



Strength in Numbers:

A Guide to Building Effective Medicare Advocacy Coalitions

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Introduction

The Medicare program has long been a bastion of affordable health care for millions of older Americans and people with disabilities. Now, uncertainties surrounding its future have prompted a growing number of Medicare stakeholders to seek to influence public policy in local, state and national arenas. In this work, coalitions are an increasingly popular advocacy tool for effecting change, particularly given the scope of the issues and needed actions.

For the purposes of this paper, a coalition is “a union of people and organizations” whose members “commit to an agreed-on purpose and shared decision-making to influence an external institution or target, while each member organization maintains its own autonomy.”^{1, 2} Coalitions can offer an array of benefits to members, including more effective networking and information sharing, increased access to resources, a shared mission, a stronger voice and greater advocacy momentum, heightened accountability, and improved problem-solving. Coalitions also require thoughtful development, commitments of time and resources, compromise, and ongoing evaluation.

This paper will explore how coalitions can be useful for achieving Medicare advocacy goals, provide a step-by-step guide for forming a coalition and discuss the elements of effective coalitions. The paper includes several concrete examples of successful Medicare-related coalition advocacy, in Florida, Illinois, Kansas, Maine, New York and Wisconsin. In addition, appendices to the paper synthesize the attributes of effective Medicare advocacy coalitions and provide a checklist for coalitions to use to assess their efforts. It is hoped that the following discussion can aid existing Medicare advocacy coalitions in evaluating—and, where needed, refocusing—their efforts, and nascent coalitions in determining the optimal path to collective success.

Reasons to Form a Coalition

Coalitions can take many forms but at core are a means of tackling issues that are too big or too complicated for individual organizations to successfully address independently. A broad goal, such as preserving Medicare, might unite one coalition, while another coalition might be formed in order to increase beneficiaries’ access to Medicare information and benefits. In both cases, the coalition of individuals or organizations is greater than the sum of its parts. Coalitions can be a good idea for any group of entities that can articulate a common goal and shared means of achieving that goal.³

¹ Cohen, Larry, N. Baer, P. Satterwhite. “Developing Effective Coalitions: An Eight Step Guide.” In: Wurzbach ME, ed. *Community Health Education & Promotion: A Guide to Program Design and Evaluation*. 2nd ed. Gaithersburg, Md: Aspen Publishers Inc:144-161 (2002).

² Mizrahi, Terry and Beth B. Rosenthal (2001).

³ There is some evidence to show that the term “coalition” may be falling out of favor with advocates, as it does not always convey sufficient urgency or suggest a clear-cut goal or end-point. In some cases, the term “task force” or “work group” might suit a coalition’s function better. Further, a single coalition might include multiple task forces or work groups, each charged with achieving specific objectives, toward a common goal.

Many causes can benefit from a coalition-driven effort, though the coalitions themselves take different shapes. Table 1 describes how hypothetical Medicare advocacy coalitions might differ based on their goals (e.g., to educate, to achieve reforms, to implement reforms):

Table 1: Coalition Goals and Resulting Characteristics

Coalition Goal	Scope	Core Membership	Lifespan⁴
To educate a state’s beneficiaries on new Medicare preventive care benefits.	Statewide	Consumers, advocates	Short-term
To analyze Medicare rules and regulations and frame key issues for multiple stakeholders.	National	Advocates	Long-term
To advocate and achieve an expansion of benefits under Medicare.	National	Consumers, advocates, policymakers	Medium- to long-term
To ensure smooth implementation of a specific set of new Medicare rules (e.g., health reform).	Statewide and national	Advocates, policymakers	Medium-term

Regardless of a coalition’s goal, it is important to note that building a coalition is not an advocacy strategy unto itself.⁵ Rather, the coalition, like its members, must define, implement and continuously assess a variety of strategies for achieving advocacy objectives. Later, this paper will describe the scope and strategies of existing Medicare advocacy coalitions, including the Coalition of Wisconsin Aging Groups (CWAG), the national Diverse Elders Coalition, the Florida Community Health Action Information Network (Florida CHAIN), the Kansas Health Consumer Coalition, Maine’s Medicare Workgroup (and related Medicare Part D Stakeholders’ Group), the Illinois-based Make Medicare Work (MMW) Coalition, the New York City Benefits Workgroup, and the New York State Medicare Savings Coalition.⁶

⁴ Coalitions can of course achieve one objective and collectively decide to pursue others. Here we assume that achievement of the initial goal results in the dissolution of the coalition.

⁵ Raynor, Jared, et al (TCC Group). “What Makes an Effective Coalition? Evidence-Based Indicators of Success” (March 2011).

⁶ These coalitions’ missions vary but all are committed on some level to the goal of increasing access to affordable health care for vulnerable populations, including people with Medicare.

Forming a Coalition

Coalition formation need not be a daunting undertaking—and this section offers a step-by-step guide that individuals and organizations can use to consider and build a coalition, and that existing coalitions can use to assess their structure and progress.⁷ Based on this section, Appendix A contains a short list of the attributes of effective Medicare advocacy coalitions, to further aid existing and prospective coalitions in their work.

Step 1: Collectively define your purpose and mission. Most coalitions begin with a smaller stakeholder group. With this group, decide who will facilitate the initial discussion and draft a meeting summary in order to articulate what you hope to accomplish (your *goal destination*), and why a coalition is necessary to achieve objectives (your *value proposition*).

Perhaps you aim to increase enrollment in Medicare-related public benefits—an initial objective of the New York City Benefits Workgroup and the New York State Medicare Savings Coalition—or pursue reforms to increase health care access for vulnerable populations—an objective of Florida CHAIN and Maine’s Medicare Workgroup. Maybe you represent a minority population and wish to forge a coalition-based alliance with other organizations serving minorities—the impetus for the Diverse Elders Coalition. This step offers the opportunity to determine whether and how each potential coalition member can remain true to their own missions while jointly pursuing the overarching aims of the coalition.

Some common goal destinations among Medicare advocacy coalitions include the following:

- Increased visibility of Medicare issues (e.g., through publications, web presence, media)
- Better relationships with state and federal health policymakers and allies
- Increased data and knowledge of Medicare issues
- Activation of broader constituency (e.g., older adults, people with disabilities, caregivers, retirees) and increased public will
- Adoption or blocking of new Medicare proposals

⁷ This section’s steps are inspired by guidelines set forth by the Public Health Institute’s Center for Civic Partnerships (2007).

A Note on Goal Destinations and Value Propositions

A *goal destination* is a more academic term for the result or results that a coalition hopes to achieve. Coalitions must have a clear vision, and members must be able to clearly articulate the group's goal destination. Further, effective coalitions tend to provide a strong *value proposition*, which is the reason or reasons potential members should join the coalition rather than joining another coalition or remaining unaffiliated. A strong value proposition in turn leads to *value-based commitment*, whereby members feel a strong affinity with a coalition because it ties into their own organizations' work, community or well-being. Significantly, a value-based commitment must extend beyond a desire to socialize with other coalition members and discuss common issues and challenges. In other words, a coalition driven by a *social goal destination* tends to draw like-minded members and have difficulty sustaining activities since "the focus is inward on participants and their needs, rather than outward [on] the needs of the issue."⁸

Step 2: Recruit members. When considering how to engage members, think broadly, keeping in mind that "if you're in a coalition and it's comfortable, you know it's not a broad enough coalition."⁹ In other words, go beyond your natural allies. Involve consumers, advocates, business, media and policymakers, if any or all of these can help achieve your initial objectives. In Maine, for instance, the Maine Medicare Workgroup is run through the Maine Office of Elder Services and includes representatives from state agencies and advocacy groups, as well as the Centers for Medicare & Medicaid Services (CMS), the Social Security Administration (SSA), AARP, disease groups and others.¹⁰ In some cases, a more limited membership may make sense. For example, the national Diverse Elders Coalition directly engages just seven members to promote policies and programs to benefit all older adults.¹¹ Table 2 summarizes some key attributes of effective coalition members.

⁸ Raynor, Jared, et al (TCC Group). "What Makes an Effective Coalition? Evidence-Based Indicators of Success" (March 2011).

⁹ Bernice Johnson Reagon, civil rights activist.

¹⁰ Summer, Laura, et al. "Medicare Part D: State and Local Efforts to Assist Vulnerable Beneficiaries," The Commonwealth Fund (May 2008). Cited in Dershowitz, Scott. "Local Promise: Maximizing Enrollment into Low-Income Medicare Programs through State-based Consumer Advocacy," Medicare Rights Center (July 2010): <http://www.medicarerights.org/pdf/Local-Promise.pdf>. Among other accomplishments, the Maine groups have developed messaging to increase enrollment into Medicare Savings Programs, as well as, in 2011, advocating for the eligibility limits for these programs being preserved at a level above the federal floor. Supplemented by a conversation with Anne Smith at Maine Legal Services for the Elderly (September 2011).

¹¹ Diverse Elders Coalition members include Asociación Nacional Pro Personas Mayores, the National Asian Pacific Center on Aging, the National Caucus & Center on Black Aged, the National Hispanic Council on Aging, the National Indian Council on Aging, Services & Advocacy for GLBT Elders, and the Southeast Asia Resource Action Center.

Table 2: Key Attributes of Effective Coalition Members¹²

- Willingness and ability to work collaboratively
 - Clear sense of what they bring to the table (e.g., time, relationships, reputation)
 - Clear sense of what they want from coalition participation
 - Willingness to share resources and power
 - Willingness and ability to identify creative solutions to problems
 - Ability to address conflict constructively
 - Staffing sufficient to ensure timely decision-making and task completion
 - Ability to connect the dots among their mission and activities, those of other coalition members, and those of the coalition
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Step 3: Define roles and articulate ground rules. Before undertaking goal-oriented projects, it is important to establish member expectations and ensure that everyone is on the same page in terms of what they are giving to and receiving from the coalition. Ensuring members' understanding of coalition leadership and facilitation is also important. Many coalitions, including Maine's Medicare Part D Stakeholders' Group and the New York State Medicare Savings Coalition, are led by a coalition member (Maine's Governor's Office in the case of the former and the Medicare Rights Center in the case of the latter). Other coalitions, such as CWAG and the Kansas Health Consumer Coalition, are organized by a nonprofit entity formed expressly to mobilize members and manage coalition activities and member roles.¹³ In tandem with articulating leadership and roles, your coalition will benefit if members collectively define decision-making processes and ground rules. You may decide to record these processes and rules in a Memorandum of Understanding (MOU), or simply distribute your mission, goals, and proposed activities and seek general agreement.

Finally, effective coalitions address conflict immediately. Some disagreement is natural in a coalition environment, given the differences in individual backgrounds and goals. As such, open communication is key, and coalition leaders and facilitators must ensure that all perspectives can be heard at meetings and in other communications. Further, as Medicare policy landscapes change, perspectives and positions may also change, requiring careful discussion and sometimes a realignment of priorities and activities. Developing a transparent conflict-resolution process early on will help mitigate conflicts later on.

Step 4: Commit to clear, frequent and inclusive communication. In order to remain focused yet adaptable, it is essential that your coalition's members communicate regularly and that all members feel heard. Communication can take the form of conference calls, e-mail updates, website postings, newsletters and in-person meetings. The important thing is that communications are regularly scheduled, led in a way that

¹² These attributes are distilled from "capacities" described in Raynor, Jared, et al (TCC Group). "What Makes an Effective Coalition? Evidence-Based Indicators of Success" (March 2011).

¹³ Nolo provides useful information and step-by-step guides on forming a 501(c)3 tax-exempt organization (e.g., <http://www.nolo.com/legal-encyclopedia/form-nonprofit-501c3-corporation-30228.html>). A coalition should consider carefully whether this is the right choice given membership and mission.

promotes engagement while staying focused, and recorded and shared with all members. If the coalition branches into work groups or subcommittees, these entities, too, should keep clear, centralized records of all communications. Good records help new members understand a coalition's past, as well as providing a reference point for determining future courses of action. Put simply, if it is not written down, it did not happen.

Step 5: Develop and hone work plans and timelines. Work plans and timelines can be a good way to capture the roles and responsibilities of different coalition members, as well as to hold members accountable to the coalition and vice versa. For instance, your coalition may create a work plan or roadmap—potentially premised on a broader *logic model*—to detail the steps required to achieve a particular Medicare reform (e.g., educating and mobilizing consumers around an issue, generating press, meeting with and swaying policymakers).

A Note on Logic Models

Effective coalition work plans may originate from a *logic model* that, in line with the coalition's goal destination, defines the coalition's *inputs, activities, outputs, outcomes* and *impact*.¹⁴ Briefly, these terms can be defined as follows:

- **Logic Model:** A systematic and visual way to present and share an understanding of the relationships among the resources a coalition has to operate its program/s, the activities it plans and the changes or results it hopes to achieve.
- **Inputs:** Also known as *resources*, the human, financial, organizational and community resources a coalition can direct toward project work.
- **Activities:** The processes, tools, events, technologies and actions developed and undertaken by a coalition to achieve results.
- **Outputs:** The direct products of a coalition's activities (e.g., the types and levels of services provided or actions taken).
- **Outcomes:** Changes in behavior, knowledge, skills and/or status among coalition members and those targeted by the coalition, including beneficiaries, government entities, advocates, and the media.
- **Impact:** A long-term measure of the change that occurs among coalition members and those targeted by the coalition as a result of coalition activities.

¹⁴ Much has been written about logic models, their components and their various uses. Here, the primary reference is the W.K. Kellogg Foundation's *Logic Model Development Guide* (January 2004).

Step 6. Evaluate coalition progress and make adjustments as needed. At each stage in your coalition’s development (e.g., defining purpose, recruiting members, developing and honing work plans), it is important for members to evaluate the coalition’s goals and value proposition. Questions to pose to the membership include:

- Does our logic model and work plan reflect our agreed-upon mission?
- Have we set realistic goals?
- What methods have we agreed upon to accomplish our goals?
- Are our methods effective in reaching our goals?
- How much time do we anticipate it will take to reach our goals?
- At what point do our efforts produce diminishing returns?

Beyond this assessment, your coalition may decide to pursue a more formal evaluation, which may be either *formative* or *summative*. A formative evaluation focuses on a coalition’s process—that is, the steps taken by members to achieve desired results—and a summative evaluation addresses whether the coalition has achieved desired results. Regardless of the evaluation type—or the formality of your evaluation process—it is important to note that your coalition should look beyond its planned activities to unanticipated activities and results that may have occurred as the coalition formed and grew.¹⁵

A Note on Ending Coalitions

It is inevitable at some point that coalitions will either end or evolve in purpose. The question of if and when to end a coalition can be made simpler by regularly addressing assessment questions like those posed above. Further, as demonstrated in Table 1, a coalition’s goals help define its optimal lifespan. Value proposition also factors into a coalition’s lifespan: a coalition may have realistic goals, but without buy-in from members (i.e., a high value-based commitment) it will not last. Assuming a high value proposition, some coalitions will achieve their goals and collectively decide to disband. Coalitions that opt to disband can do so smoothly and responsibly by reviewing, celebrating, and publicizing their accomplishments (e.g., in policy reports and presentations). Other coalitions will achieve their goals, identify new goals and carry on. Unfortunately, some grant- or contract-funded coalitions dissolve when funding expires, even if they have not achieved desired outcomes. Effective coalitions will incorporate resource development into their logic models and work plans.

The Core Capacity Model: Elements of Effective Coalitions

The Core Capacity Model, developed by TCC Group, provides a relatively simple way to understand the elements of effective coalitions. While the model arises from a more academic framework, it can help organizations conceptualize and evaluate their coalition work, as well as secure funding for coalition activities. The four interrelated

¹⁵ Cohen, Larry, N. Baer, P. Satterwhite. “Developing Effective Coalitions: An Eight Step Guide.” In: Wurzbach ME, ed. *Community Health Education & Promotion: A Guide to Program Design and Evaluation*. 2nd ed. Gaithersburg, Md: Aspen Publishers Inc:144-161 (2002).

components, or capacities, of the Core Capacity Model are briefly defined below, each followed by a real-life case example demonstrating that capacity. In addition, Appendix B contains a Coalition Capacity Checklist in line with these four categories, for consideration when forming and assessing coalitions.¹⁶

1. Leadership Capacity: ability of a coalition to create and sustain its vision, as well as inspire, model, prioritize, make decisions, provide direction and innovate in order to achieve the coalition’s mission.

Leadership Capacity Case Study

A shared goal destination, formalized rules, core leadership team and transparent decision-making processes all factor into a coalition’s leadership capacity. The success of the Illinois-based Make Medicare Work Coalition (www.makemedicarework.org/) underlines the importance of leadership capacity. The goal of this coalition, created in 2005, is to collaboratively provide effective education, outreach and policy development to Illinois consumers on Medicare, state health and prescription drug programs, and health reform. The coalition is jointly led by three organizations—AgeOptions (the suburban Cook County Area Agency on Aging (AAA)), Health & Disability Advocates, and the Progress Center for Independent Living. Members include Illinois’s 13 AAAs and more than 700 individuals from 300 organizations, including local, state and federal agencies; social service and health care providers; and advocates. The three lead organizations develop numerous Medicare materials and presentations for use by coalition members, on topics ranging from federal health care reform to the importance of Illinois Cares Rx (the state’s Pharmaceutical Assistance Program) to Medicare fraud and how to avoid it. Materials and updates are shared at three annual meetings, six conference calls and an annual summit. The coalition also offers two basic trainings and one advanced orientation for new members, outlining key issues and ensuring that all members are familiar with the state and federal benefits programs as well as the coalition’s services and ground rules. Significantly, the identity of the Make Medicare Work Coalition comes before the identity of its lead organizations. For example, a 2011 Medicare Preventive Care Services handout was developed by “AgeOptions for the Make Medicare Work Coalition.” For its contributions to the coalition, AgeOptions was in 2011 presented with an Innovations in Aging Award by the National Association of Area Agencies on Aging. Upon receipt of the award, Jonathan Lavin, president and CEO of AgeOptions, said, “The strong partnership among the three agencies in the Make Medicare Work leadership team and the participation and support of the coalition members, are key to this program’s success.” He added, “Through this collaborative effort, [the coalition] bolsters the ability of local agencies to provide services to groups that are often underserved.”¹⁷

¹⁶ Raynor, Jared, et al. include “cultural capacity” as a fifth component of the Core Capacity Model, with five cultural characteristics important to coalitions: trust, respect, safe dissent, unity, and sensitivity to power differentials.

¹⁷ Chicago Tribune (TribLocal). “AgeOptions’ Make Medicare Work Program Receives National Award” (July 22, 2011).

2. Adaptive Capacity: ability of a coalition to monitor, assess and respond to internal and external changes.

Adaptive Capacity Case Study

Key elements of adaptive capacity include an ability to monitor the policy/advocacy environment, action-oriented planning and ongoing evaluation of coalition efforts. Florida CHAIN (www.floridachain.org/) offers a good example of this capacity. Launched in 1999, Florida CHAIN is a statewide consumer health advocacy organization dedicated to improving the health of all Floridians by promoting access to affordable, quality health care.¹⁸ Operating as an independent nonprofit, Florida CHAIN engages over 50 state and national partners in policy education, collaborative networking, training, communications, and targeted advocacy. Florida CHAIN has had to adapt to many changes in the health care system since its launch, most recently the passage and implementation of the Affordable Care Act. In the past year, the majority of the Florida CHAIN's 60+ press hits, as well as its calls to action, have centered on consumer rights and protections related to the ACA. For instance, in March 2011, Florida CHAIN and Doctors for America hosted and publicized a birthday party for the ACA, spotlighting the positive elements of the law, and combating the state's claims to the law's unconstitutionality. Florida CHAIN's action-oriented planning is evidenced in its clear guidance to partners and consumer allies on advocacy tactics. On its website, for example, an Advocacy Tools section provides information and templates for those interested in sharing their health care stories, building relationships with legislators, submitting opinion pieces to local newspapers and hosting town hall meetings. Florida CHAIN also releases frequent Take Actions: a recent Take Action asks partners and other allies to sign on to a letter to the U.S. Department of Health and Human Services, in an attempt to prevent Florida from being granted a waiver that would enable it to avoid an ACA requirement that insurers spend at least 80 percent of premium dollars on patient care and quality.

¹⁸ Florida CHAIN mission statement (2011).

3. Management Capacity: ability of a coalition to marshal its human, technological and other resources effectively and efficiently.

Management Capacity Case Study

Strong management capacity requires regular and productive communications, good record-keeping, clear member roles and assignments, and the ability to manage conflict. The New York State Medicare Savings Coalition (www.medicarerights.org/about-mrc/medicare_savings_coalition.php) can serve as a model for this capacity. Led by the Medicare Rights Center, the coalition was one of five state-based projects created in 2002 through the Robert Wood Johnson Foundation's State Solutions Initiative, coordinated by the Rutgers Center for State Health Policy.¹⁹ Its mission is to involve diverse stakeholders in pursuing reforms that will enable more seniors and people with disabilities to enroll in low-income programs.²⁰ Coalition members meet monthly in New York City and occasionally in Albany to discuss agenda items shared in advance; a teleconference line is available to members who cannot attend in person. Following meetings, minutes are distributed and posted online so that all members, including those who could not participate, receive key updates. The diverse coalition membership—including advocates, businesses, unions, and county, state and federal agencies—necessitates diplomacy and effective conflict management. For instance, when data sharing provisions of the Medicare Improvements for Patients and Providers Act (MIPPA) were launched in January 2010, numerous circumstances prevented the state from immediately beginning to receive Low-Income Subsidy (LIS) data files from the Social Security Administration. These files would allow for the automatic enrollment of eligible LIS applicants in Medicare Savings Programs (MSPs). While advocates hoped for a faster timeline, conflict was avoided by offering constructive criticism (e.g., noting positive steps taken toward implementation as well as areas for improvement), acknowledging incremental successes (e.g., the interim sharing of SSA data with county Medicaid offices for processing as MSP enrollments), and a constant recognition of and commitment to the coalition's mission—to improve systems for Medicare beneficiaries. Notable achievements of the New York State Medicare Savings Coalition include elimination of the face-to-face interview for MSPs; elimination of the asset test for MSPs; development of the Deputization Project, through which hundreds of New York City professionals have been trained to complete MSP applications on behalf of clients; and movement toward automatic recertification for MSPs statewide.²¹ Periodically, the coalition conducts a survey to ensure that all members are comfortable with the coalition's mission and activities (i.e., that the coalition's value proposition remains strong).

¹⁹ Robert Wood Johnson Foundation. *State Solutions: An Initiative to Improve Enrollment in Medicare Savings Programs* (October 2009): http://www.rwjf.org/files/research/DEP_final.pdf. Cited in Dershowitz, Scott. "Local Promise: Maximizing Enrollment into Low-Income Medicare Programs through State-Based Consumer Advocacy," Medicare Rights Center (July 2010): <http://www.medicarerights.org/pdf/Local-Promise.pdf>.

²⁰ New York State Medicare Savings Coalition mission statement (2011).

²¹ More information about the New York State Medicare Savings Coalition and the Deputization Project can be found here: http://www.medicarerights.org/about-mrc/services_professionals.php.

4. Technical Capacity: ability of a coalition to implement the organizational and programmatic functions necessary to complete work.

Technical Capacity Case Study

Technical capacity is measured in a coalition's collective skills, expertise and resources, as well as in the diversity of the coalition's membership. The Coalition of Wisconsin Aging Groups (cwagwisconsin.org/) is a good example of how a coalition can build and leverage technical capacity to accomplish goals. CWAG is a nonprofit, nonpartisan statewide membership organization founded in 1978, whose mission is to improve the quality of life for people of all ages through intergenerational understanding and leadership development, public education, legal and legislative advocacy, and public policy development.²² Over its 30+ year history, CWAG has had the opportunity to build its technical capacity (and to simultaneously demonstrate adaptive capacity in its ability to evolve its mission to meet current policy needs). Today, CWAG engages 125,000 members across Wisconsin and operates the state's Senior Medicare Patrol, Elder Financial Empowerment Project, and Prescription Drug Helpline programs, among others.²³ Critically, CWAG also engages in sustainable advocacy by training new advocates, hosting a Senior and Intergenerational Statesmanship Program each year that educates participants on senior-related topics (including Medicare), and providing advocates with the tools they need to mobilize their peers, the media and policymakers around key issues. CWAG further shares its skills and expertise at 10 district meetings and an annual convention in Madison. The purpose of the convention is "to present a program related to CWAG's activities and to review CWAG's activities and successes during the past year; to adopt a Legislative Platform (voted on by all CWAG members every two years); to conduct any other needed business as determined by the Governing Board; and to provide an annual opportunity for all Members to interact with each other, CWAG staff, and other individuals and groups committed to CWAG's mission."²⁴ To share its expertise broadly, CWAG's website offers a variety of downloadable fact sheets, brochures, legislative comparisons and other materials on topics including Medicare and Medicaid enrollment, consumer rights in debt collection situations, and advance directives. CWAG leverages its technical capacity to achieve policy objectives. In 2011, for instance, CWAG representatives successfully supported an appointment to Wisconsin's Department of Health Services and have successfully advocated for the preservation of SeniorCare, the state's Pharmaceutical Assistance Program. Further, owing to CWAG's respected status in the state and nationally, it recently participated in the United Nations' Open-ended Working Group on Aging's forum on "Strengthening Human Rights for the Elderly." CWAG also stands to participate in the first annual International Conference on Age-Friendly Cities, sponsored by the World Health Organization in Dublin, Ireland.

²² CWAG mission statement (2011).

²³ The majority of CWAG's ~\$1.6 million budget is derived from grants and individual contributions, including membership dues.

²⁴ CWAG By-Laws (May 2011).

Conclusion

It seems nearly certain that as deficit reduction deliberations continue and 2012 campaigns get underway, Medicare will remain a highly visible policy issue—and its future will remain the subject of much debate. The preservation of Medicare represents one of many goals that a group of individuals and organizations might decide to pursue as a coalition.

Strategic Medicare advocacy coalitions can serve an array of purposes and help achieve a variety of policy goals. In Illinois, for instance, the Make Medicare Work Coalition has focused recent efforts on preserving the state's pharmaceutical assistance program and educating beneficiaries on rights and options, while Florida CHAIN has devoted itself to ensuring that new federal health care legislation benefits Florida beneficiaries and caregivers. Coalitions can comprise hundreds of members—like the New York State Medicare Savings Coalition, focused on increasing awareness of and enrollment in Medicare-related public benefits—or just a few, like the Diverse Elders Coalition. Coalitions can evolve and flourish over time, as evidenced by the ongoing success of the 33-year-old Coalition of Wisconsin Aging Groups, or convene to address a specific issue and then disband.

Ultimately, while effective Medicare advocacy coalitions differ in many ways, they also share attributes in common, including the capacity to lead, adapt, manage and marshal technical resources and expertise to achieve targeted outcomes. Under the right circumstances and with the right stakeholders involved, coalitions can accomplish far more than the sum of their parts, while simultaneously strengthening their members' capacity to achieve independent missions. Coalitions represent one of several ways that diverse stakeholders can work together to advocate for the preservation of the Medicare program and the rights of beneficiaries now and in the future.

Appendix A: Attributes of an Effective Medicare Advocacy Coalition

Drawing on nearly 10 years of experience facilitating the New York State Medicare Savings Coalition, the Medicare Rights Center has compiled this list of attributes to help Medicare professionals, government representatives, beneficiary advocates, volunteers and other stakeholders launch and sustain their own Medicare advocacy coalitions.

√ **Defined Purpose and Mission**

Even the smallest Medicare advocacy coalition needs to articulate its reason for existing. An effective coalition must have a compelling goal destination (the purpose of the coalition and the goals the members aim to accomplish within a specific timeframe) and strong value proposition (the reason a coalition is necessary to achieve target objectives).

√ **Right Mix of Members, Clearly Defined Roles**

A Medicare advocacy coalition needs the right mix of members—government officials, advocates, beneficiaries, volunteers—to achieve its goals. Coalition members must have clear roles within the group, and everyone should feel a sense of purpose serving in his or her role. Members are more engaged and committed when they feel useful and expectations are clear. More established coalitions may choose to formally define role expectations, for instance in an MOU.

√ **Realistic Action Items**

A key challenge for Medicare advocacy coalitions can be creating action items around which members may mobilize and effect real change. Brainstormed lists and subsequent votes, as well as work plans and timelines, can be a good way to capture members' desires for the coalition, to ensure broad (if not complete) consensus, to define roles and responsibilities, and to hold members accountable to the coalition. Larger coalitions may at times find it useful to form time-limited subcommittees or work groups to pursue specific action items.

√ **Regular Meetings and Frequent Communication**

A successful Medicare advocacy coalition will meet regularly, and the facilitator will lead meetings in a way that provides members with clear information, promotes engagement, keeps members focused, allows adequate time for all members to speak, and ensures that members will receive minutes or records of meetings. Any work groups or subcommittees of the larger coalition should also meet regularly and keep good records. In addition, the coalition should foster appropriate levels of communication between meetings (conference calls, e-mail updates, website postings) to help members stay on task and sustain coalition momentum.

√ **Reciprocity and Mutual Respect**

Medicare advocacy coalition members must be willing to give to the coalition at the same time as they benefit from being a part of it. Further, at any given time coalition members may serve as presenters of information, as questioners, and as listeners, and it is critical that members respect each other at all times. It is up to the coalition's facilitator to decide when members have the floor and when they need to yield to their colleagues, especially during open discussions. All members should be given an opportunity to share—but not be allowed to bring personal matters to coalition meetings, or be asked to compromise professional affiliations. Successful Medicare advocacy coalitions collectively define decision-making processes and ground rules and formalize them as an agreement. The facilitator then brokers conflict-resolution when the need arises.

√ **Evaluation**

It is important for Medicare advocacy coalitions to celebrate successes and discuss future action on a regular basis. Success should be defined broadly to include interim and longer-term achievements. As part of evaluation, a coalition might opt to review and revise its logic model. A coalition might also survey its members periodically to assess their motivations for participating in the coalition, as well as their perceived value to the coalition and their understanding of the coalition's mission and goals. Survey results can be used to facilitate conversations among coalition leadership and broader membership, toward determining the coalition's next steps. In some cases a coalition that has achieved its goals or that no longer offers a strong value proposition may opt to disband; in others it will adapt its mission and goals to new realities and continue work.

Appendix B: Coalition Capacity Checklist

The following Coalition Capacity Checklist was developed by TCC Group and builds on the four categories within the Core Capacity Model: Leadership Capacity, Adaptive Capacity, Management Capacity and Technical Capacity. The checklist offers a way for existing Medicare advocacy coalitions to gauge their effectiveness and for coalitions in formation to grow strategically and avoid pitfalls. In groups or individually, fill out the checklist and then discuss results as a group. It may be useful to return to the checklist on a periodic basis, to measure progress.

	Excellent	Above Average	Average	Needs	N/A
Leadership					
The goal of the coalition is clearly stated and understood by all members.					
The coalition can articulate why it is the appropriate vehicle for addressing the goal (as opposed to another coalition or working individually).					
The coalition has clearly articulated rules and procedures that are understood by all members, including criteria for membership, member obligations, and decision-making processes					
The coalition has a clear leadership core tasked with keeping the coalition on track.					
The coalition is action-oriented (i.e., more time is spent doing work than talking about it).					
The coalition has a decision-making process that is considered equitable by all members.					
The coalition has members that can strategically help achieve coalition goals (including time, resources, influence, trust, etc.).					
Adaptive					
The coalition continuously monitors the advocacy environment in order to make strategic decisions about timing and activities.					
The coalition has a strategic plan (or equivalent) that is action-oriented.					
The coalition monitors and evaluates progress and effectiveness.					
The coalition evaluates members, taking stock of skills, commitment, contribution, and effectiveness.					
The coalition successfully engages all available internal resources.					
The coalition can mobilize/go after resources external to individual members (e.g., foundation grants).					
The coalition promotes collaboration between members distinct from the work of the coalition itself.					
Management					
The coalition has frequent and productive communication with all members.					
Members actively participate in coalition activities.					
Members feel like they are deriving value-added through their participation.					
Members are given clear tasks and goals.					

	Excellent	Above Average	Average	Needs	N/A
Members understand their roles/obligations.					
Coalition staff have clear roles and responsibilities (if relevant).					
The coalition is able to manage conflict among members.					
The coalition keeps careful records of assigned and completed tasks.					
Technical					
The coalition has a diverse and relevant membership. Staff in the coalition have a greater role in facilitating the work of the coalition than in <i>doing</i> the work.					
The coalition has sufficient skills to communicate with members.					
The coalition has sufficient skills to communicate with nonmembers.					
The coalition has sufficient policy/advocacy expertise.					
The coalition has sufficient tangible resources (e.g., space, equipment) to carry out its activities.					
Culture					
Members in the coalition trust each other.					
Members in the coalition respect each other.					
Members feel free to disagree with one another in coalition meetings.					
Members speak with a united voice even if they are not in full agreement with coalition decisions.					
The coalition is sensitive to power differentials and works to minimize their impact.					