Developing the effectiveness of an intersectoral food policy coalition through formative evaluation

P. Hawe and E. K. Stickney

Abstract

There is a difference between bringing parties together and making them work effectively. We present a case study of an intersectoral food policy Committee, part of a three-tiered coalition nested within local municipal government, which sought to promote good nutrition in a rapidly growing metropolitan region by tackling food supply issues in the first instance. This was new territory for all players. After 12 months, the group felt it was floundering and requested an evaluation. In-depth qualitative interviews with Committee members (n = 21) and quantitative assessment of Committee processes revealed insufficient mechanisms for engaging new members, conflict between perceived roles for the group and a notable lack of confidence in the group's capacity to achieve its goals, or outcome efficacy. Feedback of the data and subsequent discussion led to a reform of project structure, stronger mechanisms to realize its goals and better incentive management, or ways to maximize the benefits and limit the costs for the diverse parties involved. The impact was reflected in a 4 year time series analysis of media releases, decision making and related municipal government actions. The study illustrates how theory-informed formative evaluation can help to improve health promotion practice.

Introduction

Increasingly, health promotion projects are being conducted by multiple and diverse partner agencies and organizations. Coalitions for community health promotion have been the subject of a special issue of Health Education Research (1993). The leading review article systematically examined research in coalition formation, factors associated with coalition maintenance and development, outcomes of coalitions, and the research agenda for the future (Butterfoss et al., 1993).

Coalitions are seen as a primary way of promoting intersectoral health action. This recognizes that a great deal of 'health' is created by sectors other than health, such as the housing sector, the education sector, the transport sector and so on. Policies and practices in these areas concern structural issues which lead to or compound inequities in health status. So, establishing partnerships and model projects with these sectors has been put forward as a way of 'seeding' health promoting practices or consciousness into other sectors and also providing an opportunity for these sectors to challenge and modify our own thinking (Harris et al., 1995). The approach is consistent with National Goals and Targets in Australia which endorse the promotion of healthy environments and healthy public policy (Nutbeam et al., 1992).

The Penrith Food Project was established to address food and nutrition issues in a rapidly growing region of Sydney, Australia. A survey conducted by a university research team based in the region's major hospital had shown that the higher cardiovascular problems of the region did not appear to be related to poorer awareness of...
health risk (Cumming et al., 1991). Instead, food access and availability appeared to be key factors. An analysis of food settings revealed that Penrith had fewer of most types of food stores per head of population than the rest of Sydney. Supermarkets and fruit and vegetable shops were highly centralized and, given Penrith’s comparatively low population density, many people had to travel large distances for basic food items. Public transport in the area was inadequate for shopping, particularly in those areas where former agricultural pasture and state owned land had been released for housing developments. This locational disadvantage resulted in people trading convenience against preferred food choice and price (Brierley et al., 1991).

The project identified several issues that could be addressed through local action principally to improve the food supply and organizational co-operation for the provision of nutritious food. Creation or reinforcement of consumer demand for nutritious foods was a further objective. Foundation work for the project was laid by the research team working with staff from the area health services and local government (Grossman and Webb, 1991), inspired by work in Knoxville, USA (Haughton, 1987; Haughton et al., 1989). The Food Policy Committee (FPC) of the Penrith Food project, established as a formal advisory Committee of the local government council, was set up as the principal, active component of the project in August 1993. It was argued successfully that urban planning and development issues, under the influence of local government, significantly affect food availability such as the mix and distribution of food retailing relative to population centres, the adequacy of public facilities for breastfeeding, drinking fountains in shopping centres, car parking near fresh food outlets and so on (Grossman and Webb, 1991). The project was formally launched with a 12 month grant secured from the state health department, the amount being sufficient for a full time executive officer and some administration costs.

The FPC’s responsibilities included setting the broad directions, goals and objectives of the project. Committee members included representatives from state government departments in health and agriculture; health, environmental planning and community services departments in local government; local food sector industries (major retail chain, fruit and vegetable industry development groups, food marketing authorities); local businesses (banking, retailers associations), university departments and elected local council members. The ratio of public sector (government agency, tertiary institution, local council elected official) to private sector membership of the committee was 2:1. One of their first tasks was to develop a strategic plan for the project. A Working Party, consisting of members from the initiating health, university and local government organizations of the project, was set up to develop and implement the strategies recommended by the FPC. All but one of the members of the Working Party were also members of the FPC. Several time-limited Technical Working Groups (e.g. in agricultural practices, breastfeeding facilities) were established to address particular strategies developed by the FPC. The membership of the Technical Working Groups also primarily overlapped with that of the FPC. The coalition structure is represented in Figure 1.

Request for evaluation

After the FPC had been established for 12 months, the Committee felt it was floundering. It was felt that meeting attendance, Committee processes, commitment of members, decision-making procedures, and the role and structure of the Committee required review. The authors were invited to investigate the operation of the FPC and to facilitate the development of strategies to optimize functioning and productivity. Formative evaluation helps to improve a program or intervention early in its development and was first described by Scriven (1967). A research–feedback loop provides the opportunity for the evaluation to act as catalyst for change, that is for program decision makers or evaluation ‘clients’ to use the information gathered to restructure or revise program
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Fig. 1. Coalition structure at the time of the evaluation. *Includes the authors, other consultants and FPC members.

operations. It was agreed to conduct the evaluation and feedback the results over a relatively short period of time, the 3 months ending in November 1994.

Methods

The evaluation approach was informed by previous work on community participation and the functioning of action groups and associations (Appley and Winder, 1978; Prestby et al., 1990; Flynn, 1992; Butterfoss et al., 1993; Francisco et al., 1993; Kumpfer et al., 1993; Rogers et al., 1993). Specifically, this work predicted that important factors in coalition functioning would include role consensus, incentives for involvement, decision-making processes, satisfaction with operational procedures, relationship with initiating/supporting agencies and outcome efficacy. However, we did not enter the research with the intention of structuring data collection around any particular hypothesis about coalition functioning.

Through semi-structured interviews, administering a self-completed questionnaire and by reviewing project documents (minutes and media clippings), the objectives of the evaluation were to:

1. Assess Committee members’ perceptions of the role and responsibility of the FPC, the relationship between various tiers in the coalition (the FPC, the Working Party and the Technical Working Groups).
2. Identify and explain patterns of attendance at the FPC.
3. Assess member satisfaction and engagement with Committee processes and benefits and costs of their involvement (Prestby et al., 1990) at both an organizational and personal level, and their understanding about their own contribution and their role as project advocates.
4. Gain insights into project decision making and actions.
5. Assess member expectations regarding likely success of the project (outcome efficacy).
6. Canvass ideas for how the workings of the group could be improved.
7. Feedback findings promptly so as to facilitate required action.

Of the 25 members or former members of the FPC, 21 agreed to be interviewed. One person had taken up residence overseas and was excluded. Four people felt that their involvement was too minimal to be relevant, i.e. they attended only one or no prior Committee meetings. These people came from a business association, a health agency and local government. All stated that they were too busy to take on additional commitments as their reason for non-involvement and in three of
the four cases another Committee member from their sector or agency type was already on the Committee.

Prior to interview, Committee members were sent the Committee Effectiveness Inventory, a self-completed questionnaire designed for use in the Healthy Cities project (Hahn and Ray, 1990). This is a 25-item instrument consisting of statements in a Likert-scale format, e.g. ‘Committee members do not have enough opportunity to ask questions at meetings’ with the options being ‘nearly always, often, occasionally, never, unable to answer’. The instrument concludes with two open-ended questions about the two best and worst things about the Committee. The dimensions covered by the questionnaire encompass maintenance or morale (including questions relating to enthusiasm about being a member of the Committee), sharing (including questions about decision-making processes), leadership (including questions about the efficiency of meeting procedures), maturity or self-readiness (including questions about whether people felt they had useful ideas to contribute to the Committee) and task orientation (whether the Committee is good at getting things done).

Interviews were held either at a Committee member’s place of work or the evaluator’s office if this was more convenient. Interviews took approximately 1–1.5 h. All interviews were tape recorded with the permission of respondents, and then transcribed and checked for accuracy. Transcripts were returned to respondents for verification prior to analysis. Both authors read all the transcripts. The thematic analysis was guided by the work of Miles and Huberman (1984), and involved the sorting of interview responses into classes or categories, some of which were pre-existing, i.e. they reflected the actual questions which had been asked, and others which emerged from the data. Each author then took approximately half of the interview questions and produced summary statements to reflect the thoughts of the Committee members, identifying all quotes from the interviews to illustrate these themes. Two meetings were subsequently held to verify the accuracy of statements and to revisit the entire data set to ensure agreement on the resultant themes and summaries. Data from the questionnaires were analysed separately. Identifiers constructed for the quotations were made up of two parts. The first number represents the respondent number and the number after the decimal point is the page of transcript on which the quote appears. Because the self-completed questionnaires were completed anonymously, it was not possible to integrate the qualitative and quantitative insights on an individual basis. Rather the two data sets were taken to represent different methods of gaining insight into much the same process. It was our intention that completing the questionnaire prior to interview would assist respondents to reflect on Committee processes. Feedback from respondents confirmed this.

Results

Coalition structure and roles

When asked about the role of the FPC, people tended to nominate two distinct functions. The first feature of the FPC that they nominated was its role in bringing people and groups with different expertise together (a networking function) and these people tended to see the FPC as a forum rather than a Committee (7.2). Others saw its main role as giving the project strategic direction (a steering function) and tended to outline a more directive role:

- Providing a structure for the project (11.2)
- Keeping people to schedule (2.1)
- Providing direction (9.2)

The Working Party was clearly seen as the ‘engine room’ (2.2) or ‘hands on work’ (2.2) side of the project. The Technical Working Groups, on the other hand, were identified as having a more narrow task focus and more autonomy, such as working out preservation strategies for agricultural land or making breastfeeding facilities more widely available.
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Overall, there was some unease and disquiet expressed about the FPC's role and how it related to the Working Party and the Technical Working Groups. These groups were originally set up to alleviate some of the workload for the Committee but ironically appeared to be having the effect of robbing the main Committee of some identity. One person summed up the FPC thus:

As a rubber stamp in a way . . . the parameters within which (the Committee) works are quite narrow and therefore its ability to influence stuff at this stage I don’t think has been all that great (14.1)

Another argued that

The whole group should be doing more active things, not just the Working Party (2.1)

There was quite a lot of confusion about the roles of the different groups and even the suggestion that

I feel that the FPC is stacked by Working Party members, but this maybe just a relationship to this period of time (i.e. early in the project's stage of development) (4.1)

Committee composition, skills and resources

When Committee members were asked about the skills and interests they brought to the Committee, most people described their specific expertise or the group they represented, e.g. research, small business experience, agricultural, food retailing, local government, financial advice or health service expertise. Others identified themselves as there to represent the community voice and felt strongly about their capacity to represent views from the ‘real world’.

As a community rep. I can speak my mind, not hedge one iota (8.2)

A few people described their role more functionally or strategically, e.g.

Keeping the Committee on track, alerting it to dangers and problems that undermine the integrity of the project (6.2)

Some of the newer people on the Committee were unsure of what they could offer, saying that this was something they were ‘still working through’ (13.4).

Most people could think of no obvious omissions among the groups represented on the Committee but the most frequently nominated need for additions to the group were industry and consumer organizations. Another comment was that the group lacked a certain ‘worldly wisdom’.

I think the Committee has a predominance of public servants. The right places are represented but the groups are probably not as street wise as they should be (10.1)

Committee processes and methods of engaging group members

People were generally unsure about what they were expected to contribute as a Committee member. One person expressed the need for more direction about what they could contribute:

Like a job description that clearly spells out what my responsibilities are...maybe a bit more clarification of just what is expected of you when you come to this (14.15)

Several Committee members felt that they could better contribute to the project through the smaller, topic-specific Technical Working Groups, rather than through the FPC (which required an interest in, and contribution to, all of the project’s strategies).

From an analysis of meeting minutes, Committee members seemed to form three distinct groups. The first attended meetings early in the Committee’s development and then stopped attending (henceforth called ‘drop outs’, \( n = 6 \)). The second group were regular attenders throughout the life of the Committee (henceforth called the ‘core group’, \( n = 12 \)). A third group of relatively new members had attended one or more of the most recent meetings (\( n = 3 \)). In most cases loss of members from the Committee was followed by replacement from the same sector or agency except for the loss of two Council members and a representative from the finance sector.
During the interview, Committee members were asked how they felt about their involvement and shown a card with various adjectives as a prompt. These were: enthusiastic, cautious, committed, excited, cynical, deliriously happy, unsure, frustrated, up and down, hopeful. Not surprisingly, no one reported themselves to be 'deliriously happy' with the Committee processes but in most cases the idea was successful in prompting a smile and a preparedness to share some feelings.

All three groups used the word 'unsure' to describe their involvement. The drop outs also chose the words 'cynical', 'cautious' and 'frustrated'. The core group chose the words such as 'unsure' and 'cautious', 'up and down'—mostly because of a lack of short-term gains seen in project performance, but they also used the words 'committed' and 'hopeful' that the project was about to embark on an implementation phase now that the strategic plan had been completed and Technical Working Groups had been established to deal with particular project strategies. New members were 'interested', 'excited' and 'committed' but still 'cautious' and 'unsure' of where they fit into the project or what their contribution might be.

The group itself was aware of different subgroups within its members. Some members thought that there was a committed core group which was united, but others thought that the commitment of these people could have been because membership on the Committee was 'part of their job' (because they worked for the health services or the university). Others were hopeful that the team spirit would develop. A couple of newer members thought that there was a feeling of team spirit within the Committee and one long-standing attender thought that there was a feeling of team spirit if there was a good group on the night and they had something to do which united them, like a structured facilitator-led planning activity.

Most people felt that decision making by the Committee was made by consensus and were satisfied with the procedure. Differing and sometimes strong views in the group were recognised, but were not seen as a major problem for most. However, it was in relation to decision making that an important point was made about ensuring that all members of the group participated.

I always judge meetings on the amount of talk or the amount of silences that there are, and generally I found a lot of silences when there seemed to be, one person saying, 'oh this is where we want to go' and there's almost dead silence because you could feel that there were some people didn't really agree with that or didn't know (16.5)

Most people were happy with the way the meetings were run, but, for a few people, there was some frustration in the 'lack of action' which resulted from Committee meetings. Part of the problem seemed to be in getting Committee members to make a contribution, and creating a climate for that. One of the reasons people did not feel completely at ease was that they did not know who some of the other people on the Committee were. Inadequate attendance and turnover of Committee membership was seen as a major problem.

**The benefits and costs of involvement**

One of the major personal benefits that Committee members mentioned was the interaction and contact with people from other disciplines that the Committee allowed. In some cases, these contacts had led to other projects and collaborations between organizations and individuals.

Others said that being involved with an innovative project was of personal benefit to them and their organization. They saw that it was an advantage to be able to tell people that they were involved in such a project. Others mentioned the satisfaction of being involved in 'making a difference'. Some felt that they were learning about health promotion, planning, how committees work or about nutrition and what was going on in the local area. Several Committee members were involved to further the cause of their own professional concerns (e.g. the state agriculture department). Creating links which were useful for the members' organizations was also mentioned.
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Others saw that their involvement was a way of providing information for their organization about what was happening with the Penrith Food Project. A few people saw their involvement as a method of promoting their organization's objectives.

When asked whether they found themselves taking ideas and opinions from this Committee back to their organization, most people said that they had had limited opportunity to use content issues from the Committee in their work, although there were a couple of specific examples and some saw potential for that to happen at a later date. Some saw the only thing of use to their organization being the information about what the project was doing, but many found that the processes or 'concepts in practice' which they had observed were of use in their own organizations.

Most people said that time was the only negative aspect of being involved on the Committee and some suggested less frequent meetings.

For some, a minus was not be able to devote the time that they would have liked to the project. Those who were involved with the project at a number of levels were concerned about the time and the amount of work needed. Others (a minority) did not see any negatives of their involvement at all.

One member felt that being involved in the project had affected their reputation because of lack of visible results from the project. Members who belonged to organizations which had been involved in funding the project (the health service and the Council) mentioned the dollar investment as a cost.

Frustration with the formal planning process

The evaluation was called for after a 12 month period of formal strategic planning, led by a project officer using the formal models advocated in the health promotion literature (Hawe et al., 1990; Green and Kreuter, 1991). A 14 page document had been produced by the process which laid out goals and objectives for the food project in three areas: the food supply, consumer demand and system sustainability. The document included earmarked areas for specific planning, e.g. in developing policy supportive of breastfeeding, use of agricultural land and nutrition in child care organizations. Extensive attention was given to the creating supportive organizational contexts for project activities. There were no time-related targets in the plan. In the interviews the group was split on the value of the strategic planning process, with about half seeing it as frustrating and tedious and the other half agreeing, but believing that it was a necessary thing. Some were impressed by the thinking that went on, but several could not relate to the planning process while it was in progress, as the processes and models used were clearly unfamiliar to people from other sectors.

I'm not used to the sort of 'health promotion approach' to things, because that's not my background (4.7)

All this strategic planning, and all the paper work we were looking at, to me it looked like too many people were trying to justify sitting there (1.4)

Some people could not identify the strategic plan document (quite a few did not appear to have a copy or did not know whether they had a copy) and did not relate to the question about strategic planning. These tended to be the newer members of the Committee or people who had been absent for a large number of meetings.

Many Committee members mentioned a lack of visible action as a problem that they perceived with the project, the fact that time had slipped by while planning was taking place.

I feel that it's got to be something that can be seen more easily by the ordinary person out there. Change has got to take place in the perception of the public as well as change in the bureaucracies (16.7)

Outcome efficacy

Overall, the majority were fairly cautious or negative about the likelihood of the project meeting its goals and objectives. Among these, some people
Committee members explained that the role of chairperson had been held temporarily for a short time by each of the two agencies who initiated the project (university department and area health service). It was then passed temporarily to a municipal council officer after the Committee launch. This lack of consistency in leadership was seen as a real problem in maintaining and improving Committee functioning.

Several Committee members commented that paper work or reading for the group should be kept to a minimum. People suggested other avenues of communication and felt that the best meetings had been ones which had been more ‘interactive’, such as the brainstorming exercises undertaken in the early stages of Committee development.

A couple of members suggested ways to get the benefit of involving people without having to add new members, e.g. inviting guest speakers and consulting with people or organizations when needed.

Quantitative assessment of Committee processes

Twenty out of the 24 Committee members who were approached to fill in the short written questionnaire completed the form. The four who did not complete the questionnaire had only been involved very superficially early on in the development of the Committee and therefore felt that they did not have sufficient knowledge to comment on current Committee processes.

Table I presents the scores of the FPC along with those results previously presented by Flynn (1992) from Healthy Cities projects in the USA, shown for comparative purposes. Both the FPC and the Healthy City projects are intersectoral projects working in similar ways within local government, although the Indiana project is more established.

The results obtained for the Penrith Food Policy Committee are similar to but slightly lower than Flynn’s. There are few reports of such measures in the literature, and at this point, no investigator has yet ventured to suggest that there might be threshold or cut-off points for ‘good’ or ‘poor’
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Table 1. Committee effectiveness in local government intersectoral project committees in Penrith, Australia and in the USA

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Indiana Healthy Cities, USA*</th>
<th>Penrith Food Policy Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(mean scores on two occasions of measurement)</td>
<td>(mean scores)</td>
</tr>
<tr>
<td></td>
<td>1990</td>
<td>1992</td>
</tr>
<tr>
<td>Maintenance</td>
<td>2.87</td>
<td>2.71</td>
</tr>
<tr>
<td>Sharing</td>
<td>3.27</td>
<td>3.19</td>
</tr>
<tr>
<td>Leadership</td>
<td>2.82</td>
<td>2.77</td>
</tr>
<tr>
<td>Maturity</td>
<td>3.20</td>
<td>3.23</td>
</tr>
<tr>
<td>Task</td>
<td>3.05</td>
<td>3.06</td>
</tr>
</tbody>
</table>

Note: maximum possible score for each dimension is 4.
*Mean score of six Indiana Healthy Cities' cities, Indiana, USA from Flynn (1992).
**Leadership dimension is not directly comparable between USA and Penrith data because one item was omitted from our use of the instrument as it was not relevant.

functioning. Flynn used her data to discuss trends across time and for stimulating discussion on how to improve group process in her project. In our study the data show that the lowest scoring dimensions of the FPC were leadership and maintenance or morale, confirming the views obtained in the in-depth interviews.

Feedback of results to Committee members and the changes which followed

At the FPC meeting immediately following data collection, a brief description of the evaluation and a few preliminary findings were presented to the Committee in the form of a flier. The purpose of this flier was to raise Committee members' interest in attending the following meeting for the full presentation and discussion of findings. After the formal presentation of results to the FPC, the executive officer of the project led a discussion of the implications of the results for the Committee and what the group might do to improve Committee processes and project functioning. A special meeting of a subgroup of the FPC was then held to develop proposals for project improvements based on the evaluation results.

Three major areas of change took place. The first was in Committee structure. The group recognized the conflict between the two main perceived roles of the FPC, i.e. networking and decision making. The decision-making role was seen as best served by streamlining the structures, by reducing the size of the Committee and abolishing the Working Party, with the latter's functions being absorbed within the main Committee. Most of the departing members took on specific roles within Technical Working Groups. The new more decision-focussed structure also attracted back to the Committee a member of the 'drop out' group with special skills in finance and small business. The networking role was addressed by setting up a separate structure which was called the Penrith Food Project Network. By holding the first of a series of these forums a diversity of groups (i.e. more than those previously involved) came together for project presentations and exchange of information about food and nutrition issues. Secondly, the Committee elected a new (permanent) chairperson and more emphasis was placed on the group process skills needed to maintain and engage member commitment, such as specifically calling on people to give their or their organizations' view. Finally, the group placed more emphasis on creating outcome efficacy in the project. This happened in two ways. More emphasis was spent in meetings on relating back project progress, and the publicity and marketing side of the project was directed to develop material which Committee members could use within their own work to more effectively advocate and communicate with others about the project.

A time series analysis of Committee decisions taken over the life of the project (from analysis of
Committee minutes) and the number of project press releases (taken from project records) is presented in Figure 2. Figure 2 shows that project activity was increasing at the time of the formal launch of the Committee but it fell off shortly after that, probably as a result of the health workers involved attempting to transfer responsibility and ownership for the project from themselves over to the Committee. Figure 2 illustrates that the evaluation was indeed called for at a time when project activity had slumped. Following the evaluation and feedback of results there has been an upswing in activity.

**Discussion**

It is clear from Figure 2 that the formative evaluation of the FPC coincided with significant change and restructuring in the FPC. Although anecdotal reports from Committee members attribute this to the process facilitated by the evaluators, at best we can only claim to have catalysed and refocussed a process which was already occurring, e.g. there was enough dissatisfaction within the Committee ranks to invite the evaluators in the first instance and the executive officer was already looking around for another position. One should be cautious about causal inferences within this case study design. However, if the project had not structured a systematic process of critical reflection and review, some of the negative patterns that were beginning to emerge in the Committee may have eventually contributed to its disintegration. The formative nature of the evaluation certainly appeared to assist the project’s development.

A lot of what the evaluation uncovered about dysfunctional Committee processes and lack of member engagement could have been avoided. In this sense, this part of the results is unremarkable. An extensive literature exists on the importance of facilitating participation in collaborative action by training groups of people in the skills required to conduct effective meetings, handle conflict, develop leadership roles and so on (e.g. Doyle and Straus, 1976; Haynes, 1988; Balcazar et al., 1990). Prestby’s work on incentive management practice or fostering involvement by maximizing the benefits and minimizing the costs (Prestby et al., 1990) provides a particularly useful model for practitioners which allows processes to be tailored to the motivations of participating partners.

It appears that neither the university staff nor the health service staff responsible for initiating the project thought to aid the development of the coalition more actively through training activities, though separately, in interview, both groups...
Developing the effectiveness of an intersectoral coalition disclosed that their hope was the executive officer would embrace this role. Perhaps in being loathe to 'interfere' both groups inadvertently gave the FPC responsibility for the new project but did not provide the appropriate conditions for empowerment of the Committee to undertake and develop the project effectively. However, by having suggestions about Committee training, meeting process and new member engagement arise from the Committee itself as a result of the evaluation, it could be argued that the Committee instead now 'owns' both the problem and the suggested solutions, and that this is a superior situation to imposing rules, norms and values from outside at the outset. The degree of risk or 'wait and see' that health promotion workers involved in coalition building are prepared to take will probably vary. That is, for how long will a situation be tolerated before helpful (or alternatively, destructive) solutions emerge? In this case the evaluators found that the discomfort among the group, arising from unconsolidated roles and a lack of basic group process skills, was great.

McCann (1983) has suggested that organizations working collaboratively progress through three phases. These are (1) problem setting or the identification of stakeholders and identification of the issue which brings them together, (2) direction setting or developing a sense of common purpose and goals, and (3) structuring. Structuring for complex, ongoing problems requires the management of interactions among the parties represented, and may involve reallocation of power and responsibility among the parties over time (Gray, 1985). In our case, it seems that the FPC contacted the evaluators after the first two phases, i.e. after experiencing frustration with the length of time that elapsed, and perhaps after experiencing a sense that the existing structures needed review. The 'crisis' and refocussing that this evaluation helped to facilitate probably represented a 'coming of age' in the project. The abolition of the Working Party (previously dominated by the project initiators) and the subsuming of the Working Party tasks into the broader Committee represented a significant power restructuring and challenge to roles of the initiating organizations (the health service and the university).

That the FPC had taken 12 months to develop a strategic plan for the Penrith Food Project seemed excessive to some group members, though Gricar and Brown (1981) report a case study of direction setting within a newly formed municipal advisory Committee (not in a health-related field) which took 8 months. Part of the problem seems to be that direction setting and goal specifying is not just an informational or decision-making domain. It involves values (Gray, 1985), and values clarification can be a long and difficult process. In their review of community-based health promotion projects, Goodman et al. (1993) also noted the impatience of community core project group members with the formality of health promotion planning. Certainly among those people familiar with health promotion planning at an area level, the time taken by the FPC in strategic planning would not seem excessive, though the fact that one sector or partner's model of planning (i.e. health promotion) was permitted to dominate might be challenged. Committee members in interviews confessed that they were not used to the 'health promotion approach to things' but they acquiesced to it, only commenting that the 'public servant' way of thinking could be more 'streetwise'. Harris et al. (1995), in a review of intersectoral collaboration for health promotion, also warned of the tendency of the health sector to slip into assuming that others will follow health jargon and practice (i.e. 'you are working with us' rather than 'we are working together').

In this study, outcome efficacy was investigated qualitatively, rather than using a rating scale as did Rogers et al. (1993) in researching tobacco control coalitions. In our study, questions about outcome efficacy came at the end of the interview when it was considered that rapport would be highest and people would be most prepared to 'confess' their fears, which indeed was the case. Outcome efficacy was generally low. Helpful suggestions to improve outcome efficacy came from the discussion which followed feedback of evaluation findings. One idea with broad support
was to find ways to promote the extent to which Committee members can be more active advocates for the project, thereby simultaneously raising the project profile and reinforcing their own beliefs. The Committee also lamented a previous lack of visible action and later discussion suggested that a more visible 'flagship' activity be immediately adopted. Butterfoss (1993) has also suggested that 'quick wins' be used to enhance member pride and motivation and also the credibility of the coalition. Outcome efficacy is difficult to promote in an experimental project with few precedents, but confidence in the project could be boosted by continuing evaluation and review processes. This allows people to question and reshape the project, increasing their stake and ‘stamp’ on the outcome. This should also help make the project itself more robust to internal criticism in order to meet wider challenges.

Continuing challenges to the Committee and the overall coalition structure (the FPC, the Technical Working groups and the Network) are to maintain diverse opportunities for member involvement and to cater these opportunities to evolving interests. The fact that some parties were most attracted by the networking side of the project and others by the decision making and the opportunity to ‘make a difference’ reminds us that a single, large, undifferentiated structure is unlikely to cater for all interests. Yet setting up big Committees seems to continue in health promotion practice, as if getting the right parties to the table is an endpoint rather than a beginning. Multiple structures catering to more clearly specified member needs resulted from this project’s evaluation. The continuing viability of the project will no doubt depend on ongoing responsiveness to member needs. ‘In-built’ evaluation plans are now underway to avoid the need for ‘one off’ invitations to evaluators as described here.

In conclusion, the lessons that could possibly be drawn for coalition builders are that (1) structures must be sufficiently diverse to permit a range of opportunities for member engagement, (2) outcome efficacy must be nurtured, (3) training in group process and meeting procedure is crucial, (4) traditional health promotion strategic planning methods do not have ‘natural’ appeal to people from outside health promotion, and (5) external evaluation can be challenging and yet remain non threatening. The case study illustrates how evaluation findings can be used to catalyse and facilitate self-restructuring by a health coalition. We feel that our impact was assisted by an interview process which investigated important issues raised by previous researchers in coalition development and which indeed appeared to ‘press the right buttons’ for ensuing action. In reflecting upon the success of the formative evaluation, we have suggested that it might be attributable in part to its crucial timing. That is, the evaluation appeared to fit strategically into McCann’s (1983) natural phases of progression in collaborative problem solving, coming at a ‘natural’ stage of where structuring review was imminent. Perhaps formative evaluation timed at the earlier stage of direction setting or developing goal consensus would have led to less tangible change, or even frustration if it were seen to be prolonging the business of strategic planning. Further research will be required to test this hypothesis, i.e. to determine optimal use of formative evaluation in health coalition development.

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References


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