

Community Workgroup Subgroup A Coalition Intervention Action Plan Template

Revised July 17, 2011

Healthy Texas Babies (HTB) Expert Panel (EP) Meeting Attendees: Please review the document below for content only. All HTB workgroup intervention deliverables will be consistently formatted following the July 30, 2011 EP meeting.

1.1 Detailed Intervention Description:

Goal: Reduce the rates of preterm births and infant mortality in Texas.

Outcome: Healthy People 2020 target objectives: 10% reduction for each target objective. The Healthy People 2020 Target Objectives relevant to this initiative include:

- A. Infant mortality (per 1,000 live births): 2006 Baseline of 6.7; 2020 Target 6.0, Texas 2008 rate: 6.1
- B. Neonatal Deaths (per 1,000 live births): 2006 Baseline of 4.5; 2020 Target 4.1, Texas 2008 rate: 3.8
- C. Total Preterm Births (Percent of live births): 2007 Baseline of 12.7; 2020 Target 11.4 Texas 2008 rate: 13.2

Measurement of outcome: Formation of operational, staffed and funded local and / or regional coalition. Measure and report reductions of target outcomes through national, state and local data: birth and death certificate data; child fatality data; Health and Human Services Health Indicators Warehouse; National Center for Health Statistics; health insurance and case management data; hospital and regional NICU data.

Intervention: Establishment of a local and or regional coalition using community specific best practices to address preterm births and infant mortality. Coalition will propose and develop initiatives and programs as well as develop recommendations for local, state and federal policy that address preterm births and infant mortality. Coalition will develop action plan to address community specific health disparities and social determinants of health. Coalition will serve as a model for development of local and or regional coalitions in the state.

Activities:

1. Identify the Healthy Texas Babies Statewide Coalition as the lead organization for local and or regional coalitions in the state
2. Convene Ad Hoc Committee: Develop plan to establish coalition. HTB Coalition members, DSHS, community leaders, community agencies
3. Establish coalition with seed monies for staff support, development of leadership, infrastructure and operating

procedures.

4. Conduct needs assessment: identify target population, collect baseline data and identify best practices
5. Establish mission and vision, create branding and identity.
6. Identify goals and objectives, plan of action and interventions
7. Develop monitoring system for target outcomes and evaluation plan
8. Obtain funding for action plan interventions
9. Implement community interventions
10. Measure and report impact for target outcomes
11. Replicate coalition in other Texas regions

1.2 Are there best practices associated with this intervention? If so, please highlight.

Literature review identified articles discussing key elements for developing community coalitions as well as the work, success and challenges of coalitions in addressing chronic social and health issues in communities (See section 1.17 Best Practice Evidence Table). The following are identified as some of the key factors that contribute to the success of coalitions:

- A. Establish a clear mission statement and goals
- B. Establish sustained funding for coalition and interventions
- C. Reach out to agencies and/or individuals who have a vested interest in the goals of the coalition
- D. Establish leadership infrastructure of the coalition
- E. Develop committees as needed to focus on tasks developed by the coalition
- F. Involve all partners in all aspects of decision making
- G. Anticipate partner needs and address them consistently and timely
- H. Include opportunities for networking and resource sharing at meetings
- I. Develop a communication plan utilizing various technologies
- J. Re-visit goals periodically to keep the work of the coalition on task
- K. Hold consistent meeting dates and times so partners can plan accordingly to attend
- L. Allow for equal opportunity for partners to share their ideas and resources
- M. Create a portfolio of accomplishments to share with funding sources, partners and communities

1.3 Intervention - Desired Outcomes

Short-term (1-3 years):

- A. Identify partners, programs & resources, develop plan for infrastructure to include leadership and governing body
- B. Secure support from key community leaders such as: county and city government, health care systems and providers inclusive of community health centers, local or regional March of Dimes, health departments and regional DSHS office
- C. Establish local and or regional coalition to include infrastructure, leadership, branding, and committees
- D. Conduct local and regional needs assessment; develop or identify registries for premature births and infant mortality
- E. Develop clearly defined mission, vision, goals, and objectives
- F. Develop operating procedures, develop plan for identifying and engaging new partners, communication, evaluation and research, sustainability and scalability
- G. Secure private and public funding support (local, state and federal)
- H. Recruit volunteers and coalition staff (clerical, administrative, office, and field)
- I. Develop and implement community interventions
- J. Conduct evaluation of intervention
- K. Inventory accomplishments and challenges
- L. Communicate with partners and staff on accomplishments and challenges
- M. Implement necessary intervention adjustments
- N. Publish report of accomplishments, challenges, community based best practices and acknowledgments for coalition partners
- O. Offer coalition model for replication in other geographical areas

Long-term (5-7 years):

- A. Develop an on-going community education program using varied communication strategies, venues and staff.
- B. Establish epidemiological surveillance for each community and track incidence of pre-term births and infant mortality: Establish and or refine registries for preterm births and infant mortality
- C. Research factors that influence rates of preterm births and infant mortality. Examples: lack of community education, insufficient or minimal pre-natal care, teen pregnancy, advanced maternal age, drug dependency, lack of case management and social service support lack of mental health services.
- D. Adjust community interventions to focus on the factors that impact pre-term births and infant mortality
- E. Monitor success of programs and reassess plan for sustainability and scalability

- F. Implement additional community interventions as recommended from evaluation plan and monitoring of programs, baseline data
- G. Evaluate coalition, community interventions and target outcomes
- H. Present and publish research findings, target outcomes
- I. Publish report of accomplishments, barriers and community based best practices to partners and community
- J. Replicate local and or regional coalitions in the state

1.4 Data Elements to be Collected and Evaluated

Pre-Intervention:

- Identify existing coalition(s) that share goals to reduce preterm births and infant mortality rates
- Identify health disparities (local and/or regional health indicators))
- Determine location of coalition and their target population or community
- Evaluate coalition for the following components:
 - Purpose /goals
 - Partners and members (both traditional and non-traditional)
 - Plan of action/activities
 - Measurable baseline/outcomes
 - Capacity to implement interventions
 - Sustainability and scalability
 - Use of evidence-based interventions
 - Defined measures of success

Monitoring:

- Pre and post intervention measures of knowledge /acceptance by target community
- Periodic activity reports at mid-year and annual intervals

Post-Intervention:

- Test of representative sample of target population post interventions
- Identify changes in policy, practice and /or service capacity resulting from specific intervention
- Comparison of baselines/outcomes pre and post intervention

Process evaluation:

- Did intervention achieve the desired goal in the identified time frame?
- Identify strengths /weakness of implementation and areas for improvement
- Integration with existing agencies / efforts
- Impact of coalitions activities on local health disparities.

1.5 Has the intervention been implemented in Texas? If yes, please provide specific details and contact information. Examples include:

A. Central Texas Healthy Mothers Healthy Babies Coalition

Location: Central Texas

Purpose: Central Texas Healthy Mothers Healthy Babies Coalition is a private, not-for-profit organization whose mission is to improve the health and safety of mothers, babies, and families through breastfeeding education, advocacy, and collaborative partners.

Contact: Website <http://www.hmhbcentx.net/about/mission/>

B. Harris County Hospital District Impacting Prenatal Care Together (IMPACT) Collaborative

Location: Houston /Harris County

Purpose: The collaborative brings together community stakeholders from different sectors including healthcare providers, community based organizations, patient advocates, city, county and state government, and medical community members to share ideas, build consensus, and achieve a unified commitment to sustainable solutions that will impact perinatal health.

Contact: Margo Hilliard Alford, MD, MPH or Ms. Wanda Detor, Senior Administrative Assistant, 713.566.2010
Impact@bchd.tmc.edu

C. Healthy Baby Coalition of Parmer County

Location: Friona, TX

Purpose: The Healthy Baby Coalition of Parmer County is a community coalition established with the assistance of the Department of State Health Services for the purpose of providing Community Health Workers and Instructors to provide a prenatal education program for expectant mothers in Parmer County.

Contact: Heidi Eichenauer, Coalition Chair, Parmer Medical Center, Friona, TX, (806) 250-2754
Jo Donna Terry, Coalition Chair, Cargill Meat Solutions, Friona, TX, (806) 295-8291

D. Hispanic Health Coalition

Location: Houston

Purpose: To advance the overall health of Houston's Hispanic community through education, advocacy and research.

Contact: Norma Olvera, PhD, Director. Hispanic Health Coalition, 1515 Holcombe, Unit 21 Houston, TX 77030 (713) 666-5644

E. Oversight Board of the Healthy Babies-Healthy Moms-Healthy Community

Location: Tarrant County

Purpose: Perform community based interventions based on a life course perspective; conduct research which can improve the community's understanding and lowering of infant mortality rates, and to improve services or implement policy changes

Contact: Marcy Paul (817-735-0537; marcy.paul@unthsc.edu)

F. Tarrant County Infant Mortality Network

Location: Tarrant County

Purpose: Creating awareness regarding infant mortality in the county

Contact: Barbara Greer (682-885-4285; barbara_greer@cookchildrens.org)

G. Texas CHIP Coalition

Location: Austin, TX

Purpose: The Texas CHIP Coalition was formed in 1988 to bring together state and local organizations to support adequate state funding and program improvements for the Children's Health Insurance Program (CHIP) and Children's Medicaid. The Coalition engages in public education and advocacy, working closely with state agencies and the Texas legislature on behalf of children and their families.

Contact: Texas CHIP Coalition, c/o Children's Hospital Association of Texas, 823 Congress Avenue, Suite 1500 Austin, Texas 78701

H. Texas Infant Health Alliance or Texans Care for Children

Location: Austin, TX

Purpose: A network of organizations and individuals working together to improve the health of Texas babies. Members look at the health issues infants face and exchange timely information and resources to bring about better, outcomes for Texas babies, and provide recommendations for public policy. Partners: Community and health organizations healthcare providers, parents, elected leaders, legislative staff, and other concerned citizens are invited to join.
Contact: Eileen Garcia, (512) 473-2274

1.6 Possible Partners (both public and private)

A. Federal/National

- Alcohol and Tobacco Companies
- Robert Wood Johnson Foundation
- The Commonwealth Fund
- Maternal Child Health Bureau/Title V
- Professional Organizations: American Medical Association, American Academy of Pediatrics [AAP], American Nurses Association, American College of Nurse Midwives, American Pregnancy Association, Association of Schools of Allied Health Professionals, National Association of Community Health Centers, Substance Abuse and Mental Health Services Association

B. State

- Health and Human Services Commission (Home Visitation Steering Committee)
- Department of State Health Services (DSHS)
- March of Dimes Texas Chapter
- Texas Medicaid and Health Care Partnership
- Managed Care Companies (Private, Medicaid and CHIP)
- Texas Medical Association
- Texas Pediatric Society
- Texas Association of Obstetricians and Gynecologists
- Texas Nurses Association
- Texas Office for the Prevention of Developmental Disabilities
- Association of Texas Midwives
- Texas Association of Community Health Centers

- Texas Breastfeeding Coalition
- Texas Pregnancy Care Network
- Texas CHIP Coalition
- Texas Healthy Start Alliance
- Texas Infant Health Alliance
- Texas Perinatal Association

C. Regional/Local

- Central Texas Healthy Mothers
- County and City governments
- DSHS Regional Offices
- Local/Regional faith based organizations
- Local churches, temples and synagogues
- Healthcare Systems and Hospitals
- Healthy Babies Coalition
- Mothers of Multiples
- Higher education institutions to include, colleges and universities, health science centers and medical schools
- Local TV, Radio and Cable companies
- Mother's Day Out Groups
- Parent education groups
- Private sector businesses
- School districts

1.7 Recommended appropriate assessment tools

- A. Pregnancy Risk Assessment Monitoring System (PRAMS)
- B. Perinatal Periods of Risk (PPOR)
- C. State Trauma registries
- D. Vermont Oxford– NICU and newborn nursery database
- E. Birth and Death Certificate data, Child Fatality and Infant Fetal Mortality Data
- F. Local and Regional Focus Group and Survey Data
- G. March of Dimes data
- H. Pediatrix and Obstetrix data

1.8 Recommended Lead Agency for Intervention

- A. Healthy Texas Babies (HTB) Statewide Coalition

1.9 Target Audience(s)

- A. HTB Statewide Coalition, HTB Steering Committee, HTB Expert Panel
- B. Local and or regional partners
- C. Local and or regional communities
- D. Existing coalitions
- E. City, County and State Government

1.10 Recommended Time Period for Implementation by Activity

June 2011

1. Identify existing coalitions.
2. Collate list of “lessons learned” from existing local/regional coalitions
3. Conclude authorship of initial document: HTB Expert Panel Workgroup Deliverable

July-Sept 2011

1. HTB Expert Panel Community Workgroup Members transition into role of ad-hoc local/regional coalition formation committee (June-Sept 2011).
2. Develop criteria for judging coalition strengths and weaknesses and suitability for incorporation as HTB Local/Regional Coalition.
3. Examine viability of regional vs. local coalitions
4. Determine coalition fundamental composition (membership: representation from community, representation from business, private partnership, member diversity, representation from non-traditional partners)
5. Define criteria for components of “HTB coalition” for new coalitions or “HTB-recognized” status for existing coalitions
6. Determine minimum number/location of local/regional coalitions to make greatest impact.
7. Conduct needs assessment of state to determine where coalitions exist, where they are needed and what issues they should ideally focus on in those regions/localities.

September 2011

1. Determine organizational structure of local/regional coalitions:
 - a. Common goal, simplified objectives of local/regional coalitions.
 - b. Fundamental membership
 - c. Processes for forming partnerships
 - d. Process for communication among members, with partners and with the public
2. Determine role of HTB Statewide Steering Coalition in relation to local/regional coalitions
 - a. Define lines of communication, reporting responsibilities
 - b. Define resource-sharing
 - c. Define expectations of regional/local to Statewide coalition and vice-versa
3. Begin to collect data on areas of need in region/locality for coalitions to establish goals, objectives and outcome measures (September-November)
4. Determine appropriate funding sources for regional/local coalitions (private partner investment, grants, foundations, non-profit status, etc.)
5. Begin outreach to potential coalition members and partners (start with existing coalitions, business partners, faith-based partners, community organizations, non-traditional partners)
6. Set fundamental goals and objectives so expectations of partners are clear and partners are committed to goals of coalition
7. Determine funding sources

8. Determine timeline for getting regional coalitions established
9. Determine process evaluation indicators for establishment of coalition (markers of progress toward coalition establishment, when they should be assessed, etc.)

October 2011

1. Outreach to existing coalitions to invite participation as HTB coalition. Determine if they would need to change anything about their practice to become HTB coalition.
2. Identify lead agencies involved in each regional/local coalition
3. Determine scalability of minimum to maximum number/location of coalitions and cost involved in scaling up to statewide.
4. Determine funding sources

November 2011

1. Finalize coalition member expectations (begun in June, revised based on coalitions identified, lead agencies, results of needs assessment): roles, how to make decisions, by-laws, subcommittees
2. Determine set process for identification of new coalition members and partners
3. Determine funding sources

December 2011

1. Identify codified list of HTB regional/local coalition locations and begin to recruit membership or add members to existing coalitions
2. Hold training on terms of involvement for HTB coalition for coalitions interested in becoming HTB-recognized coalition or forming HTB coalition
3. Determine funding

January 2012

1. Coalitions meet for first time
4. Set timeline for frequency, location, length of meetings, roles and responsibilities of coalition-members
5. Identify region/locality-specific need for additional assessment, goals and objectives, mission, vision, coalition core values
6. Identify plan of action, interventions, activities and evaluation plan.
7. Review funding sources, deadlines for funding opportunities, fundraising ideas, identify coalition members with

resources/skills in seeking funding, and develop budget and timeline for seeking additional funding.

8. Determine need for additional sub-committees: communications sub-committee/advisory board, sub-committees for specific interventions (i.e. smoking cessation sub-committee, literature review sub-committee, monitoring and evaluation, etc.)
9. Decide plan for monitoring and evaluation of proposed interventions, determine realistic outcomes and measures of success, timeline for activities

February 2012

1. Begin to develop external communications strategy

1.11 Required Resources

A. Financial Resources

- Legislative funding
- Grants: Federal, state and local; public and private
- Philanthropy: Corporate, family or individual endowment
- Fundraising

B. Human Resources

- HTB Statewide Coalition members
- Coalition Staff
- Local and or regional coalition members
- DSHS staff
- Volunteer staff

C. In-Kind Resources

- Shared resources: Supplies, space, equipment, services, human resources
- Expertise
- Time
- Financial

1.12 Possible Challenges to Implementation

- A. A major challenge will be identifying a clear mission that will engage and sustain the member of diverse organizations. The coalition will have to demonstrate to members that participation is having an ongoing impact on process or outcomes with regard to infant mortality and birth outcomes at the local or state level.
- B. If the coalition is to conduct independent programs or projects, it will be necessary to find financial support for at least one or perhaps two staff members who can conduct day to day activities.
- C. Active communication will be needed within the coalition and with local and other state groups to reduce potential conflicts in dealing with the legislature, the DSHS, other state agencies and other health related organizations.
- D. Because of the different stages of development of local and regional coalitions and their different missions, the state wide coalition will need to be sensitive to these diverse interests in establishing effective cooperation between the state and local level.
- E. Partners have varying levels of commitment to the project. The challenge is to keep all members engaged, even when their area of interest is not the immediate focus of the interventions being pursued. It is also difficult to know how to hold members accountable when they are likely to be volunteers.
- F. Some established coalitions might resent HTB telling them “how to do their work.” It is important that the communication with existing coalitions and the direction is sensitive to their experience.

1.13 Communication Strategies – including who, what, when, where, how

Communication Strategies for Proposed Local/Regional Coalitions re: Infant Mortality

Who: A communication strategy for a coalition should take into account internally who will be responsible for development and approval of messages (the entire coalition or a person with experience disseminating information). Ideally a communications advisory board to the coalition would be charged with the responsibility to develop appropriate messages and media to convey those messages. The advisory board should comprise some of the coalition members but should also include community members, representatives from the business, faith, medical and social services communities among others. It should also consider whom the messages should target and the most appropriate voice/image to convey those messages. Since a coalition brings together a number of diverse voices, it is important to establish a unified voice for the coalition with simple, consistent messages delivered creatively, but consistently every time. Communication between the coalition and the advisory board should be clear and assured by regular reporting of advisory board activities to the coalition and vice versa. There should be no confusion about the substance of a message just because the style of the message changes. The target audience for each advisory board will change, but should largely consist of stakeholders in and members of communities of women of child-bearing age and their families.

What:

Internal – A communications strategy should look internally to establish communications standards between members of the local/regional coalition and among the coalitions across the state. Internally this will involve how meetings should be planned and conducted, how information from coalition meetings/activities should be disseminated, standards for participation and continued membership in the coalition, expectations for participation (quality & quantity), appropriate methods for communication (e-mail, in-person meetings vs. conference calls or other technology, etc.)

External – A communications strategy should look externally to how the findings of, messages developed by, and work done by the coalition are disseminated to their communities and to the greater audience of Texas women of childbearing age and their families. Communication strategies should use all available appropriate media to convey their findings, messages and work and should use different media for different groups. Branding initiatives

When: The coalition should determine a timeline for strategic communication to stakeholders. Messages should first be disseminated to stakeholders for feedback before being released to the general public. Ideally, it should determine events in the local/regional calendar that could be vehicles for messages. There should be time points integrated into the evaluation plan for reflection and evaluation of communication efforts.

Where: Communication strategies will vary greatly by location and scale of coalition (local vs. regional).

How: The media that are most appropriate for internal dissemination of information within the coalition are in-person and conference call meetings, emails and telephone calls. The media most appropriate to disseminate information externally to local and regional women of child-bearing age and their families vary by region and populations most affected by infant mortality. Possibilities are text messages and other phone applications, TV (public access stations, commercials, PSAs) and radio, internet chat boards and blogs and websites, Facebook and Twitter. Additional ways to incorporate information are to insert messages into existing resources accessed by at-risk women and their families – by sponsoring speakers at local libraries, during WIC visits or teaching, during home visits by Nurse-Family Partnership or like organizations, at grocery stores, community centers, YMCAs, etc. (Promotoras and other home visitation programs); linguistic competencies
An evaluation component for communication strategies should be developed during the planning phase of coalition-building.

1.14 Detailed Implementation Steps (how this intervention should be operationalized)

This information is covered in other sections of this action plan including 1.1, 1.3, and 1.10.

1.15 Plan for sustainability

The intervention described is to establish local and/or regional coalitions in the state to address preterm births and infant mortality in the state. In order for the intervention plan to be sustainable it is recommended that:

- Best practices in coalition team building be utilized
- HTB Statewide and local/regional coalitions have periodic best practices audits
- Coalitions have sustained funding and shared resources
- Coalition partners are provided periodic educational workshops; team building, conflict resolution, grant writing
- Mission, Vision, Goals and Objectives be assessed periodically
- Data from interventions and research be published and available to all partners: annual reports, presentation at community forums, journal articles
- Advocacy for legislative support be implemented

1.16 Plan for scalability to acknowledge that resources available for implementation may vary

This plan could be launched as a single coalition in a specific urban or rural high-risk location or in multiple areas depending on the existing coalitions or need for each area. This will be determined by an initial inventory of coalitions in the state and the funding available for the initiative. Areas at risk can be targeted or development of coalition in geographic location where most viable coalitions exist to enhance coalition building success and use learned knowledge to replicate the intervention in the state. A plan to assess and re-assess goals and interventions will be key to scale coalition maintenance, expansion or reduction. Interventions should be ranked based on the outcomes and those chosen for inclusion in the coalition activities should be the ones with the highest potential or rate of success. Identifying other high-risk, high-needs in the state can scale the project up. HTB can either fund existing coalitions in those areas or establish new coalitions. The fundamental elements of coalition establishment should be followed, but the communication strategy among coalitions in the state should be adapted for an increased number of coalitions. A plan for coalition team building and shared resources and information should be developed.

1.17 Best Practice Evidence Table

Best Practices Evidence			
Source	Sample/Study Description	Purpose	Results/Pertinence to intervention
Butterfoss DN, Goodman RM, Wandersman A. Community coalitions for prevention and health promotion. Health Education Research, 8(3):315-330, 1993.	Review article detailing the importance, formation and infrastructure of successful coalitions.	How successful coalitions have formed to address the health status and affect behavior change in communities.	Results: Article provides a definition for a coalition and describes the various types of coalitions. Detail is provided for the importance of coalitions, the factors that make a coalition successful and the stages of coalition development. Pertinence: The article provides guidance for the intervention by describing coalition organizational structure, leadership, benefits/costs, characteristics of members, communication, resources needed and outcomes.
Butterfoss FD, Morrow AL, Webster JD, Crews RC. The Coalition Training Institute: Training for the long haul. Journal of Public Health Management Practice, 9(6):522-529, 2003.	Article describes The Coalition Training Institute. Report on training provided over a three year period to 283 participants from 29 U.S. cities (49 states; 7 US territories represented). The training was to foster and sustain partnerships to improve immunizations rates. Evaluation was conducted with on-site and follow-up surveys, effectiveness inventories and focus groups.	Provide coalition training to individuals and community partners to sustain or improve work in the area of immunization status. Need based on lack of training resources at the community level.	Results: The Coalition Training Institute and curriculum were described. Overall rating was favorable for the curriculum. Pertinent concern was directed at coalition formation without access to staff. Of the 211 respondents to the follow-up surveys, 66% had improved activity for coalition partnerships and 58% had improved activity for action planning. There was also increased activity for information sharing, use of curriculum materials, change in work activities and increased coalition activities amongst the respondents. Article could not conclude if the intervention raised or would raise immunization rates, however immunization rates improved post coalition team building. Pertinence: Article describes positive factors and challenges for coalition team building that can be utilized for intervention. Evaluation process can be used as an example.
Collective Impact by John	Case study of	Describe/analyze a	Results: Despite recession and budget cuts, 34 of

Best Practices Evidence

Source	Sample/Study Description	Purpose	Results/Pertinence to intervention
Kania and Mark Kramer, Stanford Social Innovation Review, Winter 2011	successful community intervention in Cincinnati	successful collective impact initiative, including the participants and strategies	<p>53 success indicators tracked showed positive trends, including high school graduation rates, 4th grade reading levels and math scores, and number of preschool children prepared for kindergarten.</p> <p>Collaborations differ from collective impact initiatives that involve a centralized infrastructure, a dedicated staff and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.</p>
Community-Based School Readiness Integration Partnerships: Promoting Sustainable Collaborations, by John Gasko and Kaitlin Guthrow	Examines legislative, state and community efforts to create a seamless, integrated early childhood education system	Examines legislative, state and community efforts to create a seamless, integrated early childhood education system	Pertinence: Provides partnership models and outlines eight crucial steps for creating a successful and sustainable partnership.
http://ctb.ku.edu/en/default.aspx Community Tool Box (CTB)	The Tool Box supports implementation for Healthy People 2020 , which provides national objectives for improving the health of all Americans. Supports from the Community Tool Box are serving as “how-to” information for those working to improve conditions in their	The Community Tool Box is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement.	http://ctb.ku.edu/en/dothework/tools_tk_1.aspx (Creating and Maintaining Coalitions and Partnerships) This part of the CTB provides a framework and supports for creating your coalition or collaborative partnership.

Best Practices Evidence

Source	Sample/Study Description	Purpose	Results/Pertinence to intervention
	states and communities.		
George A, et. al. Setting implementation research priorities to reduce preterm births and stillbirths at the community level. Public Library of Science Medicine (PLOS), 8(1):e1000380, 1-8, 2011.	Expert panel: Global Alliance to Prevent Prematurity and Stillbirth (GAPPS) convened at the 2009 International Conference on Prematurity and Stillbirth. GAPPS, a community expert panel, listed and scored relevant research questions based on the Child Health and Nutrition Initiative Methodology. Fifty-five research questions based on five main criteria were evaluated.	Conduct a research prioritization exercise for implementation research for community-based maternal and newborn interventions that address prematurity and stillbirths.	Results: Research question highlighted as most important: Evaluate ways to reduce the financial barriers to facility births at the community level. Other top research questions were reaching the poor and marginalized, behavioral practices and skills and quality of care provided by community health workers. Pertinence: Although the research priorities were applicable toward global implementation, the article emphasized top research priorities that encompass the gamut of health outcomes: improving community health outcomes, behavior change, improving funding, access to health care, appropriate referrals and operative health systems.
Hawkins JW, et. al. Creating a community coalition to address violence. Issues in Mental Health Nursing, 29:755-765, 2008.	A community based coalition, Haverhill Violence Coalition, established as a response to a federally funded project addressing abuse during pregnancy. The coalition's history, community and	Describe the process of coalition building and report on the analysis of the coalition's work.	Results: The article describes the process to develop an action plan for a coalition. The steps of coalition formation and achievements are described. Pertinence: Relevance to intervention are elements of the action plan are on line with work group recommendations: establish clear mission and vision, action plan to evoke change, leadership, communication, assuring staff support, securing resources. The article describes the

Best Practices Evidence

Source	Sample/Study Description	Purpose	Results/Pertinence to intervention
	background information are described.		success and challenges of the coalition as well as describing the process for sustainability and scalability.
McKay ML, Hewlett PO. Grass roots coalition building: lessons from the field. <i>Journal of Professional Nursing</i> , 25(6): 352-357, 2009.	Article addresses the role of nursing professionals in health policy development and as leaders in community coalitions that impact health outcomes.	Description of ten success strategies for building effective grassroots coalitions.	Results: Article is based on experience of the authors in creating coalitions. Pertinence: Describes coalition building and need for effective leadership, clear goals, branding, communication, funding, reporting, challenges, scalability and sustainability.
Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. <i>Annual Review of Public Health</i> , 21:369-402, 2000.	Article addresses several questions on collaborative partnerships: What is the evidence that collaborative partnerships improves community health, effect environmental changes, create community and systems change and are community and system changes related to other factors. Recommendations for research and design of collaborative partnerships are discussed.	Article summarizes and provides a critical assessment of the literature on collaborative partnerships for improving community health outcomes.	Results: Reviewed studies assessed the effects of collaborative partnerships on various public health issues such as substance use, adolescent pregnancy, cardiovascular disease, infant mortality and crime/violence. Pertinence: Article describes best practices for effective coalition team building. Describes evaluation process for effectiveness of coalitions. Makes recommendations for collaborative research.