2010 ATOD Coalition survey results

Prepared for the Minnesota Department of Human Services

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Acknowledgments

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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, nine Planning and Implementation (P&I) grantees from across Minnesota are working with established 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. It is meant to guide the work of the P&I grantees and to help identify areas that can be improved. The evaluation assesses multiple facets of coalition operation in order to gauge current strengths and areas for improvement. Areas assessed include: community environment, leadership, administration, membership, and goals and accomplishments. The evaluation also provides coalition members with an opportunity to identify concerns and recommendations anonymously.

Surveys were first completed by coalition members in the spring of 2009 and will continue to be implemented annually through the duration of the P&I grantees' involvement with the coalitions, although grantees may choose to administer the survey more frequently if desired. The most recent administration of the survey occurred in the spring of 2010.

The following report summarizes the key findings of the coalition survey aggregated across the nine P&I communities, including results from 2009 and 2010 and notable differences across the two years.

Key findings

Survey completion

A total of 133 coalition members, representing the nine coalitions, completed the survey in the spring of 2010. Surveys were completed either via paper-and-pencil (N=66) or online through Survey Monkey (N=67). Members of the coalitions in Roseau, Kanabec, and Yellow Medicine completed the most surveys this year. Slightly more surveys were completed in 2010 compared to last year (Figure 1).

Response rates in 2010 varied across coalitions (33% to 78%), with an overall response rate of 50%. This response rate indicates that the information provided by respondents may not represent the perspectives of all coalition members and care should be taking when interpreting these data (Figure 2).

1.   Survey completion by coalition

Coalition	Number of coalition members in spring 2009 (N=121)		Number of coalition members in spring 2010 (N=133)	
	N	%	N	%
Roseau	24	20%	25	19%
Kanabec	11	9%	19	14%
Yellow Medicine	8	7%	18	14%
South Saint Paul	17	14%	16	12%
Renville	10	8%	14	11%
Pine River	19	16%	12	9%
Chisholm	8	7%	12	9%
Morrison	14	12%	11	8%
Wadena	10	8%	6	5%
Total	**121**	**100%**	**133**	**100%**

2. Response rate by coalition

Coalition	Percent of respondents Spring 2010 (N=264)
Roseau	78%
Pine River	60%
South Saint Paul	57%
Wadena[a]	40%
Kanabec	37%
Morrison	65%
Renville	61%
Yellow Medicine	33%
Chisholm	57%
Overall rate	**50%**

[a]   *A tornado struck the Wadena area during the 2010 survey administration period, which impacted the extent to which coalition members were available to complete the survey.*

Note.   *Given the different method for calculating response rate in 2009 (presented in the 2009 report), only 2010 response rates are provided here. Response rate in 2010 reflects the proportion of individuals who completed the survey (N=133) to the total number of "active" coalition members (N=264), as reported by the P&I coordinators.*

Coalition membership

Most coalition members responding to the survey in 2010 had been a part of their coalitions for about three years. On average, coalition members attended six meetings per year, and spent nearly seven additional hours a month on activities related to the coalition. Most coalition members (78%) lived in the community that was served by their coalition (Figures 3-4).

Coalition involvement and residence was fairly stable between 2009 and 2010, although participation was down slightly. Coalition members attended about one less meeting per month on average, and spent about one less hour per month on coalition activities in 2010 compared to 2009.

3. Involvement of coalition members

	Spring 2009 (N=73-120)		Spring 2010 (N=105-130)	
	Range	**Average**	**Range**	**Average**
How long have you been involved with the coalition? (Months)	<1 - 135	29.9	<1 - 185	35.4
How many coalition meetings did you attend during the last 12 months?	<1 - 24	7.1	<1 - 23	6.4
Over the past 12 months, how many <u>hours</u> a month do you spend on coalition related activities outside of meetings?	<1 - 80	7.6	<1 - 66	6.8

4. Residence of coalition members in the service area

	Percent of respondents indicating "yes"	
	Spring 2009 (N=120)	**Spring 2010 (N=132)**
Do you live in the community served by your coalition?	78%	78%

Representation across coalitions

Coalitions are encouraged to identify and recruit members of 12 identified sectors to participate on the coalition. As part of the coalition, respondents represent a variety of sectors in 2010, with most members representing local schools (20%), government (14%), youth serving agencies (11%), and law enforcement (10%) (Figure 5). Sector representation was fairly consistent across years. It should be noted that members were asked to identify which sector they *most* represented as part of the coalition, and it is possible that members represent more than one sector.

5.   Sector representation of coalition members

Which sector do you think you *most* represent by being part of the coalition?	Percent of respondents	
	Spring 2009 (N=110)	Spring 2010 (N=123)
School	17%	20%
State, local, tribal government	12%	14%
Youth serving agencies	14%	11%
Law enforcement	10%	10%
Healthcare agency	6%	7%
Business community	1%	7%
Parent	10%	6%
Civic volunteer group	2%	6%
Youth	5%	5%
Spiritual of fraternal organization	6%	4%
Media	5%	3%
Other[a]	14%	9%
Total	**100%**	**100%**

[a]   *Other responses include ATOD prevention (n=7), early childhood (n=2), non-profit (n=3), multiple sectors (n=3), mental health, senior citizen, coordinator, social service agency, judiciary, and community member (n=1 each).*

Community environment

Almost all coalition members (99%) in 2010 "agreed" or "strongly agreed" that there is a big need for ATOD prevention programs and services within their community. Nine in 10 respondents (91%) said that the community climate was conducive to the coalition meeting its goals, and most (94%) felt that no single organization would be able to accomplish what the coalition is trying to accomplish together. About 6 in 10 coalition members felt that their coalition was well known among people who do not directly participate (Figure 6). Coalition members' perceptions of the community environment were similar across the two years.

6. Coalition members' perceptions of the community environment

Community Environment	Percent of respondents who "Strongly agree" or "Agree"		Average agreement score	
	Spring 2009 (N=116-118)	Spring 2010 (N=126-131)	Spring 2009 (N=116-118)	Spring 2010 (N=126-131)
The community climate seems to be "right" for this coalition accomplishing its goals.	95%	91%	3.16	3.17
In the community, there is a big need for ATOD prevention programs and services.	99%	99%	3.64	3.56
Any single organization would not be able to accomplish what we are trying to accomplish with our coalition.	94%	94%	3.36	3.35
The coalition is well-known among people that do not directly participate.	53%	61%	2.64	2.71

Note: *Average scores can range from 1 to 4 with 1="strongly disagree" and 4="strongly agree." Higher scores indicate higher levels of agreement.*

Significance tests were conducted using t- tests. Differences are significant at *p <.05, **p < .01, and ***p < .001. There were no statistically significant differences between 2009 and 2010 for items in the above figure.

Leadership

Coalition members expressed a high level of satisfaction with the leadership within their coalitions. Nearly all coalition members (97%) in 2010 "agreed" or "strongly agreed" that coalition members support the coalition leaders. Additionally, most (95% to 97%) felt that those who lead the coalition communicate well with members and are skilled in working with other people and organizations. Ninety-two percent of coalition members felt that there was minimal leadership turnover within their coalitions (Figure 7).

Perceptions of coalition leadership were generally stable from 2009 to 2010, although coalition members were significantly less likely to agree that coalition leaders communicate well with members this year, as compared to last year. However, it should be noted that a vast majority of respondents (95% or more) still felt leaders communicated well at both time points.

7. Coalition members' perceptions of leadership

Leadership	Percent of respondents who "Strongly agree" or "Agree"		Average agreement score	
	Spring 2009 (N=117-119)	Spring 2010 (N=130-131)	Spring 2009 (N=117-119)	Spring 2010 (N=130-131)
Coalition members support coalition leaders.	99%	97%	3.51	3.40
There is minimal leadership turnover in this coalition.	94%	92%	3.36	3.23
The people who lead this coalition communicate well with members.	98%	95%	3.57*	3.41*
The people in leadership positions have good skills for working with other people and organizations.	97%	97%	3.61	3.52

Note: Average scores can range from 1 to 4 with 1="strongly disagree" and 4="strongly agree." Significance tests were conducted using t- tests. Differences are significant at *p <.05, **p < .01, and ***p < .001.

Administration

In 2010, most survey respondents reported high satisfaction with the decision-making processes 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 (95%), there was flexibility in decision-making (91%), and there was a clear process for making decisions (86%) (Figure 8).

Most coalition members (92%) felt that the overall plan of the coalition is effective. Additionally, the majority of survey respondents said that the coalition does a good job of coordinating people and activities related to their work (93%), and that their personal abilities were used effectively within the coalition (88%) (Figure 8).

Over half of the respondents (59%) did not feel that their coalition would be able to sustain itself after their current grant ended. Likewise, nearly 9 in 10 respondents (88%) did not feel that their coalition would be able to accomplish its goals without the coordinator(s).

Although perceptions of the administration of the coalition in 2010 were generally similar to perceptions in 2009 in most areas, there were some areas in which perceptions changed over time. In particular, fewer respondents in 2010 believed that the coalition is sustainable after the grant ends, although this difference was not statistically significant. There was a statistically significant decrease in the extent to which members felt the coalition's overall plan of action is effective, although most respondents (over 90%) still felt that the plan was effective in both 2009 and 2010.

8. Coalition members' perceptions of the administration of the coalition

Administration	Percent of respondents who "Strongly agree" or "Agree"		Average agreement score	
	Spring 2009 (N=109-118)	Spring 2010 (N=118-129)	Spring 2009 (N=109-118)	Spring 2010 (N=118-129)
When the coalition makes major decisions, there is usually enough time for members to confer with colleagues before making the final decision.	96%	95%	3.21	3.23
There is a lot of flexibility when decisions are made.	94%	91%	3.13	3.13
There is a clear process for making decisions among partners in this coalition.	90%	86%	3.10	3.10
This coalition will be able to sustain itself after the grant ends.	51%	41%	2.50	2.37
We do a good job of coordinating all the people, organizations, and activities related to this project.	95%	93%	3.22	3.19
This coalition would be able to accomplish its goals without the coordinator(s).	12%	12%	1.77	1.88
The coalition's overall plan of action is effective.	98%	92%	3.25*	3.11*
My abilities are effectively used by the coalition.	94%	88%	3.15	3.06

Note: Average scores can range from 1 to 4 with 1="Strongly disagree" and 4="Strongly agree." Significance tests were conducted using t- tests. Differences are significant at *p <.05, **p < .01, and ***p < .001.

Membership

All coalition members responding to the survey in spring 2010 "agreed" or "strongly agreed" that they held a lot of respect for others involved in their coalition. About 9 in 10 felt that the commitment of other members was high (90%) and that they themselves were strongly committed to the coalition (89%). Additionally, nearly all (98% to 99%) "agreed" or "strongly agreed" that members share a common vision for their community and want the project to succeed. Most respondents (94% to 95%) felt that the coalition had established realistic goals and they have a clear understanding of what the coalition is trying to achieve (Figure 9).

Most respondents (92% to 95%) felt that communication among members happens in formal and informal ways, members communicate openly with one another, and they were generally informed of the activities of the coalition. Respondents also tended to feel that members have a clear sense of their own roles and responsibilities (87%) (Figure 9).

While about one-quarter of the respondents (26%) felt that the direction of their coalition was dominated by one or a few individuals, few (6%) "agreed" or "strongly agreed" that there is a lot of tension and conflict among members (Figure 9).

Overall, perceptions of coalition membership in 2010 were similar to perceptions in 2009, with a couple of exceptions. Most notably, there were statistically significant decreases in members' perceptions of their own and others' commitment to the coalition, although the overall level of commitment generally remained high.

9. Coalition members' thoughts on membership

Membership	Percent of respondents who "Strongly agree" or "Agree"		Average agreement score	
	Spring 2009 (N=114-120)	Spring 2010 (N=122-128)	Spring 2009 (N=114-120)	Spring 2010 (N=122-128)
I have a lot of respect for other people involved in this coalition.	100%	100%	3.62	3.56
Everyone who is a member of our coalition wants this project to succeed.	99%	98%	3.67	3.54
The level of commitment among members is high.	94%	90%	3.35**	3.12**
Coalition members are open to different approaches to how we can do our work.	96%	95%	3.26	3.20
Coalition members have a clear sense of their roles and responsibilities.	90%	87%	3.07	3.06
Coalition members communicate openly with one another.	97%	92%	3.34	3.23
I am informed as often as I should be about what goes on in the coalition.	95%	94%	3.41	3.34
Communication among coalition members happens both at formal meetings and in informal ways.	98%	95%	3.32	3.27
I have a clear understanding of what our coalition is trying to accomplish.	98%	95%	3.49	3.42
The coalition has established realistic goals.	98%	94%	3.37	3.31
Coalition members share a common vision for our community.	99%	98%	3.37	3.41
The coalition's direction is dominated by one or a few individuals.	24%	26%	2.19	2.16
There is a lot of tension and conflict among coalition members.	7%	6%	1.55	1.68
I feel strongly committed to this coalition.	97%	89%	3.37*	3.20*

Note: Average scores can range from 1 to 4 with 1="strongly disagree" and 4="strongly agree." Significance tests were conducted using t- tests. Differences are significant at *p <.05, **p < .01, and ***p < .001.

Goals and accomplishments

In spring 2010, 8 in 10 survey respondents felt that their coalition had increased community awareness of ATOD problems "a lot," and 77 percent felt that their coalition had strengthened ATOD-related policies and regulations in the community "a lot." In addition, 72 percent of members reported that their coalition had improved services and programs for prevention in the community (Figure 10).

Over 60 percent of respondents reported that their coalition had helped organizations working in ATOD prevention increase their capacity (68%), increased the use of science-based prevention efforts in their community (62%), and identified at least one promising practice to expand or replicate (62%) "a lot." Nearly 60 percent of participants also felt that their coalition had increased the chance that children and youth in their community would avoid developing ATOD problems "a lot" (Figure 10).

Somewhat fewer respondents felt that their coalition had increased collaboration with community groups concerned with preventing other types of problems "a lot" (45%), or that they had caused a shift in community attitudes around ATOD "a lot" (40%) (Figure 10).

Coalition members' perceptions of their coalition's goals and accomplishments in 2010 were similar to perceptions in 2009, overall. However, there was a statistically significant increase in the number of coalition members who felt that the coalition has improved community awareness of ATOD problems. Also, although not statistically significant, there was a notable increase in members reporting that their coalitions had strengthened collaborations with other community prevention groups. Both of these areas were identified in the 2009 coalition surveys as opportunities for growth, and the coalitions have been successful overall in accomplishing this growth.

10. Coalition members' perception of goals and accomplishments

How much has your coalition…	Percentage of respondents in Spring 2009 (N=102-114)			Percentage of respondents in Spring 2010 (N=109-129)			Average score	
	A lot	A little	Not at all	A lot	A little	Not at all	Spring 2009	Spring 2010
Increased community awareness of ATOD problems.	63%	37%	0%	80%	20%	0%	2.63**	2.80**
Improved services and programs for ATOD prevention in this community.	68%	32%	0%	72%	27%	1%	2.68	2.72
Helped organizations working for ATOD prevention to increase their capacity.	64%	36%	1%	68%	30%	3%	2.63	2.65
Increased use of science-based prevention efforts in this community.	62%	36%	2%	62%	35%	3%	2.60	2.59
Strengthened ATOD-related policies and regulations in the community (e.g., tobacco, underage drinking).	71%	28%	1%	77%	21%	2%	2.70	2.76
Increased the chances that children and youth in the community will avoid developing ATOD problems.	55%	44%	2%	58%	39%	3%	2.53	2.55
Increased collaboration with community groups concerned with preventing other types of problems (e.g., HIV, violence, teen pregnancy).	34%	56%	10%	45%	48%	7%	2.25	2.38
Identified at least one promising practice that it wants to replicate and expand.	60%	39%	2%	62%	35%	3%	2.58	2.59
Caused a shift in community attitudes around ATOD.	39%	57%	4%	40%	56%	4%	2.34	2.36

Note: *Average scores can range from 1 to 3 with 1="not at all", 2="a little", and 3="a lot." Significance tests were conducted using t-tests. Differences are significant at *p <.05, **p < .01, and ***p < .001.*

General perceptions

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.

Survey respondents noted a number of ways in which their participation in the coalition has been worthwhile. Many respondents felt that the collaboration with other community members who had similar values and goals was especially worthwhile, as was increasing awareness of ATOD issues, and making a difference in the community. Respondents

also noted benefits such as networking and sharing information with like-minded professionals, working with and empowering youth in the community, and changing social norms around ATOD use (Figure 11).

11. Open ends: What about participating in the coalition has been the most worthwhile for you?

Most worthwhile experience within coalition	Number of respondents
Collaboration with other community members with similar goals.	24
Increased awareness of ATOD issues.	17
Making a difference in the community.	15
Networking and learning from other professionals.	13
Working with and empowering youth.	11
Changing social norms.	9
Implementing evidence-based curricula in the schools.	5
Increased connection to the community.	4
Sharing resources.	3
Implementing evidence-based programs.	2
Representing and reaching out to minority populations.	2
Compliance checks.	1
No response/none/don't know.	27

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

Coalition members identified several benefits of the coalition's work. Many respondents felt that decreased ATOD use and abuse by youth and adults, increased awareness of ATOD issues in the community, and a change in attitudes and norms around alcohol use were among the benefits they expect to see as a result of the activities of their coalition. Respondents also felt they would see a decrease in risk behaviors associated with ATOD use, including alcohol-related crimes and car accidents, and an increase in the support and resources available for youth to help them make healthier choices. Some coalition members expect a decrease in youth access to ATOD, both at home and at retail establishments, and generally healthier youth, families, and communities resulting from their coalitions' efforts (Figure 12).

12. 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.	40
Increased community awareness of ATOD issues.	23
Change in attitudes and norms about alcohol use.	21
Decrease in behaviors associated with ATOD use (violence, delinquency, etc.).	13
Increased support and resources for youth.	11
Healthier youth, families, and community.	9
Decreased access to alcohol and other drugs.	9
Increased sense of community.	6
Increased collaboration with other agencies.	3
Increased enforcement of existing policies, laws.	2
No response/none/don't know.	21

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

Respondents noted a number of barriers that their coalition has encountered in trying to achieve its goals, the largest of which is community attitudes toward and acceptance of underage drinking, and the belief that it is simply "part of the culture." Several other coalition members noted the lack of time to dedicate to the work and the amount of time it takes to demonstrate progress; the lack of community and parent involvement in coalition efforts; concerns about funding; coalition-specific barriers such as staff turnover; and, a misunderstanding and mistrust of the coalition's goals by some community members and business owners (Figure 13).

13. 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 attitudes and acceptance of drinking/underage drinking.	30
Time - lack of time to invest, amount of time needed to see progress.	13
Lack of community/parent involvement and participation.	11
Funding.	8
Coalition-specific issues (e.g., staff turnover, meeting frequency).	8
Mistrust and misperception of coalition's goals (i.e., banning alcohol in general).	7
Legal issues/shortcomings in current laws.	4
Poverty/poor economic conditions.	4
Grant requirements.	3
Youth-specific issues.	2
Getting publicity in local paper.	1
Too much focus on alcohol and not other drugs.	1
No response/none/don't know.	18

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

The most common suggestion for improving the work of the coalition was increasing the involvement of the broader community in the coalition, including identifying new partnerships and adding new members to the coalition. Other suggestions included "staying the course" and continuing the current work of the coalition, identifying new funding sources or opportunities for fundraising, and publicizing the work of the coalition to increase recognition. A handful of respondents also noted the importance of maintaining some sort of leadership or coordinator position within the coalition after the grant ends, increasing activities for youth and their involvement in the coalition, and making specific changes to the operation of the coalition, related to how information is communicated and how meetings are managed (Figure 14).

14. 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.	17
Continue the current work.	10
Identify additional funding sources.	8
Increase recognition of coalition/additional publicity.	8
Maintain coordinator/leadership position(s).	5
Increase youth involvement, activities for youth, and work with youth groups.	5
Improve structure and communication within coalition.	5
No suggestions/general positive comments about current work.	5
Strategic planning.	3
Improve communication.	2
Make changes to the coalition meetings (e.g., time, format).	2
Expand geographic area.	1
Focus on other drugs.	1
Correct misperceptions.	1
Target adult providers.	1
Stronger enforcement of underage drinking laws.	1
More action.	1
No responses/none/don't know.	33

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

Many respondents noted it was difficult to regularly attend coalition meetings. Respondents indicated that the most prevalent barrier was conflicts with work and school, or other general conflicts and busy schedules. Several members identified the specific time of day as a barrier, as well as not having enough time in general for the meetings. Some respondents also described barriers such as family issues or other personal conflicts, as well as the distance involved in traveling to meetings (Figure 15).

15. 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.	49
Busy schedule or other conflicts (unspecified).	15
Time (time of day, enough time in the day).	11
Family or personal issues/time with family.	5
No barriers; generally attend meetings.	5
Distance to or location of meetings.	4
Did not feel invited or needed.	2
Told not to attend meetings by superintendant.	2
Health issues.	2
Out of town for several months during the year.	2
Bad memory/forgetful.	1
Weather.	1
None/no response.	25

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 communication is provided by leaders in a consistent and meaningful way in order to keep members informed and engaged.

- Build greater buy-in within the coalition to re-energize members and increase their commitment.

- Consider strategies for securing the sustainability of coalitions and their activities in the absence of the current grant and coalition coordinator(s).

- Encourage coalition members to complete subsequent coalition surveys to better assess the functioning, satisfaction, and perceived progress toward goals across all coalitions funded through these grants.

Appendix

Coalition survey

Date: _____   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 coalition?
   _____Month _____Year

2. Do you live in the community served by your coalition?
   ☐[1] Yes   ☐[2] No

3. How many coalition meetings did you attend during the **past 12 months**?
   _____ (number of meetings)

4. Over the **past 12 months,** how many hours a month do you spend on coalition related activities outside of meetings?   _____ (hours per month)

5. Which sector do you think you **most** represent by being part of the coalition? Please select one response.
   ☐[1] Business community   ☐[7] Healthcare agency
   ☐[2] Media   ☐[8] State, local, tribal government
   ☐[3] School   ☐[9] Civic volunteer group
   ☐[4] Youth-serving organization ☐[10] Youth
   ☐[5] Law enforcement agency   ☐[11] Parent
   ☐[6] Spiritual or fraternal organization   ☐[12] Other _____

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				
6. The community climate seems to be "right" for this coalition accomplishing its goals.	☐[1]	☐[2]	☐[3]	☐[4]
7. In the community, there is a big need for ATOD prevention programs and services.	☐[1]	☐[2]	☐[3]	☐[4]
8. Any single organization would not be able to accomplish what we are trying to accomplish with our coalition.	☐[1]	☐[2]	☐[3]	☐[4]
9. The coalition is well-known among people that do not directly participate.	☐[1]	☐[2]	☐[3]	☐[4]
Leadership				
10. Coalition members support coalition leaders.	☐[1]	☐[2]	☐[3]	☐[4]
11. There is minimal leadership turnover in this coalition.	☐[1]	☐[2]	☐[3]	☐[4]
12. The people who lead this coalition communicate well with members.	☐[1]	☐[2]	☐[3]	☐[4]
13. The people in leadership positions have good skills for working with other people and organizations.	☐[1]	☐[2]	☐[3]	☐[4]

		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.	□1	□2	□3	□4
15.	There is a lot of flexibility when decisions are made.	□1	□2	□3	□4
16.	There is a clear process for making decisions among partners in this coalition.	□1	□2	□3	□4
17.	This coalition will be able to sustain itself after the grant ends.	□1	□2	□3	□4
18.	We do a good job of coordinating all the people, organizations, and activities related to this project.	□1	□2	□3	□4
19.	This coalition would be able to accomplish its goals without the coordinator(s).	□1	□2	□3	□4
20.	The coalition's overall plan of action is effective.	□1	□2	□3	□4
21.	My abilities are effectively used by the coalition.	□1	□2	□3	□4
Membership					
22.	I have a lot of respect for other people involved in this coalition.	□1	□2	□3	□4
23.	Everyone who is a member of our coalition wants this project to succeed.	□1	□2	□3	□4
24.	The level of commitment among members is high.	□1	□2	□3	□4
25.	Coalition members are open to different approaches to how we can do our work.	□1	□2	□3	□4
26.	Coalition members have a clear sense of their roles and responsibilities.	□1	□2	□3	□4
27.	Coalition members communicate openly with one another.	□1	□2	□3	□4
28.	I am informed as often as I should be about what goes on in the coalition.	□1	□2	□3	□4
29.	Communication among coalition members happens both at formal meetings and in informal ways.	□1	□2	□3	□4
30.	I have a clear understanding of what our coalition is trying to accomplish.	□1	□2	□3	□4
31.	The coalition has established realistic goals.	□1	□2	□3	□4
32.	Coalition members share a common vision for our community.	□1	□2	□3	□4
33.	The coalition's direction is dominated by one or a few individuals.	□1	□2	□3	□4
34.	There is a lot of tension and conflict among coalition members.	□1	□2	□3	□4
35.	I feel strongly committed to this coalition.	□1	□2	□3	□4

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
36. Increased community awareness of ATOD problems.	☐¹	☐²	☐³	☐⁹
37. Improved services and programs for ATOD prevention in this community.	☐¹	☐²	☐³	☐⁹
38. Helped organizations working for ATOD prevention to increase their capacity.	☐¹	☐²	☐³	☐⁹
39. Increased use of science-based prevention efforts in this community.	☐¹	☐²	☐³	☐⁹
40. Strengthened ATOD-related policies and regulations in the community (e.g., tobacco, under age drinking).	☐¹	☐²	☐³	☐⁹
41. Increased the chances that children and youth in the community will avoid developing ATOD problems.	☐¹	☐²	☐³	☐⁹
42. Increased collaboration with community groups concerned with preventing other types of problems (e.g., HIV, violence, teen pregnancy).	☐¹	☐²	☐³	☐⁹
43. Identified at least one promising practice that it wants to replicate and expand.	☐¹	☐²	☐³	☐⁹
44. Caused a shift in community attitudes around ATOD.	☐¹	☐²	☐³	☐⁹

45. What about participating in the coalition has been the most worthwhile for you?

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

48. What suggestions do you have for improving the work of this coalition?

_____
_____
_____

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

_____
_____
_____