

Coalition Questionnaire

As the designated representative for your coalition, we appreciate your completing the following questionnaire. In order to get accurate data, we ask that you answer all questions completely and honestly. You will be provided a summary of your answers. These questions will take approximately 30-60 minutes to complete.

***1. As the designated representative for your coalition, we appreciate your completing the following questionnaire. In order to get accurate data, we ask that you answer all questions completely and honestly. You will be provided a summary of your answers. these questions will take approximately 30-45 minutes to complete.**

Coalition Name	<input type="text"/>
URL: (if available)	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Point of Contact:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

***2. When was your coalition established?**

MM DD YYYY
MM/DD/YYYY / /

***3. Please describe why the coalition was initially formed. (100 word limit)**

***4. What is the primary population base that this coalition serves? (Check all that apply)**

- Rural Urbanized Area (over 50,000)
 Urbanized Clusters (2,500-49,999)

Other (e.g. Frontier)

***5. How many counties/ parishes does your coalition represent?**

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*6. Does your coalition include tribal areas?

- Yes
- No

*7. How many tribal areas does your coalition represent?

Number of Tribal Areas

*8. Does your membership cross state boundaries

- Yes
- No

*9. Please name the border states.

State 1

State 2

State 3

State 4

State 5

*10. Please select the choice that best describes the basis for the boundary that the coalition serves. (Select one)

- Functional Service Region (i.e. Trauma, Public Health, Coordinating Hospital, Emergency Medical Services (EMS) or Health Catchment Area)
- Hazard Vulnerability Assessment (HVA)
- Geographic Areas Represented by Zip Codes (County, City/Town)
- Other pre-identified region
- No function/service region

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***11. Please identify the name and type of organizations that are represented within the coalition. (List the names of the organizational members and select the type of organization they represent)**

Member 1	<input type="text"/>
Member 2	<input type="text"/>
Member 3	<input type="text"/>
Member 4	<input type="text"/>
Member 5	<input type="text"/>
Member 6	<input type="text"/>
Member 7	<input type="text"/>
Member 8	<input type="text"/>
Member 9	<input type="text"/>
Member 10	<input type="text"/>
Member 11	<input type="text"/>
Member 12	<input type="text"/>
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Member 68

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Member 98

Member 99

Member 100

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***12. Based on the list in Question 11, how many organizations provide financial resources to support the coalition activities? Enter Number (Criteria: Not Exceed Number on Questions 11)**

***13. Please select the option below that best describes the status of your mission and vision statement. (Select One)**

- Mission and vision statement has been developed, approved, and published
- Mission and vision statement has been developed, but not approved
- Neither (No mission or vision statement has been developed)
- Unsure

***14. Does a 3-5 year strategic plan exist?**

- Yes
- No

***15. Are most (at least 75%) or all objectives specific, measurable, attainable, relevant, and timely (SMART)?**

- Yes
- No
- Unsure

***16. If no, are you planning on developing a comprehensive strategic plan?**

- Yes
- No
- Unsure

Coalition Questionnaire

***17. When is the expected completion date of the comprehensive strategic plan?**

Expected Completion Date MM DD YYYY
 / /

***18. Please select the option below that best describes the type of agreement (e.g., memorandum of understanding (MOU), mutual aid agreement (MAA), or other compact agreement) that has been established for public health emergencies or disasters (i.e., catastrophic health events), if any. (Select One)**

- Formal agreement (signed with responsibilities and expectations clearly outlined)
- Informal agreement (not signed, verbal, or otherwise non-committal agreement)
- Other agreement (indicate the type of agreement, and if it is considered formal or informal, or mixed)
- No formal or informal agreement (No MOU/ MAA established)

***19. Has a lead agency been identified to convene the coalition and assume significant responsibility for ensuring the coalition is accomplishing its strategic goals?**

- Yes
- No
- Unsure

***20. Please name the lead agency**

***21. Does your coalition receive funding from federal, state, or other sources?**

- Yes
- No
- Unsure

Coalition Questionnaire

***22. What percentage of funding does the healthcare coalition receive from the following sources? (Note all entries should total 100%)**

Federal: ASPR/HPP	<input type="text"/>
Federal: Centers for Disease Control & prevention (CDC)/ PHEP	<input type="text"/>
Federal-Other: Federal Emergency Management Agency (FEMA), Centers for Medicare & Medicaid Services (CMS), Health Resource Services Administration (HRSA)	<input type="text"/>
State Grants	<input type="text"/>
Local Grants	<input type="text"/>
Foundation Grants	<input type="text"/>
Other Funding: Membership Dues, Private Sector Funding	<input type="text"/>

***23. Does the coalition as a whole have a non-profit status?**

- Yes
- No
- Unsure

***24. Does a steering committee exist to oversee the overall coalition governance and logistics?**

- Yes
- No
- Unsure

***25. Does the coalition have the following? (Check all that apply)**

- Defined and accepted roles and responsibilities
- Diverse and multidisciplinary membership
- Staffing support
- Established sub-committees
- Share risks across coalition members (e.g., shared resources and feelings of reciprocity)
- Collaboration with other planning entities (i.e., MMRS, public safety, NGO, etc.)
- None of the above

Coalition Questionnaire

***26. If subcommittees exist , what are the areas of interest captured by the subcommittees? (Select One)**

- EMS (Pre-hospital Care)
- Incident Command Structure (ICS) functions
- HPP capabilities
- Hazard vulnerability
- Credentialing
- Training and Exercises
- Funding
- Needs of At-Risk Individuals
- Other: Explain _____
- No subcommittees established

***27. Is the coalition involved in the following medical surge activities? (Check all that apply)**

- Testing response systems considering several types of scenarios (e.g., Hazard Vulnerability)
- Addressing healthcare resource gaps (i.e., medical assets)
- Assisting healthcare organizations with surge capacity
- Managing and allocating scarce resources for response and recovery operations
- Developing mechanisms useful for patient tracking and redistribution
- Distributing emergency supplies and pharmaceutical caches
- Cross credentialing of healthcare or critical personnel
- None of these apply

Other (explain)

***28. Active engagement within the coalition is evidenced by: (Check all that apply)**

- Support of organizational members' senior leadership (e.g. CEOs, COOs, Agency Directors)
- Active stakeholder involvement in all phases (planning, response, recovery)
- Regular scheduled meetings among members to address common challenges
- Consistent attendance among all members
- None of these apply

Coalition Questionnaire

***29. Please indicate some primary preparedness and planning functions that the coalition participates in on a routine basis. (Check all that apply)**

- Natural and man-made disasters
- Public health and medical emergencies
- Terrorist threats or incidents involving chemical, biological, radiological, nuclear, or explosive (CBRNE) weapons
- Infectious disease outbreaks and pandemics

***30. Which of the following information sharing mechanisms are in place? (Check all that apply)**

- List of pre-identified points of contact (POCs) is internally and externally available
- Contact list (including POCs) is updated regularly (e.g., quarterly)
- Information sharing protocol that formalizes communication during activation
- Internal communication systems and protocols have been tested (e.g. real incidents, exercises)
- Communication systems and protocols have been tested between the coalition members and external organizations (e.g., real incidents, exercises)
- Systems for communication with other coalitions (e.g. inter-coalition connectivity)
- Electronic data/information sharing systems (e.g., WebEOC, HAN, bed tracking, other, etc.)
- ESF-8 EOC activation is exercised at least 2 times/year, given there is no real incident
- Regional Fusion Center representation
- None of these apply

Coalition Questionnaire

*31. If subcommittees exist, what are the areas of interest captured by the subcommittees?

(Select One)

- EMS (Pre-hospital Care)
- Incident Command Structure (ICS) functions
- HPP capabilities
- Hazard vulnerability
- Credentialing
- Training and Exercises
- Funding
- Needs of At-Risk Individuals
- No subcommittees established

Other (please specify)

*32. Is the coalition involved in the following medical surge activities? (Check all that apply)

- Testing response systems considering several types of scenarios (e.g., Hazard Vulnerability)Addressing healthcare resource gaps (i.e., medical assets)
- Assisting healthcare organizations with surge capacity
- Managing and allocating scarce resources for response and recovery operations
- Developing mechanisms useful for patient tracking and redistribution
- Distributing emergency supplies and pharmaceutical caches
- Cross credentialing of healthcare or critical personnel
- None of these apply

Other (please specify)

*33. Active engagement within the coalition is evidenced by: (Check all that apply)

- Support of organizational members' senior leadership (e.g. CEOs, COOs, Agency Directors)
- Active stakeholder involvement in all phases (planning, response, recovery)
- Regular scheduled meetings among members to address common challenges
- Consistent attendance among all members
- None of these apply

Coalition Questionnaire

***34. Please indicate some primary preparedness and planning functions that the coalition participates in on a routine basis. (Check all that apply)**

- Natural and man-made disasters
- Public health and medical emergencies
- Terrorist threats or incidents involving chemical, biological, radiological, nuclear,
 or explosive (CBRNE) weapons
- Infectious disease outbreaks and pandemics

***35. Which of the following information sharing mechanisms are in place? (Check all that apply)**

- List of pre-identified points of contact (POCs) is internally and externally available
- Contact list (including POCs) is updated regularly (e.g., quarterly)
- Information sharing protocol that formalizes communication during activation
- Internal communication systems and protocols have been tested (e.g. real incidents, exercises)
- Communication systems and protocols have been tested between the coalition members and external organizations (e.g., real incidents, exercises)
- Systems for communication with other coalitions (e.g. inter-coalition connectivity)
- Electronic data/information sharing systems (e.g., WebEOC, HAN, bed tracking, other, etc.)
- ESF-8 EOC activation is exercised at least 2 times/year, given there is no real incident
- Regional Fusion Center representation
- None of these apply

Coalition Questionnaire

***36. Please indicate the type of information your coalition exchanges among your members on a routine basis and during an event or exercises? (Check all that apply)**

	Routine	Event/Exercise
Clinical Information (e.g. Medical Procedures, Tests)	<input type="radio"/>	<input type="radio"/>
Epidemiology or Surveillance Data	<input type="radio"/>	<input type="radio"/>
Environmental Laboratory Reports	<input type="radio"/>	<input type="radio"/>
Staffing Information	<input type="radio"/>	<input type="radio"/>
Electronic Medical Records (e.g., Patient Transfer Use)	<input type="radio"/>	<input type="radio"/>
Evacuation Status (e.g., Patient tracking and redistribution information)	<input type="radio"/>	<input type="radio"/>
Alternate Care Sites	<input type="radio"/>	<input type="radio"/>
Resources (e.g., Bed Surge/Availability)	<input type="radio"/>	<input type="radio"/>
Generator Status	<input type="radio"/>	<input type="radio"/>
None of these apply	<input type="radio"/>	<input type="radio"/>

Other (please specify)

***37. Please select ways in which the coalition shares best practices, tools, and planning processes. (Check all that apply)**

- On-line planning website where members can post information (url: _____)
- Single coalition-wide resource clearinghouse (e.g., resource document or online resource page)
- Regular meetings (i.e., subcommittees meeting at least bimonthly)
- Quarterly newsletters/ bulletins
- Updated listservs
- Conferences
- Do not share best practices

Other (please specify)

***38. Processes and protocols exist to utilize interoperable equipment?**

- Yes
- No

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***39. Interoperable equipment exists to effectively communicate during steady state or a disaster among:**

- Coalition members
- Other coalitions
- Both internal members and external groups
- Neither internal or external groups

***40. The coalition has developed a response plan that: (Check all that apply)**

- Presents a clear description of roles and responsibilities (e.g., hospitals, EMS, and health departments)
- Provides a tested process map and/or decision tree for emergency and non-emergency scenarios
- Entails detailed protocols for joint purchasing
- Promotes joint hazard vulnerability assessment and planning
- Outlines the coalition's coordination function for alternate care sites
- Assures checks and balances exist for appropriate oversight & distribution of power
- Establishes a system to convene needed personnel
- Facilitates decisions regarding the allocation of scarce resources
- Incorporates a planned strategy for demobilization
- None of these apply

***41. How would you rate the level of trust (i.e. reliability, having shared belief in mission, and opportunity for frank discussions) among coalition members?**

- A lot of trust
- Quite a bit of trust
- Moderate amount of trust
- A little trust
- No trust at all

***42. How many full scale exercises to test emergency response capabilities does your coalition participate in annually (July 2011- July 2012)?**

Coalition Questionnaire

***43. Has your coalition provided training and exercise activities in the following areas between July 2011 and July 2012? (Check All that Apply)**

	Training	Exercise	Both	Neither
Hazard Vulnerability Assessment (HVA) based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate Response Capabilities (e.g. Medical Surge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint plans that includes objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schedule for joint activities published	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medical Care and Operations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation tools developed to assess exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lessons learned (LL) captured in a Corrective Action Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrective Action Plan (CAP) is developed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation of LLs Implementation from prior CAPs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Coalition Questionnaire

***44. Please rate your perception of the coalition's level of progress within the past 5 years in the following areas:**

	No Progress	Slight Progress	Moderate Progress	A Lot of Progress	Great Progress
Integrated Communication \ Info Sharing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of Efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Readiness Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatality Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education & Training (e.g., drills & exercises)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Evacuation/Shelter-in-Place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-Term Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leveraging Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allocation of Scarce Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Infrastructure Protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteerism (e.g., Emer. System for Advance Registration of Volunteer Health Professionals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing the Needs of At-Risk Populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration of Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of Community Members and Orgs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***45. Does the coalition assist in meeting routine, non-disaster preparedness challenges?**

(Select One)

- Yes
- No
- Unsure

Coalition Questionnaire

***46. Please provide a brief example(s) of how the coalition has routinely met challenges.**

***47. Please describe the barriers in the coalition meeting the routine challenges.**

***48. How would you rate the level of engagement and/or education offered by the coalition to community members and organizations who are not part of the coalition (e.g. use of the public engagement tool on crisis standards of care)? (Select One)**

- A lot of community engagement
- Quite a bit of community engagement
- Moderate community engagement
- A little community engagement
- No community engagement

***49. Briefly describe three overarching accomplishments of the coalition? (Limit to 100 characters)**

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

Coalition Questionnaire

***50. Please complete this sentence, “The coalitions’ sustainability efforts include...” (Check all that apply)**

- Addressing complex issues in healthcare preparedness, response, and recovery
- Communicating achievements to internal and external stakeholders
- Confirming a commitment to a relevant, agreed upon long term vision
- Representing ongoing working relationships with pertinent institutions and individuals
- Incorporating direct community input
- Ensuring internal systems foster participation
- Promoting a shared financial commitment
- Securing diverse funding mechanisms
- Providing a unique service (e.g., allocation of scarce resources, coordination, etc.)
- Maintaining coalition services and participation despite diminishing grant funds
- None of these apply