

Step 1: Setting the Stage for an Oral Health Coalition

Critical Task: To explore the feasibility of forming an oral health coalition.

Introduction

The goal of Step 1 is to help you decide whether or not building a coalition is the strategy you want to use to achieve your goals for oral health in your community. Starting a coalition should not be taken lightly. Successful coalitions take time, require careful planning, and need cooperation and collaboration. On the other hand, the benefits of building a coalition can far outweigh the time and energy it takes to build one.

Step 1 is the *pre-planning stage* and addresses the following questions:

- What is a coalition?
- Why build an oral health coalition?
- What can a coalition do?
- What can't a coalition do?
- What makes a coalition successful?
- What are the features of effective partnerships?
- Is it time to build an oral health coalition in your community?

There are two main background sources for information provided in Step 1. “Coalition Building Tips” by Tom Wolff, Amherst: AHEC/Community Partners¹ and “The Community Tool Box” from the University of Kansas.²

What is a coalition?

A coalition is a diverse group of individuals and organizations who work together to reach a common goal. They usually represent key organizations or groups within the community. These individuals combine their talents and come together on a regular basis to share their perspectives, reach a common goal, and create a dynamic renewing organization dedicated to improving the lives of community members around a particular issue or set of issues. The coalition serves as a catalyst for sustained change.

¹ Tom Wolff, *Coalition Building Tips*, AHEC/Community Partners, Amherst.

²“*The Community Tool Box*, “Coalition Building”, Chapter 3, Section1, University of Kansas.

Why build an oral health coalition?

Coalitions evolve from the common needs of the organizers. Today's oral health problems are complex and require cooperative action by many organizations. Many communities offer limited opportunities to get information on the benefits of good oral health. Many do not have enough dental health professionals to meet community needs. Developing creative solutions to these problems often requires involvement by all levels of our communities, and an understanding of each community's diverse cultural and social make-up.

Goals for forming a coalition include:

- Adapting, creating, or developing public policy
- Influencing people's behavior (i.e., changing oral hygiene habits)
- Building systems that improve oral health in the community

What can a coalition do?

Coalitions can:

- Leverage diverse talents to increase competence and find more creative solutions
- Create more public recognition, visibility and influence for a particular issue
- Increase communication and trust between groups and break down stereotypes
- Maintain, improve or creatively expand the scope and range of oral health services
- Provide a more systematic, comprehensive approach to programming
- Avoid duplication of services
- Enhance advocacy and resource development
- Revitalize energies of members of diverse groups who are trying to do too much alone

What can't a coalition do?

For many, coalition building is a new and exciting prospect. For others it may be more than they want to take on and may not be the appropriate vehicle for accomplishing the identified goals. We have looked at what coalitions do well. We need to also examine what coalitions are not meant to do.

Coalitions are not externally run or externally driven organizations. They must have a strong base in the community. That base should have a strong citizen component; but even for a coalition of agencies, those agencies must have deep community roots.

Coalitions are not human service organizations. Coalitions work best as catalysts to action; the more they become a service delivery center, the harder it is for them to focus on their role as catalyst for community change.

People often think that creating a coalition will naturally create links to the grassroots. But coalitions are not automatic links to the “grassroots” and “real people.” Too often coalitions are composed solely of institutional representatives rather than including citizens. Coalitions must make special efforts (such as having outreach workers) if they are serious about reaching the grassroots.

And finally, coalition building is not a cure all. Even the most successful coalitions are often limited by their focus on trying to solve the local community's problems. But this often cannot provide easy answers for dealing with the numerous issues impacting that community from the outside.

In addition, there are several noted commentators on the subject of what coalitions are not. A representative collection is added here for your consideration.

The MacArthur Foundation's Collaboration Project identifies several misconceptions regarding collaboration. The first misconception is that collaboration is efficient. A collaborative effort through coalition building is not necessarily efficient, nor always desirable. It involves casting a larger and larger net to involve more and more people in both identifying and solving a community's problems. This requires building consensus and building trust, both of which take time.

Coalition building is not a “quick fix,” nor a one-year project.

The second misconception is that collaboration saves money. There is not yet any data supporting this assertion. Often the hope or intent is that collaboration will bring together a range of human service providers who will find a single entry system for delivering care that will reduce overhead and duplication of services. Although coalitions may accomplish these goals, saving money has not been a result.

What makes a coalition successful?

The single most important factor contributing to the success of a coalition is that the people involved have a shared and clear commitment to the purpose of the coalition. Successful coalitions are task-oriented and issue-focused. Goals and objectives have to be realistic and achievable within a reasonable time.

In addition, the following organizing factors contribute to success.

- Planning
- Starting small
- Publicizing small successes
- Giving credit for ideas and sharing responsibilities
- Letting the coalition grow gradually

What are the features of effective partnerships?

Marshall Kreuter, from the Centers for Disease Control and Prevention, emphasizes the importance of assessing the levels of social capital or community readiness in each community before coalition building. He defines social capital as “the process among people and organizations working collaboratively, in an atmosphere of *trust* that leads to accomplishing a goal of mutual social benefit.” Organizations are competing for scarce

“While some of these turf conflicts may be inevitable, a strong and unifying common purpose can help overcome them.”

...Marshall Kreuter

resources or customers, and have problems with coalition building, no matter how skilled or neutral a convener is. The trust-building and formulation stage may take time, depending on the level of social capital that initially exists in your community³

Steve Fawcett, from the University of Kansas, found that systematically collecting data on community changes and combining it with a detailed process and outcome information, can generalize the factors contributing to the success of community partnerships. The⁴ features of effective partnerships include:

1. **Have a Clearly Defined Mission.** Five times the rate of community change has been observed when there is a specific program target or mission, as opposed to programs with scattered or ill-defined objectives.

³ Marshall Kreuter, Ph.D. formerly served as the Director for the Division of Health Education and then as Director of the Division of Chronic Disease Control and Prevention and Community Intervention.

⁴ Fawcett, Paine-Andrews, Francisco, Schultz, Richter, Lewis, Harris, Williams, Berkley, Lopez, Fisher, *Empowering Community Health Initiatives Through Evaluation* Prepared for “Community-based Health Promotion: State of the Art” and recommendations for the Future, Seattle, WA, 1995. Sponsored by the Henry J. Kaiser Foundation.

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2. **Develop an Action Plan.** A detailed action plan is a crucial element for program success. Fawcett and his colleagues have invested considerable energy in developing action-planning guides for community partnerships.
3. **Have Paid Staff.** The biggest increases in community changes have occurred just after staff, such as a community organizer, has been hired. Paid staff can do the nuts and bolts work that keeps a coalition going.*
4. **Monitor and Provide Feedback.** Groups getting more immediate feedback on the impact they are having (vs. limiting feedback to long-term outcomes like changes in health behaviors), has often provided a stimulus to partnership development.
5. **Seek technical assistance,** particularly around action planning and choosing program strategies.

*An oral health coalition may not have paid staff. In that case, a core group of professional volunteers or in-kind donations from agency representatives can provide the coalition “glue”.

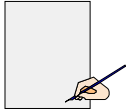
Steve Barrow, who works with 26 community collaboratives focused on children’s health issues in California at the Sierra Health Foundation, offers this advice for coalitions:

1. Coalitions need glue money for coordination and support
2. Coalitions should look for resources from other organizations in their communities that can provide things like training and evaluation
3. Twenty percent of resources should go for communications
4. Ten percent of resources should go for evaluation

As you begin your journey of coalition building, or if you lose your way, use these suggestions to help you find your way back. There are many ways to achieve success and avoid “reinventing the wheel.” We can benefit from the extensive literature that has been created in the last twenty years on coalition building.

Is it time to build an oral health coalition in your community?

Up to now we've looked at some of the pros and cons of building a coalition. Now it is time to focus on the issues of particular concern to you. Answering the questions on Worksheet # 1 will help you decide whether or not building a coalition is the best approach for achieving what you wish to accomplish. Complete the worksheet by yourself or with a core group of colleagues who are interested in pursuing a community approach to oral health promotion.

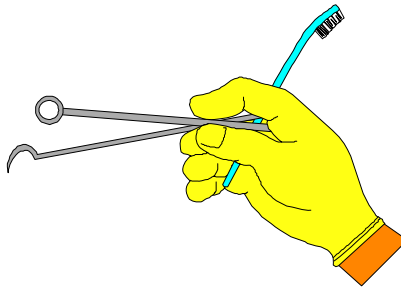


Worksheet # 1 Do We Need an Oral Health Coalition? (Page 8)

Do We Need an Oral Health Coalition?		Worksheet # 1
<p>Using the above identified issue/s mark yes or no for each of the following items. This will assist you in deciding if a coalition is an appropriate method for approaching the issue.</p>		
Yes /No		
Identified Need		
<input type="checkbox"/>	<input type="checkbox"/>	Is there a need to launch a community-wide effort to change one or more oral health practices?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a need to increase dental services?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a population group that is not being served adequately?
<input type="checkbox"/>	<input type="checkbox"/>	Is there new oral health information that the community needs to know?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a need to improve the efficiency and effectiveness of service delivery?
Community Resources		
<input type="checkbox"/>	<input type="checkbox"/>	Are there others in your community who are committed to working on oral health issues?
<input type="checkbox"/>	<input type="checkbox"/>	Would it be helpful to involve more people in solving the identified need?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a need for more communication and trust between groups working on oral health issues?
<input type="checkbox"/>	<input type="checkbox"/>	Will your coalition have a strong base in the community, including citizen participation?
<input type="checkbox"/>	<input type="checkbox"/>	Is there someone with strong facilitation skills who can initially facilitate coalition meetings?
<input type="checkbox"/>	<input type="checkbox"/>	Is there "glue money" or "in-kind" resources for coordination and support? (i.e., mailings, phone calls)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have the support of key players in the community such as the health department, a health coalition, health care provider organizations and key community leaders?
Personal commitment		
<input type="checkbox"/>	<input type="checkbox"/>	Are there a few key people who share your vision and will help you get started?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to work with a diverse group of community members?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to share in decision-making?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have the time to invest in starting a coalition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have the energy to invest in this project?
<input type="checkbox"/>	<input type="checkbox"/>	Are you dedicated, inspired and ready for the challenge?
If a majority of your responses are yes, you are ready to start the planning process for building an oral health coalition		

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Once you have completed this exercise think about your responses. It may be that the most appropriate response to the needs you see would be to develop a home page, write a newsletter, look to a pre-existing group or to form a task force. If a majority of your responses are yes, you may be ready to move to the next step of the coalition building process. Step 2 is Forming an Oral Health Coalition.



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- Are there a few key people who share your vision and will help you get started?
- Are you willing to work with a diverse group of community members?
- Are you willing to share in decision-making?
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