

## LESSONS LEARNED FROM FIGHTING BACK

In 1990, the Robert Wood Johnson Foundation's (RWJF) Fighting Back program funded 15 communities (between 100,000 to 250,000 residents) in 11 states to combat illicit drug and alcohol-related problems.<sup>i,ii</sup>



Sites that targeted the **entire community** (or areas beyond the city):

- Columbia, SC
- Gallup, NM (six municipalities in three counties: McKinley, San Juan, and Cibola)
- Little Rock, AR
- Newark, NJ
- New Haven, CT
- Santa Barbara, CA
- Vallejo, CA
- Worcester, MA

Sites that targeted a **portion of the community**:

- Charlotte, NC
- East Oakland
- Kansas City, MO
- Milwaukee, WI
- San Antonio, TX
- San Jose, CA
- Washington DC

### Funding phases.

- Planning Phase (1990-1991): 15 sites received two-year planning grants ranging from \$300,000 to \$450,000.
- Round I Funding (1992-1997): 14 communities received \$3,000,000 to \$4,000,000 implementation grants. Funding was interrupted at one site due to lead agency instability.
- Round II Funding (1998-2002): Eight sites received funding ranging from \$200,000 - \$3,000,000. Six received funds through 2002.

### Sites were asked to:

- **convene "citizen task forces" to direct the initiative**, with widespread representation from community members such as parents, clergy, tenant groups, business leaders, politicians, health professionals, school superintendents, judges, chiefs of police, and grassroots, neighborhood leaders; and
- establish community-wide consortia of institutions, organizations, and public/private agencies such as news media, schools, human service agencies, and treatment providers. The task forces were asked to **develop a coordinated, comprehensive, community-wide strategy** for improving the continuum of prevention, early identification, treatment, and aftercare services.

RWJF convened a National Advisory Committee to guide the initiative and funded two national program offices to provide technical assistance to sites – Vanderbilt University School of Medicine from 1989-1996, and Join Together at Boston University School of Public Health from 1997-2003. Additionally, RWJF sponsored an independent national evaluation by contracting initially with the Pacific Institute for Research and Evaluation (PIRE) and then with Brandeis University.

This document summarizes findings from empirical studies and conferences conducted by Join Together.

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## EMPIRICAL STUDIES

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Join Together supported three studies of Fighting Back. Each study asked a different question about the mechanics of the program to ascertain what worked.

### 1. What coalition factors influenced community capacity among Fighting Back sites?<sup>iii</sup>

Coalitions build community capacity by encouraging local organizations to expand services, programs, or policies (i.e., organizational capacity). The study's aim was to identify what coalition factors – resources, lead agency, governance, and leadership – promote organizational capacity.

A multi-site case study was employed by examining changes in organizational capacity and coalition factors across 13 Fighting Back sites. Both qualitative and quantitative analyses were conducted to identify relationships among organizational capacity and coalition factors.

Finding: Fighting Back sites with greater organizational capacity shared seven common characteristics:

1. **Received more funds for coalition-building**
2. **Were housed in supportive agencies**
3. **Delayed establishing new independent agencies**
4. **Maintained stable, participatory, decision-making bodies**
5. **Cultivated active involvement of local government**
6. **Practiced collaborative leadership styles**
7. **Had effective, long-serving project directors**

**Organizational Capacity** was measured based on changes in programs, services, or policies among:

- Schools
- Police departments
- Courts/corrections
- Health care/substance abuse treatment agencies
- Alcohol/tobacco industry
- Neighborhood organizations
- Faith-based groups
- Workplaces

**Coalition Factors** included resources, lead agency, governance, and leadership, and were measured by surveying task forces and reviewing documents.

### 2. What are the characteristics of effective project directors?<sup>iv</sup>

Common characteristics and leadership effectiveness of 13 project directors serving from 1990 through 1996 were identified by inductively abstracting data from detailed ethnographic studies written for eight Fighting Back communities by the Brandeis University evaluation team.

Finding: Three common characteristics were related to effective project director leaders:

#### 1. **Employing a shared leadership style**

*Shared leadership* occurred when the project director fostered the active involvement of others in leadership positions.

#### 2. **Exhibiting bridge building skills**

*Bridge building* centered on developing relationships with coalition members and community leaders and included skillful negotiating, facilitating diverse groups, brokering, and networking.

#### 3. **Being considered an insider**

*Insiders* were those having ready access to a network of constituents (grassroots, elite, or both) within the community, from years of residence in a geographical community and/or a common cultural, ethnic, or social background.

### 3. To what extent did Fighting Back communities achieve the program's goal to reduce the demand for and use of illegal drugs and alcohol?<sup>v</sup>

The objective of this study was to determine whether Fighting Back sites whose strategies included implementing activities on reducing alcohol availability and increasing substance use disorder treatment reduced alcohol-related traffic fatalities.

A quasi-experimental design was employed, where 12 Fighting Back communities were matched to two or three comparison communities of similar demographic composition in the same state.

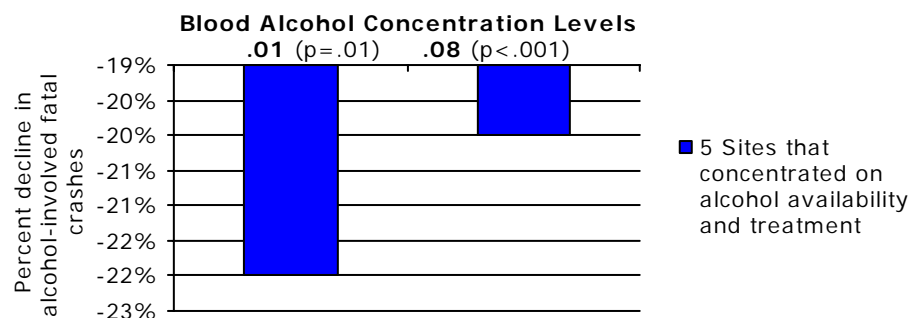
The 12 Fighting Back sites were coded as either implementing "more concentrated actions" aimed at reducing alcohol availability and expanding substance use disorder treatment (n=5) or "less concentrated actions" (n=7).

Alcohol-related traffic crashes, as measured by the National Highway Traffic Administration's Fatal Accident Reporting System, were analyzed 10 years prior and 10 years following the initiation of the Initiative for the 12 Fighting Back communities and comparison communities.

#### Examples of concentrated actions:

- *sting operations*
- *responsible service trainings*
- *increasing public funds for treatment*
- *establishing referral and/or awareness campaigns of existing treatment services*
- *initiating hospital emergency department screening, brief motivation, and referral programs*

**Finding:** Relative to their comparison communities, the five Fighting Back communities with concentrated efforts to reduce alcohol availability and increase substance use disorder treatment **experienced significant declines in alcohol-related fatal crashes relative to fatal crashes not involving alcohol.**



i Jellinek PS, Hearn RP: Fighting drug abuse at the local level. *Issues in Science and Technology* 7:78-84, 1991.

ii Spickard WA, Dixon GL, Sarver FW: Fighting back against America's public health enemy number one. *Bulletin of the New York Academy of Medicine* 71:111-135, 1994.

iii Zakocs RC, Witham SF: (Under Review) What coalition factors foster community capacity? Lessons learned from the Fighting Back Initiative. *Health Education & Behavior*.

iv Alexander MP, Zakocs RC, Earp JL, French E: (in press) Community coalition project directors: What makes them effective leaders? *Journal of Public Health Management and Practice*.

v Hingson RW, Zakocs RC, Heeren T, Winter M, Rosenbloom D, DeJong W: (in press) Effects of a community-based initiative aimed at increasing substance abuse treatment and reducing alcohol availability on alcohol-related fatal crashes. *Injury Prevention*.

## LESSONS LEARNED CONFERENCE FINDINGS

In 1997 and 1998, Join Together sponsored three conferences to explore the lessons learned in Fighting Back and other collaborative efforts to reduce substance abuse.

### **Can a focus on treatment and prevention for substance use disorders have an overall impact on a community's health care system?**

Yes, when programs share the following elements for success:

- Strong leadership
- A vision for change
- Sufficient financial resources
- A strong network of groups with different interests
- A lead agency guiding the efforts of many groups working toward a common goal.

#### ***Lessons Learned:***

- *Partnerships between a provider and a community group can facilitate innovative systemic changes in health services.*
- *The hospital emergency room is a good place to identify and refer people who need help with substance use disorders.*
- *Medical personnel need to be trained and retrained about substance use disorders.*
- *Community partnerships can build support for broad-based tax support for treatment and prevention programs.*
- *Integrating prevention within a health care system is difficult and requires the commitment of top level administrators.*

### **Can efforts to fight substance abuse strengthen civic infrastructure?**

Once established, these partnerships can also be used to respond to a host of other problems facing communities – from cleaning up streets and neighborhoods, to creating safe school environments for kids to rebuilding homes and businesses in the wake of a natural disaster.

#### ***Lessons Learned:***

- *Strategy matters.*
- *Leadership is key.*
- *Public-private partnerships must exist.*
- *Community reporting and accountability is crucial.*

### **Can community's efforts to reduce substance use disorders affect local race relations?**

Local race relations improved as a consequence of groups working together to address substance use disorders. Collaborating on specific problems can serve as a base for addressing racial issues in the future.

#### ***Lessons Learned:***

- *A common cause can bring diverse groups together.*
- *It is important to understand and acknowledge diversity within racial groups.*
- *It is important to involve community residents and institutional leaders as participants of equal stature.*
- *Local government can be instrumental in facilitating constructive community efforts.*

In 2003, a fourth and final Lessons Learned meeting was held to celebrate and conclude the initiative.

### **Fighting Back Lessons Learned Meeting**

Forty-three participants representing ten Fighting Back communities, the evaluation team, RWJF and NPO staff gathered for the final Lessons Learned conference. Sessions were held on leadership, governance, funding, implementation, evaluation, community capacity, and scope and scale.

#### ***Lessons Learned:***

- *New long lasting leadership bases emerged in many communities as a result of Fighting Back.*
- *An effective governance structure must include multiple level buy in from community members and institutions at multiple levels.*
- *Local evaluation should be an essential part of any initiative.*
- *Early victories are crucial to demonstrate long term change.*

## **FIGHTING BACK REPORTS**

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### **Robert Wood Johnson Foundation**

Jellinek PS, Hearn RP. Fighting drug abuse at the local level. *Issues in Science and Technology* 7:78-84, 1991.

*National Program Report: The Fighting Back Program.* The Robert Wood Johnson Foundation, 2002.  
<http://www.rwjf.org/reports/npreports/fightingback.htm>

Sherwood K. (in press) Evaluation of the Fighting Back Initiative. *New Directions in Evaluation.*

Wielawski IM. The Fighting Back Program. In: Isaacs SL, Knickman JR, (Volume VII), *To Improve Health and Healthcare.* San Francisco, CA: Jossey-Bass, 2004.

### **National Program Office at Vanderbilt University**

Spickard WA, Dixon GL, Sarver FW. Fighting back against America's public health enemy number one. *Bulletin of the New York Academy of Medicine* 71:111-135, 1994.

Thompson BR. *Fighting Back the First Eight Years: Mobilizing People and Communities in the Fight Against Substance Abuse.* Chamblee, GA: Shock Design, Inc., 2001.

### **National Program Office at Join Together, Boston University School of Public Health**

Alexander MP, Zakocs RC, Earp JL, French E. (in press) Community coalition project directors: What makes them effective leaders? *Journal of Public Health Management and Practice.*

Hingson RW, Zakocs RC, Heeren T, Winter M, Rosenbloom D, DeJong W. (in press) Effects of a community-based initiative aimed at increasing substance abuse treatment and reducing alcohol availability on alcohol-related fatal crashes. *Injury Prevention.*

Join Together. How Efforts to Fight Substance Abuse have Strengthened Civic Infrastructure. Lessons Learned Conference Seminar Report, 1998

Join Together. How Community Efforts to Reduce Substance Abuse have Affected Health Care. Lessons Learned Conference Seminar Report, 1998

Join Together. How Community Efforts to Reduce Substance Abuse have Influenced Race Relations. Lessons Learned Conference Seminar Report, 1998

Join Together. Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol, 1998-1999.

Zakocs RC, Witham SF. (under review) What coalition factors foster community capacity? Lessons learned from the Fighting Back Initiative. *Health Education & Behavior.*

### **Fighting Back National Evaluation Teams**

Hallfors D, Cho H, Livert D, Kadushin C. Fighting back against substance abuse: Are community coalitions winning? *American Journal of Preventive Medicine* 23:237-245, 2002.

Kadushin C, Saxe L, Livert D, Tighe E, Rindskopf D, Beveridge A, Brodsky A, Buteau, E. Fighting Back Household Survey: interim report of 1995-1999 findings. Waltham, MA: Brandeis University, 2000.

Klitzner M, Stewart, K, Fisher, D, Carmona, M, Diggs, G, Stein-Seroussi, A, Des Jarlais, D. Final Evaluation Report of the Planning Phase of Fighting Back. Bethesda, MD: Pacific Institute for Research and Evaluation, 1993

Lindholm M, Ryan D, Kadushin C, Saxe L, Brodsky A. "Fighting Back" against substance abuse: the structure and function of community coalitions. *Human Organization* 63(3): 265-276, 2004.

Saxe L, Reber E, Hallfors D, Kadushin C, Jones D, Rindskopf D, Beveridge A. Think globally, act locally: Assessing the impact of community-based substance abuse prevention. *Evaluation and Program Planning* 20: 357-366, 1997.

**Fighting Back  
Lessons Learned**



Dear Colleagues,

In 2001-2002, the Fighting Back National Program Office conducted a survey to document important lessons by surveying people who played significant roles in Fighting Back. Findings based on the survey results have been included in this publication and will help community-based groups, foundations, and government agencies build upon Fighting Back's lessons to develop more effective ways to reduce the adverse consequences of substance use disorders.

To those of you who returned the Lessons Learned survey, participated in the Lessons Learned meetings, shared your stories, experiences, resources and documentation for this effort, we are deeply grateful. We hope you find the results useful to your current work.

Sincerely,

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