Table 9.2: Constructs and Related Propositions, Community Coalition Action Theory

Butterfoss, F. D., and Kegler, M. C. (2009). The Community Coalition Action Theory. In R. J. DiClemente, R. A. Crosby, and M. C. Kegler (Eds.) *Emerging Theories in Health Promotion Practice and Research*. (2nd ed.) (pp. 237-276). San Francisco: Jossey-Bass. (pages 246-247)

Constructs	Propositions
Stages of Development	1. Coalitions develop in specific stages and recycle through these stages as new members are recruited, plans are renewed, and/or new issues are added. 2. At each stage, specific factors enhance coalition function and progression to the next stage.
Community Context	3. Coalitions are heavily influenced by contextual factors in the community throughout all stages of development.
Lead Agency or Convening Group	4. Coalitions form when a lead agency or convening group responds to an opportunity, threat, or mandate. 5. Coalition formation is more likely when the lead agency or convening group provides technical assistance, financial or material support, credibility, and valuable networks/contacts. 6. Coalition formation in likely to be more successful when the lead agency or convening group enlists community gatekeepers to help develop credibility and trust with others in the community.
Coalition Membership	7. Coalition formation usually begins by recruiting a core group of people who are committed to resolving the health or social issue. 8. More effective coalitions result when the core group expands to include a broad constituency of participants who represent diverse interest groups and organizations.
Processes	9. Open and frequent communication among staff and members helps make collaborative synergy more likely by engaging members and pooling resources. 10. Shared and formalized decision making helps make collaborative synergy more likely by engaging members and pooling resources. 11. Conflict management helps make collaborative synergy more likely by engaging members and pooling resources.
Leadership and Staffing	12. Strong leadership from a team of staff and members improves coalition functioning and makes collaborative synergy more likely by engaging members and pooling resources. 13. Paid staff make collaborative synergy more likely by engaging members and pooling resources.
Structures	14. Formalized rules, roles, structures, and procedures improve collaborative functioning and make collaborative synergy more likely by engaging members and pooling resources.
Member Engagement	15. Satisfied and committed members will participate more fully in the work of the coalition.
Pooled Member and External Resources	16. The synergistic pooling of member and external resources prompts comprehensive assessment, planning, and implementation of strategies.
Assessment and Planning	17. Successful implementation of effective strategies is more likely when comprehensive assessment and planning occur.
Implementation of Strategies	18. Coalitions are more likely to create change in community policies, practices, and environments when they direct interventions at multiple levels.
Community Change Outcomes	19. Coalitions that are able to change community policies, practices, and environments are more likely to increase capacity and improve health/social outcomes.
Health/Social Outcomes	20. The ultimate indicator of coalition effectiveness is the improvement in health and social outcomes.
Community Capacity	21. By participating in successful coalitions, community members and organizations develop capacity and build social capital that can be applied to other health and social issues.

Community Coalition Action Theory

Butterfoss & Kegler, 2002