# Chapter 2

# Building Planning Teams and Coalitions

*Many communities have coalitions or partnership structures in place to address healthcare planning. If this is the case in your community, please skim through this chapter and proceed to the "Self-Evaluation" section at the end. There you will find a checklist to help you review concepts and planning steps that should be addressed (or completed) before you proceed with the remainder of the Framework.*

## Overview

### Introduction

Planning for all-hazards events is applicable to all communities despite size or location, and includes all agencies and organizations represented within the community's healthcare delivery system. Moreover, a community-wide planning effort cannot be undertaken by a single individual. Instead, development of this plan needs to include expertise and input from many partners within the community, either on your planning team or coalition or both. Bringing these people together is crucial to the success of your planning effort.

This chapter focuses on how to incorporate this expertise by addressing the "people" component of a planning process for medical surge. In this chapter, you will

* Discuss and define the roles and responsibilities of planning teams and coalitions
* Identify the initial steps that both planning teams and coalitions should take to understand the healthcare needs of the community

### Definitions

**Planning Team** A group of subject matter experts who have undertaken a planning mission and who have a direct stake in the outcome of the effort

**Coalition** A structured arrangement for cooperation and collaboration between otherwise unrelated groups or organizations, in which each group retains its identity, but all agree to work together toward a common, mutually agreed-upon goal[[1]](#footnote-1)

### HPP/PHEP Capabilities Addressed by This Chapter

The HPP and PHEP capabilities listed below are addressed by this chapter.

**HPP**

*Capability 1: Healthcare System Preparedness*

*Capability 6: Information Sharing*

*Capability 10: Medical Surge*

**PHEP**

*Capability 1: Community Preparedness*

*Capability 6: Information Sharing*

*Capability 10: Medical Surge*

### What to Expect After Completing This Chapter

* You will have a planning team in place that will use this workbook and a community coalition to enhance your community's medical surge planning efforts.
* Your planning team will have examined the suggestions made about coalition formation and will have identified next steps to either build a community coalition or add to an existing community coalition structure to improve input and support to your planning team.
* Coalitions are made up of subcommittees or task forces that are smaller teams grouped by area of specialty or according to specific tasks. These teams may be time-limited (e.g., active until task is complete) or semi-permanent (e.g., addressing regular issues within the community). As part of your planning process, you will need to continue refining these teams to address community needs and priorities (i.e., planning and coalition building is an ongoing process).

### Applicability and Scope

Forming a coalition to aid in planning and decision making is a necessary step applicable to all regions or communities that want to develop a coordinated public health, healthcare, and emergency management system approach to responding to public health emergencies. The size and composition of the coalition may depend on the size of the community and the amount of resources available at the community or regional level. Additionally, the successfulness of your community's overall planning effort depends directly on the successfulness of your coalition building effort.

### Assumptions

* All major healthcare organizations will be encouraged to participate in the coalition regardless of whether they receive funds from HPP and/or PHEP cooperative grants and cooperative agreements.
* Key community stakeholders (e.g., public health, healthcare, emergency management) will agree to participate in the coalition.
* Coalition members will abide by responsibilities outlined in the group's charter.

### Issues and Barriers to Consider

* Developing a community coalition takes time and is an ongoing process.
* The definition or name for a "coalition*"* may vary by locality, as may its purpose.
* The structure of the coalition may vary over time.
* Participation of community partners may vary over time as the focus of the planning team and their projects change.
* The retention of partners in a coalition requires active maintenance.
* The engagement of some partners may require approval of leadership at a national level or higher organization level (e.g., national chain pharmacies).

## Developing Your Planning Team

### Who is the Planning Team?

Planning team members are the champions of the overall planning effort. Members of the team should be people who are committed to open communication with all stakeholders as well as a defined period of work (e.g., 1 to 2 years). Team members should represent the major sectors that are important to your community's healthcare response, be knowledgeable of these major sectors, and be well connected within the community. At a minimum, sectors that should be represented on your initial planning team include public health, major healthcare organizations, and emergency management.

### Roles and Responsibilities of the Planning Team

The planning team has several roles and responsibilities:

* Identify additional members of the planning team.
* Identify sectors and subsectors[[2]](#footnote-2) represented in your community.
* Conduct a community assessment and hazard vulnerability assessment.
* Lay the framework for developing your community coalition.

A worksheet is provided on page 20 to use as you delegate responsibilities for accomplishing these tasks.

#### Identify Additional Members of the Planning Team

As stated previously, your initial planning team should be made up, at a minimum, of representatives from these sectors: public health, healthcare, and emergency management. Ideally, these initial planning team members work with each other on a daily or weekly basis.

**Your Initial Planning Team**

Use the worksheet on the next page to help you to identify your initial planning team.

**Worksheet 2.1 – Initial Planning Team**

**Instructions:** List the name, title, agency/organization, and contact information (phone or e-mail address) for the current members of your planning team.

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

Additional Planning Team Members

As stated previously, planning team members should represent the major sectors that are important to your community's healthcare response, be knowledgeable of these major sectors, and be well connected within the community. Other criteria to consider when choosing additional planning team members are listed below.

Qualities of an Effective Team Player

| Quality | Quality |
| --- | --- |
| Is reliable – This person can be counted on to get work done, follow through on assignments, and consistently perform to a high standard. | Is cooperative – This person works with others to get things done and takes initiative when needed. |
| Is a constructive communicator – This person expresses ideas, opinions, and thoughts clearly, directly, honestly, and with respect for others. | Is flexible – This person adapts to changing situations without complaint. |
| Is an active listener – This person can understand and consider ideas, points of view, and criticism without debating, arguing, or getting defensive. | Is committed – This person wants the team to succeed. |
| Is an active participant – This person is willingly and fully engaged in the team's tasks. | Is a problem solver – This person willingly accepts the challenge of getting team problems solved. |
| Is an open and willing sharer – This person is willing to share his/her knowledge and experience. | Is respectful and supportive – This person treats fellow team members with respect and supports them and the team in all endeavors. |
| Is trustworthy – This person can be trusted to maintain the confidentiality of sensitive information. | This row is blank |

Taking into account these qualities and looking at the list of sectors and subsectors on the next page, who in your community would you consider adding to your planning team? Remember, this list is fluid. Use *Worksheet 2.2* below to list your additional planning team members.

**Worksheet 2.2 – Additional Planning Team Members**

**Instructions:** List the name, title, agency/organization, and contact information (phone or e-mail address) for additional members of your planning team that you have identified.

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

#### Identify Sectors and Subsectors Represented in Your Community

Most, if not all, of the work you will do in the *Framework* will require knowledge of and input from the sectors and subsectors that are represented in your community. For example, later in this chapter you and your planning team will be asked to conduct a community assessment, which requires knowledge of these sectors and subsectors. Additionally, in the next chapter, you will be asked to develop your community's model of healthcare delivery, which also requires knowledge of your community's sectors and subsector. Each task will require you, your planning team, or your community coalition to delve deeper into the aspects of each sector and subsector. At this point, all you need to do is identify sectors and subsectors that are represented in your community. You will build on this list as you work through the *Framework*.

Using *Worksheet 2.3 – Sector/Subsector Representation* on the next page, place a check mark next to each subsector represented in your community.

**Worksheet 2.3 – Sector/Subsector Representation**

**Instructions:** Place a check mark in the box next to each subsector represented in your community.

**Public Health Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Local public health department 🞏 | Public health clinics 🞏 |
| State public health department 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Healthcare Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Hospitals 🞏 | Primary care providers 🞏 |
| Hospital EDs 🞏 | Home health providers 🞏 |
| Hospital outpatient centers 🞏 | Palliative care providers 🞏 |
| Veterans Affairs (VA) medical centers 🞏 | Long-term care/skilled nursing/assisted living providers 🞏 |
| Federally Qualified Health Centers/free clinics 🞏 | Hospice care providers 🞏 |
| EMS 🞏 | Behavioral health providers 🞏 |
| Outpatient/retail clinics 🞏 | Pharmacies 🞏 |
| School Clinics 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| Urgent care centers 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Emergency Management Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Emergency management agency 🞏 | Law enforcement 🞏 |
| Emergency operations center (EOC) 🞏 | Public affairs/public information officers 🞏 |
| Fire departments 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Call Centers Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| 2-1-1 🞏 | Nurse triage lines 🞏 |
| 3-1-1 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| 9-1-1 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Government Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| Local government 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |
| State government 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

**Support Services Sector**

| **Subsector Name** | **Subsector Name** |
| --- | --- |
| American Red Cross 🞏 | Community-based organizations 🞏 |
| Fatality management services 🞏 | Volunteer organizations 🞏 |
| Medical examiner/coroner 🞏 | Homeless advocates 🞏 |
| Faith-based organizations 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

#### Conduct a Community Assessment and a Hazard Vulnerability Assessment

An important responsibility of the planning team is to (if not already done) conduct an assessment of resources in the healthcare system to respond to incidents. A useful tool to perform this assessment is the *Community Assessment Tool* (CAT) developed by CDC-HPA. This planning tool is intended for use by community planners to assess the community's readiness for a disaster from a total healthcare system perspective. ("Total healthcare system" means the whole community healthcare system.[[3]](#footnote-3)) While the purpose of the CAT is to further prepare the community for an influenza pandemic, its framework is an extension of the traditional all-hazards approach to planning and preparedness. As such, the information gathered by the tool is useful in preparation for most widespread public health emergencies. Please note that completing your community assessment using the Community Assessment Tool will be a time-intensive effort, but will yield results worthy of the time spent to collect them.

Another important responsibility of the planning team is to conduct a community hazard vulnerability assessment. While the *Framework* takes an all-hazards approach to planning, you and your planning team will need to identify the hazards most likely to impact your community and then develop your plans around those hazard scenarios. Like your community assessment, conducting a hazard vulnerability assessment will be a time-intensive effort. Regardless, you and your planning team must complete this assessment because the work you do in the remaining chapters of the *Framework* requires you to have identified the hazards and scenarios most likely to impact your community.

Several useful resources are available to help you conduct this assessment. The first is the *Medical Center Hazard and Vulnerability Analysis Tool* developed by Kaiser Permanente. Although this tool was developed for hospitals, it can be used in a community approach to planning. The tool covers natural hazards, technological hazards, human hazards, and hazardous materials. Another useful resource is *Community Based Vulnerability Assessment, A Guide to Engaging Communities in Understanding Social and Physical Vulnerability to Disasters* produced by the Emergency Preparedness Demonstration Project. This guidebook differs from conventional vulnerability assessments in two important ways: (1) it addresses social as well as physical vulnerability and (2) it provides guidance on engaging people from the community who typically are not involved in disaster planning, but who often suffer the most as a result of disasters.

#### Lay the Framework for Developing Your Community Coalition

Planning team members are the champions for the formation of your community coalition. Therefore, an important planning team task is to lay the framework for the coalition, which includes developing a guide for setting boundaries, developing a mission, and assigning responsibilities of the coalition. The planning team also will develop a suggested list of coalition members. After the formation of the coalition, the planning team may transition into the leadership for the entire coalition or it may remain a team whose function is to continue planning and bringing ideas to the larger coalition leadership. (Detailed steps to take in forming a coalition are provided in the next section.)

### Planning Team Tasks

Use *Worksheet 2.4* on the next page to help ensure that your planning team is task and goal oriented.

**Worksheet 2.4 – Planning Team Tasks**

**Instructions:** For each of the tasks discussed above and any other tasks your planning team may want to undertake, identify people responsible for completing each task and the timeframe for completion.

| **Task** | **Person(s) Responsible** | **Timeframe** |
| --- | --- | --- |
| Identify additional members of the planning team | To be filled in | To be filled in |
| Identify sectors and subsectors represented in your community | To be filled in | To be filled in |
| Conduct a community assessment and a hazard vulnerability analysis | To be filled in | To be filled in |
| Lay the framework for developing your community coalition | To be filled in | To be filled in |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | To be filled in | To be filled in |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | To be filled in | To be filled in |

## Developing Your Healthcare Coalition

### The Role of a Coalition

A healthcare coalition is formed to aid in developing a coordinated healthcare response and recovery capability within a community. This coalition consists of partners who have a vested interest in the healthcare response of a community during an incident and improving the ability of the healthcare system to recover from incidents.

Coalition members are considered energetic, strong, and knowledgeable about their organizations and facilities. Often they are thought of as experts on certain topics or issues. Members must be committed to communication across all partners and within their own agencies. Coalition members must agree to commit time to the project (e.g., 1 to 3 years) and to attend coalition meetings.

The main focus of coalition members should be on cooperation and collaboration to achieve the mission, goals, and objectives set by the planning team and the leaders of the coalition. In particular, coalition members are responsible for providing input and support to the planning team on

* Assessment of risks/vulnerabilities
* Development of strategies intended to address identified community gaps
* Prioritization of activities that should be undertaken by coalition members
* Identification and engagement of other experts who may need to accomplish certain tasks that cannot be completed by the planning team or coalition

Two-way communication is a key requirement for maintaining a "healthy" coalition. Coalition members should communicate with their institutions and agencies on activities the coalition is undertaking, and members should receive input from them on these activities. Coalition members should communicate with the members of the sector they represent to ensure that they stay informed of coalition activities and to request their feedback. The ultimate goal of this two-way communication is to make sure all participants in the community's healthcare response have input in developing plans and understand their responsibilities in the response and recovery to a public health emergency.

### The Makeup of a Coalition

Successful coalitions have a strong leader and are made up of subcommittees or task forces.

#### Leadership

Your community coalition will need a strong leader to direct the activities of the coalition. Having the right person in this role will lead to a more productive coalition and more enjoyable experience for the other members of the coalition. The checklist below provides suggested criteria to use when discussing and identifying a leader for your coalition. Place a check mark in the appropriate box.

**Criteria for Choosing a Coalition Leader**

| **Criteria** | **Yes** | **No** |
| --- | --- | --- |
| The person has enough time to devote to the position. | 🞏 | 🞏 |
| The person has the respect of the group. | 🞏 | 🞏 |
| The person is committed to serving the community. | 🞏 | 🞏 |
| The person can solicit community participation and support. | 🞏 | 🞏 |
| The person has a history of achieving results in other community endeavors. | 🞏 | 🞏 |
| The person will make the leadership duties a high priority. | 🞏 | 🞏 |
| The person has a good understanding of the overall goals of the coalition. | 🞏 | 🞏 |

During a response, the coalition leader would be expected to represent the coalition in your community's EOC because he/she will be familiar with the coordination between the community's healthcare and public health systems and the sectors that support them (e.g., Emergency Support Function #8 [ESF-8][[4]](#footnote-4)).

#### Subcommittees/Task Forces

Coalitions also are made up of subcommittees or task forces that are smaller teams grouped by area of specialty or according to specific tasks. These teams can do some of the fact-finding and problem solving on a smaller scale or on a more focused level. For example, a communications technology subcommittee might identify resource requirements, suitable equipment, and budget to promote interoperable communications between coalition members. These teams also may be time-limited (e.g., active until task is complete) or semi-permanent (e.g., addressing regular issues within a specific sector, regularly reviewing risks to the sector). You will need to periodically review these teams' tasks to make sure they are complete or on track.

### Two Approaches to Coalition Formation

A wealth of information on coalitions can be found on the Internet. Some of the information sources are listed at the end of this chapter. Rather than go into detail about coalition formation, the approach of this document will be to provide two examples of coalition formation to give you an idea of how to go about the process. However, providing these examples does not indicate an endorsement of these coalition formation processes or a preference for them over other processes. You and your planning team should research available information to identify the process that will work with your community.

#### Approach 1: The Eight Steps to Effective Coalition Building

The *Eight Steps to Effective Coalition Building* is a framework developed by Larry Cohen, et al., for engaging individuals, organizations and governmental partners invested in addressing community concerns.[[5]](#footnote-5) The complete document offers concrete steps towards building effective partnerships and provides tips for making collaborations and partnerships work. Rather than creating new projects or programs, effective coalitions can harness existing resources to develop a unique community approach and achieve results beyond the scope of one single institution or organization.

1. **Discuss and analyze the group's objectives and determine coalition need(s)**

A coalition is a prevention tool, so groups must be specific about what needs to be accomplished. After the needs have been determined, the group must consider if a coalition is the best approach to meet the identified needs. Groups must ask the following questions: What are we trying to accomplish? What are our community's strengths and needs? What are the pros and cons associated with the proposed collaboration? What are our objectives and what types of activities seem logical?

1. **Recruit the right people**

The group's objectives will prescribe the type of coalition developed. Some groups may choose to start small to accomplish specific tasks and then strategically expand. Depending on the needs of the coalition, either program directors or front-line staff should be encouraged to attend. In addition, invite community members, youth leaders, and politicians. The size of the group matters. It takes large groups longer to define and agree on common objectives and activities. Yet large groups may have access to greater resources that may be required for accomplishing certain tasks.

1. **Adopt more detailed activities and objectives suiting the needs, interests, strengths, and diversity of the membership**

A key to a successful coalition is the early identification of common goals and benefits of working together. An important consideration for adopting specific coalition activities is to identify some short-term outcomes. For example, if a coalition's objective is to increase public knowledge about chronic disease as a preventable community problem, a short-term outcome could be the publication of two editorials in the local newspaper.

1. **Convene coalition members**

A coalition can be convened at a meeting, workshop, or conference. The lead agency should plan the first meeting using a time-specific prepared agenda, a comfortable and well-located meeting area, and adequate refreshments. Preparing a draft mission statement and proposal for coalition structure and membership is appropriate. Anticipate that not all invited members will become coalition members.

1. **Develop budgets and map agency resources and needs**

Lead agencies usually provide staff time to keep the coalition up and running and to handle detail work. Though coalitions can usually run on a minimal budget, each member's time is a valuable contribution.

1. **Devise the coalition's structure**

Structural issues of the coalition include how long the coalition will exist, meeting locations, meeting frequency and length, decision making processes, meeting agendas, membership rules, and participation between meetings by subcommittees or planning groups. Templates of different coalition structures should be collected prior to the meeting and presented for discussion to reduce the time needed to make management decisions.

1. **Plan for ensuring the coalition's vitality**

Methods for noting and addressing problems, sharing leadership, recruiting new members, providing training on identified needs, and celebrating success can help ensure a coalition's viability and success. Recognizing both the individual and organizational contributions to a coalition each step of the way is very important.

1. **Evaluate programs and improve as necessary**

Each coalition activity and event should include evaluations. This can be as simple as a satisfaction survey or it could be the more formal use of pre- and posttests of specific subject knowledge.

#### Approach 2: Community Organization

The Minnesota Department of Health developed the *Community Health Promotion Kit* in 1993 to assist communities in developing health education and health promotion strategies.[[6]](#footnote-6) One area addressed in the kit is "community organization," which is described below in a version adapted for use in the *Framework*.

1. **Assemble a Core Planning Group**

This group consists of a local coordinator and at least three to six people willing to participate in long-term planning. The core group may be assembled prior to data collection or it may be assembled after data collection is completed. (With regard to this workbook, this data collection effort would be the community assessment and the hazard vulnerability assessment. See page 18.) The core group assists the coordinator in the planning and administration of the project, helps identify resources necessary to accomplish the objectives, and assists in recruiting coalition members.

Some communities use the core group to collect data and participate in conducting the surveys. This necessitates training core group members but has the advantages of involving them from the beginning and in sharing the work load.

1. **Present and discuss data with the core group**

Discussions of the community assessment data should produce agreement on the needs of the community and should achieve a consensus on the goals and priorities for action.

1. **Identify target populations and likely successful interventions**

Based on the data and the collective wisdom of the core group, target populations and possible interventions are discussed. These target populations in your community would be the sectors you need to bring into you coalition.

1. **Write measurable objectives/develop a work plan**

These objectives define the work of the coalition and are time-limited, specific, and stated in measurable terms.

1. **Identify potential coalition members**

The coalition members should represent all sectors in the community that are involved in the response to and recovery from a public health emergency.

1. **Recruit coalition members**

Initially, several sector representatives with a stated interest or known commitment to the project are solicited for membership. They are asked to suggest names of others they think might be helpful to the program. Invitations are issued to both the heads of the agency/organization and to the individuals identified as community sector leaders.

Members must be enthusiastic and excited about the goals and believe that the objectives can and will be accomplished if people work together. Of importance is recruiting positive thinkers who will look for opportunities and strengths and multiple-solution people who enjoy a challenge.

Careful consideration needs to be given to the recruitment approach. Each candidate for the coalition may need a different approach. The core group should discuss what approach would be most likely to influence each candidate to join. Some options include:

* A formal or informal invitation.
* A phone call or visit from a personal friend, a county commissioner, or other community or business leader.

Whichever approach is chosen, concise written materials explaining the mission of the coalition and the role each member will be expected to play should be available.

1. **Clarify the coalition mission and each member's roles within the mission**

The need for clear roles and expectations for coalition members is paramount to a successful effort. Without a clear mission, people work at cross purposes and, when difficulties arise, they can become fatal obstacles. Coalition members need to see themselves working toward a common goal and should be able to describe the goal of the coalition and their role in its work in a few short words. Defining individual coalition member's jobs is helpful. Job descriptions or agreements include such things as the length of the commitment, training opportunities, support from staff, personal expectations, and financial commitment.

1. **Work to build involvement, ownership, and consensus**

Active involvement by coalition members is critical. However, building mutual respect and program ownership may take 6 to 10 months. Members need training and sufficient time to "digest" this type of broad public health program. Training about health promotion and project goals will help members feel confident of their participation in decision making.

Group consensus is the most effective method for decision making. For this to occur, the coalition must take time to resolve member concerns, and periodically determine who is not in accord and why. Hearing from all members is important—silence does not necessarily mean assent. Members who may be opposed to an idea, but not skilled at airing their views, can later block implementation. In effective decision making, all members volunteer or are asked to share their views before a decision is made.

1. **Present coalition responsibilities for acceptance by the group**

The coalition's overall responsibility is to plan and coordinate community-wide program activities. This is a self-directed group, however, and will need to discuss and determine its own methods of accomplishing the goal.

1. **Organize task forces**

The coalition may decide that task forces are needed to concentrate on specific issues. Organizing task forces broadens the base of community support and involvement in the project, but will be dependent on the size of the community and goals of the coalition. Task force members are "doers" with a strong interest in the specific topic area.

The coalition should provide direction to task forces in the form of written goal statements, measurable objectives, data presentation supporting the goals and objectives, ideas for possible strategies, and clear expectations that results must be measured.

### Building Your Community's Coalition

Based on the two approaches provided above, what steps will you and your planning team take to form your community's coalition Use *Worksheet 2.5* below to document your steps.

**Worksheet 2.5 – Our Approach To Coalition Building**

**Instructions:** List the steps that you will take to form your community's coalition. Next to each step, describe the activities required to complete the step.

| **Step Description** | **Activity** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

Now that you have documented your approach to coalition building, determine who will make up the coalition as outline below.

#### Determine Who Needs to Be Involved

In the *Eight Steps to Effective Coalition Building*, Cohen, et al., state, "A coalition is a prevention tool, so groups must be specific about what needs to be accomplished." To determine who needs to be involved in your community's coalition, you and your planning team need to take the time to look through the *Framework* to accomplish two tasks:

1. Determine what sectors or subsectors need to be represented on the community coalition to complete the tasks outlined in each chapter.
2. Identify a specific person or persons to represent these sectors or subsectors on your community coalition.

Taking the time to work through this process will allow you to tell potential coalition members specifically why you are contacting them.

#### Sector/Subsector Representation on Your Community Coalition

As you and your planning team members look through each chapter of the *Framework*, use *Worksheet 2.6 – Sector/Subsector Representation on Community Coalition* to identify sectors or subsectors that need to be represented on your community coalition.

**Worksheet 2.6 – Sector/Subsector Representation on Community Coalition**

**Instructions:** Read through the *Framework* chapters listed below in the worksheet. Identify the sectors and subsectors that play a role in the topic area described in the chapter. These will be sectors/subsectors to involve in your community coalition.

| ***Framework* Chapter** | **Sector(s)/Subsector(s) to Involve** |
| --- | --- |
| Chapter 3 – Documenting Day-to-Day Healthcare Delivery | To be filled in |
| Chapter 4 – Planning for Moderate Surge | To be filled in |
| Chapter 5 – Planning for Heavy Surge – Part 1 | To be filled in |
| Chapter 6 – Planning for Heavy Surge – Part 2 | To be filled in |
| Chapter 7 – Planning for Heavy Surge – Part 3 | To be filled in |

#### Potential Coalition Members

Now that you and your planning team members have identified the sectors and subsectors that need to be represented on your community coalition, write down the names, titles, agencies, and contact information for *potential* people you think should represent those sectors and subsectors in *Worksheet 2.7* on the next page. One thing to remember is that, as you develop your coalition, you will continue to identify potential new members to include. As you identify these potential new members, add their information to the worksheet below.

**Worksheet 2.7 – Potential Coalition Members**

**Instructions:** List the names, titles, agencies/organizations, and contact information for *potential* people you think should represent the sectors and subsectors listed in *Worksheet 2.6*.

**Public Health Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Healthcare Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Emergency Management Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Government Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Support Services Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

#### Contacting Potential Coalition Members

After your list of potential coalition members has been developed, you and your planning team members will need to contact them to solicit their involvement. Here are some tips for a successful solicitation:

* Delegate the responsibility of contacting these potential coalition members to all members of your planning team (i.e., don't try to do it yourself or with only a few members). When possible, match planning team members with potential coalition candidates with whom they are familiar. People are more open when they are approached by someone they know.
* Set a reasonable timeline for contacting these potential coalition members. Don't rush this important task. It takes time to develop a coalition.
* Orient potential members or new members to the mission and goals of the coalition. They need to understand what they are being asked to undertake.
* Share a list of current coalition members with potential or new coalition members. Doing so will help them to know the names of those with whom they will be working.

#### Building Your Coalition

As new members accept membership to the coalition, add their names and information to *Worksheet 2.8* on the next page.

**Worksheet 2.8 – Actual Coalition Members**

**Instructions:** List the names, title, agencies/organizations, and contact information for each person who accepts membership to your community coalition.

**Public Health Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Healthcare Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

**Emergency Management Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
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**Government Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
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| To be filled in | To be filled in | To be filled in | To be filled in |

**Support Services Sector**

| **Name** | **Title** | **Agency** | **Contact Info** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

### Initial Roles and Responsibilities of the Coalition

The initial roles and responsibilities of your coalition are twofold: review and discuss (1) the results of your planning team's community assessment and (2) the results of your planning team's hazard vulnerability assessment.[[7]](#footnote-7)

#### Review and Discuss the Community Assessment

Your planning team should present to the coalition for validation the gaps in planning, need for resources, or other issues related to surge management or mitigation (e.g., limited number of staffed beds) that were identified through the community assessment (see page 18). The coalition should then prioritize these gaps, needs, or issues in terms of action needed to determine which ones to address before moving forward in the *Framework*. Next, the coalition should form subcommittees or task forces to address these gaps, needs, or issues, determine a timeframe for completing work performed by these subcommittees or task forces, and periodically review the work performed by them to make sure it is complete or on schedule. Use *Worksheet 2.9* on the next page to help you with this task.

**Worksheet 2.9 – Community Assessment Issue Identification**

**Instructions:** List the gaps in planning, needed resources, or other issues related to surge management or mitigation that were identified through the community assessment. Next, prioritize these issues in terms of which issues should be addressed immediately (high priority) before moving forward in the *Framework*, which issues need to be addressed but can be addressed concurrently while working through the *Framework* (medium priority), and which issues need to be addressed, but have no impact on working through the *Framework* (low priority). Then identify subcommittee or task force members assembled to address the issue and provide a timeline for completion. As these subcommittees or task forces address these issues, periodically check on their progress and enter the date that their work was last reviewed.

| **Gap/Issue****Description** | **Priority****for Action** | **Task Force****Name/Members** | **Timeline****For Completion** | **Date Last Reviewed** |
| --- | --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in |
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| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in | To be filled in |

#### Review and Discuss the Hazard Vulnerability Assessment

You and your planning team should review the results of your hazard vulnerability assessment with the coalition for validation. In particular, as a group, you need to determine which medical surge scenarios are likely to occur in your community. The developers of this *Framework* suggest that you plan for an influenza pandemic[[8]](#footnote-8) and a natural disaster (e.g., an earthquake, flood, hurricane, or tornado) because planning for a pandemic will prepare your community for a worst-case, infectious disease scenario, and planning for a natural disaster will prepare your community for a worst-case, service-interruption scenario. In addition to these two scenarios, you and your planning team may identify another scenario that will likely impact your community. Please note that you will be using the scenarios you choose here in the remainder of the *Framework* to plan for varying degrees of medical surge. Do not take this task lightly!

Use *Worksheet 2.10 – Scenarios Likely to Impact Your Community* below to identify the two or three scenarios likely to impact your community in terms of patient surge.

**Worksheet 2.10 – Scenarios Likely to Impact Your Community**

**Instructions:** Place a check mark in the boxes next to the two or three scenarios you and your planning team identified as most likely to impact your community in terms of patient surge.

| **Diseases** | **Natural Disasters** | **Accidents** | **Terrorism** |
| --- | --- | --- | --- |
| Food contamination 🞏 | Earthquake 🞏 | Chemical spill/release 🞏 | Aerosolized anthrax 🞏 |
| Foreign animal disease 🞏 | Fire 🞏 | Chlorine tank explosion 🞏 | Blister agent 🞏 |
| Pandemic influenza 🞏 | Flood 🞏 | Infrastructure collapse 🞏 | Cyber attack 🞏 |
| Plague 🞏 | Hurricane 🞏 | Radiation release 🞏 | Improvised explosive device 🞏 |
| Viral hemorrhagic fevers 🞏 | Snow storm 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Improvised nucleardevice 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Tornado 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Nerve agent 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Radiological dispersal device 🞏 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 |

#### Conduct a Final Review of the Coalition's Plan for Action

After your coalition has completed its two initial tasks, you and your planning team should meet with them to conduct a final review of the outcome of these tasks. The objective of this final review is to make sure that planning team and coalition members are in agreement with

* The gaps in planning, need for resources, or other issues related to surge management or mitigation that were identified as needing to be addressed before moving forward in the *Framework*
* The two or three scenarios that are likely to impact your community and that will be used to plan for medical surge in the remainder of the *Framework*

## Last Steps

### Periodically Evaluate the Makeup of the Coalition

As stated at the beginning of this chapter, coalitions are made up of subcommittees or task forces that are smaller teams grouped by area of specialty or according to specific tasks. These teams may be time-limited (e.g., active until task is complete) or semi-permanent (e.g., addressing regular issues within the community). As part of your planning process, you will need to continue refining these teams to address community needs and priorities (i.e., planning and coalition building is an ongoing process).

When you work through the *Framework*, after each chapter, you should re-evaluate your coalition's makeup in terms of sector/subsector representation and subcommittee/task force tasking. You may find that you need to add people to your coalition; you also may find that some people are no longer needed on the coalition. The main point to be made is that your community coalition will be an ever-evolving entity. You and your planning team should always keep this in mind.

### Involve the Coalition in the Completion of the *Framework*

In addition to the coalition task work described in this chapter, you should periodically brief your coalition on your progress through each chapter of the *Framework*. They can provide useful feedback on your efforts and help to keep you focused and on track with your community planning. Your coalition is a stakeholder in your work and your community's wellbeing. Keep them involved, and keep them informed.

## Self-Evaluation Checklist

**Chapter 2 – Building Planning Teams and Coalitions Self-Evaluation Checklist**

**Instructions:** Use this checklist to make sure you have completed the task of building a planning team and a community coalition.

**Planning Team**

| **Task** | **Complete?** |
| --- | --- |
| Applicable HPP and PHEP capabilities have been reviewed. | 🞏 |
| Initial planning team members have been identified. (*Worksheet 2.1*) | 🞏 |
| Additional planning team members have been identified. (*Worksheet 2.2*) | 🞏 |
| All relevant sectors and subsectors are represented on our planning team. (*Worksheet 2.3*) | 🞏 |
| Planning team members understand their roles and responsibilities as well as the roles and responsibilities of the team as a whole. | 🞏 |
| Sectors and subsectors represented in our community have been identified. (*Worksheet 2.4*) | 🞏 |
| Our community assessment has been conducted. (*Worksheet 2.4*) | 🞏 |
| A hazard vulnerability assessment of our community has been conducted. (*Worksheet 2.4*) | 🞏 |
| The framework for developing our community coalition has been developed. (*Worksheet 2.4*) | 🞏 |

**Coalitions**

| **Task** | **Complete?** |
| --- | --- |
| A leader for our community coalition has been chosen. | 🞏 |
| Our community's approach to forming a coalition has been determined. (*Worksheet 2.5*) | 🞏 |
| Community sectors and subsectors that need to be represented on our coalition have been identified. (*Worksheet 2.6*) | 🞏 |
| Potential coalition members have been identified and contacted to participate on the coalition. (*Worksheet 2.7*) | 🞏 |
| Actual coalition members have been identified and assembled. (*Worksheet 2.8*) | 🞏 |
| Coalition members understand their roles and responsibilities as well as the roles and responsibilities of the coalition as a whole. | 🞏 |
| The coalition has reviewed and discussed the results of our community assessment. (*Worksheet 2.9*) | 🞏 |
| The coalition has prioritized gaps in planning, resource needs, or other issues in terms of surge management/mitigation and action needed. | 🞏 |
| The coalition has formed subcommittees or task forces to address these gaps, needs, or issues. | 🞏 |
| These subcommittees/task forces have determined a timeframe for completing their task. | 🞏 |
| The coalition has reviewed and discussed the results of our hazard vulnerability assessment. | 🞏 |
| The coalition has identified two or three scenarios likely to impact our community. (*Worksheet 2.10*) | 🞏 |
| The planning team and coalition have conducted a final review of the coalition's plan for action. | 🞏 |

## Conclusion

Building planning teams and coalitions is the backbone of community preparedness planning. Moving forward in completing the tasks outlined in the ensuing chapters of the *Framework* would be very difficult, if not impossible, without having first developed a planning team and a community coalition. Therefore, if you think your planning team and community coalition are in place and have completed their initial work tasks as outlined in this chapter, please go to the next chapter to begin working on documenting your day-to-day healthcare delivery.

## References and Resources

**City of Pleasanton, California, Comprehensive Emergency Plan, Annex D – All-Hazard Vulnerability Assessment**

<http://www.indabook.org/d/ALL-HAZARD-VULNERABILITY-ASSESSMENT-Pleasanton.pdf>

This document describes natural and technological (human-made) hazards that can potentially impact the people, economy, environment, and property of the City of Pleasanton. It serves as a basis for city-level emergency management programs. It is the foundation of effective emergency management and identifies the hazards that organizations must mitigate against, prepare for, respond to, and recover from in order to minimize the effects of disasters and emergencies.

**Coalitions: Is Your Coalition on the Road to Success?**

<http://www.health.state.mn.us/communityeng/needs/success.html>

The Minnesota Department of Health incorporated the characteristics of a successful coalition into this checklist. If you can check "yes" for most of these items, your coalition is likely to be on the road to success.

**Community Assessment Tool (CAT)**

<http://www.cdc.gov/phpr/healthcare/communities.htm>

This planning tool developed by CDC is intended for use by a community to assess its readiness for a disaster from a total healthcare system perspective. The CAT helps reveal each core agency partners' capabilities and resources, highlights cases of the same vendors being used for resource supplies by the partners, and addresses gaps in the community's capabilities or potential shortages in resources.

**Community Based Vulnerability Assessment, A Guide to Engaging Communities in Understanding Social and Physical Vulnerability to Disasters**

<http://www.mdcinc.org/sites/default/files/resources/Community%20Based%20Vulnerability%20Assessment.pdf>

This guidebook was made possible by a grant from the Federal Emergency Management Agency. The grant funded the Emergency Preparedness Demonstration Project, from which this guidebook was developed. The guidebook incorporates the lessons learned from six demonstration sites. It is designed to help communities identify vulnerable populations, anticipate how they will be affected by likely hazards, and develop strategies for reducing their vulnerability. The guidebook provides a step-by-step process for preparing an assessment of a community's physical and social vulnerability to disasters, both natural and technological, and includes detailed instructions for conducting an assessment, a list of information that is needed to complete the assessment, and worksheets for compiling and organizing data collected.

**Community Health Promotion Kit**

[http://web.archive.org/web/20130407052028/http:/www.health.state.mn.us/divs/hpcd/chp/hpkit/text/phase2.htm](http://web.archive.org/web/20130407052028/http%3A/www.health.state.mn.us/divs/hpcd/chp/hpkit/text/phase2.htm)

The Minnesota Department of Health developed the Community Health Promotion Kit in 1993. The Kit was distributed to communities in Minnesota to assist in developing health education and health promotion strategies within those communities. The Kit was made possible through the support and funding of CDC.

**Developing Effective Coalitions: An Eight Step Guide**

<http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html>

This resource was originally developed at the Contra Costa County (California) Health Services Department Prevention Program to assist public health programs in developing effective community coalitions for injury prevention.

**The Five Dysfunctions of a Team**

*The Five Dysfunctions of a Team*, published in 1998, is a business book by consultant and speaker Patrick Lencioni that describes the many pitfalls that teams face as they seek to "row together."

**Managing Teams for Dummies**

<http://www.dummies.com/store/product/Managing-Teams-For-Dummies.productCd-0764554085.html>

This book by Marty Brounstein is designed for anyone who has been asked to take on the role of team leader. This book can help a person manage a team, whether the person is a senior manager or worker who doesn't have supervisory responsibilities, but has become the point person on a specific project.

**Medical Center Hazard and Vulnerability Analysis Tool**

<http://www.calhospitalprepare.org/sites/main/files/file-attachments/kp_hva_template_2010.xls>

Kaiser Permanente developed this tool, which is available for download as a planning resource. This tool is a sample only and is not a substitute for a comprehensive emergency preparedness program; individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

**Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery**

<http://www.phe.gov/Preparedness/planning/mscc/Documents/mscctier2jan2010.pdf>

The purpose of this handbook is to provide guidance to healthcare planners on how to develop, implement, and maintain cost-effective and response-orientedhealthcare coalitions. It describes the common elements of an effective healthcare coalition that may be applied in any locale to operationally support individual healthcare organizations and the larger community response to emergencies or disasters.

**Medical Surge Preparedness Workshop Tool**

(To be available soon)

Developed by CDC-HPA, this tool provides community partners with a step-by-step process to use in planning and conducting a workshop to meet specific community needs, such as the many group-oriented tasks outlined in the *Framework*.

**NACCHO Mobilizing for Action through Planning and Partnerships Framework**

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning tool for improving community health. Facilitated by public health leaders, this tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

**Oregon Health Authority, Public Health Hazard Vulnerability Assessment**

<http://public.health.oregon.gov/Preparedness/Partners/Documents/OHA%208584%20PH%20Hazard%20Vulnerability.pdf>

This assessment reviews potential disasters and the consequences for the health of Oregon's population and the public health sector. Local health departments, tribal health agencies, and their emergency management partners reviewed 43 possible natural hazards and human-made threats; and they prioritized three weather-related disasters as most likely to occur: wildfires, winter storms, and flooding. Eleven additional hazards were identified as possible events meriting public health attention. It also should be noted that, in the near future, local climate change models will become available for local planners, and other weather-related priorities may emerge.

**Strengthening Emergency Response through a Healthcare Coalition, A Toolkit for Local Health Departments**

<http://www.apctoolkits.com/kingcountyhc/>

The King County Healthcare Coalition developed this toolkit to help health jurisdictions approach the topic of developing a coordinated healthcare system.

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1. From *Coalitions: Is Your Coalition on the Road to success?*, Minnesota Department of Health. Available at <http://www.health.state.mn.us/communityeng/needs/success.html>. [↑](#footnote-ref-1)
2. The authors of this document consider the terms *sectors* and *subsectors* to be different. For example, healthcare is considered to be a *sector* whereas hospitals, primary care providers, long-term care agencies, urgent care centers, and similar healthcare providers are considered to be *subsectors* of the healthcare sector. [↑](#footnote-ref-2)
3. A healthcare system is the complete network of agencies, facilities, and all providers of healthcare in a specified geographical area. [↑](#footnote-ref-3)
4. Emergency Support Function #8 – Public Health and Medical Services Annex to the National Response Framework provides the mechanism for coordinated federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. [↑](#footnote-ref-4)
5. This section is adapted from *Developing Effective Coalitions: An Eight-Step Guide,* Cohen L, Baer N, & Satterwhite P, Prevention Institute, 2002. [↑](#footnote-ref-5)
6. This section is adapted from the Minnesota Department of Health Community Health Promotion Kit, Minnesota Department of Health, 1993. [↑](#footnote-ref-6)
7. Your coalition will take on additional roles and responsibilities as you work through the *Framework*. The primary function of the coalition will be to validate the work of your planning team and to offer guidance as you move forward in your planning tasks. [↑](#footnote-ref-7)
8. This recommendation is made because most of the information gathered to produce this *Framework* came from meetings and workshops conducted by CDC-HPA with U.S. communities to help them prepare for a severe influenza pandemic. [↑](#footnote-ref-8)