

## Increasing Capabilities Through Coalitions

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**W**e need minority health coalitions because quite simply: united we stand and divided we fall. History has shown us this. It's no coincidence that the term coalition comes out of political science, with connotations of enhancing power. Sometimes we see the most curious alliances coming together when there is a common goal.

In political coalitions, we see people—sometimes rivals—coming together to win, where alone they would be certain to lose. This same approach can be an effective way to obtain funding support for minority health programs. A proposal can be made even stronger when there is evidence of groups banding together to increase awareness, improve access to services, and affect change. Alone, they would be fragmented and more likely to be ineffectual. Good coalitions work because together, we can do more, be more, serve more, and accomplish more.

It makes sense that we approach minority health together. All of us are touched by the disproportionate burden of death and disability in our communities. We all have to worry about heart disease, the leading cause of death for all racial and ethnic groups. We all have to worry about diabetes and high blood pressure, major chronic diseases that are a greater burden for us. Our high rates of amputation and kidney disease prove it. And we all have to worry about our children, who are more likely than white children to die before their first birthday.

The federal Office of Minority Health (OMH) has a small staff and a relatively small budget. No matter how optimistic we are, we know we cannot solve all of the nation's health problems. So we learned a long time ago about the fruits of coalition building.

From day one, a major OMH role has been to stimulate the non-federal sector to carry out innovative models to improve minority health. So the notion of coalitions was selected as a way to maximize resources. And in minority communities, we know we're often talking about scarce resources.

Our minority community health coalition demonstration grant program grew out of OMH's history and mission: to improve minority health, to help minority communities with capacity building, and to support the efforts of minority community-based organizations. Through the grant program, minority community health coalitions are able to bring together churches, health centers, private physicians, and others to change their communities.

We talk about the aspects of a successful coalition in terms of the three Cs—commitment, clarity, and competition. The successful coalitions that we fund understand that they need to keep operating, with or without OMH. And they also know that they can't take the chance of putting all of their eggs in one basket. So they build up support from all kinds of sources, public and private, which demonstrates a high level of commitment. It is crucial that all coalition members are committed, not only to obtaining funding, but to making the coalition work. This means that everyone, especially the people of authority, buy into the coalition. Coalitions don't need figureheads, but rather working partners.

Clarity in a coalition is needed early on, and has a significant impact on funding. From the beginning, a coalition's mission and purpose need to be defined. Even the most well-intentioned coalitions can fall apart if members stray away from the original mission without analyzing the consequences of doing so. The survival of community-based organizations often dictates pursuing new objectives in order to obtain needed funding. For example, questions around whether to remain a single-issue or multi-issue coalition are critical junctures for coalitions. Using the mission and purpose as a framework, a successful coalition has goals and measurable and time-specific objectives. All of this, of course, calls for clarity in decision-making. Many coalitions grow out of temporary arrangements that initially operate on the consensus model. As federal funding is introduced, responsibilities and decision-making need to become more formalized. So coalitions need a way to make timely decisions, to delegate authority, and to agree and disagree.

Competition is a fact of life. Agency and personal rivalries are a fact of life. We would be fooling ourselves if we thought otherwise. Competition is manifested in so many minority communities because what often happens is that those with the least are pitted against each other, all fighting for the same pie. But we know this only leaves each group with crumbs. The successful coalitions are able to confront this dynamic head on, and they come out stronger for holding to a united front and advancing their common purpose.

I encourage you to contact our Office of Minority Health Resource Center. Information specialists are available to conduct a customized funding search for you. Call 1-800-444-6472. ❖

