

TOOLKIT

Building a Coalition to Support Viral Hepatitis Elimination

PLANNING, IMPLEMENTATION, AND EVALUATION

NOVEMBER 2022

The purpose of this toolkit is to help guide jurisdictions in organizing, supporting, and growing viral hepatitis coalitions that are community-oriented and effective in developing, implementing, and evaluating a viral hepatitis strategic plan.

Introduction

Much of the inspiration for this coalition building toolkit comes from adrienne maree brown's book *Emergent Strategy: Shaping Change, Changing Worlds*. brown's work focuses on incorporating social justice, human relationships, and lessons from the natural world into community planning and development. Here are the principles of *Emergent Strategy* that can guide coalition building and growth:

- "Small is good, small is all (The large is a reflection of the small).
- Change is constant (Be like water).
- There is always enough time for the right work.
- There is a conversation in the room that only these people at this moment can have. Find it.
- Never a failure, always a lesson.
- Trust the people (If you trust the people, they become trustworthy).
- Move at the speed of trust. Focus on critical connections more than critical mass—build the resilience by building the relationships.
- Less prep, more presence.
- What you pay attention to grows."¹

¹ brown, a. (2017). *Emergent Strategy: Shaping Change, Changing Worlds*. AK Press.

Contents

Coalition Building	1
Strategic & Elimination Planning	3
Implementation and Evaluation	6
Acknowledgments	7
Index of Resources	9
Appendix 1: Health Equity Concepts	10

Coalition Building

I. PLANNING

One of the key steps in coalition building is thoughtful planning. Whether the planning is done by key health department staff or a small steering committee, there are a few questions that should be addressed before convening the coalition. The answers to these questions can and will change as the coalition grows but having some basics will help to decide what partners to invite and what to ask of them.

1. **Existing organizations:** Are there existing community groups or organizations that focus on viral hepatitis in your jurisdiction? Work with community partners to identify if these groups are active and would like to collaborate, especially making sure to acknowledge people with lived experience and community groups that may have already started this work.
2. **Focus of the coalition:** Will this coalition focus on just hepatitis B or C or focus on viral hepatitis (Hepatitis A, B, and C)? Or will this coalition take a syndemic approach (viral hepatitis, HIV, STI, and/or substance use)?
3. **Purpose for convening:** Is the coalition being convened as a short-term means to address a pressing need (such as time-sensitive legislation or grant activities) or will it be a longer-term structure to continually address community needs or hepatitis elimination?
4. **Level of engagement:** What type of commitment are you looking for from the coalition partners, in terms of time, sharing and coordinating resources, and level of trust?
5. **Governance and structure:** Will the coalition have a steering committee and/or elected leadership? How will these elected positions be identified and voted upon? Will there be smaller workgroups and how will they be formed (these groups may be based on the strategic plan objectives)? Who will lead the workgroups and how will they report out on their work?
6. **Responsibilities of the health department:** How will the health department share responsibilities to ensure the coalition is community-led? What coordinating activities will the health department undertake? What is the capacity of the health department to coordinate or co-lead the coalition? Health department participation is critical to ensuring stakeholders are aware of federal, state, and local resources to support the coalition and to support identification and engagement of key stakeholders. Additionally, to remain accountable to its stakeholders, the health department should consider providing regular updates on work being conducted using federal, state, local, and other resources awarded to the department.
7. **Responsibilities of coalition partners:** What type of leadership roles are needed of partners? What type of commitments should be asked of partners (time, resources, deliverables)?

LESS PREP, MORE PRESENCE

“Formality in our structure [Hep Free AZ] makes it difficult to engage new members. Nothing seems to scare people away more than the health department giving them a bunch of paperwork. On the contrary, this structure has advantages including having clear directions and expectations of our members and it’s also very scalable and we can build on this structure.”

Arlis Jenkins (AZ)



II. PARTNERSHIPS

A coalition is only as strong as its partners; key community partners must be identified, approached, and meaningfully engaged. Membership in the coalition should be mutually beneficial in that there should be trust and alignment with shared goals. Think about who is working towards and adjacent to viral hepatitis elimination, who are the decision-makers in the community, who are most impacted by this work, and who is most connected to impacted communities? In addition, diversity in sector, geography, experience, and demographics are key to developing a coalition that reflects and can best serve the community. Continuous relationship building with current partners and outreach to new partners is essential for the success of the coalition.

TRUST THE PEOPLE

What assets can each board member bring to the coalition?... Who's on the board, what can they bring to the table, what are they most passionate about, what experience do they have? Then we kind of build our new goals around the team that we already have.

Odetta Dotson (MD)

Engaging individuals with lived experience

The phrase “Nothing about us without us”² attributed to Michael Masutha and William Rowland of the Disabled People of South Africa, illustrates the importance of involving people with lived experience in all planning and activities. Within your coalition, relationships with people with lived experience should be nurtured to ensure that their needs, skills, and capacity to do deeply personal work are addressed.³ [Appendix 1](#) addresses some of these concerns and provides resources for health equity. Additionally, consider ways to uplift people with lived experience to become future leaders in this work, such as skill building, leadership and workforce development training, and paid opportunities to provide expertise.

Engaging non-traditional partners

It is important to consider all the systems, organizations, and people that the communities most affected by viral hepatitis engage. Many partners outside of the public health and health care sectors provide valuable services to affected communities (see text box) and would be great additions to your coalition. When reaching out to these partners be sure to highlight why joining your coalition will assist them in reaching their goals and better leverage resources.

Move at the speed of trust. Focus on critical connections more than critical mass—build the resilience by building the relationships.

Types of partners to consider engaging in your coalition:

- Community-based organizations
- Services for people experiencing homelessness
- Harm reduction agencies
- Religious organizations
- Local or state housing authority
- AARP and other services for older populations
- Sexual and reproductive health organizations
- Emergency medical services
- Youth and student organizations
- Community advisory boards

² Charlton, J. I. (1998). *Nothing About Us Without Us: Disability Oppression and Empowerment* (1st ed.). University of California Press. <http://www.jstor.org/stable/10.1525/j.ctt1pqnq9>

³ Community Commons. (2020, September 10). *Engaging People with Lived Experience Toolkit*. <https://www.communitycommons.org/collections/Engaging-Lived-Experience-Toolkit>

Strategic & Elimination Planning

Strategic planning, used interchangeably with action or elimination⁴ planning here, is the process of assessing, developing, implementing, and evaluating measurable actions in support of a common goal.

I. INTERNAL PRE-PLANNING

This pre-planning process can be completed by health department staff and/or the coalition's steering committee (small group of dedicated individuals). Here are a few things to consider when getting ready to start strategic planning:

1. **Purpose:** What is the focus of the strategic plan (HBV/HCV, syndemic, micro-elimination)?
2. **Process:** Who will handle the logistics of planning meetings, facilitating discussions, and compiling notes? How will your coalition gather input for the plan (such as through listening sessions, key informant interviews, or focus groups)? Is there a timeline in which you would like to complete the plan? How will your coalition engage partners in reviewing the draft plan and providing feedback?
3. **People:** Are there additional key partners that should be involved in strategic planning? Do you need workgroups or committees to focus on specific areas of the plan?
4. **Resources:** Are there funds available to cover meeting items, per diems or transportation, or hiring facilitators? What data is needed to understand the current viral hepatitis landscape in your community (such as needs assessments, asset inventories, or federal, state, and local policies)?
5. **Outcomes:** How will the final plan be publicized and disseminated? How will the coalition measure progress and define success?

THERE IS A CONVERSATION IN THE ROOM THAT ONLY THESE PEOPLE AT THIS MOMENT CAN HAVE. FIND IT.

At South Asian Hepatitis Initiative meeting, only a handful community partners showed up. We were really disappointed because we invested effort into promotion and planning. But at this meeting, we facilitated, one of the partners offered free Hepatitis B testing to the other partners in the room, we set up community testing events, and partners communicated in their native language ... if it was a meeting with 30 people, this would not have happened, we found the conversation that only this group could have. We gained resource sharing, access to testing, clinical provider referrals and everyone left the meeting with an actionable item.

Sarah Ahmed (NYC)

II. MEETINGS

Once partners have been identified and the groundwork has been completed, it is time to convene partners to form the coalition. Listening, learning, brainstorming, disagreeing, and appreciating are all things that should happen in a productive coalition meeting⁵. Each meeting should have a living agenda with objectives that are agreed upon by the steering committee and/or coalition. Meetings should be accessible to the diversity of coalition partners, in terms of location, date, time, language (including jargon), etc.

The first meeting of the coalition is important as it sets the stage for the future and gives partners a better idea of their roles and the coalition's goals. During the meeting, ground rules are established that respect partners' time, experience, and identities; allow for the free exchange of ideas, and work to remove hierarchies of power that exist among partners. Additionally, a shared mission and vision for the coalition should be discussed and developed. Partners have joined the coalition to eliminate viral hepatitis, but what does that mean specifically for your community?

⁴ There is some discussion among the community on how the focus on elimination can exclude people living with viral hepatitis. The use here is not to exclude anyone, but acknowledges that this terminology is used by funders.

⁵ West Chester University (n.d.) Tuckman's Stages of Group Development. <https://www.wcupa.edu/coral/tuckmanStagesGroupDevelopment.aspx#:~:text=These%20stages%20are%20commonly%20known,more%20collaborative%20or%20shared%20leadership>.

Engaging the coalition in strategic planning

This may be the first time your partners have been involved in a coalition strategic planning process. Discuss and gather feedback on the different elements of a strategic plan (ex: what is a SMARTIE [Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable] objective and how can they be measured). Additionally, partners who aren't directly involved in viral hepatitis services may not be fully aware of how viral hepatitis affects your community. Discuss with partners the disease burden in your jurisdiction, current key initiatives, and the latest guidance (including recent changes to screening, vaccination, and treatment guidelines).



Looking for example meeting agendas, checklist, sample invitations, planning calendars and other planning tools? These resources and more from different jurisdictions can be found on the microsite.

Meeting Facilitation

Facilitating a successful meeting, where attendees feel heard and action-oriented is a balancing act. Before starting any discussion, remind attendees of the ground rules and the meeting agenda. Conversations should be structured just enough so that the goal of the coalition remains in view but make space for the conversation to develop organically. Be aware of how the conversation flows and how people are engaging (or not engaging). If health department staff are facilitating meetings, be aware of the potential for ideas and decisions to be geared towards what attendees think the health department wants. Conflict will inevitably happen, be prepared with strategies to reduce conflict and build consensus.

TOOLS FOR ENGAGEMENT AND OWNERSHIP

- **Highly recommend a facilitator.**
- **Make it “their” plan.**
- **Be consistent on meetings (timeline). Don't let a lot of time go by without communication as people will forget about it.**
- **Sometimes urgency is better. It keeps the momentum going.**
- **Give them responsibility and freedom.**
- **Gratitude- praise, praise, and more praise**

Tara McKinney (MO)

III. DEVELOPING GOALS, OBJECTIVES, STRATEGIES, AND ACTIVITIES

Coalition partners should be fully involved in developing the key components of the action plan: goals, objectives, strategies, and activities. The items should fit within the overall vision of the coalition and be actionable, innovative, and equitable. When developing the plan, consider who are the agents of change (those who are implementing interventions) and the targets of change (communities that would be receiving the interventions). The goals of the [National Viral Hepatitis Strategic Plan](#) and the [CDC Division of Viral Hepatitis Strategic Plan](#) should be used to ensure alignment with national priorities and funding. Reducing health disparities in marginalized communities should be a priority.

Objectives are specific targets related to each goal. Include different types of objectives, such as process, behavioral and community-level outcomes⁶, and frame them as [SMARTIE objectives](#) (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-bound, **I**nclusive, and **E**quitable). Here are three key questions to consider from the Management Center about incorporating equity and inclusion in your objectives:

- “If the outcome specified in the goal isn’t specifically promoting equity and inclusion, is the process of achieving this goal going to improve equity and inclusion on our team/organization?”
- What unintended disparate impact might result from this goal? Who have I consulted to check for unintended negative consequences? Any key stakeholders I’m missing from this list?
- If I added an outcome or activity goal related to a specific marginalized community, will achieving this goal help build power and/or shrink disparities for this community? If so, how?”⁷

Strategies are how the coalition plans to achieve its stated objectives. Types of strategies include providing information and enhancing skills, enhancing services and support, or modifying access, barriers, opportunities, and/or policies. Lastly, think about what activities the coalition will implement in support of the strategies. Activities can be completed by individual coalition partners or organizations, or as a group. Think about what relationships and resources are needed to complete these activities.

Once the goals, objectives, strategies, and activities have been presented to and agreed upon by the coalition, plan to disseminate the strategic plan and celebrate all your hard work!

⁶ Center for Community Health and Development. (n.d.). Section 3. Creating Objectives. <https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/create-objectives/main>

⁷ The Management Center. (2021, May 3). *From SMART to SMARTIE: How to Embed Inclusion and Equity in Your Goals*. <https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/>



SMALL IS GOOD AND SMALL IS ALL.

Set an ambitious mission, and then a small number of SMARTIE goals and short-term doable action plan. It can be discouraging to not meet goals. Remember you can always add which will motivate and excite coalition members.

Sarah Ahmed (NYC)

Implementation and Evaluation

I. IMPLEMENTING PLAN ACTIVITIES

With a comprehensive, community-led strategic plan in place, it's time for the coalition to begin implementation. Communication during the implementation phase is important to maintain momentum, hold partners accountable, and ensure that progress is documented. Take time to gauge partners' capacity to work on activities (consider their workload, mental space, and resource availability). Although the work is urgent and timely, it is also important for coalition leaders and planners to consider the importance of long-term time investment. True elimination successes will likely extend beyond grant and project periods. And always celebrate all successes and accomplishments no matter how small.

Prioritization of activities

The planning process will result in many activities that your coalition wants to get started on right away! However, given resource, capacity and time constraints, starting all activities at once is often not feasible, and activities should be prioritized before starting. The coalition should look at activities that will be conducted by the coalition or workgroups and activities that partners will take back to their organizations. Tools such as strategy grids and prioritization matrices can be used to systematically narrow based on a set of criteria (such as feasibility, cost, knowledge, impact, urgency, etc.)⁸. Consider prioritizing activities including activities involving marginalized communities and underserved areas of the jurisdiction.

Developing an action plan

Once key activities are prioritized, resources are identified and assessed, and partnerships are leveraged, the coalition should develop action plans to guide implementation and create accountability. The action plan identifies the who (the leading agency/individual and partners), what (activities taking place and the outcomes), where (locations/agencies where activities will take place), when (timeline for completion), why (how the activity relates to a specific strategy/objective) and how (what resources or barriers affected the outcome of the activity). Activities and approaches may change during implementation, so it is important to keep the action plan updated and communicate changes to the coalition⁹. This action plan is similar to the logic model in PS 21-2103 and other models that your partners might use to update their progress on deliverables. Please see a sample action plan below.

Table 1: Example Action Plan

Objective:						
	Activity	Lead Agency	Partners	Timeline	Outcomes	Resources/ Barriers
Strategy:	1.					
	2.					

Leveraging partnerships and identifying resources

With limited resources and funding available for viral hepatitis elimination, building strong partnerships and assessing available resources will help move the coalition's goals forward. Take an inventory or develop an asset map of the individuals, associations, institutions, physical assets, and connections in your community¹⁰. Build strong relationships between coalition partners that address the assets and needs of all parties and expand relationships with non-traditional partners.

⁸ National Association of County & City Health Officials, *Guide to Prioritization Techniques*. <https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf>

⁹ Center for Community Health and Development. (n.d.). *Section 5. Developing an Action Plan*. <https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans/main>

¹⁰ Jeder Insitute. (2020). *Participatory Community Building Guidebook 2020*. ABCD Institute. <https://resources.depaul.edu/abcd-institute/publications/Documents/Workbooks/Participatory-Community-Building-Guidebook-2020-1.pdf>

II. MONITORING AND EVALUATION

Every so often it is important to take note of the state of the coalition and what actions can be taken to help the coalition better achieve its goals. Maintaining one-on-one communication with each member can gauge their capacity to continue work, any problems that might have come up, or if they are feeling fatigued or disinterested. It is important to remember that many people most affected by viral hepatitis are not paid for the work to eliminate it. As such, consider opportunities for low-threshold engagement, so that stakeholders can still participate based on their capacity and comfort level. For example, can you get feedback from people at syringe service programs, rather than requiring them to attend a Zoom meeting during the workday to have their voice heard?

Likewise, take time to re-examine the structure and the purpose of the coalition. There might be a need to change leadership or organizational structure, or the coalition might have strayed too far from its original purpose and momentum has stalled. An annual evaluation of the coalition, using focus groups, interviews, and surveys is a good place to start but can be as simple as monitoring attendance and participation.

Monitoring progress

Monitoring should be an integral part of all coalition activities to measure progress and keep activities in line with coalition goals. The action plan mentioned above can be used by partners to record their progress. Be sure to include activities that partners are doing through their agencies or individually. This will create a much larger picture of what viral hepatitis activities are occurring in your jurisdiction and highlight activities where increased collaboration would be beneficial¹¹. Consider including qualitative data from advocates and individuals with lived experience. Storytelling and first-person narratives are effective in communicating the impact of activities and can be used for advocacy and outreach to the general public and funders.



WHAT YOU PAY ATTENTION TO GROWS

It takes a lot of time and investment to cultivate relationships and to maintain them. This is a part of being in the hepatitis field and for public health generally but can be hard to demonstrate to funders and legislators that this is the work so it's about finding a balance in ensuring the work moves forward.

Thaddeus Pham (HI)

¹¹ Center for Community Health and Development. (n.d.). *Section 2. Gathering Information: Monitoring Your Progress*. <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives/monitor-progress/main>

Sharing progress

The results of the evaluation and progress on the indicators should be shared widely among the coalition, additional partners, and the community. At coalition meetings, invite partners to share the work they're doing to eliminate viral hepatitis and brainstorm how to address challenges. Decide on how frequently the coalition will update progress (annually, semi-annually) and how this information will be displayed (such as a report or dashboard). Widespread sharing and celebrating progress can maintain and encourage partner engagement, increase awareness about viral hepatitis and the coalition, and possibly increase investment in your activities.

Sustaining Coalitions

Two main components of building momentum within our coalitions are creating meaningful engagement and empowering community partners. To create meaningful engagement, recognize what your agency can provide and what your community members need. Health departments are limited, but there is a wealth of resources, networks, and access to what we can uniquely provide to community partners. Assess at regular intervals that your coalition mission and goals benefit your partners, and that you have partners in alignment. Continue seeking out different mechanisms for meaningful engagement, this may mean engaging partners that require more connection and consistency. Examples include having partners present their current work or progress related to a coalition goal, highlighting leadership opportunities, and engaging coalition partners on strategic planning.

The viral hepatitis landscape is changing; consider how are we empowering our communities to meet the changes and take advantage of resources and opportunities. At Hep Free NYC – one of the ways, we have built in a system that allows us to continue to evolve and grow and maintain accountability is through our committees and initiatives. This allows us to build out short-term projects to honor community capacity and excitement while allowing it to evolve long term based on need.

CHANGE IS CONSTANT (BE LIKE WATER)

We just hit our one-year mark with our coalition, so we sent out a Google form to our members and people who had attended our meetings asking for feedback on how our meetings went, what more we could do, what had worked well, what they'd like to see in the future.

Jess Hume (AZ)

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Index of Resources

[NASTAD Hepatitis Technical Assistance Center \(HepTAC\)](#)

State VH Plans

[Viral Hepatitis Elimination Plans](#)

National Plans

Department of Health and Human Services (HHS): [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination 2021-2025](#)

Centers for Disease Control and Prevention (CDC): [Division of Viral Hepatitis 2025 Strategic Plan](#)

Coalition Building Resources

[Asset-Based Community Development](#)

[Building Coalitions](#)

[Coalition-Building Primer](#)

[Coalition Building Toolkit](#)

[Developing Effective Coalitions: An Eight Step Guide](#)

Engaging People with Lived Experience

[Engaging People with Lived Experience Toolkit](#)

[Nothing About Us Without Us: The Importance of Centering the Voices of Patient Advocates in the Public Health Response to Viral Hepatitis](#)

[Voices 4Hep](#)

Strategic Planning Resources

[Hep ElimINATION: A National Evaluation of States' Capacity for Viral Hepatitis Elimination](#)

[Developing a Local Health Department Strategic Plan: A How-To Guide](#)

[Developing a Strategic Plan and Organizational Structure](#)

Remote Facilitation Tools

[Facilitation tools for meetings and workshops](#)

[Participatory Evaluation: Theories and Methods for Remote Work](#)

Implementation Resources

[Mobilizing for Action through Planning and Partnerships \(MAPP\) Phase 6: Taking and Sustaining Action](#)

[Community Health Assessment Toolkit Step 7: Plan Implementation Strategies](#)

Evaluation Resources

[End Hep C SF Data Dashboard](#)

[Hepatitis C Dashboard New York](#)

[CDC Framework for Program Evaluation in Public Health](#)

Appendix 1: Health Equity Concepts

Viral hepatitis disproportionately affects Black, Indigenous, and People of Color (BIPOC*) as well as people that identify as LGBTQIA+**, people who use drugs, individuals experiencing incarceration, individuals experiencing homelessness, and people living with HIV. Historical oppression of these communities leads to intentional discriminatory institutional policies and practices. Furthermore, this oppression also means that simply providing equal access is not enough to achieve equity and public health programs must actively help remove structural barriers—often referred to as social determinants of health. Viral hepatitis programs are in a unique position to uplift and center organizations and hepatitis champions serving the most impacted and marginalized populations. To honor that, strengthen your understanding of health equity concepts, here are some resources to support your knowledge:

NASTAD, 2022

[Re-envisioning Community Engagement: A Practical Toolkit to Empower HIV Prevention Efforts with Marginalized Communities](#)

Structural Competency, 2022

[New medicine for the inequalities that are making us sick](#)

Towards abolition, 2022

[A learning and action guide for public health](#)

*The term BIPOC was developed to prioritize Black and Indigenous people when responding to the harms that all people targeted by structural racism face. It is imperfect in both its description and its politics.

**Here the acronym LGBTQIA+ stands for lesbian, gay, bisexual, trans, queer/questioning, intersex, and asexual people, and any other identity a person might have that is non-heterosexual and non-cisgender. It is an attempt to refer to the diverse and fluid spectrum of people while also recognizing that even within this umbrella acronym, LGBTQIA+ people face compounding forms of oppression when applying an intersectional lens.