

Survey of CAP/HCAP Coalitions Post-Federal Funding

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 NORC, a national organization for research at the University of Chicago, 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.

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.

a. Yes

b. No → (SKIP TO SECTION VI)

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

3. Does the coalition have a webpage?

a. Yes → *What is the web address?*

www.

b. No

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

a. I am the day-to-day manager/administrator of the coalition.

b. I am a leader of the coalition, but I do not manage the day-to-day operations and activities.

c. Other (*specify*):

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

a. Yes → *Briefly describe your role:*

b. No

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

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

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

- a. Urban
- b. Rural
- c. Suburban
- d. Uninsured
- e. Underinsured/underserved
- f. White
- g. African American
- h. Hispanic/Latino
- i. Asian American/Pacific Islander
- j. Native American
- k. Other racial or ethnic group (*specify*):

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- l. Low-income
- m. Middle-income
- n. High-income
- o. Other (*specify*):

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COALITION MEMBERSHIP

8. How many organizations are members of your coalition?

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9. Of these, how many organizations would you consider to be active members?

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

- a. Never
- b. Less than once every two years
- c. About once a year
- d. About once every six months
- e. About once every three months
- f. More than once every three months

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

- a. Never
- b. Less than once every two years
- c. About once a year
- d. About once every six months
- e. About once every three months
- f. More than once every three months

12. What is the most common reason for membership turnover?

- a. Changes in coalition funding
- b. Shifts in coalition projects and activities
- c. Reassessment of the coalition's membership needs and priorities
- d. Changes within the member organization (e.g., new leadership, shift in priorities)
- e. Other (*specify*):

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

Health	Social Services
<input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> Academic medical centers <input type="checkbox"/> Free clinics/other community health centers <input type="checkbox"/> Migrant health centers <input type="checkbox"/> Public housing primary care programs <input type="checkbox"/> Public or private health care providers/ practices <input type="checkbox"/> Hospitals with a low-income utilization rate greater than 25% <input type="checkbox"/> Other hospitals <input type="checkbox"/> Area health education centers <input type="checkbox"/> Primary care associations <input type="checkbox"/> Managed care organizations <input type="checkbox"/> Medical/dental societies <input type="checkbox"/> Specialty care providers <input type="checkbox"/> Oral health providers <input type="checkbox"/> Long-term care providers <input type="checkbox"/> Home health providers <input type="checkbox"/> Laboratories <input type="checkbox"/> Pharmacies <input type="checkbox"/> Private insurance providers <input type="checkbox"/> Medicaid programs <input type="checkbox"/> Rural health clinics <input type="checkbox"/> Other health care coverage programs <input type="checkbox"/> Community-based organizations <input type="checkbox"/> School-based health centers <input type="checkbox"/> Other	<input type="checkbox"/> Schools <input type="checkbox"/> Child care providers <input type="checkbox"/> Low-income housing providers <input type="checkbox"/> Employment programs <input type="checkbox"/> Temporary housing and shelter providers <input type="checkbox"/> Food aid programs <input type="checkbox"/> Violence prevention programs <input type="checkbox"/> Juvenile justice programs <input type="checkbox"/> Adult justice and prisoner reentry programs <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other
	<p style="text-align: center;">Education</p> <input type="checkbox"/> Universities/colleges <input type="checkbox"/> Academic public health programs and departments <input type="checkbox"/> Medical schools <input type="checkbox"/> Dental schools <input type="checkbox"/> Policy centers <input type="checkbox"/> Evaluation centers <input type="checkbox"/> Undergraduate and graduate internship programs <input type="checkbox"/> Student organizations <input type="checkbox"/> Student health clinics <input type="checkbox"/> Other
<p style="text-align: center;">Government</p>	<p style="text-align: center;">Other</p>
<input type="checkbox"/> State public health departments <input type="checkbox"/> Local public health departments <input type="checkbox"/> Veterans Administration <input type="checkbox"/> Local governments <input type="checkbox"/> State governments <input type="checkbox"/> Tribal governments	<input type="checkbox"/> Consumer advocacy groups <input type="checkbox"/> Philanthropic organizations <input type="checkbox"/> Foundations, businesses (for profit) <input type="checkbox"/> Businesses (non profit) <input type="checkbox"/> Chambers of commerce/ small business organizations

<input type="checkbox"/> Elected officials <input type="checkbox"/> Local or state political staff (e.g., advisor to the mayor) <input type="checkbox"/> Other	<input type="checkbox"/> Large employers <input type="checkbox"/> Small employers <input type="checkbox"/> Employee unions <input type="checkbox"/> Transit authorities <input type="checkbox"/> Tribal (non-government) <input type="checkbox"/> Other
Substance Abuse & Mental Health	Faith
<input type="checkbox"/> Mental health programs/providers <input type="checkbox"/> Substance abuse programs <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other	<input type="checkbox"/> Churches <input type="checkbox"/> Synagogues <input type="checkbox"/> Mosques <input type="checkbox"/> Other houses of worship <input type="checkbox"/> Parochial schools <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Other

COALITION MISSION & GOALS

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

- a. No, none of the same goals
- b. Yes, at least one of the same goals
- c. Yes, all of the same goals

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

a. Yes → Please list all of your new goals:

b. No → (SKIP TO Q17)

16. Why did your coalition add one or more new goals?

- a. To attract new members
- b. To qualify for new funding sources
- c. To address new or additional needs of the community
- d. Other (specify):

17. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. vision, mission, and goals take into account what is happening in the community.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. member organizations agree on the coalition's vision, mission, and goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. member organizations are committed to pursuing activities to achieve the coalition's vision, mission, and goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. vision, mission, and goals are understood by residents and institutions in your community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. vision, mission, and goals are periodically re-evaluated or updated.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. activities are evaluated in relation to its vision, mission, and goals.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

COALITION STRUCTURE

18. Does your coalition currently have a lead organization?

- a. Yes
- b. No → (SKIP TO Q21)

19. What type of organization currently leads the coalition? Please choose from the types of organizations you listed as members in Q13.

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

a. Yes → What was the former lead organization?

b. No

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

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

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

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

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

22. What is the structure of your coalition membership?

a. Formal, such as legally incorporated or Memoranda of Understanding

b. Informal, such as letters of support or verbal agreements → (SKIP TO Q24)

c. Other (specify):

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

a. Yes, with all of our members

b. Yes, with most of our members

c. Yes, with some of our members

d. No, not with any of our members

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

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

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

- b. Yes, we have fewer staff now than we did during the CAP/HCAP grant.
- c. No, we have the same size staff now as we did during the CAP/HCAP grant.

26. 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 has a regular, reliable meeting cycle.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Your coalition has active committees.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. All of your members have copies of the coalition bylaws.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Your coalition's executive board/leadership team meets regularly and with good attendance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Your coalition's executive board/leadership team communicates with committees and members on a regular basis.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

- a. Every month or more
- b. Every one to three months
- c. Every four to six months
- d. Once a year or less
- e. Never

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

- a. Yes
- b. No

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

- a. Yes
- b. No

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

Coalition members:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. are involved in project design.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. are involved in project implementation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. share responsibility for providing project resources.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. share credit for project successes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. have clearly defined roles and responsibilities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

31. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. worked in the field of health care delivery or health care administration?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. lived or worked in the community served by the coalition?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

Your coalition's leadership:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. had a strong connection to the community prior to assuming leadership of the coalition.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. fosters active involvement of other key stakeholders (e.g., board members, leaders of membership organizations, community organizers, etc.).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. is good at negotiating, facilitating groups, networking, and other skills that help foster relationships with community stakeholders.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. communicates a clear mission and vision for the coalition with all its members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. has expertise in the health and social issues the coalition is addressing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

COALITION FUNDING RESOURCES

- 33.** Does your coalition currently receive **financial resources** from any of the following sources? If so, please *estimate* the percentage of your budget from each source and check whether those funds are used for coalition operations (e.g., office space, core staff), programmatic activities (e.g., service delivery, interventions), or both. Finally, please tell us if you feel that you can count on that source of funding from year to year.

	Yes/ No	% Overall Budget	Operations, Programmatic Activities, or Both	Is this a source of funding that our coalition can count on from year to year?
a. U.S. Department of Health and Human Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Other Federal Agency/Department (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. State Health Department	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Other State Agency/Department (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Local (county or community) Health Department	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Other Local (county or community) Agency/Department (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. United Way	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Foundations (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Businesses (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. Universities/Academic Institutions (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. Community Based Organizations (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
l. Faith Based Organizations (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m. Other (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

34. Does your coalition currently receive **in-kind contributions** from its members? If so, please check the types of in-kind contributions the coalition receives and check whether those contributions are used for coalition operations, programmatic activities, or both.

	Yes/No	Operations, Programmatic Activities, or Both
a. Facilities (e.g., office space, exam rooms)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
b. Equipment and Supplies (e.g., computers, brochures, test kits)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
c. Salary Sharing/Time Coverage for Key Coalition Personnel	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
d. Volunteers	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
e. Administrative Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
f. Provider Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
g. Grant Writing Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
h. Evaluation Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
i. Other Staff or Services (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
j. Other (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both

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

- a. increases from year to year
- b. is the same from year to year
- c. decreases from year to year
- d. changes significantly in either direction from year to year

36. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Funding earmarked for programs, services, or activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Funding for coalition operations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Flexibility to allocate funds wherever they are needed or can be most effective	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Certainty about sources of future funding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

COALITION EVALUATION ACTIVITIES

37. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Evaluations of your coalition's core operations (e.g., community communications) are conducted on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Evaluations of your coalition's programs, services, and activities are conducted on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Project effectiveness is demonstrated through evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. 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.)

- a. Process evaluation
- b. Program monitoring
- c. Outcomes evaluation
- d. Empowerment evaluation
- e. Evaluation capacity building (e.g., building capacity among member organizations to conduct evaluative activities)
- f. Quantitative methods (e.g., secondary analysis of data sets, survey analysis)
- g. Qualitative methods (e.g., focus groups, interviews)
- h. Experimental or quasi-experimental designs (e.g., control and intervention populations)
- i. Other (specify):
- j. I don't know

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

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

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.

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.

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

Programs & Services	Capacity Building
<input type="checkbox"/> Enrollment assistance for entitlement programs <input type="checkbox"/> Pharmacy assistance <input type="checkbox"/> Coordination of social services <input type="checkbox"/> Translation services <input type="checkbox"/> Patient navigation <input type="checkbox"/> New insurance plans <input type="checkbox"/> Care coordination <input type="checkbox"/> New provider sites and access points <input type="checkbox"/> Testing sites <input type="checkbox"/> Establishing medical homes <input type="checkbox"/> Expanding access to specialty services <input type="checkbox"/> Direct health services <input type="checkbox"/> Other	<input type="checkbox"/> Providing technical assistance and training to other organizations (e.g., how to conduct needs assessments, evaluation training) <input type="checkbox"/> Establishing networks of organizations <input type="checkbox"/> Community leader development programs <input type="checkbox"/> Developing community resource guides <input type="checkbox"/> Other
Systems Change	Policy Advocacy and Change
<input type="checkbox"/> Integrating data systems <input type="checkbox"/> Data sharing <input type="checkbox"/> Coordinated EMRs <input type="checkbox"/> Coordinated financial management information systems <input type="checkbox"/> Registries <input type="checkbox"/> Coordinated screening and enrollment systems <input type="checkbox"/> Disease management systems <input type="checkbox"/> Cultural competency training <input type="checkbox"/> Pro bono provider systems	<input type="checkbox"/> Informing local leaders and elected officials <input type="checkbox"/> Informing state leaders and elected officials <input type="checkbox"/> Collaborating with local institutions (e.g., school systems to change school lunch policy) <input type="checkbox"/> Participating in local state or regional summits <input type="checkbox"/> Other

<input type="checkbox"/> Other	
Health Behavior Change	Dissemination of Information and Products
<input type="checkbox"/> Health counseling <input type="checkbox"/> Training peer educators <input type="checkbox"/> Wellness programs <input type="checkbox"/> Screening programs <input type="checkbox"/> Other	<input type="checkbox"/> Community newsletters <input type="checkbox"/> Hotlines <input type="checkbox"/> Websites <input type="checkbox"/> Marketing brochures <input type="checkbox"/> Health fairs <input type="checkbox"/> Special events (e.g., bike to work days) <input type="checkbox"/> Outreach materials <input type="checkbox"/> Program materials <input type="checkbox"/> Other

41. Out of these activities, 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:

42. Out of these activities, please select the three activities that make up the largest portion of the coalition's **current work**.

Activity #1:

Activity #2:

Activity #3:

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

- a. No, none of the same activities
- b. Yes, at least one of the same activities
- c. Yes, all of the same activities → (SKIP TO SECTION IV)
- d. Yes, all of the same activities in addition to new activities.

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

- a. The priorities of our funders changed.

- b. We added new activities in order to qualify for (or as a result of) receiving new funding.
- c. 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.
- e. Our evaluation results suggested that we alter or change our activities.
- f. Other (*specify*):

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

- a. Yes
- b. No

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.

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.

46. According to your coalition's definition, sustainability of your coalition means:
- a. our coalition has the resources it needs to continue operating with our membership and structures in-tact for the long-term.
 - b. our coalition's programs, services, and activities will continue in the long-term even if our coalition is no longer in operation.
 - c. both our coalition and its activities will continue in the long-term.
 - d. our coalition has made a lasting impact on our community that will continue regardless of whether our coalition or its activities continue operating.
47. Has your coalition ever developed a sustainability plan?
- a. Yes, prior to receiving our CAP/HCAP grant.
 - b. Yes, within the first year of our CAP/HCAP grant.
 - c. Yes, after the first year but still prior to the end of our CAP/HCAP grant.
 - d. Yes, after our CAP/HCAP grant ended.
 - e. No, but we have plans to develop a sustainability plan.
 - f. No, and we don't have any plans to develop a sustainability plan.
48. What actions, if any, has your coalition ever taken to prepare for sustainability? (Check all that apply.)
- a. Reassessed the coalition's goals, activities, or priorities
 - b. Identified the most effective goals and activities to continue
 - c. Developed a strategic plan for attaining resources
 - d. Reduced the membership
 - e. Reorganized the membership
 - f. Restructured coalition operations/processes (e.g., fewer meetings, smaller leadership team)
 - g. Established a committee to strategically address sustainability issues
 - h. Hired an external consultant to advise the coalition on issues of sustainability

- i. Located partners and institutions to take over programs and services developed by the coalition
- j. Developed an infrastructure in the community to support systems-level activities
- k. Ensured appropriate mechanisms for implementation and enforcement of policy activities in the community
- l. Other (*specify*):

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

- a. Steering Committee (a committee made up of representatives from member organizations who work with the consortia leadership)
- b. Board of Directors (a group of individuals external to the consortia who provide input and/or oversight to the consortia leadership)
- c. Executive Committee (a small group of consortia leadership responsible for consortia operations)
- d. Community Advisory Board (a group of lay-persons from the community who provide input on consortia activities and direction)
- e. Individual member organizations
- f. Coalition staff
- g. Other (*specify*):

50. When are sustainability issues addressed by the coalition?

- a. In the course of regular meetings and planning activities
- b. As we near the end of major grants and other funding cycles
- c. Only when sustainability becomes a problem
- d. Rarely or never

51. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. identifies alternative strategies for project survival.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

c. has sufficient funding for current project activities and operations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. has sufficient funding for the next year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. has sufficient funding for the long-term (2 or more years).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. has sufficient funding for hiring and retaining quality staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

52. 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
2 years from now	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 years from now	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10 years from now	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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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.

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.

53. Since the end of your CAP/HCAP grant period, how successful has your coalition been at contributing to the following types of impacts?

	Very Unsuccessful	Unsuccessful	Successful	Very Successful	No Opinion/ Not Applicable
a. Changing individual health and behavior outcomes such as immunization or primary care utilization.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Changing systems-level outcomes such as integrated data systems or cultural competency training.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Changing policies such as reimbursement rates, implementing smoking ordinances, or instituting new insurance plans to cover the uninsured.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54. 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:

55. 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?

a. All

b. Most

c. Some

d. A Few

e. None

f. Did not contribute to any individual health and behavior outcomes

56. 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:

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

- a. All
- b. Most
- c. Some
- d. A Few
- e. None
- f. Did not contribute to any system-level outcomes

58. 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:

59. About how many of your coalition's policy outcomes will continue to benefit the community without any additional support from the coalition?

- a. All
- b. Most
- c. Some
- d. A Few
- e. None
- f. Did not contribute to any policy outcomes

60. 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:

- a. early on, before we received CAP/HCAP funding.
- b. during our CAP/HCAP funding period.
- c. within 1 to 2 years after our CAP/HCAP funding period.
- d. 2 or more years after our CAP/HCAP funding period.
- e. Our impacts have occurred at a steady pace throughout the history of our coalition.

61. Many **factors outside a coalition's control** have the potential to influence coalition operations, activities, impacts, and the coalition's chances for sustainability. For each of the following factors, please indicate if it has ever influenced your coalition. If so, please indicate if it was a positive or negative influence.

	Has this factor ever had an influence on the coalition's operations, activities, impacts, or sustainability?	Did the factor have a positive or negative influence on the coalition?
a. A new organization entered the community.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
b. An existing organization closed or left the community.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
c. Local political culture changed (e.g., new administrations, elected officials).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
d. The size and/or demographics of the community changed.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
e. Local policy changed (e.g., size of the public health nursing staff).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
f. State policy changed (e.g., Medicaid reimbursement rates).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
g. Federal policy changed (e.g., Medicare Part D)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
h. The mission or priorities of a funder changed.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
i. Local economic conditions changed.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
j. State or federal economic conditions changed.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
k. A major event changed awareness or attitudes in the community (e.g., the death of an uninsured person is attributed to lack of access to preventive services).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
l. Other factors: _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative

CONCLUDING THOUGHTS

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

63. 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**

Remember, we do not expect you to be able to answer all the questions yourself. We encourage you to ask other people who were 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.

64. In what year did your coalition disband?

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

- a. The coalition achieved all its goals.
- b. The coalition was no longer needed in the community.
- c. The coalition ran out of resources.
- d. The coalition had organizational problems or conflicts that could not be solved.
- e. Other (*specify*):

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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

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

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

- a. Urban
- b. Rural
- c. Suburban
- d. Uninsured
- e. Underinsured/underserved
- f. White
- g. African American
- h. Hispanic/Latino
- i. Asian American/Pacific Islander
- j. Native American
- k. Other racial or ethnic group (*specify*):

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- l. Low-income
- m. Middle-income
- n. High-income
- o. Other (*specify*):

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Coalition Membership

68. How many organizations were members of your coalition?

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

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

- a. Never
- b. Less than once every two years
- c. About once a year
- d. About once every six months
- e. About once every three months
- f. More than once every three months

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

- a. Never
- b. Less than once every two years
- c. About once a year
- d. About once every six months
- e. About once every three months
- f. More than once every three months

72. What was the most common reason for membership turnover?

- a. Changes in coalition funding
- b. Shifts in coalition projects and activities
- c. Reassessment of the coalition's membership needs and priorities
- d. Changes within the member organization (e.g., new leadership, shift in priorities)
- e. Other (*specify*):

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

Health	Social Services	
<input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> Academic medical centers <input type="checkbox"/> Free clinics/other community health centers <input type="checkbox"/> Migrant health centers <input type="checkbox"/> Public housing primary care programs <input type="checkbox"/> Public or private health care providers/ practices <input type="checkbox"/> Hospitals with a low-income utilization rate greater than 25% <input type="checkbox"/> Other hospitals <input type="checkbox"/> Area health education centers <input type="checkbox"/> Primary care associations <input type="checkbox"/> Managed care organizations <input type="checkbox"/> Medical/dental societies <input type="checkbox"/> Specialty care providers <input type="checkbox"/> Oral health providers <input type="checkbox"/> Long-term care providers <input type="checkbox"/> Home health providers <input type="checkbox"/> Laboratories <input type="checkbox"/> Pharmacies <input type="checkbox"/> Private insurance providers <input type="checkbox"/> Medicaid programs <input type="checkbox"/> Rural health clinics <input type="checkbox"/> Other health care coverage programs <input type="checkbox"/> Community-based organizations <input type="checkbox"/> School-based health centers <input type="checkbox"/> Other	<input type="checkbox"/> Schools <input type="checkbox"/> Child care providers <input type="checkbox"/> Low-income housing providers <input type="checkbox"/> Employment programs <input type="checkbox"/> Temporary housing and shelter providers <input type="checkbox"/> Food aid programs <input type="checkbox"/> Violence prevention programs <input type="checkbox"/> Juvenile justice programs <input type="checkbox"/> Adult justice and prisoner reentry programs <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other <hr/> <th data-bbox="808 745 1424 787">Education</th> <input type="checkbox"/> Universities/colleges <input type="checkbox"/> Academic public health programs and departments <input type="checkbox"/> Medical schools <input type="checkbox"/> Dental schools <input type="checkbox"/> Policy centers <input type="checkbox"/> Evaluation centers <input type="checkbox"/> Undergraduate and graduate internship programs <input type="checkbox"/> Student organizations <input type="checkbox"/> Student health clinics <input type="checkbox"/> Other	Education
Government	Other	

<input type="checkbox"/> State public health departments <input type="checkbox"/> Local public health departments <input type="checkbox"/> Veterans Administration <input type="checkbox"/> Local governments <input type="checkbox"/> State governments <input type="checkbox"/> Tribal governments <input type="checkbox"/> Elected officials <input type="checkbox"/> Local or state political staff (e.g., advisor to the mayor) <input type="checkbox"/> Other	<input type="checkbox"/> Consumer advocacy groups <input type="checkbox"/> Philanthropic organizations <input type="checkbox"/> Foundations, businesses (for profit) <input type="checkbox"/> Businesses (non profit) <input type="checkbox"/> Chambers of commerce/ small business organizations <input type="checkbox"/> Large employers <input type="checkbox"/> Small employers <input type="checkbox"/> Employee unions <input type="checkbox"/> Transit authorities <input type="checkbox"/> Tribal (non-government) <input type="checkbox"/> Other
Substance Abuse & Mental Health	Faith
<input type="checkbox"/> Mental health programs/providers <input type="checkbox"/> Substance abuse programs <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other	<input type="checkbox"/> Churches <input type="checkbox"/> Synagogues <input type="checkbox"/> Mosques <input type="checkbox"/> Other houses of worship <input type="checkbox"/> Parochial schools <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Other

Coalition Structure

74. Did your coalition have a lead organization?

- a. Yes
b. No → (SKIP TO Q76)

75. What type of organization led the coalition? *Please choose from the types of organizations you listed as members in Q73.*

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

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

- b. Board of Directors (a group of individuals external to the consortia who provide input and/or oversight to the consortia leadership)
- c. Executive Committee (a small group of consortia leadership responsible for consortia operations)
- d. Community Advisory Board (a group of lay-persons from the community who provide input on consortia activities and direction)

77. What was the structure of your coalition membership?

- a. Formal, such as legally incorporated or Memoranda of Understanding
- b. Informal, such as letters of support or verbal agreements → (SKIP TO Q79)
- c. Other (*specify*):

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

- a. Yes, with all of our members
- b. Yes, with most of our members
- c. Yes, with some of our members
- d. No, not with any of our members

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

80. 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 had a regular, reliable meeting cycle.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Your coalition had active committees.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. All of your members had copies of the coalition bylaws.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Your coalition's executive board/leadership team met regularly and with good attendance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Your coalition's executive board/leadership team communicated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

with committees and members on a regular basis.					
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81. About how often did all coalition members convene for formal meetings?

- a. Every month or more
- b. Every one to three months
- c. Every four to six months
- d. Once a year or less
- a. Never

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

- a. Yes
- b. No

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

- a. Yes
- b. No

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

Coalition members:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. were involved in project design.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. were involved in project implementation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. shared responsibility for providing project resources.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. shared credit for project successes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. had clearly defined roles and responsibilities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

85. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>
b. worked in the field of health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>

delivery or health care administration?						
c. lived or worked in the community served by the coalition?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>

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

Your coalition's leadership:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. had a strong connection to the community prior to assuming leadership of the coalition.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. fostered active involvement of other key stakeholders (e.g., board members, leaders of membership organizations, community organizers, etc.).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. was good at negotiating, facilitating groups, networking, and other skills that help foster relationships with community stakeholders.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. communicated a clear mission and vision for the coalition with all its members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. had expertise in the health and social issues the coalition is addressing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Coalition Funding Resources

87. Did your coalition receive **financial resources** from any of the following sources? If so, please *estimate* the percentage of your budget from each source and check whether those funds were used for coalition operations (e.g., office space, core staff), programmatic activities (e.g., service delivery, interventions), or both.

	Yes/ No	% Overall Budget	Operations, Programmatic Activities, or Both	Is this a source of funding that our coalition can count on from year to year?
a. U.S. Department of Health and Human Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Other Federal Agency/Department (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. State Health Department	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Other State Agency/Department (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Local (county or community) Health Department	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Other Local (county or community) Agency/Department (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. United Way	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Foundations (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Businesses (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. Universities/Academic Institutions (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. Community Based Organizations (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
l. Faith Based Organizations (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m. Other (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

88. Did your coalition receive **in-kind contributions** from its members? If so, please check the types of in-kind contributions the coalition received and check whether those contributions were used for coalition operations, programmatic activities, or both.

	Yes/No	Operations, Programmatic Activities, or Both
a. Facilities (e.g., office space, exam rooms)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
b. Equipment and Supplies (e.g., computers, brochures, test kits)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
c. Salary Sharing/Time Coverage for Key Coalition Personnel	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
d. Volunteers	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
e. Administrative Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
f. Provider Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
g. Grant Writing Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
h. Evaluation Staff or Services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
i. Other Staff or Services (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both
j. Other (specify): _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Operations 2 <input type="checkbox"/> Programmatic Activities 3 <input type="checkbox"/> Both

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

- a. increased from year to year.
- b. was the same from year to year.
- c. decreased from year to year.
- d. changed significantly in either direction from year to year.

Coalition Evaluation Activities

90. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Evaluations of your coalition's core operations (e.g., community communications) were conducted on a regular basis.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Evaluations of your coalition's programs, services, and activities were conducted on a regular basis.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Project effectiveness was demonstrated through evaluation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

91. 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.)

- a. Process evaluation
- b. Program monitoring
- c. Outcomes evaluation
- d. Empowerment evaluation
- e. Evaluation capacity building (e.g., building capacity among member organizations to conduct evaluative activities)
- f. Quantitative methods (e.g., secondary analysis of data sets, survey analysis)
- g. Qualitative methods (e.g., focus groups, interviews)
- h. Experimental or quasi-experimental designs (e.g., control and intervention populations)
- i. Other (*specify*):
- j. I don't know

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

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

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.

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

Programs & Services	Capacity Building
<input type="checkbox"/> Enrollment assistance for entitlement programs <input type="checkbox"/> Pharmacy assistance <input type="checkbox"/> Coordination of social services <input type="checkbox"/> Translation services <input type="checkbox"/> Patient navigation <input type="checkbox"/> New insurance plans <input type="checkbox"/> Care coordination <input type="checkbox"/> New provider sites and access points <input type="checkbox"/> Testing sites <input type="checkbox"/> Establishing medical homes <input type="checkbox"/> Expanding access to specialty services <input type="checkbox"/> Direct health services <input type="checkbox"/> Other	<input type="checkbox"/> Providing technical assistance and training to other organizations (e.g., how to conduct needs assessments, evaluation training) <input type="checkbox"/> Establishing networks of organizations <input type="checkbox"/> Community leader development programs <input type="checkbox"/> Developing community resource guides <input type="checkbox"/> Other
Systems Change	Policy Advocacy and Change
<input type="checkbox"/> Integrating data systems <input type="checkbox"/> Data sharing <input type="checkbox"/> Coordinated EMRs <input type="checkbox"/> Coordinated financial management information systems <input type="checkbox"/> Registries <input type="checkbox"/> Coordinated screening and enrollment systems <input type="checkbox"/> Disease management systems <input type="checkbox"/> Cultural competency training <input type="checkbox"/> Pro bono provider systems <input type="checkbox"/> Other	<input type="checkbox"/> Informing local leaders and elected officials <input type="checkbox"/> Informing state leaders and elected officials <input type="checkbox"/> Collaborating with local institutions (e.g., school systems to change school lunch policy) <input type="checkbox"/> Participating in local state or regional summits <input type="checkbox"/> Other
Health Behavior Change	Dissemination of Information and Products
<input type="checkbox"/> Health counseling <input type="checkbox"/> Training peer educators	<input type="checkbox"/> Community newsletters <input type="checkbox"/> Hotlines

<input type="checkbox"/> Wellness programs	<input type="checkbox"/> Websites
<input type="checkbox"/> Screening programs	<input type="checkbox"/> Marketing brochures
<input type="checkbox"/> Other	<input type="checkbox"/> Health fairs
	<input type="checkbox"/> Special events (e.g., bike to work days)
	<input type="checkbox"/> Outreach materials
	<input type="checkbox"/> Program materials
	<input type="checkbox"/> Other

94. Out of these activities, 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:

95. 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)?

- a. No, none of the original activities are being conducted today
- b. Yes, at least one of the original activities are being conducted today
- c. 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.

- 96.** According to your coalition's definition, sustainability of the coalition meant:
- a. our coalition had the resources it needed to continue operating with our membership and structures in-tact for the long-term.
 - b. our coalition's programs, services, and activities would continue in the long-term even if our coalition was no longer in operation.
 - c. both our coalition and its activities would continue in the long-term.
 - d. our coalition made a lasting impact on our community that would continue regardless of whether our coalition or its activities continued operating.
- 97.** Did your coalition ever develop a sustainability plan?
- a. Yes, prior to receiving our CAP/HCAP grant.
 - b. Yes, within the first year of our CAP/HCAP grant.
 - c. Yes, after the first year but still prior to the end of our CAP/HCAP grant.
 - d. Yes, after our CAP/HCAP grant ended.
 - e. No, but we had plans to develop a sustainability plan.
 - f. No, we didn't have any plans to develop a sustainability plan.
- 98.** What actions, if any, did your coalition take to prepare for sustainability?
(Check all that apply.)
- a. Reassessed the coalition's goals, activities, or priorities
 - b. Identified the most effective goals and activities to continue
 - c. Developed a strategic plan for attaining resources
 - d. Reduced the membership
 - e. Reorganized the membership
 - f. Restructured coalition operations/processes (e.g., fewer meetings, smaller leadership team)
 - g. Established a committee to strategically address sustainability issues
 - h. Hired an external consultant to advise the coalition on issues of sustainability
 - i. Located partners and institutions to take over programs and services developed by the coalition
 - j. Developed an infrastructure in the community to support systems-level activities

k. Ensured appropriate mechanisms for implementation and enforcement of policy activities in the community

l. Other (*specify*):

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

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

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

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

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

e. Individual member organizations

f. Coalition staff

g. Other (*specify*):

100. When were sustainability issues addressed by the coalition?

a. In the course of regular meetings and planning activities

b. As we neared the end of major grants and other funding cycles

c. Only when sustainability became a problem

d. Rarely or never

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

Your coalition:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion/ Not Applicable
a. had leaders who were continually planning for sustainability.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. identified alternative strategies for project survival.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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.

102. Since the end of your CAP/HCAP grant period, how successful was the coalition at contributing to the following types of impacts?

	Very Unsuccessful	Unsuccessful	Successful	Very Successful	No Opinion/ Not Applicable
a. Changing individual health and behavior outcomes such as immunization or primary care utilization.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Changing systems-level outcomes such as integrated data systems or cultural competency training.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Changing policies such as reimbursement structures or smoking ordinances.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

103. 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:

Citations and websites:

104. About how many of your coalition's individual health and behavior outcomes continue to benefit the community even without support from the coalition?

- a. All
- b. Most
- c. Some
- d. A Few
- e. None
- f. Did not contribute to any individual health and behavior outcomes

105. 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:

Citations and websites:

106. About how many of your coalition's systems-level outcomes continue to benefit the community even without support from the coalition?

- a. All
- b. Most
- c. Some
- d. A Few
- e. None
- f. Did not contribute to any systems-level outcomes

107. 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:

Citations and websites:

108. About how many of your coalition's policy outcomes continue to benefit the community even without support from the coalition?

- a. All
- b. Most
- c. Some
- d. A Few
- e. None
- f. Did not contribute to any policy outcomes

109. 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:

- a. early on, before we received CAP/HCAP funding.
- b. during our CAP/HCAP funding period.
- c. within 1 to 2 years after our CAP/HCAP funding period.
- d. 2 or more years after our CAP/HCAP funding period.
- e. Our impacts have occurred at a steady pace throughout the history of our coalition.

110. Many **factors outside a coalition's control** have the potential to influence coalition operations, activities, impacts, and the coalition's chances for sustainability. For each of the following factors, please indicate if it ever influenced your coalition. If so, please indicate if it was a positive or negative influence.

	Has this factor ever had an influence on the coalition's operations, activities, impacts, or sustainability?	Did the factor have a positive or negative influence on the coalition?
a. A new organization entered the community.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
b. An existing organization closed or left the community.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
c. Changes to the local political culture (e.g., new administrations, elected officials).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
d. The size and/or demographics of the community changed.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
e. Local policy changes (e.g., size of the public health nursing staff).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
f. State policy changes (e.g., Medicaid reimbursement rates).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
g. Federal policy changes (e.g., Medicare Part D)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
h. The mission or priorities of a funder changed.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
i. Changes in local economic conditions.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
j. Changes in state or federal economic conditions.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
k. A major event changes awareness or attitudes in the community (e.g., the death of an uninsured person is attributed to lack of access to preventive services).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative
l. Other factors: _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative

Background Information

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

- a. I was the day-to-day manager/administrator of the coalition.
- b. I was a leader of the coalition but I did not manage the day-to-day operations and activities.
- c. Other (*specify*):

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

- a. Yes → Briefly describe your role:
- b. No

Concluding Thoughts

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

114. 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**