SUID

Survey of CAP/HCAP Coalitions
Post-Federal Funding

If you have any questions about the study, please contact the NORC Project Director, Caitlin Oppenheimer, at (301) 634-9322.

Introduction

This survey is being conducted by the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services and the National Opinion Research Center (NORC) as part of a study to assess the status of community coalitions that received Community Access Program (CAP) or Healthy Communities Access Program (HCAP) funding. The survey should take 40 – 50 minutes to complete and is an important part of the overall study.

This survey asks questions about the current structure, activities, and impacts of coalitions that received CAP/HCAP funding and asks for some comparisons to the coalition during the CAP/HCAP grant period. NORC has identified you as the most knowledgeable person about the coalition and its CAP/HCAP history. However, we do not expect you to be able to answer all the questions yourself. We encourage you to ask other people involved with the coalition for help completing the survey. If you think that there is someone else that would be better suited to answer these questions, please send an email to HCAP@norc.org and tell us who we should contact.

If you have any questions about the study, please contact the NORC Project Director, Caitlin Oppenheimer, at (301) 634-9322.

Your cooperation is very much appreciated.

Section I:
Background Information

1. Does your CAP/HCAP coalition still exist? By this we mean that there is currently an alliance of at least three member organizations. We expect that the coalition has evolved since the CAP/HCAP grant; it may even have changed names, size, members, or goals. But what we are asking here is simply whether it's currently in existence.

1. ☐ Yes
2. ☐ No ➔ **(SKIP TO SECTION VI ON PAGE 14)**

2. What is the current name of the coalition previously funded by the CAP/HCAP grant?

3. Does the coalition have a webpage?

1. ☐ Yes
2. ☐ No ➔ **(SKIP TO QUESTION 5)**

4. What is the coalition's web address?

www.

5. What is your role in the coalition? Please select the appropriate statement.

1. ☐ I am the day-to-day manager/ administrator of the coalition.
2. ☐ I am a leader of the coalition, but I do not mange the day-to-day operations and activities.
3. ☐ Other *(specify):*

6. Were you involved in any way with the coalition when it was funded by the CAP/HCAP grant?

1. ☐ Yes
2. ☐ No ➔ **(SKIP TO SECTION II ON THIS PAGE)**

7. Briefly describe your role with the coalition when it was funded by the CAP/HCAP grant.

Section II:
Characteristics of Your Coalition

This section asks about some of the features of your coalition, including your coalition's: size, composition of membership, vision, mission, goals, funding, structure, evaluation efforts, and community served.

Remember, we do not expect you to be able to answer all the questions yourself. We encourage you to ask other people involved with the coalition for help completing the survey. If you think that there is someone else that would be better suited to answer these questions, please send an email to HCAP@norc.org and tell us who we should contact.

COMMUNITY SERVED BY THE COALITION

8. What is the approximate size of the population in the area where your coalition works?

☐☐☐ , ☐☐☐☐ , ☐☐☐

9. What are the characteristics of the population receiving services from your coalition? *(Check all that apply.)*

1. ☐ Urban
2. ☐ Rural
3. ☐ Suburban
4. ☐ Uninsured
5. ☐ Underinsured/underserved
6. ☐ White
7. ☐ African American
8. ☐ Hispanic/Latino
9. ☐ Asian American/Pacific Islander
10. ☐ Native American
11. ☐ Mixed race or other racial or ethnic group *(specify):*

12. ☐ Low-income
13. ☐ Middle-income
14. ☐ High-income
15. ☐ Other characteristics *(specify):*

COALITION MEMBERSHIP

10. How many organizations are members of your coalition?

[ ][ ][ ]

11. Of these, how many members do you consider to be active members?

[ ][ ][ ]

12. About how often do new organizations join the coalition?

1. ☐ Never
2. ☐ Less than once every two years
3. ☐ About once a year
4. ☐ About once every six months
5. ☐ About once every three months
6. ☐ More than once every three months

13. About how often does the coalition lose member organizations?

1. ☐ Never
2. ☐ Less than once every two years
3. ☐ About once a year
4. ☐ About once every six months
5. ☐ About once every three months
6. ☐ More than once every three months

14. What is the most common reason for membership turnover (losing or adding member organizations)?

1. ☐ Changes in coalition funding
2. ☐ Shifts in coalition projects and activities
3. ☐ Reassessment of the coalition's membership needs and priorities
4. ☐ Changes within the member organization (e.g., new leadership, shift in priorities)
5. ☐ Other *(specify):*

15. What sectors and types of organizations do coalition members represent?
(Check all that apply.)

Health-Sector Members

1. ☐ Federally Qualified Health Centers
2. ☐ Academic medical centers
3. ☐ Free clinics/other community health centers
4. ☐ Migrant health centers
5. ☐ Public housing primary care programs
6. ☐ Public or private health care providers/ practices
7. ☐ Hospitals with a low-income utilization rate greater than 25%
8. ☐ Other hospitals
9. ☐ Area health education centers
10. ☐ Primary care associations
11. ☐ Managed care organizations
12. ☐ Medical/dental societies
13. ☐ Specialty care providers
14. ☐ Oral health providers
15. ☐ Long-term care providers
16. ☐ Home health providers
17. ☐ Laboratories
18. ☐ Pharmacies
19. ☐ Private insurance providers
20. ☐ Medicaid programs
21. ☐ Rural health clinics
22. ☐ Other health care coverage programs
23. ☐ Mental health programs/providers
24. ☐ Substance abuse programs
25. ☐ Community-based organizations
26. ☐ School-based health centers

Non-Health Sector Members

27. ☐ Government (e.g., local health department or elected officials)
28. ☐ Social services (e.g., juvenile justice programs or temporary housing assistance)
29. ☐ Education (e.g., elementary schools or university public health programs)
30. ☐ Faith (e.g., churches or faith-based organizations)
31. ☐ Business (e.g., chambers of commerce or local non profits)
32. ☐ Foundations (e.g., philanthropic organizations)
33. ☐ Other *(specify):*

COALITION MISSION & GOALS

16. Is your coalition working to achieve some or all of the same goals it addressed under the CAP/HCAP grant?

 1. ☐ No, none of the same goals
 2. ☐ Yes, at least one of the same goals
 3. ☐ Yes, all of the same goals

17. Has your coalition added one or more new goals since the end of your CAP/HCAP grant?

 1. ☐ Yes
 2. ☐ No ➔ **(SKIP TO Q20)**

18. Please list all of your new goals.

> (blank box)

19. Why did your coalition add one or more new goals? *(Check all that apply.)*

 1. ☐ To attract new members
 2. ☐ To qualify for new funding sources
 3. ☐ To address new or additional needs of the community
 4. ☐ Other *(specify):*

> (blank box)

20. Please indicate how much you disagree or agree with the following statements:

Your coalition's:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. vision, mission, and goals are documented.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. vision, mission, and goals take into account what is happening in the community.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. member organizations agree on the coalition's vision, mission, and goals.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. member organizations are committed to pursuing activities to achieve the coalition's vision, mission, and goals.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. vision, mission, and goals are understood by residents and institutions in your community	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. vision, mission, and goals are periodically re-evaluated or updated.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g. activities are evaluated in relation to its vision, mission, and goals.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

COALITION STRUCTURE

21. Does your coalition currently have a lead organization?

    1. ☐ Yes

    2. ☐ No ➔ **(SKIP TO Q24)**

22. What type of organization currently leads the coalition?

    [ ]

23. Has the lead organization changed since the end of the CAP/HCAP grant?

    1. ☐ Yes ➔ **WHAT WAS THE FORMER LEAD ORGANIZATION?**

    [ ]

    2. ☐ No

24. Does your coalition have any of the following boards or committees?
(Check all that apply.)

    1. ☐ Steering Committee (a committee made up of representatives from member organizations who work with the consortia leadership)

    2. ☐ Board of Directors (a group of individuals external to the consortia who provide input and/or oversight to the consortia leadership)

    3. ☐ Executive Committee (a small group of consortia leadership responsible for consortia operations)

    4. ☐ Community Advisory Board (a group of lay-persons from the community who provide input on consortia activities and direction)

25. What is the structure of your coalition membership?

    1. ☐ Formal, such as legally incorporated or Memoranda of Understanding

    2. ☐ Informal, such as letters of support or verbal agreements ➔ **(SKIP TO Q27)**

    3. ☐ Other *(specify):*

    [ ]

26. Does your coalition have Memoranda of Understanding or inter-agency agreements with any coalition members?

    1. ☐ Yes, with all of our members

    2. ☐ Yes, with most of our members

    3. ☐ Yes, with some of our members

    4. ☐ No, not with any of our members

27. How many paid staff, in terms of full-time equivalents (FTEs), are employed by the coalition?

    [| |]

28. Has the size of the coalition's FTE staff changed since the end of the CAP/HCAP grant?

    1. ☐ Yes, we have more staff now than we did during the CAP/HCAP grant.

    2. ☐ Yes, we have fewer staff now than we did during the CAP/HCAP grant.

    3. ☐ No, we have the same size staff now as we did during the CAP/HCAP grant.

29. Please indicate how much you disagree or agree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
Your coalition:					
a. has a regular, reliable meeting cycle.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. has active committees.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. members have copies of the coalition bylaws.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. has an executive board/leadership team that meets regularly and with good attendance.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. has an executive board/ leadership team that communicates with committees and members on a regular basis.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Coalition members:					
f. are involved in project design.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g. are involved in project implementation.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h. share responsibility for providing project resources.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i. share credit for project successes.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
j. have clearly defined roles and responsibilities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Your coalition's leadership:					
k. had a strong connection to the community prior to assuming leadership of the coalition.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
l. fosters active involvement of other key stakeholders (e.g., board members, leaders of membership organizations, community organizers, etc.).	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
m. is good at negotiating, facilitating groups, networking, and other skills that help foster relationships with community stakeholders.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
n. communicates a clear mission and vision for the coalition with all its members.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
o. has expertise in the health and social issues the coalition is addressing.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

30. About how often do all coalition members convene for formal meetings? ⟶

1. ☐ Every month or more
2. ☐ Every one to three months
3. ☐ Every four to six months
4. ☐ Once a year or less
5. ☐ Never

31. Does your coalition have formal decision making processes (e.g., consensus or majority policies)?

1. ☐ Yes
2. ☐ No

32. Does your coalition have a formal process for managing conflicts among members and/or between members and coalition leadership?

1. ☐ Yes
2. ☐ No

33. Please provide some information about your coalition's leader or director.
Check the appropriate box for each of the questions below.

How long has the coalition leader or director:	1 year or less	Between 1 year and 3 years	3-5 years	5-10 years	More than 10 years	No Opinion/ Not Applicable
a. directed or managed the coalition?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b. worked in the field of health care delivery or health care administration?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c. lived or worked in the community served by the coalition?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

COALITION FUNDING RESOURCES

34. Does your coalition currently receive **financial resources** from any of the following sources?

		Yes/No			Yes/No
a.	U.S. Department of Health and Human Services	1 ☐ Yes 2 ☐ No	**h.**	Foundations *(specify):* _____	1 ☐ Yes 2 ☐ No
b.	Other Federal Agency/Department *(specify):* _____	1 ☐ Yes 2 ☐ No	**i.**	Health Insurers/Managed Care Organizations *(specify):* _____	1 ☐ Yes 2 ☐ No
c.	State Health Department	1 ☐ Yes 2 ☐ No	**j.**	Businesses *(specify):* _____	1 ☐ Yes 2 ☐ No
d.	Other State Agency/Department *(specify):* _____	1 ☐ Yes 2 ☐ No	**k.**	Universities/Academic Institutions *(specify):* _____	1 ☐ Yes 2 ☐ No
e.	Local (county or community) Health Department	1 ☐ Yes 2 ☐ No	**l.**	Community Based Organizations *(specify):* _____	1 ☐ Yes 2 ☐ No
f.	Other Local (county or community) Agency/Department *(specify):* _____	1 ☐ Yes 2 ☐ No	**m.**	Faith Based Organizations *(specify):* _____	1 ☐ Yes 2 ☐ No
g.	United Way	1 ☐ Yes 2 ☐ No	**n.**	Other *(specify):* _____	1 ☐ Yes 2 ☐ No

35. Does your coalition currently receive **in-kind contributions** from its members?

		Yes/No			Yes/No
a.	Facilities (e.g., office space, exam rooms)	1 ☐ Yes 2 ☐ No	**f.**	Provider Staff or Services	1 ☐ Yes 2 ☐ No
b.	Equipment and Supplies (e.g., computers, brochures, test kits)	1 ☐ Yes 2 ☐ No	**g.**	Grant Writing Staff or Services	1 ☐ Yes 2 ☐ No
c.	Salary Sharing/Time Coverage for Key Coalition Personnel	1 ☐ Yes 2 ☐ No	**h.**	Fundraising/Development Staff or Services	1 ☐ Yes 2 ☐ No
d.	Volunteers	1 ☐ Yes 2 ☐ No	**i.**	Evaluation Staff or Services	1 ☐ Yes 2 ☐ No
e.	Administrative Staff or Services	1 ☐ Yes 2 ☐ No	**j.**	Other *(specify):* _____	1 ☐ Yes 2 ☐ No

36. Please <u>estimate</u> the percentage of your funding sources that must be used for coalition operations (e.g., office space, core staff), programmatic activities (e.g., service delivery, interventions), or both.

% Coalition operations only

☐|☐|☐

% Programmatic activities only

☐|☐|☐

% Both

☐|☐|☐

37. How stable is the funding stream for your coalition? In general, would you say that funding:

1. ☐ increases from year to year
2. ☐ is the same from year to year
3. ☐ decreases from year to year
4. ☐ changes significantly in either direction from year to year

38. How would you describe your current funding situation compared to your funding situation during your time as a CAP/HCAP grantee?

	Less than during CAP/HCAP grant	Same as during CAP/HCAP grant	More than during CAP/HCAP grant
a. Diversity of funding sources	1 ☐	2 ☐	3 ☐
b. Funding earmarked for programs, services, or activities	1 ☐	2 ☐	3 ☐
c. Funding for coalition operations	1 ☐	2 ☐	3 ☐
d. Flexibility to allocate funds wherever they are needed or can be most effective	1 ☐	2 ☐	3 ☐
e. Certainty about sources of future funding	1 ☐	2 ☐	3 ☐

COALITION EVALUATION ACTIVITIES

39. Please indicate how much you disagree or agree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. Your coalition develops evaluation plans prior to implementing programs, services, and activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Evaluations of your coalition's core operations (e.g., community communications) are conducted on a regular basis.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Evaluations of your coalition's programs, services, and activities are conducted on a regular basis.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Project effectiveness is demonstrated through evaluation.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

40. What, if any, types of evaluation methodologies and tools has your coalition used to assess the effectiveness of your operations or programs, services, and activities? *(Check all that apply.)*

1. ☐ Process evaluation
2. ☐ Program monitoring
3. ☐ Outcomes evaluation
4. ☐ Empowerment evaluation
5. ☐ Evaluation capacity building (e.g., building capacity among member organizations to conduct evaluative activities)
6. ☐ Quantitative methods (e.g., secondary analysis of data sets, survey analysis)
7. ☐ Qualitative methods (e.g., focus groups, interviews)
8. ☐ Experimental or quasi-experimental designs (e.g., control and intervention populations)
9. ☐ Other *(specify):*

10. ☐ None

41. How important are your evaluation activities for each of the following purposes?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important	No Opinion/ Not Applicable
a. Demonstrating results to your community	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Demonstrating results to your funders	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Competing for funding more successfully	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Modifying coalition operations (e.g., staff, convening membership meetings)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. Modifying coalition programs, services, and activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. Long-term/sustainability planning	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Section III: Coalition Activities

This section is about the types of activities your coalition has been conducting since receiving the CAP/HCAP grant. By activities, we mean the projects, programs, products, and services your coalition works on to serve the community.

42. Please check all the activities your coalition has conducted **since you first received your CAP/HCAP grant**.

1. ☐ Programs and services (e.g., enrollment assistance for entitlement programs or patient navigation)
2. ☐ Systems change (e.g., integrating data systems or pro bono provider systems)
3. ☐ Health behavior change (e.g., wellness programs or training peer educators)
4. ☐ Capacity building (e.g., providing technical assistance to other organizations or community leader development programs)
5. ☐ Policy advocacy and change (e.g., informing local leaders and elected officials or collaborating with local institutions like school systems)
6. ☐ Dissemination of information and products (e.g., health fairs or community newsletters)

43. Out of the activities selected in Q42, please select the three activities that made up the largest portion of the coalition's **work during the CAP/HCAP grant period**.

Activity #1: [   ]

Activity #2: [   ]

Activity #3: [   ]

44. Out of the activities selected in Q42, please select the three activities that make up the largest portion of the coalition's **current work**.

Activity #1: [   ]

Activity #2: [   ]

Activity #3: [   ]

45. Is your coalition conducting some or all of the same activities it did under the CAP/HCAP grant?

1. ☐ No, none of the same activities
2. ☐ Yes, at least one of the same activities
3. ☐ Yes, all of the same activities ➔ **(SKIP TO SECTION IV PAGE 10)**
4. ☐ Yes, all of the same activities in addition to new activities.

46. Please select the reason(s) why your coalition has changed the activities it conducts or added new activities. *(Check all that apply.)*

1. ☐ The priorities of our funders changed.
2. ☐ We added new activities in order to qualify for (or as a result of) receiving new funding.
3. ☐ The demographics and/or needs of the population we serve changed.
d. ☐ We expanded our reach to a new population that required different activities to achieve our goals.
4. ☐ Our evaluation results suggested that we alter or change our activities.
5. ☐ Other *(specify):*

[   ]

47. Are the activities you currently conduct consistent with at least one of your coalition's goals during the CAP/HCAP funding period?

1. ☐ Yes
2. ☐ No

Section IV: Planning for Sustainability

This section asks about the plans, strategies, and actions your coalition has used since receiving the CAP/HCAP grant to ensure the long-term viability of your coalition and its activities.

48. According to your coalition's definition, sustainability of your coalition means:

1. ☐ our coalition has the resources it needs to continue operating with our membership and structures in-tact for the long-term.
2. ☐ our coalition's programs, services, and activities will continue in the long-term even if our coalition is no longer in operation.
3. ☐ both our coalition and its activities will continue in the long-term.
4. ☐ our coalition has made a lasting impact on our community that will continue regardless of whether our coalition or its activities continue operating.

49. Has your coalition ever developed a sustainability plan?

1. ☐ Yes, prior to receiving our CAP/HCAP grant.
2. ☐ Yes, within the first year of our CAP/HCAP grant.
3. ☐ Yes, after the first year but still prior to the end of our CAP/HCAP grant.
4. ☐ Yes, after our CAP/HCAP grant ended.
5. ☐ No, but we have plans to develop a sustainability plan.
6. ☐ No, and we don't have any plans to develop a sustainability plan.

50. What actions, if any, has your coalition ever taken to prepare for sustainability?
(Check all that apply.)

1. ☐ Reassessed the coalition's goals, activities, or priorities
2. ☐ Identified the most effective goals and activities to continue
3. ☐ Developed a strategic plan for attaining resources
4. ☐ Reduced the membership
5. ☐ Reorganized the membership
6. ☐ Restructured coalition operations/processes (e.g., fewer meetings, smaller leadership team)
7. ☐ Established a committee to strategically address sustainability issues
8. ☐ Hired an external consultant to advise the coalition on issues of sustainability
9. ☐ Located partners and institutions to take over programs and services developed by the coalition
10. ☐ Developed an infrastructure in the community to support systems-level activities
11. ☐ Ensured appropriate mechanisms for implementation and enforcement of policy activities in the community
12. ☐ Other *(specify):*

13. ☐ None

51. Who is involved in sustainability planning at your coalition? *(Check all that apply.)*

1. ☐ Steering Committee (a committee made up of representatives from member organizations who work with the consortia leadership)
2. ☐ Board of Directors (a group of individuals external to the consortia who provide input and/or oversight to the consortia leadership)
3. ☐ Executive Committee (a small group of consortia leadership responsible for consortia operations)
4. ☐ Community Advisory Board (a group of lay-persons from the community who provide input on consortia activities and direction)
5. ☐ Individual member organizations
6. ☐ Coalition staff
7. ☐ Other *(specify):*

52. When are sustainability issues addressed by the coalition?

1. ☐ In the course of regular meetings and planning activities
2. ☐ As we near the end of major grants and other funding cycles
3. ☐ Only when sustainability becomes a problem
4. ☐ Rarely or never

53. Please indicate how much you disagree or agree with the following statements about your coalition:

Currently, your coalition:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. has leaders who are continually planning for sustainability.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. identifies alternative strategies for project survival.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. has sufficient funding for current project activities and operations.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. has sufficient funding for the next year.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. has sufficient funding for the long-term (2 or more years).	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. has sufficient funding for hiring and retaining quality staff.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

54. In your estimation, how likely is it that your coalition will continue to exist 2 years, 5 years, and 10 years from now?

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
a. 2 years from now	1 ☐	2 ☐	3 ☐	4 ☐
b. 5 years from now	1 ☐	2 ☐	3 ☐	4 ☐
c. 10 years from now	1 ☐	2 ☐	3 ☐	4 ☐

Section V: Coalition Impacts

This section focuses on the types of impacts your coalition has had on the community you serve. By impacts, we mean the intermediate and long-term outcomes of your coalition's activities on individual health and behavior, the health care system, and policies that affect your community.

55. Since the end of your CAP/HCAP grant period, how successful has your coalition been at changing **individual health and behavior outcomes** such as immunization or primary care utilization?

1. ☐ Very unsuccessful
2. ☐ Unsuccessful
3. ☐ Successful
4. ☐ Very successful
5. ☐ Not applicable ➔ **(SKIP TO Q58)**

56. To what particular **individual health and behavior outcomes** has your coalition contributed? If relevant, please direct us to documents or websites where these outcomes are described in greater detail.

Outcome #1: [   ]

Outcome #2: [   ]

Outcome #3: [   ]

Outcome #4: [   ]

Outcome #5: [   ]

Documents and websites where these outcomes are described in greater detail:

[   ]

57. About how many of your coalition's individual health and behavior outcomes will continue to benefit the community without any additional support from the coalition?

1. ☐ All
2. ☐ Most
3. ☐ Some
4. ☐ A Few
5. ☐ None

58. Since the end of your CAP/HCAP grant period, how successful has your coalition been at changing **systems-level** outcomes such as integrated data systems or cultural competency training?

1. ☐ Very unsuccessful
2. ☐ Unsuccessful
3. ☐ Successful
4. ☐ Very successful
5. ☐ Not applicable ➔ **(SKIP TO Q61)**

59. To what particular **systems-level outcomes** has your coalition contributed? If relevant, please direct us to documents or websites where these outcomes are described in greater detail.

Outcome #1:

Outcome #2:

Outcome #3:

Outcome #4:

Outcome #5:

Documents and websites where these outcomes are described in greater detail:

60. About how many of your coalition's systems-level outcomes will continue to benefit the community without any additional support from the coalition?

1. ☐ All
2. ☐ Most
3. ☐ Some
4. ☐ A Few
5. ☐ None

61. Since the end of your CAP/HCAP grant period, how successful has your coalition been at changing **policies** such as reimbursement rates, implementing smoking ordinances, or instituting new insurance plans to cover the uninsured?

1. ☐ Very unsuccessful
2. ☐ Unsuccessful
3. ☐ Successful
4. ☐ Very successful
5. ☐ Not applicable ➔ **(SKIP TO Q64)**

62. To what particular **policy outcomes** has your coalition contributed? If relevant, please direct us to documents or websites where these outcomes are described in greater detail.

Outcome #1:

Outcome #2:

Outcome #3:

Outcome #4:

Outcome #5:

Documents and websites where these outcomes are described in greater detail:

63. About how many of your coalition's policy outcomes will continue to benefit the community without any additional support from the coalition?
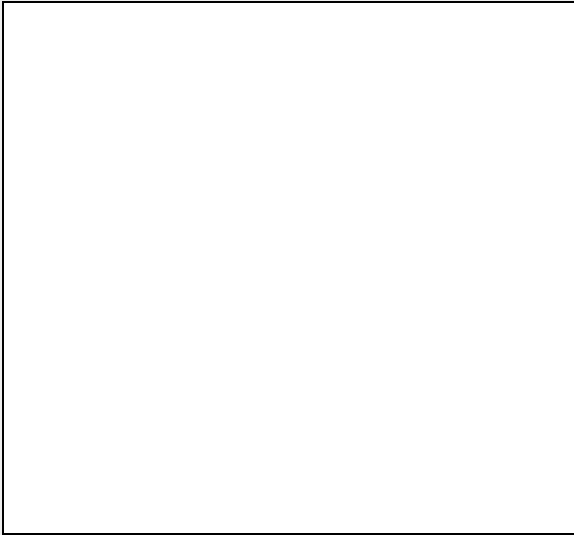
1. ☐ All
2. ☐ Most
3. ☐ Some
4. ☐ A Few
5. ☐ None

64. Thinking through the history of your coalition, which of the following statements most accurately describes your coalition's impacts? Most of our greatest impacts occurred:
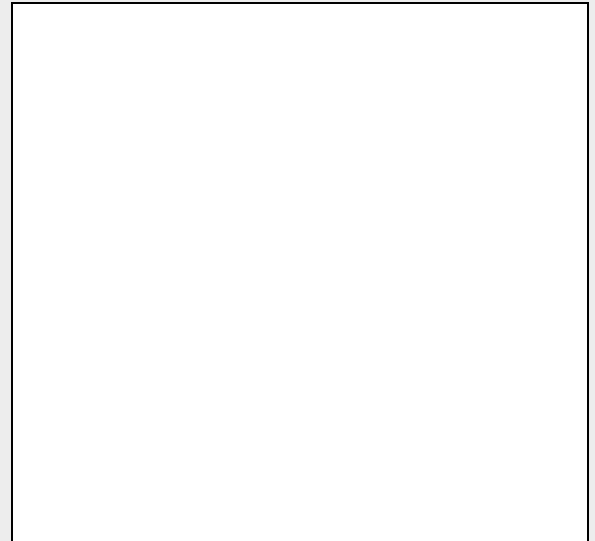
1. ☐ early on, before we received CAP/HCAP funding.
2. ☐ during our CAP/HCAP funding period.
3. ☐ within 1 to 2 years after our CAP/HCAP funding period.
4. ☐ 2 or more years after our CAP/HCAP funding period.
5. ☐ Our impacts have occurred at a steady pace throughout the history of our coalition.

CONCLUDING THOUGHTS

65. If you could start your coalition over again, what would you do differently?

66. Is there anything else you think we should know about your coalition?

END

Thank you for completing this survey.
Your responses are valuable.

Please return your questionnaire in the postage-paid envelope to:

**Coalition Sustainability Project # 6681
C/O NORC
1 North State Street, Suite 1600
Chicago, Illinois 60602**

Section VI: Coalitions that Disbanded

67. In what year did your coalition disband?

☐☐☐☐

68. Why did the coalition disband? Please select the answer that best describes the situation.

1. ☐ The coalition achieved all its goals.
2. ☐ The coalition was no longer needed in the community.
3. ☐ The coalition ran out of resources.
4. ☐ The coalition had organizational problems or conflicts that could not be solved.
5. ☐ Other *(specify):*

CHARACTERISTICS OF YOUR COALITION

This section asks about some of the features of your coalition, including: the community your coalition served; the size and composition of your coalition's member organizations; the type of funding your coalition received; the structure of your coalition; and your coalition's evaluation efforts.

Community Served by the Coalition

69. What was the approximate size of the population in the area where your coalition worked?

☐☐☐ , ☐☐☐ , ☐☐☐

70. What were some of the characteristics of the population that received services from your coalition? *(Check all that apply.)*

1. ☐ Urban
2. ☐ Rural
3. ☐ Suburban
4. ☐ Uninsured
5. ☐ Underinsured/underserved
6. ☐ White
7. ☐ African American
8. ☐ Hispanic/Latino
9. ☐ Asian American/Pacific Islander
10. ☐ Native American
11. ☐ Mixed race or other racial or ethnic group *(specify):*

12. ☐ Low-income
13. ☐ Middle-income
14. ☐ High-income
15. ☐ Other characteristics *(specify):*

Coalition Membership

71. How many organizations were members of your coalition?

☐☐☐

72. Of these, how many organizations did you consider to be active members?

☐☐☐

73. About how often did new organizations join the coalition?

1. ☐ Never
2. ☐ Less than once every two years
3. ☐ About once a year
4. ☐ About once every six months
5. ☐ About once every three months
6. ☐ More than once every three months

74. About how often did the coalition lose member organizations?

1. ☐ Never
2. ☐ Less than once every two years
3. ☐ About once a year
4. ☐ About once every six months
5. ☐ About once every three months
6. ☐ More than once every three months

75. What was the most common reason for membership turnover (losing or adding member organizations)?

1. ☐ Changes in coalition funding
2. ☐ Shifts in coalition projects and activities
3. ☐ Reassessment of the coalition's membership needs and priorities
4. ☐ Changes within the member organization (e.g., new leadership, shift in priorities)
5. ☐ Other *(specify):*

76. What sectors and types of organizations did coalition members represent?
(Check all that apply.)

Health-Sector Members
1. ☐ Federally Qualified Health Centers
2. ☐ Academic medical centers
3. ☐ Free clinics/other community health centers
4. ☐ Migrant health centers
5. ☐ Public housing primary care programs
6. ☐ Public or private health care providers/ practices
7. ☐ Hospitals with a low-income utilization rate greater than 25%
8. ☐ Other hospitals
9. ☐ Area health education centers
10. ☐ Primary care associations
11. ☐ Managed care organizations
12. ☐ Medical/dental societies
13. ☐ Specialty care providers
14. ☐ Oral health providers
15. ☐ Long-term care providers
16. ☐ Home health providers
17. ☐ Laboratories
18. ☐ Pharmacies
19. ☐ Private insurance providers
20. ☐ Medicaid programs
21. ☐ Rural health clinics
22. ☐ Other health care coverage programs
23. ☐ Mental health programs/providers
24. ☐ Substance abuse programs
25. ☐ Community-based organizations
26. ☐ School-based health centers

Non-Health Sector Members
27. ☐ Government (e.g., local health department or elected officials)
28. ☐ Social services (e.g., juvenile justice programs or temporary housing assistance)
29. ☐ Education (e.g., elementary schools or university public health programs)
30. ☐ Faith (e.g., churches or faith-based organizations)
31. ☐ Business (e.g., chambers of commerce or local non profits)
32. ☐ Foundations (e.g., philanthropic organizations)
33. ☐ Other *(specify):*

Coalition Structure

77. Did your coalition have a lead organization?

1. ☐ Yes
2. ☐ No ➜ **(SKIP TO Q79)**

78. What type of organization led the coalition?

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[                                    ]
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79. Did your coalition have any of the following boards or committees? *(Check all that apply.)*

1. ☐ Steering Committee (a committee made up of representatives from member organizations who work with the consortia leadership)
2. ☐ Board of Directors (a group of individuals external to the consortia who provide input and/or oversight to the consortia leadership)
3. ☐ Executive Committee (a small group of consortia leadership responsible for consortia operations)
4. ☐ Community Advisory Board (a group of lay-persons from the community who provide input on consortia activities and direction)

80. What was the structure of your coalition membership?

1. ☐ Formal, such as legally incorporated or Memoranda of Understanding
2. ☐ Informal, such as letters of support or verbal agreements ➜ **(SKIP TO Q82)**
3. ☐ Other *(specify):*

```
[                                    ]
```

81. Did your coalition have written Memoranda of Understanding or inter-agency agreements with any coalition members?

1. ☐ Yes, with all of our members
2. ☐ Yes, with most of our members
3 ☐ Yes, with some of our members
4. ☐ No, not with any of our members

82. How many paid staff, in terms of full-time equivalents (FTEs), were employed by the coalition?

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[    |    |    ]
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83. Please indicate how much you disagree or agree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
Your coalition:					
a. had a regular, reliable meeting cycle.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. had active committees.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. members had copies of the coalition bylaws.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. had an executive board/leadership team that met regularly and with good attendance.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. had an executive board/leadership team that communicated with committees and members on a regular basis.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Coalition members:					
f. were involved in project design.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g. were involved in project implementation.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h. shared responsibility for providing project resources.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i. shared credit for project successes.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
j. had clearly defined roles and responsibilities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Your coalition's leadership:					
k. had a strong connection to the community prior to assuming leadership of the coalition.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
l. fostered active involvement of other key stakeholders (e.g., board members, leaders of membership organizations, community organizers, etc.).	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
m. was good at negotiating, facilitating groups, networking, and other skills that help foster relationships with community stakeholders.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
n. communicated a clear mission and vision for the coalition with all its members.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
o. had expertise in the health and social issues the coalition is addressing.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

84. About how often did all coalition members convene for formal meetings? ⟶

1. ☐ Every month or more
2. ☐ Every one to three months
3. ☐ Every four to six months
4. ☐ Once a year or less
5. ☐ Never

85. Did your coalition have formal decision making processes (e.g., consensus or majority policies)?

1. ☐ Yes
2. ☐ No

86. Did your coalition have a formal process for managing conflicts among members and/or between members and coalition leadership?

1. ☐ Yes
2. ☐ No

87. Please provide some information about your coalition's leader or director. *Check the appropriate box for each of the questions below.*

How long had the coalition leader or director:	1 year or less	Between 1 year and 3 years	3-5 years	5-10 years	More than 10 years	No Opinion/ Not Applicable
a. directed or managed the coalition?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b. worked in the field of health care delivery or health care administration?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c. lived or worked in the community served by the coalition?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

Coalition Funding Resources

88. Did your coalition receive **financial resources** from any of the following sources?

		Yes/No			Yes/No
a.	U.S. Department of Health and Human Services	1 ☐ Yes 2 ☐ No	**h.**	Foundations *(specify):* _____	1 ☐ Yes 2 ☐ No
b.	Other Federal Agency/Department *(specify):* _____	1 ☐ Yes 2 ☐ No	**i.**	Health Insurers/Managed Care Organizations *(specify):* _____	1 ☐ Yes 2 ☐ No
c.	State Health Department	1 ☐ Yes 2 ☐ No	**j.**	Businesses *(specify):* _____	1 ☐ Yes 2 ☐ No
d.	Other State Agency/Department *(specify):* _____	1 ☐ Yes 2 ☐ No	**k.**	Universities/Academic Institutions *(specify):* _____	1 ☐ Yes 2 ☐ No
e.	Local (county or community) Health Department	1 ☐ Yes 2 ☐ No	**l.**	Community Based Organizations *(specify):* _____	1 ☐ Yes 2 ☐ No
f.	Other Local (county or community) Agency/Department *(specify):* _____	1 ☐ Yes 2 ☐ No	**m.**	Faith Based Organizations *(specify):* _____	1 ☐ Yes 2 ☐ No
g.	United Way	1 ☐ Yes 2 ☐ No	**n.**	Other *(specify):* _____	1 ☐ Yes 2 ☐ No

89. Did your coalition receive **in-kind contributions** from its members?

		Yes/No			Yes/No
a.	Facilities (e.g., office space, exam rooms)	1 ☐ Yes 2 ☐ No	**f.**	Provider Staff or Services	1 ☐ Yes 2 ☐ No
b.	Equipment and Supplies (e.g., computers, brochures, test kits)	1 ☐ Yes 2 ☐ No	**g.**	Grant Writing Staff or Services	1 ☐ Yes 2 ☐ No
c.	Salary Sharing/Time Coverage for Key Coalition Personnel	1 ☐ Yes 2 ☐ No	**h.**	Fundraising/Development Staff or Services	1 ☐ Yes 2 ☐ No
d.	Volunteers	1 ☐ Yes 2 ☐ No	**i.**	Evaluation Staff or Services	1 ☐ Yes 2 ☐ No
e.	Administrative Staff or Services	1 ☐ Yes 2 ☐ No	**j.**	Other *(specify):* _____	1 ☐ Yes 2 ☐ No

90. How stable was the funding stream for your coalition? In general, would you say that funding:

1. ☐ increased from year to year.
2. ☐ was the same from year to year.
3. ☐ decreased from year to year.
4. ☐ changed significantly in either direction from year to year.

91. Please <u>estimate</u> the percentage of your funding sources that had to be used for coalition operations (e.g., office space, core staff), programmatic activities (e.g., service delivery, interventions), or both.

% Coalition operations only   **% Programmatic activities only**   **% Both**

[| |]   [| |]   [| |]

Coalition Evaluation Activities

92. Please indicate how much you disagree or agree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. Your coalition developed evaluation plans prior to implementing programs, services, and activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Evaluations of your coalition's core operations (e.g., community communications) were conducted on a regular basis.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Evaluations of your coalition's programs, services, and activities were conducted on a regular basis.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Project effectiveness was demonstrated through evaluation.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

93. What, if any, types of evaluation methodologies and tools did your coalition use to assess the effectiveness of your operations or programs, services, and activities?
(Check all that apply.)

1. ☐ Process evaluation
2. ☐ Program monitoring
3. ☐ Outcomes evaluation
4. ☐ Empowerment evaluation
5. ☐ Evaluation capacity building (e.g., building capacity among member organizations to conduct evaluative activities)
6. ☐ Quantitative methods (e.g., secondary analysis of data sets, survey analysis)
7. ☐ Qualitative methods (e.g., focus groups, interviews)
8. ☐ Experimental or quasi-experimental designs (e.g., control and intervention populations)
9. ☐ Other *(specify):*

10. ☐ None

94. How important were your evaluation activities for each of the following purposes?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important	No Opinion/ Not Applicable
a. Demonstrating results to your community	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Demonstrating results to your funders	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Competing for funding more successfully	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Modifying coalition operations (e.g., staff, convening membership meetings)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. Modifying coalition programs, services, and activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. Long-term/sustainability planning	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

COALITION ACTIVITIES

This section is about the types of activities your coalition conducted after receiving the CAP/HCAP grant. By activities, we mean the projects, programs, products, and services your coalition worked on to serve the community.

95. Please check all the activities your coalition conducted from the time you received your CAP/HCAP grant until the coalition disbanded.

1. ☐ Programs and services (e.g., enrollment assistance for entitlement programs or patient navigation)
2. ☐ Systems change (e.g., integrating data systems or pro bono provider systems)
3. ☐ Health behavior change (e.g., wellness programs or training peer educators)
4. ☐ Capacity building (e.g., providing technical assistance to other organizations or community leader development programs)
5. ☐ Policy advocacy and change (e.g., informing local leaders and elected officials or collaborating with local institutions like school systems)
6. ☐ Dissemination of information and products (e.g., health fairs or community newsletters)

96. Out of the activities selected in Q95, please select the three activities that made up the largest portion of the coalition's **work during the CAP/HCAP grant period**.

Activity #1:

Activity #2:

Activity #3:

97. Are any of the original activities that your coalition conducted during the CAP/HCAP grant still being conducted today (either by your organization/coalition or another organization/coalition)?

1. ☐ No, none of the original activities are being conducted today
2. ☐ Yes, at least one of the original activities are being conducted today
3. ☐ Yes, all of the original activities are being conducted today

PLANNING FOR SUSTAINABILITY

This section asks about the actions your coalition undertook after receiving the CAP/HCAP grant to plan for long-term viability of your coalition and its activities.

98. According to your coalition's definition, sustainability of the coalition meant:

1. ☐ our coalition had the resources it needed to continue operating with our membership and structures in-tact for the long-term.
2. ☐ our coalition's programs, services, and activities would continue in the long-term even if our coalition was no longer in operation.
3. ☐ both our coalition and its activities would continue in the long-term.
4. ☐ our coalition made a lasting impact on our community that would continue regardless of whether our coalition or its activities continued operating.

99. Did your coalition ever develop a sustainability plan?

1. ☐ Yes, prior to receiving our CAP/HCAP grant.
2. ☐ Yes, within the first year of our CAP/HCAP grant.
3. ☐ Yes, after the first year but still prior to the end of our CAP/HCAP grant.
4. ☐ Yes, after our CAP/HCAP grant ended.
5. ☐ No, but we had plans to develop a sustainability plan.
6. ☐ No, we didn't have any plans to develop a sustainability plan.

100. What actions, if any, did your coalition take to prepare for sustainability?
(Check all that apply.)

1. ☐ Reassessed the coalition's goals, activities, or priorities
2. ☐ Identified the most effective goals and activities to continue
3. ☐ Developed a strategic plan for attaining resources
4. ☐ Reduced the membership
5. ☐ Reorganized the membership
6. ☐ Restructured coalition operations/processes (e.g., fewer meetings, smaller leadership team)
7. ☐ Established a committee to strategically address sustainability issues
8. ☐ Hired an external consultant to advise the coalition on issues of sustainability
9. ☐ Located partners and institutions to take over programs and services developed by the coalition
10. ☐ Developed an infrastructure in the community to support systems-level activities
11. ☐ Ensured appropriate mechanisms for implementation and enforcement of policy activities in the community
12. ☐ Other

13. ☐ None

101. Who was involved in sustainability planning at your coalition? *(Check all that apply.)*

1. ☐ Steering Committee (a committee made up of representatives from member organizations who work with the consortia leadership)
2. ☐ Board of Directors (a group of individuals external to the consortia who provide input and/or oversight to the consortia leadership)
3. ☐ Executive Committee (a small group of consortia leadership responsible for consortia operations)
4. ☐ Community Advisory Board (a group of lay-persons from the community who provide input on consortia activities and direction)
5. ☐ Individual member organizations
6. ☐ Coalition staff
7. ☐ Other *(specify):*

102. When were sustainability issues addressed by the coalition?

1. ☐ In the course of regular meetings and planning activities
2. ☐ As we neared the end of major grants and other funding cycles
3. ☐ Only when sustainability became a problem
4. ☐ Rarely or never

103. Please indicate how much you disagree or agree with the following statements:

Your coalition's:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. had leaders who were continually planning for sustainability.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. identified alternative strategies for project survival.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

COALITION IMPACTS

This section is about the types of impacts your coalition had on the community you served. By impacts, we mean the intermediate and long-term outcomes of your coalition's activities on individual health and behavior, the health care system, and policies that affect your community.

104. Since the end of your CAP/HCAP grant period, how successful was your coalition at changing **individual health and behavior outcomes** such as immunization or primary care utilization?

1. ☐ Very unsuccessful
2. ☐ Unsuccessful
3. ☐ Successful
4. ☐ Very successful
5. ☐ Not applicable ➔ **(SKIP TO Q107)**

105. Please tell us about particular **individual health and behavior outcomes** that your coalition contributed to. If relevant, please direct us to documents or websites where these outcomes are described in greater detail.

Outcome #1: [_____]

Outcome #2: [_____]

Outcome #3: [_____]

Outcome #4: [_____]

Outcome #5: [_____]

Documents and websites where these outcomes are described in greater detail:

[_____]

106. About how many of your coalition's individual health and behavior outcomes continued to benefit the community after the coalition disbanded?

1. ☐ All
2. ☐ Most
3. ☐ Some
4. ☐ A Few
5. ☐ None

107. Since the end of your CAP/HCAP grant period, how successful was your coalition at changing **systems-level** outcomes such as integrated data systems or cultural competency training?

1. ☐ Very unsuccessful
2. ☐ Unsuccessful
3. ☐ Successful
4. ☐ Very successful
5. ☐ Not applicable ➜ **(SKIP TO Q110)**

108. Please tell us about particular **systems-level outcomes** that your coalition contributed to. If relevant, please direct us to documents or websites where these outcomes are described in greater detail.

Outcome #1: [_____]

Outcome #2: [_____]

Outcome #3: [_____]

Outcome #4: [_____]

Outcome #5: [_____]

Documents and websites where these outcomes are described in greater detail:

[_____]

109. About how many of your coalition's systems-level outcomes continued to benefit the community after the coalition disbanded?

1. ☐ All
2. ☐ Most
3. ☐ Some
4. ☐ A Few
5. ☐ None

110. Since the end of your CAP/HCAP grant period, how successful was your coalition at changing **policies** such as reimbursement rates, implementing smoking ordinances, or instituting new insurance plans to cover the uninsured?

1. ☐ Very unsuccessful
2. ☐ Unsuccessful
3. ☐ Successful
4. ☐ Very successful
5. ☐ Not applicable ➜ **(SKIP TO Q113)**

111. Please tell us about particular **policy outcomes** that your coalition contributed to. If relevant, please direct us to documents or websites where these outcomes are described in greater detail.

Outcome #1: [   ]

Outcome #2: [   ]

Outcome #3: [   ]

Outcome #4: [   ]

Outcome #5: [   ]

Documents and websites where these outcomes are described in greater detail:

[   ]

112. About how many of your coalition's policy outcomes continued to benefit the community after the coalition disbanded?

1. ☐ All
2. ☐ Most
3. ☐ Some
4. ☐ A Few
5. ☐ None

113. Thinking through the history of your coalition, which of the following statements most accurately describes your coalition's impacts? Most of our greatest impacts occurred:

1. ☐ early on, before we received CAP/HCAP funding.
2. ☐ during our CAP/HCAP funding period.
3. ☐ within 1 to 2 years after our CAP/HCAP funding period.
4. ☐ 2 or more years after our CAP/HCAP funding period.
5. ☐ Our impacts have occurred at a steady pace throughout the history of our coalition.

Background Information

114. What was your role in the coalition? Please select the appropriate statement.

1. ☐ I was the day-to-day manager/administrator of the coalition.
2. ☐ I was a leader of the coalition but I did not mange the day-to-day operations and activities.
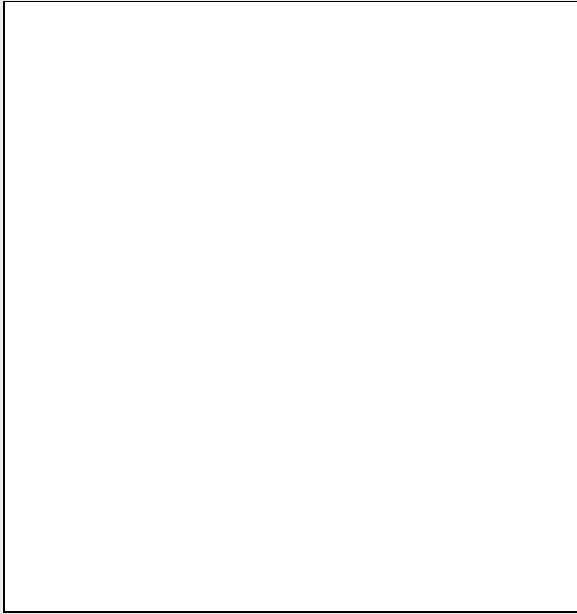3. ☐ Other *(specify):*

[   ]

115. Were you involved in any way with the coalition when it was funded by the CAP/HCAP grant?

1. ☐ Yes
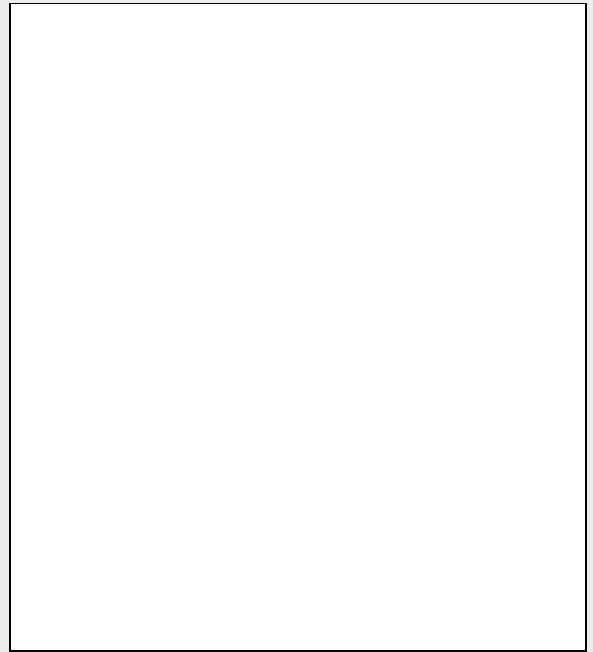2. ☐ No ➔ **(SKIP TO Q117)**

116. Briefly describe your role with the coalition when it was funded by the CAP/HCAP grant.

[   ]

CONCLUDING THOUGHTS

117. If you could start your coalition over again, what would you do differently?

118. Is there anything else you think we should know about your coalition?

END
Thank you for completing this survey.
Your responses are valuable.
Please return your questionnaire in the postage-paid envelope to:

Coalition Sustainability Project # 6681
C/O NORC
1 North State Street, Suite 1600
Chicago, Illinois 60602