

KEY STAKEHOLDERS

A coalition can engage people, ideas, and resources across community sectors (i.e. school, healthcare, worksite, childcare) to create a synergy of community support for chronic disease prevention and control efforts that will support people’s long-term health. A coalition comprised of a diverse group of stakeholders brings a wide variety of viewpoints and experiences, but there are certain people and groups whose representation on a coalition is essential.

KEY PARTICIPANTS

There are many key people that should be involved in a community coalition. Those from community, government, education, healthcare, and businesses are all integral parts. Depending on the mission of the coalition, it is equally important to include specific populations targeted by coalition efforts to garner buy-in from those affected. Involving influential members early on provides support and recognition for the community issues.

To begin developing a list of potential members, start with those who are well-known in the community in the following categories.

1. Community Sectors (i.e. Healthcare, Worksite)
2. Stakeholders
3. Community Leaders
4. Policy Makers
5. Concerned Citizens
6. Media

The chart below includes the rationale for including those key members and also some examples or suggestions of who they are. Some people and/or organizations will be represented in more than one example.

Group	Rationale	Examples	
		General	Specific
Community Sectors	Diverse representation to ensure all community needs are considered.	Education	Public, private, early childhood, college/ university, technical
		Business	Employers, health insurers, chambers of commerce
		Healthcare	Hospitals, clinics, care facilities
		Community	United Way, Boys & Girls Clubs, faith-based groups, service organizations, child care, government officials
		Grant makers	Foundations, community funds

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Stakeholders	Those most affected by the issue; those who have a stake in the success of the coalition's efforts and are charged with carrying out community functions related to the issue.	Those directly or indirectly involved in the coalition initiative.	Health and human service providers, organizations and community agencies, police, school personnel, probation and court system, local employers
Community Leaders	There are certain people in any community – some of whom may be influential themselves – who are likely to know just where the power and influence lies.	People who are highly credible in the community and display clear leadership potential, community agencies and organizations, civic groups.	Civic leaders, leaders of volunteer efforts, active parents, neighborhood improvement associations, clergy, business leadership, political figures-state representatives, mayors, town councilors, etc.
Policy Makers	Those in policy-making positions share interest and add credibility to the coalition; offer increased possibility of influencing policy in the area of interest.	The participation of local /state political leaders will increase chances of actually influencing policy in interest areas.	State legislative leaders and representatives, local (city and county) government officials, police departments, city boards, and others in policy-making positions
Concerned Citizens	Any coalition can benefit from the membership of concerned citizens who may have no direct connection to the issue at hand.	Student groups, parent groups, immigrant and migrant worker rights groups, service organizations, local affiliates of national organizations.	Fraternities, sororities, alumni associations, SADD, MADD, youth highly respected by their peers, PTA, CTA, AARP, NAACP, YMCA, United Way, Lions, Kiwanis, Knights of Columbus, Jaycees, Shriners, Exchange Club
Media	Contact them to publicize and promote your coalition and its efforts, not necessarily just to join the coalition.	Radio, television, newspapers, websites, billboards, flyers, messaging signs, social media.	Local sports coverage public service announcements, inclusions in mailers, Facebook

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In the chart below are key coalition members identified by groupings.

Business	Education	Government
United Way, Salvation Army, Goodwill, YMCA/YWCA, Boys & Girls Club, Faith-based groups, religious leaders, directors or staffers of health and human services agencies, local agency board members, local media representatives, citizen groups, advisory committees, neighborhood councils, local community organizations, social movements, neighborhood improvement associations	Public K-12 schools Private/parochial schools Early childhood/preschools Head Start programs Colleges and universities Technical schools School administrators Teachers PTA / CTA members School board members	Elected officials & their aides Municipal, county, state leaders County board members County Executives Mayors Public workers Local law enforcement People involved in political campaigns
Business	Healthcare/Public Health	Grantmakers/Funders
Chambers of Commerce Health insurers Employers (large and small) Retailers Association Community Development	Hospitals & clinics Profits & not-for-profits Mental health clinics Family clinics Public health departments	United Way Community Foundations

References

1. Rabinowitz, P., & Wolf, T. (2013). Chapter 5. Choosing Strategies to Promote Community Health and Development, Section 5. Coalition Building I: Starting a Coalition. *In The Community Toolbox, University of Kansas*. Retrieved from http://ctb.ku.edu/en/tablecontents/sub_section_main_1057.aspx
2. Everyday Democracy, Ideas & Tools for Community Change. (2013, August 6). *Build a Strong, Diverse Working Group and Organizing Coalition*. Retrieved from <http://www.everydaydemocracy.org/en/Page.Organizing.BuildTeam.aspx>

