EXAMINING THE EFFECTS OF A TRAINING AND TECHNICAL ASSISTANCE
INTERVENTION ON THE FUNCTIONING OF EIGHT COMMUNITY COALITIONS TO
PREVENT SUBSTANCE ABUSE

By
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Abstract

Community coalitions and partnerships are commonly used strategies to prevent substance abuse and address other public health issues. These alliances among multiple organizations aim to prevent substance abuse by changing conditions related to personal and environmental factors. Two general indicators have been identified to assess the effectiveness of community coalitions: internal coalition functioning (e.g., implementation of evidence-based processes) and external environmental changes such as new community programs and policies. This study examines coalition functioning by measuring implementation of coalition processes and environmental changes facilitated by coalitions. Eight substance abuse coalitions from the Midwest participated in the study. The intervention consisted of two primary components: training in community change efforts using the Community Tool Box curriculum and monthly technical assistance related to prioritized coalition processes. The study utilized a multiple baseline design across coalitions (randomly assigned to two cohorts), a pre/post comparison, and a factor analysis to answer four research questions. The results showed coalitions reported fuller implementation of coalition processes at the end of the intervention, but documented changes were unaffected by the intervention in terms of frequency and intensity. Through the addition of qualitative methods, contextual factors were included in the analysis suggesting a number of factors that influenced coalition functioning including time to engage in change efforts, costs of prevention efforts, staff turnover, and broader external community conditions. This study extends the evidence base by examining how the environment was modified and associated with the implementation of coalition processes. This study helps make a connection between the fields of behavioral science and

public health through the systematic assessment of coalition efforts to create conditions for

reduced risk for substance abuse.

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Dedication

I would like to dedicate my work to my family. To my angel mother, Dr. Elizabeth Pross, thank you for your relentless support and constant encouragement. It was you who inspired me to pursue graduate education and supported me through the difficult times. To my sister and father, Kathryn and Warren Keene, thank you for believing in me and supporting me throughout this process. To my husband, Ryan Woods, thank you very much for the constant support and love through this process; without your support this would not have been possible. To my extended family, thank you for your constant encouragement and support. I love you all.

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Individuals who are exposed to multiple personal and environmental risk factors have a greater chance of problems with substance use and other health and behavior problems (Pollard, Hawkins, & Arthur, 1999). As a result, the science and practice of substance abuse prevention focus on identifiable and measurable factors in a person's life: those that increase (risk factors) or decrease (protective factors) the likelihood of behaviors and related health outcomes, including use of alcohol and drugs. The working hypothesis in prevention science is that behaviors can be prevented or modified by changing personal and environmental factors. Some personal factors related to substance use among adolescents include whether friends are users, favorable attitudes toward substance use, academic failure in late elementary school, and lack of commitment to school (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Hawkins, Catalano, & Arthur, 2002). Environmental factors related to use include a family history of substance abuse, family management problems, family conflict, favorable parental attitudes and involvement in substance use, the availability of drugs in the community, community laws and norms favorable toward drug use, and availability of firearms and prevalence of crime. The risk of an adolescent becoming a user of illegal substances is associated with the number and type of risk (and protective) factors they experience, and an individual's age, gender, ethnicity, culture, and broader environment (Moon, Hecht, Jackson, & Spellers, 1999). Research in the area of social determinants of health explores how differential exposures, vulnerabilities, and consequences account for disparities in some racial and ethnic minority groups. Health disparities between two individuals from different racial backgrounds, with all other variables held constant, have been attributed in part to the stress related to racial discrimination (Moon, et al., 1999).

Alcohol use among high school students remained steady from 1991 to 1999 at 50% of adolescents having consumed alcohol at least once in their lifetime. However, from 1999 to 2009, the percentage of users decreased somewhat to 42% (Centers for Disease Control and Prevention, 2009). Each day in the United States it is estimated that 3,600 adolescents initiate cigarette smoking. In 2009, 19% of high school students reported current cigarette use and 14% reported current cigar use. In regards to smokeless tobacco, 9% of all high school students and 20% of white male high school students reported current smokeless tobacco use (CDC, 2009).

The CDC National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, released a report on adolescent illicit drug use (CDC, 2009). Marijuana is the most commonly used illicit drug. However, most recent assessments suggest the trend of usage of this drug is declining, from 27% in 1999 to 21% in 2009 (CDC, 2009). Hallucinogenic drug use was 13% in 2001 and 8% in 2009 (CDC, 2009). Lifetime inhalant prevalence (using an inhalant at least once during one's lifetime) has remained constant from 12% in 2003 and in 2009 (CDC, 2009). The use of methamphetamines was 10% in 2001 and decreased to 4% in 2009 (CDC, 2009). Ecstasy use among high school students also decreased from 11% in 2003 to 7% in 2009; cocaine and heroin use have remained low at 3% and 2% respectively (CDC, 2009).

Community coalitions and partnerships are commonly used strategies to promote youth development, prevent substance abuse and address other public health issues. These alliances among multiple organizations aim to promote and protect health by changing conditions related to personal and environmental factors (Roussos & Fawcett, 2000). These groups have been defined as "inter-organizational, cooperative, and synergistic working

alliances" (Butterfoss, Goodman, & Wandersman, 1993). They engage people and organizations in addressing a shared goal (e.g., cleaning up streets) or issue (e.g., adolescent substance use). Collaborations are challenging as they aim to assure joint action, mutual benefit, interdependence and reciprocity, mutual authority and accountability, and shared risks, responsibilities, resources, rewards (Butterfoss, 2007). Members of collaborative partnerships commonly represent many different sectors of a community including: businesses, school, government, nonprofit, law enforcement, faith-based, parents and other invested community members (Institute of Medicine, 2003).

The Institute of Medicine (2003) framework for collaborative action in communities outlines a path from assessment to planning and implementation to widespread behavior change and improvements in population-level outcomes. The Institute of Medicine's framework for prevention research begins with identifying the problem, with an emphasis on identifiable and measurable factors in a person's life: those that increases (risk factors) or decrease (protective factors) the likelihood of behaviors and related health outcomes, including use of alcohol and drugs. The next steps are to design, conduct, and analyze pilot studies and confirmatory/replication trials of preventive intervention programs, followed lastly by large-scale trials (Institute of Medicine, 2003; Wandersman et al., 2008).

The working hypothesis in implementation science is that behaviors can be prevented or modified by changing personal and environmental factors (Michie, Fixsen, Grimshaw, & Eccles, 2009). In addition, community coalitions frequently utilize a social-ecological model in their work, assessing multiple determinants of health problems and implementing multi-component interventions through numerous channels of influence (Zakocs & Edwards, 2006). Another frequent component of community coalitions is community-based

participatory methodology. Academics are frequently invited to join in community efforts to help secure funding, help with assessment and planning, and/or evaluation, utilizing a community-based participatory methodology to guide efforts (Israel, 2005).

The process of collaborative action for community improvement has a long history in the United States. (Butterfoss, 2007). One of the early formal groups, known as Junto, was led by Benjamin Franklin. It was a group of diverse people (i.e., printers, cabinet-makers, cobblers, and merchants) who helped establish the first volunteer firefighting association, mutual insurance companies, a public hospital, nighttime security and a library. In the 1800's many collaborative groups were focused on improving the health and quality of life in the United States. Less emphasis was placed on the functioning of coalition processes. In the 1920's and 1930's groups become more formalized in structure and labor groups created unemployment councils to raise demands for public relief (Parachini & Covington, 2001). In the 1930's, Saul Alinksy organized the Back of the Yards Neighborhood Council in Chicago to address neighborhood issues and concerns related to a nearby slaughterhouse (Butterfoss, 2007). From the 1940s to the 1960s, civil rights efforts and government involvement in redesigning cities and neighborhoods became widespread, simultaneously progressing the functioning of coalitions into strategic and intentional groups behaving as one unit (Butterfoss, 2007).

Community Anti-Drug Coalitions of America (CADCA) formed in 1992 as a response to the growing number of coalitions focused on preventing drug and alcohol abuse. CADCA provides training and technical assistance to thousands of coalitions in the U.S. and internationally. CADCA also advocates for community coalitions in Congress, providing networking and educational opportunities through conferences and events. CADCA has the

core mission of creating safe, healthy, and drug-free communities (Community Anti-Drug Coalitions of America (CADCA, 2011).

As the work of community coalitions grew, so did the discussion of how to assess coalition functioning. Two general indicators have been identified to assess the effectiveness of coalitions: internal coalition functioning (e.g., implementation of evidence-based processes) and external environmental changes such as community/system changes or new/modified programs and policies (Brown, Feinberg, & Greenberg, 2010; Granner & Sharpe, 2004; Zakocs & Edwards, 2006). Most previous studies have reported on general processes and characteristics related to coalition functioning, not on their success in bringing about environmental changes. This largely descriptive literature does suggest processes that may be related to coalition functioning. Although Feinberg et al. (2008) have suggested board functioning and the use of coalition sustainability plans can serve as an indicator of overall coalition functioning (Cleveland, Feinberg, Bontempo, & Greenberg, 2008). Several other characteristics have been described as important to coalition functioning including: leadership (Brown, et al., 2010; Butterfoss, et al., 1993; Cleveland, et al., 2008; Downey, Ireson, Slavova, & McKee, 2008; Wolff, 2001; Zakocs & Guckenburg, 2007), higher levels of funding (Brown, et al., 2010; Downey, et al., 2008; Wolff, 2001; Zakocs & Guckenburg, 2007), coalition structure (i.e., formalized rules, roles, and procedures) (Downey, et al., 2008; Wolff, 2001; Zakocs & Guckenburg, 2007), coalition member and organizational capacity (Eisenmann et al., 2008; Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Wolff, 2001), education and outreach (Downey, et al., 2008; Zakocs & Guckenburg, 2007), and established community support and partnerships (Downey, et al., 2008; Foster-Fishman, et al., 2001; Wolff, 2001; Zakocs & Guckenburg, 2007).

Other characteristics reported to relate to coalition functioning include: board efficiency, strong internal and external relationships, and fidelity to evidence-based models (Brown, et al., 2010); favorable attitudes toward prevention (Cleveland, et al., 2008); outreach to the community membership, data and evaluation, and publicity (Downey, et al., 2008); coalition readiness, intentionality, taking action, membership, resources, relationships, and technical assistance (Wolff, 2001); programmatic capacity (Foster-Fishman, et al., 2001); and strategic planning (Watson-Thompson, Fawcett, & Schultz, 2008).

Research on the functioning of community coalitions has often lacked measurement of intermediate outcomes (how the environment is changed) and longer-term outcomes (e.g., population-level rates of ATOD). It also has limited documentation of positive outcomes resulting from coalition activities or processes (Berkowitz, 2001). For instance, the Fighting Back Initiative was a large-scale project funded by the Robert Wood Johnson Foundation in 1989 through mid-2003 to increase the capacity of community members to address adolescent alcohol use. Yet, this large initiative did not assure consistent measurement of either environmental changes (intermediate outcome) or the rate of adolescent alcohol use (ultimate outcome) (Zakocs & Guckenburg, 2007). The authors note an array of challenges in evaluating the effects of coalitions; for example, capacity development and skill acquisition can take a long time to show results. Environmental changes and related population-level improvements may not be seen during the relatively short-time frame of a typically-funded project. Some researchers have been critical of the Fighting Back Initiative and other coalition approaches, concluding that strategies aimed at youth or community prevention outcomes showed no effects (Hallfors, Cho, Livert, & Kadushin, 2002). Critics have

recommended that future efforts focus on the named goals, measure the continuum of outcomes, and assess the social validity of effects.

Further examination of the Fighting Back initiative suggests several factors that may promote organizational capacity (Zakocs & Guckenburg, 2007). Organizational capacity was defined as changes in programs, services, or policies among relevant sectors including: schools, police departments, courts/corrections, health care/substance abuse treatment agencies, alcohol/tobacco industry, neighborhood organizations, faith-based groups, and workplaces. The initiatives with greater organizational capacity shared seven characteristics: received more funds for coalition-building activities, were housed in supportive agencies, delayed establishing new independent agencies, maintained stable, participatory decision-making bodies, cultivated active involvement of local government, practiced collaborative leadership styles, and had effective long-serving project directors (Zakocs & Guckenburg, 2007).

Some researchers have recommended using community-based participatory research (CBPR) methods to engage community and scientific partners in sharing responsibilities for understanding and improving the work of community coalitions. This approach includes the equitable involvement of community and scientific partners, as well as other stakeholders, in all aspects of the research process; from setting goals to evaluating outcomes (Israel, 2005). This CBPR methodology may help to discover how coalition-based processes can be used by community members to address local needs (Kelly, Baker, Brownson, & Schootman, 2007). CBPR methodology also involves coalition members and research partners engaged in shared sensemaking about what results from community efforts and what it means (Collie-Akers,

Watson-Thompson, Schultz, & Fawcett, 2010; Fawcett et al., 2003). CBPR methodology has been used to help understand coalition work and to improve coalition efforts (Israel, 2005).

Coalitions have emerged to prevent adolescent substance abuse as the availability of funds and evidence of problem behaviors increased. According to the Office of National Drug Control Policy (ONDCP), the U. S. Government will spend $15 billion dollars on its national drug control program in 2011, with 11% ($1.7 billion) used specifically for the prevention of substance abuse with an emphasis on youth (Executive Office of the President of the United States, 2010). Adolescent substance use, defined as any use of illegal substances, has serious consequences for healthy adolescent development. Adolescents reporting past-year alcohol or illicit drug use were more likely to engage in violence, have poor academic performance, and be at higher risk for suicide than those who did not use these substances (CDC, 2008; Hawkins, Arthur, & Catalano, 1995). To be effective, staff of such collaborations may require training and technical assistance in methods of collaborative action.

Common elements of applied behavioral group training include clear descriptions of tasks, examples of desired behavior, observation of behavior, inter-observer reliability measures, single-subject design, and pre-post evaluations of acquired skills (Cooper, Heron, & Heward, 1987). Group training, from a behavioral perspective, typically included several components and elements specifically modeling, rehearsal, and feedback (Miltenberger & Fuqua, 1985). Feedback classically included delivery of discrete pieces of information, such as adherence to performance criteria, within a short time-period following the behavior. Feedback has a curvilinear distribution so the amount of feedback provided to participants has limits (Lam, DeRue, Karam, & Hollenbeck, 2011). Training information has been

delivered through different mechanisms with equal skill acquisition; including use of manuals (Garner, Barnes, & Godley, 2009) and PowerPoint presentations (Luiselli, Bass, & Whitcomb, 2010; Luiselli, St Amand, MaGee, & Sperry, 2008).

Technical assistance is commonly used to support implementation of coalition activities; a response to coalition members' on-going need to assure new skills and to maintain performance over time (Butterfoss, 2004; Florin, Mitchell, & Stevenson, 1993). Fixsen et al. (2009) articulated a model of implementation science to help move practice towards sustainable interventions with measureable impacts. The model included a clear description of the problem and who was affected, measures of fidelity for implementing the intervention, fully operationalized components, field tested components based on effective previous efforts, and delivered within a collaborative system (Fixsen, Blase, Naoom, Van Dyke, & Wallace, 2009; Fixsen, Blase, Naoom, & Wallace, 2009).

This study examined the effects of a Community Change Intervention (CCI)—training in core competencies (e.g., creating and maintaining coalitions; developing an intervention) and technical assistance in implementing key processes (e.g., establishing a vision/mission; developing and using strategic plans)—on community changes related to reducing risk for substance abuse. The Community Change Intervention (CCI) involved group training using a field-tested curriculum and monthly technical assistance via the telephone. A multiple-baseline design, a form of interrupted time-series design, was used through staggered implementation of the intervention across two cohorts of coalitions. The primary dependent variables measured were the implementation of prioritized coalition processes and the rate and intensity of community (environmental) changes facilitated by the coalition.

The purpose of this study is to examine the effects of this training and technical assistance intervention on the implementation of key coalition processes and further understand the context and factors that affected coalition functioning as identified as important in the literature (Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010). This present study used a CBPR or participatory approach to examine implementation of key processes of the coalitions before and after the intervention. This study addresses a gap in the literature related to (a) knowledge of whether and how coalitions implement key processes, such as planning, related to successful coalition functioning, and (b) understanding and documenting community/environmental changes resulting from coalition activities.

Methods

Study Context

This study was funded by the National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA), through a two-year R-21 (exploratory) research grant. The goals of the grant were: a) to examine the extent that key coalition processes were implemented following introduction of the Community Change Intervention and b) to measure the quantity and intensity of community and system changes (i.e. new programs, policies and practices) facilitated by the coalition and related to its goals of reducing risk for youth substance abuse.

Participants and Settings

Community coalitions were recruited to participate in this multi-year study in February 2007. Potential participants were identified through the Community Anti-Drug Coalitions of America (CADCA) database. CADCA provides training for community anti-drug coalitions in community problem-solving strategies, assessment of local substance abuse-related problems, and developing comprehensive plans to address identified problems. Approximately 5,000 community anti-drug coalitions are part of CADCA. Seventy-seven

coalitions in the Midwest were identified through this database. The coalition selection criteria for the study included: (a) having current funding for the coalition, (b) paid staff, (c) focus on adolescent substance abuse prevention, and (d) be located in one of the four intervention states (Iowa, Kansas, Missouri, and Nebraska) to facilitate travel to training at the University of Kansas.

Twelve coalitions were selected to participate in the study based on the inclusion criteria. The participating coalitions were randomized into two cohorts of five coalitions, and two coalitions were placed on a waitlist. Two of the original 12 coalitions declined participation, and the two waitlisted coalitions were then randomly assigned into Cohort One or Cohort Two. Two additional coalitions from Cohort One lost primary staff and dropped out of the study. Eight coalitions completed the study, three coalitions in Cohort One and five coalitions in Cohort Two. Participants included one coalition from Iowa, one from Nebraska, three from Missouri, and three from Kansas.

Mason City Youth Task Force (Iowa)

The Mason City Youth Task Force was a community coalition in Mason City, Iowa that has operated since 1994. Mason City has approximately 29,000 people and 300-350 students per grade level in their public schools. They had four elementary, three middle, one traditional high school and one alternative high school. Approximately 60 youth and adults, representing a diverse cross-section of the community were appointed by the Mayor and City Council to serve on the Task Force. Additional youth and adults volunteered on committees, Youth Action Teams, and projects focused on specific areas of the prevention. The task force was funded by the City of Mason City, Mason City Community Schools, Newman Catholic Schools, and Cerro Gordo County locally. The coalition was also funded by grants. Mason

City had approximately 22% of residents under the age of 18 years and 17% aged 65 years or older. Most of the residents were Caucasian (94%) (U.S Census Bureau, 2010a).

GLW Children's Council Inc (Nebraska)

GLW Children's Council Inc. started in the late 1990's and became a non-profit in 2004. It served three counties in North-Central Nebraska, including three schools. They had over 70 community partners. At the time of the study, they were funded through grants such as the Nebraska Community Aid Fund and a SAMSHA grant to fund town hall meetings. GLW was based in Buffalo County, a county with approximately 46,000 people. The majority of the residents were Caucasian (93%), 24% were under the age of 18 years, and 12% were 65 years old or older (U.S Census Bureau, 2010d).

Youth Community Coalition (YC^2) (Missouri)

The Youth Community Coalition (YC^2) was formed in 2003 by the Columbia Housing Authority to address community needs in Columbia, MO. The coalition was funded through the Drug-Free Community program grant and, at the time of the study, had a Strategic Prevention Framework – State Incentive Grant from Missouri to address underage drinking. The YC^2 is located in Columbia, Missouri. Columbia has approximately 108,500 residents, primarily Caucasian (79%) with smaller ethnic populations (e.g., African American, 11%) making up the rest of the population. Approximately 19% of residents are under the age of 18, 9% are 65 years old or older (U.S Census Bureau, 2010c). Columbia is also home to a large state university, the University of Missouri, and two smaller colleges, Central Methodist University and Stephens College.

Dottes Community Coalition (Kansas)

The Dottes Community Coalition was formed in 1998. The coalition received start-up funding from Kansas City, KS to develop a coalition in the Rosedale Community due to a crisis associated with widespread flooding. The coalition later expanded efforts beyond the neighborhood to all of Wyandotte County and focused on decreasing adolescent drug abuse. The coalition supported the work of people and organizations who serve youth. Dottes was funded primarily through a Drug-Free Community grant and was located in Kansas City, KS, which was located in Wyandotte County. The Kansas City metropolitan area included 15 counties, including Wyandotte County. In 2010, the population of Kansas City, KS was 145,786 with residents including Caucasian (52%), African American (27%), and Hispanic/Latino (28%). Approximately 28% of residents were under the age of 18, and 11% were 65 years old or older (U.S Census Bureau, 2010b).

Washington County Community Partnership (Missouri)

Washington County Community Partnership began in late 2006. It was a decision-making entity and broadly representative of Washington County, Missouri. It worked under the police department to plan, develop, finance and monitor strategies to achieve specific results. Caring Communities was Missouri's system reform initiative to achieve the "Core Results" through Community Partnerships. The Core Results targeted were: Children and Families Safe, Children and Families Healthy, Children Ready to Enter School, Children and Youth Succeeding in School, Youth Ready to Enter the Work Force and Become Productive Citizens, and Parents Working. The partnership typically had active participation from 20-30 members. Washington County, Missouri is a rural county located about an hour south of St.

Louis with a population of 25,195. The majority of residents are Caucasian (96%), 24% are under 18 years of age and 13% are 65 years old or older (U.S Census Bureau, 2010c).

Chase County Drug Free Action Team (Kansas)

Chase County Drug Free Action Team is located in Strong City, KS. It was established in 2003 and served a rural area in Kansas. Chase County is 75 square miles and has 2,790 people. Residents are primarily Caucasian (95%), 22% are under the age of 18 years, and 21% are 65 years old or older (U.S Census Bureau, 2010b). Chase County Drug Free Action Team included 10-15 community members working to prevent and reduce substance abuse in Chase County. It was funded through grants, including, at the time of the study, the Kansas Strategic Prevention Framework – State Incentive Grant.

Alcohol, Tobacco and Other Drugs (ATOD) Prevention Task Force (Missouri)

The Alcohol, Tobacco and Other Drugs (ATOD) Prevention Task Force was originally formed in 1994, and became a nonprofit organization in 2003. Its mission was to develop a comprehensive county-wide action plan to prevent alcohol, tobacco and other drug use/abuse that can be modified and/or applied to local/regional situations. The Task Force operated under the Healthy Communities organization. It was located in St. Charles County, Missouri (360,485 people). Approximately 90% of residents were Caucasian, 4% were African American and 3% were Hispanic or Latino. Twenty-six percent of residents are under 18 years of age and 11% are 65 years old or older (U.S Census Bureau, 2010c). The group met quarterly, engaging stakeholders and community leaders from multiple sectors including: law enforcement, schools, courts and probation, youth-serving organizations, healthcare systems, community-based organizations (including existing prevention providers), policy makers, county departments and agencies, as well as representatives from

the Drug and Alcohol Advisory Board (DAAB), Tobacco Education Coalition (TEC), and the Youth Commission. The ATOD Task Force was grant funded.

Communities in Schools of Marion County (Kansas)

Communities in Schools of Marion County, Kansas started in the late 1990s as a community planning team. Through the acquisition of new funding, the team developed into a small organization under the Communities in Schools framework. Communities in Schools worked with public schools to assess student needs and matched those needs with community resources such as local businesses, social service agencies, health care providers, and volunteer organizations. Marion County had 12,660 people and was located 50 miles north of Wichita, Kansas. Approximately 23% of residents were under 18 years of age and 21% were 65 years old or older. Ninety-six percent of residents were Caucasian (U.S Census Bureau, 2010b). In 2002 the organization became a non-profit. In support of their work as a prevention coalition, they received funding from Drug Free Communities and Safe and Drug Free Schools.

Measurement

This study examined two primary dependent variables related to coalition functioning: (a) community/system changes (i.e., new or modified program, practice, or policy) brought about by the coalition and (b) implementation of coalition processes to facilitate change efforts. This was measured through submitted self-reported coalition activities that included permanent products of reported coalition behavior (i.e., coalition meeting minutes) and four bi-annual assessments of coalition-processes (self-reported).

Documentation and scoring of instances of community changes.

The codebook for scoring included definitions, scoring instructions, examples and non-examples of community changes. Community/system changes, the primary dependent variable, was defined as new or modified programs, policies, or practices facilitated by the coalition and related to the mission of reducing risk for substance use among adolescents. Examples of community/system changes facilitated by the coalitions included new or modified programs (e.g., classes in peer refusal skills that target new groups), policies (e.g., social hosting laws), and practices (e.g., expanded efforts to prevent drug use in homes) related to preventing adolescent substance use. Scoring instructions specified what was necessary for an activity to be scored as an instance of a community change. It had to meet all of the following criteria: a) have occurred (e.g., when a policy is already adopted; when a new program is first implemented - not just been planned), b) was related to the initiative's chosen goals and objectives (e.g., reducing risk for underage drinking), c) were new or modified programs, policies, or practices in different parts of the community or system (e.g., government, business, schools, health organizations), and d) were facilitated by individuals who are members of the initiative or are acting on behalf of the initiative (See Codebook in Appendix A).

One staff member from each coalition was designated with the task of documenting (recording and initial scoring) coalition activities and accomplishments. This person was trained by KU Work Group staff (the author or a colleague) using a codebook and protocol that included written response definitions, scoring instructions, examples and non-examples, and opportunities to practice and get feedback on scoring. This was done through distance training via telephone and a web-based computer data-sharing system.

The primary training session for coalition documenters lasted three hours. The first part of the training was a PowerPoint presentation regarding the codes and how to use them to differentiate an instance of a community change from other events (e.g., a community action to bring about a change or a service provided). The last part of the training involved coding practice, using a modeling and feedback approach, in which a staff member from each coalition completed practice examples by coding hypothetical activities and accomplishments from their coalition's experience (behavioral history). The behaviors of documentation and scoring were modeled for coalition documenters through a demonstration of the Online Documentation and Support System (ODSS). Documenters were also instructed to practice entering data (e.g., a newly established program or policy) using the ODSS during the training.

A staff member from each coalition (the coalition documenter) was responsible for recording activities after they occurred. A KU Work Group graduate research assistant (the author or a colleague) assured the quality of the data on a monthly basis by providing secondary (independent) coding of the recorded activities. Point-by-point agreement was used to assess inter-observer agreement between code 1 (coalition staff member) and code 2 (independent secondary observer). Agreement scores were computed to yield a percentage of inter-observer agreement on scoring instances of documented activities. Inter-observer agreement on average was 96% between code 1 and code 2 (See Appendix A for detailed scoring instructions).

Reported community changes were verified on a monthly basis during technical assistance phone calls and through review of coalition meeting minutes. The second participant from each coalition confirmed the occurrence of reported community changes by

reviewing documented changes every month with the researcher. Coalition meeting minutes (i.e., permanent product of coalition behavior) were reviewed at the end of this study and a sample of 25% of reported community changes were reviewed through key word searches of coalition meeting minutes. Not all of the participating coalitions provided complete sets of coalition meeting minutes. In those situations, a web-based search of news articles or online coalition meeting minutes (where available) were used to attempt to verify the sample of 25% of the documented community changes from each coalition.

Key informant interviews about factors affecting coalition change efforts.

Consistent with participatory research methods, semi-structured interviews were used to gather qualitative information about factors associated with discontinuities (i.e., marked increases or decreases) in the trend line of reported community changes. The interviews took place quarterly during regularly scheduled technical assistance calls. The interview protocol consisted of a list of questions a researcher asked the coalition staff member as they reviewed graphs of community change data. For instance, when reviewing graphs of the cumulative community change data, scientific partners prompted coalition partners to reflect on: (a) "What are we seeing in the community change data (where is it increasing/slowing)? (b)What was associated with the increasing (slowing) rate of change? (c) What does this mean for the coalition's efforts? and (d) How might we adjust what we are doing?" Additional key events were gathered through the online documentation and support system. Community documenters could log contextual information under a section of the system titled, "key events."

Second-level characterization of community changes for intensity scores.

Community changes are not equally likely to have an impact on behaviors and outcomes related to substance abuse prevention. For instance, providing information is considered a weaker behavior change strategy than modifying access to alcohol or drugs. Thus, recorded community changes were analyzed further through secondary scoring of key dimensions of community changes. This secondary scoring by dimensions permitted the calculation of an intensity score for each community change. Dimensions characterized in second-level scoring of community-level changes included: (a) goal area addressed (e.g., alcohol prevention), (b) prioritized group (e.g., elementary school-aged children), (c) behavior change strategy (e.g., providing information to students about alcohol risks), (d) risk and protective factor targeted (e.g., favorable attitudes toward alcohol use), and (e) sector where change occurred (e.g., schools). This second-level scoring helped explore whether community changes were of sufficient amount, intensity of strategy, duration and penetration to potentially have an impact on population-level outcomes (Collie-Akers & Fawcett, 2009; Fawcett, Francisco, Hyra, et al., 2000; Fawcett, Francisco, Schultz, et al., 2000; Fawcett et al., 2008; Roussos & Fawcett, 2000; Schultz, Collie-Akers, Fernandez, Fawcett, & Ronan, 2009; Watson-Thompson, 2007; Watson-Thompson, et al., 2008). Similar analyses have been conducted to estimate impact of interventions on communities by the RE-AIM framework which included reach, effectiveness (type of intervention), and maintenance (duration) to establish impact of environmental changes on behavior and community-level outcomes (Glasgow, Klesges, Dzewaltowski, Estabrooks, & Vogt, 2006; Glasgow, Vogt, & Boles, 1999).

Each coalition documenter completed the secondary analysis immediately following the documentation of a community change in the ODSS (Appendix B). The secondary questions included a list of pull-down choices (e.g., for goal they would select: alcohol, tobacco, marijuana, other drugs or all). The secondary analysis included the following dimensions: (a) behavior change strategy, (b) duration, (c) goal, (d) prioritized group, and (e) type of intervention. Two independent observers of the KU Work Group scored the second-level questions to ensure reliability of secondary scoring. The average level of inter-observer agreement for secondary scoring was 83% for all dimensions. Inter-observer agreement for behavior change strategy was 90%, duration was 81%, goal was 75%, prioritized group was 93%, and type of intervention was 74%.

An intensity score was calculated by recoding for specific dimensions, using levels of high (3), medium (2), and low (1) levels (Table 1). For example, with respect to the dimension of duration, a one-time community change such as a one-day awareness event, was coded as low intensity (value=1) and an on-going community change, such as a school policy, was coded as high intensity (value=3). The rated dimensions were then used to determine the intensity score. The formula for calculating the intensity score was: the sum of ratings for behavior change strategy, duration, goal, and prioritized group. Duration of community change was characterized using three categories (i.e., one-time event, more than once, and on-going). Type of behavior change strategy, had five categories (i.e., providing information, enhancing skills, enhancing services and support, modifying access and opportunities, modifying policies and broader systems). Prioritized goal the community change targeted included three categories (i.e., reduce adolescent alcohol, tobacco or other

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drug use, reduce multiple ATOD goals, and other goals). Prioritized group the community

change targeted included children and youth, adults, and all community members.

Table 1. Dimensions for Second-level Scoring and Categories for Intensity Score

Dimension	High Value = 3	Medium Value = 2	Low Value = 1
Behavior Change Strategy	Modifying policies and broader systems; Changing the consequences; Modifying access, barriers, exposures, and opportunities	Enhancing services and support;	Providing Information; Enhancing skills
Duration	On-going	More than once	One-time
Prioritized Goal	Reduce Alcohol, Tobacco or Other Drug Use	Multiple ATOD Goals	Other Goals
Prioritized Group	Children and Youth	Adults	All Community Members

*Estimated intensity rating = behavior change strategy + duration + goal + group

For example, a zero-tolerance policy (which defined alcohol use among adolescents

as a blood alcohol content level measurement to 0.01%) was implemented in a community to

reduce underage alcohol use. The behavior change strategy was rated as high (modifying

policies), duration was high (ongoing), goal was high (reduce alcohol use), and prioritized

group was high (youth). The sum of behavior change strategy, duration, goal, and prioritized

group was calculated, yielding an intensity score of 12 (3+3+3+3).

The intensity scores were calculated and analyzed by cohort and by at the individual

coalition level. The effects were analyzed by individual coalitions to explore more specific

and detailed effects that could not be detected at the Cohort level.

Assessment of implementation of coalition-based processes.

Assessment of coalition-based processes provided a measure of implementation coalition activities. The assessment was conducted using online questionnaires completed by three representatives from each coalition. Questions were asked about implementation of each task in the task analysis for each of 12 coalition processes (Fawcett, et al., 2010). For example, one prioritized process-- Process 10 (Documenting Progress and Using Feedback), included 18 yes/no implementation questions; for example "Were the data used to make improvements in the intervention?" (Appendix C). For each question, an average was calculated and used to calculate an implementation score for each of the 12 coalition processes. The overall implementation score for each process was calculated by dividing the total number of "yes" responses by the total number of discrete tasks in the process.

A KU Work Group research associate and a graduate research assistant (including the author) provided Technical Assistance (TA) to participating coalitions via monthly phone conversations. TA was based on coalition-identified areas of importance and/or need (e.g., support for strategic planning or sustainability). Processes were prioritized by coalition members at the end of the curriculum training. The process of prioritization included rating the coalition processes from 1-12 in order of importance for focus during later technical assistance sessions. Technical assistance focused on the 12 coalition-based process areas (e.g., developing organizational structure, documenting progress, sustainability) (Fawcett, Schultz, et al., 2010; Watson-Thompson, 2008; Community Tool Box, http://ctb.ku.edu/en/promisingapproach/index.aspx). Table 2 lists the 12 coalition-based processes for change and illustrative tasks for implementation:

Table 2. Twelve Coalition-Based Processes and Tasks for Implementation in Promoting Community Change and Improvement

Process (number of tasks)	Illustrative Tasks
1. Analyzing Information About the Problem, Goals (N=17)	Define community, engage stakeholders in planning, collect and analyze information about the extent of problem
2. Establishing a Vision & Mission (N=13)	Establish vision and mission statements, convene group to guide development of statements, apply and use vision and mission statements
3. Defining Organizational Structure (N=45)	Assess organizational needs and resources and develop goals to enhance the functioning of the organization, develop organizational structure, establish operating mechanisms for doing things within the organization (e.g., bylaws)
4. Developing a Model of Change (N=16)	Convene key stakeholders to develop a logic model for the effort, identify intended uses of model, identify core components and elements
5. Developing and Using Strategic Action Plans (N=26)	Develop objectives that serve as a marker of accomplishments and provide benchmarks for accountability, identify strategies to carry out objectives
6. Arranging for Community Mobilizers (N=17)	Identify need for mobilizer, define the roles and responsibilities of the community mobilizer or organizer, assure the effective functioning of the community mobilizer (group provides training, support, and feedback for the community mobilizer)
7. Developing Leadership (N=26)	Identify the composition of the ideal leadership team, recruit new leaders to the team, develop leadership plan, identify methods to support leadership
8. Implementing Effective Interventions (N=24)	Engage community members and other key stakeholders in designing the intervention, identify objectives, research past interventions, identify core components and elements, evaluate efforts
9. Assuring Technical Assistance (N=13)	Assess the stage of development and readiness of the effort to use technical assistance, identify appropriate technical assistance and support providers for the

	initiative
10. Documenting Progress & Using Feedback (N=18)	Identify the measures to be used in the documentation and feedback system, document or collect the data using systematic methods, analyze, communicate, and use the data to make improvements in the initiative
11. Making Outcomes Matter (N=17)	Identify indicators of success for the initiative, specify reporting requirements about the activities and outcomes of the initiative, use incentives and disincentives to encourage outstanding implementation of activities and improvement in outcomes
12. Sustaining the Work (N=23)	Determine whether the initiative or activities should be sustained, group has determined the intended duration or the length of time that is appropriate for the initiative or effort to be sustained.

Self-reported implementation of the 12 coalition-based processes was assessed at four different time intervals using an online survey. The first assessment was during pre-intervention for both Cohorts. Assessment two was conducted during the intervention for Cohort One and during baseline for Cohort Two. The third assessment took place during intervention (March 2009) and the final assessment was taken after the intervention (February 2010). Three to four staff and volunteer members completed the self-assessment each time it was administered. Participants were selected for the length of time they had been involved with the coalition and knowledge of coalition activities. The survey included questions about implementation and use (N=255) related to the coalition functioning (via processes) (e.g., strategic planning) and related permanent products produced (e.g., completed or updated action plan(s)). For example, for Coalition-Based Process 4: Developing a Logic Model, the survey posed 16 questions, including: (a) Does your coalition

have a logic model (permanent product)? (b) Was the coalition involved in the creation of the logic model? (c) Does the coalition use the logic model on a monthly basis? The implementation level was calculated by dividing the number of actions reported as implemented (sum of all assessments received from those reports for each coalition) in each coalition-based process area by the total number of activities in that process area (e.g., 14/16 activities were reported as implemented). This proportion was averaged across respondents for each coalition. There was a range in the number of tasks to be reported for each of the processes. For instance, Coalition-Based Process 3 had 45 questions and Coalition-Based Process 10 had 18 different questions. Pre-intervention implementation was compared to post-intervention for both cohorts: time one (baseline) and time four (post intervention) assessments were used for Cohort One, and time two (baseline) and time four assessments (post intervention) were used for Cohort Two.

Intervention Components and Elements

The intervention has two primary components – training in core competencies and technical assistance in implementing coalition processes. Two participants from each coalition were required to participate actively in the study (i.e., attend in-person training, record coalition community changes, and meet via teleconference monthly), with the expectation of diffusion of knowledge to other members of the coalition through those two trained members. This study used community-based participatory research (CBPR) methods maximizing engagement in learning, documenting, and sensemaking. Coalition members who participated were actively engaged, including in identifying and prioritizing aspects of the intervention to meet their coalition's specific and unique needs (e.g., to update a strategic plan or to plan for sustainability). Participating coalitions also received an $800 quarterly stipend during the intervention for participating in both components of the intervention.

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The Community Change Intervention consisted of two primary components: a) in-person/group training in core competencies using the Community Tool Box field-tested curriculum and b) telephone-based technical assistance in implementing priority coalition-based processes (Figure 1).

Figure 1. Logic model for this NIDA study showing the relationship of Community Change Intervention to anticipated outcomes

Community Change Intervention (Independent Variable)		Anticipated Outcomes (Dependent Variable)
Curriculum Training in Related Skills	**Technical Assistance in Implementing Coalition Processes**	
•Creating and maintaining coalitions •Assessing needs and resources •Analyzing problems and goals •Developing a model of change •Developing strategic and action plans •Developing an intervention •Improving organizational management •Building leadership •Advocating for change •Enhancing cultural competence •Evaluating the initiative •Implementing a social marketing effort •Sustaining the work	•Analyzing Information About the Problem & Goals •Establishing a Vision & Mission •Defining Organizational Structure •Developing a Model of Change •Developing and Using Strategic Action Plans •Arranging for Mobilizers •Developing Leadership •Implementing Effective Interventions •Assuring Technical Assistance •Documenting Progress & Using Feedback •Making Outcomes Matter •Sustaining the Work	*Increased rates and intensity* of **Community Changes** New or modified: •Programs •Policies •Practices *Enhanced* **Implementation of Coalition-Based Processes**

Curriculum Training.

The in-person Curriculum Training occurred during two sessions for Cohort One (n=3 coalitions) in February and March of 2008 at the University of Kansas (KU); for Cohort Two (n=5 coalitions), training occurred in August and September 2008. Two coalition

members traveled to the University of Kansas (KU) for two separate three-day in-person, group-training sessions. The training used 13 of the 16 modules from the Community Tool Box Curriculum (http://ctb.ku.edu/; http://ctb.ku.edu/en/services/ctbcurriculum.aspx). Table 3 outlines the 13 curriculum modules covered and illustrative skill areas (see Table below).

Table 3. 13 Curriculum Modules/Competencies and Related Skill Areas Addressed in Training Component

Curriculum Modules/Competencies	Illustrative Skill Areas
1. Creating and maintaining coalitions	Bring people together from different organizations to work on a common goal
2. Assessing needs and resources	Conduct community needs assessments and develop asset maps
3. Analyzing problems and goals	Data analysis, prioritization of community needs, goal setting
4. Developing a model of change	Identify core components and elements of model, build model of practice, incorporate model into practice
5. Developing strategic and action plans	Develop objectives and strategies to carry out goal areas, create action plans
6. Developing an intervention	Review previous community strategies, collaborate with stakeholders, develop components and elements of intervention
7. Improving organizational management	Analyze internal work environment, build skill areas
8. Building leadership	Recruit new members to leadership team, develop leadership plan
9. Advocating for change	Create advocacy plans based on community assessment and readiness
10. Enhancing cultural competence	Build skills related to cultural diversity and implement work in culturally sensitive areas
11. Evaluating the initiative	Document the intervention, develop evaluation plan, conduct periodic analyses of data
12. Implementing a social marketing effort	Create social marketing plan, involve key stakeholders, evaluate plan
13. Sustaining the work	Determine what activities need to be sustained and for how long, create plan to continue necessary work

The training was facilitated by KU Work Group staff. Each day, two curriculum areas were covered with two participants, via approximately 2.5 hour sessions per module. PowerPoint presentations and hands-on learning activities were used; for instance, training and practice creating action plans for a specific intervention to be used by the coalition. During the training, collaboration among participants from different coalitions was encouraged to facilitate sharing lessons learned from experiences in other contexts.

The curriculum training had several systematic elements. It included scripts for facilitators to follow for each module. Each script included specific language and related activities for each module to ensure fidelity. The training also included the development of products to help ensure skill acquisition for coalition members. Each curriculum module called for completion of a product, such as a logic model or strategic plan that included specific tasks.

Technical assistance in implementing coalition processes.

Technical assistance calls took place on a monthly schedule and lasted one hour in duration. The Technical Assistance (TA) component of the intervention consisted of three elements that were implemented sequentially. First, KU Work Group staff provided information to coalition staff about their self-assessments on the importance and level of implementation of the 12 Coalition-Based Processes http://ctb.ku.edu/en/promisingapproach/index.aspx. This led to prioritized areas of importance and/or need (i.e., targeted coalition processes, such as planning for sustainability, rated as higher importance and lower implementation)..

Second, during TA calls, KU Work Group staff facilitated action planning for community changes. During this phase, coalition members reviewed previously documented

community changes with the KU Work Group TA provider (including the author), and then planned for upcoming community changes to be sought in the next several months. Action plans included information about community changes to be sought and who would do what tasks to bring about the change by a specified time interval. The action plans were created collaboratively between partners and stored on a shared online workstation to increase availability to participating coalitions. Action planning was guided by written protocols that specified which questions to ask (e.g., who was responsible, what the assigned task entailed, timeline for action, etc) and what prompts to deliver (e.g., other partners needed to assist community change, deadline for tasks, etc) based on responses from coalition members.

Action planning was also conducted for prioritized components of the coalition processes. This occurred in the same fashion as the community change action planning; it specified who would do what specific activity, by what date. Coalition process action planning was at the activity level. For example, for Coalition Process 10 Documenting Progress and Using Feedback, the lower implementation score items would be focused on to improve the overall implementation score of the process. This may have included focusing on a question like, "Does the group collect longer-term outcomes or measures?" Technical assistance also included sensemaking (data feedback) for the coalition process assessment reports after completing each round of assessments. The data were presented in graphical and table form at the overall coalition process level, task level, and activity level. This new information was incorporated into on-going technical assistance sessions and was used to prioritize areas of need.

Third, TA included shared sensemaking about the documented community changes, consistent with CBPR methods. This consisted of data review from the previous three months

using the Online Documentation and Support System's graphs and reflection questions. During this dialogue, coalition members reflected on: (a) what they saw (e.g., moderate and steady rates of change in past quarter), (b) what it meant (e.g., this increase was associated with hiring a new staff member), and (c) implications for adjustment (e.g., would like to increase rates of change in schools over next year).

Action planning.

The action planning component of the intervention was added during the intervention period for Cohort One. It was added in response to a low number of documented community changes by the first group of participating coalitions. Action planning was added to the technical assistance calls. KUWG staff helped create an action plan with coalition members related to upcoming community and system changes. The goal of the action planning component was to increase attention to coalition activity related to environmental modifications.

Study Design and Data Analysis

The following four questions guided the study analysis: (1) What are the effects of the training and technical assistance intervention on the **amount and kind** (i.e. estimated intensity) of **community changes?** (2) What are the effects of the intervention on **implementation of coalition processes**? (3) What **coalition activities "group"** within coalition processes? (4) Is there a relationship between **community change intensity scores** and reported **implementation of coalition processes**? The study utilized a multiple baseline design across coalitions (randomly assigned to two cohorts) to examine question one. Questions two and four were explored using a pre/post comparison, and question three was answered using a factor analysis. The baseline condition for both Cohorts included two months of retrospective documentation of community changes and training on the Online Documentation and Support System. Despite the requirement to document community

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changes during the baseline condition, feedback was not delivered to coalition members until the intervention condition. Data was managed using the Predictive Analytics Software (v. 17.0, Chicago, Illinois; formerly SPSS), except for the factor analysis in which Mplus (v. 6.11, Los Angeles, CA) was used.

Research Question One. The frequency of reported community changes were analyzed across time using the individual coalition in each cohort as its own control. The mean number of community changes was calculated to determine if the intervention had an effect on the rate of community changes implemented by each individual coalition and by cohort. A Wilcoxon Signed Ranks Test was conducted to determine if changes from pre to post conditions were significant.

Research Question Two. Pre and post Coalition Process implementation scores were calculated and compared to determine if the intervention had an effect on reported coalition activities. A paired t-test was conducted to examine pre/post scores of prioritized Coalition Processes compared to non-prioritized Coalition Processes at the coalition level.

Research Question Three. A factor analysis was used to describe variability among observed variables and potentially reduce the number of unobserved variables (called factors). The aim was to highlight interdependencies between observed variables which can be used later to reduce the set of variables (i.e., items in the measurement of coalition processes). An exploratory factor analysis was used. Factor loadings of 0.7 were used to confirm the independent variables identified through the analysis. For coalition processes with very few or zero variables with factor loadings of 0.7, a value of 0.6 was used. The 0.7 value is standard, however in exploratory analyses a lower level is frequently used. Factor

loadings were interpreted in light of the theory in which they were based rather than arbitrary cutoff levels.

Research Question Four. The association between reported implementation of coalition processes and the intensity scores of community changes was examined through descriptive statistics and a scatter plot to display possible relationships.

Results

The results of this study are presented for each of the four questions: (1) What are the effects of the training and technical assistance intervention on the **amount and kind** (i.e. estimated intensity) of **community changes?** (2) What are the effects of the intervention on **implementation of coalition processes**? (3) What **coalition activities "group"** within coalition processes? (4) Is there a relationship between **community change intensity scores** and reported **implementation of coalition processes**?

Research Question 1: What are the effects of the training and technical assistance intervention on the **amount and kind** (i.e. estimated intensity) of **community changes?**

The rate of community and system changes documented by participants in Cohort One did not increase from pre to post intervention periods (baseline mean = 0.60 per month, SD = 0.42; intervention mean= 0.12 per month, SD = 0.12). There was an immediate increase in documented community changes right after the intervention was implemented and again in April-May 2009. There were few changes documented from May 2009 – December 2009. The rate of documented community changes continued on the same trajectory after the action planning condition of the intervention was added (Figure 2).

There was no positive difference for Cohort Two (baseline mean = 0.50 per month, SD = 0.40; intervention mean=0.15 per month, SD=0.15). The rate of documented cumulative community and system changes had the greatest rate of increase from January

2008 – July 2008 for Cohort Two when the participating coalitions were in baseline. This increase was associated with one coalition's activity related to a period of busy community mobilization work, according to key informant interviews. A steady trend of documented changes was observed during the intervention period until September of 2009. Action planning (implemented in September/October 2009) was not associated with immediate or marked increases in documented changes (Figure 2).

Figure 2. Cumulative Number of Community Changes across Time for Cohorts One and Two
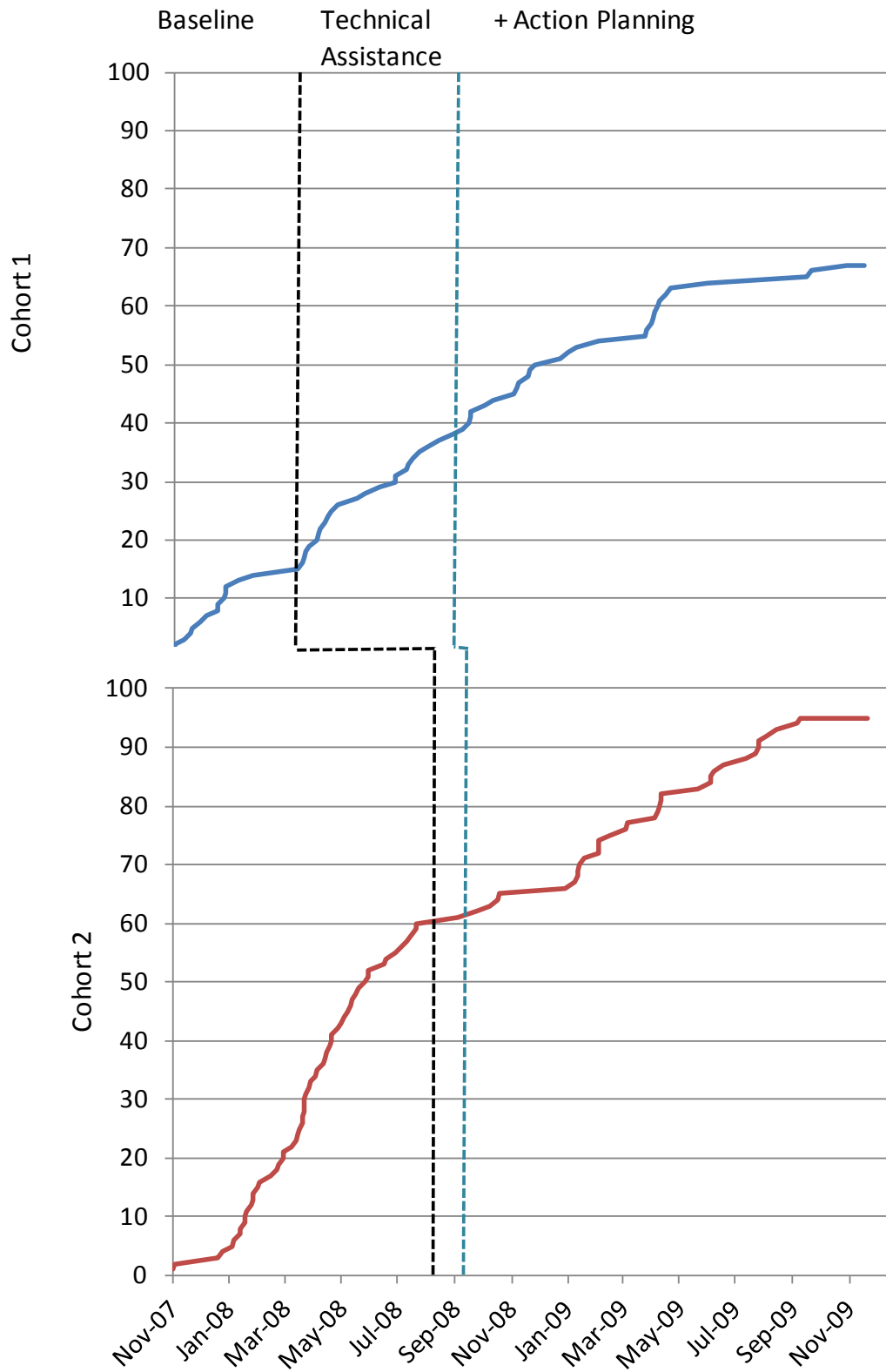
Community changes documented across time at the coalition had varied rates (Figure 3). CIS Marion County and YC^2 coalitions from Cohort One and Chase County Dottes coalitions from Cohort Two increased the rate of community changes after implementation of training and technical assistance. Only GLW, Inc. had immediate and marked effects after the implementation of action planning (Figure 3).

Based on key informant interviews with CIS Marion County, town hall meetings and receiving funds (TEACH Scholarships) were associated with an increased rate of documented community changes. Community educational efforts were associated with a lower rate of documented community changes. Mason City received four grants during the study period, yet the documented community changes remained under ten for the majority of the study period. Internal coalition training was not associated with documented community changes. There was an increase in documented community changes related to the expansion of one of their school-based programs. The last coalition from Cohort One, YC^2, had a higher number of documented community changes related to the launch of their virtual town-hall meetings and new community collaborations. The trend leveled off in the spring of 2009. New staff was hired during the following summer months of 2009, but was not associated with an increased rate of documented community changes (Figure 3).

Coalitions from Cohort Two had varied rates and frequencies of documented community changes. ATOD documented five community changes during the study period. The coalition lost staff at the beginning of the study, which was associated with a low number of documented community changes. New staff was hired in the summer of 2008. However, the rate of documented community changes did not increase until the coalition started building relationships within their community and formed new collaborations in

February 2009. The Chase County coalition did not show increases in documented community changes related to training and technical assistance or action planning. Increases in community changes were associated with legislation changes, funding, and a youth needs community-wide assessment they conducted. The Dottes Coalition had a high rate of documented changes during baseline related to a new community project they had launched. The trend leveled off in November 2008 when they lost staff. GLW Inc. reported an increased rate of documented community changes during baseline when they received funding and during the intervention when they launched a new youth development program. When the coalition was modifying their internal structure and attending trainings the rate of documented community changes leveled off. Washington County documented all of their community changes during baseline. The increased rate of community changes was associated with the launch of their webcasts. During the intervention they coalition reported a loss of funding and staff, which was associated with a flat rate of documented community changes.

Figure 3. Cumulative Number of Community Changes across Time for the Eight Coalitions

Baseline   Training & TA   + Action Planning

ATOD

Loss of staff   Hired staff   New collaborations

Chase County

Funding & Legislation   Youth Needs Assessment

Nov-07 Jan-08 Mar-08 May-08 Jul-08 Sep-08 Nov-08 Jan-09 Mar-09 May-09 Jul-09 Sep-09 Nov-09
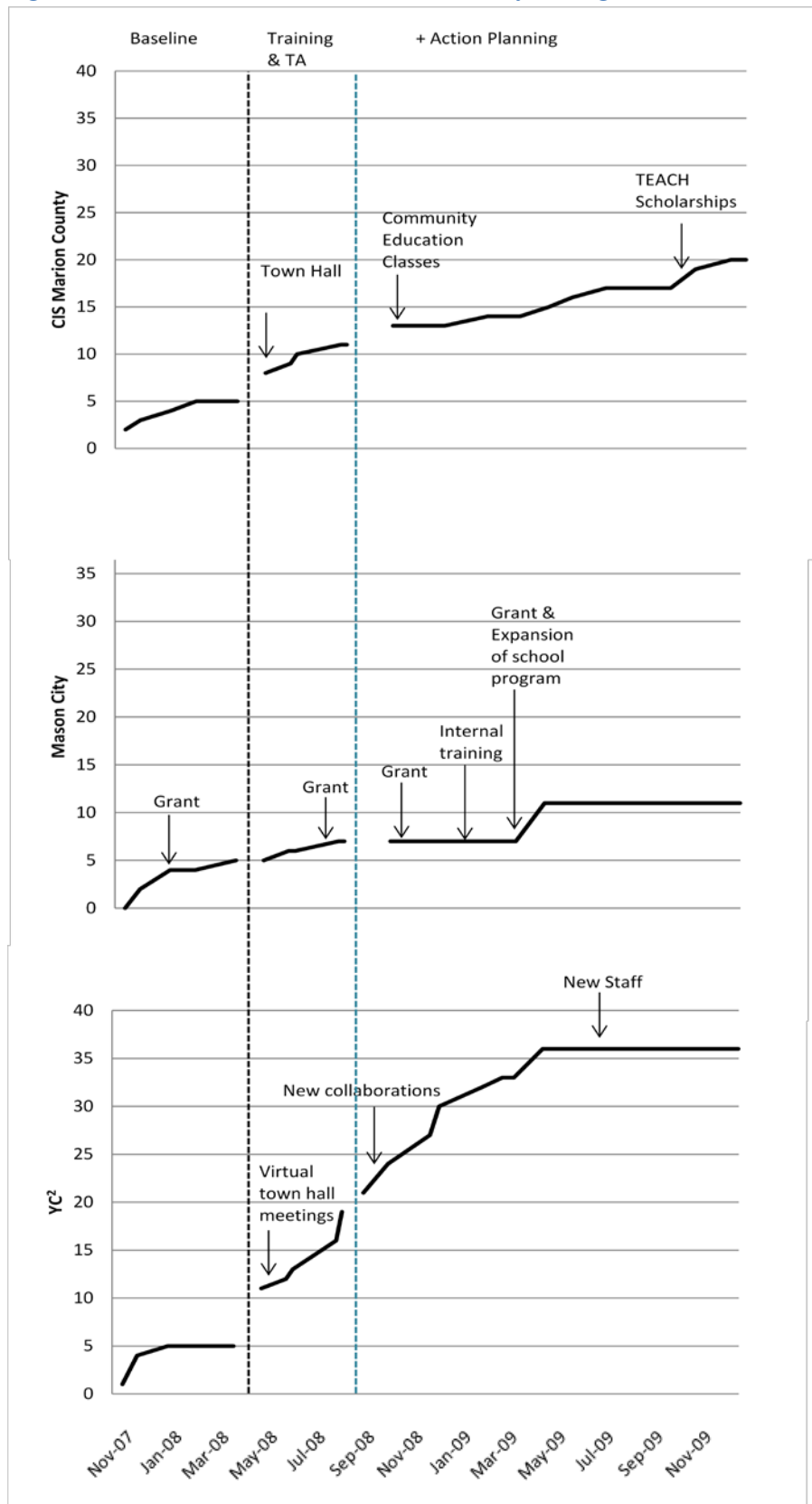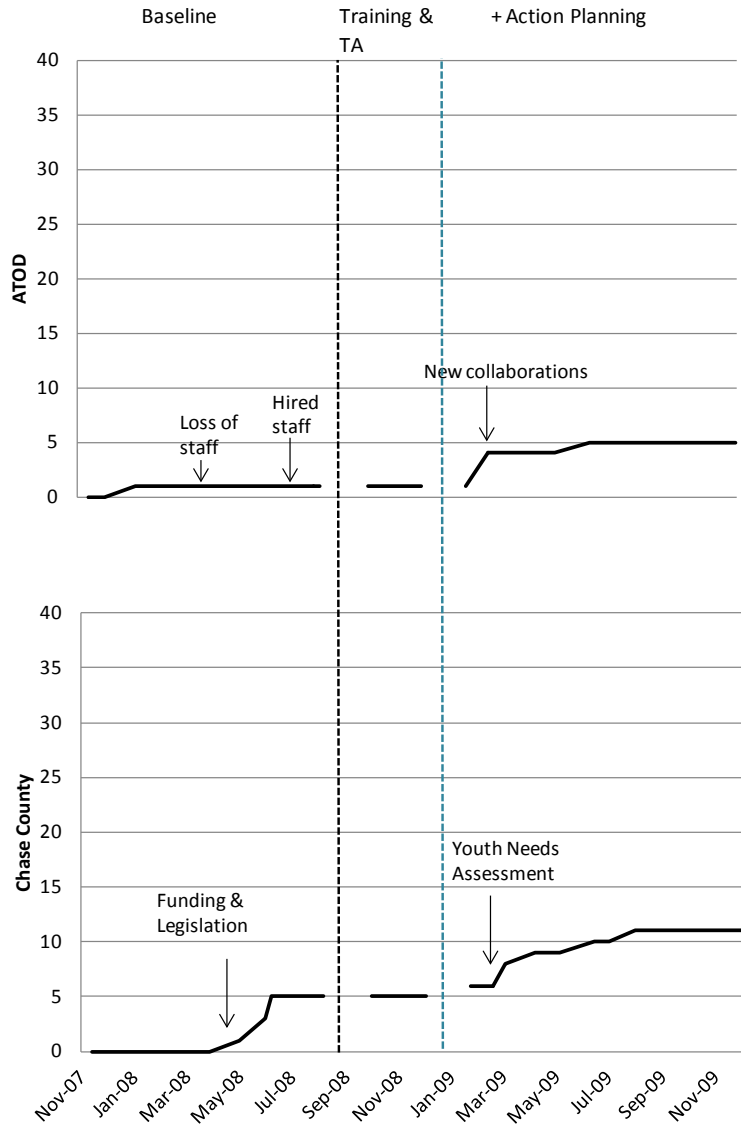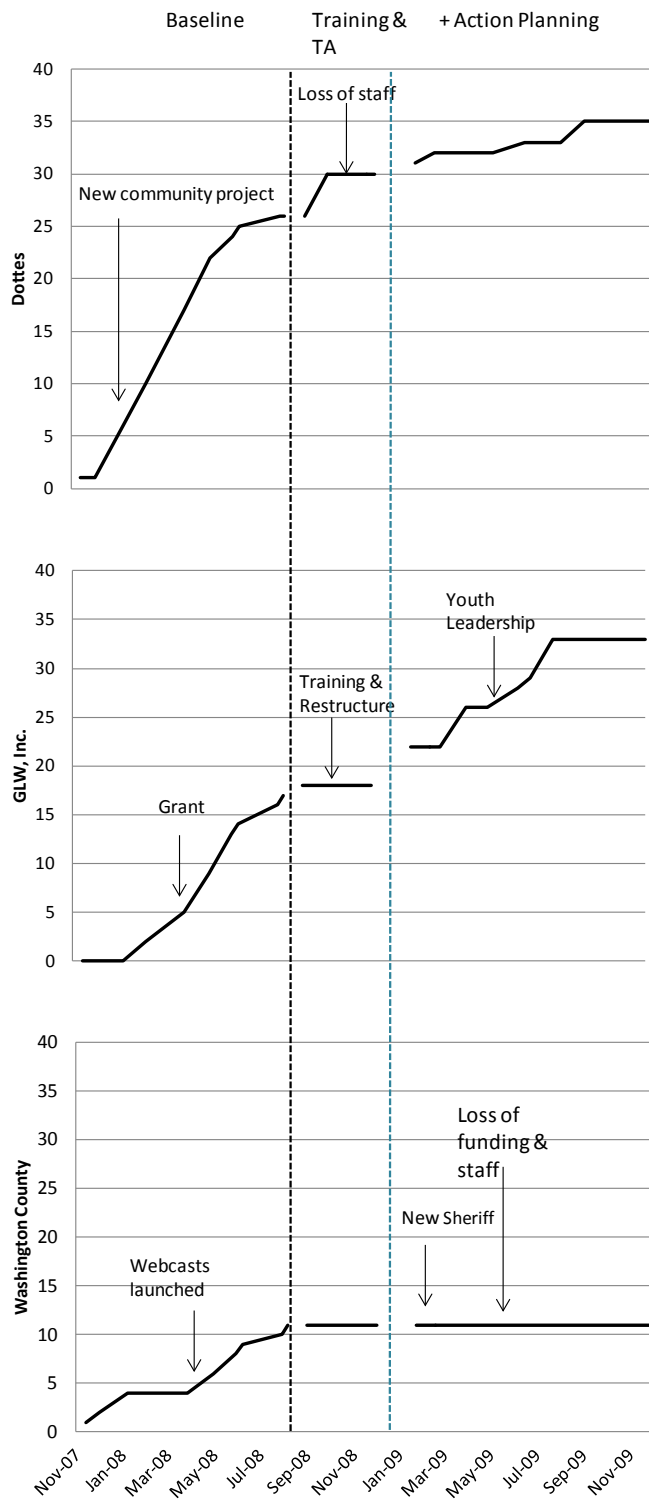
The average number of community changes documented per month by coalition increased for ATOD (baseline 0.09, intervention 0.27) (Cohort Two) and YC^2 (baseline 1.0, intervention 6.20) (Cohort One). The other five coalitions reported a decreased number of community changes on a monthly basis. The average number of community changes documented by Chase County slightly decreased from 0.45 to 0.40. Communities in Schools of Marion County decreased from 1.0 to 0.71, Dottes from 2.36 to 0.60, GLW from 1.63 to 1.0 and Mason City from 1.0 to 0.29.

Table 4. Average number of Community Changes per Month by Coalition

Coalition	Baseline	Intervention
ATOD	0.09 (SD=0.05)	0.27 (SD=0.09)
YC^2	1.00 (SD=1.15)	6.20 (SD=1.5)
Chase	0.45 (SD=0.05)	0.40 (SD=0.03)
CIS	1.00 (SD=0.71)	0.71 (SD=0.85)
Dottes	2.36 (SD=0.13)	0.60 (SD= -)
GLW	1.63 (SD=0.13)	1.00 (SD -)
Mason City	1.00 (SD=0.58)	0.29 (SD=1.73)
Washington	1.00 (SD=0.05)	0.00 (SD= -)

Overall, the average intensity scores from baseline to intervention slightly increased for both Cohorts. As seen in Table 5, Cohort One's intensity scores of documented community changes was an average of 7.0 (SD=61.6) pre-intervention to 7.6 (SD=1.8) during intervention. Cohort Two intensity scores of community changes were 7.0 (SD=1.5) at baseline and 7.4 (SD=1.5) during the intervention.

Table 5. Pre and During Intervention Community Change Intensity Score Means by Cohort

Cohort	Pre-Intervention Mean Score	During-Intervention Mean Score
One	7.0 (n=14, SD=1.6)	7.6 (n=53, SD=1.8)
Two	7.0 (n=60, SD=1.5)	7.4 (n=35, SD=1.5)

Four of the eight coalitions' mean intensity scores increased from pre-intervention to during intervention for community changes including: CIS, YC^2, Dottes, and GLW; intensity scores from ATOD, Chase, and Mason City decreased (Table 6). One coalition, Washington

County, did not document any community changes during the intervention period due to loss of funding and staff. The intensity score differences were not statistically significant from pre to post conditions. A Wilcoxon Signed Ranks Test showed that coalition training and technical assistance was not associated with a statistically significant change in community change intensity scores *(Z = -0.507, P =0.612).*

There was considerable variability in intensity scores across coalitions. For instance, the intensity scores from some coalitions decreased slightly (Mason City pre 7.8, post 7.7) and other scores decreased by a few points (Chase pre 9.8, post 7.0).

Table 6. Pre and During Intervention Community Change Intensity Scores by Coalition

Coalition	Pre-Intervention	During-Intervention
ATOD	7.0 (n=1)	6.3 (n=4, SD=1.5)
YC^2	5.8 (n=5, SD=0.8)	7.5 (n=31, SD=1.9)
Chase	9.8 (n=5, SD=0.8)	7.0 (n=6, SD=1.7)
CIS	7.6 (n=5, SD=1.7)	8.1 (n=15, SD=1.9)
Dottes	6.8 (n=26, SD=1.3)	7.9 (n=9, SD=1.2)
GLW	6.8 (n=17, SD=1.5)	7.6 (n=16, SD=1.5)
Mason City	7.8 (n=4, SD=1.7)	7.7 (n=7, SD=1.0)
Washington County	6.7 (n=11, SD=0.9)	---

Research Question 2: What are the effects of the intervention on implementation of coalition processes?

All of the coalition processes reported to have increased implementation at the end of the intervention when compared to baseline; from pre-intervention mean of .77 (SD=.14) to .91 (SD=.07) post intervention for Cohort One. Coalition processes 7 and 9-12 showed the

greatest increases in pre to post scores. All of the processes were at least 80% implemented for Cohort One (Figure 4).

Figure 4. Cohort One Implementation Scores Pre and Post Intervention for each of 12 Coalition Processes
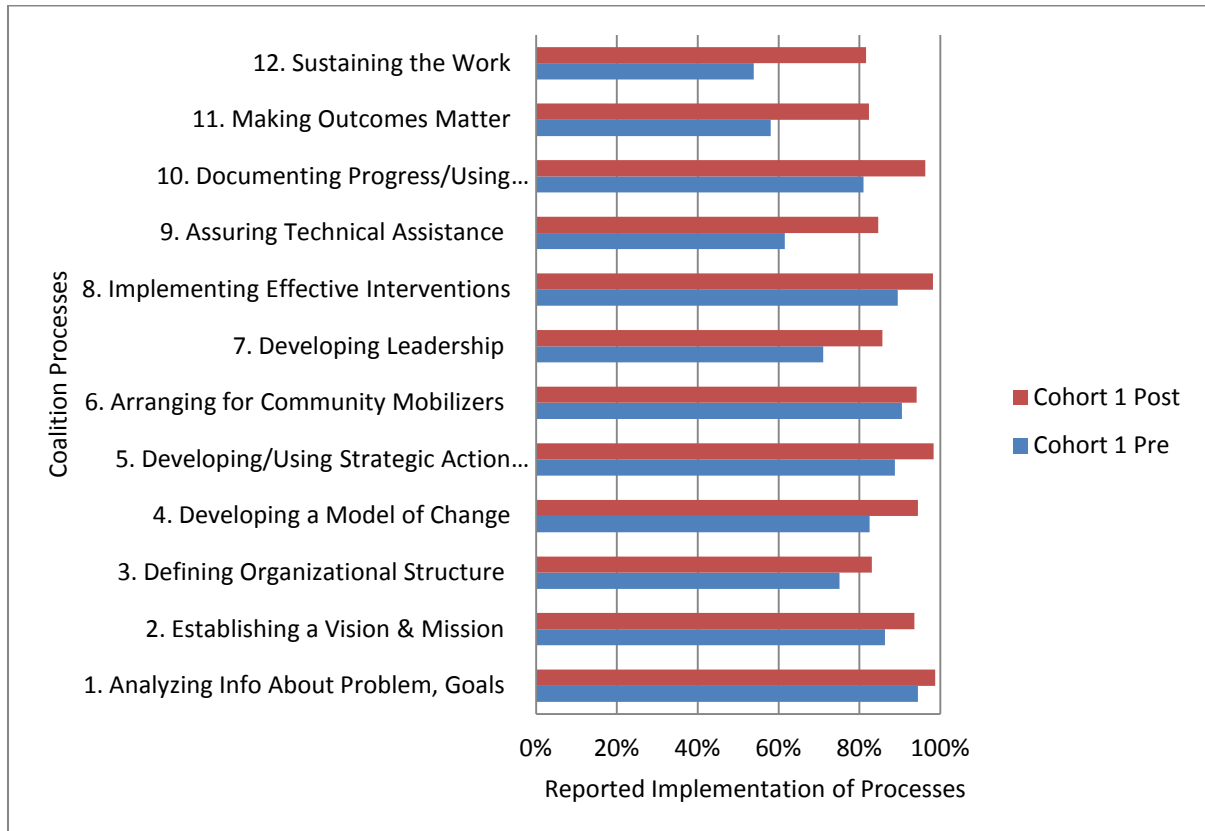
Pre n=11 participants, Post n=9 participants

Cohort Two coalitions reported implementation of coalition processes higher at the end of the intervention; from pre-intervention mean of .62 (SD=.01) to .74 (SD=.10) post-intervention. An exception was Coalition Process 6 Arranging for Community Mobilizers which was lower post-intervention. Processes 1-3, 5, 10-11 had the greatest increases in pre to post scores. At the end of the intervention, the processes were at least approximately 60% implemented (Figure 5).
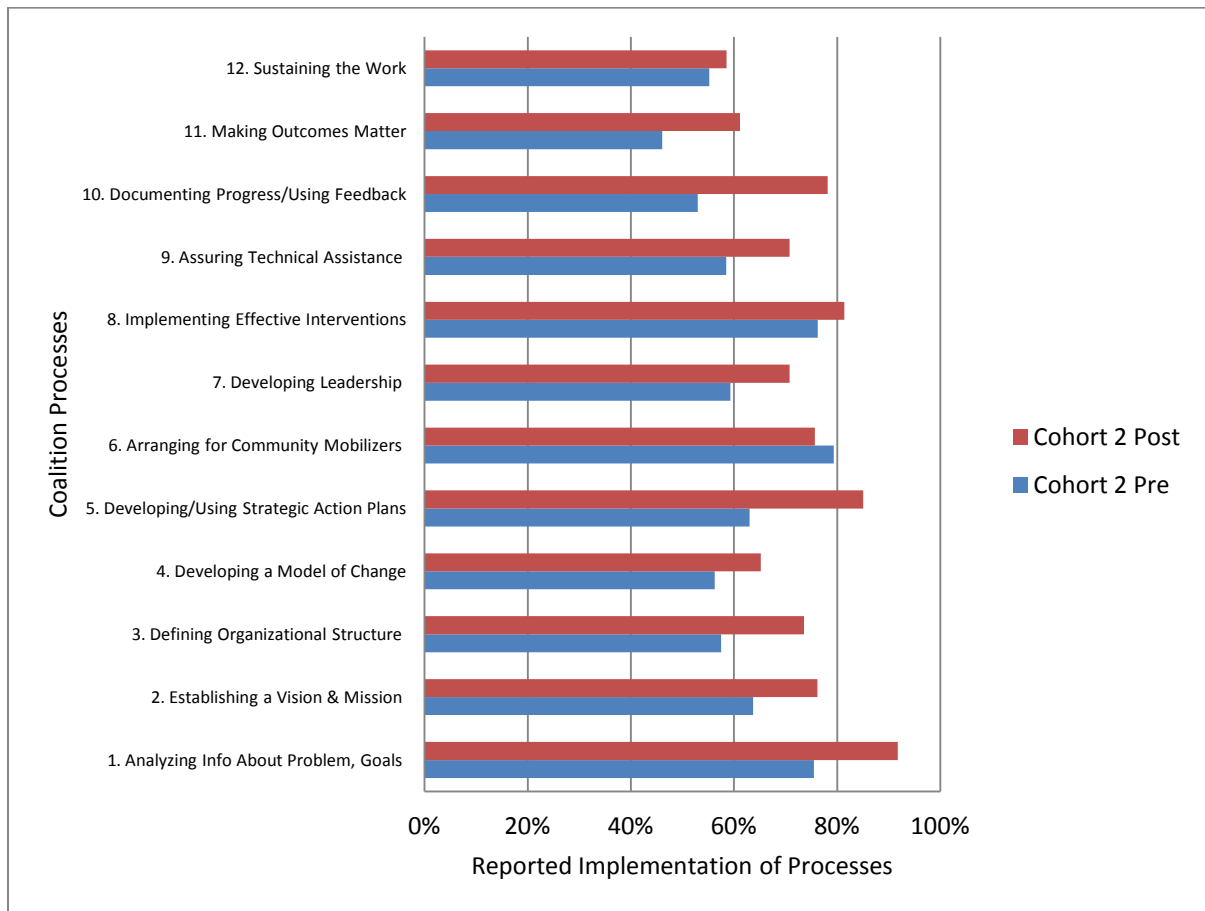
Pre n=16participants, Post n=17 participants

Prioritized Coalition processes at the coalition level had an average increase in
implementation by 0.19 (SD=.20) and non-prioritized Coalition processes had an average
increase of 0.10 (SD=.21). This difference was statistically significant using a paired sample
t-test, p=.01, t=3.53, df=7. The implementation change for each coalition by Coalition
Process is displayed in the following figures.

As seen in Figure 6, the Alcohol, Tobacco and Other Drugs Task Force of St. Charles
Healthy Communities reported fuller implementation of all processes except Coalition
Process 4 Developing a Model of Change. The reported implementation score from pre to

post assessments increased on average by 45%, the greatest average increase reported by any

participating coalition.

Figure 6. ATOD Implementation Scores Pre and Post Intervention for each of 12 Coalition Processes
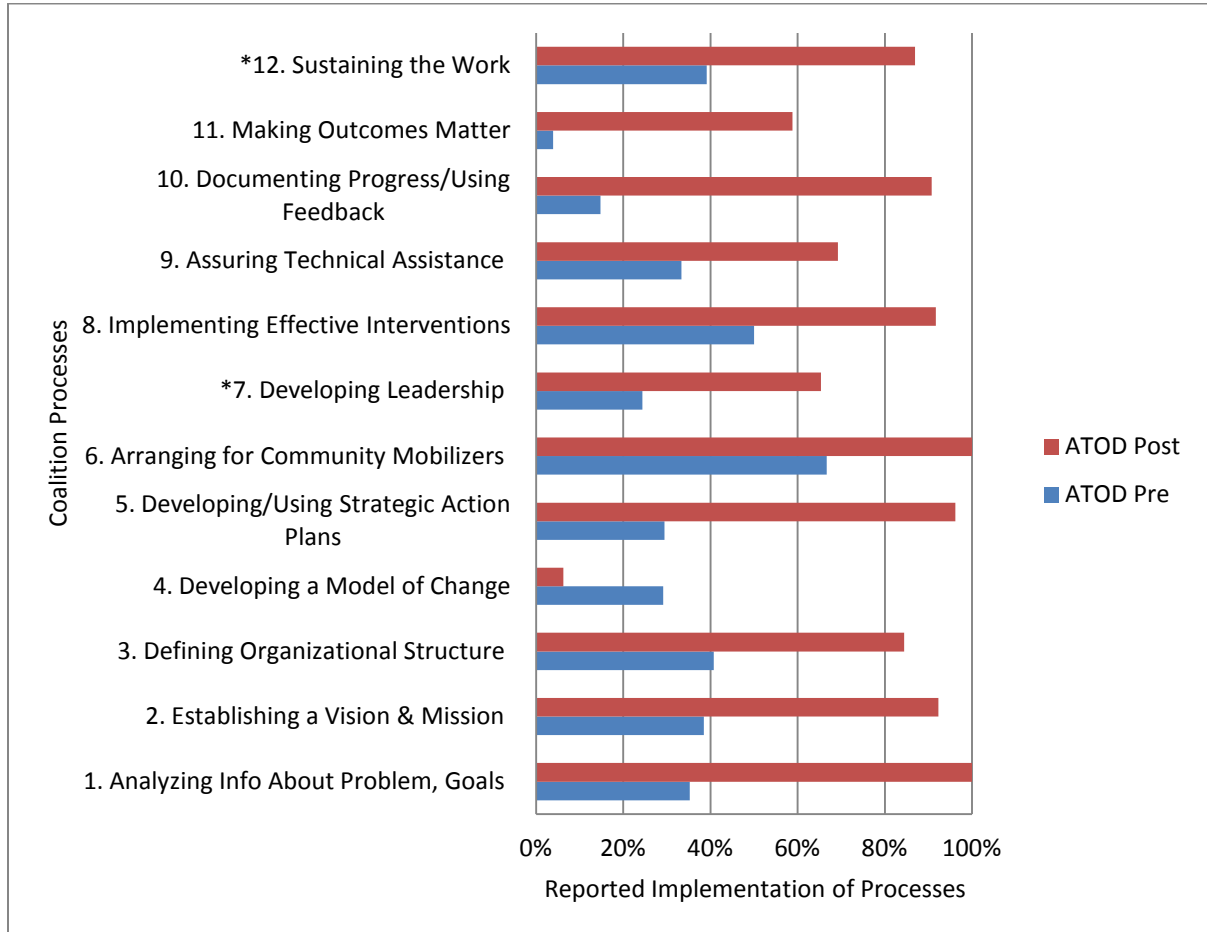
Pre n=3 participants, Post n=4 participants
*Denotes prioritized coalition process

The Youth Community Coalition (Figure 7) reported a fuller implementation for each

of the 12 processes at the post assessment. The smallest change was reported in Coalition

Process 3 Defining Organizational Structure at 4% and the greatest change in Coalition

Process 12 Sustaining the Work at 47%. The average change in implementation from pre to

post assessments was 13% across all processes.

Figure 7. YC^2 Implementation Scores Pre and Post Intervention for each of 12 Coalition Processes
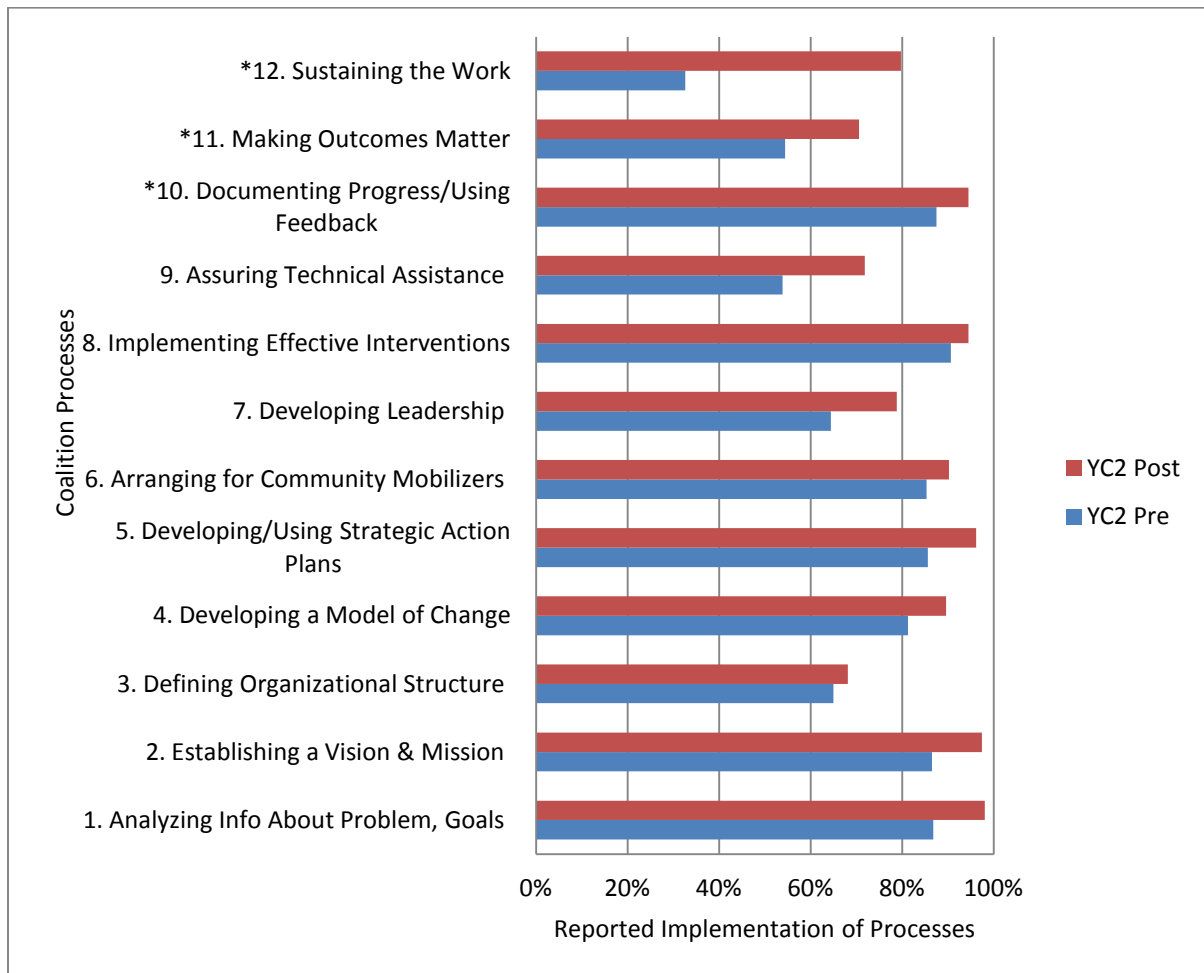
Pre n=4 participants, Post n=3 participants
*Denotes prioritized coalition process

The Chase Drug Free Action Team (Figure 8) reported a decrease in the

implementation of Processes 6-12, with Coalition Process 12 Sustaining the Work having the

greatest difference from 88% to 39% at the post assessment. The largest improvement was

reported in Coalition processes 4 Developing a Model of Change and 5 Developing and

Using Strategic Action Plans, with an 8% increase in both processes.

Pre n=3 participants, Post n=3 participants
*Denotes prioritized coalition process

Communities in Schools of Marion County Kansas (Figure 9) reported one decrease in implementation of coalition processes, process 1 Analyzing Information about the Problem (1% decrease). All of the other Processes showed increased reported implementation, ranging from 4% in Coalition Process 2 Establishing a Vision and Mission, to 35% in Process 10 Documenting Progress and Providing Feedback.
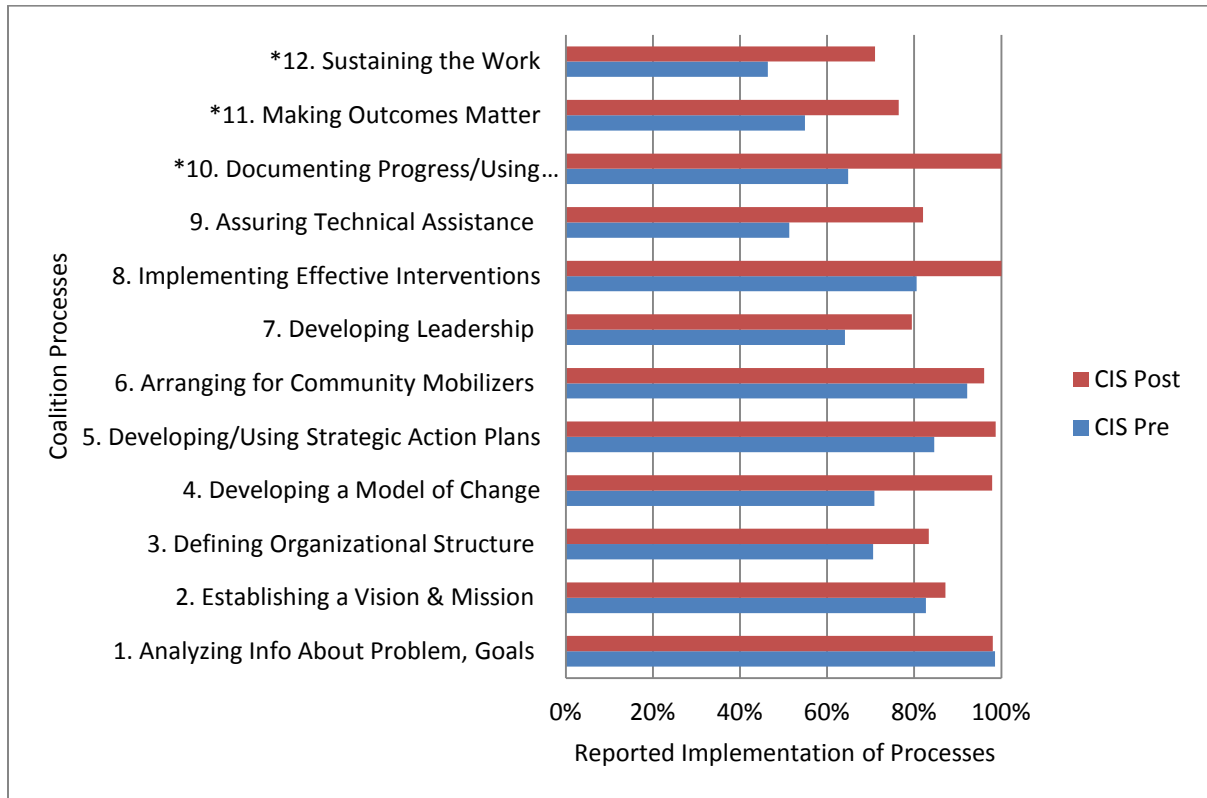
Pre n=4 participants, Post n=3 participants
*Denotes prioritized coalition process

Connect the Dottes (Figure 10) reported a decrease in implementation in eight of the

twelve processes. Coalition Process 2 Establishing a Vision and Mission increased by 14%.

Process 7 Developing Leadership increased by 9%, Process 9 Assuring Technical Assistance

increased by 33% and Process 12 Sustaining the Work by 3%.
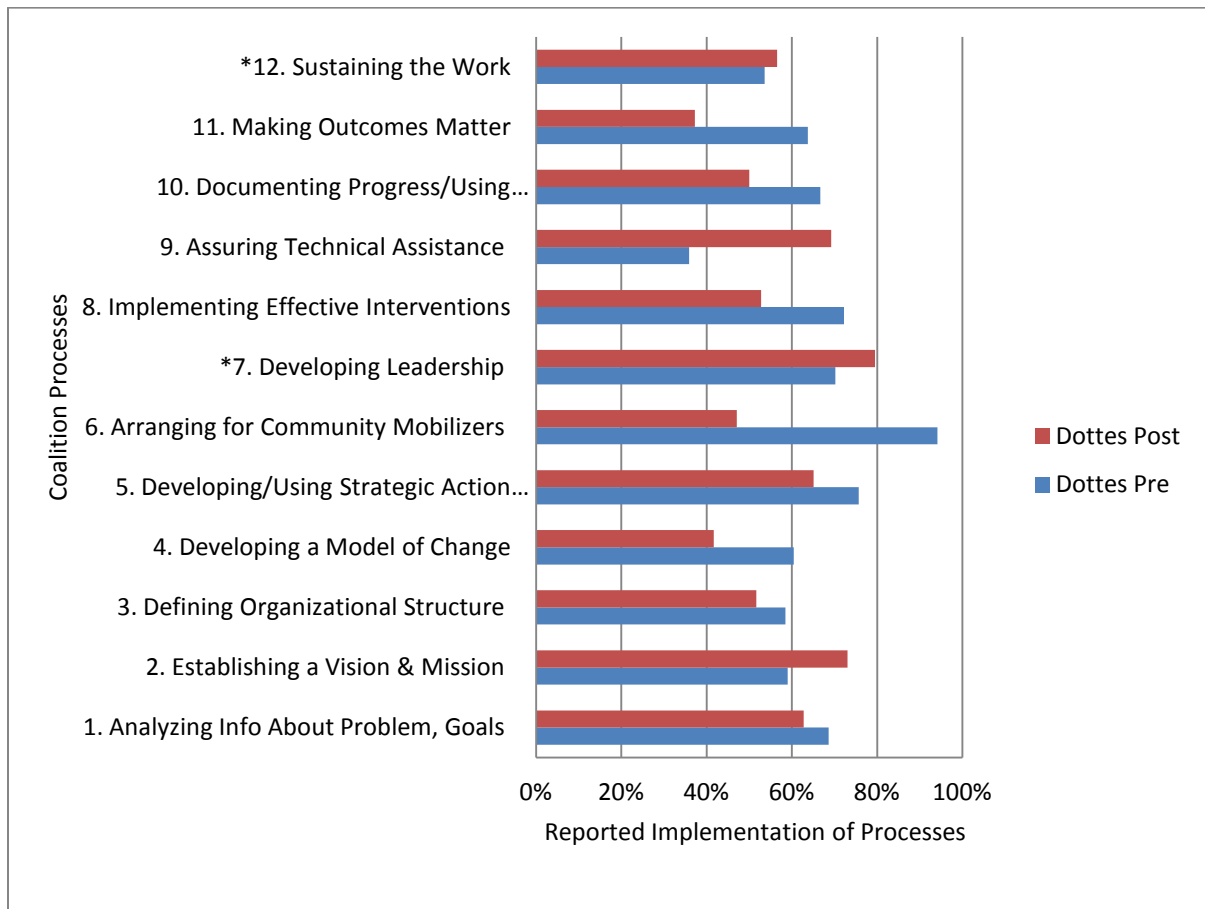
Pre n=3 participants, Post n=4 participants
*Denotes prioritized coalition process

GLW Children's Council Incorporated (Figure 11) reported an increase in implementation of all 12 Coalition processes from pre to post assessments. The greatest increase was reported for Coalition Process 4 Developing a Model of Change at 66%, the smallest increase was reported for Coalition Process 2 Establishing a Vision and Mission.
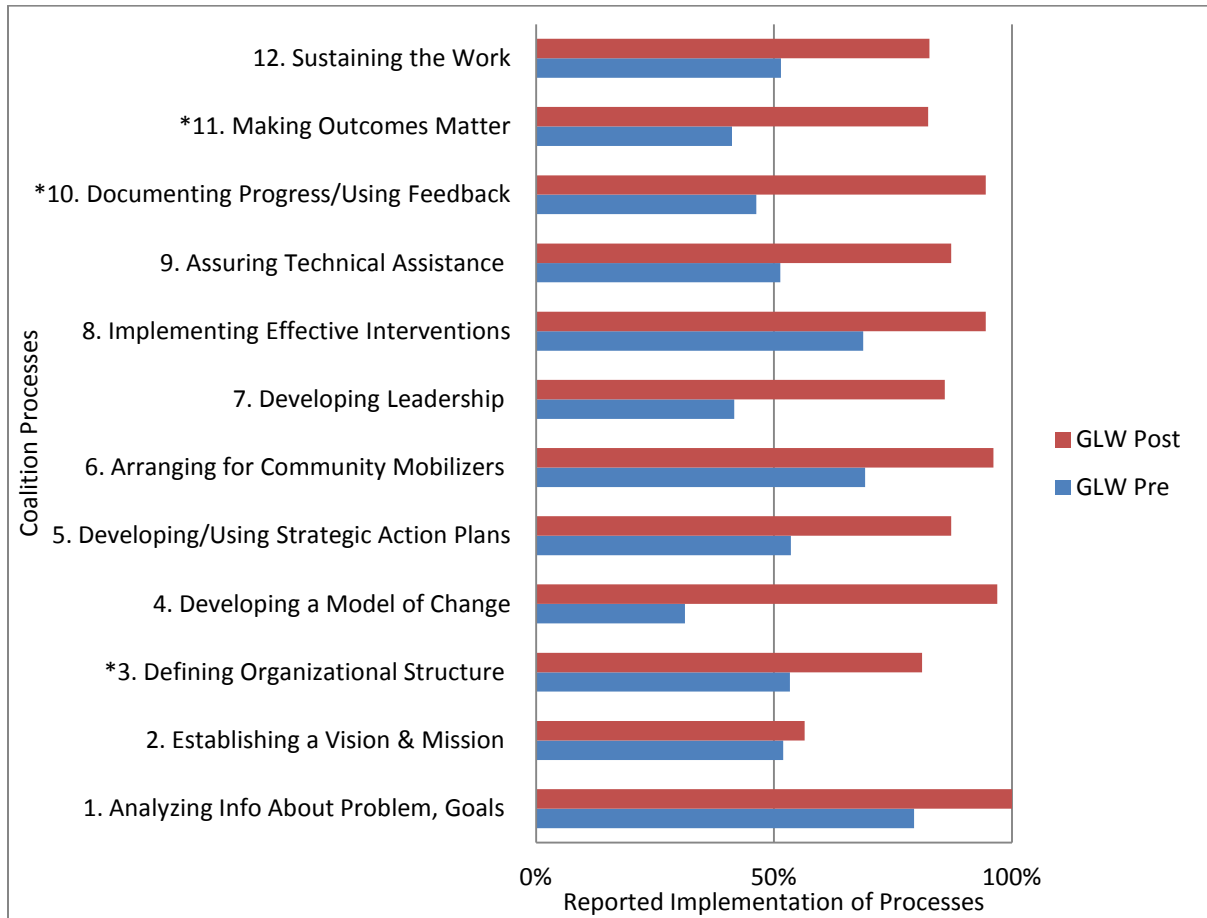
Pre n=4 participants, Post n=3 participants
*Denotes prioritized coalition process

Mason City Youth Task Force (Figure 12) reported an implementation level of at least 65% during baseline. They reported increased implementation of all 12 processes at the post assessment, ranging from 1% (Coalition Process 4 Developing a Model of Change) to 35% (Coalition Process 11 Making Outcomes Matter).

Figure 12. Mason City Implementation Scores Pre and Post Intervention for each of 12 Coalition Processes
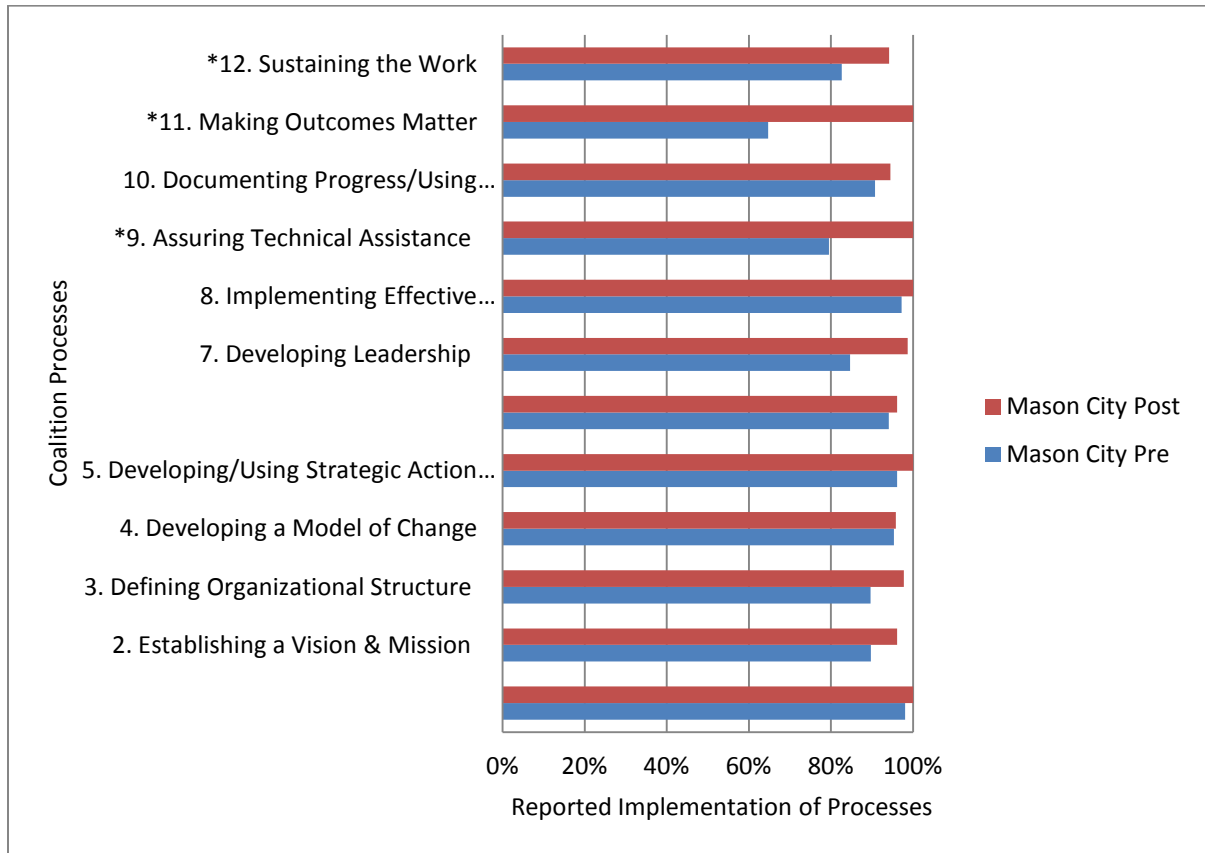
Pre n=3 participants, Post n=3 participants
*Denotes prioritized coalition process

The Washington County Community Partnership (Figure 13) reported on average a 3% decrease in implementation from pre to post assessments. The implementation variance ranged from -33% Coalition Process 9 Assuring Technical Assistance, to +13% for Coalition processes 4 Developing a Model of Change and 5 Developing and Using Strategic Action Plans.
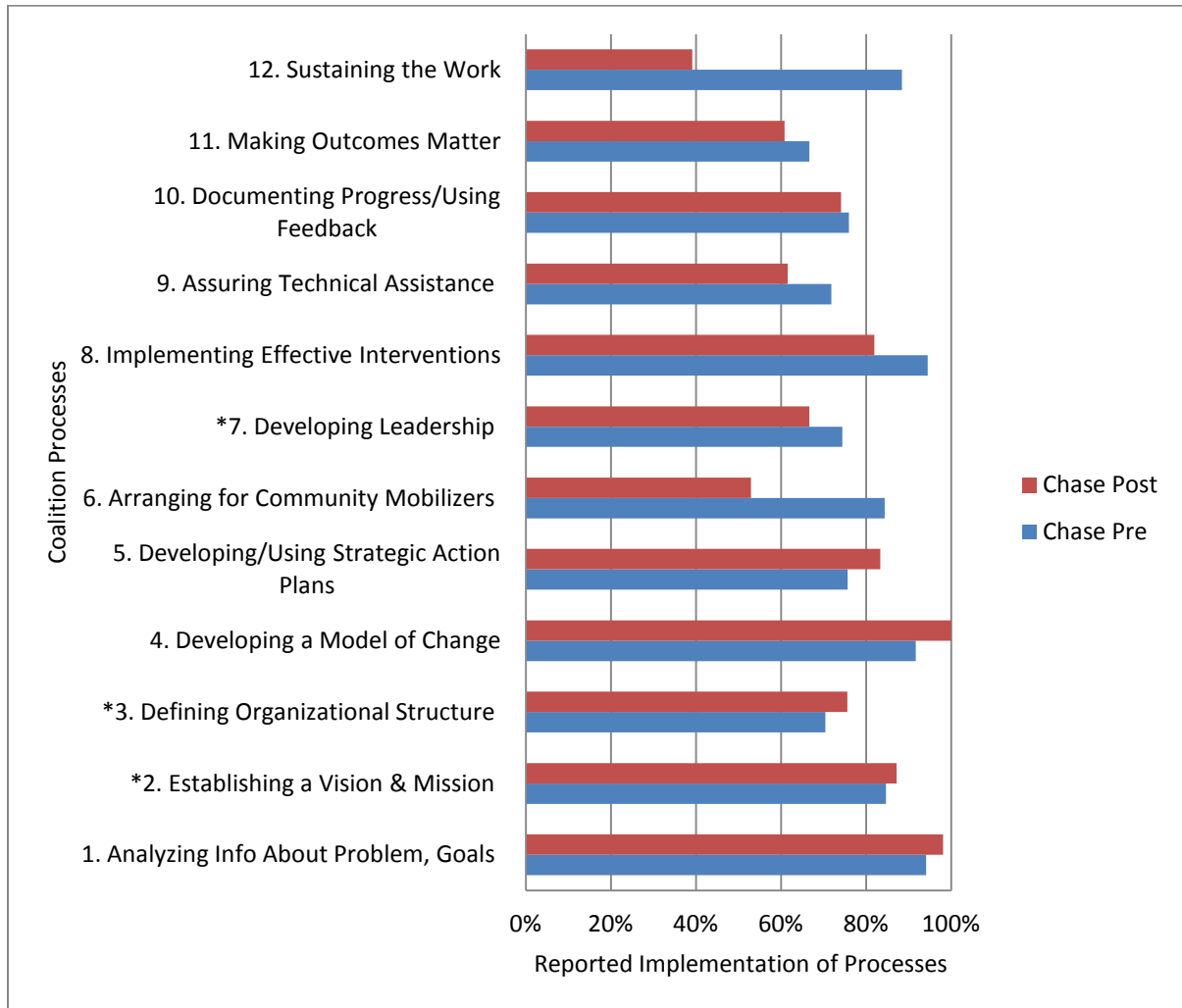
Figure 13. WCCP Implementation Scores Pre and Post Intervention for each of 12 Coalition Processes
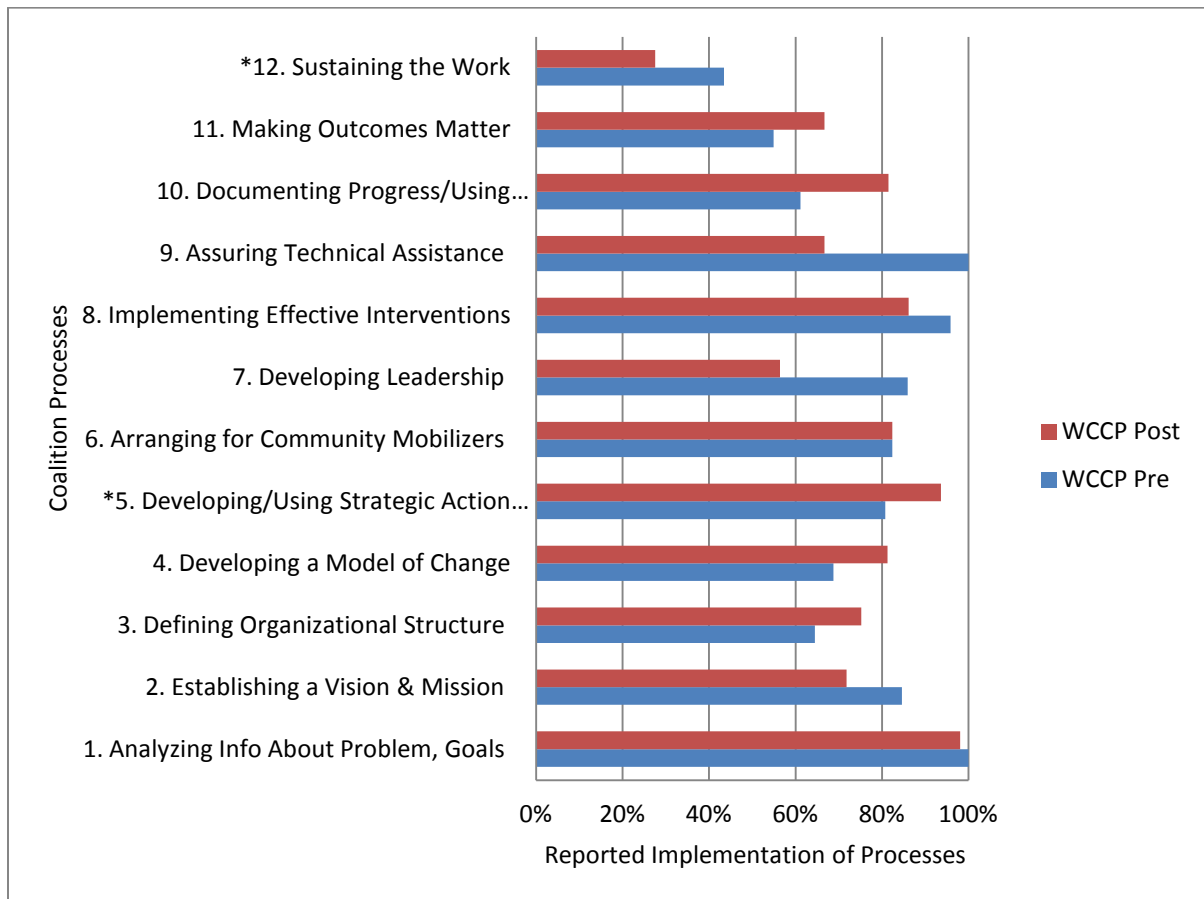
Pre n=3 participants, Post n=3 participants
*Denotes prioritized coalition process

Research Question 3: What coalition activities "group" within coalition processes?

The factor analysis resulted in a reduced list of activities to assess coalition functioning across the 12 identified coalition processes (n=122) (Appendix D). The reduced list is less than half of the original size of the assessment tool (N=255). Table 7 displays how the activities grouped together for each Coalition Process.

Table 7. Factor Analysis Summary

Coalition Process	Factor One	Factor Two	Factor Three
1. Analyzing Information About the Problem, Goals (N=17, n=9)	Assess Problem	Gather Information	
2. Establishing a Vision & Mission (N=13, n=4)	Vision & Mission		
3. Defining Organizational Structure (N=45, n=21)	Organizational Structure	Organizational Permanent Products & Financing	Organizational Assessment & Recognition
4. Developing a Model of Change (N=16, n=8)	Logic Model Components	Logic Model Utility	
5. Developing and Using Strategic Action Plans (N=26, n=7)	Organizational Plan: Structure	Organizational Plan: Components	
6. Arranging for Mobilizers (N=17, n=8)	Community Mobilizer		
7. Developing Leadership (N=26, n=14)	Leadership Roles	Leadership Opportunities	Leadership Permanent Products
8. Implementing Effective Interventions (N=24, n=11)	Intervention Implementation	Intervention Measurement	Intervention Implementation
9. Assuring Technical Assistance (N=13, n=8)	Technical Assistance Needs	Technical Assistance Plans	
10. Documenting Progress & Using Feedback (N=18, n=8)	Documentation	Data Management	
11. Making Outcomes Matter (N=17, n=13)	Indicators of Success: Contingencies	Indicators of Success: Communication	
12. Sustaining the Work (N=23, n=11)	Sustainability: Assessment	Sustainability: Human Resources	Sustainability: Plan

Research Question 4: Is there a relationship between **community change intensity scores**

and reported implementation of **coalition processes**?

The average coalition process implementation scores by coalition and community

change intensity scores are displayed in Table 8. CIS Marion and YC^2 were the only

coalitions to positively improve both coalition process Implementation scores and

community change intensity scores. CIS improved the implementation of coalition processes

by 17% and the average intensity score by 0.47 from pre to post conditions. YC^2 increased

implementation of coalition processes by 13% and the overall average intensity scores for

documented community changes by 1.65.

Table 8. Coalition Process Implementation Scores and Intensity Scores

Group	Coalition Process Implementation Score Difference	Community Change Intensity Score Difference
ATOD	0.45	-0.75
Chase	-0.06	-2.80
CIS Marion	0.17	0.47
Dottes	-0.10	1.04
Mason City	0.09	-0.04
WCCP	-.10	-
YC^2	0.13	1.65

At the coalition level there were only seven data points to examine this relationship.

There was no linear relationship between implementation increases and increases in

community change intensity scores from pre to post intervention R^2=0.0007104 (Figure14).

Figure 14. Coalition Process Implementation Scores and Intensity Scores Scatter Plot
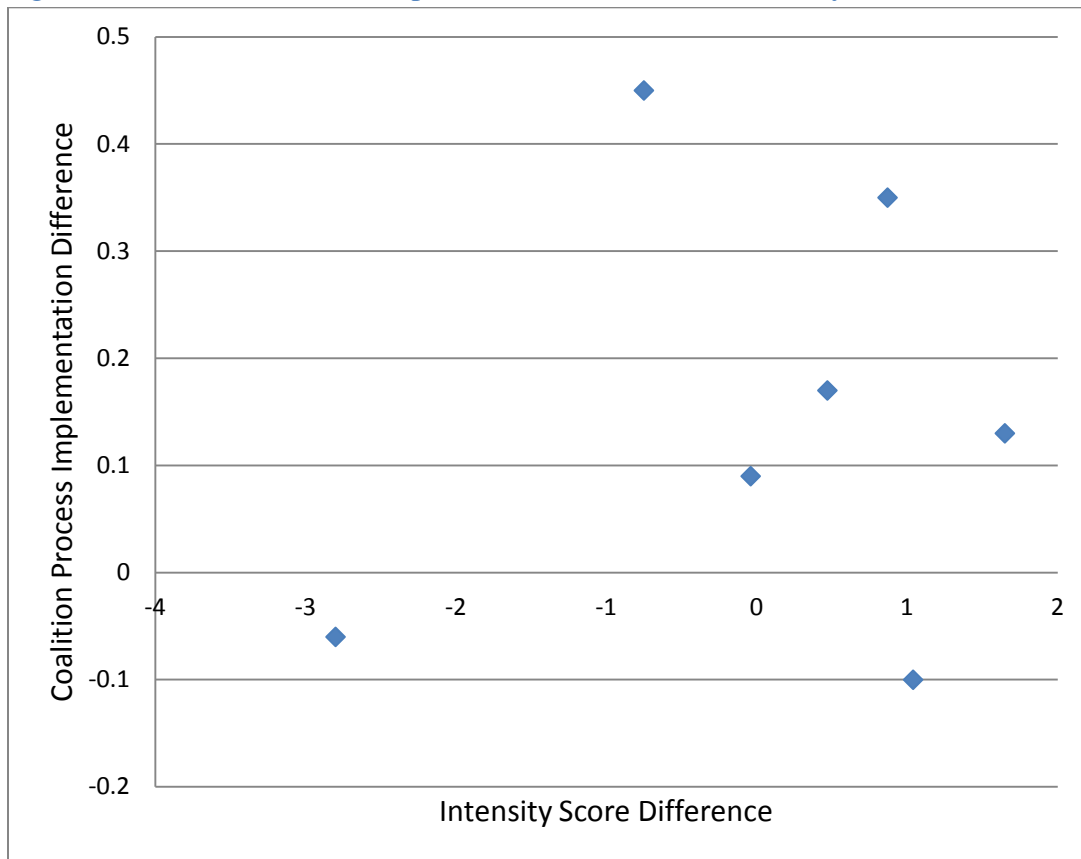
Discussion

The amount of community and system changes for both cohorts seemed to be unaffected by the intervention over the course of the study. Coalitions did not increase the average number of community changes implemented from baseline to intervention conditions. The results of key informant interviews suggested a number of factors that influenced the function of the coalitions including: time to engage in change efforts, costs associated with prevention efforts, staff turnover, and external community conditions. This intervention – training plus technical assistance – may have been too small to affect other prevailing coalition contingencies (e.g., competing demands, costs of staff, and demands of funders). Other intervention components, such as resources for community mobilizers (coalition members funded specifically to work as catalysts for change), may be needed to

accelerate change (Fawcett, et al., 2010; Fixsen, Blase, Naoom, & Wallace, 2009; Watson-Thompson, et al., 2008).

The intensity scores for documented community and system changes did not change in regards to statistical significance from baseline to the intervention condition. Both Cohort One (CIS Marion, Mason City, and YC^2) and Cohort Two (ATOD, Chase, Dottes, GLW, and WCCP) slightly increased coalition processes implementation scores. The measure of intensity of community and system changes provides coalition members and researcher partners with a systematic way to categorize and estimate the potential intensity of community and system changes. At the coalition level, the mature (older) coalitions (CIS, Dottes and GLW) and one of the younger coalitions (YC^2) increased the intensity score (not statistically significant) of their documented community and system changes. Of the remaining coalitions that did not improve their intensity scores, most began in 2003 or later, and one coalition did not document any community changes during the intervention. The same coalition also lost funding and all coalition staff, and was moved under the responsibility of the police department during the intervention (WCCP). The nature of the coalition setting (urban versus rural) did not correlate with the intensity scores.

Coalitions reported fuller implementation of coalition processes at the end of the intervention than at baseline. Cohort One more fully implemented the twelve processes with at least 80% reported implementation post-intervention. This Cohort had more time to improve implementation of coalition processes as the staggered intervention delayed the implementation of the intervention in Cohort Two by five months. Cohort Two had more mixed results. In both cohorts, Processes 10 (Systematic Documentation and Feedback) and 11 (Making Outcomes Matter) had the greatest pre to post score differences. Both of these

processes were key components of the intervention (i.e., technical assistance in documentation and making sense of the data). Chase, GLW, and Mason City all reported the greatest implementation improvement in Coalition Process Four: Developing a Model or Framework. This may indicate these groups were at a similar development phase during the intervention. The only coalition that did not report an improvement in coalition process implementation was WCCP, the coalition that lost all its funding during the study period. It may also be possible that the expected effects could have been delayed by the time it takes a coalition to implement tasks related to the coalition processes. Follow-up measures six months post intervention could have provided important information in regards to delayed effects and should be included in future studies.

The factor analysis revealed one to three factors for each Coalition Process. These results could be used in the future to reduce the set of variables. The factor analysis was confirmatory in nature in that the activities grouped together in ways that were expected. For instance, Coalition Process One (Analyzing Information about the Problem/Goal) had two factors including how coalitions assess their community problem(s) and gather information. Based on the Community Tool Box theoretical framework and the framework provided by implementation science, these two factors seem to adequately represent Coalition Process One (Fawcett, et al., 2008; Michie, et al., 2009).

The activities were not analyzed across processes as there was not a linking variable between the data sets to link the answers of respondents/participants. This analysis named several factors (or components) of coalition processes that may be important to assess when examining the functioning of coalitions. This information could be used to develop more

efficient assessments to be tested in future larger-scale studies to narrow down the number of discrete tasks/activities used to assess coalition functioning.

There was no observed relationship between intensity score differences from pre to post intervention conditions for community changes nor with implementation score differences from pre to post conditions. There was a lot of variability among coalitions. In addition, there were no statistically significant differences in the average community and system change intensity scores from pre to post periods. The results suggest the intervention was not successful in increasing the intensity of documented community and system changes, but was successful in increasing the implementation of Coalition Processes. In addition, there was variability among the participating coalitions in observed effects. The intervention may not have included strong enough behavioral contingencies (e.g., contingent funding), resources for personnel, or duration of intervention to change the way coalitions interacted within their environment (i.e., implemented community and system changes).

Several key events were associated with increasing and decreasing trends in documented community and system changes. Town hall meetings (CIS, YC^2), new community collaborations (ATOD, YC^2), funding (CIS, Chase, GLW), and expanded programs (Dottes, Mason City) were associated with increased number of documented community changes. This suggests when coalition members are more actively engaged with other organizations and have the funding for their work; their efforts are more likely to result in community (environmental) changes to bring about conditions to support the goal(s) of the coalition. Times when the coalitions were focused on internal development activities were associated with decreased rates of documented community changes; this included education (CIS), training (GLW, Mason City), and the addition of new staff (YC^2). Loss of funding

(Washington County) and loss of staff (ATOD, Dottes, Washington County) were also associated with decreased rates of community changes.

There were a number of limitations to this study. First, there is a need to test a stronger and more comprehensive intervention that assures adequate resources for community coalitions and consequences for results of change efforts. Other studies suggest the importance of dedicated staff time for a community mobilizer to do the work of collaborative change efforts (Plough & Olafson, 1994; Roussos & Fawcett, 2000). As most community coalitions are grant funded, interventions seeking higher intensity community and system changes, such as policy changes, may need a larger amount of funding dedicated to support the appropriate personnel and time required. The funding could also be associated with specific outlined behaviors and performance requirements to receive continued financial support (e.g., evidence of policy work, documented activities of community mobilizer). In addition, an intervention with a longer duration may be necessary as higher intensity community and system changes frequently require many months of collaborative action.

Second, there is a need for additional studies with a larger sample size. Some of the findings are suggestive of the effects of the intervention on some aspects of coalition functioning. A larger sample size may extend these preliminary findings. The number of documented community and system changes was very low (i.e., zero) in some conditions for the one coalition that experienced loss of funding, limiting the possibility for analysis and conclusions. Each cohort was also very small in this exploratory study, limiting the generality of these findings to coalitions in different settings or contexts.

Third, the study was supported through a two-year NIH funding mechanism (R-21), which provided insufficient time to examine how changes in coalition processes/capacity

may have been associated with community change and associated improvements in substance abuse-related outcomes. Due to the limited time period, the study did not attempt to examine the relationship between community changes and community-level substance abuse outcomes (e.g., reported 30-day use).

Fourth, there were no matched controls for comparison. This could have helped address some of the limitations of the small sample size. However, finding appropriate communities for comparison and with comparable data was not possible. Fifth, caution should be used in interpreting the factor analysis since this analysis was preliminary.

Sixth, the level of CBPR methodology used in this current study could have been improved. Coalition members were not part of the agenda setting process (during submission of the NIH grant proposal). Diffusion of information from the two participants to the entire coalition membership base was not assured in this study. In addition, buy in and commitment was not secured from the larger coalition group to support the implementation of the intervention. Future studies should involve community members/coalition members in the early stages of intervention development to ensure the highest level of CBPR.

Finally, the fidelity of implementation of the independent variable could have been improved with more specific measures. Scoring products of behavior for each training curriculum module or coalition process was not included in this study. This method would ensure products of training and technical assistance met specific criteria and helped to ensure skill acquisition. Future research could include self-monitoring or reporting on specific criteria for each training area to strengthen the fidelity of implementation of the independent variable.

This study also had a number of strengths. First, the interrupted time series design (multiple baseline, with random assigned of coalitions to cohorts) is stronger than frequent case-studies used to describe coalition processes and functioning. The design controls for a number of key threats to internal validity including history (i.e., any environmental events occurring between pre-intervention and post-intervention measurements that might affect the data) and maturation (i.e., development of the coalition as a function of time). Participating coalitions were randomly assigned into two groups or cohorts with staggered introduction of the intervention across the two cohorts. This design permits inferences about cause-and-effect relationships as it controls for a number of threats to internal validity.

Second, the study utilized community-based participatory research (CBPR) methods grounded in an implementation science framework (Israel, 2005). This participatory approach incorporated coalition member participation from the early stages of the study. It tailored every component of the intervention to meet unique and individualized coalition needs; for instance, by engaging coalitions in setting priorities for which coalition processes would receive technical assistance. Third, the measurement system for community and system changes has been found to be reliable and replicable in a number of previous studies (Collie-Akers & Fawcett, 2009; Fawcett, et al., 2010; Fawcett, Francisco, Hyra, et al., 2000; Paine-Andrews, Fisher, Campuzano, Fawcett, & Berkley-Patton, 2000; Schultz, et al., 2009; Watson-Thompson, et al., 2008). Many previous studies have not included systematic documentation or measurement of how the environment is changing. This structured documentation with measures of inter-observer reliability advance standards for studying how collaborative action creates conditions for improved health outcomes (Institute of Medicine, 2003).

Third, this study used an implementation science framework to study coalition processes (Fixsen, Blase, Naoom, Van Dyke, et al., 2009; Michie, Fixsen, Grimshaw, & Eccles, 2009). The technical assistance component of the intervention was based on the framework presented by Fixsen et al. (2009). This included a focus on efforts which could be sustainable, including an emphasis on documentation and measuring impact, a clear definition of the problem and necessary partners (e.g., stakeholders), operationalized components based on field tested methods with previous evidence of effectiveness, and an emphasis on fidelity (Fixsen, Blase, Naoom, Van Dyke, et al., 2009; Fixsen, Blase, Naoom, & Wallace, 2009). In addition the evidence of systematic training and technical assistance methods (including protocols and scripts), were an important methodological strength related to the framework provided by Fixsen et al. This study contributes specific methodology to the administration of training and technical assistance to ensure fidelity. Future replications could extend this methodology by scoring the products of training and technical assistance to ensure specific criteria were met by participants in an effort to ensure skill acquisition.

This study contributes to the literature in several important ways. The measurement system coalitions used to document community and system changes (an intermediate outcome) including a level of rigor not typically found in community coalition research; that includes behavioral definitions, scoring instructions, examples and non-examples, and review by independent raters to assess reliability. The use of permanent products (i.e., meeting minutes) was also used to help confirm self-reported community changes. This study represents an application of an implementation science framework grounded in a participatory approach. Implementation of prioritized coalition processes was supported through technical support unique for each coalition.

Finally, the behavioral-analytic approach enhances the methodology of community prevention work. This measurement approach includes response definitions for community changes, scoring instructions, examples and non-examples, practice until skill mastery, and measures of inter-observer agreement. This adds scientific rigor to the examination of coalition functioning. Other contributions include measures of both process (coalition processes) and products of behavior (community/system changes as products of multiple community actions by coalition members). This integration of behavioral science and community health approaches can enhance our understanding of how coalitions create environmental conditions that can affect widespread behavior change and improvement of population-level outcomes (Institute of Medicine, 2003).

The results from this study extend the evidence base for how community coalitions function. Its exploration of coalition processes implementation attempts to fill an identified gap in the literature. Many previous studies have implemented interventions in community settings and modified environmental factors, but few reported how the environment was modified and even less systematically documented how the changes unfolded over time. This study helps make a connection between the fields of behavioral science and public health in the systematic assessment of community collaboration to create conditions for widespread behavior change and improved population-level outcomes.

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Appendices

Appendix A: Codebook for Scoring Community Change

CODING INSTRUCTIONS AND DEFINITIONS

KU Work Group Online Documentation and Support System

General Coding Instructions: **This section provides general guidance for deciding which documented events fit into which category of activity. With training and experience, categorizing events can be done with high levels of agreement among observers. As you gain experience in classifying events, you may want to make additions to coding instructions to clarify the definitions used to categorize events. Adding examples of events that are difficult to categorize will help others using this system.**

The table below offers a brief summary of the observational codes used to categorize seven types of events. What is an *event*? Broadly stated, **events are activities, accomplishments, or outputs that are facilitated by the initiative or group and related to its goals and objectives**. We recommend using the definitions, coding instructions and examples (and non-examples) to categorize events as instances of types of community activities, accomplishments, and outputs.

Code	Activity	Brief Definition	Examples
Brief Definitions for Seven Types of Community Activities, Accomplishments, and Outputs			
ACTIONS/ ACCOMPLISHMENTS DATABASE			
CC	Community/ System Change	A new or modified program, policy, or practice in the community or system.	A substance abuse prevention program, a new smoke-free ordinance (policy), different hours of service (practice).
CA	Community Action	Action to bring about a specific new or modified program, policy, or practice in the community or system.	Letters, phone calls, town meetings.
DA	Development Activity	Actions taken to prepare or enable the group to address its goals and objectives	Worked on developing an assessment, strategic plan, evaluation report, or sustainability
PP	Planning Product	Results or products of planning activities that are internal to the initiative, partnership, or group.	Statements of objectives, action plans developed, formation of committees, staff hiring.
SERVICES DATABASE			
SP	Services Provided	Delivery of information, training, or other valued goods or activities.	Classes, workshops, communications such as bill stuffers.
MEDIA DATABASE			
M	Media Coverage	Coverage of the initiative or its accomplishments by the media.	Radio, television (e.g., PSA's), brochures.
RESOURCES DATABASE			
RG	Resources	Acquisition of financial, human, and material	Materials, people's donated time, funding

	Generated	resources that are internal to the initiative, partnership, or group.	received.
		OTHER	
X	Other	Items for which no code or definitions have been created.	Phone calls to set up meetings, internal staff meetings.

The next section outlines several general considerations in coding these events. More specific definitions, coding instructions, and examples/ non-examples for each of the eight types of events follow.

Distinguishing between Events that are External or Internal to the Initiative

Most of your events will involve people not directly associated with the initiative. For example, group members may work with law enforcement to improve monitoring of and response to community laws and norms or may co-sponsor a walk to promote Red Ribbon week. Both of these events include people from outside the initiative (law enforcement and walk organizers and participants) and are considered *external events*. External events can be classified as C*ommunity Actions, Community Changes, Services Provided*, or M*edia Coverage*. External events involve making things happen in the community related to the group's goals and objectives.

Some events facilitate the development of the partnership or group in attaining its goals and objectives. These events may be internal, involving only those working directly with the group. For example, the Steering Committee may complete their strategic planning process and adopt a formal action plan; or an executive from the initiative's Board of Directors may donate office supplies. *Planning Products* (such as the first example), are internal events. *Resources Generated* (e.g., volunteers' time, donated materials, or money) are internal events if the beneficiary is your group.

Identifying and Documenting multiple Events Contained in One Log Entry

A single reported entry may sometimes contain several discrete events that should actually have been recorded separately. Support the documentation by breaking out the one entry into several items and coding each event separately. For example, the following entry might be recorded on a log form: "A second awareness event was facilitated in the East End neighborhood. Publications were distributed and workshops were given. The event was filmed by the local TV Station and appeared in the evening news." The reported entry includes at least one *Service Provided*, and the TV coverage would be coded *Media*.

Documented Activities Coded in Multiple Categories

There are instances where events can meet multiple definitions. The most likely combination is C*ommunity Change* and *Service Provided* (e.g., the first instance of drug screening for high school athletes is both a new practice—community change—and a Service Provided). Other instances in which an event may meet multiple definitions include when a media event is also a community change (e.g., a newspaper covers an issue for the first time).

Relationship Between Community Action and Community/ System Change

Community Actions and *Community/ System Changes* generally relate to each other. Keep in mind the goal or outcome of an action when coding it. The purpose of a *Community Action* is to make some change in program, policy, or practice related to the group's goals and objectives (a *Community Change*). For each *Community Action*, the intended *Community Change* should be evident. A person filling out a log may word items to fit a particular category or definition. The evaluator must code the item relative to what actually happened.

Community/System Changes (CC)

<u>General Definition:</u> **New or modified programs, policies or practices in the community or system facilitated by the initiative and related to its goals and objectives**. Changes that have not yet occurred, which are unrelated to the group's goals, or those which the initiative had no role in facilitating are not considered community changes for the initiative. [Note: We use the term "Community/System" and "Community" Changes interchangeably since they represent the same type of event at different levels (e.g., neighborhood or city or broader system).

<u>Coding Instructions:</u> **Specific instructions for using the definition to code events follow:**

CC1   Community changes <u>must</u> meet all of the following criteria:

  CC1.1   have occurred (e.g., when a policy is first adopted; when a new program is first implemented - not just been planned), and

  CC1.2   are related to the initiative's chosen goals and objectives, and

  CC1.3   are new or modified programs, policies, or practices in different parts of the community or system (e.g., government, business, schools, health organizations), and

  CC1.4   are facilitated by individuals who are members of the initiative or are acting on behalf of the initiative.

CC2   <u>When considering whether an event is new or modified</u>: to be judged as "new," a program, policy or practice must not have occurred before in the effort (e.g., with these groups of people, with these organizations or partners, in these settings, delivered in these ways). To be judged as "modified," a program, policy or practice must be expanded or altered (e.g., a training program was expanded to include new modules, a policy was altered to affect new groups of people, a program was delivered in new organizations or places).

CC3   <u>When considering whether to score multiple events</u> as one instance or as multiple instances of a community change: To be judged as multiple instances, changes must be implemented in multiple settings (e.g., different schools or businesses) or levels (e.g., local, state levels) AND require separate approvals (e.g., a school principle approved a life skills program to be taught in her school; a second principle later agreed to do so in his school). If the event either occurred in only one setting or occurred as a result of one approval, it is coded as **one** instance of community change (e.g., the school board agreed to implement a district-wide life skills program that was implemented in multiple schools).

CC4   <u>When multiple entries of the same event</u> are being entered/documented: The recorders involved should discuss how to record the event as a single entry (e.g., the same program implemented in the same place by multiple groups). If there is disagreement, a data coordinator should resolve differences to best represent how the environment is changing in a way that does not count the same event multiple times.

CC5 The *first* instance of implementation of a new program or practice in the community is coded as a community change, since it constitutes a change in a program or practice in the community.

CC6 A first time occurrence or enactment of a policy is recognized as a CC at the point of approval to implement the policy.

CC7 The *first* committed agreement of collaboration between two or more organizations or individuals facilitated by individual(s) who are acting on behalf of the initiative. For a collaboration to occur, independent groups must commit to sharing at least one of the following: 1) resources, 2) responsibilities, 3) risks, and/or 4) rewards.

CC8 Not all first-time events are community changes; *the event must meet all parts of the definition of a community change.* For example, if staff members attended a seminar for the first time it is generally not a community change.

CC9 Specifically excluded as community changes are Planning Products (e.g., new bylaws, completed action plan) and Resources Generated (e.g., a grant or donation to the initiative) that occur internal to the initiative.

Some Examples of Community Changes:

✓ Members of the Promise Community Coalition brought together representatives from five sectors for the first time to form a speaker's bureau. This new program will help connect the community and is directly related to the coalitions' goals. (A new program. See coding instruction CC1.)

✓ The University board approved a new campus policy related to early intervention around substance use/abuse after meeting with our DFC Substance Abuse Prevention Coalition. This new policy will help the initiative identify substance abuse among students earlier. (A policy change directly related to the coalition's actions and specific objectives. See coding instruction CC1.)

✓ The DFC Substance Abuse Prevention Coalition and the local treatment center presented a workshop at the school for students and parents on prevention of youth substance use. This was the first time this workshop was presented in the community for local students and parents. This workshop helped educate community leaders. (A new program created by the coalition's partnering with a local resource. See coding instruction CC1.)

✓ After speaking with our Youth Tobacco Free Coalition, law enforcement decided to revise their documentation practice to include additional information when enforcing laws with youth under the age of 18 caught with tobacco. This practice change in documentation will help identify specific populations in our community that have an elevated level of tobacco use. (A practice change. See coding instruction CC1.)

Some examples of items _not_ coded as Community Changes:

✓ The Youth Tobacco Free Coalition plans to administer a new program to increase awareness of the effects of alcohol and other depressants on motor skills. This program will help educate high school students in the community. (Outcome written in the future tense. It will only be coded if it already occurred. See coding instruction CC1.1. This entry would be coded X.)

✓ The Promise Community Coalition formed a new subcommittee to develop a strategic plan to address federal legislative issues. This new subcommittee will help the coalition form a better strategy for addressing legislative issues. (This would be coded as a Planning Product because it reports a change in the organization of the initiative, not the community. See coding instruction CC1.3.)

✓ The DFC Substance Abuse Prevention Coalition's administrative assistant reported that the AME church started a new Sunday afternoon support group for recovering substance abusers. This new program will help reach more people within our community. (As written, the program was not facilitated by the DFC Substance Abuse Prevention Coalition. See coding instruction CC1.4. The entry would be coded X.)

Documentation Instructions:

When writing descriptions of Community Changes:

Description Component	Example
<u>Who</u> was involved in this change and what are their positions/responsibilities within the community?	*John and Carol from the Community Coalition and leaders from ten community sectors...*
<u>What</u> new/modified program, policy, or practice was implemented?	*...led the first of five planned town hall meetings aimed to reduce youth alcohol use in Kansas for interested members of the community in Wichita*
How might the community benefit from this change?	*This new program will help create awareness of youth alcohol use in Kansas and promote multi-sector collaboration to address the problem.*

Community Actions (CA)

General Definition: Activities performed by members of the initiative or group to bring about a new or modified program, policy, or practice in the community or system related to the initiative or group's goals and objectives. Events categorized as Community Actions document the extensive effort it takes to make change in the community.

Community Actions include acting directly to make changes in the community, actively lobbying, or advocating with change agents. Examples include personal contacts, phone calls, demonstrations, petitions, and letter writing.

Coding Instructions: Specific instructions for using the definition to code events follow:

CA1   Community Actions <u>must</u> meet all of the following criteria:

    CA1.1   have occurred (not just been planned), and

    CA1.2   be related to the initiative's goals and objectives, and

    CA1.3   be taken to bring about community/ system changes, and

    CA1.4   are facilitated by individuals who are members of the initiative or acting on behalf of the initiative.

CA2   Specifically excluded as CA's are actions taken to produce Planning Products (e.g., new by-laws, completed action plan), program materials, and Resources Generated (e.g., a grant or donation to the initiative) that occur internal to the initiative

CA3   If presentations to community audiences include generating changes to be made in the community (e.g., listening sessions) or are aimed specifically at some change in the community (relative to the group's mission), then it is a Community Action. If not, a workshop or other presentation is coded as a Service Provided.

CA4   If two or more individuals are documenting a common set of activities and multiple entries of the same action are being entered/documented: The recorders involved should discuss how to record the action as a single entry (e.g., the same action taken toward the same school official). If there is disagreement, a data coordinator should resolve differences to best represent what actions were taken to change the environment in a way that does not count the same event multiple times.

CA5   Collaboration with community members (people external to the initiative) to set new agendas for the community are Community Actions. If this is the first occurrence of collaboration in the community, however, it could be a Community Change (a change in practice) as well as a Community Action.

CA6   Actions taken to keep the group going--working on bylaws, soliciting funding for the group, or holding meetings among members of the group (e.g., committee, coalition)--are not considered to be Community Actions since they do not contribute directly to changes in the community related to the group's goals and objectives. Internal meetings among group members are generally not considered Community Actions.

    CA6.1. Exceptions occur when members of groups targeted for change are also involved in the initiative and its committees and task forces. For example, at a committee meeting, an intervention for youth substance abuse prevention might be discussed with a representative of the police department. Since a representative of a community sector to be changed (i.e., law enforcement) was involved, it would be considered a Community

Action.

Some Examples of Community Actions:

✓ Three members of the Wichita Regional Prevention Center met with a group of five local retailers that sell books featuring drinking games. The retail store representatives will consider discontinuing the sale of these books. A follow up conference call is schedule for next week. (Community Action because it targets a practice change. See coding instruction CA1).

✓ Members of the Topeka Youth Advocates coalition asked local merchants in Topeka to display signs of the drug free community initiative. The Youth Advocates wanted to visually display to the community the strength of their drug free community initiative. (Community Action because it is directly related to a Community Change relevant to the mission of drug free communities. See coding instruction CA1).

✓ Promise Community Coalition members called their local legislators advocating for support of the Social Host Liability policy change. This policy is directly related to our goals because it ensures that those people who provide alcohol to anyone under the age of 21 will be held accountable. The Coalition feels stronger policies will help reduce the prevalence of under age drinking in their community. (Community Action because it is directly related to a Community Change relevant to the mission of preventing underage alcohol use. See coding instruction CA1).

✓ A third town hall meeting was held with the Hope Coalition and residents of the community to discuss how to increase opportunities for the community to be educated on the dangers of methamphetamine production. Ideas generated from the community were added to Hope Coalition's action plan. (Community Action because the actions were intended to bring about a Community Change, relative to substance abuse education. See coding instruction CA3).

Some examples of items not coded as Community Actions:

✓ Little Apple Task Force's subcommittee held a meeting to discuss community policies that may be related to adolescent alcohol use. Little Apple Task Force's main goal is increasing the quality of public education. (This is not a Community Action because no one external to the initiative (like policymaker) was present and it was not part of the mission of Little Apple Task Force. See coding instruction CA6. This entry would be coded X.)

✓ Maria Holmes, executive director of Safe Streets Coalition, developed a database to record and track instances of local crime. (This is not a Community Action since Maria's actions were not taken to directly make changes in the community. See the definition and coding instruction CA 1.3. This entry would be coded X.)

✓ The Derby Prevention Initiative's School Committee held a meeting to discuss the procedures for electing a chairperson. The committee hopes to have the new procedures in place for the upcoming election. (This is not a Community Action because it related to change in the committee, not the community. See coding instructions CA1 and CA6. This entry would be coded X.)

✓ Representatives of the Promise Community Coalition will contact the Green Valley Neighborhood Association to arrange a meeting to discuss the implementation of a support group. The coalition hopes to have the support group in place within a year. (This item is a future event, not an action that already occurred. See coding instruction CA1.1. This entry would be coded X.)

Documentation Instructions:

When writing descriptions of Community Actions:

Description Component	Example
<u>Who</u> was involved in this action and what are their positions/responsibilities within the community?	*John and Carol from the Community Coalition met with Bill Smith, the leader of a local faith community…*
<u>What</u> was the action taken? What community change is it intended to bring about?	*…to advocate for his participation as a representative of the faith sector in a new program involving a series of town hall meetings.*
Next step(s)?	*Bill will consider participating and we will call him in one week to answer any additional questions and get his decision.*

Development Activity (DA)

General Definition: Actions taken to prepare or enable the group to address its goals and objectives (e.g., developing a community assessment, working on a strategic plan).

Scoring Instructions: Specific instructions for using the definition to code events follow:

DA1   Development activities must meet all of the following criteria:

    DA1.1. are actions taken to prepare or enable the group to do its work (e.g., developing a community assessment, working on a strategic or action plan, designing programs or interventions, developing evaluation instruments, developing plans for sustainability)

    DA1.2. have occurred, not just planned

    DA1.3. facilitated by members of the initiative or acting on behalf of the initiative

    DA1.4 is not (or not yet) a Planning Product, Service Provided, Community Action, or Community Change

DA2   Development activities include tasks that further the work of the initiative (i.e., assessment, collaborative planning, targeted action or intervention, evaluation, sustainability).

DA3   Development activities can lead to materials or products such as assessments, analyses of information, strategic plans, training manuals, evaluation plans or reports, organizational or sustainability plans, grant applications, or other products related to the work of the initiative.

DA4   Development activities include engagement with the broader community that prepares or enables the group to do its work (i.e., members of the initiative attending a meeting to increase individual skills or capacity to address initiative goals/objectives, or facilitating a meeting with the community aimed at a specific objective(s) like planning a drug free alternative for youth).

Some Examples of Development Activities:

✓ John and Sue from the Coalition met with consultants about revising the community assessment. The updated community assessment will help the coalition better understand the community environment (See scoring instruction DA2).

✓ The evaluation work group from the Safe Streets Coalition worked with evaluators on developing the evaluation plan. This plan will help Safe Streets better understand the effectiveness of their community efforts (See scoring instruction DA2).

✓ John and Carol from the Community Coalition conducted a literature review of risk/protective factors to guide the group's intervention (See scoring instruction DA1.1).

✓ The Coalition director met with funding agency to plan for future grant application. Securing additional funding will help sustain the coalition's intervention in later years (See scoring instruction DA2).

✓ Sue, the evaluator for the coalition, created a tracking program for the initiative's activities. This tracking program will help the coalition better analyze the efforts put into each intervention (See scoring instruction DA3).

✓ The Coalition planning committee worked with collaborative partners to develop a draft action plan. The action plan will be a guide for future community activities (See scoring instruction DA1.4).

Some examples of items that are <u>not</u> scored as Development Activities:

✓ The Director of the Coalition scheduled a series of monthly meetings with funding agency for ongoing strategy development. (The meetings would eventually be coded as Development activities, but not

until they actually occurred. See scoring instruction DA1.1 and DA1.2. Entry would be scored as X)

- ✓ School board members met to discuss a review of literature on risk factors related to the problem. (This is not a Development Activity since it was not done by members of the initiative. See scoring instruction DA1.3. Entry would be scored as an X unless school board members are part of the initiative.)

- ✓ Sue and John from the coalition gave a presentation to the City Council to raise awareness about the project and what it has accomplished. (This is a Services Provided since it involves providing information and communications to community members outside the initiative.)

- ✓ The coalition members met and developed goals for community change the next quarter. (This is a Planning Product. See scoring instructions PP1.)

Documentation Instructions:

When writing a description of a Development Activity:

Description Component	Example
<u>Who</u> was involved in this product or result?	*John, Carol, and the 5 staff members of the coalition…*
<u>What</u> is the product or result of planning?	*…developed an evaluation instrument for the year 2007.*
How will the community or effort benefit from this product?	*…this instrument will help members evaluate coalition efforts within the community.*

Planning Products (PP)

General Definition: The results or products of planning activities within the group. There are many types of planning activities, such as developing a mission, completing a strategic planning process, developing an action plan, and setting committee goals. Usually there is some result of planning, something that helps guide the initiative's activities. The result of planning can be, for example, mission statements, strategic plans, written action plans, or written committee goals. These results or products of planning are categorized as Planning Products. A new initiative will usually complete a number of Planning Products over time. Most initiatives review and update their action plans yearly, for example.

Planning Products can include: (a) statements of objectives (including broad goals), (b) formation of committee or task forces (among established members of the initiative), (c) bylaws and rules adopted, (d) grant applications written or submitted if they result in new objectives for the initiative, and (e) the hiring of staff for the initiative.

Coding Instructions: Specific instructions for using the definition to code events follow:

PP1   Planning Products must meet all of the following criteria:

   PP1.1.   are completed (e.g., the strategic plan is not still being written), and

   PP1.2.   are identified products or residuals of planning activities related to the group's goals, and

   PP1.3.   are facilitated by individuals who are members of the initiative or acting on behalf of the initiative.

PP2   Planning products may create the opportunity for service delivery, gathering and distributing resources, as well as Community Actions and Community Changes.

PP3   Separate Planning Products may be coded if the same item reflects more than one product of planning.

PP4   Planning is an internal activity. Collaboration with community members (people external to the initiative) to set new agendas for the community are Community Actions. Keep in mind that partners often serve in multiple roles, and can act within the initiative as well as outside the initiative.

PP5   Planning Products include creation of groups within the initiative, such as committees or task forces for collaborative problem solving.

PP6   Hiring staff is an instance of a Planning Product.

PP7   Adopting mission, objectives, action plans, by-laws, or rules of order are instances of Planning Products.

PP8   Events that lead to and support the resulting planning product (such as planning meeting) are coded as an X (Other).

Some Examples of Planning Products:

✓   Emporians for Drug Awareness established a legislative committee. This committee will ensure that the group operates effectively and consistently in its substance abuse prevention community initiatives. (Committee formation is a Planning Product. See coding instruction PP5)

✓   The Drug Endangered Children's Program adopted bylaws. These bylaws will ensure that the internal operations of the group run smoothly. (Adoption of by-laws or rules is a Planning Product. See coding instruction PP7)

✓ The Southwest Community Coalition Meth Project hired Bill Smith as a new Community Consultant. Bill will help provide both informal education and community workshops to ten counties in the region. (Hiring a staff member is a planning product. See coding instruction PP6)

✓ The Advisory Council on Drugs and Alcohol adopted broad goals and objectives for the initiative. These goals and objectives will be used to guide the Council's prevention efforts for the next calendar year. (Goal formation is a Planning Product. See coding instruction PP7)

Some examples of items that are <u>not</u> coded as Planning Products:

✓ The initiative director of Good Gang drafted goals for the members to review. These goals will be used for the strategic plan. (This is not a Planning Product since the result is yet to be reported. See coding instruction PP1.1. Entry would be coded as X.)

✓ The Kansas Coalition to Prevent FAS received a $1,000 planning grant. This grant will be used to develop educational materials for the upcoming "Healthy Habits" Campaign (The grant is a unit of resources generated; the grant application would likely be a Planning Product. See coding instructions PP2 and RG1.)

✓ Pat made travel arrangements for the Teens Leading Teens October speaker to present to a group of youth (This is not a Planning Product since it is a support activity. See coding instruction PP8. This entry would be coded as an X)

✓ Jennifer and Bill from the Shawnee Community Coalition led cultural competence training workshops with five local drug treatment centers. (This is a Service Provided. See coding instructions PP1 and SP1.)

<u>Documentation Instructions</u>:

<u>When writing a description of a Planning Product</u>:

Description Component	Example
<u>Who</u> was involved in this product or result?	*John, Carol, and the 5 staff members of the Community Coalition…*
<u>What</u> is the product or result of planning?	*…adopted a strategic plan for the year 2007.*
How will the community or effort benefit from this product?	*…this strategic plan will ensure that the initiative's stakeholders are working to address its mission and objectives effectively.*

Services Provided (SP)

<u>General Definition</u>: **The delivery of information, training, materials or other valued goods or activities by members of the initiative to people in the community.** Services provided include classes, programs, screenings, workshops, material goods (e.g., food, shelter), communications (e.g., pamphlets), or other valued goods or activities. Records on services provided might include the number of classes or programs conducted and the number of participants in those classes/programs.

<u>Coding Instructions</u>: **Specific instructions for using the definition to code events follow:**

SP1   Services provided must meet all of the following criteria:

   SP1.1.   have occurred and/or are ongoing, and

   SP1.2.   are information and training, material goods, or other services, and

   SP1.3.   are sponsored or facilitated by members of the initiative, and

   SP1.4.   be delivered to the community served by the initiative.

SP2   When a *new* program is initiated (i.e., a community change), its first instance of implementation should also be coded as a Service Provided if it meets the criteria for SP. Any continuing instances of programs are coded as Services Provided.

SP3   If a presentation (e.g., to the City Council), is intended to bring about a community/system change, then this should be coded as a CA. If a presentation is intended to simply deliver information, then this should be coded as a SP.

SP4   One instance of a Service Provided (e.g., each delivery of a class or workshop) is coded each time the event occurs.

SP5   Events to plan services (e.g., meetings to decide the content of a class) are coded as Other.

Some Examples of Services Provided:

✓   The Derby School Committee led a life skills module on resisting peer pressure. Participants of the session were approximately 30 forth grade students from Sunnyside Elementary. (This is a Service Provided since the session provided a service related to the Derby School Committee's mission. See coding instructions SP1 and SP3.)

✓   The DFC Substance Abuse Prevention Coalition held substance abuse prevention workshops for social workers in the regional area. (This is a Service Provided because it is a workshop related to reducing risks for health problems targeted by the initiative. See coding instructions SP1 and SP3.0

✓   The DFC Substance Abuse Prevention Coalition held a conference on evidence-based substance abuse programs for 20 community agencies. (This is a Service Provided since it is an educational program related to the goals and objectives of the initiative. See coding instructions SP1 and SP3.)

✓   The Meth Project team members led a workshop on evidence-based meth abuse prevention programs for drug treatment centers in Kansas. (This is a Service Provided since it is an educational program delivered by the initiative related to the goals and objectives of the group. See coding instructions SP1 and SP3.)

Some examples of items <u>not</u> coded as Services Provided:

✓   Little Apple Task Force developed a mailing list of potential conference attendees. This list of

potential attendees ranged from state wide participants to local participants. It required several meetings to complete this process. (This is planning for a future service. The later result will be the formation of a conference. See coding instruction SP1.1. This item would be coded as X.)

✓ The DFC Substance Abuse Prevention Coalition has planned substance abuse prevention education workshops for the community elementary schools. The plan is to reach 1,000 elementary students. The workshops will be conducted in the month of March. (This service has not yet occurred. See coding instruction SP1.1. This entry would be coded X.)

✓ The Derby School Committee presented a new policy proposal to the Derby School Board regarding the policy on taser use within the Derby Schools. The presentation was presented to the Board with the intention to modify the current policy. The Board is considering the proposal and will announce its decision at the next School Board meeting next month. (This service was intended to bring about a community change. See coding instruction SP3. This entry would be coded as a CA.)

✓ Families United will provide substance abuse prevention education classes in the month of March. These classes will reach out to administrators at schools. (This service has not yet occurred. See coding instruction SP1.1. This entry would be coded X.)

Documentation Instructions:

When writing descriptions of Services Provided:

Description Component	Example
<u>Who</u> was involved in providing this service?	*John, and Carol from the Community Coalition, and Chris Johnson, and Pat Novak, two members of the Youth Activity coalition…*
<u>What</u> information, instruction, or skills development was provided?	*…led an informational session that included a workshop on "how to effectively plan after school events as drug-free alternatives."*
<u>Who</u> received the services?	*Participants of the session/workshop were staff from the local YMCA.*

Media Coverage (M)

General Definition: Coverage of the issue, initiative, or its activities through a media outlet (e.g., internet, newsletter).

Coding Instructions: Specific instructions for using the definition to code events follow:

M1   Media coverage must meet all of the following criteria:

      M1.1.   have occurred (not just planned), and

      M1.2.   be an instance of coverage through radio time, television time, newspaper article, internet, advertising, newsletter, or other media outlet and

      M1.3.   feature the issue, the initiative, or its activities.

      M1.4.   if it features the issue (and not the initiative), then coverage must be facilitated by the initiative or those acting on behalf of the initiative.

M2   Media coverage is counted if it features the project, even if the coverage was not initiated directly by the group. Airings and articles not facilitated by the initiative are valid only if the name of the initiative or one of its projects or products is mentioned or referred to.

M3   Internally produced media (such as newsletters, newsletter articles) are all counted as media coverage.

M4   These may be coded as: a) instances of coverage, b) column inches of coverage (for print media), and/or c) minutes of coverage (for broadcast media).

Some Examples of Media Coverage:

- ✓ A newspaper article described the Smart Start initiative, which began this week. Chris was interviewed for this article and the Smart Start initiative was mentioned by name. (Coded as 1 unit and/or the column inches used. See coding instructions M1 and documentation instructions.)

- ✓ Five, 10 minute radio spots describing the Strong Family Ties initiative aired on the local AM radio station. Amy Martin, the program director was interviewed and spoke about the details of the initiative. (Coded as 5 units and/or 50 broadcast minutes. See coding instructions M1 and documentation instructions.)

- ✓ Eight, 3 minute radio spots describing the Social Hosting Liability policy change efforts aired on the local FM station. Nell Miller, ad advocate with the initiative was interviewed. (Coded as 8 units and/or 24 broadcast minutes. See coding instructions M1 and documentation instructions.)

Some examples of items <u>not</u> coded as Media coverage:

- ✓ An article on a substance abuse prevention effort in Washington, DC public schools appeared in the local newspaper. The article featured quotes from the superintendents of five DC schools. (This is not an instance since the program was not connected to the initiative. See coding instructions M1.3 and M2. This entry would be coded X.)

- ✓ The local health department developed and distributed a public service announcement on the dangers of marijuana. (This is not an instance since the brochure was not facilitated by the initiative. See coding instruction M1.3 and M2. Entry is coded X.)

<u>Documentation Instructions</u>:

Record the number of instances and the extent of coverage (i.e., column inches of print media, minutes of broadcast media) for each media exposure. For TV and radio, every airing of a public service announcement

(PSA), news report, or event in which the initiative or one of its programs is mentioned is counted as a discrete instance and/or in broadcast minutes. Every newspaper article mentioning the initiative or program is counted as an instance. Every newsletter article is an instance. Each different brochure disseminated is an instance.

When writing descriptions of Media Coverage:

Description Component	Example
What type of media coverage occurred?	*A newspaper article…*
What topic and/or Initiative was covered?	*…covered the youth alcohol prevention town hall meeting.*
How was the initiative involved? (Must be either featured by name OR facilitated by a member of the initiative)	*Carol (member of the initiative) was interviewed for this newspaper article, and the town hall initiative was mentioned by name.*

Resources Generated (RG)

General Definition: Acquisition of funding or other resources for the initiative through grants, donations, or gifts in kind. Resources generated can include money, materials, and people's time.

Coding Instructions: Specific instructions for using the definition to code events follow:

RG1 Resources generated must meet all of the following criteria:

  RG1.1. have occurred (not just pending or planned), and

  RG1.2. be in the form of money, materials, or people's donated time, and

  RG1.3. be used to facilitate activities related to the goals and objectives of the initiative, and

  RG1.4. be allocated to the initiative or one of its partners, and

  RG1.5. are facilitated by individuals who are members of the initiative or are acting on behalf of the initiative.

RG2 Estimate the value of the donated time by calculating the hourly market value of the services (e.g., professional wage, minimum wage) multiplied by the number of hours of service.

RG3 Estimate the market value of donated materials. For example, if the newspaper donated advertising space for a special event, determine the market value of that advertising space.

RG4 Count grant monies when they are disbursed. For example, if a 5-year, $500,000 grant was awarded and disbursed at $100,000 per year, count one instance of $100,000 every year over the grant period.

RG5 Each separate grant or donation is considered to be a unit of resources generated.

Some Examples of items coded as Resources Generated:

✓ The Community Health Coalition was awarded a $1,000 grant from SAMHSA. These funds will be used to develop and field-test a new life skills workshop. (New grant received. See coding instruction RG1.2)

✓ Whole Foods Market donated fruits and vegetables for the initiative's education program. (Donations provided to the initiative for its projects. See coding instruction RG1)

✓ The county health department assigned John Thompson, their research associate, to serve as a free consultant for the Wichita Promise Youth Council evaluation effort that is examining program effectiveness. (Staff time was donated. See coding instructions RG1.2 and RG2)

✓ A three year implementation grant was awarded by the Health Foundation. This grant will enable the Youth Health Coalition to launch a new campaign focused on preventing youth tobacco use. (New grant is a Resources Generated. See coding instructions RG1 and RG4)

✓ Thirty volunteers assisted with the project-sponsored 10-K run to raise awareness of dangers of alcohol. (Volunteers donated time. See coding instruction RG2.)

✓ A copying machine was donated to the initiative. This machine will be used for administrative tasks associated with the DFC Youth's efforts to prevent substance abuse. (Donation of materials for the initiative. See coding instruction RG1.2).

Some examples of items that are <u>not</u> coded as Resources Generated:

✓ The Youth as Resources fundraising committee submitted a grant proposal to the Governor's Office. This grant will fund the development of an after school program. (This is a Planning Product since the application has not yet resulted in a grant. See coding instructions RG1.1. and PP1. Entry would be

coded X.)

✓ A partner received funding for activities not related to the initiative. (Resources Generated must be used to facilitate activities related to the goals and objectives of the initiative. See coding instruction RG1.3.)

Documentation Instructions:

When writing Resources Generated descriptions:

Description Component	Example
What was the resource generated? (the money, material, or donated time)	*Safeway grocery store donated 100 boxed lunches.*
What will the resource be used for?	*These boxed lunches were served at the youth alcohol prevention town hall meeting held at the end of the month.*

Not Coded, Other (X)

General Definition: Additional activities that are recorded for which no code or definition has been created. These activities should be coded with an "X."

Coding Instructions: Specific instructions for using the definition to code events follow:

X1 If an item is coded as an "X," it is not also coded as something else.

Appendix B: Online Documentation and Support System

Code:

☐ Community Action (CA) ☐ Community Change (CC) ☐ Development Activity (DA) ☐ Planning Project (PP)

☐ Media (M) ☐ Services Provided (SP) ☐ Resources Generated (RG) ☐ Organizational Change (OC)

☐ Other (X)

What primary GOAL did this activity/accomplishment address? (Select all that apply by holding down Ctrl)

All
Not Applicable
Reduce alcohol use.
Reduce marijuana use.

What is primary GEOGRAPHIC LEVEL in which this change took place?

-Select- ▼

What was the PRIORITIZED GROUP intended to benefit from the change? (Select all that apply by holding down Ctrl)

1. Elementary School-Aged Children
2. Middle School-Aged Children
3. High School-Aged Youth
4. Children and Youth of All Ages

What is the primary ECOLOGICAL LEVEL addressed by this change?

-Select- ▼

What PROMISE area does this activity primarily relate to? (Select all that apply by holding down Ctrl)

1. Caring adults
2. Safe places
3. A healthy start
4. Effective education

What is the primary RISK/PROTECTIVE FACTOR addressed by the change? (Select all that apply by holding down Ctrl)

C1. Availability of Drugs
C2. Availability of Firearms
C3. Community Laws and Norms
C4. Media Portrayals of Violence

What BEHAVIOR CHANGE STRATEGY does this activity use primarily?

-Select- ▼

In which SECTOR or part of the community did this change primarily take place? (Select all that apply by holding down Ctrl)

01. Businesses/Workplaces/Private Sector
02. Community/Neighborhood/Civic Organization
03. Faith-based/Religious Organization
04. Government-based Agency

What is the expected DURATION of the activity/accomplishment?

-Select- ▼

What ASSET focus area does this activity primarily relate to? (Select all that apply by holding down Ctrl)

1. Support
2. Empowerment
3. Boundaries and expectations
4. Time use

To which of the BEST PROCESSES did this relate? (Select all that apply by holding down Ctrl)

BP01. Analyzing Information About the Problem, Goals, and Factors Affecting Them
BP02. Clarifying Your Group's Vision and Mission
BP03. Defining Organizational Structure and Operating Mechanisms
BP04. Developing a Framework or Model of Change

Appendix C: Survey of Coalition Processes

1. Assessment #1: Analyzing Information about the Problem or Goal

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

*Please note that your answers will not be saved if you leave and come back into a survey that you have already started. However, you are free to exit Survey Monkey between surveys.

* 1. What is the name of your Coalition?

- [ ] ATOD Task Force of Healthy Communities St. Charles County
- [ ] Box Butte Family Focus Coalition
- [ ] Buffalo County Community Partners
- [ ] CHA Low Income Services, Inc.
- [ ] Chase County Drug Free Action Team
- [ ] Communities in Schools of Marion County
- [ ] Dottes: An Association of Community Builders
- [ ] Ellis County Community Partnership
- [ ] G.L.W. Children's Council, Inc.
- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Has the group identified the community of place (e.g., geographic location), experience (e.g., youth, ethnic group), and/or interest (e.g., substance abuse, education) with which to focus its efforts?

○ Yes   ○ No   ○ Don't Know

3. Has the group identified the broad type(s) of problems or goals (e.g., too much violence, poor health) that it will address in the community to help focus the assessment and analysis of information for the initiative?

○ Yes   ○ No   ○ Don't Know

4. Were local people who represented the community given the opportunity to participate in analyzing information about the issue (e.g., focus groups, interviews)?

◯ Yes   ◯ No   ◯ Don't Know

5. Were other stakeholders with an interest in the issue given the opportunity to participate in analyzing information about the issue (e.g., focus groups, interviews)?

◯ Yes   ◯ No   ◯ Don't Know

6. Has the group collected and reviewed information about the history and context of the problem or goal within the community?

◯ Yes   ◯ No   ◯ Don't Know

7. Has the group collected and reviewed information (e.g., using surveys, focus groups, interviews) about the extent of the problem/goal and its importance to the community and other key stakeholders?

◯ Yes   ◯ No   ◯ Don't Know

8. Were the populations affected by the problem identified and engaged in assessing its importance?

◯ Yes   ◯ No   ◯ Don't Know

9. Has the group identified and assessed the consequences of the problem for people affected by it (e.g., nature of the consequences and its frequency, severity, and duration)?

◯ Yes   ◯ No   ◯ Don't Know

10. Has the group identified the key behaviors of whom (i.e., target behaviors) that need to change to affect the immediate problem or conditions that contribute to the problem?

◯ Yes   ◯ No   ◯ Don't Know

11. Has the group identified personal factors (e.g., knowledge, skill, biology/genetics) that put people at risk for (or protect them from) the problem?

◯ Yes   ◯ No   ◯ Don't Know

12. Has the group identified environmental factors (e.g., services and supports; barriers, exposures, and opportunities; broader policies and conditions) that put people at risk for (or protect them from) the problem?

◯ Yes ◯ No ◯ Don't Know

13. Has the group identified potential barriers or resistance to addressing the problem or goal?

◯ Yes ◯ No ◯ Don't Know

14. Has the group identified organizational or community resources or assets that can be used to help address the problem or goal?

◯ Yes ◯ No ◯ Don't Know

15. Has the group provided an opportunity for local people and other key stakeholders to propose potential solutions for addressing the identified problem or goal?

◯ Yes ◯ No ◯ Don't Know

16. Has the group reviewed evidence of the effectiveness of promising approaches to consider whether what worked elsewhere might work well in the local situation?

◯ Yes ◯ No ◯ Don't Know

17. Does the group use or reference the assessment or analysis of the problem or goal to inform or support decision-making (e.g., developing a strategic plan)?

◯ Yes ◯ No ◯ Don't Know

18. Is the data or information collected in the assessment or analysis used in evaluating the efforts (e.g., identify and track progress of indicators) of the initiative or group?

◯ Yes ◯ No ◯ Don't Know

19. How many activities were completed (responded "Yes" above) in this process?

[   ]

20. Based on your response to question 16, determine the level of implementation of the overall process.

	Low		Medium		High
Level of Implementation	◯	◯	◯	◯	◯

1. Assessment #2: Establishing a Vision and Mission

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

*Please note that your answers will not be saved if you leave and come back into a survey that you have already started. However, you are free to exit Survey Monkey between surveys.

✱ 1. What is the name of your Coalition?

- [ ] ATOD Task Force of Healthy Communities St. Charles County
- [ ] Box Butte Family Focus Coalition
- [ ] Buffalo County Community Partners
- [ ] CHA Low Income Services, Inc.
- [ ] Chase County Drug Free Action Team
- [ ] Communities in Schools of Marion County
- [ ] Dottes: An Association of Community Builders
- [ ] Ellis County Community Partnership
- [ ] G.L.W. Children's Council, Inc.
- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Has the group engaged key leaders and stakeholders in the development of the vision statement (i.e., dreams for the future) by providing an opportunity to individually express what was important, including to the people in the community and other stakeholders?

◯ Yes   ◯ No   ◯ Don't Know

3. Has the group engaged key leaders and stakeholders in the development of the mission statement (i.e., stated purpose) by providing an opportunity to individually express what the group was going to do and why, including the people in the community and other stakeholders?

◯ Yes   ◯ No   ◯ Don't Know

4. Does the group have a written vision statement (usually a few words) for the initiative that is clear, concise, and positive?

◯ Yes   ◯ No   ◯ Don't Know

5. Does the vision statement communicate the dream or ideal conditions (i.e., the end in mind) for the community?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

6. Is the vision statement understood and shared by members of the community and other stakeholders?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

7. Does the group have a written mission statement for the initiative?

◯ Yes   ◯ No   ◯ Don't Know

8. Is the mission statement framed in a way that is: (a) clear, (b) concise (usually one sentence), (c) broad (i.e., not too narrowly framed), and (d) inclusive enough to be shared by multiple members of the group?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

9. Does the mission statement communicate the outcome or end that the group has in mind (i.e., why the group exists) and the broad approaches used to get there (i.e., what the group will do)?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

10. Were the final vision and mission statement(s) reviewed and approved by the group (e.g., leadership, board) for consistency with the group's purpose?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

11. Does the group periodically (e.g., annually) review the vision and mission statements and make necessary adjustments?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

12. Can members of the group recite or paraphrase the mission statement of the organization?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

13. Does the group or effort routinely communicate the mission statement to others (e.g., used in media, interviews, present statement to new partners)?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

14. Is the mission statement referred to by the organization or group when making decisions (e.g., developing goals, guiding choices among funding opportunities)?

◯ Yes   ◯ No   ◯ Don't Know   ◯ Not Applicable

15. How many activities were completed (responded "Yes") for this process?

[   ]

16. Based on your answer to question #14, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	◯	◯	◯	◯	◯

17. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	◯	◯	◯	◯	◯

18. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources:

[   ]

19. Comments or recommendations to improve the implementation of this process:

[   ]

* 20. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

[   ]

1. Assessment #3: Developing an Organizational Structure and Operating Mechani...

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

*Please note that your answers will not be saved if you leave and come back into a survey that you have already started. However, you are free to exit Survey Monkey between surveys.

* 1. What is the name of your Coalition?

- [ ] ATOD Task Force of Healthy Communities St. Charles County
- [ ] Box Butte Family Focus Coalition
- [ ] Buffalo County Community Partners
- [ ] CHA Low Income Services, Inc.
- [ ] Chase County Drug Free Action Team
- [ ] Communities in Schools of Marion County
- [ ] Dottes: An Association of Community Builders
- [ ] Ellis County Community Partnership
- [ ] G.L.W. Children's Council, Inc.
- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Does the group regularly assess organizational strengths and weaknesses?

○ Yes   ○ No   ○ Don't Know

3. Does the group regularly assess organizational resources (e.g., human resources) and community assets (e.g., partners)?

○ Yes   ○ No   ○ Don't Know

4. Does the group regularly identify organizational needs or barriers (e.g., more members)?

○ Yes   ○ No   ○ Don't Know

5. Does the group responsible for assessing organizational needs and resources include diverse stakeholders with varied roles and responsibilities within the organization or group?

◯ Yes   ◯ No   ◯ Don't Know

6. Does the organization have stated goals and objectives for improving the internal structure (e.g., board composition) and operations (e.g., functioning, sustainability) of the organization?

◯ Yes   ◯ No   ◯ Don't Know

7. Does the organization have a clear governing structure (e.g., steering committee, advisory board, executive board) established that is appropriate for the goals of the organization and its stage of development?

◯ Yes   ◯ No   ◯ Don't Know

8. Does the organization have a clearly defined structure or method for operating (e.g., committees, staffing) to support the functions and activities of the organization or group?

◯ Yes   ◯ No   ◯ Don't Know

9. Are there formal (i.e., written) roles and responsibilities established for all levels of the organizational structure (e.g., executive board, committees, staff, volunteers)?

◯ Yes   ◯ No   ◯ Don't Know

10. Does the group regularly review the structure of the organization (e.g., executive board, committees) to identify potential needs (e.g., more diverse board composition)?

◯ Yes   ◯ No   ◯ Don't Know

11. Does the organization have bylaws (i.e., agreed upon rules for how important decisions are made)?

◯ Yes   ◯ No   ◯ Don't Know

12. How many of the last 10 activities were completed (responded "Yes")? You may use this and other response boxes to help calculate a grand total at the end of this assessment. You are not required to use the response boxes.

[   ]

13. Does the organization have a document (e.g., operations manual) that summarizes the responsibilities and procedures of the organization including rules for decision making, information sharing, conflict resolution, and financial policies?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

14. Does the group use and regularly (i.e., annually) review the operational procedures (e.g., bylaws, procedural manual) and make any necessary changes?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

15. Does the group hold regular and consistent (e.g., monthly) meetings at all appropriate levels (i.e., board, committees, staff)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

16. Is there a clear method and protocol for communication (e.g., email, telephone, meetings) in the organization across multiple levels (e.g., board, staff, and volunteers)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

17. Does the organization appropriately document and record organizational activities (e.g., meeting minutes, documenting accomplishments)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

18. Does the group have adequate access to technology including: (a) communication technology (e.g., telephone, fax machine, voice mail, copy machine, and internet) and (b) computer equipment (e.g., computer, efficient printer) and software (e.g., word processing, accounting program, antivirus)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

19. Does the group have an appropriate working environment (e.g., office space) and sufficient resources (e.g., salary, operating expenses) necessary to support the operations of the group?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

20. Has the organization decided whether volunteers are appropriate to be used in the organization at the current stage of development?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

21. Does the organization have a process or plan for identifying and recruiting volunteers (including board members)?

◯ Yes ◯ No ◯ Don't Know

22. Does the organization or group recruit volunteers (including board members) with diverse skills, professional expertise, background, and experience?

◯ Yes ◯ No ◯ Don't Know

23. How many of the last 10 activities were completed (responded "Yes")? You may use this and other response boxes to help calculate a grand total at the end of this assessment. You are not required to use the response boxes.

[   ]

24. Does the organization provide orientation, training, and supervision for all volunteers (including board members)?

◯ Yes ◯ No ◯ Don't Know

25. Do all volunteer positions have written roles and responsibilities that are clearly stated?

◯ Yes ◯ No ◯ Don't Know

26. Are volunteers screened (e.g., background check for volunteers working with children, referrals for volunteers handling financial matters) as appropriate for their roles and responsibilities in the organization?

◯ Yes ◯ No ◯ Don't Know

27. Is there a process for ensuring that volunteers are matched with appropriate service opportunities that fit with their interests, skills, and experience?

◯ Yes ◯ No ◯ Don't Know

28. Has the organization identified and protected volunteers (including board members) from any liabilities?

◯ Yes ◯ No ◯ Don't Know

29. Has the organization identified which roles and responsibilities are better served by staff, consultants, and/or volunteers?

◯ Yes ◯ No ◯ Don't Know

30. Does the organization have written job descriptions and responsibilities for all paid positions (e.g., staff, consultants)?

◯ Yes   ◯ No   ◯ Don't Know

31. Does the organization have a fair process and written protocol for recruiting and hiring staff and consultants?

◯ Yes   ◯ No   ◯ Don't Know

32. Does the organization regularly (at least annually) identify the training and technical support needs of staff and develop ongoing plans to assure necessary training or technical support for staff members?

◯ Yes   ◯ No   ◯ Don't Know

33. Does the organization have an appropriate division of labor in which tasks are appropriately delegated to staff and other paid positions (i.e., consultants)?

◯ Yes   ◯ No   ◯ Don't Know

34. How many of the last 10 activities were completed (responded "Yes")? You may use this and other response boxes to help calculate a grand total at the end of this assessment. You are not required to use the response boxes.

[   ]

35. Are all staff adequately supervised and supported and have some form of accountability (e.g., supervisor, board) for work performance?

◯ Yes   ◯ No   ◯ Don't Know

36. Does the organization provide regular feedback and formal recognition and rewards to staff for their performance and accomplishments (e.g., oral or written feedback, reward outstanding performance)?

◯ Yes   ◯ No   ◯ Don't Know

37. Does the organization provide regular feedback and formal recognition and rewards to volunteers for their performance and accomplishments (e.g., oral feedback, honoring ceremonies)?

◯ Yes   ◯ No   ◯ Don't Know

38. Does the organization formally recognize and reward (e.g., provide feedback, honoring ceremonies) the performance and contributions of volunteers?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

39. Are volunteers and staff given formal opportunities (e.g., survey, meeting) to regularly assess or provide feedback to management (e.g., board, supervisors) regarding the organization or group?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

40. Is there a clear evaluation process (e.g., identified performance measures, evaluation schedule) used by the organization or group to assess performance of staff and volunteers (including board members)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

41. Does the organization have clear benchmarks and a written statement for all staff and volunteers (including board members) regarding how individual performance will be measured and assessed?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

42. Does the organization have clearly identified and written roles and responsibilities for the governing structure (e.g., board) and staff (e.g., CEO, financial officer) for monitoring the financial resources of the organization?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

43. Does the organization have an operational budget (i.e., comprehensive master budget) that indicates all income and expenses from all revenue sources (e.g., grants, service contracts)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

44. Are written policies and procedures established and followed to assure appropriate financial procedures and fiscal controls?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

45. How many of the last 10 activities were completed (responded "Yes")? You may use this and other response boxes to help calculate a grand total at the end of this assessment. You are not required to use the response boxes.

[   ]

46. Has the organization or group identified an appropriate level for cash operating reserves (e.g., organization has at least 3 months of operating expense at all times)?

○ Yes   ○ No   ○ Don't Know

47. Does the governing structure of the organization understand the financial position of the organization and regularly review financial statements and reports?

○ Yes   ○ No   ○ Don't Know

48. Does the organization have a regular audit and review of financial records by a finance professional (i.e., certified public accountant) with no vested interest in the organization?

○ Yes   ○ No   ○ Don't Know

49. Does the governing body monitor required financial reports and assure reporting requirements of appropriate federal and state agencies (e.g., IRS) and funding agencies (e.g., grant reports) are appropriately filed and submitted?

○ Yes   ○ No   ○ Don't Know

50. Does the organization have and use a plan for securing financial resources for the organization?

○ Yes   ○ No   ○ Don't Know

51. How many of the last 5 activities were completed (responded "Yes")? You may use this and other response boxes to help calculate a grand total at the end of this assessment. You are not required to use the response boxes.

[   ]

52. How many of the 45 activities were completed (responded "Yes") in this process? You may use the response boxes to help calculate your total.

[   ]

53. Based on your response to question #48, determine the level of implementation of the overall process.

	Low		Medium		High
Level of Implementation	○	○	○	○	○

54. What is the importance of implementing this process for your group or effort?

	Low		Medium		High
Level of Importance	○	○	○	○	○

55. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

56. Comments or recommendations to improve the implementation of this process:

＊ 57. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

1. Assessment #4: Developing a Logic Model or Framework

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

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- [ ] Box Butte Family Focus Coalition
- [ ] Buffalo County Community Partners
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- [ ] Ellis County Community Partnership
- [ ] G.L.W. Children's Council, Inc.
- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Did those brought together to develop the framework or logic model include key stakeholders (e.g., leaders of the group)?

○ Yes   ○ No   ○ Don't Know

3. Are the participants given the opportunity to create or adapt the components (e.g., activities, intended outcomes) of the logic model?

○ Yes   ○ No   ○ Don't Know

4. Has the group identified uses for the logic model with both internal audiences (e.g., staff, board) and external audiences (e.g., funders)?

○ Yes   ○ No   ○ Don't Know

5. Has the group identified the appropriate scope or level(s) for the logic model (e.g., for the overall effort or particular project)?

◯ Yes   ◯ No   ◯ Don't Know

6. Has the group developed a logic model or framework, a visual picture for how it will get from here (present conditions) to there (intended outcomes), at the appropriate level(s) and consistent with its intended purpose or use?

◯ Yes   ◯ No   ◯ Don't Know

7. Does the logic model include the vision and/or mission statement established by the group?

◯ Yes   ◯ No   ◯ Don't Know

8. Does the framework include a brief description of the context (e.g., history of the problem) and conditions (e.g., political situation) of the community or effort related to the problem and goal?

◯ Yes   ◯ No   ◯ Don't Know

9. Does the framework include a description of the key inputs (i.e., resources and supports available, barriers or constraints to be overcome) relevant to the group?

◯ Yes   ◯ No   ◯ Don't Know

10. Does the logic model include a description of activities or components of the project or intervention?

◯ Yes   ◯ No   ◯ Don't Know

11. Does the logic model include a description of intended outputs (i.e., direct products or results) of the activities or intervention components?

◯ Yes   ◯ No   ◯ Don't Know

12. Does the logic model include outcomes (e.g., short, intermediate, long-term outcomes) or intended effects related to the objectives of the intervention or initiative?

◯ Yes   ◯ No   ◯ Don't Know

13. Does the logic model convey the purpose and direction of the organization or effort (e.g., identifies the outcomes sought and how you will get there)?

◯ Yes   ◯ No   ◯ Don't Know

14. Does the logic model show relationships and an expected sequence (e.g., directional arrows) for implementing the components and elements of the logic model?

◯ Yes   ◯ No   ◯ Don't Know

15. Does the logic model show expected connections between activities and effects over time?

◯ Yes   ◯ No   ◯ Don't Know

16. Does the group use the logic model to communicate the approach of the organization or effort for addressing the problem or goal (e.g., in grant applications, orienting new members, recruiting partners)?

◯ Yes   ◯ No   ◯ Don't Know

17. Does the group regularly (i.e., annually) review and update the logic model(s) of the initiative or program?

◯ Yes   ◯ No   ◯ Don't Know

18. How many activities were completed (responded "Yes") for this process?

[   ]

19. Based on your answer to question #15, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	◯	◯	◯	◯	◯

20. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	◯	◯	◯	◯	◯

21. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

[   ]

22. Comments or recommendations to improve the implementation of this process:

[ ]

* 23. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

[ ]

1. Assessment #5: Developing a Strategic Plan

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

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- [ ] G.L.W. Children's Council, Inc.
- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Were key stakeholders (e.g., members of the group and representatives of the community) brought together to plan the initiative or effort?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

3. Were key stakeholders engaged in developing and/or adapting components of the strategic plan (e.g., mission, objectives, action plan)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

4. Does the group have a written vision statement (usually a few words) for the initiative that is clear, concise, and positive?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

5. Does the vision statement communicate the dream or ideal conditions (i.e., the end in mind) for the community?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

6. Is the vision statement referenced or included in the written strategic plan?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

7. Does the written mission statement communicate why the group exists and the what it will do to achieve its purpose?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

8. Were the final vision and mission statement(s) reviewed and approved by the group (e.g., leadership, board) for consistency with the group's purpose?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

9. Does the group regularly (e.g., annually) review the vision and mission statements and make necessary adjustments?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

10. Was the mission statement referenced or included in the written strategic plan?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

11. Does the group have written objectives to guide the efforts of the initiative?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

12. Do the objectives indicate how much of what will be accomplished by when?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

13. Has the group established measurable objectives related to changes in behaviors and/or outcomes at the level of the community or population (i.e., community-level indicators)?

◯ Yes　　　　　◯ No　　　　　◯ Don't Know

14. Has the group collected data and established benchmark measures to assess the baseline (i.e., pre-intervention) level of the issue and to serve as a measure or indicator of progress in addressing the issue?

◯ Yes   ◯ No   ◯ Don't Know

15. Does the group have written strategies (i.e., activities or intervention components/elements) that are approved by the group and that indicate how the group will accomplish its stated objectives?

◯ Yes   ◯ No   ◯ Don't Know

16. Has the group identified the prioritized groups to benefit (i.e., targets of change) and appropriate agents of change (i.e., individuals or groups) to implement the strategy?

◯ Yes   ◯ No   ◯ Don't Know

17. Has the group identified strategies to be used at various levels (e.g., individuals, families, organization, community) targeted by the initiative?

◯ Yes   ◯ No   ◯ Don't Know

18. Did the group use identified risk/protective factors, or personal factors (e.g., skills, prior experience) and environmental factors (e.g., services and supports, living conditions), in selecting strategies?

◯ Yes   ◯ No   ◯ Don't Know

19. Did the group identify and select (if appropriate) evidence-based programs, policies, and practices that have been demonstrated to be effective in other situations?

◯ Yes   ◯ No   ◯ Don't Know

20. Did the group prioritize the choice of strategies based on the importance to meeting objectives and feasibility of implementing each strategy?

◯ Yes   ◯ No   ◯ Don't Know

21. Does each selected strategy/intervention identify the new or modified programs, policies, or practices to be brought about in the community?

◯ Yes   ◯ No   ◯ Don't Know

22. Were action steps specified to support the implementation of each identified strategy or component of the intervention?

◯ Yes   ◯ No   ◯ Don't Know

23. Do the action plans indicate: what will be done, by whom (person responsible), by when, what resources are needed, and communication (who should know what about this)?

◯ Yes   ◯ No   ◯ Don't Know

24. Does the group have a written strategic/action plan that is current (i.e., has been reviewed for accuracy in the past year) and details the specific objectives, strategies, and action steps for achieving the identified vision and mission of the group

◯ Yes   ◯ No   ◯ Don't Know

25. Does the group review the strategic/action plan regularly (e.g., annually) and make necessary modifications and updates?

◯ Yes   ◯ No   ◯ Don't Know

26. Does the group systematically track or document progress towards achieving benchmarks in the strategic/action plan?

◯ Yes   ◯ No   ◯ Don't Know

27. Does the group regularly communicate progress toward completing the strategic/action plan to the staff, board, and other key stakeholders?

◯ Yes   ◯ No   ◯ Don't Know

28. How many activities were completed (responded "Yes") for this task?

[   ]

29. Based on your answer to question #27, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	◯	◯	◯	◯	◯

30. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	◯	◯	◯	◯	◯

31. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

[   ]

32. Comments or recommendations to improve the implementation of this process:

✻ 33. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

1. Assessment #6: Arranging for Community Mobilization

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

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2. Has the group identified the need for one or more individuals to serve as a community mobilizer (organizer or facilitator) to be responsible for (1) building relationships with constituents and key stakeholders and (2) facilitating changes (i.e., new or modified programs, policies, and practices) in the community or system?

  ◯ Yes   ◯ No   ◯ Don't Know

3. Does the group currently have one or more individuals that as a core function of their job are responsible for building relationships and facilitating changes in the community or system?

  ◯ Yes   ◯ No   ◯ Don't Know

4. Does the community mobilizer (or individuals serving in this capacity) have a written position description that defines the expected roles and responsibilities for facilitating changes in the community or system related to the initiative's mission?

◯ Yes   ◯ No   ◯ Don't Know

5. Does the community mobilizer (or individuals serving in this capacity) have the qualities, experience, knowledge, and skills appropriate for working in the community or with the prioritized group or population?

◯ Yes   ◯ No   ◯ Don't Know

6. Is the mobilizer (or individuals serving in this capacity) responsible for building and enhancing relationships with the community and its partners as a function of the position?

◯ Yes   ◯ No   ◯ Don't Know

7. Is the mobilizer (or individuals serving in this capacity) responsible for facilitating changes (i.e., new or modified programs, policies, and practices) in the community?

◯ Yes   ◯ No   ◯ Don't Know

8. Did the group consider whether the function of community mobilizer (organizer or facilitator) is already or could be fulfilled by current staff or volunteers?

◯ Yes   ◯ No   ◯ Don't Know

9. Has the group recruited, hired, or designated person(s) to serve as a mobilizer for the initiative?

◯ Yes   ◯ No   ◯ Don't Know

10. Has the group arranged for appropriate supports for the community mobilizer (or individuals serving in this capacity)?

◯ Yes   ◯ No   ◯ Don't Know

11. Has an appropriate work environment (e.g., office) and resources (e.g., salary) been arranged to support the community mobilizer (or a similar position)?

◯ Yes   ◯ No   ◯ Don't Know

12. Does the group provide or arrange for orientation and training for the community mobilizer?

◯ Yes   ◯ No   ◯ Don't Know

13. Does the group provide ongoing support, and performance feedback for the community mobilizer?

◯ Yes   ◯ No   ◯ Don't Know

14. Is the community mobilizer knowledgeable of the history of the organization, community, and initiative?

◯ Yes   ◯ No   ◯ Don't Know

15. Does the current community mobilizer work effectively with diverse members and representatives of the community or prioritized population?

◯ Yes   ◯ No   ◯ Don't Know

16. Has the community mobilizer helped the group to establish or enhance relationships with key stakeholders including partners and individuals with influence, resources, and authority in the community?

◯ Yes   ◯ No   ◯ Don't Know

17. Has the community mobilizer helped the group to facilitate the implementation of activities and changes (i.e., new or modified programs, policies, and practices) in the community related to the initiative's mission?

◯ Yes   ◯ No   ◯ Don't Know

18. Is the community mobilizer considered a resource or asset by the community or prioritized population?

◯ Yes   ◯ No   ◯ Don't Know

19. How many activities were completed (responded "Yes") for this task?

[   ]

20. Based on your answer to question #18, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	◯	◯	◯	◯	◯

21. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	○	○	○	○	○

22. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

[text box]

23. Comments or recommendations to improve the implementation of this process:

[text box]

* 24. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

[text box]

1. Assessment #7: Developing Leadership

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

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- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Has the group specified (e.g., in the bylaws) the appropriate number of leaders (e.g., board members, staff positions) necessary to support the current efforts of the group?

○ Yes   ○ No   ○ Don't Know

3. Is membership on the board (i.e., governing body) inclusive, as evidenced by the majority of board members having diverse skills, experience, background, interest, or professional expertise?

○ Yes   ○ No   ○ Don't Know

4. Is staff leadership inclusive, as evidenced by the majority of staff members having diverse and complementary skills, experience, background, interest, or professional expertise?

◯ Yes ◯ No ◯ Don't Know

5. Does current leadership (e.g., board members and staff) have sufficient skills, experience, and professional expertise appropriate to support the initiative at its current stage of development?

◯ Yes ◯ No ◯ Don't Know

6. Does current leadership, including board members and staff, have sufficient resources (e.g., funding) and supports (e.g., active board, accountability) to lead the organization?

◯ Yes ◯ No ◯ Don't Know

7. Does the group regularly (i.e., annually) assess the composition (e.g., background, experience, expertise) of the leadership team, including the board (i.e., governing body) and staff, to better identify and recruit leaders based on the identified needs of the leadership team?

◯ Yes ◯ No ◯ Don't Know

8. Has the group identified the core leadership tasks and related skills (e.g., managing, representing the group) necessary to support the initiative?

◯ Yes ◯ No ◯ Don't Know

9. Does the group regularly (i.e., annually) assess the strengths and weaknesses of the current leadership team, including the board and staff, to identify and recruit leaders based on the identified needs of the leadership team?

◯ Yes ◯ No ◯ Don't Know

10. When recruiting new leaders, including both board and staff, are the leadership skills of potential leaders matched with the skills needed for the activities (e.g., program development, evaluation, sustainability) that the group has to conduct?

◯ Yes ◯ No ◯ Don't Know

11. Does the group have a formal process (e.g., nominating committee, selection committee, hiring process) for recruiting new leaders including identifying, nominating, and selecting new leaders to both the board and as staff?

◯ Yes   ◯ No   ◯ Don't Know

12. Does the group have a written plan to support the development of leadership within the group, including both the board and staff?

◯ Yes   ◯ No   ◯ Don't Know

13. Does the group have written goals for leadership development to support diverse leadership within the group (e.g., including age, ethnic background, skills, and experience with the issue)?

◯ Yes   ◯ No   ◯ Don't Know

14. Do key leaders (e.g., staff, board officers) regularly assess their leadership skills and develop individual leadership goals and plans to support the initiative?

◯ Yes   ◯ No   ◯ Don't Know

15. Does the group have written goals for leadership development to enhance the skills and expertise of the leadership team (e.g., including board members and staff)?

◯ Yes   ◯ No   ◯ Don't Know

16. Does the group regularly (i.e., at least annually) review and identify appropriate methods for supporting leadership development goals (e.g., peer mentoring, outside training, retreats, outside consultant)?

◯ Yes   ◯ No   ◯ Don't Know

17. Do board members have ongoing opportunities (e.g., paid training, organizational workshops) to regularly participate in trainings, workshops, or other methods to improve their skills to enhance the initiative?

◯ Yes   ◯ No   ◯ Don't Know

18. Does all staff have ongoing opportunities to regularly participate in trainings, workshops, or other methods to appropriately improve their skills to enhance the initiative?

◯ Yes   ◯ No   ◯ Don't Know

19. Do volunteers have ongoing opportunities to regularly participate in trainings, workshops, or other methods to appropriately improve their skills to enhance the initiative?

◯ Yes　　　　◯ No　　　　◯ Don't Know

20. Does the group allocate and set aside resources (e.g., stipends, subsidize volunteer time) in the budget to support leadership development (e.g., retreats, trainings, consultants)?

◯ Yes　　　　◯ No　　　　◯ Don't Know

21. Do new members of the group, including board members, staff, and volunteers, all receive appropriate training and an orientation to the group or initiative?

◯ Yes　　　　◯ No　　　　◯ Don't Know

22. Does the group (i.e., board, staff, partners) work collaboratively in sharing risks, resources, responsibilities, and rewards?

◯ Yes　　　　◯ No　　　　◯ Don't Know

23. Are leaders (e.g., board, staff) able to guide important processes (e.g., board meetings, committees) and act as facilitators?

◯ Yes　　　　◯ No　　　　◯ Don't Know

24. Do all leaders (e.g., board and staff) have clearly defined roles, responsibilities, and expectations for leading in the group?

◯ Yes　　　　◯ No　　　　◯ Don't Know

25. Are leaders (e.g., board, staff, and volunteers) regularly (i.e., at least annually) recognized and rewarded for their contributions to the initiative?

◯ Yes　　　　◯ No　　　　◯ Don't Know

26. Was the group able to effectively identify, respond, and adapt to new or important situations?

◯ Yes　　　　◯ No　　　　◯ Don't Know

27. Was leadership able to connect the group to appropriate resources (e.g., effective programs, funding, volunteers, partners)?

◯ Yes　　　　◯ No　　　　◯ Don't Know

28. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	○	○	○	○	○

29. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

[text box]

30. Comments or recommendations to improve the implementation of this process:

[text box]

* 31. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

[text box]

1. Assessment #9: Assuring Technical Assistance

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

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2. Has the group identified specific areas (e.g., board functioning, evaluation) or processes (e.g., assessment, strategic planning) that could be enhanced through technical assistance and support?

○ Yes   ○ No   ○ Don't Know

3. Has the group assessed the internal capacity of the staff, board members, and partners to provide technical assistance and support based on their areas of knowledge and expertise?

○ Yes   ○ No   ○ Don't Know

4. Has the group identified organizational processes (e.g., strategic planning, evaluation) that are more appropriate to be facilitated through external rather than internal sources of technical assistance or support?

◯ Yes   ◯ No   ◯ Don't Know

5. Has the group (e.g., staff, board members) received technical assistance (currently or in the past) and has it been valued?

◯ Yes   ◯ No   ◯ Don't Know

6. Has the group (e.g., staff, board members) decided upon appropriate technical assistance and support activities?

◯ Yes   ◯ No   ◯ Don't Know

7. Has the group decided on the form or method of technical assistance that is most appropriate for the initiative at its current stage of development?

◯ Yes   ◯ No   ◯ Don't Know

8. Has the group decided who (e.g., staff member, outside source) will provide needed training, information, and technical support for the effort?

◯ Yes   ◯ No   ◯ Don't Know

9. Did the group consider the appropriateness or fit of potential technical assistance providers based on the context, history, experience, and interest of the organization and community?

◯ Yes   ◯ No   ◯ Don't Know

10. Does the group have a plan that includes a timetable, activities, and resulting product (if applicable) for each form of technical assistance to be provided?

◯ Yes   ◯ No   ◯ Don't Know

11. Has the group secured and allocated sufficient resources (e.g., money, time) necessary for the technical assistance?

◯ Yes   ◯ No   ◯ Don't Know

12. Does the group provide regular feedback (e.g., from staff, board, leadership) to providers on satisfaction with technical support received, including strengths and areas for improvement?

◯ Yes   ◯ No   ◯ Don't Know

13. Does the group provide information and other supports needed for technical assistance to be effective (e.g., clear goals for TA, background information on the organization)?

◯ Yes　　　　　　　◯ No　　　　　　　◯ Don't Know

14. Does the group use feedback to make necessary adjustments and adaptations in the technical support it receives?

◯ Yes　　　　　　　◯ No　　　　　　　◯ Don't Know

15. How many activities were completed (responded "Yes") for this task?

[　　　　　]

16. Based on your answer to question #14, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	◯	◯	◯	◯	◯

17. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	◯	◯	◯	◯	◯

18. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

[　　　　　　　　　　　]

19. Comments or recommendations to improve the implementation of this process:

[　　　　　　　　　　　]

＊ 20. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

[　　　　　　　　　　　]

1. Assessment #10: Documenting Progress and Using Feedback

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

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2. Were key stakeholders of the organization (e.g., board members, staff, funders) involved in designing or adapting the documentation system for the initiative?

○ Yes   ○ No   ○ Don't Know

3. Has the group identified the types of data and information (e.g., activities being done, progress being made) that are important to key stakeholders (e.g., board members, clients) and other audiences (e.g., funders, elected officials)?

○ Yes   ○ No   ○ Don't Know

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4. Has the group identified the primary purposes, functions, and uses of data that are collected about the initiative (e.g., to document implementation, to analyze the contribution to outcomes, to make adjustments in the effort)?

◯ Yes   ◯ No   ◯ Don't Know

5. Has the group developed a set of evaluation questions that are important to stakeholders and other key audiences?

◯ Yes   ◯ No   ◯ Don't Know

6. Does the group collect process measures (e.g., satisfaction with the initiative's efforts)?

◯ Yes   ◯ No   ◯ Don't Know

7. Does the group document the activities (implementation of the intervention; changes in communities and systems) used to address the problem/goal?

◯ Yes   ◯ No   ◯ Don't Know

8. Does the group collect longer-term or outcomes measures (e.g., changes in behavior or community-level indicators of improvement)?

◯ Yes   ◯ No   ◯ Don't Know

9. Has the group identified the data sources and assured access to various types of measures (e.g., data from schools or police) to be collected by the initiative?

◯ Yes   ◯ No   ◯ Don't Know

10. Are the types of data that are collected and documented consistent with the measures of success outlined in the initiative's logic model or strategic plan?

◯ Yes   ◯ No   ◯ Don't Know

11. Does the group have an established method for collecting and documenting information that specifies all of the following: (a) the types of data to be collected; (b) who is responsible for documenting and collecting information; (c) how the data will be collected; and (d) how often (and when) the data will be collected?

◯ Yes   ◯ No   ◯ Don't Know

12. Does the group have an established process for systematically recording and categorizing the information (e.g., instances of community and system change; services provided; observations of behavior)?

◯ Yes   ◯ No   ◯ Don't Know

13. Does the group have an established process for regularly assessing the reliability (i.e., accuracy) and the validity (i.e., sensitivity) of the data that are collected?

◯ Yes   ◯ No   ◯ Don't Know

14. Does the group (e.g., staff, board members) regularly (e.g., once a year) review information about the accuracy and completeness of the data?

◯ Yes   ◯ No   ◯ Don't Know

15. Does the group (e.g., staff, board members) regularly (i.e., more than once a year) review the data about the implementation of the intervention or initiative?

◯ Yes   ◯ No   ◯ Don't Know

16. Does the group regularly (i.e., more than once a year) review the evaluation questions and documented data to assess the progress of the initiative?

◯ Yes   ◯ No   ◯ Don't Know

17. Does the group regularly (i.e., more than once a year) analyze (make sense of data) to help make adjustments and improvements to the initiative?

◯ Yes   ◯ No   ◯ Don't Know

18. Does the group review and use data and documented accomplishments to celebrate accomplishments and acknowledge individuals (e.g., staff, partners) for their contributions to the initiative?

◯ Yes   ◯ No   ◯ Don't Know

19. Does the group regularly share and communicate data to key stakeholders (e.g., partners, funders) and others (e.g., government officials) with a stake in the initiative's success?

◯ Yes   ◯ No   ◯ Don't Know

20. How many activities were completed (responded "Yes") for this task?

[   ]

21. Based on your answer to question #19, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	○	○	○	○	○

22. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	○	○	○	○	○

23. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

[   ]

24. Comments or recommendations to improve the implementation of this process:

[   ]

＊ 25. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

[   ]

1. Assessment #11: Making Outcomes Matter

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

*Please note that your answers will not be saved if you leave and come back into a survey that you have already started. However, you are free to exit Survey Monkey between surveys.

＊ 1. What is the name of your Coalition?

- [ ] ATOD Task Force of Healthy Communities St. Charles County
- [ ] Box Butte Family Focus Coalition
- [ ] Buffalo County Community Partners
- [ ] CHA Low Income Services, Inc.
- [ ] Chase County Drug Free Action Team
- [ ] Communities in Schools of Marion County
- [ ] Dottes: An Association of Community Builders
- [ ] Ellis County Community Partnership
- [ ] G.L.W. Children's Council, Inc.
- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Has the group identified indicators of success for different stages of the initiative (e.g., early planning, during implementation, after implementation)?

○ Yes   ○ No   ○ Don't Know

3. Are the success indicators made specific in agreed upon objectives that convey how much or what should be accomplished by when?

○ Yes   ○ No   ○ Don't Know

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4. Do the indicators reflect the interests of identified stakeholders (e.g., board, partners) including those who control important consequences (e.g., funding) for the initiative?

◯ Yes   ◯ No   ◯ Don't Know

5. Does the group regularly (i.e., at least quarterly) communicate or report the progress or status of the initiative to key internal audiences (e.g., leaders, members) of the initiative?

◯ Yes   ◯ No   ◯ Don't Know

6. Does the group regularly (e.g., quarterly, annually) communicate or provide reports regarding the progress of the initiative to important external audiences (e.g., funders, board, committees, partners)?

◯ Yes   ◯ No   ◯ Don't Know

7. Are there clear expectations and requirements (e.g., what will be reported when) for reporting on the activities and outcomes of the initiative to key stakeholders?

◯ Yes   ◯ No   ◯ Don't Know

8. Does the group have clearly established positive and/or negative consequences for performance of key activities (e.g., praise or bonuses for outstanding performance; critical feedback and enhanced monitoring for poor performance)?

◯ Yes   ◯ No   ◯ Don't Know

9. Does the group have clearly established positive and/or negative consequences for attainment of outcomes (e.g., bonus grants and public recognition for improving community-level indicators; contingent loss of grants or other resources for consistently poor record of change or improvement)?

◯ Yes   ◯ No   ◯ Don't Know

10. Has the group identified the conditions under which use of incentives/disincentives is appropriate (e.g., not too early in the initiative; when resources are adequate to expect improvement).

◯ Yes   ◯ No   ◯ Don't Know

11. Are the consequences administered consistently and fairly by key stakeholders (e.g., staff supervisor, board, funders) in positions of authority?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

12. Are the incentives and disincentives administered often enough to be effective (e.g., at least annually) and at the appropriate level(s) of the initiative (e.g., overall initiative, staff, partners)?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

13. Does the group document the activities (e.g., implementation of the intervention; changes in communities and systems) used to address the problem/goal?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

14. Does the group collect longer-term outcome measures (e.g., changes in behavior or community-level indicators of improvement)?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

15. Does the group (e.g., staff, board members) regularly (i.e., more than once a year) review the evaluation questions and documented data to assess the progress of the initiative?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

16. Does the group regularly share and communicate data to key stakeholders (e.g., community members, partners, funders) who care about the initiative's success?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

17. Does the group regularly celebrate the progress of the initiative in implementing activities and attaining anticipated outcomes?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

18. Does the group regularly (i.e., at least annually) provide formal recognition (e.g., newsletter, recognition ceremony) for individuals who contribute to change and improvement (e.g., champions for change)?

◯ Yes　　　　　　◯ No　　　　　　◯ Don't Know

19. How many activities were completed (responded "Yes") for this task?

[   ]

20. Based on your answer to question #18, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	○	○	○	○	○

21. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	○	○	○	○	○

22. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

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[text box]
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23. Comments or recommendations to improve the implementation of this process:

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[text box]
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* 24. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

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[text box]
```

1. Assessment #12: Sustaining the Work of the Initiative

Consider the group's level of implementation for each question and select the appropriate response.

• Select the "yes" response if the group or effort has FULLY IMPLEMENTED the task (i.e., the activity) in the form described in the question.

• Select the "no" response if the group or effort has NOT FULLY IMPLEMENTED the task in the form described in the question. (Select "no" if the task has been only partially implemented.) If the question is not applicable for your group at the present time, select the "no" response.

• Select the "don't know" response if you are unsure or not knowledgeable of if the task has been implemented by the group or effort.

*Please note that your answers will not be saved if you leave and come back into a survey that you have already started. However, you are free to exit Survey Monkey between surveys.

* 1. What is the name of your Coalition?

- [ ] ATOD Task Force of Healthy Communities St. Charles County
- [ ] Box Butte Family Focus Coalition
- [ ] Buffalo County Community Partners
- [ ] CHA Low Income Services, Inc.
- [ ] Chase County Drug Free Action Team
- [ ] Communities in Schools of Marion County
- [ ] Dottes: An Association of Community Builders
- [ ] Ellis County Community Partnership
- [ ] G.L.W. Children's Council, Inc.
- [ ] Mason City Youth Task Force
- [ ] Washington County Community Partnership

2. Has the group identified who makes decisions regarding whether to sustain the initiative and its activities (e.g., a committee, board, partners, funders)?

○ Yes   ○ No   ○ Don't Know

3. Has the group determined whether the overall initiative or project should be sustained?

○ Yes   ○ No   ○ Don't Know

4. Has the group determined whether specific activities (e.g., educational programs, advocacy efforts) should be sustained?

○ Yes   ○ No   ○ Don't Know

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5. Has the group determined the intended duration or length of time (e.g., ongoing, 5 years) that the initiative or activities should be sustained?

◯ Yes   ◯ No   ◯ Don't Know

6. Has the group used evaluation data in making determinations about what should be sustained and for how long?

◯ Yes   ◯ No   ◯ Don't Know

7. Has the group identified the target community or population to participate and assessed whether they would benefit from the sustained (adapted) efforts of the initiative?

◯ Yes   ◯ No   ◯ Don't Know

8. Does the initiative have sufficient internal and external support (e.g., from staff, board, volunteers, partners) to try to sustain the effort, if desired?

◯ Yes   ◯ No   ◯ Don't Know

9. Does the group currently have (or anticipate having) sufficient human resources (e.g., volunteers, staff) necessary to sustain the effort?

◯ Yes   ◯ No   ◯ Don't Know

10. Does the group currently have (or anticipate having) sufficient financial resources (e.g., funding, grants) necessary to sustain the effort?

◯ Yes   ◯ No   ◯ Don't Know

11. Has the group assessed the costs and benefits of its activities and products (i.e., what it has to offer) and that of its competition (i.e., others in the community offering similar activities)?

◯ Yes   ◯ No   ◯ Don't Know

12. Has the group decided what aspects of the initiative and its activities should be maintained (as is, or with adaptations)?

◯ Yes   ◯ No   ◯ Don't Know

13. Has the group identified the amount and type of human resources (e.g., staff, volunteers) and financial resources (e.g., money) needed to sustain the initiative and its essential activities?

◯ Yes   ◯ No   ◯ Don't Know

14. Has the group established a written mission statement, goals and objectives related to sustaining the initiative or its activities?

◯ Yes   ◯ No   ◯ Don't Know

15. Has the group assessed its progress in attaining its anticipated goals and objectives related to sustainability?

◯ Yes   ◯ No   ◯ Don't Know

16. Has the group determined whether the initiative's current mission and objectives need to be expanded or changed to support the sustainability of the initiative?

◯ Yes   ◯ No   ◯ Don't Know

17. Has the group determined the costs of specific activities (e.g., education programs, services) to be maintained by the initiative?

◯ Yes   ◯ No   ◯ Don't Know

18. Has the group established specific short-term and long-term financial goals and a budget including all projected income and expenses?

◯ Yes   ◯ No   ◯ Don't Know

19. Has the group selected specific and appropriate strategies to be used to sustain the initiative and its activities (e.g., becoming a line item in an existing budget, applying for grants)?

◯ Yes   ◯ No   ◯ Don't Know

20. Has the group developed and implemented an action plan for each of the strategies and tactics chosen to sustain the effort (e.g., becoming a line item in an existing budget, fundraising, applying for grants)?

◯ Yes   ◯ No   ◯ Don't Know

21. Were action plans developed (i.e., identifying what will be done, by whom, by when, resources needed) for implementing the components of the sustainability plan?

◯ Yes   ◯ No   ◯ Don't Know

22. Does the group systematically document the activities and results of efforts to secure and maintain resources (e.g., financial resources allocated, in-kind contributions, grants submitted)?

◯ Yes   ◯ No   ◯ Don't Know

23. Does the group regularly review the results of implementation of the plan in reaching its short and long-term goals for sustainability?

◯ Yes   ◯ No   ◯ Don't Know

24. Has the group developed relationships and networks with potential partners and funders that may be interested in supporting the efforts of the initiative over time?

◯ Yes   ◯ No   ◯ Don't Know

25. How many activities were completed (responded "Yes") for this task?

[   ]

26. Based on your answer to question #24, determine the level of implementation of this process.

	Low		Medium		High
Level of Implementation	◯	◯	◯	◯	◯

27. What is the importance of implementing this process for the group or effort?

	Low		Medium		High
Level of Importance	◯	◯	◯	◯	◯

28. Identify factors or considerations that might affect implementation of this process (e.g., the group's stage of development, timing, other demands, available resources):

[▲]
[▼]

29. Comments or recommendations to improve the implementation of this process:

[▲]
[▼]

✱ 30. Please enter the last FOUR digits of your home phone number: (unique identifier will be used by researcher only and will not be shared)

[   ]

Appendix D: Factor Analysis Detailed Results

The following activities or questions from Coalition Process One grouped together under the **factor one**: Activity 7: Were the populations affected by the problem identified and engaged in assessing its importance? Activity 8: Has the group assessed the severity of the problem (e.g., how often it occurs, for how long, with what consequences, for whom)? Activity 9: Has the group identified the key behaviors of whom (i.e., target behaviors) that need to change to affect the immediate problem or conditions that contribute to the problem? Activity 13: Has the group identified organizational or community resources or assets that can be used to help address the problem or goal? Activity 14: Has the group provided an opportunity for local people and other key stakeholders to propose potential solutions for addressing the identified problem or goal? **Factor two** included the following: Activity 5: Has the group collected and reviewed adequate information about the history and context of the problem or goal within the community? Activity 6: Has the group collected and reviewed adequate information (e.g., using surveys, focus groups, interviews) about the extent of the problem/goal and its importance to the community and other key stakeholders? Activity 12: Has the group identified potential barriers or resistance to addressing the problem or goal? Activity 15: Has the group reviewed evidence of the effectiveness of promising approaches to consider whether what worked elsewhere might work well in the local situation? The results of the factor analysis for Coalition Process One suggest that the list of 17 original activities can be reduced to these two factors (nine questions) (Table 1).

Table 1. Coalition Process One: Analyzing Information about Problem/Goal Factor Analysis

Factor 1 Assess Problem	Factor 2 Gather Information
Activity 4 (.42)	Activity 3 (.63)
Activity 7 (.87)	Activity 4 (.54)
Activity 8 (.92)	**Activity 5 (.77)**
Activity 9 (.88)	**Activity 6 (.73)**
Activity 10 (.50)	**Activity 12 (1.0)**
Activity 13 (.82)	**Activity 15 (.94)**
Activity 14 (.98)	Activity 16 (.45)
Activity 16 (.40)	Activity 17 (.57)

*Coalition Process 1 Activities 1, 2, and 11 dropped for insufficient variability.

Coalition Two resulted in one factor including the following activities: Two: The group engaged key stakeholders in the development of the mission statement, providing an opportunity to communicate what the group is going to do and why; Nine: The group's vision and mission statements are consistent with the group's purpose; Ten: The group periodically (e.g., annually) reviews and approves the vision and mission statements and makes necessary adjustments; and Twelve: The group or effort routinely communicates the mission statement to others (e.g., in reports, media interviews, statements to new partners). The results suggest the original list could be reduced from 13 activities or questions to the listed four activities (Table 2).

Table 2. Coalition Process Two: Establishing Vision and Mission Factor Analysis

Factor 1 Vision & Mission
Activity 2 (.93)
Activity 5 (.57)
Activity 8 (.73)
Activity 9 (.84)
Activity 10 (.80)
Activity 11 (.49)
Activity 12 (.73)
Activity 13 (.68)

*Coalition Process 2 Activities 1, 3, 4, 6, and 7 dropped for insufficient variability.

The activities from Coalition Process Three loaded into three factors. <u>Factor one</u> included the following four activities: Six: The organization has a clear governing structure (e.g., steering committee, advisory board, executive board) that is appropriate for the goals of the organization and its stage of development; Eight: There are written descriptions of roles and responsibilities established for all levels of the organizational structure (e.g., board, committees, staff, and volunteers); Ten: The organization has bylaws (i.e., agreed upon rules for how important decisions are made); and Twelve: The group uses and regularly (e.g., annually) reviews the operational procedures (e.g., bylaws, procedural manual) and makes any necessary.

<u>Factor two</u> included 12 activities: Eleven: The organization has a document or manual that summarizes the responsibilities and procedures of the organization (e.g., rules for decision making, financial procedures; Twenty-seven: The organization has written job descriptions and clear responsibilities for all paid positions (e.g., staff, consultants); Twenty-eight: The organization has a fair process and written protocol for recruiting and hiring staff and consultants; Twenty-nine: The organization regularly (at least annually) identifies the training and technical support needs of staff and develops ongoing plans to assure necessary training and support for staff members; Thirty-two: The organization provides regular feedback and formal recognition and rewards to staff for their performance and accomplishments (e.g., oral or written feedback, reward outstanding performance); Thirty-seven: The organization has written statements and clear benchmarks for all staff and volunteers (including board members) regarding how individual performance will be measured and assessed; Thirty-eight: The organization has clearly identified and written roles and responsibilities for the governing structure (e.g., board) and staff (e.g., CEO, financial

officer) used in monitoring financial resources of the organization; Thirty-nine: The organization has an operational budget (i.e., comprehensive master budget) that indicates all income and expenses from all revenue sources (e.g., grants, service contracts); Forty: Written policies and procedures are established and followed to assure appropriate financial procedures and fiscal controls; Forty-one: The organization or group has identified an appropriate level for cash operating reserves (e.g., organization has at least 3 months of operating expense at all times); Forty-three: The organization has a regular audit and review of financial records by a finance professional (i.e., certified public accountant) with no vested interest in the organization; Forty-five: The organization has and uses a plan for securing financial resources for the organization.

Factor three included the following five activities: One: 1. The group regularly assesses organizational strengths and weaknesses; Three: 3.The group regularly identifies organizational needs or barriers; Thirty-three: b. The organization provides regular feedback and formal recognition and rewards to volunteers for their performance and accomplishments (e.g., oral feedback, honoring ceremonies).Thirty-four: The organization formally recognizes and rewards (e.g., provide feedback, honoring ceremonies) the performance and contributions of volunteers; Thirty-five: Volunteers and staff given formal opportunities (e.g., surveys, meetings) to regularly assess or provide feedback to management (e.g., board, supervisors) regarding the organization or group. The factor analysis results suggest the 45 original activities from Process Three could be reduced to 21 activities across three factors (Table 3).

Table 3. Coalition Process Three: Developing Organizational Structure and Operating Mechanism Factor Analysis

Factor 1 Organizational Structure	Factor 2 Organizational Permanent Products & Financing	Factor 3 Organizational Assessment & Recognition
Activity 6 (0.617)	Activity 4 (0.435)	**Activity 1 (0.87)**
Activity 7 (0.433)	Activity 5 (0.372)	Activity 2 (0.660)
Activity 8 (0.628)	Activity 8 (0.563)	**Activity 3 (0.949)**
Activity 10 (0.596)	**Activity 11 (0.767)**	Activity 4 (0.445)
Activity 12 (0.655)	Activity 14 (0.556)	Activity 6 (0.550)
Activity 22 (0.519)	Activity 19 (0.683)	Activity 7 (0.411)
	Activity 20 (0.678)	Activity 9 (0.619)
	Activity 21 (0.540)	Activity 17 (0.302)
	Activity 22 (0.560)	Activity 18(0.413)
	Activity 24 (0.554)	Activity 23 (0.562)
	Activity 25 (0.627)	Activity 26 (0.550)
	Activity 26 (0.470)	Activity 30 (0.429)
	Activity 27 (0.755)	**Activity 33 (0.996)**
	Activity 28 (0.843)	**Activity 34 (0.939)**
	Activity 29 (0.822)	**Activity 35 (0.823)**
	Activity 30 (0.555)	
	Activity 31 (0.670)	
	Activity 32 (0.801)	
	Activity 36 (0.586)	
	Activity 37 (0.898)	
	Activity 38 (0.736)	
	Activity 39 (0.856)	
	Activity 40 (0.822)	
	Activity 41 (0.951)	
	Activity 42 (0.672)	
	Activity 43 (0.720)	
	Activity 44 (0.696)	
	Activity 45 (0.827)	

*Coalition Process 3 Activities 13, 15, and 16 dropped for insufficient variability.

The activities from Coalition Process Four loaded into two factors which included four activities each. The first factor included the following activities: Seven: The framework includes a brief description of the context (e.g., history of the problem) and conditions (e.g., political situation) of the community or effort related to the problem and goal; Eight: The framework includes a description of the key inputs (i.e., resources and supports available,

barriers or constraints to be overcome) relevant to the group; Thirteen: The logic model

shows relationships and an expected sequence (e.g., directional arrows) for implementing the

components and elements of the logic model; Fourteen: The logic model shows expected

connections between activities and effects over time. Factor two, Logic Model Utility,

included the following activities: Three: The group identified uses for the logic model with

both internal audiences (e.g., staff, board) and external audiences (e.g., funders); Five: The

group has a logic model or framework that provides a visual depiction, picture, or diagram

for how it will get from here (present conditions) to there (intended results/outcomes).;

Fifteen: The group uses the logic model to communicate the approach of the organization or

effort for addressing the problem or goal (e.g., in grant applications, orienting new members,

recruiting partners); Sixteen: The group regularly (i.e., annually) reviews and updates the

logic model(s) of the initiative or program. Results suggest the original 16 questions could be

reduced to include the eight activities listed below (Table 4).

Table 4. Coalition Process Four: Developing a Framework or Model of Change Factor
Analysis

Factor 1 Logic Model Components	Factor 2 Logic Model Utility
Activity 7 (0.741)	Activity 2 (0.618)
Activity 8 (0.994)	**Activity 3 (0.719)**
Activity 9 (0.544)	Activity 4 (0.542)
Activity 13 (0.722)	**Activity 5 (0.777)**
Activity 14 (0.876)	Activity 6 (0.601)
	Activity 9 (0.507)
	Activity 15 (0.935)
	Activity 16 (1.089)

*Coalition Process 4 Activities 1, 10, and 11-12 dropped for insufficient variability.

Coalition Process Five loaded into two factors that included three activities in the first

factor and four activities in the second factor. Factor one included activities: Three: The

group has a written vision statement (usually a few words) for the initiative that is clear,

concise, and positive; Ten: The group has written objectives to guide the efforts of the

initiative; Sixteen: The group has identified strategies to be used at various levels (e.g.,

individuals, families, organization, community) targeted by the initiative. Factor two

included: Eleven: The objectives indicate how much of what will be accomplished by when;

Twenty: Each selected strategy/intervention identifies the new or modified programs,

policies, or practices to be brought about in the community? Twenty-one: Action steps were

created to support the implementation of each identified strategy or component of the

intervention? Twenty-two: The action plans indicate: what will done, by whom (person

responsible), by when, what resources are needed, and communication (who should know

what about this)? The 26 original activities from Coalition Process Five could be reduced to

seven as a result of the factor analysis (Table 5).

Table 5. Coalition Process Five: Developing and Using Strategic and Action Plans Factor
Analysis

Factor 1 Organizational Plan: Structure	Factor 2 Organizational Plan: Components
Activity 2 (0.745)	Activity 8 (0.651)
Activity 3 (0.814)	Activity 9 (0.771)
Activity 6 (0.636)	**Activity 11 (0.884)**
Activity 7 (0.536)	Activity 14 (0.536)
Activity 10 (0.972)	**Activity 20 (0.953)**
Activity 14 (0.471)	**Activity 21(0.834)**
Activity 15 (0.754)	**Activity 22 (1.250)**
Activity 16 (0.807)	Activity 24 (0.754))
Activity 25 (0.524)	Activity 26 (0.626)

*Coalition Process 5 Activities 1, 4-5, 12-13, and 17-20 dropped for insufficient variability.

The activities from Coalition Process Six loaded into only one factor. Those activities

included: One: The group has identified the need for one or more individuals to serve as a

community mobilizer (organizer or facilitator) to be responsible for (1) building relationships

with constituents and key stakeholders and (2) facilitating changes (i.e., new or modified

programs, policies, and practices) in the community or system; Two: The group currently has

one or more individuals that as a core function of their job are responsible for building relationships and facilitating changes in the community or system; Six: The mobilizer (or individuals serving in this capacity) is responsible for facilitating changes (i.e., new or modified programs, policies, and practices) in the community; Ten: An appropriate work environment (e.g., office) and resources (e.g., salary) have been arranged to support the community mobilizer (or a similar position); Thirteen: The community mobilizer is knowledgeable of the history of the organization, community, and initiative; Fourteen: The current community mobilizer works effectively with diverse members and representatives of the community or prioritized population; Sixteen: The community mobilizer has helped the group to facilitate the implementation of activities and changes (i.e., new or modified programs, policies, and practices) in the community related to the initiative's mission; Seventeen: The community mobilizer is considered a resource or asset by the community or prioritized population? Eight coalition activities explained the observed variance among items within Coalition Process Six and results suggest the reduced list of 17 activities could be used (Table 6).

Table 6. Coalition Process Six: Arranging for Community Mobilization Factor Analysis

Factor 1

Community Mobilizer

Activity 1 (0.935)
Activity 2 (0.921)
Activity 3 (0.791)
Activity 6 (0.896)
Activity 7 (0.780)
Activity 8 (0.781)
Activity 9 (0.803)
Activity 10 (0.898)
Activity 11 (0.843)
Activity 12 (0.880)
Activity 13 (0.977)
Activity 14 (0.971)
Activity 16 (0.986)
Activity 17 (0.955)

*Coalition Process 6 Activities 4-5 and 15 dropped for insufficient variability.

Seven activities loaded into the <u>first</u> of three factors for Coalition Process 7,

including: One: The group has specified (e.g., in the bylaws) the appropriate number of

leaders (e.g., board members, staff positions) necessary to support the current efforts of the

group; Six: The group regularly (i.e., annually) assesses the composition (e.g., background,

experience, expertise) of the leadership team, including the board (i.e., governing body) and

staff to better identify and recruit leaders based on the identified needs of the leadership

team; Seven: The group has identified the core leadership tasks and related skills (e.g.,

managing, representing the group) necessary to support the initiative; Eight: The group

regularly (i.e., annually) assesses the strengths and weaknesses of the current leadership team

including the board and staff to identify and recruit leaders based on the identified needs of

the leadership team; Ten: The group has a formal process (e.g., nominating committee,

selection committee, hiring process) for recruiting new leaders including identifying,

nominating, and selecting new leaders to both the board and as staff? Twenty: New members

of the group including board members, staff, and volunteers have all received appropriate

training and an orientation to the group or initiative; Twenty-three: All leaders (e.g., board and staff) have clearly defined roles, responsibilities, and expectations for leading in the group.

Factor two included the following activities: Five: e.Current leadership including board members and staff have sufficient resources (e.g., funding) and supports (e.g., active board, accountability) to lead the organization; Sixteen: Board members have ongoing opportunities (e.g., paid training, organizational workshops) to regularly participate in trainings, workshops, or other methods to improve their skills to enhance the initiative, Seventeen: All staff have ongoing opportunities to regularly participate in trainings, workshops, or other methods to appropriately improve their skills to enhance the initiative; Eighteen: Volunteers have ongoing opportunities to regularly participate in trainings, workshops, or other methods to appropriately improve their skills to enhance the initiative.

Three activities explained the variance in the third factor including: Eleven: The group has a written plan to support the development of leadership within the group, including both the board and staff; Twelve: The group has written goals for leadership development to support diverse leadership within the group (e.g., including age, ethnic background, skills, and experience with the issue); Fourteen: d. The group has written goals for leadership development to enhance the skills and expertise of the leadership team (e.g., including board members and staff). The fourteen activities listed in Table 7 account for the majority of variance between the 26 activities in Coalition Process 7: Developing Leadership.

Table 7. Coalition Process Seven: Developing Leadership Factor Analysis

Factor 1 Leadership Roles	Factor 2 Leadership Opportunities	Factor 3 Leadership Permanent Products
Activity 1 (0.785)	**Activity 5 (0.834)**	**Activity 11 (0.872)**
Activity 2 (0.686)	Activity 13 (0.442)	**Activity 12 (0.986)**
Activity 6 (0.909)	Activity 15 (0.432)	Activity 13(0.316)
Activity 7 (0.831)	**Activity 16 (1.022)**	**Activity 14(0.816)**
Activity 8 (1.008)	**Activity 17 (0.915)**	
Activity 10 (0.794)	**Activity 18 (0.806)**	
Activity 13 (0.308)	Activity 19 (0.655)	
Activity 15 (0.558)		
Activity 20 (0.703)		
Activity 21 (0.639)		
Activity 23 (0.709)		
Activity 24 (0.698)		

*Coalition Process 7 Activities 3, 4, 9, 22, and 25-26 dropped for insufficient variability.

Of the 24 activities in Coalition Process Eight: Implementing Effective Interventions, a subset of 11 activities (loaded into 2 factors), described the majority of observed variance and results suggest the reduced list could be used to assess Coalition Process Eight (Table 8). Factor one included: One: The group regularly (i.e., annually) provides opportunities for those from the prioritized group or population to be involved in developing, selecting, or providing feedback regarding potential and current interventions (i.e., activities) of the initiative; Two: The group regularly (i.e., annually) provides opportunities for other key stakeholders (e.g., staff, program implementers, funders) to be involved in developing, selecting, or providing feedback regarding potential and current interventions (i.e., activities) facilitated by the initiative; Seven: The group considers "what works" or "what doesn't work", especially in the prioritized community or population, when selecting, developing, or adapting an intervention (i.e., activities); Eight: The group considers how the intervention (i.e., activities) needs to be developed or adapted to fit the needs of the local people, context, and resources; Seventeen: Organizational leaders (e.g., board and staff) regularly (e.g., quarterly) review and assess data on documented activities to assess the progress of the

initiative in implementing the intervention; Nineteen: Organizational leaders (e.g., board and staff) regularly (e.g., annually) review and assess outcome data related to the effective implementation of the intervention(s); Twenty-one: The group (e.g., staff and board members) makes necessary adjustments to the intervention based on a regular (e.g., annual) review and use of the data and other information from the evaluation; Twenty-two: The group is effective in identifying and responding to barriers and opposition experienced in implementing the intervention.

Factor <u>two</u> included two activities: Three: The group has specific objectives or measures of success to be achieved by potential or current interventions (i.e., activities) implemented by the initiative; Eighteen: The group collects outcome data to assess the contribution of the intervention towards change and improvement in behaviors and longer-term outcomes (e.g., high-school graduation rates) targeted by the intervention(s).

Table 8. Coalition Process Eight: Implementing Effective Interventions Factor Analysis

Factor 1 Intervention Implementation	Factor 2 Intervention Measurement
Activity 1 (0.800)	**Activity 3 (0.952)**
Activity 2 (0.784)	Activity 4 (0.492)
Activity 4 (0.592)	Activity 6 (0.483)
Activity 6 (0.608)	Activity 10 (0.597)
Activity 7 (0.801)	Activity 12 (0.544)
Activity 8 (1.021)	Activity 13 (0.556)
Activity 9 (0.616)	Activity 14 (0.509)
Activity 12 (0.537)	Activity 15 (0.515)
Activity 13 (0.473)	Activity 16 (0.408)
Activity 14 (0.414)	**Activity 18 (0.943)**
Activity 16 (0.456)	Activity 20 (0.377)
Activity 17 (0.772)	
Activity 19 (0.713)	
Activity 20 (0.422)	
Activity 21 (0.767)	
Activity 22 (0.853)	
Activity 23 (0.649)	
Activity 24 (1.023)	

*Coalition Process 8 Activities 5 and 11 dropped for insufficient variability.

The factor analysis from Coalition Process Nine loaded into two factors with eight activities (Table 9). Factor one included both Activity One: The group has identified specific areas (e.g., board functioning, evaluation) or processes (e.g., assessment, strategic planning) that could be enhanced through technical assistance and support; and Two: The group has assessed the internal capacity of the staff, board members, and partners to provide technical assistance and support based on their areas of knowledge and expertise.

Factor two included: Five: The group (e.g., staff, board members) has decided upon appropriate technical assistance and support activities; Seven: The group has decided who (e.g., staff member, outside source) will provide needed training, information, and technical support for the effort; Eight: The group considered the appropriateness or fit of potential technical assistance providers based on the context, history, experience, and interest of the organization and community; Nine: The group has a plan that includes a timetable, activities, and resulting product (if applicable) for each form of technical assistance to be provided; Ten: The group has secured and allocated sufficient resources (e.g., money, time) necessary for the technical assistance; Twelve: The group provides information and other supports needed for technical assistance to be effective (e.g., clear goals for TA, background information on the organization).

Table 9. Coalition Process Nine: Assuring Technical Assistance Factor Analysis

Factor 1 *Technical Assistance Needs*	Factor 2 *Technical Assistance Plans*
Activity 1 (0.966)	**Activity 5 (0.706)**
Activity 2 (0.746)	Activity 6 (0.688)
Activity 3 (0.602)	**Activity 7 (0.915)**
	Activity 8 (0.767)
	Activity 9 (0.869)
	Activity 10 (0.978)
	Activity 12 (0.708)
	Activity 13 (0.550)

*Coalition Process 9 Activities 4 and 11 dropped for insufficient variability.

Coalition Process Ten also loaded into two factors. <u>Factor one</u> included three

activities: One: The group has identified the types of data and information (e.g., activities

being done, progress being made) that are important to key stakeholders (e.g., board

members, clients) and other audiences (e.g., funders, elected officials); Two: The group has

identified the primary purposes, functions, and uses of data that are collected about the

initiative (e.g., to document implementation, to analyze the contribution to outcomes, to

make adjustments in the effort); Six: The group documents the activities (implementation of

the intervention; changes in communities and systems) used to address the problem/goal.

Factor two included: Ten: The group has an established method for collecting and

documenting information that specifies all of the following: (a) the types of data to be

collected; (b) who is responsible for documenting and collecting information; (c) how the

data will be collected; and (d) how often (and when) the data will be collected; Twelve: The

group has an established process for regularly assessing the reliability (i.e., accuracy) and the

validity (i.e., sensitivity) of the data that are collected; Thirteen: The group (e.g., staff, board

members) regularly (e.g., once a year) reviews information about the accuracy and

completeness of the data, Fifteen: The group regularly (i.e., more than once a year) reviews

the evaluation questions and documented data to assess the progress of the initiative;

Seventeen: The group reviews and uses data and documented accomplishments to celebrate

accomplishments and acknowledge individuals (e.g., staff, partners) for their contributions to

the initiative. Eight activities explained the variance from the group of eighteen activities in

Coalition Process Ten (Table 10).

Table 10. Coalition Process Ten: Documenting Progress and Using Feedback Factor Analysis

Factor 1 Documentation	Factor 2 Data Management
Activity 1 (0.683)	**Activity 10 (0.795)**
Activity 2 (0.961)	**Activity 12 (0.876)**
Activity 3 (0.790)	**Activity 13 (0.805)**
Activity 4 (0.689)	Activity 14 (1.039)
Activity 6 (0.805)	**Activity 15 (0.928)**
Activity 7 (0.593)	Activity 16 (0.563)
	Activity 17 (0.717)
	Activity 18 (0.669)

*Coalition Process 10 Activities 4 and 11 dropped for insufficient variability.

The activities from Coalition Process Eleven loaded into 2 factors including 13 activities from the original set of 17. The results suggest this reduced set of activities could be used (Table 11). The first factor included: One: The group has identified indicators of success for different stages of the initiative (e.g., early planning, during implementation, after implementation); Two: The success indicators are made specific in agreed upon objectives that convey how much or what should be accomplished by when; Eight: The group has clearly established positive and/or negative consequences for attainment of outcomes (e.g., bonus grants and public recognition for improving community-level indicators; contingent loss of grants or other resources for consistently poor record of change or improvement); Nine: The group has identified the conditions under which use of incentives/disincentives is appropriate (e.g., not too early in the initiative; when resources are adequate to expect improvement); Ten: The consequences are administered consistently and fairly by key stakeholders (e.g., staff supervisor, board, funders) in positions of authority; Eleven: The incentives and disincentives are administered often enough to be effective (e.g., at least annually) and at the appropriate level(s) of the initiative (e.g., overall initiative, staff, partners).

Factor two included seven activities: Four: The group regularly (i.e., at least quarterly) communicates or reports the progress or status of the initiative to key internal audiences (e.g., leaders, members) of the initiative; Five: The group regularly (e.g., quarterly, annually) communicates or provides reports regarding the progress of the initiative to important external audiences (e.g., funders, board, committees, partners); Six: There are clear expectations and requirements (e.g., what will be reported when) for reporting on the activities and outcomes of the initiative to key stakeholders; Fourteen: The group (e.g., staff, board members) regularly (i.e., more than once a year) reviews the evaluation questions and documented data to assess the progress of the initiative; Fifteen: The group regularly shares and communicates data to key stakeholders (e.g., community members, partners, funders) who care about the initiative's success; Sixteen: The group regularly celebrates the progress of the initiative in implementing activities and attaining anticipated outcomes; Seventeen: The group regularly (i.e., at least annually) provides formal recognition (e.g., newsletter, recognition ceremony) for individuals who contribute to change and improvement (e.g., champions for change).

Table 11. Coalition Process Eleven: Making Outcomes Matter Factor Analysis

Factor 1	*Factor 2*
Indicators of Success: Contingencies	*Indicators of Success: Communication*
Activity 1 (0.914)	**Activity 4 (0.980)**
Activity 2 (0.889)	**Activity 5 (0.953)**
Activity 3 (0.766)	**Activity 6 (0.712)**
Activity 7 (0.797)	Activity 12 (0.499)
Activity 8 (0.986)	Activity 13 (0.517)
Activity 9 (0.925)	**Activity 14 (0.739)**
Activity 10 (0.972)	**Activity 15 (0.905)**
Activity 11 (1.117)	**Activity 16 (0.978)**
	Activity 17 (0.868)

The activities from Coalition Process 12 loaded into three factors that included 11 activities. The original set of activities from this process included 23 activities. Factor one included seven activities: Two: The group has determined whether the overall initiative or project should be sustained; Three: The group has determined whether specific activities (e.g., educational programs, advocacy efforts) should be sustained; Four: The group has determined the intended duration or length of time (e.g., ongoing, 5 years) that the initiative or activities should be sustained; Five: The group has used evaluation data in making determinations about what should be sustained and for how long; Six: The group has identified the target community or population to participate and assessed whether they would benefit from the sustained (adapted) efforts of the initiative; Ten: The group has assessed the costs and benefits of its activities and products (i.e., what it has to offer) and that of its competition (i.e., others in the community offering similar activities); Sixteen: The group has determined the costs of specific activities (e.g., education programs, services) to be maintained by the initiative.

Factor two included one activity: Eight: The group currently has (or anticipates having) sufficient human resources (e.g., volunteers, staff) necessary to sustain the effort. Factor three included three activities: Thirteen: The group has established a written mission statement, goals and objectives related to sustaining the initiative or its activities; Twenty-one: The group systematically documents the activities and results of efforts to secure and maintain resources (e.g., financial resources allocated, in-kind contributions, grants submitted); Twenty-three: The group has developed relationships and networks with potential partners and funders that may be interested in supporting the efforts of the initiative

over time. The results of the factor analysis for Coalition Process Twelve suggest eleven

activities could be used (Table 12).

Table 12. Coalition Process Twelve: Sustaining the Work of the Initiative Factor Analysis

Factor 1 Sustainability: Assessment	Factor 2 Sustainability: Human Resources	Factor 3 Sustainability: Plan
Activity 2 (0.947)	Activity 7 (0.656)	Activity 9 (0.577)
Activity 3 (0.926)	**Activity 8 (0.864)**	**Activity 13 (0.987)**
Activity 4 (0.980)	Activity 9 (0.634)	Activity 14 (0.460)
Activity 5 (1.101)		Activity 20 (0.575)
Activity 6 (0.703)		**Activity 21 (0.783)**
Activity 7 (0.595)		Activity 22 (0.464)
Activity 10 (0.840)		**Activity 23 (0.907)**
Activity 11 (0.668)		
Activity 12 (0.684)		
Activity 14 (0.655)		
Activity 15 (0.601)		
Activity 16 (0.837)		
Activity 18 (0.476)		
Activity 19 (0.628)		
Activity 20 (0.458)		
Activity 22 (0.581)		

*Coalition Process 12 Activities 3, 4, 9, and 22 dropped for insufficient variability.