Massachusetts Department of Public Health
Coalition Engagement Principles and Guidelines
October 2015

Rationale:

Community collaboration and engagement is critically important to the work of the Massachusetts Department of Public Health (MDPH), particularly in light of the national accreditation process and standards that require health departments to engage the community in virtually all of its work. MDPH engages in a variety of ways with communities, including coalitions, task forces, advisory committees, and more. This document is intended to provide guidance specifically on coalitions.

MDPH broadly encourages its community partners to work in coalitions, believing that coalitions are an effective way to improve public health and reduce health disparities. Twenty years ago, MDPH launched the Community Health Network Area (CHNA) initiative as its primary venue for community engagement and collaboration, primarily through obligating organizations that contract with MDPH to participate in their local CHNA. While many CHNA's currently remain viable coalitions, other types of strong coalitions exist across the Commonwealth.

Development of the Principles and Guidelines:

In 2014, MDPH sought to better understand the ways the Department can best serve, encourage, and support community coalitions, collaborations, and boards of health. MDPH wished to expand the way its contracted vendors can meet their obligation to participate in a coalition but wanted to provide a consistent set of guidelines to ensure that these coalitions meet a set of minimum standards.

After conducting a literature search, extensive online surveys of staff, vendors, and partners, and a series of staff listening sessions, the Department identified a need to redefine its community engagement efforts. In particular, the Department desired to establish a set of guidelines around how it defines coalitions, what requirements it has of its contractors/vendors, and how it can support community coalition efforts.

As a first step in the development of a guidelines document, the Department convened a cross-sector workgroup of approximately fifteen individuals from various bureaus within DPH. The workgroup met in person three times and reviewed draft documents via email in between meetings. The initial charge of the workgroup (see workgroup description in Appendix) was to develop a draft guidelines document that would be vetted with staff, vendors, and community partners via in-person listening sessions.

Once an initial guidelines document was developed, three staff listening sessions and three partner listening sessions were convened. All feedback was compiled and considered by the workgroup to update and finalize the draft guidelines document. This document was then shared with and reviewed by DPH Bureaus and underwent final approval in the Commissioner's Office. This document has now been affirmed and will be operationalized.

Moving forward, grantees/ vendors can choose to participate in a CHNA ***or*** another coalition of their choice, based on what they believe will best meet their goals, objectives, and needs, so long as the chosen coalition meets the minimum requirements described in this document.

How the Principles and Guidelines will be Utilized:

The intent of these Principles and Guidelines is as follows: (1) articulate MDPH's strong support for coalition engagement; (2) establish shared language for its vendors and partners regarding community collaboration and coalition engagement; and (3) provide guidelines and direction to grantees/vendors around how MDPH defines a coalition (by meeting a set of minimum requirements). These guidelines will be consistently applied to a number of MDPH functions, including RFR collaboration and the DON Factor 9 process.

Guiding Principles:

MDPH broadly encourages its community partners to work in coalitions, believing that coalitions are an effective way to improve public health and reduce health disparities.

The importance of community collaboration for public health improvement is reflected in the national public health accreditation standards developed by the Public Health Accreditation Board (PHAB). Accredited health departments are now required to "engage with the community in identifying and addressing health problems through collaborative processes." (PHAB, 2014)

MDPH encourages its grantees and community partners to engage in coalitions because they amplify resources, outcomes, and power for public health and reducing health disparities. Coalitions provide a forum for partners to exchange information, harmonize activities, share resources, and enhance capacity. (A.T. Himmelman, 2002)

Guidelines for Coalitions:

Broadly defined, a coalition is "an alliance for combined action" (Websters Dictionary). Coalitions can be formal or informal, can be focused on a big mission goal or a smaller, specific policy or programmatic goal, and can be called by many different names (e.g. collaborative, partnership, alliance). MDPH recognizes a range of coalition types and does not seek to be prescriptive with its grantees and communities about the types of coalitions in which they are involved. MDPH fully recognizes that every coalition is unique and works best when communities (a group of people living in close proximity or a group of individuals that share certain characteristics or a shared identity) determine their own needs and how best to meet them. However, we know from research, our experience working with coalitions, and feedback from community groups that there are characteristics that make for strong, highly functioning coalitions. This document describes the qualities that should be in place for all coalitions ("minimum requirements") and will, therefore, serve as MDPH's definition of a "coalition", as well as the qualities that many coalitions will wish to strive towards. This guidance aims to support grantees and community partners as they participate in coalitions.

MDPH considers a coalition to be a group that meets the following minimum requirements:

- Statement of purpose and shared activities;
- Shared vision including a focus on reducing health disparities and promoting health equity;
- Consistency with MDPH's goals and priorities;
- Participation from key stakeholders (individuals and organizations that have a vested stake or interest in a program or policy initiative, e.g. it will impact them directly);
- Effective utilization of data to inform goal and activity selection, implementation, and evaluation;
- Defined leadership, e.g. a lead organization or lead volunteer structure;
- Membership that is reflective of the community;
- Defined structure for strategic planning and decision-making; and
- Defined coalition member roles.

A literature review and DPH experience point to additional characteristics that coalitions can strive to work towards in order to increase their effectiveness and sustainability:

- Operating guidelines that promote transparency and trust;
- Effective governance structure for strategic planning, decision-making, and conflict resolution;
- Active participation and involvement in the coalition and in its governance from populations most impacted by the issue being addressed;
- Strategic plan;
- Coalition membership that is:
    - Diverse in racial, ethnic and socio-economic make-up;
    - Diverse in the types of organizational members;
    - Reflective of the community the coalition serves;
    - Inclusive of the key stakeholders who are invested in the goals of the group;
- Clearly established and endorsed communications structure and process;
- Continuous recruitment and effective on-boarding process for new members;
- Substantive and quantifiable impact which correlates with the stated mission of the coalition as well as MDPH;
- Regular meetings;
- Shared history of work together and meeting successful outcomes;
- A plan to secure financial resources to complete their intended work; and
- Effective utilization of assets, including funding, staff and volunteers, and connections with the community and key decision-makers.

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