

What Makes An Effective Coalition? Evidence –Based Indicators of Success

Webinar Summary

June 26, 2013

Presenters:

Susan Reinhard, PhD, RN, FAAN, Senior Vice-President & Director, AARP Public Policy Institute; Chief Strategist, Center to Champion Nursing in America (CCNA)

Susan Hassmiller, PhD, RN, FAAN, Senior Advisor for Nursing at the Robert Wood Johnson Foundation

Jared Raynor, Director of Evaluation, TCC Group

Kate Locke, Senior Consultant, TCC Group

Background

As experts from CCNA and RWJF have said to Action Coalitions for the last two years: ACs should form coalitions of nurses, non-nurse leaders, businesses, non-profits, health organizations and others to work together and increase the likelihood that ACs achieve the desired outcomes.

With the support of an action-oriented coalition, ACs gain the support and the influence that can pave the way to implement the recommendations in the 2010 Institute of Medicine report. That landmark report listed eight recommendations on what nurses need to do to be better prepared in a new patient-focused health care system.

Those recommendations for nurses are in the areas of leadership, education, scope of practice, interprofessional collaboration and diversity.

This webinar was recorded and is available at www.campaignforaction.org/webinars

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

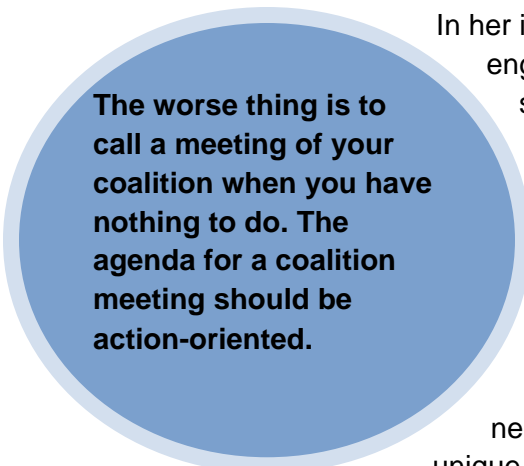
The *Campaign for Action's* field-based teams, the [Action Coalitions](#) (ACs), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.

Webinar Goals

- Understand key elements of an effective coalition
- Identify key obstacles in coalition development
- Determine areas for enhancing the work of the AC coalitions

Webinar Overview

In this webinar, the TCC Group presented key elements of effective coalitions such as what does effective leadership look like, and how to manage and structure a coalition. Some of the material used in this webinar can be found in the paper, “What Makes an Effective Coalition? Evidence-Based Indicators of Success,” at <http://campaignforaction.org/effective-coalition-tcc>



The worse thing is to call a meeting of your coalition when you have nothing to do. The agenda for a coalition meeting should be action-oriented.

In her introduction, **Reinhard of AARP** said that ACs are busy engaging key stakeholders to build relationships and strengthen coalitions.

Furthermore, ACs vary widely in leadership, organizational structure, stakeholder engagement, capacity, and specific outcomes - all topics discussed during the National Summit.

“Our hope today is that you gain some insights into what makes an effective coalition. Every Action Coalition will need to examine and adapt these concepts within their own unique organization.”

ACs are the building blocks of the national Campaign and it’s important to recognize that each AC has to succeed for the Campaign to succeed, says **Hassmiller of RWJF**.

Much of the success achieved by Action Coalitions depends on the ability and skill to build effective coalitions and attract support from stakeholders. **Hassmiller** pointed out a few examples of success based on effective coalitions:

In **leadership**, North Carolina and Wyoming established Nursing Leadership Institutes. Wyoming “graduated” 34 nurses from their institute as of 2012. Virginia offers a “40 Under 40” program to recognize 40 outstanding nurse leaders under age 40 each year. They are assessing how many of the 40 would like to serve as mentors and how many would like to be mentored. They hope to set up online profiles of the young leaders to make connections – similar to Match.com.

New Jersey has placed three nurses on public and private state boards and has six more in the pipeline ready to assume state board positions. Other states are adopting these best practices, too.

In **education**, nine leading states are testing four promising models to get more diverse nurses to obtain a baccalaureate degree and higher. Many states are starting to adopt these four promising models to make it easier for nurses to continue on with their education.

In expanding **practice and care**, this year, 14 states introduced bills to ensure that NPs could practice to the full extent of their education and capabilities without unnecessary and restrictive physician supervision. Legislation was enacted in Nevada and Oregon.

In a major development, the **California** Senate passed legislation removing collaborative practice requirements. That bill now awaits action in the CA Assembly. Four other states still have legislation in play. Since the *Campaign for Action* began, five states have removed major barriers to consumer access to care.

And in the **money** department, as of April, I am happy to report that ACs raised over \$5.1 million dollars. This does not include RWJF matching funds.

The webinar presentation by **Jared Raynor** and **Kate Locke** of **TCC Group** included defining a coalition, a way to think about a good coalition, the key capacities of effective coalitions and finally – what not to do in a coalition.

They defined a coalition as “an organization or organizations whose members commit to an agreed-on purpose and shared decision making to influence an external institution or target, while these member organizations maintain their own autonomy.”

Coalitions are almost always organized around member organizations, whereas networks are split between member networks and individual networks. However, in both cases, it is individuals that do the activities.

“Coalitions are networks in action,” says Raynor. “They generally have agreed upon goals that are short-term/tactical.”

A way to think strategically about coalitions is to examine:

- The capacity of an organization to be a good coalition member
- The capacity of the coalition – how they can effectively act
- The outcomes and impact of the coalition

There are critical questions that individual members and the coalition as a whole should address:

| For Members: | For Coalitions: |
|---|---|
| What do you want to get out of the network/coalition? | Do they have the skills/knowledge to work collaboratively? |
| How do you justify your involvement? | What is the time and commitment they will have in working with the coalition? |
| How much time can you devote? | Will organizations send relevant decision-makers to the coalition? |
| What do you have to offer? | Do they see the value of the coalition for their work? |

Locke of TCC said there are core capacities for coalitions: **leadership** capacity, **adaptive** capacity, **management** capacity, **technical** capacity and **cultural** characteristics/ capacity.

In **leadership**, questions to consider are do you have a goal destination? Is it clear why the coalition is the best approach to addressing the problem? What are you trying to achieve? Does your leadership core include the right people? A sure way to make a coalition ineffective is if the members sit around talking about issues, “talking themselves into a circle” without actually doing something. Does your membership represent a variety of professions and leaders? Do you have different types of nurses in your leadership core?

When the newness of establishing a coalition has worn off, it is important to keep the members actively involved, to celebrate the wins and allow members to do smaller tasks.

“The worse thing is to call a meeting of your coalition when you have nothing to do,” says Locke. The agenda must be action-oriented.

Adaptive Capacity is the ability of a nonprofit organization to monitor, assess, and respond to internal and external changes (such as networking/collaborating, assessing organizational effectiveness, evaluating programs and services and planning). In planning, the coalition should be grounded in action rather than “lofty goals” or theory. Also, some form of accountability through evaluating members can increase the effectiveness and focus of the coalition.

Management Capacity involves frequent and productive communication among members because presumed mutual understanding is one of the largest pitfalls in coalition work. Coalitions are at their best when members are engaged and feel work is productive and meaningful. Also, there should be reciprocity – both members and the coalition should benefit from any specific action.

Technical capacity is the ability of a nonprofit to implement all of the key organizational and programmatic functions such as finance, budgeting, fundraising, technology, marketing and communications. Coalitions can lull themselves into believing that the coalition is capacity in its own right. This is not true and coalition efforts can be stalled as well-meaning, but not appropriately skilled individuals, tackle tasks. TCC offered one caution as it relates to hired staff, saying that it may not always be beneficial to have paid staff because if a coalition turns things over to the staff, it stops functioning as a coalition.

Cultural capacity is about how the coalition interacts with individual members and between members. Cultural elements include trust, respect, safe dissent, unity and sensitivity to power differentials.

Coalition Outcomes can be varied and TCC provided a more nuanced way to think about the value of a coalition, such as:

- Increased coalition capacity (e.g., clarity of vision; ability to manage/raise resources,)
- Increased visibility of coalition
- Increased membership
- Increased quality/prestige/engagement of membership
- Increased collaboration between coalition members outside the coalition
- Merging/strategic relationship with other coalitions
- More rapid and organized ability to respond
- Number of different “faces” that the coalition could credibly put forward to advance the issue

Can a coalition fail? Yes it can.

Coalitions can fail if they are not organized for action and if individual members have no roles in working toward good outcomes. There are things that happen that can spell the death knoll for a coalition.

The Seven Deadly Sins of Coalitions

Debate to Death: Belaboring every bit of information or potential action, favoring argument over action.

Social Orientation: Committing to the group for its own sake rather than as a vehicle for action with a clear goal destination and value proposition.

Avoidance of Conflict: Masking disagreement to create harmony at the expense of thoughtful vetting and buy-in. One of the most valuable roles that a coalition can play is to uncover sticking points and resolve them within the coalition rather than publicly.

Lack of Technical Expertise: The feeling that forming a coalition substitutes for knowledge of things such as policy and advocacy work, fundraising, or evaluation. Creating a coalition is not advocacy, but rather a tool for it.

Turn it Over to the Staff: Leaving the work of the coalition to staff members (whether employed by the coalition or dedicated staff from member organizations).

No Ongoing Role for Members: Failing to agree upon specific tasks for coalition members.

Fight over Recognition: As the coalition makes gains, members try to take individual credit for success instead of acknowledging partners.

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

For more information from the Center to Champion Nursing in America about this webinar, technical assistance or other questions related to the Future of Nursing, Campaign for Action contact Michael Pheulpin at MPheulpin@aarp.org or 202-434-3882 or Andrew Bianco at abianco@aarp.org

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