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# REACHING OUT:

## A GUIDE TO EFFECTIVE COALITION BUILDING

### Introduction

You may have already heard a lot about the importance of "networking" or "coalition building" in connection with your Emergency Medical Services for Children (EMSC) project. Or you may have already begun to reach out to individuals and organizations that can assist with planning, implementing and evaluating EMSC initiatives.

But what is coalition building? And how can you be sure it's worth the time and effort you put into it? What are the outcomes or results you might expect? Who are the right people to approach? And how many friends does an EMSC project need? These are important questions to think about as you plan strategically for your project's growth, impact, and longevity.

Relationships do serve as the foundation of an effective campaign for children no matter what the objectives may be. If you are successful in engaging enough of the right people in the right way, your project will make a substantial and long-lasting difference. The ultimate outcomes or "legacy" of this effort are that more children will receive a higher quality of health care and that all of us, as taxpayers, will receive the highest dividends possible on our collective investment in EMSC.

### What Is Coalition Building?

Coalition building is the ongoing process of cultivating and maintaining relationships with a diverse network of individuals and organizations who share a common set of principles and values. These individuals and organizations, united by a common mission or cause, agree to collaborate, to work with one another, "to achieve results they are more likely to achieve together than alone." (Winer and Ray, pg. 24)

Your coalition is a network of support that is broader than your Advisory Board or Committee: it encompasses both the formal and informal relationships of support and involvement. It includes the many "friends" of your project who contribute, in some way, to its success no matter how small the contribution may be.

# Outcomes of Successful Coalition Building

Coalition building involves an investment of time, energy, and money. It requires strategic planning and sensitivity to the interests and capabilities of others. It challenges you to build trust and respect among the parties involved and to discover ways to collaborate that are mutually beneficial.

What return can you expect from all of this effort? How do you measure success in implementing an outreach strategy? What are the outcomes to look for? Here are some suggestions:

## ***Advocacy***

Identify coalition members who can advocate on behalf of your project, educating public policy-makers or administrators about the need to make improvements in the system of care for children and about the need for your project in particular. These individuals and organizations can provide the leverage your coalition needs when discussions turn to topics such as the future of EMS and of EMSC. This can be done without violating restrictions against lobbying.

## ***Contacts***

See if coalition members will share their contacts with you. Perhaps they will introduce you to other health care and community leaders who can deliver the resources and support you need to bring about systemic change. Although some members may not be able to donate a substantial amount of time to EMSC, they may be able to share their valuable connections with you. For example, a state association may give your project a copy of its membership list or a set of mailing labels. A physician may introduce you to a hospital administrator or to an influential politician.

## ***Program Resources***

Ask members of your coalition to provide free or inexpensive program resources that have already been developed. The SAFE KIDS coalition, for example, may lend you slides or may donate public education materials. A helmet manufacturer or distributor may contribute bike helmets at a reduced cost. A children's hospital may contribute training materials and equipment. A rehabilitation facility may share data reports demonstrating the cost of providing patient care. And so forth. Utilizing resources like these, already developed by others, will save you time, money and energy and will help to build enthusiasm and support for your project. It is away to validate the work that others have done and to recognize them as a resource.

## ***New Products***

Consider how coalition members can help you develop new products to "fill in gaps" in the continuum of care. These "products" may include: EMSC policies, guidelines and protocols, data collection tools, training curricula, public education materials or special reports to legislators, the media, and business leaders. Use task forces or focus groups to create these new resources.

## ***Successful Events***

Invite individuals in your coalition to play an active role in event planning and coordination. Examples of EMSC special events are: injury prevention conferences, training seminars, health fairs and other public awareness activities.

## ***Collaboration on Objectives***

Ask coalition members to help you plan, implement, and evaluate grant-funded objectives or any other objectives that add value and appeal to your project. Forge these new partnerships through contracts, grants, memoranda of understanding, or informal agreements.

## ***Volunteers***

Recruit members who can donate time or "person-hours" to your project, perhaps by staffing an event, organizing a focus group, serving on the Advisory Committee, or packaging and disseminating a resource kit. This will enable you to maximize your own productivity and to focus upon priorities. Identify volunteers and caring community leaders who can help you extend the reach, impact and visibility of the project. For example, you can create a role for a retired nurse, pediatrician, community service club representative or business leader perhaps as chair of a special task force. This kind of community outreach can result in additional support from funders, the media, and the general public. See Appendix E for more information.

## ***Funding***

Explore whether members of your coalition are willing and able to supply funds for specific products, events, or ongoing activities. They may provide direct grants, contracts, in-kind goods and services, or technical support in creating a long term funding plan. You may want to ask one organization to serve as the non-profit "vehicle" or recipient for foundation or corporate grants addressing EMSC needs and objectives that are not covered by federal or state moneys. Members may also help you write grant proposals or introduce you to funding sources. Remember that most funders, whether public or private, prefer to sponsor collaborative ventures or coalitions rather than "solo acts". This helps to maximize the "rate of return" on their investments. For this reason, coalition building is essential to any long-term development strategy. While it is true that coalitions need money, it is also true that coalitions make money.

## ***Visibility and Media***

Determine how members of your network can help you increase visibility for the unmet health care needs of children in your state and for the difference your project is making. Ask them to publish a story about EMSC in their organizational newsletters or to introduce you to journalists or broadcasters they know who cover health issues. Greater visibility may generate new political, financial and programmatic support for the project.

## ***Major Change***

Coalition building is essential to overcoming opposition to system wide change and to garnering the resources and political leverage needed to bring about transformations in patient care. A good example of such a transformation, which is very difficult to accomplish without partnerships and collaboration, is the categorization of health care facilities and the regionalization of emergency care for children.

## ***Knowledge and Skills***

Recruit experts who are able to contribute special knowledge and skills, such as where to find a data set, how to train EMT's in pediatric assessment, or how to secure private funding. Meet with the individuals who have the answers you need or who know how to get them. Recognize the skills of each person as a potential resource.

## ***Personality Traits***

Take advantage of your coalition member's enthusiasm, creativity, or sense of humor. All of these are valuable assets. If the personality traits of some present a challenge, find ways to gain their trust and commitment and create a balance through the involvement of others.

## ***Credibility***

By developing a broad base of support, others will view your project as a credible voice for pediatric emergency care in the state. The collective experience and knowledge of your coalition will evoke trust and/or respect from decision-makers. Also, the coalition's united voice will make a powerful impression upon administrators, the media, political leaders, prospective funders, and the general public. Recruit those individuals and organizations that will enhance your project's credibility.

## ***Supportive Relationships***

Take a social break once in a while! Beyond the work or tasks that need to be done, coalition members can provide you with moral support, understanding and encouragement when obstacles arise or when you feel overwhelmed. Take time to report and to celebrate the coalition's progress and accomplishments and to renew friendships. Create a space and time for comradery.

To summarize, the process of coalition building can result in the following outcomes:

- ✓ advocacy for EMSC;
- ✓ contact information and connections;
- ✓ shared program resources;
- ✓ development of new products;
- ✓ successful events;
- ✓ collaboration in planning, implementing, and evaluating EMSC objectives;
- ✓ contributions from volunteers;
- ✓ additional funding;
- ✓ increased visibility;
- ✓ systemic change;
- ✓ benefits from the knowledge and skills of experts;
- ✓ gains attributable to personality;
- ✓ statewide credibility; and
- ✓ moral support.

All of this means that strategic, outcome-based coalition building will help to ensure that your project has broad impact, long term viability, and incomparable value.

## Coalition Building: Whom to Involve

Use the inventory in Appendix D to assess the breadth and depth of your EMSC network and to plan for future outreach. While you are unlikely to develop a relationship with all of the constituencies listed, many may become friends or informal supporters - contributing in small, but helpful ways. A select number, perhaps 15 to 20, may serve on your EMSC Advisory Committee while others participate in task forces or focus groups. These small groups can report back to you and to the Advisory Committee on a regular basis. Share this inventory with your Advisory Committee to secure additional contacts and recommendations.

Over the course of time, your EMSC project will benefit from cultivating linkages with many of the following agencies, organizations, and individuals:

- state, regional and local EMS leaders;
- state agencies other than EMS;
- state chapters of health care associations;
- experts representing the EMSC continuum of care;
- representatives of health care facilities serving children;
- community service or voluntary organizations;
- parent or consumer groups;
- business leaders;
- health plan executives;
- education officials;
- religious organizations or leaders;
- child advocacy groups;
- political leaders;
- celebrity spokespersons; and
- experts or consultants in other areas.

How many "linkages" are included within your project ? How strong are the linkages? What other linkages should be pursued?

# Coalition Building: How to Do It

Here are some strategies for building a broad base of support for your project:

## ***Advisory Committee Meetings***

View your Advisory Committee as the foundation stone or hub for the coalition building process. Recruit reputable members who can help you secure "buy-in" from key individuals and organizations in the state. Meet on a bimonthly or quarterly basis.

## ***Task Forces, Focus Groups***

Use task forces and focus groups to address particular areas of concern. Task forces may be standing committees or may meet for only a set number of times, depending upon the nature and amount of work to be done.

While Advisory Committee members may lead some of these task forces or focus groups, be careful about overextending your Advisory committee members with work that can be taken up by other individuals or organizations in the state. Ask other health care and community representatives to assume a leadership role to distribute the workload. This will help to ensure that important issues are addressed effectively and that more key constituencies are invested in your project. Creating small adjunct groups will relieve you of the burdens associated with trying to organize and manage a massive (50+ member) Advisory Committee. If your Advisory Committee has more than 15 members, consider breaking out into small groups, by project objective or by subject area, to be as functional and productive as possible. Note also the resources on conducting focus groups in the bibliography.

Some examples of typical EMSC task forces are:

- injury prevention;
- education and training of providers;
- data collection and analysis;
- public awareness;
- legislation and regulation;
- protocol development;
- health care finance;
- managed care;
- primary care;
- rehabilitation;
- children with special health care needs;
- facility categorization and regionalization of care;
- school health; and
- fundraising, long-term funding.

Ask your task forces to report back to you and the Advisory Committee.

## ***Face-to-Face Meetings***

Face-to-face meetings are, by far, the most effective method you can use to engage individuals and organizations in your work. They provide excellent opportunities to "sell" the idea of collaboration - to explain the benefits of working together and to "make the pitch" for participation and support. Set up appointments with key leaders in your state who have resources or influence. Consider bringing members of your Advisory Committee along with you to these meetings if they will make an impression upon the parties involved.

## ***Presentations***

Ask for the opportunity to present information about the needs and value of your EMSC project during organizational board meetings, conferences, and roundtable discussions. Give presentations to build awareness, garner political and financial support, recruit volunteers, solicit input and feedback, and to project a positive image to the community.

## ***Phone and Conference Calls***

Use phone calls to gather information, set up appointments, and follow up on meetings. Don't be afraid to make "cold calls" to individuals who have resources and influence even if you've never talked to or met with them. Most of them will lend some kind of support if you ask. Sometimes you will have to make repeated attempts. Don't give up! Schedule a conference call for the Advisory Committee between regular meetings to monitor progress.

## ***Faxing***

Faxes sometimes get a quicker response than phone calls or letters. If you do not currently have broadcast or "blast faxing" capabilities, you may want to explore software options. This could save substantial time when you need to get an update or alert out quickly.

## ***E-Mail and Internet***

An increasing number of individuals and organizations are accessible online. Compile and distribute a list of e-mail addresses for your Advisory Committee or coalition. Create a file for "Online Resources in EMSC." If you have access to the Internet and the World Wide Web, hand out a list of EMSC-related web sites and gophers to members of your coalition. This is a great networking tool.

## ***Exhibits***

Share the products, activities and outcomes of your project at major conferences of health care and voluntary organizations in your state. At these conferences you will gain valuable contacts and visibility and may discover further opportunities to collaborate.

## ***Mailings, Letters and Postcards***

Avoid relying too much upon letters and mailings in the coalition building process. A letter or invitation will not always bring about the desired result since many people are deluged with paper, or are not as responsive to print as to other forms of communication. A phone call, fax, e-mail, or personal appointment may be more effective. Think strategically about the costs and benefits of the methodologies you use to communicate with coalition members: while a face-to-face meeting may be the most effective way to engage the executive director of a state association, an article in that association's newsletter, a workshop at its annual conference, or a mass mailing may be the most

effective way to reach its membership. Try different methodologies if one approach is not successful.

### ***Grants and Contracts***

If you are trying to get the attention and support of key organizations and find that they have too many competing priorities on their agendas to be involved in EMSC, consider offering them a modest grant or contract or helping them secure funding from another source. This is an excellent technique for establishing a long-term relationship and for reaching out to the leadership and membership of the organization. Some examples: providing a small grant to the state PTA association to create a publication for its membership on EMSC issues and to facilitate a discussion at its annual conference; signing a contract with local affiliates of the Emergency Nurses Association (ENA) to conduct trainings in pediatric emergency care; and helping a children's hospital secure foundation or corporate funding to launch an injury prevention campaign.

### ***Media Outreach***

Place public service announcements, hold press conferences, and submit articles to newsletters to enhance the coalition building effort. Contact the EMSC National Resource Center (NRC) for technical assistance in planning this media outreach.

### ***“Child Watch”***

Employ a technique developed by the Children's Defense Fund. Invite state and local leaders to learn about pediatric needs and concerns through on-site visits to community programs and facilities. Personal exposure to problems facing kids can be inspirational and motivational. For more information about the "Child Watch" program and methodology, contact NRC at (202) 884-4927 or the Children's Defense Fund at (202) 662-3660.

To summarize, effective coalition building may involve using any or all of these methodologies:

- holding regular advisory committee meetings;
- organizing task forces and conducting focus groups;
- setting up face-to-face meetings;
- giving presentations;
- making phone and conference calls;
- sending out faxes;
- using e-mail and the Internet;
- mailing letters, postcards, and other materials;
- negotiating grants and contracts;
- informing the media; and/or
- developing a "child watch" or site visit program.

Employ a variety of techniques to achieve the outcomes described above. Attend also to the timing and positioning of your outreach efforts. When is the best time to approach an individual or organization? How might this communication, at this time, strengthen the overall position of your project?

# Creating an Outreach Plan

Now that you have reviewed possible outcomes of the coalition building process, whom to involve, and methods for engaging each, create an EMSC outreach plan, using copies of the chart provided below. Under the column entitled "Organization/Individual," list the organizations and key individuals with whom you already have or with whom you would like to have a collaborative relationship. Under the "Lead" column, note the member of your staff or Advisory Committee who will approach the individual or organization or who will maintain and strengthen the current relationship. Under the "Outcomes Desired" column, note the results you hope to achieve. Under the "Method/Approach" column, note the forms of communication you will use, such as a face-to-face, letter, or telephone call. (see Appendix A for a landscaped version, and Appendix B for sample entries).

## EMSC OUTREACH PLAN

Organization/ Individual	Lead	Outcomes Desired	Method/Approach

Here is a consolidated list of coalition building outcomes, methods and prospects. Use this to guide completion of your outreach plan.

## **COALITION BUILDING METHODS**

Advisory Board  
Task Forces  
Focus Groups  
Face-to-Face Meetings  
Presentations  
Exhibits  
Phone/Conference Calls  
Faxes/Broadcast Faxes  
Grants/Contracts/Agreements  
E-Mail/Internet  
Mailings/Letters/Postcards  
Articles in Newsletters  
Public Service Announcements  
Interviews

## **COALITION BUILDING OUTCOMES**

Advocacy  
Contacts  
Donated Program Resources  
New Products  
Successful Events  
Collaboration on Objectives  
Systemic Change  
Volunteers  
Funding  
Public Awareness/Visibility  
Technical Support/Expertise  
Moral Support  
Credibility

## **COALITION BUILDING PROSPECTS**

EMS Leadership (State, Regional, Local)  
Maternal and Child Health Office  
Governor's Highway Safety Office  
Education Agency  
State Chapters - AAP, ACEP, ENA  
Facilities Serving Children  
Experts Representing the Continuum of Care  
Local Health Departments  
Community Service Organizations  
Parent/Consumer groups - PTA, Family Voices  
Religious Organizations  
Child Advocacy Groups  
Health Plans  
Business Leaders  
Political Leaders  
Media Representatives  
Celebrity Spokespersons

Once you have established a coalition or network of support, conduct a quarterly assessment to determine how things are going and the problems that need to be addressed. Use the list of "milestones" and "tombstones" below to guide you through this evaluation process. Milestones indicate that progress is being made and that the effort is going smoothly. Tombstones indicate that there are barriers to implementation which need to be addressed as soon as possible.

### **COLLABORATION MILESTONES**

- Mutual Respect and Trust
- Forgiveness (if needed)
- Mutual Benefits Identified
- Decisions, Agreements, Consensus
- Strategic Plan
- Delegation of Tasks, Burden-Sharing
- Resources Secured
- Good Follow-up, Follow-through
- Tangible Results or Progress
- Public Awareness of and Support for the Effort
- Fun, Humor, Enjoyment

### **COLLABORATION TOMBSTONES**

- Confusion about goals, objectives, priorities, methods
- Turfism, Inflexibility
- Lack of Commitment or Enthusiasm
- Inefficient, Unproductive Meetings
- Insufficient Outreach to Key Players
- Giving Up On Outreach After One Attempt
- Using the Same Method for All Outreach (e.g., mailings)
- Advisory Board Too Narrow in Scope
- Advisory Board Too Large, Not Broken Out
- Lack of Follow-up, Follow-through
- Necessary Resources Not Secured
- All Work, No Play

## Identifying Coalition Assets And Liabilities

Use the tool in Appendix F to conduct a more detailed annual assessment of the strengths and weaknesses of your EMSC coalition. In Appendix F, section 1, you will find typical assets or strengths and, in Appendix F, section 2, typical liabilities or weaknesses.

An interesting and worthwhile exercise to conduct with members of your Advisory Committee is to ask them, with or without anonymity, to circle those assets and liabilities which they think are applicable to EMSC. You can ask them to circle all items that apply to EMSC or only those items that are most significant. Then open up the floor for discussion or present the tabulated results at the next meeting. Solicit and discuss concrete steps that can be taken to improve the project's position. Use the chart at Appendix C to address any liabilities or problems.

## Other Tips on Coalition Building

- Prioritize the stakeholders you need and/or want to approach; focus your energy upon those most likely to be supportive or most likely to have an impact.
- Meet face-to-face or have lunch with key leaders. Involve your Advisory Committee in approaching major players whose support you need.
- Keep in mind that many individuals and organizations can contribute to the effort without being on a formal advisory committee. Some may serve in special adjunct task forces, for example, or may offer input and feedback through focus group discussions. Levels of support and involvement will vary widely.
- Tell each person that it is important to you that they enjoy their involvement and find it to be rewarding. Be sensitive to the interests of each member as well as to the costs of participation. Frame prospective collaborations in terms of mutual benefit.
- Get to know at least two representatives from each organization in case there is a change in position or employment status or in case you need an additional contact.
- Use examples, stories and images to motivate and clarify. Focus the message upon children and families.
- Remember to thank supporters. This can be done with cards, letters, certificates, plaques, tokens, humorous gifts, products, or an item of beauty (art, nature, music, etc.).
- Renew the effort: introduce someone or bring something new to each of your meetings, even if it's just a snack! Things to share, besides great pastries, are: new statistics, stories, products, online resources, progress reports, humorous cartoons or stories, etc. Once a year, you might want to hold a celebration of the group's accomplishments. Invite leaders of appropriate organizations and agencies. Another option is to hold a "retreat" for the Advisory Committee for purposes of evaluation, improved communication and strategic planning.
- If your project had a weak start in coalition building, you can renew the effort by: meeting face-to-face with representatives of key constituencies in the state; giving them a history of or update on your project; sharing with them your plans for the future, brainstorming about possible roles they might play; and inviting their support and involvement. Don't be afraid to start over!
- Convey to your coalition a sense of shared ownership in the project. Hopefully, many of them participated in the original planning of the project. If not, it is important that they do not feel as though they are "just here to implement a federal grant" but rather are working to make the health care system better for kids. Make sure there is room for new ideas and for objectives that "fill in the gaps" in the system of care and that accommodate the enthusiasm and interests of your supporters.

- Make sure your coalition's resources and productivity keep pace with its objectives, ideas, and commitments. It is important that members are honest about their individual and collective capabilities and limitations. Sometimes coalitions expend substantial time and energy upon the needs assessment and strategic planning processes, but not enough time and energy upon garnering the resources needed to be successful.
- It takes time to build a broad base of support for EMSC. And coalitions are often in need of renewal and regeneration. Be patient with yourself; think long term and enjoy the process!
- Prevent burnout of your team: extend deadlines; expand the number of participants; orient and train well; redistribute the workload; and take time for socializing.
- Replace members who are burnt out, unproductive, or who do not add some sort of value to the effort. Keep in mind, however, that, in some cases, just having someone's name behind your project is beneficial.
- Review the case studies of collaborations in Appendix G to get a sense of the range of initiatives of other EMSC grantees.

## **BIBLIOGRAPHY**

### **Resources in Collaboration**

"You Can Make a Difference in the Lives of Children and Youth"; EMSC factsheet; EMSC National Resource Center, 111 Michigan Avenue, NW, Washington, DC 20010, 1(202) 884-4927. This factsheet orients health care and community leaders to the many ways they can get involved in support of EMSC.

Collaboration: What Makes It Work: A Review of Research Literature on Factors Influencing Successful Collaboration; Amherst H. Wilder Foundation, Publishing Center, 919 Lafond Avenue, St. Paul, MN 55104; (800) 274-6024; 53 pages; \$11.95 plus shipping.

Collaboration Handbook: Creating, Sustaining and Enjoying the Journey; Michael Winer and Karen Ray; Amherst H. Wilder Foundation Publishing Center, 919 Lafond Avenue, St. Paul, MN 55104; (800) 274-6024; 178 pages; \$28.00.

AJLI's Guide to Organizing a Round table; The Association of Junior League's International, Inc., 660 First Avenue, New York, NY 10016-3241; 1(212) 683-1515; 35 pages.

### **Conducting Focus Groups**

Focus Groups A Practical Guide to -Applied Research; Richard A. Krueger, 2nd edition, 1994; Sage Publications, 2455 Teller Road, thousand Oaks, CA 91320, 1(805) 499-072 1; ISBN 0-8039-5567-7, \$22.95, 240 pages.

Focus Groups as Qualitative Research; David L. Morgan, 2nd edition, 1997; Sage Publications, 2455 Teller Road, Thousand Oaks, CA 91320,1(805) 499-0721; ISBN 0-8039-3209, \$9.95.

Focus Groups: A Strategic Guide to Organizing, Conducting, and Analyzing the Focus Group Interview, Jane F. Templeton, 1993; Irwin Publishing Company, 1333 Burr Ridge Parkway, Burr Ridge, IL, 60521-6489; ISBN 1-5573-8530-0, (800) 776-2871, \$27.50.

### **Utilizing Volunteers**

Publication's Catalogue; Points of Light Foundation, 1737 H Street, NW, Washington, D.C. 20006; (800) 272-8306.

Leadership and Management of Volunteer Programs: A Guide for Volunteer Administrators 1993, Jossey Bass Publishers, Inc., 350 Sansome Street, San Francisco, CA 94104,1(415) 433-1740.

### **Identifying Health Care and Child-Focused Organizations**

Reaching Out: A Directory of National Organizations Related to Maternal and Child Health; National Maternal and Child Health Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102; 1(703) 821-8955, Ext. 254 or 265.

Health Groups in Washington: A Directory, 13th edition, September 1995; National Health Council, Inc., 1730 M Street, NW, Suite 500, Washington, DC 20036; 1(202) 785-3910; \$32.00; 763 listings.

### **Web sites**

[www.usakids.org/htrnl/memberslist.html](http://www.usakids.org/htrnl/memberslist.html)  
[www.handsnet.org/handsnet](http://www.handsnet.org/handsnet)

<b>EMSC Outreach Plan</b>			
<b>Organization/ Individual</b>	<b>Lead</b>	<b>Outcomes Desired</b>	<b>Method/Approach</b>

<b>EMSC Outreach Plan (SAMPLE ENTRIES)</b>			
<b>Organization/ Individual</b>	<b>Lead</b>	<b>Outcomes Desired</b>	<b>Method/Approach</b>
State AAP chapter	EMSC Project Investigator	Advocacy, education of policy makers/administration; addition of pediatric representative on EMS Board	Meet with Executive Director and President; secure representative for EMSC Advisory Committee; provide materials about EMSC; exhibit at state conference
State ENA Chapter	EMSC Training Coordinator	Implementation of training curriculum	Meet with Executive Director and training coordinator; subcontract
State PTA Chapter	EMSC Project Coordinator and parent representative	Support for First Aid/CPR training of parents and school staff	Meet with chapter president, co-presentation to the Board of Education; establish task force; exhibit summary of collaboration at state PTA conference
Kiwanis Young Children Priority One	EMSC Injury Prevention Specialist or SAFE KIDS representative who sits on Advisory Board	Implementation of community bike safety rodeos	Meet with Kiwanis YCPO District Governor; develop collaborative service bulletin for clubs
Phillips Petroleum	Advisory Board Member with connection	Discussion of cause-related marketing campaign or lead for EMSC fundraising task force	Meet over lunch with marketing director
State Hospital Association	Principal Investigator, Project Coordinator, 1 urban children's hospital administrator, 1 suburban hospital administrator, 1 rural community hospital administrator	Facility designation/categorization initiative	Meet with President or Executive Director with recommended approach

Below is a chart your team can use to brainstorm solutions to problems facing your project.

**Problem-Solving**

<b>Liability/Problem</b>	<b>Ideas</b>	<b>Consensus Solution</b>	<b>Lead Person or Task Force</b>

# APPENDIX D

## EMSC: An Inventory of Relationships

Using the key provided, mark each entry or mark only those entries you want to emphasize in future outreach. Add values to reflect priorities for collaboration. For example, "ERH" could mean "Establish Relationship, High Priority". "MRL" could mean "Maintain Relationship, Low Priority". If you mark any entries with "VU" or "Value Unclear", you can contact the NRC for information about the options for and benefits of collaboration. To make it easier for you to identify contacts in your state for each constituency, phone numbers for national organizations have been listed, if available.

### Key

**ER = ESTABLISH RELATIONSHIP**

**MR = MAINTAIN RELATIONSHIP**

**SR = STRENGTHEN RELATIONSHIP**

**VU = VALUE UNCLEAR**

**NN = RELATIONSHIP NOT NEEDED**

### EMS Leadership

     State EMS office (National Association of State EMS Directors: 1(703) 538-1799

     State Medical Director

     Regional EMS offices

     County or local EMS offices

     Local Medical Directors

     Ambulance company executives (American Ambulance Association: 1(916)483-3827

     EMT/Paramedic associations (National Association of EMT's: 1(601)924-7744

     Firefighter associations, fire chiefs (International Association of Fire Chiefs:  
1(703) 273-0911; International Association of Fire Fighters: 1(202) 737-8484

     Law enforcement associations, police chiefs, sheriffs (International Association of Chiefs of  
Police: (800) THE IACP; National Sheriffs Association: (800) 424-7827

\_\_\_ **Other State Agency Officials**

\_\_\_ Maternal and Child Health (Association of Maternal and Child Health Programs: 1(202) 775-0436

\_\_\_ Injury Control [could be in Maternal and Child Health] (Association of Maternal and Child Health Programs: 1(202) 775-0436; State and Territorial Injury Prevention Directors Association: 1(405) 271-3430

\_\_\_ Children with Special Health Care Needs [could be in Maternal and Child Health] (Association of Maternal and Child Health Programs, 1(202) 775-0436

\_\_\_ Primary Care, Community Health [could be in Maternal and Child Health] (National Clearinghouse for Primary Care Information: 1(703) 821-8955, ext. 245

\_\_\_ Governor's Highway Safety Representative (National Association of Governor's Highway Safety Representatives: 1(202) 789-0942

\_\_\_ Rural Health (National Rural Health Care Association: 1(816) 756-3140

\_\_\_ Education, Special Education (Council of Chief State School Officers: 1(202) 408-5505; National Association of State Directors of Special Education: 1(703) 519-3800  
\_\_\_ Head Start (National Head Start Association: 1(703) 739-0875

\_\_\_ Juvenile Justice (Juvenile Justice Clearinghouse: (800) 638-8736

\_\_\_ Child Abuse Prevention, Protective Services (National Clearinghouse on Child Abuse and Neglect Information, (800) FYI-3366

\_\_\_ Family Services (Family Service America, Families International Group: (800) 221-3726

\_\_\_ Women, Infants and Children (WIC) (National Association of WIC Directors: 1(202) 232-5492

\_\_\_ Medicaid Office (State Medicaid Directors Association, American Public Welfare Association: 1(202) 682-0100

\_\_\_ Aid to Families with Dependent Children (AFDC) (Administration for Children, and Families: 1(301) 217-3558; American Public Welfare Association: 1(202) 682-0100

\_\_\_ Agriculture, Cooperative Extension Service (National Association of State Departments of Agriculture: 1(202) 296-9680; Cooperative State Research & Extension Service: 1(202) 720-6133 or 1(202) 720-2908

\_\_\_ . Association of State and Territorial Health Officials 1(202) 546-5400

\_\_\_ **State Chapters or Affiliates of National Health Care Organizations**

\_\_\_ American Academy of Pediatrics 1 (847) 228-5005

\_\_\_ American Academy of Family Physicians 1(816) 333-9700

\_\_\_ American College of Emergency Physicians 1(214) 550-0911

\_\_\_ National Association of EMS Physicians 1(412) 578-3222

\_\_\_ National Association of EMT's 1(601) 924-7744

- \_\_\_ National Flight Paramedics Association 1(918) 494-6646
- \_\_\_ National Council of State EMS Training Coordinators 1(606) 244-8000, x 8200)
- \_\_\_ American College of Surgeons 1(312) 664-4050
- \_\_\_ American Trauma Society 1(301) 420-4189
- \_\_\_ American Medical Association 1(312) 464-5000
- \_\_\_ American Hospital Association 1(312) 422-3000
- \_\_\_ Emergency Nurses Association 1(847) 698-9400
- \_\_\_ American Nurses Association 1(202) 651-7000
- \_\_\_ American Association of Critical Care Nurses 1(714) 362-2000
- \_\_\_ Society for Pediatric Nursing (800) 723-2902
- \_\_\_ National Association of Pediatric Nurse Associates & Practitioners  
1(609) 667-1773
- \_\_\_ Society for Academic Emergency Medicine 1(517) 485-5484
- \_\_\_ National Emergency Management Association 1(606) 244-8000, x 8162
- \_\_\_ Society of Critical Care Medicine 1(714) 282-6000
- \_\_\_ Ambulatory Pediatric Association 1(703) 556-9222
- \_\_\_ American Public Health Association 1(202) 789-5600
- \_\_\_ Association of Rehabilitation Nurses 1(847) 375-4710
- \_\_\_ American Association of Spinal Cord Injury Nurses 1(718) 803-3782
- \_\_\_ American Heart Association 1 (214) 373-6300
- \_\_\_ American Red Cross 1(202) 737-8300
- \_\_\_ Association for the Care of Children's Health 1(301) 654-6549
- \_\_\_ National Association of Social Workers 1(202) 408-8600
- \_\_\_ American Psychological Association 1(202) 336-5500
- \_\_\_ National Association of School Nurses 1(207) 883-2117

\_\_\_ **Experts Representing the EMSC Continuum of Care**

- \_\_\_ data collection, analysis, and research (National EMSC Data Analysis ResourceCenter:  
1(801) 581-6410
- \_\_\_ primary care (National EMSC Resource Alliance: 1(310) 328-0720; American Academy of  
Pediatrics: 1(847) 228-5005; American Academy of Family Physicians: 1(816) 333-9700
- \_\_\_ injury prevention (EMSC National Resource Center: 1(202) 884-4927)
- \_\_\_ communications, dispatch systems (National Emergency Number Association: (800) 332-  
3911; National Academy of Emergency Medical Dispatch: (800) 900-NAEMD)
- \_\_\_ prehospital care (National EMSC Resource Alliance: 1(310) 328-0720; National Highway

- Traffic Safety Administration, Office of EMS: 1(202) 366-9794; National Association of EMS Directors: 1(703) 538-1799; National Association of EMT's: 1(601) 924-7744
- \_\_\_ hospital care (National EMSC Resource Alliance: 1(310) 328-0720; National Association of Children 's Hospitals and Related Institutions, 1(703) 684-1355; American Hospital Association, 1(312) 422-3000)
- \_\_\_ rehabilitation (EMSC National Resource Center: 1-202-884-4927) children with special health needs (EMSC National Resource Center: 1(202) 884-4927)
- \_\_\_ health care finance, managed care (EMSC National Resource Center, 1(202) 884-4927)
- \_\_\_ mental health (American Psychological Association, 1(202) 336-5500; Center for Mental Health Services: (800) 789-2647; Federation of Families for Children's Mental Health: 1(703) 524-7600)
- \_\_\_ social work (National Association of Social Workers, 1(202) 408-8600)

\_\_\_ **Representatives of Facilities Serving Children**

- \_\_\_ children's hospitals (National Association of Children's Hospitals and Related Institutions: 1(703) 684-1355)
- \_\_\_ community hospitals (American Hospital Association: 1(312) 422-3000; National Council of Community Hospitals: 1(202) 728-0830)
- \_\_\_ county health departments (National Association of City & County Health Officials: 1(202) 783-5550)
- \_\_\_ community health centers (National Association of Community Health Centers: 1(202) 659-8008)
- \_\_\_ rural health clinics (National Rural Health Care Association: 1(816) 756-3140) health maintenance organizations (American Association of Health Plans: 1(202) 778-3200)
- \_\_\_ rehabilitation facilities (American Rehabilitation Association: 1(703) 648-9300)

\_\_\_ **Affiliates of Community Service, Voluntary Organizations**  
(See Appendix E for more information)

- \_\_\_ Americorps; Corporation for National Service 1(202) 606-5000)
- \_\_\_ Association of Junior Leagues International 1(212) 683-1515
- \_\_\_ Benevolent and Protective Order of the Elks 1(312) 477-2750
- \_\_\_ Boy Scouts of America 1(214) 580-2000

- \_\_\_Boys and Girls Clubs of America 1(404) 815-5700
- \_\_\_Circle K International (800)-KIWANIS
- \_\_\_Four H Councils 1(301) 961-2820
- \_\_\_Future Farmers of America 1(703) 360-3600
- \_\_\_Future Homemakers of America 1(703) 476-4900
  
- \_\_\_General Federation of Women's Clubs 1(202) 347-3168
- \_\_\_Girl Scouts of America (800) 223-0624
- \_\_\_Jaycees (800) 529-2337
- \_\_\_Key Club International (800)-KIWANIS) Kiwanis International (1-800-KIWANIS)
- \_\_\_Lions Clubs International 1 (630) 571-5466
- \_\_\_Loyal Order of Moose 1 (630) 859-2000
- \_\_\_National Exchange Club (800) 924-2643
- \_\_\_Optimist International 1(314) 371-6000
- \_\_\_Points of Light Foundation (800) 59LIGHT
- \_\_\_Retired and Senior Volunteer Program 1(202) 606-5000 or 1(800) 424-8867
- \_\_\_Rotary International 1(847) 866-3000
- \_\_\_Young Men's Christian Association 1(312) 977-0031
- \_\_\_Youth Volunteer Corps of America 1(913) 432-YVCA
- \_\_\_Young Women's Christian Association 1(212) 614-2700

\_\_\_ **Parent, Consumer Representation**

- \_\_\_ a parent or consumer organization (Consumer Federation of America: 1(202) 488-612 1; National Parenting Association: (800) 709-8795
- \_\_\_ the state PTA (National Congress of Parent-Teacher Associations: 1(312) 670-6782
- \_\_\_ Family Voices or Parent-to-Parent state affiliate (Family Voices: 1(505) 867-2368
- \_\_\_ a parent of a child who has had an EMS or emergency department experience
- \_\_\_ a parent of a child with special health care needs

\_\_\_

## **Health Plan/Insurance Representatives**

\_\_\_ fee-for-service health plan (Health Insurance Association of America:

1(202) 824-1673

\_\_\_ managed care organization or association (American Association of Health Plans:

1(202) 778-3200)

\_\_\_ other insurer (auto, life, fire, etc.) (National Association of Insurance Commissioners:

1(816) 889-4400

## **\_\_\_ Business Leaders**

\_\_\_ state chamber of commerce (Council of State Chambers of Commerce:

1(202) 484-5222

\_\_\_ local chamber of commerce

\_\_\_ marketing executive

\_\_\_ public relations director (Public Relations Society of America: 1(212) 995-2230)

\_\_\_ government affairs liaison

\_\_\_ corporate giving officer

\_\_\_ benefits manager (International Association of Certified Employee Benefit Specialists:

1(414) 786-8771, x 8588

\_\_\_ corporate community service coordinator

## **\_\_\_ State Chapters or Affiliates of Education Organizations**

\_\_\_ Council of Chief State School Officers 1(202) 408-5505

\_\_\_ National School Boards Association 1(703)838-6722

\_\_\_ American Association of School Administrators 1(703) 528-0700

\_\_\_ National Association of Elementary School Principals 1(703) 684-3345

\_\_\_ National Association of Secondary School Principals 1(703) 860-0200

\_\_\_ National Council of State Education Associations 1(202) 822-7745

\_\_\_ American Federation of Teachers 1(202) 879-4400

\_\_\_ American School Health Association 1(330) 678-1601

\_\_\_ Society of State Directors of Health, Physical Education and  
Recreation 1(301) 949-0709

\_\_\_ **Religious organizations or leaders**

\_\_\_ state council of churches or state "Interfaith IMPACT" (National Council of Churches:  
1(212)870-2227; Interfaith IMPACT: 1(202) 488-5654 other ecumenical organization(s)

\_\_\_ an influential religious leader concerned about child health

\_\_\_ **Advocacy Groups**

\_\_\_ statewide coalition addressing the needs of children (National Association of Child

\_\_\_ Advocates: 1(202) 289-0777; Coalition for America's Children c/o

Benton Foundation: (202) 638-5770

\_\_\_ statewide coalition addressing health care concerns

\_\_\_ state SAFE KIDS coalition (National SAFE KIDS Campaign: 1(202) 662-0600)

\_\_\_ state safety council (National Safety Council: 1(202) 293-2270

\_\_\_ state automobile association (American Automobile Association, 1(202) 942-2050)

\_\_\_ Healthy Mothers, Healthy Babies affiliate 1(202) 863-2458

\_\_\_ **Celebrity, Spokesperson**

\_\_\_ actor/actress

\_\_\_ musician

\_\_\_ sports celebrity

\_\_\_ **Political Leaders**

- \_\_\_ governor (National Governor's Association: 1(202) 624-5300
- \_\_\_ governor's spouse
- \_\_\_ commissioner of public health
- \_\_\_ mayor(s) (U.S. Conference of Mayors: 1(202) 293-7330
- \_\_\_ state senator(s) (National Council of State Legislators: 1(303) 830-2200)
- \_\_\_ state senator's spouse
- \_\_\_ state representative(s) (National Council of State Legislators: 1(303) 830-2200
- \_\_\_ state representative's spouse

\_\_\_ **Other Experts, Consultants**

- \_\_\_ cultural, ethnic issues (National EMSC Resource Alliance:  
1(310) 328-0720;  
Office of Minority Health Resource Center: (800) 444-6472
- \_\_\_ radio or TV producer or broadcaster (call EMSC National Resource Center at 1(202).884-4927 for technical support; other resources: National Association of Broadcasters: 1(202) 429-5300; Associated Press Broadcasters: 1(202) 736-1100; Radio-Television News Directors Association: 1(202) 659-6510
- \_\_\_ newspaper reporter (call EMSC National Resource Center at 1(202) 884-4927 for technical support; other resources: American Society of Newspaper Editors, Newspaper Association of America: 1(703) 648-1144; Associated Press Managing Editors: 1(212) 621-1552; National Press Club: 1(202) 662-7500; American Medical Writers Association: 1(301) 493-0003; National Newspaper Association: 1(703) 907-7900
- \_\_\_ graduate student in journalism
- \_\_\_ fundraiser, development officer, grant writer (National Society of Fundraising Executives: 1(703) 684-0410
- \_\_\_ public policy expert (call EMSC National Resource Center at 1(202) 884-4927 for technical support)

- \_\_\_ lawyer (American Bar Association: 1(312) 988-5000; ABA Center on Children and the Law: 1(202) 662-1720)
- \_\_\_ accountant (American Institute of Certified Public Accountants: 1(212) 596-6200)
- \_\_\_ printer (Printing Industries of America: 1(703) 519-8100)
- \_\_\_ software designer (Software Publishers Association: 1(202) 452-1600)
- \_\_\_ graphic designer (Graphic Artists Guild: 1(212) 463-7730; American Institute of Graphic Arts: 1(212) 807-1990)

**Notes:**

## **APPENDIX E**

### **Community Organizations: Prospective Partners with EMSC**

The EMSC "Inventory of Relationships" lists a number of community or voluntary service organizations. You should explore collaboration with these organizations because they can make a tremendous contribution to the success of your project. They can bring a broad range of resources and talents to bear upon meeting the EMSC-related needs of children and upon solving problems in the system of care. Many of these organizations are already engaged in service activities relating to child health or even to EMSC. Most have regional, state, and/or local affiliates. It will also be of benefit to EMS as a whole to cultivate these relationships. Call the organization's headquarters or the NRC for assistance in securing a contact. Here is some brief information and a phone number for each organization.

#### ***Americorps***

Americorps is a federal program that provides tuition vouchers to individuals who commit themselves to a year of community service, pursuant to set guidelines. Some participants are engaged in community health education initiatives. There are over 25,000 participants in over 430 programs. Headquarters: Corporation for National Service, 1201 New York Avenue, NW, Washington, DC, 20525. Phone: 1(202) 606-5000. Web site: [www.cns.gov/ameri-corps.html](http://www.cns.gov/ameri-corps.html)

#### ***Association of Junior Leagues International***

The Junior Leagues have been involved in a broad range of child health projects, including advocacy efforts on behalf of New Jersey EMSC. There is a political action committee for every state and over 300 local chapter presidents. Headquarters: 660 First Avenue, New York, New York 100 16. Phone: 1(212) 683 -1515.

#### ***Benevolent and Protective Order of the Elks***

The Elks boast over 2,000 lodges and over 1.25 million members. Their organization has strong roots in many rural areas. Headquarters: 2750 N. Lakeview Avenue, Chicago, IL 60614-1889. Phone: 1(312) 477-2750.

#### ***Boy Scouts of America***

The Boy Scouts have over 5 million members and over 400 local councils. Headquarters: 1325 W. Walnut Hill Lane, P.O. Box 152079, Irving TX, 875015. Phone: 1(214) 580-2000. Web site: [www.bsa.scouting.org](http://www.bsa.scouting.org)

#### ***Boys and Girls Clubs of America***

The clubs serve over 2 million disadvantaged youth and promote health and safety. There are over 1,700 local groups. Headquarters: 1230 W. Peachtree Street, NW, Atlanta, GA 30309. Phone: 1(404) 815-5700.

### ***Circle K International***

Circle K is a voluntary association of over 10,0 college students organized into 30 regional groups. Affiliated with Kiwanis International, its headquarters address is 3636 Woodview Trace, Indianapolis, IN 46268-1168. Phone: (800) KIWANIS.

### ***Four H***

Four H is a youth education program of the Cooperative Extension Service, U.S. Department of Agriculture. Over 5.4 million youth ages 9-19 are served by this program. Health and safety concerns are included in the program. State departments of agriculture or county extension offices may be able to assist EMSC in developing a collaboration. Headquarters: Four H, 7100 Connecticut Ave, NW, Chevy Chase, MD 20815; Phone: 1(301) 961-2820.

### ***Future Farmers of America***

An excellent partner for preventing rural or farm-related injuries, FFA has over 445,000 members in over 7,200 local groups. There are 52 state associations. Headquarters: 5632 Mt. Vernon Memorial Highway, Box 15160, Alexandria, VA 22309-0160. Phone: 1(703) 360-3600.

### ***Future Homemakers of America***

Every year, FHA chapters develop "Focus Upon Children" community service projects. There are over 255,000 members and over 10,000 local groups. Each state has an advisor, who is often housed in the Department of Education or at a major university. FHA headquarters: 1910 Association Drive, Reston, VA 22091-1584. Phone: 1(703) 476-4900.

### ***General Federation of Women's Clubs***

The Federation has over 6,500 clubs in the United States and over 1 million members worldwide. Some of these clubs have been involved in injury prevention (including child abuse prevention), securing equipment for EMS, and general child health concerns. Your state probably has a statewide association of women's clubs affiliated with the Federation. GFWC headquarters: 1734 N Street, NW, Washington, D.C., 20036-2990. Phone: 1(202) 347-3168. E-mail: gfwc@gfwc.org

### ***Girl Scouts of America***

There are over 3.5 million girl scouts in over 324 local groups. Headquarters: 420 Fifth Avenue, New York City, NY 10018. Phone: (800) 223-0624. Web site: [www.gsa.org](http://www.gsa.org)

### ***Jaycees***

The U.S. Jaycees has over 400,000 members in 4300 chapters. Headquarters: P.O. Box 7 Tulsa 74102-0007. Phone: (800) 529-2337 or 1(918) 584-2481.

### ***Key Club International***

Key Club is a community service organization composed of secondary school aged youth. The Club is affiliated with Kiwanis International. There are over 175,000 members in over 4,300 clubs in 16 countries. Headquarters: 3636 Woodview Trace, Indianapolis, IN 46268-3196. Phone: (800) KIWANIS.

### ***Kiwanis International***

Kiwanis has over 8,000 clubs in 70 countries. Its membership is estimated to be over 335,000. Injury prevention and pediatric trauma are among the many program concerns addressed in Kiwanis' Young Children Priority One (YCPO) initiative. Every state is either a separate Kiwanis district or part of a regional district. Every district has a chairperson for its Young Children Priority One initiatives. Headquarters: 3636 Woodview Trace, Indianapolis, IN 46268. Phone: (800) KIWANIS. Fax: 1(317) 879-0204. Web site: [www.kiwanis.com](http://www.kiwanis.com).

### ***Lions Clubs International***

The Lions have over 1.4 million members. They have significant programmatic emphasis upon sight conservation and drug abuse prevention. The "Leos" are the youth membership affiliate. Headquarters: 300 22nd Street, Oak Brook, IL 60521. Phone: 1(630) 571-5466.

### ***Loyal Order of Moose***

This organization has almost 1.8 million members in over 4,000 lodges. Headquarters: Moose International, Mooseheart, IL 60539. Phone: 1(630) 859-2000. Web site: <http://avid.org/cool/moosehomepg.htm>

### ***National Exchange Club***

There are over 36,000 members in 1,100 local groups. The Club has some programmatic emphasis upon child abuse and crime prevention. Headquarters: 3050 Central Avenue, Toledo, OH 43606-1700. Phone: 1(800) 924-2643.

### ***National Parent-Teacher Association (PTA)***

PTA has over 7 million members in over 27,000 local groups. Child health and safety is a major concern of the organization - including injury and violence prevention, first aid and CPR training, school nurse education, school preparedness for emergencies and disasters and access of children with special health care needs to services. Every state has its own PTA association which holds an annual conference. Headquarters: 330 N. Wabash Street, #2100, Chicago, IL 60611. Phone: 1(312) 670-6782. Web site: [www.pta.org](http://www.pta.org)

### ***Optimist International***

There are over 160,000 members in 54 districts. The Optimists have some programmatic emphasis upon youth programs and substance abuse prevention. Headquarters: 4494 Lindell Boulevard, St. Louis, MO 63108. Phone: 1(314) 371-6000.

### ***Points of Light Foundation***

The Points of Light Foundation is a network of over 550 volunteer action centers throughout the country, with governors' community service liaisons in many states. Some members have been involved in community disaster planning and preparedness. Headquarters: 1737 H Street, NW, Washington, DC, 20006. Phone: (800) 59LIGHT; 1(202) 223-9186.

### ***Retired and Senior Volunteer Program***

RSVP is a federal program engaging over 500,000 individuals over the age of 55 in community service, including volunteerism in hospitals, schools and day care centers. There are over 460 local groups, each with its own project director. Headquarters: Corporation for National Service, 1201 New York Avenue, NW, Washington, DC, 20525. Phone: 1(202) 606-5000 or (800) 424-8867. Web site: [www.cns.gov/senior.html](http://www.cns.gov/senior.html)

### ***Rotary International***

Rotary has over 1.2 million members in 34 districts or regions. Rotary clubs have historically been very involved in assuring immunizations for children. They may also be good partners for a childhood injury prevention campaign or some other EMSC objective. Headquarters: One Rotary Center, 1560 Sherman Avenue, Evanston, IL 60201. Phone: 1(847) 866-3000.

### ***Young Men's Christian Association (YMCA)***

Over 13.5 million youth participate in programs of the YMCA. Some activities are in the areas of health education and community service. Chicago, IL 60606.

Phone: 1(312) 977-0031.

### ***Youth Volunteer Corps of America***

Headquarters: 101 N. Wacker Drive, The Corps has affiliates in many local communities, but is generally not organized at the state level. Headquarters: 6310 Lamar Avenue, Suite 145, Overland Park, KS 66202-4247. Phone: 1(913) 432-YVCA. Fax: 1(913) 432-3313.

### ***Young Women's Christian Association (YWCA)***

YWCA has over 446 local groups and involves youth over the age of 12. Some activities are in the areas of health education and community service. Headquarters: 726 Broadway, New York, NY 10003. Phone: 1(212) 614-2700.

### ***Notes:***

# APPENDIX F

Use this tool to evaluate the assets and liabilities of your coalition. Involve your Advisory Committee in this process. This exercise is especially helpful if your project has reached an impasse or is in stagnation or if you want to provide an opportunity for feedback and evaluation. Feel free to redesign the tool to meet your needs.

## Section 1: ASSETS

- ◆ history of working together
- ◆ mutual respect
- ◆ sufficient trust levels
- ◆ good energy, enthusiasm
- ◆ shared vision, purpose, sense of direction
- ◆ mission, vision statement
- ◆ collaborative spirit
- ◆ ability to reach consensus, compromise
- ◆ letter of commitment, memoranda of understanding
- ◆ process for resolving conflict
- ◆ commitment of staff
- ◆ compelling stories, cases
- ◆ written strategic plan
- ◆ goals clear
- ◆ priorities clear
- ◆ right priorities
- ◆ necessary resources identified
- ◆ necessary resources secured
- ◆ milestones, measures identified
- ◆ evaluation plan
- ◆ deadlines clear
- ◆ deadlines realistic
- ◆ right committee structure
- ◆ roles and commitments clear
- ◆ enough time to plan
- ◆ enough time to implement
- ◆ enough time to evaluate
- ◆ good attendance
- ◆ productive meetings
- ◆ good communication in meetings
- ◆ good process in meetings
- ◆ flexibility of team
- ◆ flexibility of process
- ◆ good facilitation
- ◆ good communication between meetings
- ◆ helpful meeting summaries, minutes
- ◆ staff follow-up is good; member follow-up is good
- ◆ commitment of members
- ◆ support of superiors
- ◆ decision-making power
- ◆ process for decision-making
- ◆ right people involved
- ◆ enough people involved
- ◆ good cross-section, diversity
- ◆ continuum of care represented
- ◆ linkage with community service, voluntary organizations
- ◆ parent, consumer involvement
- ◆ compelling data
- ◆ objectives clear
- ◆ objectives realistic
- ◆ right number of objectives
- ◆ uniqueness of effort
- ◆ creativity, imagination
- ◆ right number of meetings
- ◆ everyone participates
- ◆ participation rewarding
- ◆ members recognized, appreciated
- ◆ meetings include professional development component
- ◆ tangible outcomes, achievements
- ◆ successes celebrated good connections with decision-makers & power-brokers
- ◆ good socio-political climate
- ◆ good public policy agenda
- ◆ project has good image
- ◆ sufficient media attention
- ◆ visibility of project
- ◆ good economic climate
- ◆ sufficient funding
- ◆ long-term funding plan
- ◆ use of available technology
- ◆ orientation process for new members

## **OTHER ASSETS**

- ◆
- ◆
- ◆
- ◆

## Section 2: LIABILITIES

- ◆ no history of working together
- ◆ lack of mutual respect
- ◆ insufficient trust levels
- ◆ low energy, boredom, renewal needed
- ◆ aimlessness, confusion, lack of focus
- ◆ no mission, vision statement
- ◆ competitive spirit
- ◆ turfism, unresolved conflict
- ◆ inability to reach consensus, compromise
- ◆ no letters of commitment, memoranda of understanding
- ◆ no process for resolving conflict
- ◆ hurt feelings, healing needed
- ◆ staff not committed, enthusiastic
- ◆ members not yet invested, lack of ownership
- ◆ lack of support from superiors
- ◆ lack of decision-making power
- ◆ no process for decision-making
- ◆ wrong people involved
- ◆ not enough people involved
- ◆ no evaluation plan
- ◆ deadlines unclear
- ◆ committee structure needs to be changed
- ◆ roles and commitments unclear
- ◆ not enough time to plan
- ◆ not enough time to implement
- ◆ not enough time to evaluate
- ◆ poor attendance
- ◆ unproductive meetings
- ◆ weak communication in meetings
- ◆ weak process in meetings
- ◆ weak facilitation
- ◆ rigidity of team
- ◆ rigidity of the process
- ◆ weak communication between meetings
- ◆ minutes need improvement
- ◆ staff follow-up needs improvement
- ◆ member follow-up needs improvement
- ◆ too many meetings
- ◆ not enough meetings
- ◆ membership not diverse enough
- ◆ continuum of care not fully represented
- ◆ no linkage with community groups, voluntary organizations
- ◆ no participation of parents, consumers
- ◆ no compelling data
- ◆ no compelling stories, cases
- ◆ no written strategic plan
- ◆ goals unclear
- ◆ priorities unclear
- ◆ wrong priorities
- ◆ objectives unclear
- ◆ objectives unrealistic
- ◆ not enough objectives
- ◆ too many objectives
- ◆ duplication of effort
- ◆ lack of creativity, imagination
- ◆ necessary resources not identified
- ◆ necessary resources not secured
- ◆ growth, commitments exceed capacity milestones, measures of success not identified
- ◆ not everyone participates
- ◆ members not recognized, appreciated
- ◆ participation not rewarding enough
- ◆ no professional development
- ◆ no tangible outcomes, achievements yet
- ◆ successes not celebrated
- ◆ all task, no fun
- ◆ no orientation process for new members
- ◆ weak connections with decision-makers & power -brokers
- ◆ bad socio-political climate
- ◆ inadequate public policy agenda
- ◆ project has poor image
- ◆ insufficient media attention
- ◆ overall visibility of project
- ◆ bad economic climate
- ◆ insufficient funding
- ◆ no long term funding plan
- ◆ ineffective use of available technology

## **OTHER LIABILITIES**

- ◆
- ◆
- ◆
- ◆

## **APPENDIX G**

### **Emergency Medical Services for Children: Case Studies in Collaboration**

#### ***Alaska***

EMSC has been working closely with the state *Medicaid Office* to ensure that injury prevention messages are being communicated effectively to the Medicaid population.

#### ***California***

The state's *American College of Emergency Physicians (ACEP)* chapter promoted EMSC legislation which was successfully enacted.

#### ***Colorado***

The *Kiwanis Young Children Priority One* chairperson assisted EMSC in implementing Bystander Care training throughout the state.

#### ***Connecticut***

The EMSC coordinator recently presented information about EMSC and about areas for possible collaboration to members of the *state association of local health directors*.

#### ***Illinois***

The *Kiwanis Young Children Priority One* chairperson disseminated an "EMSC community service bulletin" to all of the Kiwanis clubs in her district (Illinois-Eastern Iowa).

#### ***New Jersey***

The state's *Junior League Political Action Committee* advanced EMSC legislation which was successfully enacted.

#### ***New Mexico***

The state's *Council of Churches* provided EMSC with a mailing list for dissemination of injury prevention materials to the faith community.

#### ***Ohio***

EMSC and the *SAFE KIDS* coalition worked together on an injury prevention poster contest for children in grades four through six and on dissemination of a Family Safety checklist to schools.

#### ***Pennsylvania***

EMSC underwrote the state *SAFE KIDS* conference on injury prevention.

## **South Dakota**

Representatives of 19 Native American tribes are collaborating with this EMSC project on injury prevention and pediatric training initiatives.

## ***Tennessee***

The project coordinator recently met with the district chairperson for Rotary International and with the state PTA President to explore areas for future collaboration. There also has been collaboration with Future Homemakers of America in developing an awards program for ambulance services involved in injury prevention.

## ***Texas***

One of the targeted issue grants in this state is working closely with state chapters of the American Academy of Pediatrics to build Committees on Pediatric Emergency Medicine in other states.

## ***Utah***

The state's Trial Lawyers Association promoted EMSC legislation which was successfully enacted.

## ***Vermont***

EMSC is working with the state Parent-to-Parent chapter to improve emergency care for children with special health care needs and to involve more parents in EMSC initiatives.

## ***Wyoming***

This state's PTA president is assisting EMSC in conducting a survey of ambulances for pediatric equipment and supplies.

*Note to EMSC projects: The above list is not exhaustive. Please share your successes in collaboration by e-mailing a description to [info@emscnrc.com](mailto:info@emscnrc.com) or by faxing one to 1(202) 884-6845. A revised list of case studies will appear in revisions to this guide.*