COMMUNITY PERSPECTIVE

Building a functioning multi-sector coalition:

A case study from the Jerome Avenue Public Health Taskforce

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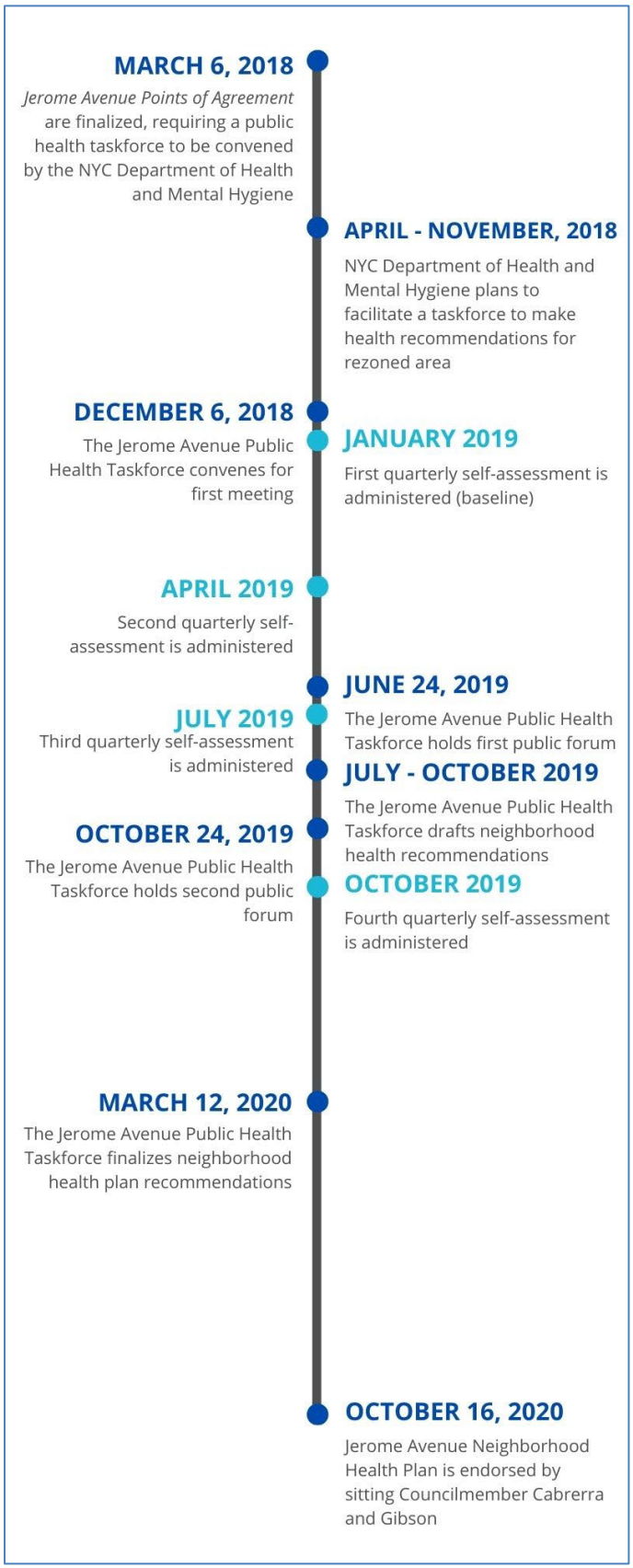
ABSTRACT

As a result of the Jerome Avenue Corridor rezoning in Bronx, New York, the Jerome Avenue Public Health Taskforce was convened by local elected officials in December 2018. Facilitated by the New York City Department of Health and Mental Hygiene, the Taskforce consists of a core group of 15 committed organizations from local civic, government, healthcare, and social service agencies, as well as neighborhood residents. Striving to address common challenges faced by diverse partners, the Taskforce implemented intentional strategies to enable transparent communication and tackle power dynamics. Best practices and lessons learned from this high-functioning coalition can serve as a model for future multi-sector collective action dedicated to health and community planning.

KEYWORDS: Government, Education, Sociology and Social Phenomena, Community health partnerships, Health disparities, Health promotion, Process issues, Power, Public Health, Urban Population

INTRODUCTION

On March 21, 2018, the New York City Council approved the Mayor's proposed rezoning of the Jerome Avenue Corridor, a 73-block area in Bronx, New York. The rezoning catalyzed a broader, more engaged, and more committed cross-sectoral collaboration than previous city-led zoning actions. Elected officials, acting on community concerns, called for the establishment of the Jerome Avenue Public Health Taskforce (the Taskforce) as one of several commitments articulated in the "Points of Agreement," a public-facing document signed by the Deputy Mayor that commits the City to specific actions related to the rezoning.(1) As a result, the New York City Department of Health and Mental Hygiene (the Health Department), led by an Assistant Commissioner and supported by a small team of agency staff, facilitated the creation of the Taskforce and its work, which resulted in a set of recommendations to guide investments and policies towards achieving equitable health outcomes for communities impacted by this rezoning. The mandated formation of this group represents a shift toward thinking about zoning, land use, and urban planning more holistically; health determinants and health concerns are not typically addressed in changes to zoning and land use. Figure 1 presents the project timeline; the project duration was dictated by Elected Officials.



The Health Department sought to convene a functioning group which could co-create group processes, communicate effectively, and ultimately deliver the Neighborhood Health Plan. Inherent in this work was the goal of building trust between the Health Department, partners, and the community. At the outset, the Health Department sought to include a diverse spectrum of stakeholders as Taskforce members. Local elected officials created an initial list of partner organizations and local leaders. Each prospective member reviewed the list prior to the launch and could suggest additional members, who were then invited. Before the first Taskforce meeting was convened, each invited partner met with the Health Department planning team and, utilizing structured questions, provided input on issues related to the group process, timelines, and governance.

Deeply aware of the history of racial injustice and poor health outcomes faced by this community, members were highly invested in the process. Partners were motivated by the opportunity to improve the social determinants of health and conditions created by generations of systemic racial inequities, disinvestment, and consequently, poor health outcomes. They were also motivated to mitigate the displacement of long-term residents through gentrification that too often accompanies rezoning. Taskforce membership fluctuated during the project lifespan as partners joined or left the group or attended meetings intermittently. However, a core group of 15 partners and one unaffiliated resident (Appendix A) worked consistently throughout most of the project timeline, including other members as schedules and interests permitted. All Taskforce members, regardless of level of participation, were provided the opportunity to attend monthly meetings, review documents, and respond to quarterly self-assessment questionnaires.

This article, authored by a subgroup of Taskforce members, illustrates specific strategies to anticipate and mitigate challenges of a multi-sector coalition and offers practical mechanisms for communicating and sharing power among diverse partners. Growing interest in developing functioning coalitions has accompanied the rise in community collaboration as a mechanism to address community concerns, particularly in public health, by increasing leverage to address complex social determinants of health independently.(2-4) Partnerships formed through coalitions also provide opportunities to share information and expertise.(5, 6) Although extensive literature documents coalition formation, development, and dynamics, there is more limited published guidance for specific methods to identify, acknowledge and ameliorate inequitable distribution of power among collaborative stakeholders. The authors are not aware of any work documenting such processes in a group addressing significant changes to land use.

This paper seeks to contribute to extant literature by providing concrete strategies to foster transparent communication and address power dynamics inherent to multisector partnerships in a coalition setting. It examines the case of a multi-sector Taskforce working collaboratively on a neighborhood health planning document for a recently rezoned area of the South Bronx, exploring two components of Taskforce functioning identified retrospectively based on evaluation findings: transparent communication and power dynamics; and presents concrete strategies used to mitigate concerns.

SELF ASSESSMENT TOOLS AND PROCESS

This paper draws on evaluation findings from quarterly self-assessment questionnaires, key themes from close-out conversations with Taskforce members, and perceptions of authors, all of whom served as Taskforce members and some of whom were Taskforce organizers representing

the Health Department, to document strategies for in a productive coalition. Drawing from existing coalition self-assessments, the group choose to implement formal self-assessments to surface group tensions, solicit ongoing feedback, and share power and responsibility over the group process. Working with a Health Department analyst knowledgable about data collection and survey methodology, a workgroup of Taskforce members was convened to determine the appropriate level of data confidentiality, frequency of self-assessment, and the topics to be explored. Thereafter, quarterly questionnaires were sent to all members regardless of their level of participation and frequency of attendance; the population of self-assessment respondents varied at each time point as membership fluctuated. In total, 23 individuals responded at baseline, 20 in the second and third quarterly iterations, and 17 in the final self-assessment. A few organizations, including the Health Department, had more than one representative in the Taskforce; each member was invited to participate in self-assessments separately. The Health Department analyst was responsible for administering and analyzing self-assessment data and intentionally abstained from the self-assessment and from group facilitation. Assessments and close-out conversations were conducted exclusively for programmatic evaluation. In consultation with the Health Department's Institutional Review Board, the work did not meet the institution's definition of research, thus the project was not submitted for Institutional Review Board approval. Table 1 shows select findings from the self-assessment questionnaires relevant to the content of this paper; self-assessment questions are presented in Appendix B.

PARTNER CONCERNS AND STRATEGIES TO MITIGATE ANTICIPATED CHALLENGES

Based on prior experiences in coalitions and conditions specific to this work, Taskforce members came to the group with two primary areas of concern related to Taskforce functioning and

effectiveness: (1) transparent communication, and (2) power dynamics. Dedicated strategies were implemented to mitigate these concerns and ensure effective functioning. Self-assessment findings and close-out interview themes assessed the extent to which concerns were successfully addressed.

Transparent communication

Engaging in transparent communication was essential to successful group progress, relationship building, and trust. Many Taskforce members shared concerns that communication could be too frequent or sparse, or that the Health Department or other member organizations might share only partial truths with the group.

Efforts for bidirectional open communication shaped the initial formation of the group, as discussed previously. Between Taskforce meetings, the Health Department made relevant documents (e.g., local health data, neighborhood health plans in other municipalities) available online. Throughout the process, Health Department facilitators regularly solicited informal input, which was documented, analyzed, and shared with the group to inform planning. Health Department facilitators spent approximately 8-10 hours of person-time per week planning, including anticipating potential areas of concordance or disagreements, digesting members' input into actionable forms, and ensuring focused agendas for meetings.

The quarterly self-assessment process itself was a means of fostering open dialogue. Analyzed findings were shared with the group through brief summaries and group discussions were facilitated about findings, using the input to refine Taskforce processes. Facilitators and Taskforce members did not have access to identified data to encourage honest responses.

Important issues, including power dynamics and sources of eroded trust, emerged through self-assessments and group discussions before they became serious obstacles to successful working relationships. The Taskforce relied on oral in-person communication to discuss informal and formal feedback and reach consensus on important decisions.

In the final self-assessment administered in November 2019, 94% (n=16/17) of respondents *agreed* or *strongly agreed* that communication among Taskforce members was open and effective. Similarly, 94% (n=16/17) of respondents *agreed* or *strongly agreed* that Taskforce members were listened to and heard. During close-out conversations, several Taskforce members shared that documentation, consistent agendas, and communication between meetings facilitated progress. Members who participated in these conversations highlighted transparent discussion of self-assessment findings as beneficial to group functioning.

Power dynamics

Known power dynamics existed within the group. Taskforce members represented different partner types (i.e., providers, advocacy groups, government), sectors (i.e., health, housing), and levels of experience. Most Taskforce members were at high levels of seniority within their respective agencies to ensure authority for decision making. Consequently, they brought histories of complex relationships with other members. Organizations had sought similar funding sources, or alternatively had partnered together – some even partnered to organize against the rezoning. Given the Health Department's role as facilitator and position as a City agency, many members expressed particular concern that the process would support the interests of the City over interests of the community. Members were unsure whether their efforts would serve meaningful purpose beyond fulfilling a requirement of the rezoning's Points of Agreement and giving public

appearance of community input in the future development of the area. Some members did not want their participation to be perceived as implicit endorsement of the rezoning itself. In self-assessment questionnaires, Health Department staff shared concerns that they might be perceived as influencing the process to suit their own or City Councilmembers' agendas. If important decisions were perceived to be made by the Health Department, it would quickly erode trust. External power differentials were also in effect: members expressed concern that recommendations may be perceived as a prescription from "experts" onto a marginalized community, and held strong convictions that those most affected by the rezoning, longtime community residents, should be instrumental in crafting the recommendations. Some members were concerned that community participation would be tokenized: touted, but effectively non-existent.

Acknowledging that the initial snowball recruitment process might have missed identifying important stakeholders, the group remained open to new members throughout the duration of the project, including extending invitations to community members to join the Taskforce at each public forum. While keeping membership open can be a way to share power, joining a fully formed Taskforce can be difficult for the individual, potentially limiting their input, and disruptive to existing group processes. To mitigate these concerns, new members received information packets and orientation to existing documents. New members were assigned a "buddy" for support.

Power dynamics among members was measured by proxy measurements such as strength of relationships and comfort in engaging in disagreements. In the final self-assessment, 88% (n=15/17) of respondents *agreed* or *strongly agreed* that existing partnerships had been

strengthened between organizations, and 82% (n=14/17) *agreed* or *strongly agreed* that new partnerships had been formed between organizations. All respondents (n=17/17) *agreed* or *strongly agreed* that Taskforce members felt free to disagree with one another during meetings, indicating that members felt comfortable voicing dissenting views regardless of the relative power of their position or organization. The small number of negative responses in these or other self-assessment questions were not consistently associated with respondents who had relatively less organizational power among the group.

Nearly half of Taskforce members who participated in close-out conversations reported feeling that power dynamics did not impact group processes. A few acknowledged that such dynamics existed but were a result of interpersonal rather than institutional power. Notably, new members who were affiliated with partner organizations were not incorporated as fully as the resident who joined the group midway through the process. Assigning buddies was inconsistently implemented; additional orientation or instruction might have improved new members' transition into the group. Some Taskforce members also noted that partner organizations had different and unequal abilities related to resources. One organization with convenient space hosted each meeting; some organizations provided food or interpretation services for the public forums; the Health Department supported data-related efforts. Pooling resources made such activities feasible, but some members felt it fostered unequal investment.

To address concerns about sharing collective Taskforce power with the broader community, the group organized two public forums to engage and inform community members on the recommendations during the project lifespan. The first forum gathered resident perspectives on community needs and priorities. Proposed recommendations were then developed by the

Taskforce in response to resident-identified needs. At the second forum, the public gave testimony and provided input on each proposed recommendation. Over 100 community members attended the first forum and 36 attended the second. After the second forum, an online and paper survey was distributed to collect additional input on proposed recommendations; 43 responses were recorded during and after the second public forum. Though input was invaluable, it came from a small proportion of the community impacted by rezoning and did not fully ameliorate concerns about meaningful community engagement. No formal mechanism existed for Taskforce members to regularly engage their respective clients/patients and report back to the group, and informal efforts were constricted by the imposed project timeline and the lack of monetary resources or incentives that could be offered to residents for their participation. Taskforce members periodically expressed the need for focus groups and broader surveying to engage other members of the community, but such efforts were not possible in the absence of additional staffing, time, and funding.

RECOMMENDATIONS AND CONCLUSION

To address initial concerns related to transparent communication, facilitators provided several mechanisms for input by Taskforce members. Providing scheduled formal as well as ongoing informal opportunities for input created a culture of shared responsibility, allowed for adjustments, and diffused tensions. Engaging in thoughtful, regular self-assessment via an agreed-upon survey tool as well as more informal mechanisms and openly discussing results on an ongoing basis are recommended to improve functioning in a multi-sector coalition. However, the process would have been improved if facilitators had articulated how specific findings translated into changes in group processes. In addition, facilitators could have more clearly noted

where feedback was heard but could not realistically be implemented due to limited resources or other constraints.

Group functioning was less hindered by power dynamics than initially anticipated. Future coalitions are encouraged to practice open invitation to the group and open dialogue as challenges are identified. The fear that neighborhood residents would be insufficiently incorporated as equal participants was less successfully addressed. Taskforce members did not discuss openly nor come to consensus about whether residents would be provided opportunities for input by the organizations at the decision-making table, or if unaffiliated residents would be included as equal participants in influencing institutional change. Though residents were invited to join the Taskforce at each public forum, only one did. A lesson learned is to identify what resources each member can contribute to support community engagement, and to create a shared understanding among coalition members at the start of the project about plans to solicit input from their respective constituents.

Future coalitions would benefit from dedicated efforts to measure the impacts of racism on power dynamics. The Taskforce intended to measure racial tensions as a component of power dynamics through agreement with the self-assessment question *"People of different races/ethnicities feel comfortable sharing their opinions and participating in meetings"*. However, responses did not identify concerns that were elevated during close-out conversations, possibly because the question asked about others in the group rather than each respondent's own experiences. Further research is needed to understand how racial tension can be accurately measured in coalition group dynamics.

By working together effectively, the Taskforce met its stated goal: to produce concrete health recommendations for the rezoning.(7) Stronger relationships were built among Taskforce member organizations as well as between the Health Department and local partners. Best practices and lessons learned can be used as a model to build stronger multi-sector partnerships in other communities to engage in collective action and collaborative community planning.

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Table 1. Select Findings from the Quarterly Coalition Self-Assessment Questionnaires, January - November 2019
This table presents select findings relevant to Taskforce communication, and relationships as a measure of power dynamics, highlighting responses to questions asked in multiple iterations of the self-assessment for comparison over time.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	Jan-19	Apr-19	Jul-19	Nov-19
	n (%)	*n (%)*	*n (%)*	*n (%)*
Total N*	28 (100)	20 (100)	20 (100)	17 (100)
Agreement with *"I have a clear understanding of the Taskforce mission and vision."*				
Strongly agree/agree	25 (90)	19 (95)	20 (100)	17 (100)
Strongly disagree/disagree	1 (4)	0 (0)	0 (0)	0 (0)
Missing	2 (7)	1 (5)	0 (0)	0 (0)
Agreement with *"People of different races/ethnicities feel comfortable sharing their opinions and participating in meetings."*				
Strongly agree/agree	-	20 (100)	17 (85)	15 (88)
Strongly disagree/disagree	-	0 (0)	1 (5)	0 (0)
Missing	-	0 (0)	2 (10)	2 (12)
Agreement with *"The Taskforce members put the interests of the community first."*				
Strongly agree/agree	-	-	19 (95)	17 (100)
Strongly disagree/disagree	-	-	1 (5)	0 (0)
Missing	-	-	0 (0)	0 (0)
Agreement with *"Taskforce members are listened to and heard."*				
Strongly agree/agree	-	20 (100)	20 (100)	16 (94)
Strongly disagree/disagree	-	0 (0)	0 (0)	1 (6)
Missing	-	0 (0)	0 (0)	0 (0)
Agreement with *"Communication among Taskforce members is open and effective."*				

Strongly agree/agree	-	19 (95)	20 (100)	16 (94)
Strongly disagree/disagree	-	0 (0)	0 (0)	1 (6)
Missing	-	1 (5)	0 (0)	0 (0)
Agreement with *"Task Force members are dependable and follow through on promises."*				
Strongly agree/agree	-	16 (80)	18 (90)	16 (94)
Strongly disagree/disagree	-	2 (10)	1 (5)	0 (0)
Missing	-	2 (10)	1 (5)	1 (6)
Agreement with *"Task Force members are transparent with each other about needs, priorities, and resources."*				
Strongly agree/agree	-	18 (90)	18 (90)	14 (82)
Strongly disagree/disagree	-	0 (0)	1 (5)	3 (18)
Missing	-	2 (10)	1 (5)	0 (0)
Agreement with *"The Task Force develops specific roles and responsibilities for members based on their resources and skills."*				
Strongly agree/agree	-	12 (60)	15 (75)	13 (76)
Strongly disagree/disagree	-	6 (30)	3 (15)	4 (24)
Missing	-	2 (10)	2 (10)	0 (0)
Belief that to date, the Taskforce has achieved the following outcome(s):				
Existing partnerships have been strengthened between organizations	-	12 (60)	15 (75)	15 (88)
New partnerships have been formed between organizations	-	9 (45)	9 (45)	14 (82)
Data has been shared between organizations that did not previously share information	-	8 (40)	7 (35)	4 (24)
None of the above	-	3 (15)	0 (0)	0 (0)
Other changes in relationships†	-	4 (20)	3 (15)	2 (12)
Missing	-	0 (0)	1 (5)	1 (6)

**A decrease in total number of respondents over time does not necessarily indicate a decrease in assessment response rate. Overall participation in the Taskforce group fluctuated as individuals left the group, new members joined, and some members missed several meetings and then resumed participation. At each self-assessment time point, most active members responded to the online survey.*

†*Other reported changes in relationships included: increased familiarity and comfort with other members of the group; development of shared values and priorities; greater awareness of events and resources other organizations; strengthened relationship and increased trust with the Health Department; deeper understanding of community needs.*

Appendix A. Jerome Avenue Public Health Taskforce Membership

The Jerome Avenue Public Health Taskforce membership fluctuated during the project lifespan as partners joined or left the group or attended meetings intermittently. This table presents the list of partner organizations with consistent presence in Taskforce meetings and efforts throughout most of the project timeline.

Organization	Partner Type	Website
NYC Department of Health and Mental Hygiene – Bronx Health Action Center	Government Entity	https://www1.nyc.gov/site/doh/health/neighborhood-health/action-center-tremont.page
Women's Housing and Economic Development Corporation (WHEDco)	Community Organization	https://whedco.org/
The Institute for Family Health/Bronx Health REACH	Healthcare Organization	https://www.institute.org/
New Settlement	Community Organization	https://newsettlement.org/
Bronx 14th Council District	Elected Official	https://council.nyc.gov/district-14/
Bronx 16th Council District	Elected Official	https://council.nyc.gov/district-16/
Bronx Community Board 4	Government Entity	https://www1.nyc.gov/site/bronxcb4/index.page
Bronx Community Board 5	Government Entity	https://www1.nyc.gov/site/bronxcb5/index.page
Community Action for Safe Apartments (CASA)	CASA, A project of New Settlement	https://nsacasa.wordpress.com/
Union Community Health Center	Healthcare Organization	https://www.uchcbronx.org/
Morris Heights Health Center	Healthcare Organization	https://www.mhhc.org/
BronxCare Health System	Healthcare Organization	https://www.bronxcare.org/
Montefiore Health System	Healthcare Organization	https://www.montefiore.org/
BronxWorks	Community Organization	http://www.bronxworks.org/
Sauti Yetu Center for African Women	Community Organization	http://www.sautiyetu.us/
G.S. (Community Resident)	Resident	N/A

Appendix B. Self-Assessment Survey Question Bank

Each self-assessment questionnaire contained a subset of questions drawn from the question bank below. Questions were selected from this bank for each self-assessment iteration with the following considerations:

- To address the most pressing concerns of the group at that time (i.e., to collect feedback on a recent public forum)
- To re-ask prior questions when appropriate to compare aggregate responses over time
- To keep the questionnaire a reasonable length (approximately 15 minutes) at the suggestion of the Self-Assessment workgroup

1. Do you feel that additional groups need to be added to the Task Force at this time?
   - ☐ Unsure
   - ☐ No
   - ☐ Yes, please specify: _____

Please select the box that best represents your level of agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
2. The Task Force membership reflects the community residents and business owners impacted by the rezoning project.	☐	☐	☐	☐
3. I have a clear understanding of the Task Force mission and vision.	☐	☐	☐	☐
4. There are opportunities for Task Force members to take leadership roles.	☐	☐	☐	☐
5. People of different races/ethnicities feel comfortable sharing their opinions and participating in meetings.	☐	☐	☐	☐

6. What are your expectations for this group during the year that the Task Force will convene? *(List up to three.)*

7. What are your biggest concerns about the ability of the Task Force to function effectively and meet these expectations? *(List up to three.)*

Please select the box that best represents your level of agreement with the following statements about the Task Force vision and process:

	Strongly Agree	Agree	Disagree	Strongly Disagree
8. Action items determined at meetings are completed within the designated timeframe.	☐	☐	☐	☐
9. The Task Force develops specific roles and responsibilities for members based on their resources and skills.	☐	☐	☐	☐
10. The Task Force assures that members complete assignments in a timely manner.	☐	☐	☐	☐

Please select the box that best represents your level of agreement with the following statements about Task Force members' relationships:

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. Communication among Task Force members is open and effective.	☐	☐	☐	☐
12. Task Force members are listened to and heard.	☐	☐	☐	☐
13. Task Force members are dependable and follow through on promises.	☐	☐	☐	☐
14. Task Force members are transparent with each other about needs, priorities, and resources.	☐	☐	☐	☐
15. Members feel free to disagree with one another in Task Force meetings.	☐	☐	☐	☐
16. Where there is disagreement, members are willing to compromise in order to move forward.	☐	☐	☐	☐

17. Which outcomes do you feel have been achieved within the Task Force to date? *(Select all that apply.)*
    - ☐ Existing partnerships have been strengthened between organizations.
    - ☐ New partnerships have been formed between organizations.

☐ Data has been shared between organizations that previously did not share information.
☐ None of the above.
☐ Other changes in relationships, please specify: _____

18. What processes and practices intentionally or unintentionally include community members? What processes and practices exclude community members?

19. What processes and practices do you feel are contributing to the success of the Task Force?

20. What barriers need to be removed in order for the Task Force to function more effectively?

Please select the box that best represents your level of agreement with the following statements about the [DATE OF PUBLIC MEETING] JAPHTF Public Meeting:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A (Did not attend)
21. The participants in the meeting reflected the diversity of the people and views of the community.	☐	☐	☐	☐	☐
22. There was sufficient opportunity for participants to exchange views and learn from each other.	☐	☐	☐	☐	☐
23. I believe that this meeting will result in better decisions on the topics discussed.	☐	☐	☐	☐	☐
24. JAPHTF members were prepared to fulfill their roles at the meeting.	☐	☐	☐	☐	☐

25. What was successful about the public meeting? What could we improve for the next public meeting?

26. What are your three biggest concerns about the process and results of the Task Force work so far?

27. As a result of the Task Force work so far, what are the three most significant things you have learned?

28. Do you think that community interests have been represented in the work of the Task Force so far? Why or why not? Do you have specific recommendations for activities the Task Force can undertake to ensure community interests are represented in the final recommendations?