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.activities.ncm, and impacts of coalitions that received 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.activities.ncm 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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
	T T T T T T T T T T T T T T T T T T T
	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):

C	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?
	 Never Less than once every two years About once a year About once every six months About once every three months 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):

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] 18.	Please I	ist all of yo	our new g	oals.		
 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) 	19.	goals? <i>(Ci</i> 1.	attract ne	at apply.) w member new fundamew or add	ers ding sourc		
20. Please indicate how much you disagree or agree v	vith the follov	ving staten	nents:		Strongly	No Opinion/	
Your coalition's: a. vision, mission, and goals are documented.		Disagree 1	Disagree 2	Agree 3	Agree 4	Not Applicable	
b. vision, mission, and goals take into account whappening in the community.	1	2	3 🗌	4	5		
member organizations agree on the coalition's mission, and goals.	1 🗌	2	3	4	5		
d. member organizations are committed to pursu activities to achieve the coalition's vision, mis goals.	ivities to achieve the coalition's vision, mission, and						
vision, mission, and goals are understood by and institutions in your community	residents	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.

COALITION STRUCTURE	25. What is the structure of your coalition
 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? 	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):
 23. Has the lead organization changed since the end of the CAP/HCAP grant? 1. ☐ Yes → WHAT WAS THE FORMER LEAD ORGANIZATION? 	 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
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 laypersons from the community who provide input on consortia activities and direction)	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.

					Strong		Agree	Strongly Agree	No Opinion/ Not Applicable
	You	r coalition:			Disayie	Disagree	Agree	Agree	140t Applicable
_	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 med regularly and with good attendance.		1		3	4	5	
	e.	has an executive board/ leadership team that cor	ates	1] 2	3	4	5	
	Coo	with committees and members on a regular basis lition members:			_				
	f.	are involved in project design.			4				
-					1	2	3	4	5
_	g.	are involved in project implementation.	<u> </u>		1	2	3	4	
<u> </u>	h.	share responsibility for providing project resource	28.		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
		r coalition's leadership:		_					1
	k.	had a strong connection to the community prior to leadership of the coalition.			1	2	3 🗌	4	5
	I.	fosters active involvement of other key stakehold board members, leaders of membership organiza community organizers, etc.).	ers (e.g. ations,	,	1	2	3	4	5
	m.	is good at negotiating, facilitating groups, network other skills that help foster relationships with comstakeholders.		t	1	2	3	4	5
	n.	communicates a clear mission and vision for the with all its members.		1	2	3	4	5	
	Ο.	has expertise in the health and social issues the addressing.	is	1	2	3	4	5 🗌	
		t how often do all coalition members ————————————————————————————————————	→ 31.						
	ven	e for formal meetings?				(e.g., con			
on	ven	e for formal meetings? Every month or more		proce	esses	(e.g., con s			
1. 2.	ven	e for formal meetings? Every month or more Every one to three months		proce	esses Ye	(e.g., con s			
1. 2. 3.	ven	e for formal meetings? Every month or more Every one to three months Every four to six months	ļ	proce 1. [2. [essés Ye No	(e.g., con s	sensus o	or majorit	y policies
1. 2. 3. 4.	ven	e for formal meetings? Every month or more Every one to three months Every four to six months Once a year or less	32.	proce 1. [2. [Do mana	esses Ye No es you	(e.g., cons s ur coalitic conflicts a	sensus o n have a nmong me	or majorit formal p embers a	cision ma y policies process fo and/or bei
1. 2. 3.	ven	e for formal meetings? Every month or more Every one to three months Every four to six months	32.	proce 1. [2. [Do mana	esses Ye No es you	(e.g., cons	sensus o n have a nmong me	or majorit formal p embers a	y policies
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1. 2. 3. 4.	ven	e for formal meetings? Every month or more Every one to three months Every four to six months Once a year or less	32.	proce 1. [2. [Do mana mem	esses Ye No No es you aging cobers a	(e.g., cons s ur coalitic conflicts a and coaliti	sensus o n have a nmong me	or majorit formal p embers a	y policies
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1. 2. 3. 4. 5.	vend	e for formal meetings? Every month or more Every one to three months Every four to six months Once a year or less	32.	proce 1. [2. [Do mana mem 1. [2. [Yees you aging of bers a	(e.g., cons s ur coalitic conflicts a and coaliti	sensus o n have a nmong me	or majorit formal p embers a	y policies
1. 2. 3. 4. 5. P	vender in the venture of the venture	e for formal meetings? Every month or more Every one to three months Every four to six months Once a year or less Never	32.	proce 1. [2. [Domana mem 1. [2. [Dor dire	Yees you aging of bers a	(e.g., cons s ur coalitic conflicts a and coaliti	sensus o n have a nmong me	or majorit formal p embers a	process for and/or be
1. 2. 3. 4. 5. P	venue	Every month or more Every one to three months Every four to six months Once a year or less Never	32. s leader ow.	Domana and a line of the line	Ye No	(e.g., cons	n have a	formal pembers arship?	process for and/or be
1. 2. 3. 4. 5. PChe	ven	Every month or more Every one to three months Every four to six months Once a year or less Never See provide some information about your coalition's the appropriate box for each of the questions belowing has the coalition leader or director:	32.	Domana and a second sec	Ye No	(e.g., cons	n have a mong mon leader	formal pembers arship?	orocess for and/or be: No Opinio Not Applicable

COALITION FUNDING RESOURCES

c. State Health Department	Yes/No 1 Yes 2 No
Human Services Description	No Pes No Pes No Pes No Pes No Pes No Pes No
C. State Health Department	No Pes No Pes No Pes No Pes No Pes No Pes No Pes No Pes No
d. Other State Agency/Department 2 No (specify):	No I Yes No I Yes No I Yes No No
d. Other State Agency/Department (specify):	No Property No Pro
Health Department f. Other Local (county or community) Agency/Department (specify): g. United Way 1 Yes 2 No 1 Yes/No 2 No 1 Yes/No 2 No 1 Yes/No 2 No 2 No 3 Grant Writing Staff or Services 3 Grant Writing Staff or Services 4 Services 5 Salary Sharing/Time Coverage for Key 1 Yes 3 Grant Writing Staff or Services 5 Fundraising/Development Staff or Services	² No
Agency/Department (specify): g. United Way 1 Yes	1 VAS
2 No No No No Section 2 No Provider Staff or Services Lequipment and Supplies (e.g., computers, brochures, test kits) Section 2 No Provider Staff or Services Grant Writing Staff or Services Description 2 No Grant Writing Staff or Services Description 3 No Provider Staff or Services Description 3 No Building Time Coverage for Key Description 3 No Provider Staff or Services Description 3 No Description 3 No Description 3 No No Description 3 No Description 4 No Description 3 No Description 4 No Description	² No
Yes/No 1. Facilities (e.g., office space, exam rooms) 1. Yes 2 No 1. Yes 2 No 1. Provider Staff or Services 2. No 3. Grant Writing Staff or Services 4. Salary Sharing/Time Coverage for Key 1. Yes 2 No 4. Provider Staff or Services 5. Salary Sharing/Time Coverage for Key 1. Yes 2 No 5. Supplies (e.g., office space, exam 1 Yes 2 No 6. Provider Staff or Services	¹ Yes ² No
Tacilities (e.g., office space, exam rooms) 1	
rooms) 2 No No 1. Provider Staff or Services 1. Provider Staff or Services 2 No Grant Writing Staff or Services 2 No 2 No 4. Provider Staff or Services 5. Salary Sharing/Time Coverage for Key 1 Yes 2 No 5. Salary Sharing/Time Coverage for Key 1 Yes 5. Supplied the Services 6. Supplied the Services 6. Supplied the Services 7. Provider Staff or Services	
computers, brochures, test kits) 2 No g. Grant Writing Staff or Services Salary Sharing/Time Coverage for Key 1 Yes Leading Development Staff or Services	¹ ☐ Yes 2 ☐ No
	1 Yes 2 No
Coalition Personnel 2 No	¹ ☐ Yes 2 ☐ No
	¹ ☐ Yes ² ☐ No
Administrative Staff or Services = 1 = 100 1 = 100	¹□ Yes ²□ No

Strongly Disagree Disagree Agree Agr	3	6. Please estimate			COALITION EVALUATION ACTIVITIES									
**Scoalition operations only **Strongly Disagree Disagree Disagree Disagree Agree A		(e.g., office space, activities (e.g., serv	core staff), programn	3					disa	gree o	r agree		
## Programmatic activities only We programmatic activities only		% Coalition ope	rations o	nly						Disagree	Agree		No Opinion/ Not Applicable	
37. How stable is the funding stream for your coalition? In general, would you say that funding: 1		% Programmation	c activitie	es only		a.	develops ev plans prior to implementin programs, s	aluation o g ervices,	1	2	3	4	5	
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 4. changes significantly in either direction from year to year 5. How would you describe your current funding situation compared to your funding situation during your time as a CAP/HCAP grantee? Less than during your time as a CAP/HCAP grantee? Less than during your du	3	7. How stable is the	b.	coalition's cooperations (community communicate are conducted	ore e.g., tions) ed on a	1	2	3	4	5				
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 CAPIHCAP grant CAPIHCAP grant		 increases f is the same decreases changes si 	rom year of the from year of the from year of the grantly in the from year of the yea		coalition's programs, sand activities conducted or	ervices, s are on a	1	2	3	4	5			
CAPHCAP grant CAPHCAP gran	3	38. How would you describe your current funding situation compared to your funding situation during					effectivenes demonstrate	3	4	5				
Sources b. Funding earmarked for programs, services, or activities c. Funding for coalition operations d. Flexibility to allocate funds wherever they are needed or can be most effective e. Certainty about sources of future funding f			during CAP/HCAP	CAP/HCAP	during CAP/HCAP	4	and tools I	has your	coalitio	n used	to as	sess t	he	
for programs, services, or activities Funding for coalition operations C. Funding for coalition operations funds wherever they 1 2 3 3 are needed or can be most effective E. Certainty about sources of future funding Tunding earmarked for programs, services, or activities 2. Program monitoring 3. Outcomes evaluation E. Empowerment evaluation 5. Evaluation capacity building (e.g., building capacity among member organizations or 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 des (e.g., control and intervention population groups) The program monitoring and poutcomes evaluation 2. Program monitoring 3. Outcomes evaluation 4. Empowerment evaluation 5. Quantitative methods (e.g., secondary analysis) of data sets, survey analysis) 7. Qualitative methods (e.g., focus groups, interviews) 8. Experimental or quasi-experimental des (e.g., control and intervention population groups) The program monitoring and poutcomes evaluation 2. Program monitoring 3. Outcomes evaluation 4. Empowerment evaluation 5. Quantitative methods (e.g., secondary analysis) 7. Qualitative methods (e.g., focus groups, interviews) 8. Experimental or quasi-experimental des (e.g., control and intervention population groups) 9. Other (specify):	a.	•	1	2	3 🗌		services, a	and activit	ties? (Check	all th	at app	s, ly.)	
coalition operations d. Flexibility to allocate funds wherever they 1 2 3 3 are needed or can be most effective e. Certainty about sources of future 1 2 3 3 are not groups, funding 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 des (e.g., control and intervention population good of the conduct evaluative activities) 6. Quantitative methods (e.g., focus groups, interviews) 8. Experimental or quasi-experimental des (e.g., control and intervention population good of the conduct evaluative activities) 7. Qualitative methods (e.g., focus groups, interviews) 8. Experimental or quasi-experimental des (e.g., control and intervention population good of the conduct evaluative activities) 7. Qualitative methods (e.g., focus groups, interviews) 8. Description of the conduct evaluative activities of the conduct evaluation	b.	for programs, services, or	1 🗌	2	3		2. Program monitoring3. Outcomes evaluation							
funds wherever they 1 2 3 analysis of data sets, survey analysis) are needed or can be most effective e. Certainty about sources of future 1 2 3 analysis of data sets, survey analysis) 8. Experimental or quasi-experimental des (e.g., control and intervention population 9. Other (specify):	C.		1	2	3 🗌									
sources of future 1 2 3 (e.g., control and intervention population funding 9. Other (specify):	d.	funds wherever they are needed or can	1	2	3		6. Q Q ar 7. Q	uantitative nalysis of ualitative	e metho data se	ods (e.g ets, surv	ı., sed vey al	nalysis	s)	
10.□ None	е.	sources of future	1	2	3		_ (e	.g., contro	ol and i					
							10. No	one						

41	 How important each of the follow 			on activi	ities fo	or 	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
		Very Unimportant	Somewhat Unimportant	Somewhat Important Im	Very	No Opinion/ Not Applicable	period.
a.	Demonstrating results to your community	1	2	3	4	5	Activity #1: Activity #2:
b.	Demonstrating results to your funders	1	2	3	4	5	Activity #3:
C.	Competing for funding more successfully	1	2	3	4	5	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 .
d.	Modifying coalition operations (e.g.,						Activity #1:
	staff, convening membership meetings)	1	2	3	4	5	Activity #2:
e.	Modifying coalition						Activity #3:
	programs, services, and activities	1	2	3	4	5	45. Is your coalition conducting some or all of the same activities it did under the CAP/HCAP grant?
f.	Long- term/sustainability planning	1	2	3	4	5	 No, none of the same activities Yes, at least one of the same activities Yes, all of the same activities → (SKIP TO
Section III: Coalition Activities							SECTION IV PAGE 10) 4. Yes, all of the same activities in addition to new activities.
CC	nis section is abou palition has been c AP/HCAP grant. B	onducti	ng since	e receivi	ing th		46. Please select the reason(s) why your coalition has changed the activities it conducts or added new activities. (Check all that apply.)
	ojects, programs, palition works on to					•	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.
42	conducted since	you first			tion h	as	3. The demographics and/or needs of the population we serve changed.
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							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):
	programs 4. Capacity	or trainir	ng peer e	educators	s)	al	
	assistance communit	e to othe	r organiz	ations o	r		47. Are the activities you currently conduct consistent
	5. Policy adv local lead collaborat systems)	ocacy alers and eing with	nd chang elected o local inst	ge (e.g., officials o citutions I	inform r ike sc	ning	with at least one of your coalition's goals during the CAP/HCAP funding period? 1. Yes 2. No
	6. U Dissemina (e.g., hea						

Section IV: Planning for Sustainability

Section IV: Planning for Sustainability	50. What actions, if any, has your coalition ever taken to prepare for sustainability? (Check all that apply.)
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. 18. 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. Oboth 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. 19. 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.	to prepare for sustainability?
 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. 	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 laypersons from the community who provide input on consortia activities and direction) 5. Individual member organizations 6. Coalition staff 7. Other (specify):

5	2. When are sustain coalition?	inability	issues	addr	essed	by the	Section V: Coalition Impacts
	 In the cour planning a planning a. As we nea funding cyons. Only when Rarely or response. 	ctivities r the er cles sustair	nd of ma	ijor gr	ants a	nd other	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.
Cu	3. Please indicate with the following s	Strongly	ents abo	ut yo	ur coa	No Opinion/ Not	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.	has leaders who are continually planning for sustainability.	Disagree	Disagree 2	3	Agree 4	Applicable 5	1. Very unsuccessful 2. Unsuccessful 3. Successful 4. Very successful 5. Net applicable (SKIR TO 059)
).	identifies alternative strategies for project survival.	1	2	3	4	5	 5.
) .	has sufficient funding for current project activities and operations.	1	2	з 🗌	4	5	If relevant, please direct us to documents or websites where these outcomes are described in greater detail.
d.	has sufficient funding for the next year.	1	2	з 🗌	4	5	Outcome #1: Outcome #2:
) .	has sufficient funding for the long- term (2 or more years).	1	2	з 🗌	4	5	Outcome #3:
•	has sufficient funding for hiring and retaining quality staff.	1	2	3	4	5	Outcome #4: Outcome #5:
5	4. In your estimatic coalition will contin 10 years from now	ue to e					Documents and websites where these outcomes are described in greater detail:
		Very Likely	Somewh Likely		omewhat Jnlikely	Very Unlikely	
a. O.	2 years from now 5 years from now 10 years from now	1 1 1	2 2]	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	 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

how successful has your coalition been at changing systems-level outcomes such as integrated data systems or cultural competency training?	coalition contributed? If relevant, please direct us to documents or websites where these outcomes are described in greater detail.
Very unsuccessful Unsuccessful	Outcome #1:
Successful Very successful	Outcome #2:
5. ☐ Not applicable → (SKIP TO Q61)	Outcome #3:
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 #4:
Outcome #1:	Outcome #5:
Outcome #2:	Documents and websites where these outcomes are described in greater detail:
Outcome #3:	
Outcome #4:	63. About how many of your coalition's policy
Outcome #5:	outcomes will continue to benefit the community without any additional support from the coalition?
Documents and websites where these outcomes are described in greater detail:	1.
 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 	which of the following statements most accurately describes your coalition's impacts? Most of our greatest impacts occurred:
2. Most	1. Learly on, before we received CAP/HCAP funding.
3. U Some 4. A Few	 2. during our CAP/HCAP funding period. 3. within 1 to 2 years after our CAP/HCAP
5. L None	funding period. 4. 2 or more years after our CAP/HCAP funding
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	period. 5. Our impacts have occurred at a steady pace throughout the history of our coalition.
2. Unsuccessful 3. Successful	
4. ☐ Very successful 5. ☐ Not applicable → (SKIP TO Q64)	
<u> </u>	

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	70. What were some of the characteristics of the
	population that received services from your coalition? (Check all that apply.)
67. In what year did your coalition disband?	1. Urban
- I I I I I I I I I I I I I I I I I I I	
	2. 🔲 Rural
	3. Suburban
68. Why did the coalition disband? Please select the	4. Uninsured
answer that best describes the situation.	5. Underinsured/underserved
The coalition achieved all its goals.	6. White
2. The coalition was no longer needed in the	7. African American
community.	8. Hispanic/Latino
3. The coalition ran out of resources.	9. Asian American/Pacific Islander
4. The coalition had organizational problems or	10. Native American
conflicts that could not be solved.	11. Mixed race or other racial or ethnic group
5. Other (specify):	(specify):
S. C. Cuter (Speelity).	
	12 Low-income
	13. Middle-income
	14. High-income
	15. Other characteristics (specify):
	one onaracteristics (opeany).
	Occidios Mossbouckis
	Coalition Membership
	74 How many organizations were members of your
	71. How many organizations were members of your coalition?
CHARACTERISTICS OF YOUR COALITION	
This section asks about some of the features of your	
coalition, including: the community your coalition	72. Of these, how many organizations did you
served; the size and composition of your coalition's	consider to be active members?
member organizations; the type of funding your	
coalition received; the structure of your coalition; and your coalition's evaluation efforts.	
and your coantion's evaluation enoits.	
	73. About how often did new organizations join the
Community Corred by the Coalition	coalition?
Community Served by the Coalition	1. Never
69. What was the approximate size of the population	2. Less than once every two years
in the area where your coalition worked?	3. About once a year
	4. About once every six months
	5. About once every three months
	6. More than once every three months
	□ IVIOLE (LIGHT OFFICE EVERY (THEE HIOHILIS

74. About how often did the coalition lose member organizations?	76. What sectors and types of organizations did coalition members represent?
1. Never	(Check all that apply.)
2. Less than once every two years	Health Coates March are
3. About once a year	Health-Sector Members
4. About once every six months	1. Federally Qualified Health Centers
5. About once every three months	2. Academic medical centers
6. More than once every three months	3. Free clinics/other community health centers
75 140 ()	4. Migrant health centers
75. What was the most common reason for membership turnover (losing or adding member	5. Public housing primary care programs
organizations)?	6. Public or private health care providers/ practices
1. L Changes in coalition funding	7. ☐ Hospitals with a low-income utilization rate greater than 25%
2. Shifts in coalition projects and activities	8. Other hospitals
 Reassessment of the coalition's membership needs and priorities 	9. Area health education centers
Changes within the member organization	10. Primary care associations
(e.g., new leadership, shift in priorities)	11. Managed care organizations
5. Other (specify):	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) 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):

Coa	lition Structure	80. What was the structure of your coalition membership?	
77.	Did your coalition have a lead organization? 1. ☐ Yes 2. ☐ No → (SKIP TO Q79)	 Formal, such as legally incorporated or Memoranda of Understanding Informal, such as letters of support or verba agreements → (SKIP TO Q82) Other (specify): 	al
78. 79.	What type of organization led the coalition? Did your coalition have any of the following boards	81. Did your coalition have written Memoranda of Understanding or inter-agency agreements with an coalition members? 1. Yes, with all of our members	ıy
	r 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 laypersons from the community who provide input on consortia activities and direction)	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	1?

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tion have formal decision maki
consensus or majority policies
tion have a formal process for
cts among members and/or be
·
consensus or majo

Coalition Funding Resources

· ·		any of the following sources?	
	Yes/No		Yes/No
U.S. Department of Health and Human Services	¹ ☐ Yes 2 ☐ No	(specify):	1 Yes 2 No
Other Federal Agency/Department (specify):	¹ ☐ Yes ² ☐ No	i. Health Insurers/Managed CareOrganizations(specify):	1 Yes 2 No
State Health Department	¹ ☐ Yes ² ☐ No	j. Businesses (specify):	¹☐ Yes 2☐ No
Other State Agency/Department (specify):	¹ ☐ Yes ² ☐ No	k. Universities/Academic Institutions (specify):	1 Yes 2 No
` -		I. Community Based Organizations (specify):	¹ Yes 2 No
Other Local (county or community) Agency/Department (specify):	¹ Yes ² No	m. Faith Based Organizations (specify):	¹ Yes ² No
United Way	¹ ☐ Yes 2 ☐ No	n. Other (specify):	1 Yes 2 No
Did your coalition receive in-kind con	1	m its members?	
	Yes/No		
	1 Yes 2 No	f. Provider Staff or Services	¹ ☐ Yes 2 ☐ No
	1 Yes 2 No	g. Grant Writing Staff or Services	¹ Yes ² No
	1 Yes 2 No	h. Fundraising/Development Staff or Services	¹ ☐ Yes 2 ☐ No
Volunteers	1 Yes 2 No	i. Evaluation Staff or Services	¹ Yes ² No
Administrative Staff or Services	1 Yes 2 No	j. Other (specify):	¹ Yes ² No
 increased from year to year. was the same from year to year. decreased from year to year. changed significantly in either direction. Please <u>estimate</u> the percentage of you space, core staff), programmatic activities.	ection from ye ur funding sou s (e.g., servic	ear to year. Incres that had to be used for coalition operations (see delivery, interventions), or both.	e.g., office
	Other Federal Agency/Department (specify):	U.S. Department of Health and Human Services 2 No Other Federal Agency/Department (specify): 2 No State Health Department 1 Yes 2 No Other State Agency/Department 1 Yes 2 No Other State Agency/Department 1 Yes 2 No Other State Agency/Department 2 No Local (county or community) 1 Yes Health Department 2 No Other Local (county or community) 1 Yes 2 No Other Local (county or community) 1 Yes 2 No United Way 1 Yes 2 No United Way 1 Yes 2 No Did your coalition receive in-kind contributions from Yes/No Facilities (e.g., office space, exam 1 Yes 2 No Equipment and Supplies (e.g., 2 No Equipment and Supplies (e.g., 2 No Salary Sharing/Time Coverage for Key 2 No Volunteers 1 Yes 2 No Administrative Staff or Services 1 Yes 2 No How stable was the funding stream for your coalition 1 increased from year to year. 2 No How stable was the same from year to year. 3 decreased from year to year. 4 changed significantly in either direction from yes 2 Please estimate the percentage of your funding sous 2 space, core staff), programmatic activities (e.g., service)	U.S. Department of Health and Human Services Other Federal Agency/Department (specify): State Health Department (specify): Local (county or community) Health Department (specify): Local (county or community) Health Department (specify): State Health Department (specify): Local (county or community) Health Department (specify): No State Health Department (specify): Local (county or community) Health Department (specify): Local (county or community) Health Department (specify): No Other Local (county or community) Agency/Department (specify): United Way Did your coalition receive in-kind contributions from its members? Yes/No Facilities (e.g., office space, exam rooms) Equipment and Supplies (e.g., organizations (specify): No Stalary Sharing/Time Coverage for Key Coalition Personnel Volunteers Administrative Staff or Services 1 Yes 2 No Administrative Staff or Services 1 Yes 2 No Administrative Staff or Services 1 Yes 2 No How stable was the funding stream for your coalition? In general, would you say that funding: 1 Yes 2 No Other (specify): Other (specify): Other (specify

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
g	on tools did your effectiveness of your effectiveness of your services, and active (Check all that app.) 1. Process even to Program materials. Outcomes 4. Empowerm to Evaluation capacity and conduct even to Quantitative analysis of Qualitative interviews)	coalition our oper ities? oly.) valuation onitorin evaluation capacity mong myaluative method data see method	n use to ations of n ng ion aluation y buildi ember e activiti ods (e.g.	ng (e organ ies) g., see /ey a	ess the ograms .g., bu nization condar nalysis s grou	ilding ns to
	8. Experimen (e.g., contr 9. Other (spe	ol and i				

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

	Very Unimportant			Very	No Opinion/ Not Applicable
Demonstrating results to your community	1	2	3	4	5
Demonstrating results to your funders	1	2	3	4	5
Competing for funding more successfully	1	2	3	4	5
Modifying coalition operations (e.g., staff, convening membership meetings)	1	2	3	4	5
Modifying coalition programs, services, and activities	1	2	3	4	5
Long- term/sustainability planning	1	2	3	4	5
	community Demonstrating results to your funders Competing for funding more successfully Modifying coalition operations (e.g., staff, convening membership meetings) Modifying coalition programs, services, and activities Long-term/sustainability	Demonstrating results to your community Demonstrating results to your funders Competing for funding more successfully Modifying coalition operations (e.g., staff, convening membership meetings) Modifying coalition programs, services, and activities Long-term/sustainability 1	Demonstrating results to your community Demonstrating results to your 1 2 cmmunity Demonstrating results to your 1 2 cmmunders Competing for funding more 1 2 cmmunding more successfully Modifying coalition operations (e.g., staff, convening membership meetings) Modifying coalition programs, services, and activities Long-term/sustainability 1 2 cmmunding to the state of the successful to the successf	Demonstrating results to your community Demonstrating results to your 1 2 3 community Demonstrating results to your 1 2 3 community Competing for funding more successfully Modifying coalition operations (e.g., staff, convening membership meetings) Modifying coalition programs, services, and activities Long-term/sustainability 1 2 3 3 community I 2 3 community 3 communi	Demonstrating results to your community Demonstrating results to your community Demonstrating results to your 1 2 3 4 4 c c community Demonstrating results to your 1 2 3 4 c c c c c c c c c c c c c c c c c c

Continue to next page

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) 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. U No, none of the original activities are being

2. Yes, at least one of the original activities are

3. Yes, all of the original activities are being

conducted today

conducted today

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. s		rding to your coalition's definition, ability 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.
		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 o whether our coalition or its activities continued operating.
99. p	Did y lan?	our coalition ever develop a sustainability
	1.	Yes, prior to receiving our CAP/HCAP grant. Yes, within the first year of our CAP/HCAP
	3.	grant. Yes, after the first year but still prior to the end of our CAP/HCAP grant.
	_	Yes, after our CAP/HCAP grant ended. No, but we had plans to develop a sustainability plan.
	6.	No, we didn't have any plans to develop a sustainability plan.

Reassessed the coalition's goals, activities, or priorities or priorities or priorities Coalition staff	repare	It actions, if any, did your coalition take to e for sustainability? a all that apply.)	'	02. When were s coalition?		·			·
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. □ Only when sustainability beca 4. □ Rarely or never 103. Please indicate how much you disk with the following statements: Vour coalition's: Strongly Vour coalition's: Strongly Vour coalition's: Strongly Vour coalition's: Strongly 102. □ Stemulate a external consultation to take over programs and services developed by the coalition at insulting to sustainability. b. identified alternative 104. □ Steering Committee (a sumittee 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 activities and direction) 4. □ Community Advisory Board (a group of laypersons from the community who provide input on consortia activities and direction) 5. □ Individual member organizatio		or priorities	2. As we neared the end of major grants a						
a.	2			_			/ beca	me a pr	roblem
s.	3			4. Rarely of	or never	_			
6.	$\overline{}$	•	1				u disa	igree or	agree
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 headership) 3. ☐ Executive Committee (a small group of consortia leadership) individual headership responsible for consortia leadership) 4. ☐ Community Advisory Board (a group of laypersons from the community who provide input on consortia activities and direction) 5. ☐ Individual member organizations 6. ☐ Coalition staff	_	Restructured coalition operations/processes (e.g., fewer meetings, smaller leadership	Yo		Strongly		Agree	Strongly Agree	No Opinion/ Not Applicable
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alternative strategies for project survival. alternative strategies for project survival. 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 laypersons from the community who provide input on consortia activities and direction) 5. □ Individual member organizations 6. □ Coalition staff	8.	coalition on issues of sustainability		sustainability.					
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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 laypersons from the community who provide input on consortia activities and direction) 5. ☐ Individual member organizations 6. ☐ Coalition staff	10		_	project survival.					
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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.	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 #1:
Outcome #2:	Outcome #2:
Outcome #3:	Outcome #3:
Outcome #4:	Outcome #4:
Outcome #5:	Outcome #5:
Documents and websites where these outcomes are described in greater detail:	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)	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)

that your coalition contributed to. If relevant, please	Background Information
direct us to documents or websites where these outcomes are described in greater detail.	
Outcome #1:	114. What was your role in the coalition? Please select the appropriate statement.
Outcome #2:	I was the day-to-day manager/administrator of the coalition.
Outcome #3:	2. I was a leader of the coalition but I did not mange the day-to-day operations and activities.
Outcome #4:	3. Other (specify):
Outcome #5:	
Documents and websites where these outcomes are described in greater detail:	 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)
	2. 🗆 140 2 (SKII 10 Q111)
 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 	116. Briefly describe your role with the coalition when it was funded by the CAP/HCAP grant.
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:	
 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	
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