The Power of Many: Coalitions for Policy Change

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March 30, 2016
Connections 2016 Conference
Why use coalitions?

- Different organizations bring different strengths and capabilities
- Facilitate information-sharing and minimize duplication of effort
- Increase capacity to accomplish shared goals
- Expands contact with consumers, patients, and constituents (better ability to have a finger on the pulse)
- Can enhance strength and effectiveness when a representative of the coalition sits at a stakeholder table
- Policymakers need to hear from multiple voices and perspectives
Coalitions: Baked into GHF’s DNA

- Georgia Healthcare Consumers
- Outreach, Education, & Engagement with Consumers & Communities
- Coalition Building: Leadership, Coordination, & Strategic Direction
- Engagement with Policymakers
- Policy Change for a Healthier Georgia
Coalition Framework & Lifecycle

- Coalitions can be ad hoc and short term
  - In response to a proposed change in policy (CARE-M)
  - In support of a particular piece of legislation

- Coalitions can be formed to achieve specific policy goals that may take a few years
  - Cover Georgia (to expand Medicaid)
  - Health insurance enrollment

- Coalitions can be broader and more long term
  - Health advocates meetings (to maintain and strengthen relationships among advocates to partner as needed on emerging issues)
  - Ad hoc coalitions can be formed quickly due to groundwork laid in long-term coalitions
GHF coalitions

• Health Advocates Meetings
• Cover Georgia
• Preventing Substance Use Disorders
• GEAR/Enrollment coalition
• Access to Care & Equity coalition
• Emerging: Intersectoral health coalition
Case study: Cover Georgia
Cover Georgia

- Convened in 2012
- 70+ organizations
- Steering committee
- Regular coalition meetings
- Google group
Coalition strategy

<table>
<thead>
<tr>
<th>Policy</th>
<th>Legislative advocacy</th>
<th>Outreach</th>
<th>Communications</th>
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[Images and logos: A chart book for understanding Medicaid in Georgia and the opportunity to improve it. Twitter, Facebook, LinkedIn, Pinterest, coverga.org.]
### Coalitions look different

<table>
<thead>
<tr>
<th><strong>Cover Georgia</strong></th>
<th><strong>Health Advocates Meetings</strong></th>
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<tbody>
<tr>
<td>• Shared goal: Expand Medicaid to all low-income Georgians who make less than 138% FPL</td>
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<td>• Open to any organization that wants to participate</td>
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<td>• 70+ coalition members; smaller active group of partners</td>
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<td>• Regular meetings with formal agenda</td>
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<td>• Organized strategy to which all partners are asked to contribute</td>
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<td>• Communicate via Google group</td>
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<td>• Shared purpose: Exchange information to facilitate collaboration on consumer health policy issues</td>
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<tr>
<td>• Membership limited to consumer health advocates</td>
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<td>• About 20 active participants</td>
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<td>• Frequent meetings during legislative session; less frequent in the off months</td>
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<tr>
<td>• Flexible, informal meeting agendas</td>
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<td>• Communicate via Google group</td>
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Partners participate differently

- Passive supporters
- Allies of convenience
- Invested friends
- Inner circle
Best practices
Best Practices
Coalitions require specific ingredients

- People
- Resources
- Time
- Trust
Best Practices
Define the coalition’s goal/purpose

Policy change
Information/data exchange
Programmatic coordination
Best Practices
Assess and evaluate

Needs Assessment
Thank you!