

Maintaining Effective Community Coalitions

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Abstract

For 20 years, community-based health coalitions have been an integral part of the Contra Costa Health Services (CCHS) strategy to improve community health. With two decades of experience and insight and the results of a recent survey from 100 members of 14 coalitions, this report provides useful, practical information on running efficient coalitions, evaluating coalition work and knowing when to end a coalition ■

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Introduction

For 20 years, community-based health coalitions have been an integral part of the Contra Costa Health Services (CCHS) strategy to improve community health. These voluntary coalitions, comprised of members of community organizations, residents, and agencies, address a range of health issues such as health care access, tobacco policy, food and nutrition and asthma. They are proactive — planning programs, projects, and events. Coalitions also are uniquely positioned to provide feedback to the health department, other providers, community leaders and elected officials. Because they are not part of the health department, or any one organization, these coalitions can play an especially important role in advocating for legislation and policy change.

More than 10 years ago, CCHS outlined its injury and illness prevention strategies using a framework called the “Spectrum of Prevention.”^{1 2}The framework describes seven interrelated approaches for addressing important health issues, one of which is fostering coalitions. In 1991, CCHS published a guide to developing effective coalitions³ to support our commitment to community involvement, as well as to respond to a growing interest of the community and other agencies in using community coalitions.

Today, in 2005, we return to the topic with an additional decade of experience and insight. We have learned how to launch coalitions and we have developed strategies for operating them effectively. We also have identified issues and challenges that can interfere with a coalition’s success. The Public Health Division of CCHS currently works with more than 16 coalitions covering a range of topics including tobacco, asthma, breastfeeding, violence prevention and food, nutrition and exercise.

We recently conducted a survey of our coalition members, asking a range of questions about the design and operation of their coalitions, and the effectiveness of their efforts. We wanted to know if coalition members felt they were making a difference and whether the coalitions were functioning well or not. We also wanted to learn more about coalition membership and meeting and decision-making structures and processes. Of the more than 200 surveys distributed, 91 were completed and returned. Survey questions included a mix of multiple choice and open-ended (i.e., write-in) answer formats. Responses were anonymous. The results of the survey were both highly informative and encouraging, portraying a largely positive assessment of coalition work. A majority of survey respondents said their coalitions were “very successful,” followed by “somewhat successful.” No one reported a coalition as unsuccessful. Inspired by this feedback, we decided to share the results of our experience. Our goal is to provide useful, practical information on running coalitions that achieve meaningful outcomes. This paper also looks at the importance of evaluating coalition work and knowing when to end a coalition. In addition to the survey findings, this article incorporates observations and discussions with staff and coalition members.



Coalition Basics

We assume most people reading this article are familiar with community coalitions, a mainstay of many public health programs. However, it may be helpful to review some of the basics, including the definition of a coalition and situations in which coalitions are most useful. For more information, we recommend a review of our earlier article.³

What is a coalition?

A coalition is a collaborative union of individuals and groups working together to achieve a shared goal. In CCHS, this goal is usually to improve or address a specific public health problem, such as exposure to secondhand smoke, gun violence, or asthma. Coalition members represent diverse interests and come from a variety of sources, including government agencies, nonprofit organizations, and faith, civic or business groups. Members are usually invited to join, not elected or appointed. Organizations often designate a specific staff member to be a coalition participant.

When should you form a coalition?

Addressing complex public health problems requires a range of strategies. Forming a coalition acknowledges that the local health department cannot accomplish its objective of protecting and improving the health of the community alone. It also acknowledges that a range of partners with different skills and capacities are needed to address health issues. When program resources are scarce, coalitions can bring stakeholders together and reduce competition and duplication.

PITFALLS

Our survey asked coalition members what barriers interfered with their success. Here are the top factors:

- Fuzzy goals or objectives. No plan.
- One agency having too much authority, perceived or real.
- Burning members out with too many meetings, or meetings that last too long, or meeting locations that are too hard to reach.
- Holding meetings too infrequently to be effective.
- Money woes. Not enough to cover basic operating costs.
- Staff/member turnover and burnout.
- Language barriers. Make sure there are bilingual members willing to translate.

What do coalitions do?

We have found that coalitions can enhance many strategies described in the Spectrum of Prevention. Using a checklist, we asked members to prioritize their coalition's activities. "Community education" topped the list of priorities, followed by "strengthening individual knowledge and skills," "educating providers," "influencing policy and legislation," "mobilizing neighborhoods and communities," "fostering networks and other coalitions," and "changing organizational practices." The first four areas were the most common priorities, closely followed by the latter four. The choice of activities depends on the purpose and goals of each coalition.

Spectrum of Prevention

- Influencing policy and legislation
- Mobilizing neighborhoods and communities
- Fostering coalitions and networks
- Changing organizational practices
- Educating providers
- Promoting community education
- Strengthening individual knowledge & skills

¹Contra Costa County Health Services Department. Spectrum of Prevention: A Model for Improving Community Health. 1983.

²Rattray T, Brunner W, Freestone J. The New Spectrum of Prevention: A Model for Public Health Practice 2002.

³Cohen L, Baer N, Satterwhite P. Developing Effective Coalitions: an eight step guide. (Now available at <http://preventioninstitute.org>)

⁴The Center for the Advancement of Collaborative Strategies in Health provide a partnership self-assessment tool available at www.partnershiptool.net

⁵Tuckman B. Developmental Sequence in Small Groups Revisited. Psychology Bulletin. 1965.

1. Leadership

It is important to have a strong leader at the start of a coalition. It is also key to identify and develop new leadership for the long haul and to insure continuity of leadership, because a group without a leader easily stalls or becomes chaotic. The role of the chair should be clearly defined and communicated. Duties might include setting the agenda, running meetings, and representing the coalition in public. Leadership style is also important. Since coalitions usually follow a model of power sharing, or equal say among members, the leader needs to be more of a facilitator than boss.

When asked who controls their coalition, the responses demonstrated a range of leadership options. About a third of respondents said that the chair and officers controlled the coalition. Another third indicated that a steering committee or small group was in control. Less frequently, staff were identified as leaders. Line staff pointed out that support from Health Department senior staff was critical to the long-term success of coalitions.

2. Goals, goals and more goals

Coalition effectiveness rests on having a clear sense of direction or destination, objectives, and a road map. This should include an overall goal or mission statement, like reducing breast cancer mortality or reducing rates of smoking. But equally important are smaller, near-term benchmarks that change overtime, like encouraging health providers to conduct free mammograms. These benchmarks let you know you are making progress toward your broader, more ambitious mission. If you've hit a fuzzy period where the map isn't clear, relax and take a few months to focus on planning. Short-term successes are also vital for long-term confidence.

The majority of our survey respondents said that goals and objectives for their coalitions were established through a formal planning process involving members on a regular basis; the next most common approach was through a steering committee or small group.

3. Decision Making

Coalitions sometimes flounder by using the discussion-not-decision-model. This approach assumes that the group will arrive at a consensus through sometimes lengthy discussions. While this approach allows for a lot of input, it can be time-consuming and not result in action. It's important to have a clear system for making decisions, usually either by vote or consensus. Some groups have bylaws that explain how this works. Others count on informal agreements. It is critical to decide in advance how long the group will discuss something before acting, or when to abandon consensus and vote on a particular issue.

The majority of our respondents said decisions are made by consensus, followed distantly by majority vote. Very few respondents said that decisions are made by staff alone.

4. Roles

The chair or leader is an important role but it is helpful to have other clearly defined jobs, such as a minute-taker. It's best to ask for volunteers for these positions, and to discuss if they should be permanent or rotating assignments. Another way to share the work is to delegate follow-up for specific actions to members. For example, one coalition member can draft a letter to the legislature about a bill, another can set up a mailing list and a third can use their office staff to do the mailing. At the same time, people who are unable to take on more than attending meetings should not always be penalized or pressured. Just offering ideas or sharing information with colleagues or community members is a valuable contribution. It is also important to note that people who don't attend meetings also have a role. They can make phone calls, review drafts and write letters. People often feel more committed when they can make a contribution. Although CCHS has consistently dedicated staff to supporting coalition efforts, it has generally been careful to insure that other agencies or community members play visible leadership roles. CCHS staff "lead from the side," preparing and distributing minutes, convening meetings, developing draft agendas, and recruiting new members.

Survey respondents often attributed the success of their coalitions to commitment by a few core members, support from staff and a team approach to getting the work done.

5. Groups within the group

Many coalitions, especially larger ones, operate more productively when they use smaller task forces or committees to accomplish specific tasks. Examples include a steering committee that is charged with such tasks as planning, fundraising or media relations. It is also useful to form ad hoc groups for specific short-term objectives, like planning a community forum. Committees typically meet more often than the large group and report back with recommendations for the group to consider. The Health Access Coalition, which included a wide variety of organizations working to increase the number of residents covered by health insurance, formed five committees to implement its 12-month strategic plan. The committees met regularly, reported back to the full Coalition monthly, and tracked progress in writing against written goals.

Nearly all of our survey respondents said coalition decisions are implemented either by members, committees, or by staff and members together.

ENERGIZERS

Our survey asked coalition members what has contributed to their success. The top contenders:

- Commitment and enthusiasm of members.
- Dedication and professionalism of staff.
- Good, diverse mix of membership.
- Cooperation among the group.
- Strong leadership.
- Shared, clear goals.
- Genuine caring for the issue by all members.

6. Communication

As a hub of individuals and agencies from different parts of the community, coalitions send and receive a lot of information. A good system of communication through multiple channels is essential. It should cover everything from meeting reminders to project and policy updates. Email is a major form of communication today, but some people don't have access to the internet. Old-fashioned telephone calling works well, using a "phone tree" or telephone list. Faxed or even snail-mailed notices are other options. Find a reliable system that reaches all of your members, and aim for consistency. It helps to have a designated communication guru or person charged with spreading the word. Staff from our Developmental Disabilities Council maintain email lists that they and coalition members use to share announcements, alerts, updates and resources. Two community-based organizations maintain the distribution list for the Contra Costa County Community Advocacy Network, which works on political issues.

Although the survey didn't directly assess methods of communication, several respondents attributed their coalitions' success to an efficient reminder system, regular meetings and email and newsletter communications

7. Regular self-evaluation

Taking stock of a coalition's progress and accomplishments is essential and should be done on a regular basis. There are a number of ways to do this evaluation⁴: through internal surveys and discussions or by surveying residents or consumers. Even informal evaluation processes, such as an evaluation at the end of a meeting or time on the agenda for feedback and comments, can help a coalition take stock and change with the times. The Tobacco Prevention Coalition conducts an annual survey to get feedback from members on logistical details such as time, location and frequency of meetings and how members feel about their level of involvement in decision-making. They also are asked for suggestions on desired presentations for the coming year.

According to our survey, most of our coalitions have a formal evaluation process. They use a variety of methods. When asked what they evaluate, most indicated monitoring progress towards goals and objectives, followed by evaluating the impact of coalition activities, then conducting member/participant satisfaction surveys, and evaluating meetings.

8. New members

Many of our coalitions follow an open-door policy, in which they are always willing to take new members. As the group grows, it may be difficult to manage and members may feel there is less opportunity to participate. On the other hand, fresh ideas from interested people are a great resource. Often coalitions think about recruiting new members only when their size begins to shrink. But one important reason to recruit new blood is to ensure that the coalition is as diverse as the community affected by the health problem it seeks to address. At least occasionally, coalitions should ask who else needs to be involved and do targeted outreach to find those missing members. An inability to attract new members may reflect the many time and resource pressures that effect nonprofits, or it may be a result of the community's shift in focus to other health issues. Fluctuating membership requires efforts to keep members abreast of key issues. When the Breast Cancer Partnership formed, staff used a "rolling" flip chart at the beginning of each meeting to recap key decisions and progress so new members could get oriented quickly.

When asked how they maintain the vitality/enthusiasm/energy within their coalition, answers were near equally divided between by recruiting new members and having special events or speakers. Most of those who responded to our survey felt they had the right members in their coalitions. However, most said there was little or no resident participation in their coalitions.

9. Dealing with conflict

Working cooperatively with others can be incredibly rewarding but also challenging. Personality clashes and emotional struggles come with the territory. Groups often develop their own style of dealing with difficult members. If conflict becomes a normal part of a coalition's activities, it's important to come to a decision as a group about how to work with disruptive members or controversial issues. Our HIV/AIDS Consortium, a coalition of providers, clients and community-based organizations, provides a briefing handbook to individuals who chair the group. In it, they assure leaders that "conflicts within the group about the most effective actions or what stand the group should take on a particular issue are inevitable." The guidebook points out that conflict can lead to creative solutions which can ultimately bring a group closer together. In general, leaders are advised that conflict should be managed, not avoided or stimulated. Specific strategies for how to resolve the conflict also are included in the book. Whatever those steps are, the group needs to be sure that all members feel their points of view were heard and understood.

Our survey demonstrated that most members didn't think they went through a storming stage, so clearly most problems are not only successfully worked through but also forgotten. Since many of the coalitions have been in existence for a number of years, the storming stage may have occurred earlier on and been forgotten or not experienced by newer members.

10. Celebrating success and having fun

Coalition work can be tiring and time-consuming, and it's important for groups to pat themselves on the back and acknowledge their achievements. Have a party after meeting a goal, recognize individuals with certificates of appreciation, go out for a meal together. Coalitions do serious, and sometimes emotionally draining work. Burnout happens, but is less likely to become a major

When our Breast Cancer Partnership reported that the disparities in early diagnosis between African American and White women had been eliminated they hosted a gala celebration which attracted much media and community attention. The TIGHT (Tobacco Industry Gets Hammered by Teens) youth mobilization project held pizza parties when ordinances were passed by City Councils whose meetings they had attended.

GETTING IT RIGHT FROM THE START

A major factor in a coalition's efficiency is how it was formed. We've identified a few start-up essentials that can help avoid rough spots down the road.

- Conduct strong recruitment and membership development efforts. Be as broad-based and inclusive as possible. Make sure all community viewpoints are represented or have at least been invited to the table. At the same time, it's often important to deliberately recruit members because their particular expertise or role in the community.
- Ensure an adequate number of members. Attrition is a pretty common coalition reality, so shoot for a robust group, i.e., 10 to 20 members. More than 20 can be unwieldy. Some coalitions start on the smaller side and grow with need.
- Be easy to reach. Hold meetings in central locations that everyone can reach, and close to public transportation if necessary. Consider rotating meeting places.
- Make meetings easy to attend. Hold meetings at times that people can make. Consider ways to include members who can't be there physically, via

Know When to Fold 'Em: Exit Strategies

Knowing how and when to establish a coalition is critical, as is knowing if and when to close it down. Thinking and talking about an "exit strategy" should be part of every coalition's agenda. Another issue to consider is whether the group should become a permanent or temporary body, two very different modes of operation.

The lifespan of a coalition is closely tied to its goals or objectives. When goals are clearly measurable, like bringing the nutritional quality of school lunches up to a specified standard, an end-date is implied. The group will end when the work is accomplished. This is much harder when goals are broad, as is the case with most of our coalitions.

A coalition formed to decrease smoking, for example, could be useful indefinitely, or at least as long as cigarettes are around. Yet even with indefinite goals, a coalition's productivity may be best served by a set lifespan, based on a specific time frame, or on meeting set goals. At that predetermined point, the coalition can reassess its work, and determine if more time, or expanded goals, are needed. If the coalition decides to continue its work, this process can renew group vitality and a sense of purpose.

Our survey indicated that most of our coalitions haven't discussed ending or "sunsetting" their group. However, some of our coalitions have been able to bring their coalitions to a successful end. For example, the Anemia Task Force disbanded once anemia rates dropped dramatically. In another example, when the Food Security Council became dormant, some of the stakeholders were instrumental in creating new coalitions that addressed similar issues but had different goals.

Evolution of Our Coalitions

Coalitions, like all groups, go through developmental stages.⁵ These are normal ups and downs – periods of high and low productivity. In our survey, more than half of the members reported that they reached the high performance stage at some point. Less than 25% said their coalition had ever gone through the stage characterized by resistance and conflict.

The style of operation of our coalitions has evolved through the years, which reflects a change in the way public health departments relate to communities. Although we were one of many participants, we were often the real or perceived powerbroker because we represented the government agency and we had the resources to convene meetings and provide paid staff. In those early days, we were so pleased to have the community at the table that the issue of power seemed less critical.

Today, we find ourselves to be much more an equal partner with everyone at the table. Even though we may establish a coalition and provide staff, we are not necessarily the group leader. The health department, by releasing control, gains a more effective vehicle to improve community health. We have found that this power-sharing model builds coalition strength and legitimacy. Instead of being an arm of a government department, the coalition is more a community voice.

We continue to use coalitions as a way to network, coordinate and collaborate on efforts to improve community health. Our survey showed that there are key issues to be considered in working with coalitions, including developing leaders, establishing goals, creating effective communication channels and providing for evaluation and celebration.

There is still work to be done. Many of our coalitions have little resident participation, involving mostly community-based organizations and county agencies. To be an effective strategy for improving community health, coalitions must include a full range of all stakeholders.

For more information about the coalition efforts described here or for other written materials, contact the Community Education and Information Unit, Contra Costa Health Services, 597 Center Avenue, Suite 255, Martinez, CA 94553. Phone (925) 313-6823 or visit our website at <http://cchealth.org>

This article was produced under the sponsorship of Contra Costa Health Services (CCHS). The authors acknowledge the contributions of the CCHS Writers Group and its community and organizational partners. The Writers Group includes the assistant Director of Health Services, the Director of Public Health, and other CCHS staff members, and solicits input from a variety of CCHS programs. For information about other publications from this group please contact Wendel Brunner at wbrunner@hsd.co.contra-costa.ca.us or visit our website at <http://ccpublichealth.org>

Partial funding was provided through a grant from The California Endowment.

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