


Champions for Inclusive Communities

Evidence-Based Practices for Coalition Building

Champions for Inclusive Communities reviewed research articles, workbooks, and advice from experts to identify recommended strategies to build and sustain community coalitions as a way to improve community-based services so families can use them easily. A summary of these recommended strategies is provided below.

What are community coalitions?

Community coalitions have been used for many years under different names such as collaborative partnerships, community forums, task forces, and interagency coordinating councils. Champions for Inclusive Communities uses the term “community coalition” to mean **a mutually beneficial relationship between individuals, governmental agencies, private sector organizations and/or community-based organizations that seeks to achieve common goals.**

What do community coalitions do?

Community coalitions can work to improve many aspects of the health service system, such as: to improve newborn hearing screening and follow-up; to improve early intervention services and support transition to school-aged services; to increase access to transition services and adult resources for teenagers; or to develop and sustain medical home initiatives at the local level.

Successful community coalitions have been found to use a **continuous quality improvement (CQI)** process to guide their activities. They engage in four steps of the CQI process: (1) Build Partnerships, (2) Develop Plans, (3) Implement Actions in the Communities, and (4) Measure and Monitor. Coalitions recognize this as an iterative, cyclical process.

1. Key Ingredients to Building Partnerships

- Ensure mutual respect, understanding and trust among members
- Include persons representing administration, service provision, and service “customers”
- Establish clear roles for coalition members and staff to prevent confusion/conflict
- Set specific rules about how to handle conflict/differences
- Build skills, knowledge, and positive attitudes among members
- Select partners with links to resources and represent broad sectors
- Include diverse membership re: ethnicity, age, SES, and citizens impacted
- Promote benefits to involvement that are clear and outweigh the costs to members
- Start with strong leadership
 - ✓ Use incentives to reward/motivate
 - ✓ Link tasks directly to goals
 - ✓ Share leadership, emphasizing exchange of ideas, voices
 - ✓ Promote collective leadership based on democratic principles



2. Key Ingredients in Developing Plans

- A concrete, clear mission combined with quality plans and attainable goals is essential
- Keep focus on the coalition's priorities and reasons for coming together
- Develop short-term goals with high chance of success
- Include a range of sectors from the community (government, faith based, private providers, and business)
- Use open, frequent, predictable communication methods
- Establish fair problem-solving and conflict resolution procedures
- Plan actions that build on the strengths within the community
- Develop actions for change that fit within the community's culture

3. Key Ingredients for Implementation

- First step is often changing community attitudes
- Access training opportunities, technical assistance, and support for the coalition
- Obtain allocated/paid staff, materials, work space to support the work of the coalition
- Secure financial resources for program activities, staff pay, and future needs
- Have skilled leaders to deal with conflict management
- Plan for setbacks and be flexible about changing specific implementation plans



4. Key Ingredients for Measuring and Monitoring

- Work with community to identify meaningful indicators of change
- Establish measurement plan that is based on these recommended indicators
- Hold members accountable for creating change
- Celebrate coalition accomplishments—frequently
- Keep records of the work accomplished (e.g., attendance, minutes, and policy changes)

References

- Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health Education Research, 8*(3), 315-330.
- Foster-Fishman, P. G., Berkowitz, S. L., Lounsbury, D. W., Jacobson, S., & Allen, N. A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology, 29*(2), 241.
- Mattessich, P. W., & Monsey, B. R. (1992). *Collaboration: What makes it work. A review of research literature on factors influencing successful collaboration*. St Paul, MN: Amherst H. Wilder Foundation
- Mattessich, P. W., Murray-Close, M., & Monsey, B. R. (2001). *Collaboration: What makes it work* (2nd ed.). St Paul, MN: Amherst H. Wilder Foundation.
- Merzel, C., & D'Afflitti, J. (2003). Reconsidering community-based health promotion: Promise, performance, and potential. *American Journal of Public Health, 93*(4), 557-574.
- Roussos, S. T., & Fawcett, S. B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health, 21*, 369-402.
- Stith, S., Pruitt, I., Dees, J., Fronce, M., Green, N., Som, A., et al. (2006). Implementing community-based prevention programming: A review of the literature. *Journal of Primary Prevention, 27*(6), 599-617.
- Zakocs, R. C., & Edwards, E. M. (2006). What explains community coalition effectiveness? A review of the literature. *American Journal of Preventive Medicine, 30*(4), 351-361.

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