

2012 ATOD Coalition survey results

Prepared for the Minnesota Department of Human Services

MARCH 2013

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Contents

| Background | |
|--------------------------------|----|
| Key findings | 2 |
| Conclusion and recommendations | 14 |
| Appendix | |
| Coalition Evaluation | |

Figures

| 1. | Survey completion by coalition |
|-----|---|
| 2. | Response rate by coalition |
| 3. | Involvement of coalition members |
| 4. | Residence of coalition members in the service area |
| 5. | Sector representation of coalition members |
| 6. | Coalition members' perceptions of the community environment |
| 7. | Coalition members' perceptions of leadership |
| 8. | Coalition members' perceptions of the administration of the coalition7 |
| 9. | Coalition members' perceptions of the goals of the coalition7 |
| 10. | Coalition members' perceptions of membership of the coalition |
| 11. | Coalition members' perception of accomplishments9 |
| 12. | Open ends: What has been the most rewarding aspect of being a coalition member? 10 |
| 13. | Open ends: What benefits to the community do you expect to see as a result of the coalition's activities? |
| 14. | Open ends: What barriers, if any, have made it difficult for your coalition to achieve its goals? |
| 15. | Open-ends: What suggestions do you have to improve the work of this coalition? 12 |
| 16. | Open ends: If you are not able to attend coalition meetings regularly, what are some of the barriers? |

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Background

As part of the Minnesota Department of Human Services Alcohol and Drug Abuse Division's statewide youth alcohol, tobacco, and other drug (ATOD) prevention initiative, ten Planning and Implementation (P&I) grantees from across Minnesota are working with ATOD prevention community coalitions to implement a variety of ATOD prevention programs.

Wilder Research is conducting an evaluation to assess coalition members' perceptions of the goals and direction of their coalition. In fall 2012, members of each coalition were asked to complete a survey about their involvement in the coalition and how it functions overall. The results of the survey are intended to guide the work of the coalition and gauge current strengths and areas for improvement. Areas assessed include: community environment, leadership, administration, membership, goals, and accomplishments. The survey also provides coalition members with an opportunity to identify concerns and recommendations anonymously. Surveys are completed by coalition members annually. This is the first year the surveys were administered.

The following report summarizes the key findings of the coalition survey aggregated across the ten P&I communities.

Key findings

Survey completion

A total of 148 coalition members, representing the ten coalitions, completed the survey in the fall of 2012 (Figure 1).

Response rates in 2012 varied across coalitions (23% to 84%), with an overall response rate of 58 percent. The low response rates in some coalitions indicate that the information provided by respondents may not represent the perspectives of all coalition members and care should be taken when interpreting these data (Figure 2).

1. Survey completion by coalition

| Coalition | N | % of all coalition members |
|---|-----|-------------------------------|
| Deer River School District | 22 | 15% |
| Dover-Eyota and St. Charles School Districts | 15 | 10% |
| Fairmont School District | 27 | 18% |
| Hubbard County | 15 | 10% |
| Lake of the Woods County | 16 | 11% |
| Litchfield School District | 11 | 7% |
| Little Falls School District | 14 | 10% |
| Mille Lacs County | 13 | 9% |
| Sibley East School District | 9 | 6% |
| Todd County | 6 | 4% |
| Total | 148 | 100% |

2. Response rate by coalition

| Coalition | Percent of respondents (N=148) |
|--|--------------------------------------|
| Deer River School District | 76% |
| Dover-Eyota and St. Charles School Districts | 25% |
| Fairmont School District | 84% |
| Hubbard County | 75% |
| Lake of the Woods County | 62% |
| Litchfield School District | 39% |
| Little Falls School District | 70% |
| Mille Lacs County | 65% |
| Sibley East School District | 36% |
| Todd County | 23% |
| Overall rate | 58% |

Note: Response rate in 2012 reflects the proportion of individuals who completed the survey (N=148) to the total number of "active" coalition members (N=286), as reported by the P&I coordinators.

Coalition membership

Length of coalition membership varied substantially between and among coalitions. The following coalitions were formed in the fall of 2011 at the inception of the current grant: Deer River, Dover-Eyota and St. Charles, Fairmont, and Sibley school districts and Lake of the Woods and Mille Lacs Counties. However, several members of these coalitions participated in coalition planning and grant writing activities before this time. Hubbard County, Litchfield school district, Little Falls school district, and Todd County coalitions were formed before the grant period, or grew out of another coalition or task force. Coalition involvement ranged from one month to over 20 years, with an average length of about two years, and a median of about one year. On average, coalition members attended between one and 215 meetings, with an average of thirteen, and a median of seven meetings. Most coalition members (75%) lived in the community that was served by their coalition (Figures 3-4).

Involvement of coalition members (N=139-141) 3.

| | Range | Average | Median |
|---|----------|---------|--------|
| How long have you been involved with the | | | |
| coalition? (Months) | <1 - 248 | 24.5 | 13 |
| How many coalition meetings have you attended | | | |
| to-date? | <1 - 215 | 13 | 7 |

Note: The wide range of coalition involvement is due to the fact that the following coalitions were formed prior to the start of the grant in fall 2011: Litchfield school district, Little Falls school district, Todd County, and Hubbard County. Additionally, some Dover-Eyota and St. Charles and Fairmont coalition members were involved the application process prior to the start of the grant

| 4. Residence of coalition members in the service area (N=147) | | |
|---|------------------------------------|--|
| | | Percent of respondents indicating "yes" |
| Do you live in the co | ommunity served by your coalition? | 75% |

Representation across coalitions

Coalitions were encouraged to identify and recruit members of 14 specific sectors to participate on the coalition. As part of the coalition, respondents represented a variety of sectors, with most members representing local schools (25%); state, local, and tribal government (10%); and law enforcement (10%; Figure 5).

5. Sector representation of coalition members (N=145)

Which sector do you think you *most* represent by being part of the coalition?

| School | 25% |
|--------------------------------------|------|
| State, local, tribal government | 10% |
| Law enforcement | 10% |
| Parent | 9% |
| Business | 8% |
| Youth serving organization | 7% |
| Healthcare professionals | 6% |
| Justice/corrections | 6% |
| Specific cultural group ^a | 4% |
| Other prevention organization | 4% |
| Youth | 3% |
| Spiritual of fraternal organization | 3% |
| Media | 3% |
| Civic volunteer group | 1% |
| Total | 100% |

^a Specific cultural groups represented include: Leech Lake Band of Ojibwe (n=1), Nay Ah Shing (n=1), Hispanic (n=1), Native (n=2), and youth/spiritual (n=1).

Community environment

Almost all coalition members (99%) "agreed" or "strongly agreed" that there is a big need for ATOD prevention programs and services within their community. Additionally, nearly all felt that the community climate seems "right" for accomplishing coalition goals (93%) and that no single organization would be able to accomplish what the coalition is trying to accomplish (91%). Although most coalition members (95%) "agreed" or "strongly agreed" that community members are generally supportive of the coalition's efforts; only 40 percent felt that the coalition is well-known among people who do not directly participate (Figure 6).

6. Coalition members' perceptions of the community environment (N=140-142)

| Community Environment | Percent of respondents who "Strongly agree" or "Agree" |
|--|--|
| In the community, there is a big need for ATOD prevention programs and services. | 99% |
| Community members are generally supportive of the coalition's efforts. | 95% |
| The community climate seems to be "right" for this coalition accomplishing its goals. | 93% |
| Any single organization would not be able to accomplish what we are trying to accomplish with our coalition. | 91% |
| The coalition is well-known among people that do not directly participate. | 40% |

Leadership

Coalition members expressed a high level of satisfaction with the leadership within their coalitions. Nearly all coalition members "agreed" or "strongly agreed" that the people who lead their coalition communicate well with members (96%) and bring good leadership skills to the coalition (95%). Most coalition members (94%) felt that they understand the coalition's leadership roles (Figure 7).

7. Coalition members' perceptions of leadership (N=141-143)

| Leadership | Percent of respondents who "Strongly agree" or "Agree" |
|---|--|
| The people who lead this coalition communicate well with members. | 96% |
| The people in leadership positions bring good leadership skills to the coalition. | 95% |
| I understand the coalition's leadership roles. | 94% |

Administration

Overall, survey respondents reported high satisfaction with the administration of their respective coalitions. Most "strongly agreed" or "agreed" that there was usually adequate time to confer with other coalition members in advance of making major decisions (94%) and that there is a clear process for making decisions among members (89%). In addition, most coalition members felt that the overall plan of the coalition is effective (91%), the coalition does a good job of coordinating people and activities related to their work (90%), and their personal abilities are used effectively by the coalition (94%; Figure 8).

8. Coalition members' perceptions of the administration of the coalition (N=139-141)

| Administration | Percent of respondents who "Strongly agree" or "Agree |
|--|---|
| When the coalition makes major decisions, there is usually enough time for members to confer with colleagues before making the final decision. | 94% |
| My abilities are effectively used by the coalition. | 94% |
| The coalition's overall plan of action is effective. | 91% |
| The coalition does a good job of coordinating all the people, organizations, and activities related to this project. | 90% |
| There is a clear process for making decision among coalition members. | 89% |

Goals

Most respondents "strongly agreed" or "agreed" that the coalition uses data to guide decisions (97%), has established realistic goals (96%), and will be able to effectively serve high-risk groups (91%). Over three-quarters of respondents (76%) also "agreed" or "strongly agreed" that the coalition promotes collaboration with community groups involved in other types of prevention. While 70 percent of respondents "agreed" or "strongly agreed" that coalition members fully understand the Strategic Prevention Framework (SPF) model, 86 percent believed that coalition members think that this model is effective (Figure 9).

9. Coalition members' perceptions of the goals of the coalition (N=135-141)

| Goals | Percent of respondents who "Strongly agree" or "Agree" |
|---|--|
| | |
| The coalition uses data to guide decisions. | 97% |
| The coalition has established realistic goals. | 96% |
| The coalition will be able to effectively serve high-risk groups. | 91% |
| The coalition's members believe that the SPF model is effective. | 86% |
| The coalition promotes collaboration with community groups concerned with preventing other types of problems (e.g., HIV, violence, teen pregnancy, suicide, mental illness prevention and mental health | |
| promotion). | 76% |
| The coalition's members fully understand the Strategic Prevention | |
| Framework (SPF) model. | 70% |

Membership

Nearly all coalition members (99%) responding to the survey "agreed" or "strongly agreed" that they held a lot of respect for others involved in their coalition and that everyone involved in the coalition wants it to succeed. Respondents also felt that members are open to different approaches to the work (98%), share a common prevention vision (97%), and communicate openly with one another (94%). Respondents perceived the overall commitment level of coalition members to be high (87%).

On an individual level, respondents "agreed" or "strongly agreed" that they are strongly committed to the coalition (94%), have a clear understanding of what the coalition is trying to accomplish (96%), and are informed as often as they should be about what goes on in the coalition (96%).

Over three-quarters of respondents (78%) felt that members have a clear sense of their roles and responsibilities. Twenty-eight percent of members felt that the direction of their coalition is dominated by one or a few individuals. However, only seven percent of respondents "agreed" or "strongly agreed" that there is a lot of tension and conflict among members (Figure 10).

| Membership | Percent of respondents who "Strongly agree" or "Agree" |
|---|--|
| I have a lot of respect for other people involved in this coalition. | 99% |
| Everyone who is a member of our coalition wants this project to succeed. | 99% |
| Coalition members are open to different approaches to how we can do our work. | 98% |
| Coalition members share a common vision for ATOD prevention in our community. | 97% |
| I have a clear understanding of what our coalition is trying to accomplish. | 96% |
| I am informed as often as I should be about what goes on in the coalition. | 96% |
| I feel strongly committed to this coalition. | 94% |
| Coalition members communicate openly with one another. | 94% |
| The level of commitment among members is high. | 87% |
| Coalition members have a clear sense of their roles and responsibilities. | 78% |
| The coalition's direction is dominated by one or a few individuals. | 28% |
| There is a lot of tension and conflict among coalition members. | 7% |

10. Coalition members' perceptions of membership of the coalition (N=137-140)

Accomplishments

At the time the survey was administered in fall 2012, respondents felt that they had some degree of success in all of their work areas. Members felt that their coalition has increased community awareness of ATOD problems "a lot" (41%). Nearly half (48%) felt that the coalition has increased the use of evidence-based prevention efforts in the community "a lot;" however, a small percentage of members (2%) did not think this was a focus area of their coalition.

Ninety-two percent of respondents reported that their coalition has improved services and programs for ATOD prevention in their community either "a lot" or "a little," and 89 percent felt that their coalition has helped other ATOD prevention organizations increase their capacity "a lot" or "a little," while six percent did not think this was a focus area.

Over 80 percent of respondents (81%) felt that their coalitions have been at least "a little" successful in strengthening ATOD-related policies and regulations, though four percent said this is "not a focus." Nearly 90 percent of respondents (89%) felt that their coalition has been at least "a little" successful in causing a shift in community attitudes around ATOD (Figure 11).

| How much has your coalition | Not at all | A little | A lot | Not a focus |
|---|------------|----------|-------|-------------|
| Increased use of evidence-based prevention efforts in this community. | 8% | 42% | 48% | 2% |
| Increased community awareness of ATOD problems. | 1% | 58% | 41% | 0% |
| Strengthened ATOD-related policies and regulations in the community (e.g., tobacco, underage drinking). | 16% | 44% | 37% | 4% |
| Improved services and programs for ATOD prevention in this community. | 8% | 58% | 34% | 0% |
| Helped organizations working for ATOD prevention to increase their capacity. | 11% | 52% | 31% | 6% |
| Caused a shift in community attitudes around ATOD. | 12% | 72% | 17% | 0% |

11. Coalition members' perception of accomplishments (N=136-139)

Benefits and barriers

In addition to rating their coalitions on several key features, coalition members were asked to describe their feelings about participating in the coalition and its impact on the community. Responses to these questions were grouped by theme.

Respondents reported many benefits of being in the coalition. They most frequently cited collaborating with other community members who have similar goals and being able to make a difference in the community as rewarding aspects of participating in the coalition. Coalition members also enjoyed working with and empowering youth and learning more about Positive Community Norms (Figure 12).

| Most rewarding aspect of participating in coalition | Number of respondents |
|---|-----------------------|
| Collaboration with other community members with similar goals | 39 |
| Making a difference in the community/creating positive change | 21 |
| Working with and empowering youth | 13 |
| Positive Community Norms (PCN)/positive approach | 11 |
| Commitment and energy of coalition members | 7 |
| Increased community awareness of ATOD use | 6 |
| Sector diversity of coalition | 3 |
| Changing social norms/attitudes surrounding youth ATOD use | 3 |
| Conducting One-on-One conversations | 2 |
| Receiving grant funding | 2 |
| Using data to understand problem | 2 |
| No response/none/don't know | 30 |

12. Open ends: What has been the most rewarding aspect of being a coalition member?

Note: Responses have been coded and do not appear verbatim. Some respondents indicated more than one rewarding experience.

Members expect that the coalition activities will benefit the community by decreasing ATOD use by youth and adults, increasing community awareness of ATOD issues, and increasing community engagement in issues affecting youth. Many members mentioned that there is community acceptance or apathy toward underage drinking, an attitude they hope to change. They would also like to see more alcohol-free activities offered for youth and healthier decision-making on the part of youth in the community (Figure 13).

13. Open ends: What benefits to the community do you expect to see as a result of the coalition's activities?

| Benefits to the community | Number of respondents |
|--|--------------------------|
| Decreased ATOD use and abuse by kids and adults | 35 |
| Increased community awareness of ATOD issues | 33 |
| Increased community engagement in youth issues | 13 |
| Change in attitudes and norms about alcohol use | 11 |
| More alcohol-free activities for youth | 9 |
| Better youth decision-making | 7 |
| Youth empowerment | 5 |
| Healthier youth, families, and community | 4 |
| Increased enforcement of existing policies or laws | 2 |
| No response/none/don't know | 29 |

Note: Responses have been coded and do not appear verbatim. Some respondents indicated more than one expected benefit.

Respondents noted barriers that their coalition has encountered in trying to achieve its goals. The leading responses were: community attitudes that lead to a general acceptance of underage drinking, lack of time to invest in coalition activities and the time required to see any changes, and an overall lack of community involvement and support for the coalition's goals. Some respondents also noted that issues pertaining to the coalition, such as retaining membership and scheduling meetings, are a barrier (Figure 14).

14. Open ends: What barriers, if any, have made it difficult for your coalition to achieve its goals?

| Barriers to achieving goals | Number of respondents |
|---|--------------------------|
| Community norms and acceptance of drinking/underage drinking | 17 |
| Time - lack of time to invest, amount of time needed to see progress | 17 |
| Lack of community/parent involvement and support | 13 |
| Coalition-specific issues (e.g., staff turnover, member scheduling conflicts) | 11 |
| Coalition membership-too small, lack of commitment | 9 |
| Community apathy/denial of problem | 8 |
| Challenge of working in two different communities | 2 |
| Cultural differences | 2 |
| Poverty | 1 |
| No response/none/don't know | 36 |

Note: Responses have been coded and do not appear verbatim. Some respondents indicated more than one barrier.

To improve the work of the coalition, respondents suggested increasing community involvement and partnerships, including adding coalition members, adjust meeting times/format to make attendance easier, and undergoing strategic planning to align the goals, tasks, and roles of the coalition. Members also suggested engaging in more outreach activities to make the coalition more visible in the community and dividing the coalition into subgroups to effectively complete tasks (Figure 15).

15. Open-ends: What suggestions do you have to improve the work of this coalition?

| Suggestions for improvement | Number of respondents |
|---|--------------------------|
| Increase community involvement and partnerships, including adding new members | 16 |
| No suggestions/general positive comments about current work | 15 |
| Make changes to the coalition meetings (e.g., time, format) | 6 |
| Strategic planning (e.g., clearly defined goals, roles, tasks) | 5 |
| Enhance outreach/marketing activities | 4 |
| Distribute coalition work among subcommittees or task forces | 3 |
| Meet with tribal community | 1 |
| More local decision-making | 1 |
| Accounting of grant dollars | 1 |
| Reward responsible business owners | 1 |
| Bring in experts in addiction | 1 |
| No responses/none/don't know | 75 |

Note: Responses have been coded and do not appear verbatim. Some respondents provided more than one suggestion.

Some respondents noted that it was difficult to attend meetings regularly. The biggest barrier to attendance was conflicts with work and/or school schedules. Respondents also noted that the time of day meetings are held is often a barrier to attendance, as are general scheduling conflicts. Most respondents had no suggestions or noted that they were generally able to attend meetings (Figure 16).

16. Open ends: If you are not able to attend coalition meetings regularly, what are some of the barriers?

| Barriers to attending meetings | Number of respondents |
|--|--------------------------|
| Work/school conflicts. | 33 |
| No barriers; generally attend meetings | 25 |
| Time (time of day, enough time in the day) | 17 |
| Busy schedule or other conflicts (unspecified) | 12 |
| Family or personal issues/time with family | 7 |
| Distance to or location of meetings | 3 |
| Out of town for several months during the year | 1 |
| None/no response | 58 |

Note: Responses have been coded and do not appear verbatim. Some respondents indicated more than one barrier.

Conclusion and recommendations

Overall, coalition members reported satisfaction with the leadership, membership, and administration of their coalitions. Most survey respondents felt that their coalition had made progress toward their common coalition goals. However, there are areas for improvement related to the functioning and sustainability of coalitions. Below is a list of key recommendations to consider.

- Continue to engage and recruit membership in coalitions to guarantee representation from all sectors of interest.
- Increase visibility of coalition activities in the community to increase recognition of the coalition itself and its goals.
- Ensure that all coalition members understand the Strategic Prevention Framework (SPF) model.
- Consider ways to better promote collaboration with other community groups working in the field of prevention.
- Offer a variety of ways for coalition members to contribute to decision-making to ensure that the coalition's direction is driven by the full group and not only a few individuals.
- Some respondents expressed confusion over the role of coalition members. Clarify the roles and responsibilities so that all members understand what will be expected of them.

Appendix

Coalition/Community Name: _____

Coalition Evaluation

We need your feedback! We are interested in learning more about your experience as a member of the coalition. This survey is voluntary and confidential. Your answers will be combined with the responses of the whole group. There are no "right" or "wrong" answers.

| 1. | When did you become involved with the coaliti | on? |
|----|---|---|
| | | MonthYear |
| 2. | Do you live in the community served by your c \square^1 Yes \square^2 No | oalition? |
| 3. | How many coalition meetings have you attend | ed during the past 12 months? |
| | | _ (number of meetings) |
| 4. | Which sector do you think you most represent | by being part of the coalition? Please select one response. |
| | □ ¹ Business | □ ⁸ Healthcare professionals |
| | □ ² Media | ⁹ State, local, tribal government |
| | □ ³ School | ¹⁰ Civic volunteer group |
| | ⁴ Youth-serving organization | □ ¹¹ Youth |
| | □ ⁵ Law enforcement | □ ¹² Parent |
| | ⁶ Spiritual or fraternal organization | ¹² Other prevention organization |
| | \square^7 Justice/corrections | ¹² Specific cultural group (specify) |

Please rate how much you agree or disagree with each of the following statements about your coalition.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|-------------------|-----------------------|-----------------------|-----------------------|
| Community Environment | | | | |
| The community climate seems to be "right" for this coalition accomplishing its goals. | | 1 ² | 3 | |
| 7. In the community, there is a big need for ATOD prevention programs and services. | | | ³ | \square^4 |
| Any single organization would not be able to accomplish what we are trying to accomplish with our coalition. | | | D ³ | \square^4 |
| 9. The coalition is well-known among people that do not directly participate. | | D ² | 3 | \square^4 |
| 10. Community members are generally supportive of the coalition's efforts. | | | 1 3 | \square^4 |
| Leadership | | | | |
| 11. I understand the coalition leadership roles. | | 1 ² | 3 | 1 ⁴ |
| 12. The people who lead this coalition communicate well with members. | | 1 ² |] 3 | 1 4 |
| 13. The people in leadership positions bring good leadership skills to the coalition. | 1 | 2 | 1 3 | |

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|----------------------|-----------------------|-----------------------|-----------------------|
| Administration | | | | |
| 14. When the coalition makes major decisions, there is usually enough time for members to confer with colleagues before making the final decision. | | | | \square^4 |
| 15. There is a clear process for making decisions among coalition member. | | 1 ² | □3 | 1 ⁴ |
| The coalition does a good job of coordinating all the people, organizations, and activities related to this project. | | 1 2 | □3 | |
| 17. The coalition's overall plan of action is effective. | | ² | D ³ | \square^4 |
| 18. My abilities are effectively used by the coalition. | | 1 ² | 1 3 | |
| Goals | | | | |
| 19. The coalition has established realistic goals. | 1 | 1 ² | □3 | 1 ⁴ |
| 20. The coalition's members fully understand the Strategic Prevention Framework (SPF) model. | | D ² | □3 | 1 ⁴ |
| 21. The coalition's members believe that the SPF model is effective. | | ² | 3 | 1 ⁴ |
| 22. The coalition uses data to guide decisions. | | 1 ² | 1 3 | |
| 23. The coalition will be able to effectively serve high-risk groups in our community. | | 1 ² | 3 | |
| 24. The coalition promotes collaboration with community groups concerned with preventing other types of problems (e.g., HIV, violence, teen pregnancy, suicide mental illness prevention & mental health promotion). | | D ² | □3 | |
| Membership | | | | |
| 25. I have a lot of respect for other people involved in this coalition. | | ² | D ³ | \square^4 |
| 26. Everyone who is a member of our coalition wants this project to succeed. | 1 | 1 ² | □3 | 1 ⁴ |
| 27. The level of commitment among members is high. | | 1 ² | 3 | |
| 28. Coalition members are open to different approaches to how we can do our work. | | 1 ² | 3 | |
| 29. Coalition members have a clear sense of their roles and responsibilities. | | 1 ² | 1 3 | |
| 30. Coalition members communicate openly with one another. | | 1 ² | 1 3 | |
| 31. I am informed as often as I should be about what goes on in the coalition. | | 1 ² | □3 | |
| 32. I have a clear understanding of what our coalition is trying to accomplish. | | D ² | □3 | |
| 33. Coalition members share a common vision for ATOD prevention in our community. | | D ² | D ³ | □4 |
| 34. The coalition's direction is dominated by one or a few individuals. | | 1 ² | 1 3 | 1 ⁴ |
| 35. There is a lot of tension and conflict among coalition members. | | _ 2 | 1 3 | |
| 36. I feel strongly committed to this coalition. | | D ² | 1 3 | |

Now, please indicate how much you feel that your coalition has accomplished in the following areas.

| How much has your coalition | Not at all | A little | A lot | Not a focus |
|---|---------------|-----------------------|-----------------------|----------------|
| 37. Increased community awareness of ATOD problems. | | \square^2 | 3 | 9 |
| Improved services and programs for ATOD prevention in this community. | | D ² | □ ³ | 9 |
| Helped organizations working for ATOD prevention to increase their capacity. | | D ² | | 9 |
| 40. Increased the use of evidence-based prevention efforts in this community. | | D ² | ³ | 9 |
| 41. Strengthened ATOD-related policies and regulations in the community (e.g., tobacco, underage drinking). | | D ² | □ ³ | 9 |
| 42. Caused a shift in community attitudes around ATOD. | | 1 ² | D ³ | 9 |

42. What has been the most rewarding aspect of being a coalition member?

43. What benefits to the community do you expect to see as a result of the coalition's activities?

44. What barriers, if any, have made it difficult for your coalition to achieve its goals?

45. What would you recommend changing about the coalition to improve its functioning and/or effectiveness?

46. If you are not able to attend coalition meetings regularly, what are some of the barriers?

Thank you for completing this survey! Results from this survey will be shared with the coalition at an upcoming meeting.