

CHAPTER I

BUILDING A CONSTITUENCY FOR COMMUNITY ASSESSMENT AND DATA BASED PLANNING: THE ROLE OF COALITIONS AND COLLABORATIVES IN THE DEVELOPMENT OF AN MCH PLAN

This chapter provides an overview of how to develop a community planning process, a brief discussion of the rationale for this process, and some basic information on approaches to structuring the planning group. The following processes are described:

- Convening a community planning group
- Developing a common context for the planning process
- Developing a mission/vision statement and a set of goals
- Instituting an ongoing self-evaluation process

Influences on MCH Policy and Funding

- Political Climate
- Advocacy Groups
- Private & Non-Profit Service Providers
- Inter-agency Data Gathering
- Financial & Other Resources

INTRODUCTION

There are compelling reasons for developing an informed and active MCH constituency. Public policy and funding decisions at both the state and local levels are greatly influenced by many environmental and community factors that are outside the realm of a public health department's MCH program. These factors include the political climate, the influence of advocacy groups that are well organized and have specific agendas, and the influence of private and nonprofit health and social services providers who have a stake in the existing funding structure. It is important to recognize the power of influences outside of public health over decisions which affect public health resources and services and to build your own constituency that understands, has helped to develop and will support the public health agenda. It is also known that the most effective planning includes interagency, interdisciplinary approaches to gathering data on the health of a community and to developing effective interventions.

By establishing an inclusive, community assessment and planning process the program will accomplish the following:

- Gain access to and understanding of the community's perception of the overall health status of the community, including the existence of particular problems or assets
- Promote community ownership of identified problems
- Obtain community buy-in on interventions and funding recommendations
- Build a foundation of trust upon which to explore possibilities for collaboration and for making the type of difficult decisions that are critical to maximizing the use of resources

- Create compatible objectives for health promotion activities and interventions among agencies working on a particular problem

Community participation in the assessment and planning process leads to the emergence of an informed and enthusiastic constituency that can assume a key role in the political process. Members of the planning group can advocate collectively and individually with political and policy making bodies by using consistent data and avoiding the dangers of presenting conflicting information that can then be disregarded by decision-makers. A planning group can be structured in a number of ways:

Structure of a Planning Group

- A **network** is a loose association of organizations and/or individuals developed to share information.
- A **coalition** is an organization of diverse interest groups that combine their human and material resources to effect a specific change that the members are unable to bring about independently.
- A **collaboration** is a system of individuals who share mutual aspirations and common goals, utilize the same conceptual framework, pool resources, collectively solve problems and maintain a commitment to support and work together over time. Collaboration requires a commitment to participate in shared decision-making and allocation of resources -- a more formal and sustained commitment than a coalition.

CONVENING A COMMUNITY PLANNING GROUP

Define the Purpose of the Planning Process

It is important to understand the purpose and scope of what you are trying to accomplish in order to determine who should be part of the planning group and the time commitment required of them. Before inviting a group of busy individuals to a meeting, describe to them in writing and/or by phone the purpose of the group and types of activities in which the group will be asked to participate. This requires that staff first meet and define these areas. Answers to the following questions will be helpful:

- What is the scope of the plan? (e.g., Will it be targeted towards particular population subgroups? Will it only include physical health? Will it include only recommendations for public health department activities or is it anticipated that the group will develop a comprehensive plan for a particular population or need?)
- How will the plan be used? (e.g., Will it be used to determine the Title V MCH Block grant allocation process? As the basis for a particular intervention?)
- Who is the audience for the plan? (e.g., Is it the Board of Supervisors, the state MCH Branch, both?)

It is also essential to anticipate the need of group members to feel that they or their agencies are going to benefit from their participation. Most potential members are already extremely busy. What types of incentives can you provide, i.e., lunch, high community visibility, recognition by the mayor, a stake in the outcome, potential access to resources?

Determine Who Should Participate

All Title V assessments should include published statistics and epidemiological data on selected population characteristics and indicators. However, limitations of these data such as timeliness, collection frequency, generalizability and level of detail may necessitate collecting data from other sources. Thus, in selecting members for a planning group it is important to include members who can provide both quantitative and qualitative information that will assist you to better understand what is happening at the community level. Therefore, consider which agency or what individual is concerned about the issues to be addressed by the needs assessment and how those entities may shed light on recent trends, public opinions, political factors, barriers and opportunities related to the needs assessment. Key community informants and community residents can provide qualitative information on emerging issues as well as an understanding of the context and content for the quantitative data.

It is also important to determine whether the group will participate in the assessment process only, will remain to assist in the development of the plan or will continue to work with you on the implementation of the plan strategies. It may be that the same people will be part of the entire process or there may be reasons to include different people during the different stages of planning and implementation.

Determine the Organizational Structure of the Group

Whether to develop a network, steering committee, a coalition, a collaboration, or an advisory group depends (in part) on what kind of participation and buy-in will be most appropriate. For example, if you are simply trying to get information for a needs assessment, a loose network may suffice. A coalition may be necessary if you will be trying to influence policy decisions. If the group will be planning and implementing interventions, a more formal collaborative relationship would be preferable.

In California, local health jurisdictions need to develop a five-year MCH plan to guide overall program and funding decisions by the MCH unit of the public health department. The structure most suited for this purpose is a **coalition** that includes county staff from MCH and other pertinent programs and agencies, as well as representatives from the community. After the plan has been developed and the MCH program begins implementing the recommended interventions, a working **collaborative** with members who are directly involved in providing services in the particular service or geographic area of focus would be more useful.

Whatever form the planning group takes, the first agenda item will be to define the purpose of the group and of the planning process. The staff can present their preliminary thoughts, but once the planning group has been established, the group members must participate in shaping a group that will meet their needs as well. For example, although the MCH

program's first responsibility is to develop a Title V five year MCH program plan, the group may decide that taking a broader view of children's health and well-being will better meet the needs of the group and the community. In this scenario, a comprehensive plan could be developed for all related services and programs for children. The MCH plan would, thus, be a subset of the comprehensive plan and would contain recommendations and objectives appropriate to the functions of that given MCH agency.

DEVELOPING A COMMON CONTEXT FOR THE PLANNING PROCESS

Members of the planning group will come from different disciplines and will have different perspectives and levels of experience and education regarding the use of data for planning. Some may not have used quantitative data before. Community representatives and community-based organizations may have more often relied on anecdotal data to advocate and to make decisions.

Therefore, it is important to provide a common base of information from which to launch the needs assessment process. This can be done by providing members of the group with copies of

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previous reports completed in the county by different agencies and departments. Examples of such documents include a previous MCH plan; a county-wide report (e.g., a "Children's Health and Well Being Report Card"); a state report (e.g., "County Profiles"); and reports from a social service, mental health, or juvenile justice agency (e.g., "County Data Summaries"). If there are many reports it would be best for staff to digest the information and make a presentation to the group on the status of the MCH population of the county as documented in a variety of reports. The source documents can then be available to members of the group who want more in-depth information.

Providing a common base of information also establishes the precedent that quantitative data are a critical part of any decision-making process, and that advocacy for a particular point of view must be substantiated by data.

DEVELOPING A VISION/MISSION STATEMENT AND A SET OF GOALS FOR THE PLAN

One of the most important tasks of any coalition is to clearly articulate a vision of what it sees as the ideal future for women and children in their community. This requires developing a mission statement and a set of related goals that will guide the planning process. The following definitions of mission and goals can be used as a reference for the planning group to better understand the task:

<i>Definition</i>	
Vision/Mission Statement	a broad descriptive statement of the planning group's or community's vision of an ideal future
Goals	a set of timeless aspirations that describe where the group will target efforts in order to actualize its vision of the future. These are broad statements of long term ideal accomplishments

The following is an example of a mission statement and a group of goals for a county-wide children's coalition:

<i>Example</i>	
Mission Statement	All children residing in the county reach adulthood having experienced a safe, healthy, and nurturing environment. The resulting sense of self-worth, coupled with equal access to resources, empowers them to develop their unique potential, so that they mature realizing a strong sense of responsibility to self, culture, and society.
Goal #1	All pregnant women, newborns, children, and adolescents in the county have access to preventive, primary care services to ensure optimal health and well-being.
Goal #2	All children in the county live in a safe, nurturing environment that promotes optimal health, growth, and development.
Goal #3	Agencies serving children and families, including County MCAH staff, engage in collaborative and county-wide planning to ensure provision of a comprehensive community-based health care system for this population.

It is important to note that the goals, though more specific than the mission statement, are not specific enough to be measured nor do they specify a time period. Goals guide the process of indicator selection and data collection, as will be described in Chapter II.

Establish the Mission and Goals

The process by which a group develops its mission and goal statements is important. It should be an inclusive process so that all members feel their opinions are heard and each individual can "buy in" to the underlying framework of the planning process. It is advisable to allow as much time as possible for the group to brainstorm ideas and for every member of the group to have an equal opportunity to contribute. This process depends on the availability of an experienced facilitator and the willingness of the group to spend the time

necessary to developing the mission and goals. The following process has been used successfully by many local health jurisdictions:

- Give the group a description of the process and -the definitions of terms
- Ask participants to take five or ten minutes to individually think about their mission and write down key words or phrases. It might be helpful to give them a beginning phrase to complete, such as “All children in this county will___.”
- Have each participant share his/her ideas while the facilitator or recorder documents every suggestion
- Have the group take a few minutes to look at the suggestions, identify common themes, and suggest ways of combining the ideas into a mission or vision statement
- Ask for suggestions and draft a statement which, through an iterative process, the group members refine until there is consensus

If time permits at this meeting, the group may decide to draft some tentative goals, but it should expect that there will be changes after members and their constituencies have had time to think about the mission statement more carefully. After the meeting, the resulting draft is circulated with the minutes and group members are asked to share the draft with other interested parties.

At the next meeting, if it has not already done so, the group should develop goal statements, using the same process of orientation, examples, and collaborative development described above. The resulting draft mission statement and goals are circulated with the minutes of this meeting and members are encouraged to share the draft with other interested persons. If the mission and goals were drafted at the first meeting the group can refine and adopt them at this meeting. Otherwise, finalizing the mission and goals can be completed through a review and approval process, (e.g., by e-mail) or as the first item on the agenda at the next meeting.

INSTITUTING AN ONGOING SELF EVALUATION PROCESS

Overcome Barriers to the Formation and Successful Functioning of Community Coalitions

There may be significant barriers to the establishment and successful performance of a coalition. These can be classified into two categories:

1. **External** or **administrative** barriers that are related to the functioning of the convening agency
2. **Internal** barriers that are related to the functioning of the group itself and to the dynamics of the group process

External administrative barriers include:

- Unclear purpose for the coalition
- Inadequate staff support
- Lack of leadership and organization

- Unclear or unrealistic expectations about the coalition's roles, responsibilities or time requirements
- Lack of adequate funds/resources to implement recommendations
- Failure to accommodate the individual needs of members or member organizations

Internal barriers include:

- Difficult current or past relationship(s) among possible member organizations
- Competition and turf issues among potential members
- Personality conflicts between representatives of these organizations
- Racial or cultural polarization in the community or within the group
- Negative past experiences with collaborative efforts in the community
- Differing community norms and values about cooperation
- Conflicting loyalties, vested interests, and fear of domination by one organization or individual
- Disparity in goals, values, histories, and missions of the member organizations
- Failure to produce results commensurate with the time and effort expended

To effectively avoid or overcome barriers, the coalition should continually evaluate the structure, design, and implementation of their needs assessment activities as well as any group process issues that arise. The following key questions should be included in this evaluation process:

<p>Key Questions</p> <ol style="list-style-type: none"> 1. Membership. Are the appropriate people involved? If not, why not? Are current members actively participating? If not, why not? What are the benefits of participation? 2. Roles and Responsibilities. Are there paid staff who will take minutes and coordinate meetings? If the group has taken on these functions, is there a clear understanding of how this will be done in a reliable manner? 3. Staffing. Who performs the needs assessment activities such as data collection, data analysis and data presentation? 4. Funding. Is there a budget for supporting the work of the coalition? For supporting the needs assessment activities? For supporting the implementation activities? 5. Purpose and Mission. Do the members understand the purpose of the group? Is there a shared vision? Is there a clear understanding of and buy-in to the mission and goal statements? 6. Leadership. What is the governance/leadership of the group? Do members feel that they have adequate input to the process and decision-making? 7. Time frame. Is there a designated time frame for products? Is it realistic? Do members understand and honor their commitments to completing steps in the process?

8. **Accountability.** What results do the members expect? What do you need from the group to meet MCH plan requirements?

CHAPTER I SUMMARY

In this chapter we have reviewed the steps to developing a planning coalition, developing a mission and goal statements and identifying and overcoming barriers to the successful functioning of a planning group.

Key Points to Remember:

- Ensure that the purpose of the group and the intended use of the resulting plan is clear and that there is an audience for the plan before convening a group
- Include all stakeholders in the planning group
- Ensure full participation of all members in the group process
- Establish an ongoing group self-evaluation process