenous resources, they are heavily reliant on voluntary investments. For community-based coalitions, local actors are often a primary source of such support. Although one study²⁷ did not find external linkages to be associated with coalition effectiveness, others^{16,39} have supported this plausible contention. Thus, we inquired into how connected Cancer Free Women and Oak coalitions were to the communities within which they were embedded. We term this “interface” pluralism because it represents inclusivity toward actors near the coalition’s boundaries, such as friends and colleagues of members.

In general, Cancer Free Women appeared to be better connected than Oak was to a variety of area resources, including clinicians. For instance, on its 2002 mailing list, in addition to members, Cancer Free Women had fifty-six people listed as “friends”; Oak had 3 (Table 3). Longitudinal data provide confidence that these records indicated an enduring difference between the two coalitions: As early as 1994, half of the noncoalition members listed by Cancer Free Women’s founders as leaders in their county were described as providing resources to their coalition, versus less than a third of the leaders in Oak County.

Internal

The primary structural indication of pluralism within a network (or in this case, coalition) is the degree to which members share direct ties with each other. The converse of this condition is centralization, or the concentration of ties among a few actors, upon whom others must rely as brokers.⁵³ Centralization can be efficient and can enhance effectiveness when control is necessary to ensure accountability; this may account for positive associations between centralization and performance in previous studies of service delivery coordination among multiple agencies.^{38,61} However, in any type of network, those who lack direct ties to others are by definition less included. Thus, the more centralized a network is, the less pluralistic it is.

There was a much less concentrated pattern of interpersonal information exchange related to coalition activities within Cancer Free Women, where the centralization of reciprocated information ties was 18 percent, than in Oak, where the centralization of such ties was 55 percent. In other words, people were getting information from a broader range of other people within Cancer Free Women than within Oak. Interview data supported these findings, with greater concerns expressed in Oak about how inclusive decision making was.

There was also a much less concentrated pattern of friendships in Cancer Free Women than in Oak, indicated by a lower coalition-level centralization index for friendship (6% vs. 32%) and a less fragmented friendship structure, as assessed through clique analysis and a k-core “collapse” sequence.⁵⁴ There were no cliques in Cancer Free Women and four in Oak. As the data concerning cultivation of new members revealed, however, in Cancer Free Women, where there were very few friendships, there appeared paradoxically to be a greater social openness.

	Cancer Free Women	Oak
Number of “friends” on mailing list (in addition to active members)	56	3
Information centralization (based on confirmed ties)	18%	55%
Friendship centralization	6%	32%
Number of friendship cliques	0	4
K-core sequence structure	No k-cores >1	“Bumpy”

External

Earlier we noted how members of both study coalitions at times actively excluded the representative of the Appalachia Cancer Network. The result, according to observational and interview data, was that she was relegated to a muted role as an informational intermediary between the network and these two member coalitions. We should also note, however, that both coalitions agreed to participate in the study described here, and that 93 and 100 percent, respectively, of their members then participated. Thus, it appears that the Appalachia Cancer Network is achieving some success in maintaining productive relationships with the coalitions it serves despite the tensions previously noted. Relative to regional and national organizations, then, we might characterize both study coalitions' pluralism as limited but cultivatable.

EXPLAINING DIFFERENCES IN THE EVOLUTION OF PLURALISM

What might have accounted for such different evolutions of pluralism between the two coalitions? Both had small groups of long-tenured members, some of whom were still actively involved at the time of our data collection. The coalitions had similar missions and membership composition. Both were founded at about the same time, belonged to a common regional infrastructure (Appalachia Cancer Network) and even had the same Network staff member by the time of this study. Yet, overall, it appeared that Cancer Free Women had patterns of interpersonal outreach and cultivation that had yielded greater coalition-level interface and internal pluralism than Oak, with its history of reticence toward "outsiders," had at the time of our investigation.

First, although Cancer Free Women's county and Oak County were both described as conservative, there was greater evidence in Oak of local norms restricting the social structure of the coalition. Most notably, one member of Oak from a women's health organization was initially shunned by others who thought her employer provided abortions. A local hospital chief executive officer was even reported to have declined participation with the coalition on the grounds that this association was stigmatizing. Members of Oak also commented on the need to dress casually at coalition meetings, because of a suspicion of professionals. "If you dress up, they'll eat you alive." These social norms may have discouraged some members from staying engaged in the Oak County coalition. In contrast, as noted earlier, early in Cancer Free Women's history, their leaders had co-opted the "ultraconservative" local women's organization members by recruiting its members as volunteers and then actively validating their role in the coalition.

Second, the more concentrated pattern of power at the county level reported by the Oak coalition founders may have restricted their ability to form ties with local actors, which may in turn have led to a less pluralistic approach to organizing. It is also possible that the more concentrated pattern of county leadership reported by Oak's respondents actually reflected the fact that they were more distant from the local power structure than their counterparts at Cancer Free Women. In either case, outreach may have been less rewarding for Oak than for Cancer Free Women because of their differing situations relative to the local power structure.

Third, we have noted that the social service community within Cancer Free Women's county was far less competitive than that within Oak County. Previous evidence indicates that relationship histories among agencies can either facilitate or undermine new cooperative efforts.^{62,63} There were virtually no references in our qualitative data to interorganizational relationships except those concerning the Appalachia Cancer Network and the other national cancer prevention organization. It is, therefore, difficult to determine how interagency relationships affected the respective coalitions. Because most individuals in these coalitions represented agencies, however, it is plausible that competition between employers in Oak County led to less inclusive interpersonal dynamics within the coalition as well.

Finally, it may be significant that Cancer Free Women was led by the local health department (Oak included a representative of the health department, but she did not serve in a leadership role). A comparative case study on AIDS consortia found that those led by health departments were more pluralistic than those led by hospitals or community-based organizations. One health department, for instance, was described as practicing the "politics of inclusion," seeking input from all stakeholders before making decisions.⁶⁴ This may occur in part because health departments are already central to local health and human service networks and thus have greater practice

than other agencies facilitating interorganizational collaboration. This was the case in Cancer Free Women's county, where, after noting the joke about having a coalition for every organ and disease, the founder observed that "the health department sits on all of them."

DISCUSSION AND CONCLUSIONS

Coalitions may both reflect and increase their communities' abilities to meet social needs.¹² In keeping with prior research, our study suggests that coalitions embedded in more pluralistic communities will themselves become more pluralistic. Such inclusivity is not the same thing as friendship but does appear to have an affective component; that is, individuals were more inclined to contribute when they felt more welcome.

In keeping with an ecological perspective, we also noted that a community may be both locally pluralistic and wary of regional and national organizations. In this study, although Cancer Free Women was more inclusive toward newcomers than Oak, its relationship with regional and national cancer prevention organizations was at least as strained. In particular, the resistance to evidence-based norms in both coalitions indicates a significant barrier to dissemination of emerging technologies to local levels.

Viewing the broader ecology of prevention coalitions, we anticipate a slow transition toward greater acceptance of evidence-based practices, as their professional members adopt these practices in their own work. It is helpful to remember here that neither coalition in this study was truly "grassroots" in the sense of being driven by unaffiliated activists.⁶⁵ Instead, in these coalitions, as in most,^{18,36,66} the majority of members were agency representatives. When coalition members embrace empirical justification of outcomes as part of their professional identities, they may come to see regional and national cancer organizations more as a means to accomplish their own goals than as outsiders seeking to impose alien norms.

Internal, interface, and external pluralism are each important according to the discretion actors at each level have about their contributions to an organization. In this study we traced two coalitions with similar membership and goals and found different levels of pluralism at the interface (relative to local resources) and internally (among members). These are dynamic organizations, however, as events subsequent to our field observations indicated. After the current Oak chair announced that she was feeling burned out and needed to step down, two individuals active in tobacco settlement distributions agreed to assume leadership, on the condition that the coalition focus more on tobacco issues and restructure accordingly. In the following year, Oak actually engaged in a greater number of coalition-building activities (thirteen) than Cancer Free Women (with ten), whereas the year before Oak had engaged in fewer such activities (three) than Cancer Free Women (five). Because coalition-building activities are defined as those that are "primarily intended to educate, equip, or enlarge coalition membership,"⁶⁷ they support the inclusion of more diverse members (through both recruitment and training) and thus indicate higher levels of pluralism.

These cases show that the path from context to coalition pluralism is not necessarily deterministic. In Oak's instance, the members who had tobacco settlement responsibilities saw the coalition as a means to discharge that mandate. By pursuing their own goals, these individuals also promoted activities that enhanced pluralism. This example illustrates a leverage point for change across community-based coalitions. Because of their high levels of dependence on voluntary contributions and their small budgets, motivated participants may gain control with relatively modest resource commitments. This is, of course, a source of vulnerability in coalitions because they may, thus, be co-opted for purposes that do not represent broader community interests. However, in Oak's experience, the leadership transition appeared to have had positive effects.

Our study also has implications for other types of alliances both within and beyond public health. Ultimately, all interorganizational cooperation relies on humans who bring norms and identities from the communities to which they belong. These include, but are not limited to, those of their respective employers. If an organizing effort requires diverse participation to succeed, leaders may need to attend carefully to the actual natures and implications of members' practices of inclusion and exclusion. Who is needed, and how actively are they really being cultivated? In the current study, long-timers at Oak did not accurately perceive how welcome newcomers

felt. But history is not destiny. By understanding the social structure of an alliance and its context, leaders may be better positioned to increase pluralism and, thus, better mobilize the many talents needed to effect sustainable change.

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