Coalitions & Partnerships: Maximizing Community Potential

23rd Annual Children's Mental Health Research & Policy Conference
Tampa, FL
March 7-10, 2010

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Milford Sound, New Zealand
Gandalf
WIZARDS

DWARVES

FELLOWSHIP’S MISSION:
SAVE MIDDLE
EARTH

Obstacles
Orcs
Ringwraiths

GOT & LOST THE RING

GOT THE RING

March 7-10, 2010

23rd Annual Children’s Mental Health Research & Policy Conference
How can we create a *fellowship* without the help of magic or wizards?

We can create effective partnerships & coalitions

**Overview**

1. Make the case for coalitions & partnerships
2. Focus on essentials of building effective coalitions
3. Share lessons learned from other collaborative initiatives

**A word by any other name...**

- Network
- Advisory Group
- Task Force
- Alliance
- Consortium
- Partnership
- Coalition

Group of individuals representing diverse organizations or constituencies who agree to work together to achieve common goals

(Feighery & Rogers, 1990)

**Coalitions represent...**

**Grasstips** – traditional leaders & groups in power

**Grassroots** – local, emerging community leaders & groups

**Community Ownership of Coalition**

Engage community partners to:

- Define issues
- Identify solutions & resources
- Plan & implement strategies
Why Coalitions Form

- Mandated by funder or lead agency
- Response to opportunity (funding) or threat (disease)
- Enhance limited resources or reduce duplication
- Increase community involvement & dissemination
- Intervene to produce broad, sustained change

Making the Case for Coalitions

#1
Coalitions are based on rich history & tradition of community building & organizing

Americans of all ages, all stations of life, and all types of disposition are forever forming associations. . . . In democratic countries, knowledge of how to combine is the mother of all other forms of knowledge; on its progress depends that of all others.

Alexis de Tocqueville, Democracy in America, 1835

Social Action (1890s-1930s)
Immigrant settlement houses, service organizations & labor unions promoted consensus to get resources & services or lobby for child protection/safety

Community Organizing (1940s – 80s)
- Grassroots, conflict-based, direct action (urban renewal, civil rights, unions)
- Civic/block associations improved commercial value & fostered community spirit & consensus

- Alcohol, Tobacco & Other Drug Abuse Prevention
- Immunization Promotion
- Oral Health Promotion
- Teen Pregnancy Prevention
- Injury Prevention
- HIV/AIDS Prevention
- Health Insurance Promotion
- Prevention of Chronic Disease: CVD, Cancer, Diabetes & Asthma
- Multiple Health Issue Coalitions: Turning Point, REACH 2010, Steps to a Healthier US, Pioneering Healthy Communities, Strategic Alliance for Health, ACHIEVE
Making the Case for Coalitions

#2
Coalitions are valued as intrinsically “good” because they stem from democracy & collaboration

We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.

Martin Luther King, Jr. 1929–1968

Collaboration Continuum

Cooperation → Coordination → Collaboration

- Shared Vision & Relationships
- Structure & Communication
- Authority & Accountability
- Risks, Responsibility, Resources & Rewards

Lower Intensity → Higher Intensity

Collaboration Moves Us From ....

- Competing → Building consensus
- Working alone → Working with diverse partners
- Providing activities/services → Changing systems
- Reaching short-term goals → Sustaining long-term results

... we miss opportunities to:

- Attract new members & grow more diverse
- Develop new networks & link w/non-traditional partners
- Learn from others’ experiences
- Disseminate promising practices & strategies

Although we are most comfortable when working with like-minded partners...
Factors that Support Collaboration

- Motivation
- Common or complementary issues
- Flexibility in solving problems & doing tasks
- Pre-existing social connections & leaders
- History of success in collaborating

Making the Case for Coalitions

#3
Coalitions are asset-based & bring benefits to partner organizations & communities

Benefits of Coalition Building

- Benefit: Strength in Numbers
- Benefit: Strength in Diversity
- Benefit: Strength in Relationships
Benefit: Strength in Resources

Barriers to Coalition Building

Cost: Loss of autonomy, control or competitive edge

Cost: Conflict over goals and methods

Cost: Expend scarce resources

Cost: Delay in solving problems
Coalition members expect more benefits than costs

- Time, $, effort
- Change in practices, policies, systems, health

Making the Case for Coalitions

#4
Coalitions are rooted in theory

Roots of Coalition Theory

Community Development
Community Participation
Citizen Participation
Interorganizational Relations

Community Coalition Action Theory (CCAT)
Butterfoss & Kegler, 2008

Coalition Research

- Many studies report findings about processes needed to build & maintain strong coalitions
- Evidence of outcome exists, but is more difficult to assess
**Study**

<table>
<thead>
<tr>
<th>Study</th>
<th>Policy &amp; Health Related Outcomes</th>
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| Fawcett et al 1997; HEB: 24(6); Substance abuse prevention coalitions | - Policy change re: DUI sentencing  
- Reduction in alcohol use |
| Adams 2000; Public Health Reports, 2000:115; CA Smoke-Free Cities | Local ordinance banning smoking                                       |
| Brownson et al 1996; AJPH 96 (2); Southern Missouri                    | Prevalence of physical inaction decreased                             |
| Spllett et al 2006; J School Health, 76 (6); Minneapolis Public Schools Asthma Initiative | Visits to health offices were significantly lower in intervention schools |
| Vasquez et al 2006; J Urban Health: Bulletin of NY Academy of Med, 83 (118) | Converted NYC’s bus fleet to clean diesel; installed permanent air monitors in Harlem & other “hot spots” by EPA |
| Findley et al 2009; HPP. 10(2); Immunization promotion in NYC          | Increased immunization rates from 80-96.8% (2004 to 2007) for children aged 19-35 mos (Harlem/Wash. Heights) |

**Coalition Track Record**

- Community Partnership Program, substance abuse prevention (1997)
- Community Partnerships for Health, Nigeria (2000–01)
- CA Healthy Cities & Communities partnerships (2003)
- SmokeLess States Coalitions (2005)
- Pioneering Healthy Communities (2008)

**Lessons Learned – What Matters?**

- Community readiness & relationships
- Broad, diverse membership
- Shared vision & spirit of inquiry
- Collaborative leaders & paid staff
- Structures/procedures that promote responsibility & action
- Effective assessment, planning, action & evaluation
- Diverse funding sources
- Training & technical assistance

**Coalitions Work on 2 Levels**

- Inward Work: Processes that build, nurture & maintain coalition
- Outward Work: Task-oriented behaviors to achieve coalition goals

**Coalition Resources**

- Convener (Lead Agency) & Staff
- Leaders
- Members
- Financial & material resources

**Coalition Resources**

- Network & share information
- Plan & coordinate
- Implement specific strategies
- Provide technical assistance & training
- Advocate

**High Expectations for Performance**

- Network & share information
- Plan & coordinate
- Implement specific strategies
- Provide technical assistance & training
- Advocate
Coalition Structures

• Steering Committees & Work Groups
• Vision & Mission Statements
• Action Plans
• Roles & Job Descriptions
• Meeting Guidelines
• Communication channels (Email, newsletters)
• Documents (agenda, minutes, rosters)

Coalition Procedures

• Consensus-building & Decision-making
• Orientation & Training
• Assessment & Planning
• Implementation of Strategies
• Evaluation

Ideal Coalition Activities

• Advocacy
• Systems Change
• Resource identification, development, dissemination
• Addressing gaps in service/education
• Collaborative tasks
• Communication campaigns – public awareness

Focus on Policy, System & Environmental Change Strategies

Examples:

• Increase healthy food choices in community settings
• Increase farmers markets & community gardens
• Require sidewalks & countdown cross signals
• Promote policies that ensure high quality systems of care
• Promote access to affordable health insurance

Examples:

• Increase attractive, safe locations for physical activity
• Mandate PE in schools; increase opportunities for physical activity before, during & after school
• Develop worksite wellness benefits & policies
• Promote tobacco-free community policies
• Promote alcohol-free campus policies

Sustainability Strategies

• Resource development - ensure structural, human, financial & material resources to maintain strategies
• Institutionalization - Integrate programs & services into existing organizations
• PSE changes - make formal changes to improve how community works
• Capacity building - increase community’s ability to bring about or maintain change

Shediac-Rizkallah & Bone, 1998
What I Know for Sure . . .

• Collaborative strategies more creative & achievable than any single organization can do alone
• Coalitions work best when they mobilize communities’ assets, respond to opportunities & develop integrated, comprehensive strategies
• As coalitions mature, they must shift from providing services to policy/advocacy activities
• Sustaining coalitions is harder than forming them - Find structure that works, recruit & engage the right members & leaders, diversify funding & focus on outcomes

We CAN Build Healthy Communities

• Borrow from & build on past successes
• Work through coalitions, partnerships & other local movements
• Implement PSE (policy, systems & environmental) change strategies
• Sustain momentum

The sun did not know how beautiful its light was until it was reflected off this building. —Louis Kahn

Live life on the edge of the possible. —Jorn Utson, Architect

“Be the change you want to see in the world.” —Mahatma Gandhi 1869-1948

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