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# Consumer Voices for Coverage: Advocacy Evaluation Toolkit

*Robert Wood Johnson Foundation Consumer Voices for Coverage Evaluation*

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MATHEMATICA Policy Research

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Julia Coffman, who is the director of the Center for Evaluation Innovation, was a consultant to the evaluation team. Julia helped pioneer advocacy evaluation and is one of its most recognized and accomplished practitioners. Her encouragement and contributions to the Consumer Voices for Coverage evaluation design and early reports improved our work considerably.

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## About the Advocacy Evaluation Toolkit

**Where the Toolkit came from.** In 2008, through a grant program called Consumer Voices for Coverage, the Robert Wood Johnson Foundation (RWJF) funded coalitions of consumer organizations in 12 states to advocate for public policies that would expand health insurance coverage (Table 1). The Foundation made grants to a lead organization in each state and required each grantee to partner with other organizations that represented health care consumers to decide what types of public policies to support, build their capacity to conduct advocacy (Table 2), and develop and implement advocacy strategies.

The Foundation funded Mathematica Policy Research to evaluate the Consumer Voices for Coverage program. This Advocacy Evaluation Toolkit is a product of the evaluation. It consists of the data collection tools Mathematica developed and used in the evaluation, which ended in 2011.

**Who may find the Toolkit useful?** Mathematica developed the Toolkit in response to Consumer Voices for Coverage grantees' interest in strengthening their ability to evaluate their own organizations and advocacy efforts in the future. The Toolkit is mainly intended to help the grantees and other advocacy organizations collect and analyze data using the instruments and methods Mathematica used in its evaluation. Therefore, we designed it for people who might not be familiar with evaluation procedures and methods. Given the challenges of evaluating advocacy (Coffman 2009; Raynor et al. 2009), evaluators and organizations that fund advocacy might find the instruments contained in the Toolkit helpful.

**What's in the Toolkit?** The Advocacy Evaluation Toolkit contains the instruments Mathematica used to collect data for evaluating the Consumer Voices for Coverage program. It explains how the instruments were developed, what each was designed to measure, and how Mathematica used them for the evaluation. Although the instruments in the Toolkit were designed to collect data for the grant program and reflect its structure and goals, they can be adapted for other situations and uses, ranging from an organization's informal self-assessment to shape its activities to a comprehensive evaluation. The Toolkit suggests some of these adaptations. For people who might not be familiar with evaluation methods, the Toolkit also describes some basic points on how to plan and conduct an evaluation.

**Important definitions.** Throughout this document, we use several terms in very specific ways. We consider *advocacy* as efforts to shift public policy. It comprises "the strategies devised, actions taken, and solutions proposed to inform or influence local, state, or federal decision-making."[1] Advocates may seek to influence any of the four stages of policy-making: (1) setting the agenda (defining issues to be addressed), (2) specifying alternatives from which a choice is to be made, (3) choosing among specified alternatives, and (4) implementing a decision. By *coalition* we mean the organizations and individuals involved in each site as part of the coalition or efforts funded through Consumer Voices for Coverage. By *leadership team* we mean the formal group of individuals and organizations that made decisions for each coalition. In the sections on conducting evaluations, we refer to evaluating projects, but we use the term *project* broadly to indicate a set of one or more

[1] Weiss, Heather. "From the Director's Desk." *Evaluation Exchange,* vol. 12, no. 1, spring 2007.

activities, initiatives, or efforts; an organization conducting such activities; or a group of organizations working together to achieve a common goal.

**Table 1. Consumer Voices for Coverage States, Grantees, and Advocacy Coalitions**

| Consumer Voices for Coverage States | Grantees | Advocacy Coalitions |
|---|---|---|
| California | Health Access Foundation | It's Our Health Care |
| Colorado | Colorado Consumer Health Initiative | Colorado Voices for Coverage |
| Illinois | Campaign for Better Health Care | Health Care Justice Campaign—Health Care for All |
| Maine | Consumers for Affordable Health Care Foundation | Maine Consumer Voices for Coverage |
| Maryland | Maryland Citizens' Health Initiative Education Fund, Inc. | Maryland Health Care for All! |
| Minnesota | TakeAction Minnesota Education Fund | Minnesota Affordable Health Care for All |
| New Jersey | New Jersey Citizen Action Education Fund | New Jersey Consumer Voices for Coverage |
| New York | The Community Service Society | Health Care for All New York |
| Ohio | Universal Health Care Action Network of Ohio, Inc. | Ohio Consumer Voices for Health Coverage |
| Oregon | Oregon Health Action Campaign | Consumer Voices for Coverage |
| Pennsylvania | Philadelphia Unemployment Project/Unemployment Information Center | Pennsylvania Health Access Network |
| Washington | Washington Community Action Network Education and Research Fund | Secure Health Care for Washington |

**Table 2. Core Advocacy Capacities to Be Strengthened by Consumer Voices for Coverage**

| Capacity | Definition |
|---|---|
| Coalition building | Build and sustain strong broad-based coalitions and maintain strategic alliances with other stakeholders |
| Grassroots organizing | Build a strong grassroots base of support |
| Policy analysis | Analyze complex legal and policy issues in order to develop winnable policy alternatives that will attract broad support |
| Campaign implementation | Develop and implement health policy campaigns |
| Media and communications | Design and implement media and other communications strategies to build timely public and political support for reform and to weaken opposition arguments |
| Resource development | Generate resources from diverse sources for infrastructure and core functions as well as for campaigns |

Source: Community Catalyst. "Consumer Health Advocacy: A View from 16 States." Boston, MA: Community Catalyst, 2006.

## Content of the Advocacy Evaluation Toolkit

The Advocacy Evaluation Toolkit consists of five components:

1. An overview of the Consumer Voices for Coverage evaluation
2. A brief section on planning and conducting an evaluation, which emphasizes the value of developing a logic model for the project that will be evaluated
3. Sections on each of three instruments we used to obtain data on coalition members and activities and a fourth instrument we used to collect data from policy-makers on the Consumer Voices for Coverage coalition's role in debates on health insurance coverage and other health care issues in their states
4. A section on describing other potential sources of evaluation data, such as focus groups and interviews, with information on how they can be used for evaluation or to inform program performance, and examples from the Consumer Voices for Coverage evaluation
5. A bibliography listing Consumer Voices for Coverage evaluation reports, additional resources on evaluation methods, and suggested citations when using the included evaluation instruments

In addition to the data collection instruments, the Toolkit includes the following:

- A description of the purpose of each instrument and its development, content, and what it measured
- An overview of how we used the instrument in the Consumer Voices for Coverage evaluation—the respondents, how we administered it, and how we analyzed the data
- Suggestions on how others can use the instrument for their own evaluation or assessment

## Overview of the Consumer Voices for Coverage Evaluation

The Robert Wood Johnson Foundation funded Mathematica Policy Research to evaluate the Consumer Voices for Coverage grant program—a joint endeavor between the Foundation, which funded consumer coalitions in 12 states, and Community Catalyst, the organization that created the model for the program through its study of successful consumer health advocacy in 16 states, published in 2006. The Foundation wanted to learn (1) how the consumer advocacy coalitions were structured and how they operated, (2) whether the coalitions' advocacy capacity activities increased over the life of the program, and (3) whether and how the coalitions influenced state health coverage policy. To address these questions, Mathematica conducted a mixed-methods evaluation. For the evaluation, we developed instruments to collect data early in the program (baseline data), during the implementation of the grant, and near the end of the grant program (follow-up data) (Table 3). Each instrument contributed data used to address several content areas needed to address the Foundation's evaluation questions (Table 4).

The evaluation found that during the three-year grant period, most Consumer Voices for Coverage coalitions coalesced and involved themselves in health insurance coverage and related policy discussions, adding the consumer's voice to important policy debates in their states. By the end of the grant period, there were statistically significant increases in coalition building, grassroots organizing, campaign implementation, media and communications, and fund-raising capacity measured across grantees. A majority of state policy-makers reported that consumers became more involved and effective in shaping health policy. The evaluation produced a variety of reports and articles describing these and other outcomes, along with the progress of the grants. (See the Bibliography for a list of Consumer Voices for Coverage publications.) It also provided baseline and follow-up reports to each grantee on the structure of their leadership teams and the relationships among team members.

**Table 3. Purpose, Methodology, and Analytical Techniques Associated with each Consumer Voices for Coverage Data Collection Instrument**

| | | Methodological Issues | | | Analytical Techniques | | |
|---|---|---|---|---|---|---|---|
| **Data Collection Instrument** | **Purpose** | **When Fielded** | **How Administered** | **Respondents** | **Qualitative Analysis** | **Quantitative Analysis** | **Network Analysis** |
| **Capacity assessment** | To assess six capacities for each program and changes over time | Years 1 and 3 | Email | Grantee, program office, evaluation team | ✓ | ✓ | |
| **Leadership team survey** | To assess leadership team operations and perceptions of Consumer Voices for Coverage coalition outcomes and how they changed over time | Years 1 and 3 | Email (baseline); web-based survey (followup) | Leadership team members (between 4 and 30 in each coalition) | ✓ | ✓ | ✓ |
| **Policy-maker interview discussion guide** | To obtain policy-maker perceptions on the state policy environment around health coverage issues and involvement and influence of consumer advocates in policy debates | Years 1 and 3 | Telephone | An average of three (baseline) and six (followup) policy-makers per state | ✓ | ✓ | |
| **Activity reports** | To obtain information on coalition activities and achievements | Years 1 through 3 | Email | Grantee staff | ✓ | | |
| **Guides for focus groups and interviews with participants** | To obtain information on select topical areas using an interactive process | Years 1 through 3 | In-person at annual conference and telephone | Grantee staff and leadership team members | ✓ | | |

**Table 4. Topics Associated with Each Consumer Voices for Coverage Evaluation Instrument**

| Topic | Evaluation Instrument | | | | |
|---|---|---|---|---|---|
| | Capacity Assessment | Leadership Team Survey | Policy-Maker Interview Discussion Guide | Activity Reports | Guides for Focus Groups and Interviews with Participants |
| **Advocacy Capacity** | | | | | |
| Coalition capacity | ✓ | ✓ | ✓ | ✓ | ✓ |
| Organization capacity | | ✓ | | | ✓ |
| **Leadership Team Structure and Process** | | | | | |
| Organization characteristics | | ✓ | | | |
| Policy-maker contacts/activities | | ✓ | | ✓ | |
| Leadership team organization relationships | | ✓ | | | |
| Leadership team activities | | ✓ | | ✓ | |
| Leadership team operations | ✓ | ✓ | | ✓ | ✓ |
| Benefits from participation | | ✓ | | | ✓ |
| Consumer Voices for Coverage coalition objectives and effectiveness | | ✓ | ✓ | | ✓ |
| Expectations for coalition's future | | ✓ | | | |
| Leadership team role | | | | | ✓ |
| Changes in leadership team and coalition | | | | ✓ | ✓ |
| Challenges in leadership team members working together | ✓ | | | | ✓ |
| Leadership team meetings | | | | ✓ | |
| **Policy Issues and Influence** | | | | | |
| Developing coalition policy positions | | | | | ✓ |
| Coalition policy issue involvement/influence | | ✓ | ✓ | | ✓ |
| Consumer group involvement in/influence on policy debate | | | ✓ | | ✓ |
| Coalition involvement in/ influence on policy debate | | | ✓ | | ✓ |
| Federal health reform/post-reform | | ✓ | ✓ | | ✓ |
| Policy achievements | | | ✓ | ✓ | |
| **Other** | | | | | |
| Communications and messaging | ✓ | | | ✓ | ✓ |
| Grant requirements for the coalition and leadership team | | ✓ | | | ✓ |
| Political and fiscal environment | | | ✓ | ✓ | ✓ |
| Program technical assistance | | | | ✓ | ✓ |
| Coalition sustainability | | | | | ✓ |
| Knowledge of Consumer Voices for Coverage coalition | | | ✓ | | |

## Evaluating Your Advocacy Program

**The applicability of Consumer Voices for Coverage evaluation methods to other advocacy and program assessments and evaluations**. Project participants or funders, advocates, and others can use the Consumer Voices for Coverage instruments for a variety of assessment and evaluation activities, from informal gathering of opinions of advocates to more formal and detailed evaluations of an advocacy activity, project, or partnership. There are many reasons why organizations and project participants or funders might want to evaluate their advocacy efforts. Funders or participants might want to know whether their advocacy strategies succeeded and to what degree they did so.[2] Participants might want to document the success of their advocacy efforts or changes in the capacities. Advocates and funders might want to examine the characteristics of involved organizations and the experiences and perceptions of those involved. Seeing evaluation results can also reinforce the commitment of project participants by helping them to see the effects of their work. Evaluation can also identify strengths and weaknesses of a project, or areas in which goals have not been achieved or in which there is a need or potential for improvement in partnerships or strategies. The process of planning an evaluation, along with its findings, can promote reflection among those involved to consider what they have (or have not) achieved, what their remaining goals are, and what activities they have to implement to achieve those goals. Finally, evaluation tools may also be used to promote collaboration, for example, by encouraging project members to share their experiences and ideas with each other. For each of the evaluation instruments in the Toolkit, we provide examples of how they can be used for such purposes.

**Citing the authors of the Consumer Voices for Coverage data collection instruments.** Permission is not needed to use or modify the evaluation instruments, though, in the Bibliography, we provide suggested citations for the instruments that we ask users to include in reports or other dissemination materials, as appropriate.

**Steps in evaluating an advocacy program.** The steps in evaluating an advocacy project follow. Additional resources that provide more detailed guidance on how to conduct evaluations are listed in the Bibliography.

> ***Caveat:*** *Advocates should consider whether their ability to design and conduct an evaluation themselves—including developing data collection instruments, collecting data, and analyzing or reporting on data—is sufficient for their needs. Poorly designed evaluations can generate misleading findings, so recognizing when the evaluation may require an evaluation expert or an outside perspective is important.*

**Step 1. Establish a logic model.** Logic models are visual aids that show the connections between a program, its activities, and its goals. They help explain your theory of change (the

[2] Success in advocacy can be defined in a variety of ways. Because political environments and agendas can shift quickly due to factors outside the control of advocates, measuring a variety of policy-related outcomes is desirable. Tracking progress toward intermediate goals, such as whether needed coalitions are being formed, if capacity is increasing, and the level of advocacy activities under way, can also be important.

mechanism behind achieving the outcomes you care about) and a theory of action (how a project's activities bring about the change). A logic model shows the short- and long-term outcomes you wish to achieve through advocacy, as well as the resources and activities that you will use to achieve those outcomes. Establishing a logic model at the beginning of a project can help you design the project and guide its implementation to better its chances of success. Moreover, it is also helpful in planning an evaluation. The model can suggest what processes and outcomes to track and measure, identify potential areas about which participants need information during the project, and establish priority areas for the evaluation.

To plan the Consumer Voices for Coverage evaluation, Mathematica created a generic logic model showing how the program would work in each state (Figure 1). Because building advocacy capacity was a key element of the grant program, we organized the logic model around the six core capacities. Staff from the Foundation and Community Catalyst, along with the grantees, helped us design the logic model. The model shows the six core advocacy capacities, the types of activities they included, their intermediate outcomes or progress indicators (sometimes referred to as outputs in other logic models), and ultimate outcomes—the public policy goals toward which the grantees were working. The activities and progress indicators listed in the model are generic, and the ultimate outcomes we list are illustrative, not comprehensive. The coalition in each state set its own policy goals and conducted specific activities designed to lead to those goals.

As Figure 1 shows, we used this model to set priority areas for the evaluation, particularly in the first year. This aspect was important because we could not track every activity and outcome for all 12 coalitions. We asked grantee project directors which components of the logic model would be most beneficial for them to learn about given their coalition's planned activities and goals. We also asked Community Catalyst and the Foundation which aspects were most important to them. For instance, based on feedback we received, we did not focus on any activities or outcomes related to fund-raising (generating resources), though this area became more important later in the grant program and so was included in our data collection. But during the first year of the evaluation, stakeholders considered building coalitions and maintaining strategic alliances important; specifically, we focused on engaging partners that have the needed capacities and influence and the related intermediate outcome of having a unified and effective coalition with broad consumer participation.

**Step 2. Identify evaluation questions and objectives.** The next step of an evaluation is to identify its purpose. You should establish the key project areas about which you want to learn and the research questions that you want to answer. These items then lead to specific objectives that will guide your evaluation activities.

Evaluation questions and objectives fall into two categories. The first examines how the project itself operates. A possible research question for this category could be, What capacity areas does the project need to improve in order to meet its goals? This question suggests as a research objective to identify the strengths and weaknesses of project participants over time. Answering these kinds of questions can help the project improve or adjust its initiatives to help meet its overall advocacy goals.

The other category focuses on project outcomes and effects. An example of this kind of research question is, What effect does an advocacy activity have on involving grassroots organizations in a state's policy-making process? Two different evaluation objectives that follow from this question are (1) to track grassroots organizations contacts with state policy-makers and (2) to assess policy-maker perspectives on the role of grassroots organizations in state-level policy

decisions. Some evaluations provide both types of information, as did the Consumer Voices for Coverage evaluation.

Although you might be interested in many research questions, you will have to narrow your objectives to only the most important ones that fit within your resources for the evaluation—money, time, and people. A thorough understanding of the project—what it is, who is involved, its activities, and its short- and long-term desired outcomes—is necessary to identify which objectives are important for an evaluation. This selection process should consider the views of different stakeholders, who likely vary in what they consider as most important. As noted, having a logic model can help focus the evaluation by specifying the key project activities and their expected outcomes.

**Step 3. Decide on the evaluation measures and ways to collect data.** To meet the evaluation objectives, evaluators have to consider possible measures and methods of collecting data. For example, if the evaluation's objective is to track grassroots organizations contacts with state policy-makers, two possible measures are the number of face-to-face contacts that an organization has with policy-makers during a given period and the number of policy-makers (or events with policy-makers) in which an organization has been involved during a specified period. Data collection options include open-ended questions asking about the policy-makers that organizations met with in, for example, the past three months, and closed-ended questions asking organizations which individuals they met with from a list of key policy-makers. Both types of measures can be included in a paper- or web-based survey, or asked in a structured telephone interview, and this format can be repeated every six months or annually to observe whether the number of contacts with policy-makers increased over time for any or all organizations. Researching the kinds of measures other evaluations have used can be helpful for this task. Decisions about measures and methods must reflect the resources you have to collect data (for example, a person who can call the grassroots organizations involved in your initiative), your expertise in using a method (for example, the ability to create a web-based survey), and the sources from which you will get the data (for example, whether you can get information directly from policy-makers).

**Step 4. Create an analysis plan.** You will have to decide in advance how you will analyze the data you collect. If you are conducting surveys, some type of statistical analysis will be needed. If you are collecting and reviewing documents, identify how you will extract and organize the information you need from them. For interviews or group discussions, you should propose a way for organizing your notes and then reviewing and synthesizing the data. This process will help you decide whether any specialized types of analyses might be needed and, if so, who could conduct them.

**Step 5. Collect data**. After the measures and the methods have been identified and the analysis plan created, the next step is to collect the data. Preparation for this step includes identifying who to collect data from (your evaluation sample), deciding how to collect data (such as in-person, by telephone, or in writing), setting a goal for your response rate (the proportion of individuals who respond to the request), and deciding when and how often to collect the data.

One barrier to effective evaluation is inadequate response. Either people from whom you needed data did not answer all the questions, or some of them did not participate at all. Either situation will reduce the extent to which you can rely on your results. For example, if only those who most value a project or support its advocacy goals participate in an evaluation, then the results reflect only those with a particular view of the project. The evaluation must also try to collect

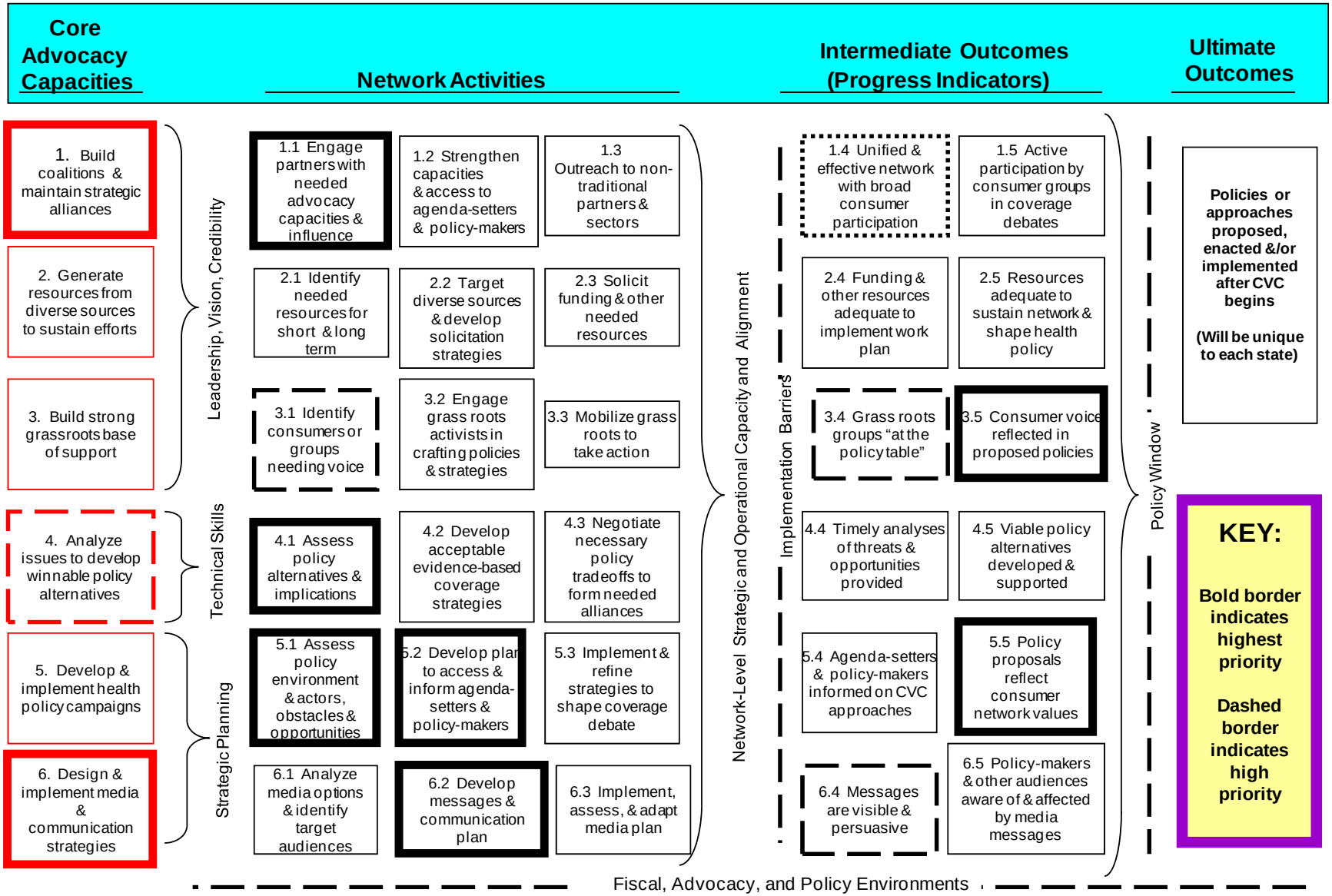
information from a group that represents those whose characteristics and perceptions reflect what is being studied. Obtaining complete and representative data requires engaging project stakeholders on the purpose of the evaluation to obtain their buy-in, providing clear instructions on how to answer questions, collecting only necessary data so that you do not overburden respondents, and following up if needed to encourage people to respond.

Whether interviewing people by telephone, conducting an in-person focus group, or sending out surveys, it is important to give respondents information about the evaluation so that they can make an informed decision whether to participate. At a minimum, this information would include (1) the purpose of the evaluation; (2) how the information will be used; (3) what the benefits and risks are of participating (if any); (4) whether the information will be kept confidential and/or anonymous, and if so, the situations for which identified information could be disclosed; (5) the time frame for when the data are needed (such as the date by which an interview should be scheduled or a survey returned); and (6) who to contact to ask questions.

**Step 6. Analyze data.** Data have to be analyzed using appropriate methods. Descriptive quantitative methods, such as means, frequencies, and rankings, provide summaries of data from surveys. These statistics can describe, for example, how many survey respondents or interviewees rated a policy issue as very important, somewhat important, or not important, or what proportion of policy-makers was aware of the project. Inferential quantitative methods, such as regression models and comparisons using statistical tests, offer ways to make comparisons and inferences from the data, such as whether a group's assessment of its effectiveness improved significantly over the course of a project. Inferential methods may or may not be appropriate, depending on the number of respondents, the types of questions that were asked, or the measures that were used. Qualitative methods are used when the data come from open-ended questions or group interviews and focus groups. These methods involve first organizing the data, then looking for meaningful patterns and divergences in the data. For the Consumer Voices for Coverage evaluation, we also used social network analysis, which combines both quantitative and qualitative methods. Social network analysis looks at the relationships between individuals or organizations (such as how frequently two members communicate with each other) or across a network (how often members of a project communicate with each other, and which members are more involved in communication).

**Step 7. Disseminate findings.** For an evaluation to be effective, the results have to be seen by the appropriate audience. For example, advocates might want to use findings from assessments to change their approaches to organizing coalition members or funders might have to decide whether or how to fund similar projects. You will have to decide how to present your findings. Possible options include formal presentations to funders and policy-makers, issue briefs or reports intended for wide dissemination, media-friendly press releases, or even social network media such as Twitter and Facebook.

**Figure 1. Consumer Voices for Coverage Logic Model Showing Priorities for the First Year of the Evaluation**



## Evaluating Advocacy Capacity

***The capacity assessment instrument***. Mathematica staff, with input from Community Catalyst, the national program office for the Consumer Voices for Coverage program, developed a survey instrument to assess six core advocacy capacities (see instrument on next page) within the leadership teams of each coalition at baseline (2008, the first year of the grant) and follow-up (2010, near the end of the grant).

**Purpose**. Building advocacy capacity was a critical component of the Consumer Voices for Coverage grant program's model. To measure the capacities that were the focus of the project, we developed our own instrument, based on characteristics identified by Community Catalyst. For each core capacity measure, the survey asks the respondent to make an overall assessment, then asks about five or six specific elements of each core capacity area. This enabled us to assess individual strengths and limitations within each capacity area that might not be reflected in the overall score. Each item was rated on a scale from 1 to 5, with 1 being little or no capacity and 5 being very strong capacity.

**Respondents.** We asked three types of respondents, each having a different perspective on the coalition, to complete the assessment: (1) the project director or another representative of the grantee agency, independently or with input from other staff or leadership team members; (2) Community Catalyst staff working closely with each coalition; and (3) members of Mathematica's evaluation team who served as liaisons to each coalition.

**Administration methods.** We emailed a written survey instrument as a Microsoft Word document to each respondent. Respondents could return their completed surveys by email, fax, or mail.

**Analysis approach.** For each coalition, we added the scores from the three respondents for each capacity, then divided by three to create an average score. We used this average to compare each capacity to identify strong and weak capacities for the coalition, and to measure changes over time. To estimate whether the score for each capacity increased over time for the grant project (all grantees combined), we compared the median scores from each period. The median is the score that is in the middle of the distribution of the scores. That is, for each capacity we listed the scores received by each coalition, from lowest to highest, and used the middle score.

**How you might use this instrument.** The capacity assessment is a simple tool that can easily be used "out of the box" to assess the relative strengths of a project's capacities and which areas those involved in the project should develop—as long as you want to measure the six capacities it includes.

If your organization or project wants to assess other capacities, you can define those capacities and then adapt the instrument as needed. In addition, you may find that some elements listed under a capacity are not relevant to your project or other elements are missing. You should add or omit items as needed.

You can also use this tool to prompt a group discussion of capacity. You might ask members to

assess the strength of the capacities of the project and either average the responses or obtain consensus on the assessment. Such a discussion could provide insight into how members perceive the project, the capacities they think are needed to achieve objectives, and ways of improving capacities. Having such discussions periodically and recording the results, through notes or meeting minutes, is one way to track members' perceptions of capacity that can help you evaluate whether the project has changed in a way that is consistent with the project logic model.

# CONSUMER VOICES FOR COVERAGE

# ADVOCACY COALITION CAPACITY

# BASELINE ASSESSMENT

**Conducted by**

**Mathematica Policy Research**

**for:**

**The ROBERT WOOD JOHNSON FOUNDATION**

- **Thank you for taking the time to complete this survey.**
- **The questions on this survey are about the advocacy capacities of the Consumer Voices for Coverage (CVC) coalition's leadership team.**
- **We are interested in learning about where your capacities currently stand, and understand that none of the coalitions will be strong in all of these areas.**
- **All of the information you provide will be kept confidential. The evaluation will not identify individuals or organizations in its reports to the Robert Wood Johnson Foundation or the CVC coalitions.**
- **Please return the survey on or before [enter date] (see instructions on last page).**
- **If you have any questions, please contact [enter contact information].**

PLEASE GO TO THE NEXT PAGE

A. BUILDING THE COALITION AND MAINTAINING STRATEGIC ALLIANCES

A1. Using the scale below, how would you describe the ***overall capacity*** of your CVC coalition's leadership team for building the coalition and maintaining strategic alliances?

**Little or No Capacity** <---------- **Very Strong Capacity**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

A2. How would you describe the capacity of the CVC coalition's leadership team in each of the ***specific areas*** below?

| | **MARK ONE ON EACH LINE** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Little or No Capacity** | | | <---------- | | | | **Very Strong Capacity** | | **NA *(Explain Below)*** | | |
| a. Leadership team's ability to work together on health advocacy | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| b. Leadership team's ability to engage and include core constituencies in coalition's efforts | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| c. Ability to achieve alignment and buy-in among leadership team and other partners around common policy principles | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| d. Leadership team's ability to share decision-making and reach working consensus | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| e. Leadership team's ability to lead, inspire, and keep coalition members unified | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| f. Leadership team's ability to develop working relationships with nontraditional allies | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |

**Comments:**

☞

PLEASE GO TO THE NEXT PAGE

B. BUILDING STRONG GRASSROOTS BASE OF SUPPORT

B1. How would you describe the ***overall capacity*** of your CVC coalition's leadership team for building a strong grassroots base of support?

**Little or No Capacity** <---------- > **Very Strong Capacity**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

B2. How would you describe the capacity of the CVC coalition's leadership team in each of the ***specific areas*** below?

| | **MARK ONE ON EACH LINE** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Little or No Capacity** | <---------- > | | | | | **Very Strong Capacity** | | **NA *(Explain Below)*** | |
| a. Leadership team's ability to organize and mobilize grassroots constituencies | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| b. Leadership team's ability to recruit and train consumer advocates | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| c. Leadership team's ability to engage grassroots constituencies reflecting the ethnic and demographic diversity of the state | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| d. Leadership team's ability to engage grassroots constituencies that represent all geographic areas of the state | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| e. Ability to obtain and use input from grassroots constituencies in developing policy alternatives | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| f. Leadership team's ability to gain visibility and credibility in key communities | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |

**Comments:**

☞

PLEASE GO TO THE NEXT PAGE

C. ANALYZING ISSUES TO DEVELOP WINNABLE POLICY ALTERNATIVES

C1. How would you describe the ***overall capacity*** of your CVC coalition's leadership team for analyzing issues to develop winnable policy alternatives?

**Little or No Capacity** <---------- > **Very Strong Capacity**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

C2. How would you describe the capacity of the CVC coalition's leadership team in each of the ***specific areas*** below?

| | **MARK ONE ON EACH LINE** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Little or No Capacity** | <---------- | | | | | **Very Strong Capacity** | | **NA *(Explain Below)*** | |
| a. Substantive expertise on legal and policy issues related to health care coverage | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| b. Ability to monitor emerging legislative, administrative, and legal actions related to health care coverage | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| c. Ability to analyze emerging legislative, administrative, and legal actions and quickly assess their potential impacts | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| d. Ability to develop consensus on key health coverage policies or policy issues | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| e. Ability to gain visibility and credibility with key policymakers | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| f. Ability to influence the state's policy agenda | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |

**Comments:**

☞

PLEASE GO TO THE NEXT PAGE

D. DEVELOPING AND IMPLEMENTING HEALTH POLICY CAMPAIGNS

D1. How would you describe the ***overall capacity*** of your CVC coalition's leadership team for developing and implementing health policy campaigns?

**Little or No Capacity** <---------- **Very Strong Capacity**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

D2. How would you describe the capacity of the CVC coalition's leadership team in each of the ***specific areas*** below?

| | **MARK ONE ON EACH LINE** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Little or No Capacity** | <---------- | | | | | | | **Very Strong Capacity** | **NA *(Explain Below)*** | |
| a. Ability to develop coalition vision and health coverage policy goals | 1 ☐ | | 2 ☐ | | 3 ☐ | | 4 ☐ | | 5 ☐ | n ☐ | |
| b. Ability to plan advocacy campaign to achieve coalition goals | 1 ☐ | | 2 ☐ | | 3 ☐ | | 4 ☐ | | 5 ☐ | n ☐ | |
| c. Ability to implement the advocacy campaign | 1 ☐ | | 2 ☐ | | 3 ☐ | | 4 ☐ | | 5 ☐ | n ☐ | |
| d. Ability to respond nimbly to opportunities or threats affecting policy goals | 1 ☐ | | 2 ☐ | | 3 ☐ | | 4 ☐ | | 5 ☐ | n ☐ | |
| e. Ability to build and maintain relationships with policymakers across parties and viewpoints | 1 ☐ | | 2 ☐ | | 3 ☐ | | 4 ☐ | | 5 ☐ | n ☐ | |
| f. Ability to build and maintain relationships with opinion leaders in the state | 1 ☐ | | 2 ☐ | | 3 ☐ | | 4 ☐ | | 5 ☐ | n ☐ | |

**Comments:**

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E. DESIGNING AND IMPLEMENTING MEDIA AND COMMUNICATION STRATEGIES

E1. How would you describe the ***overall capacity*** of your CVC coalition's leadership team for designing and implementing media and communication strategies?

**Little or No Capacity** <---------- > **Very Strong Capacity**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

E2. How would you describe the capacity of the CVC coalition's leadership team in each of the ***specific areas*** below?

| | **MARK ONE ON EACH LINE** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Little or No Capacity** | <---------- | | | | | **Very Strong Capacity** | | **NA *(Explain Below)*** | |
| a. Ability to develop talking points and messages for each target audience | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| b. Ability to train messengers and media spokespersons | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| c. Ability to develop relationships with key media personnel | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| d. Ability to use appropriate media (print, broadcast, Internet, or other) in an effective way | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| e. Ability to monitor media coverage and identify advocacy opportunities | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |
| f. Ability to convey timely information to grassroots organizations, advocacy organizations, and other supporters | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | | | | n ☐ | |

**Comments:**

☞

PLEASE GO TO THE NEXT PAGE

F. GENERATING RESOURCES FROM DIVERSE SOURCES TO SUSTAIN EFFORTS

F1. How would you describe the ***overall capacity*** of your CVC coalition's leadership team for generating resources from diverse sources to sustain efforts?

**Little or No Capacity** <---------- **Very Strong Capacity**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

F2. How would you describe the capacity of the CVC coalition's leadership team in each of the ***specific areas*** below?

| | **MARK ONE ON EACH LINE** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Little or No Capacity** | | | <---------- | | | | **Very Strong Capacity** | | **NA *(Explain Below)*** | |
| a. Ability to raise funds for advocacy from more than one source | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| b. Ability to raise funds from different types of sources (such as memberships, private contributions, foundations, or other sources) | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| c. Ability to gain visibility and credibility with potential funding sources | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| d. Ability to market successes to potential contributors | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |
| e. Ability to dedicate staff for fundraising and development | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | n ☐ |

**Comments:**

☞

PLEASE GO TO THE NEXT PAGE

G. OTHER CAPACITIES

G1. Are there any other capacities that you feel are important for achieving the CVC coalition's health coverage goals?

**MARK ONE ONLY**

1 ☐ Yes

0 ☐ No

G2. If yes, please describe these capacities below.

☞

**Thank you for your time!**

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## Assessing Leadership Structure and Dynamics

***The leadership survey instrument.*** Mathematica created the leadership team survey to collect information about the advocacy coalition from members of its leadership team. A novel component of the survey was the inclusion of social network measures to describe the relationships (such as communication) among individual members. These measures enabled us to observe the structure and dynamics of each leadership team.

**Purpose.** The survey was designed to collect information about each organization involved in the leadership team, its relationships with other member organizations (such as whether they worked together before the grant and how often they communicated with each member), its advocacy activities, and its assessment of coalition objectives, effectiveness, and benefits to its organizations. For some items in the survey, we used existing measures from other surveys (sources are noted in the instrument). We developed our own measures for concepts unique to Consumer Voices for Coverage. The follow-up survey added questions about the policy issues the team addressed during the grant.

**Respondents.** The sample included staff from the grantee organization and representatives from leadership team member organizations based on a roster of members we obtained from the grantee.

**Administration methods.** We conducted the leadership team surveys during the first and the third years of the Consumer Voices for Coverage program (2008 and 2010). In the first year, we emailed the written survey as a Microsoft Word document and asked individuals to return the completed form by email, fax, or mail. The follow-up survey used web-based data collection software (Opinio), administered by emailing a link to the survey to each member of the sample.

**Analysis approach.** We calculated descriptive statistics for each coalition, such as the average levels of effectiveness on coalition objectives or percentage of organizations receiving a particular benefit through their participation in the coalition. To analyze responses to open-ended questions, we sorted the responses into categories, then calculated descriptive statistics for the categories.

Because the leadership teams were intended to function as a collaborative network, social network analysis approaches and items were included in the survey. Social network analysis maps and measures relationships (such as among organizations or people). Because using social network data and measures requires expertise in their collection and analysis, including specialized software, the Bibliography lists resources for those interested in using it. We used social network methods to categorize and map the relationships among leadership team organizations. (In the baseline survey, the relationship questions include A5a, B1, B2, B3, B4, and B5. In the follow-up survey, these questions are A5a, B1, B2, B3, and C4.) For instance, we looked at the proportion of organizations that had frequent (at least monthly) communication together and created figures called sociograms that showed which organizations communicated with each other on Consumer Voices for Coverage coalition issues at least once a month.

We summarized survey findings for each coalition at baseline and again at follow-up and discussed them (by telephone) with the project director and other grantee staff. This process provided grantees a new perspective on how their coalition operated and gave the evaluation team feedback on how the results reflected leadership team operations, along with some of the reasons

for the relationships that emerged.

**How you might use this instrument.** The instrument can be used in its entirety to assess any network, whether a leadership team, members of a formal coalition, or individuals involved in a specific project. The sample you choose for the survey is important because some projects and teams might have complex or nonstandard structures, with members who participate infrequently by design or fluid membership. You will have to consider how such members should be included in the evaluation effort and the implication of your choices for the results.

As always, you should adapt the instrument to the needs of the project. For example, one question asks about specific collaborative activities (such as providing health coverage information to other organizations), but you can include activities that reflect the nature of your initiative and logic model (such as conducting media campaigns with other organizations). Questions can be modified or added to reflect different situations or evaluation objectives.

You could also use a subset of questions to minimize the data collection burden on members. For instance, if reflected in your logic model, you could ask about collaborative activities among members several times during the project to track how members collaborate and whether the collaborations reflect project objectives. Results could be analyzed quickly to inform the project.

As with the capacity assessment data collection instrument, another way of using the leadership survey instrument is to select items from it for group discussion, such as during a project meeting or during interviews with members. For those discussions, you could adapt the instrument for a more qualitative approach by asking, for example, whether policy issues are important and why, rather than rating each policy issue. Keeping track of the responses with detailed notes and asking members about the same issue at a later time helps track whether the experiences and perceptions of members have changed, the objectives stated by members have been achieved, and member experiences fit with the project's logic model, to name a few examples.

**Confidentiality.** Confidentiality is a critical issue for the network items in this survey because they ask members of a group about their relationships with each and every member. For example, one of the questions that we included in the baseline survey asked about the extent to which respondents had productive relationships with other members. In order to collect this type of information, survey respondents must know their responses will be kept strictly confidential—or they need to all agree ahead of time to share this information openly with one another, which could require modifying the survey items. For this reason, you might consider having a person or organization outside the coalition conduct the survey and analyze the data while keeping the data secure. This was the approach taken in the Consumer Voices for Coverage evaluation.

MATHEMATICA
Policy Research, Inc.

# CONSUMER VOICES FOR COVERAGE

# BASELINE LEADERSHIP TEAM SURVEY

**Conducted by**

**Mathematica Policy Research**

**for:**

**The ROBERT WOOD JOHNSON FOUNDATION**

- **Thank you for taking the time to complete this survey.**
- **The questions on this survey are about your organization, and your organization's experience on the Consumer Voices for Coverage (CVC) leadership team. If you do not represent a particular organization, please answer the questions as they apply to you individually.**
- **All of the information you provide will be kept confidential. The evaluation will not identify individuals or organizations in its reports to the Robert Wood Johnson Foundation or the CVC coalitions.**
- **Please return the survey on or before [enter date] (see instructions on last page).**
- **If you have any questions, please contact [enter contact information].**

PLEASE GO TO THE NEXT PAGE

## A. ORGANIZATION INFORMATION

The first questions are about your organization, **[NAME OF ORGANIZATION].**

A1. How many years has your organization been involved in health coverage issues?

*Your best estimate is fine.*

MARK (X) ONE ONLY

1 ☐ Less than 2 years

2 ☐ 2 to 5 years

3 ☐ 6 to 9 years

4 ☐ 10 or more years

A2. What is your organization's annual budget?

*Your best estimate is fine.*

**$** ☐☐☐ **,** ☐☐☐ **,** ☐☐☐

A3. Which of the following <u>best describes</u> your organization's constituency?

MARK (X) THE ONE THAT BEST APPLIES

1 ☐ A broad demographic group (for example, children, immigrants, or elders)

2 ☐ People with a specific health condition

3 ☐ Faith-based organizations or groups

4 ☐ Union members

5 ☐ Health care providers

6 ☐ Health care employees

7 ☐ Employers or business owners

8 ☐ Other nonprofit, public, or private organizations

9 ☐ Other constituency (*Please describe)* ⬇

☞ _____

10 ☐ No specific constituency (for example, a foundation or a research/policy institute)

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A4. Besides health coverage, is your organization involved in any other policy areas?

MARK (X) ONE ONLY

1 ☐ Yes

0 ☐ No → **GO TO A5**

A4a. *(IF YES)* How much emphasis does the issue of health coverage currently receive among your organization's priorites? Is it . . .

MARK (X) ONE ONLY

1 ☐ The most important priority,

2 ☐ One of several priority areas, or

3 ☐ Less important than your organization's other priorities?

A5. We are interested in your contacts with state policymakers and their key staff who most influence health coverage issues facing your state, including those from administrative agencies, legislative bodies, executive offices, or the judiciary. In the <u>past six months</u>, did your organization have contact with any <u>state policymakers</u> about health coverage issues?

MARK (X) ONE ONLY

1 ☐ Yes → **GO TO A5a**

0 ☐ No

d ☐ Don't know

→ **GO TO B1**

PLEASE GO TO THE NEXT PAGE

A5a. *(IF YES)* For the state policymakers you most frequently had contact with and who you feel are most influential in health coverage issues facing your state, please tell us their name, position, and most frequent types of contact, using the table below.

*Please list up to ten names.*

| Name of Policymaker | Position | MOST FREQUENT TYPES OF CONTACT<br>MARK (X) ALL THAT APPLY<br>In person meeting with other organizations also present, such as a hearing | In person meeting with just you or your organization and the policymaker present | Telephone | Email | Other type of contact *(Please specify below)* |
|---|---|---|---|---|---|---|
| 1. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 2. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 3. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 4. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 5. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 6. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 7. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 8. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 9. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 10. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

COMMENTS:

☞

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## B. COALITION LEADERSHIP RELATIONSHIPS

The questions in this section are about your CVC coalition's leadership team. Each of the CVC sites has identified a leadership team of key organizations involved in their CVC efforts, and we listed the leadership team members we are aware of in the tables below. When answering these questions, please ignore the row that lists your own organization.

B1. Before the coalition applied for and received the Consumer Voices for Coverage grant, which of the following leadership team members had your organization worked with? (adapted from van der Ven and Ferry (1980) and Gold et al. (2008))

| Leadership Team Member | MARK (X) ONE ON EACH LINE: Yes | No |
|---|---|---|
| [LIST OF LEADERSHIP TEAM] | 1 ☐ | 0 ☐ |
| | 1 ☐ | 0 ☐ |
| | 1 ☐ | 0 ☐ |
| | 1 ☐ | 0 ☐ |
| | 1 ☐ | 0 ☐ |
| | 1 ☐ | 0 ☐ |
| Other leadership team members *(Please specify)* ⬇ | | |
| ☞ | 1 ☐ | 0 ☐ |

B2. During the past six months (since you received the CVC grant), outside of formal leadership team meetings, how frequently have people from your organization been in contact about health coverage issues with the leadership team members listed below? (adapted from van der Ven and Ferry (1980) and Gold et al. (2008))

| Leadership Team Member | MARK (X) ONE ON EACH LINE: Every day or almost every day | Every week or almost every week | Every month or almost every month | A few times over the past six months | No contact | Don't know |
|---|---|---|---|---|---|---|
| [LIST OF LEADERSHIP TEAM] | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| Other leadership team members *(Please specify)* ⬇ | | | | | | |
| ☞ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |

PLEASE GO TO THE NEXT PAGE

B3. We would like to understand the nature of your collaboration with each of the leadership team members during the past six months. For each of the activities in the table, please indicate whether in the past six months, your organization had this type of interaction with the leadership team members listed below. (adapted from van der Ven and Ferry (1980))

| Leadership Team Member | MARK (X) ALL THAT APPLY | | | |
|---|---|---|---|---|
| | Provided health coverage information to the organization | Received health coverage information from the organization | Made coordinated decisions about health coverage issues or policies | Met with policymaker or attended public meeting or hearing with the organization |
| [LIST OF LEADERSHIP TEAM] | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Other leadership team members *(Please specify)* ⬇ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

B4. Overall, how would you describe your current working relationship with respect to health coverage issues with each of the leadership team members listed below? (adapted from van der Ven and Ferry (1980) and Gold et al. (2008))

| Leadership Team Member | MARK (X) ALL THAT APPLY | | | |
|---|---|---|---|---|
| | Not productive | Somewhat productive | Very productive | Can't assess |
| [LIST OF LEADERSHIP TEAM] | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Other leadership team members *(Please specify)* ⬇ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

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B5. To what extent do the leadership team members share your organization's values on health coverage issues? (adapted from van der Ven and Ferry (1980))

| Leadership Team Member | MARK (X) ALL THAT APPLY | | | |
|---|---|---|---|---|
| | Not at all | To some extent | To a great extent | Can't assess |
| [LIST OF LEADERSHIP TEAM] | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Other leadership team members *(Please specify)* ➧ | | | | |
| ☞ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

## C. COALITION INFORMATION

Now we would like to find out more about **your CVC coalition**.

C1. Please list your coalition's three main objectives in their order of importance, and for each of the objectives indicate the extent to which you think the coalition is effective in working toward accomplishing them.

*List objectives below and mark one answer for each.*

| Objective | Coalition is... MARK (X) ONE ON EACH LINE | | |
|---|---|---|---|
| | Not effective | Somewhat effective | Very effective |
| 1. | 1 ☐ | 2 ☐ | 3 ☐ |
| 2. | 1 ☐ | 2 ☐ | 3 ☐ |
| 3. | 1 ☐ | 2 ☐ | 3 ☐ |

PLEASE GO TO THE NEXT PAGE

C2. Please tell us how important you think your organization's role is in the CVC coalition's activities for each of the areas below by ranking them from the most important to the least important. Give a 1 to the most important, 2 to the second most important, and so on. Use N/A for the areas your organization is not involved with at all.

_____ Building coalitions and maintaining strategic alliances

_____ Generating funding or other resources

_____ Building grassroots base of support

_____ Analyzing issues and developing policy alternatives

_____ Assisting with health policy campaigns

_____ Assisting with media and communications strategies

C3. Thinking about how the <u>coalition leadership team</u> operates, to what extent do you agree or disagree with the following statements? (adapted from Hasnain-Wynia et al. (2003))

| Statement | MARK (X) ONE ON EACH LINE | | | | | |
|---|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| a. The coalition leadership follows a set of agreed-upon principles for making decisions related to health coverage | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| b. The decision making process used by the coalition leadership is open and clear | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| c. Coalition leadership members willingly collaborate with each other on health coverage issues | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| d. The coalition leadership's decision-making process on policy issues is timely | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| e. The coalition leadership members are forthright in their dealings with each other | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |

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C4. To what extent is your organization benefiting in each of the areas below from participation on the coalition leadership team? (adapted from Weech-Maldonado et al. (2003))

| Area | MARK (X) ONE ON EACH LINE | | | | |
|---|---|---|---|---|---|
| | No benefit | Minor benefit | Some benefit | Great benefit | Not applicable |
| a. Developing collaborative relationships with other organizations | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| b. Raising the public profile of my organization | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| c. Increasing my professional skills and knowledge | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| d. Staying well informed in a rapidly changing environment | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| e. Getting access to key policymakers | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| f. Getting support for policy issues my organization feels strongly about | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| g. Obtaining funding and other resources to achieve my organization's goals | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| h. Making my organization's voice stronger on issues related to health coverage | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| i. Having better information to provide to the individuals or organizations I represent | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |

C5. Are there any individuals, organizations, or types of organizations you would like to see added to the coalition leadership?

MARK (X) ONE ONLY

1 ☐ Yes

0 ☐ No → **GO TO D1**

d ☐ Don't know → **GO TO D1**

C5a. *(IF YES)* Please list the individuals, organizations, or types of organizations you would like to see added to the leadership team, and briefly describe why you think that the coalition leadership could benefit from their participation.

| Name (or type) of individual or organization | Reasons for adding |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

PLEASE GO TO THE NEXT PAGE

## D. OTHER COMMENTS

D1. We would appreciate learning about anything else that you would like to share with us about the operations and experiences of your CVC coalition.

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**Thank you for your time!**

**References**


Gold, Marsha, Patrick Doreian, and Erin F. Taylor. Understanding a Collaborative Effort to Reduce Racial and Ethnic Disparities in Health Care: Contributions from Social Network Analysis. Elsevier, September 2008.

Hasnain-Wynia, Romana, Shoshanna Sofaer, Gloria J. Bazzoli, Jeffrey A. Alexander, Stephen M. Shortell, Douglas A. Conrad, Benjamin Chan, Ann P. Zukoski, and Jane Sweney. "Members' Perceptions of Community Care Network Partnerships Effectiveness." *Medical Care Research & Review,* vol. 60, no. 4, 2003, pp. 40S–62S.

Van de Ven, Andrew H. and Ferry, Diane L. Measuring and Assessing Organizations. John Wiley & Sons, 1980.

Weech-Maldonado, Robert, Keith J. Benson, and Larry D. Gamm. "Evaluating the Effectiveness of Community Health Partnerships: A Stakeholder Accountability Approach." *Journal of Health & Human Services Administration,* vol. 26, no. 1, 2003, pp. 58–92.


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MATHEMATICA
Policy Research, Inc.

# CONSUMER VOICES FOR COVERAGE

# FOLLOW UP LEADERSHIP TEAM SURVEY

**Conducted by**

**Mathematica Policy Research**

**for:**

**The ROBERT WOOD JOHNSON FOUNDATION**

- **Thank you for taking the time to complete this survey.**
- **The questions on this survey are about your organization, and your organization's experience on the Consumer Voices for Coverage (CVC) leadership team. If you do not represent a particular organization, please answer the questions as they apply to you individually.**
- **All of the information you provide will be kept confidential. The evaluation will not identify individuals or organizations in its reports to the Robert Wood Johnson Foundation or the CVC coalitions.**
- **Please return the survey on or before [enter date] (see instructions on last page).**
- **If you have any questions, please contact [enter contact information].**

PLEASE GO TO THE NEXT PAGE

## A. ORGANIZATION INFORMATION

The first questions are about your organization, **[NAME OF ORGANIZATION].**

A1. How many years has your organization been involved in health coverage issues?

*Your best estimate is fine.*

MARK (X) ONE ONLY

1 ☐ Less than 2 years

2 ☐ 2 to 5 years

3 ☐ 6 to 9 years

4 ☐ 10 or more years

A2. What is your organization's annual budget?

*Your best estimate is fine.*

**$** ☐☐☐ **,** ☐☐☐ **,** ☐☐☐

A3. Which of the following <u>best describes</u> your organization's constituency?

MARK (X) THE ONE THAT BEST APPLIES

1 ☐ A broad demographic group (for example, children, immigrants, or elders)

2 ☐ People with a specific health condition

3 ☐ Faith-based organizations or groups

4 ☐ Union members

5 ☐ Health care providers

6 ☐ Health care employees

7 ☐ Employers or business owners

8 ☐ Other nonprofit, public, or private organizations

9 ☐ Other constituency (*Please describe)*

☞ _____

10 ☐ No specific constituency (for example, a foundation or a research/policy institute)

PLEASE GO TO THE NEXT PAGE

A4. Besides health coverage, is your organization involved in any other policy areas?

MARK (X) ONE ONLY

1 ☐ Yes

0 ☐ No → **GO TO A5**

A4a. *(IF YES)* How much emphasis does the issue of health coverage currently receive among your organization's priorites? Is it…

MARK (X) ONE ONLY

1 ☐ The most important priority,

2 ☐ One of several priority areas, or

3 ☐ Less important than your organization's other priorities?

A5. We are interested in your contacts with state policymakers and their key staff who most influence health coverage issues facing your state, including those from administrative agencies, legislative bodies, executive offices, or the judiciary. In the past six months, did your organization have contact with any state policymakers about health coverage issues?

MARK (X) ONE ONLY

1 ☐ Yes → **GO TO A5a**

0 ☐ No

d ☐ Don't know

→ **GO TO B1**

PLEASE GO TO THE NEXT PAGE

A5a. *(IF YES TO A5)* For the state policymakers you most frequently had contact with and who you feel are most influential in health coverage issues facing your state, please tell us their name, position, and most frequent types of contact, using the table below.

*Please list up to ten names.*

| Name of Policymaker | Position | MOST FREQUENT TYPES OF CONTACT<br>MARK (X) ALL THAT APPLY<br>In person meeting with other organizations also present, such as a hearing | In person meeting with just you or your organization and the policymaker present | Telephone | Email | Other type of contact *(Please specify below)* |
|---|---|---|---|---|---|---|
| 1. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 2. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 3. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 4. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 5. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 6. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 7. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 8. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 9. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| 10. | | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

COMMENTS:

☞

PLEASE GO TO THE NEXT PAGE

## B. COALITION LEADERSHIP INFORMATION

The questions in this section are about your CVC coalition's leadership team in your state. Each of the CVC sites has identified a leadership team of key organizations involved in their CVC efforts, and we listed the leadership team members we are aware of in the tables below. When answering these questions, please ignore the row that lists your own organization.

B1. Since January 2010, outside of formal leadership team meetings, how frequently have people from your organization been in contact about health coverage issues with the leadership team members listed below? (adapted from van der Ven and Ferry (1980) and Gold et al. (2008))

| Leadership Team Member | MARK (X) ONE ON EACH LINE | | | | | |
|---|---|---|---|---|---|---|
| | Every day or almost every day | Every week or almost every week | Every month or almost every month | A few times over the past six months | No contact | Don't know |
| [LIST OF LEADERSHIP TEAM] | | | | | | |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| Other leadership team members *(Please specify)* | | | | | | |
| ☞ _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |

PLEASE GO TO THE NEXT PAGE

B2. We would like to understand the nature of your collaboration with each of the leadership team members since January 2010. For each of the activities in the table, please indicate whether in the past six months, your organization had this type of interaction with the leadership team members listed below. (adapted from van der Ven and Ferry (1980))

| Leadership Team Member | MARK (X) ALL THAT APPLY | | | | | |
|---|---|---|---|---|---|---|
| | Received health coverage information from the organization | Made coordinated decisions about health coverage issues or policies | Met with policymaker or attended public meeting or hearing with the organization | Organized/ implemented grassroots activities | Developed media messages/ organized media events | Developed plans for obtaining funding or other resources to sustain the coalition |
| [LIST OF LEADERSHIP TEAM] | | | | | | |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| Other leadership team members *(Please specify)* | | | | | | |
| ☞ _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |

B3. Overall, how would you describe your current working relationship with respect to health coverage issues with each of the leadership team members listed below? (adapted from van der Ven and Ferry (1980) and Gold et al. (2008))

| Leadership Team Member | MARK (X) ONE ON EACH LINE | | | |
|---|---|---|---|---|
| | Not productive | Somewhat productive | Very productive | Can't assess |
| [LIST OF LEADERSHIP TEAM] | | | | |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Other leadership team members *(Please specify)* | | | | |
| ☞ _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

PLEASE GO TO THE NEXT PAGE

B4. Thinking about how the coalition leadership team operates, to what extent do you agree or disagree with the following statements? (adapted from Hasnain-Wynia et al. (2003))

| Statement | MARK (X) ONE ON EACH LINE | | | | | |
|---|---|---|---|---|---|---|
| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| a. The coalition leadership follows a set of agreed-upon principles for making decisions related to health coverage | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| b. The decision making process used by the coalition leadership is open and clear | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| c. Coalition leadership members willingly collaborate with each other on health coverage issues | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| d. The coalition leadership's decision-making process on policy issues is timely | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| e. The coalition leadership members are forthright in their dealings with each other | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |

PLEASE GO TO THE NEXT PAGE

B5. To what extent is your organization benefiting in each of the areas below from participation on the coalition leadership team? (adapted from Weech-Maldonado et al. (2003))

| Area | MARK (X) ONE ON EACH LINE | | | | |
|---|---|---|---|---|---|
| | No benefit | Minor benefit | Some benefit | Great benefit | Not applicable |
| a. Developing collaborative relationships with other organizations | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| b. Raising the public profile of my organization | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| c. Increasing my professional skills and knowledge | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| d. Staying well informed in a rapidly changing environment | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| e. Getting access to key policymakers | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| f. Getting support for policy issues my organization feels strongly about | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| g. Obtaining funding and other resources to achieve my organization's goals | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| h. Making my organization's voice stronger on issues related to health coverage | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |
| i. Having better information to provide to the individuals or organizations I represent | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | n ☐ |

B5j. What other benefits has your organization received from participation on the coalition leadership team?

☞

PLEASE GO TO THE NEXT PAGE

## C. COALITION INFORMATION

Now we would like to find out more about **the CVC coalition in your state and your own organization's involvement in it**. By the coalition, we mean the applicant agency, the leadership team and coalition members, and other key allies.

C1. Please list your coalition's three main objectives in their order of importance, and for each of the objectives indicate the extent to which you think the coalition has been effective in working toward accomplishing them.

*List objectives below and mark one answer for each.*

| Objective | Coalition has been... MARK (X) ONE ON EACH LINE | | |
|---|---|---|---|
| | Not effective | Somewhat effective | Very effective |
| 1. _____ | 1 ☐ | 2 ☐ | 3 ☐ |
| 2. _____ | 1 ☐ | 2 ☐ | 3 ☐ |
| 3. _____ | 1 ☐ | 2 ☐ | 3 ☐ |

C2. Please tell us how important you think your organization's role is in the CVC coalition's activities for each of the areas below by ranking them from the most important to the least important. Give a 1 to the most important, 2 to the second most important, and so on. Leave blank the areas your organization is not involved with at all.

_____ Building coalitions and maintaining strategic alliances

_____ Generating funding or other resources

_____ Building grassroots base of support

_____ Analyzing issues and developing policy alternatives

_____ Assisting with health policy campaigns

_____ Assisting with media and communications strategies

PLEASE GO TO THE NEXT PAGE

C3. How do you expect the coalition to continue after the CVC grant ends?

1 ☐ a. It will continue in its current form

2 ☐ b. It will continue in a modified form

3 ☐ c. It will not continue formally, but the organizations will continue to work together

4 ☐ d. It will not continue and the organizations will not work together

5 ☐ e. Other *(Please describe)*

☞ _____

d ☐ f. Don't know

C4. To what extent do you expect to continue working formally with other CVC leadership team organizations on health coverage issues after the CVC grant ends?

| Leadership Team Member | MARK ONE ON EACH LINE | | | |
|---|---|---|---|---|
| | Not at all | To some extent | To a great extent | Can't assess |
| [LIST OF LEADERSHIP TEAM] | | | | |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| Other leadership team members *(Please specify)* | | | | |
| ☞ _____ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

C5. Are there other organizations outside of the leadership team that you expect to work with on health coverage issues? If so, which ones?

☞ _____

_____

_____

_____

_____

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C6. Thinking about how the Robert Wood Johnson Foundation designed and supported the CVC coaltion, what, if anything, would you change about the role, responsibilities, and organization of the CVC coalitions?

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## D. COALITION INVOLVEMENT IN POLICY ISSUES

D1. How much of the coalition's resources from all sources, including money, staff and member time, and grassroots efforts, were devoted to each of the following five policy issues in 2010?

| Area | | MARK (X) ONE ON EACH LINE | | | | | |
|---|---|---|---|---|---|---|---|
| | | Not at all | A little | Somewhat | A great deal | All | Don't know |
| a. | Medicaid/CHIP expansions ..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| b. | Opposing or trying to minimize proposed cuts to state health program budgets ..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| c. | State-level private insurance market reform/legislation ..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| d. | Federal health reform ..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |
| e. | Comprehensive health reform addressing coverage, cost, and quality in your state ..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | d ☐ |

D1f. In the current year (2010), were there any other major policy issues not covered in the list above in which the coalition was involved? If so, what were they?

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PLEASE GO TO THE NEXT PAGE

D2. In the current year (2010), to what extent did the coalition change or affect the debate among state policymakers on the following policy issues?

| Area | MARK (X) ONE ON EACH LINE | | | | |
|---|---|---|---|---|---|
| | Not at all | A little | Somewhat | A great deal | Don't know |
| a. Medicaid/CHIP expansions..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | d ☐ |
| b. Opposing or trying to minimize proposed cuts to state health program budgets..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | d ☐ |
| c. State-level private insurance market reform/legislation..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | d ☐ |
| d. Federal health reform..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | d ☐ |
| e. Comprehensive health reform addressing coverage, cost, and quality in your state ..... | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | d ☐ |

D3. [IF "A GREAT DEAL" TO D2] How did the coalition change or affect the debate on this issue?

☞

PLEASE GO TO THE NEXT PAGE

## E. OTHER COMMENTS

E1. Please share with us anything else about the operations and experiences of your CVC coalition.

☞

**Thank you for your time!**

**References**


Gold, Marsha, Patrick Doreian, and Erin F. Taylor. Understanding a Collaborative Effort to Reduce Racial and Ethnic Disparities in Health Care: Contributions from Social Network Analysis. Elsevier, September 2008.

Hasnain-Wynia, Romana, Shoshanna Sofaer, Gloria J. Bazzoli, Jeffrey A. Alexander, Stephen M. Shortell, Douglas A. Conrad, Benjamin Chan, Ann P. Zukoski, and Jane Sweney. "Members' Perceptions of Community Care Network Partnerships Effectiveness." *Medical Care Research & Review,* vol. 60, no. 4, 2003, pp. 40S–62S.

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## Evaluating Policy-Makers' Views on Advocacy

**Policy-maker interview discussion guide.** The Foundation's purpose in bringing consumer coalitions together and building their advocacy capacity was to strengthen the ability of groups representing health care users and individual purchasers of insurance to participate in discussions of important public policy issues related to health care and coverage in their states. Mathematica used telephone interviews with policy-makers to gather data on these important outcomes in the first and third years of the Consumer Voices for Coverage program.

**Purpose.** Mathematica interviewed state-level health policy-makers in each of the 12 grantee states to obtain their views about (1) the involvement and influence of consumer advocacy groups in shaping state health coverage policy, (2) how these groups affected the nature or outcome of specific health policy debates, and (3) the effectiveness of their advocacy. At the beginning of the Consumer Voices for Coverage grant, we also wanted policy-makers' opinions on how consumers could best contribute to developing health coverage policy. The perceived effectiveness of consumer advocacy was the focus of the follow-up survey.

**Respondents.** For the baseline interviews, we selected three policy-makers in each state who held key policy-making roles in the executive and legislative branches of state government (such as chairpersons or members of health committees in the state legislatures). For the follow-up survey, we increased the sample to eight policy-makers per state to obtain a broader range of perspectives and included individuals who were experienced observers of state health policy development (such as leaders of health policy institutes or local health foundations). We developed a list of potential respondents by asking grantees, Foundation and Community Catalyst staff, and other key informants in organizations that specialize in state health policy to suggest respondents. For the follow-up survey, we supplemented the resulting list with appropriate individuals in these positions identified through personal knowledge and web searches. Mathematica selected a mix of desired respondents in each state from the resulting lists of nominees.

**Administration methods.** We conducted all policy-maker interviews by telephone and scheduled the interviews in advance. The interviews usually lasted 30 minutes; by design we kept the discussion guides relatively short because most high-level policy-makers would not have been willing to spend much more time than this on the telephone with us, given other demands on their schedules.

**Analysis approach.** The discussion guides were designed to provide both descriptive statistics and qualitative information. We used descriptive methods to describe policy-makers' responses to closed-ended questions, such as calculating the proportion that believed that consumer advocacy groups moderately or significantly increased their involvement in health coverage policy during the grant period. Our published analyses focused on aggregate statistics (that is, summaries across all states). When appropriate, we also compared responses across types of policy-makers (such as between legislative leaders, executive branch staff, policy research organizations, and private health foundations). When possible, we also compared responses from the baseline and follow-up surveys, though the size of the samples made state-level comparisons less reliable. To analyze the open-ended questions on the instruments, we categorized responses by their themes so we could report on the main themes and ideas that were expressed or provide more information on the reasons

policy-makers gave for their answers.

Because the results were drawn from a small subset of state policy-makers, they do not necessarily represent the views of all policy-makers or those in any individual state. Evaluators should keep this in mind for both data collection efforts and subsequent analyses.

**How you might use this instrument.** Policy-makers and people who influence the policy agenda advocates care about can provide valuable information. Because these are the people advocates also hope to reach and influence, however, obtaining their feedback for an evaluation poses some challenges. For instance, organizations have to resist the urge to talk only to those who support their positions or will provide favorable feedback—although it could also be difficult to recruit people opposing your agenda to participate in interviews. Policy-makers might be unwilling to discuss some topics, especially if the interviewer is part of the advocacy team or affiliated directly with it. The willingness of policy-makers to participate and to be forthright in their responses will depend to a large extent on how independent and objective they think the interviewer can be. It also depends on whether their responses can remain confidential (discussed later). For these reasons, using an outside evaluator might be helpful or necessary to obtain the best information.

Gathering information directly from policy-makers can help to identify ways in which the advocacy campaign can be responsive to policy-makers' concerns about specific issues and the types of information they need or most trust when making decisions. It can also help in understanding how an issue fits into the broader set of issues that policy-makers face. With this information, project participants can tailor their activities to meet both the policy-makers' needs and their own. This analysis enabled Consumer Voices for Coverage and other consumer groups to consider the potential effectiveness of their coalition structure, policy positions, and relationships with leading policy-makers, and whether they needed to adjust them to reflect changes in the political and economic environment in each state. Policy-makers' opinions can provide useful guidance to consumers seeking to raise their influence in the policy-making process, but consumer advocates must decide whether following such guidance is consistent with their policy principles and organizational missions.

**Confidentiality.** As with the social network analysis questions, the responses that you receive from policy-makers might have to be kept confidential. Some policy-makers will not participate or provide their honest opinions if they think these opinions will be linked with their names or be obvious in reports or other documents. Confidentiality should be considered at each stage of data collection and reporting. Reports should not disclose who said what. In reporting findings, it helps to summarize or paraphrase what respondents said, because even using language or phrases typical of one political party or policy-maker could link the input to a specific person. Reports should not include a list of the policy-makers interviewed. It is best if even those who suggest policy-makers to interview are not told who was chosen for interviews. These practices can be modified depending on the purpose of data collection and the sensitivity of the questions. Whatever practices you implement should be described to those you interview so they can decide whether to participate and how free to be in sharing their opinions. Assurances can promote more forthcoming answers about policy issues and minimize the potential for unintended consequences through the release of results. Using an outside evaluator might help this process.

MATHEMATICA
Policy Research, Inc.

# CONSUMER VOICES FOR COVERAGE

# BASELINE POLICYMAKER INTERVIEW

**Conducted by**

**Mathematica Policy Research**

**for:**

**The ROBERT WOOD JOHNSON FOUNDATION**

| | |
|---|---|
| State: | |
| Type of Respondent | ___Governor's Health Advisor/Staff<br>___Legislative Leader<br>___Medicaid or Health Agency Director<br>__ Insurance Commissioner or Staff<br>___Other, describe: |
| Respondent Name: | |
| Respondent Title: | |
| Respondent Phone number: | |
| Date and Time of Call: | |
| Interviewer Name: | |

**Introduction:**

Mathematica Policy Research, a non-partisan public policy research firm, has been commissioned by the Robert Wood Johnson Foundation to evaluate its Consumer Voices for Coverage grant program. We are interviewing a select group of policymakers in leadership positions in the 12 states that received grants to gain a better understanding of the role of consumer advocacy groups in state policy debates concerning health insurance expansion. All of your comments will be held strictly confidential; we will not reveal the identity of individual respondents in the report we produce summarizing these interviews. Do you have any questions before we begin?

**Background about respondent's role and experience in state health coverage policy:**

**A. General questions about the influence and involvement of consumers and consumer advocacy organizations in state health coverage policy debates: (***Consumer advocacy organizations are groups that represent the interests of health care consumers, in contrast to interests of health care providers, health insurers, or employers*.)

1. Which consumer advocacy groups have been **most involved** in state health coverage policy debates over the past few years?[Open ended response]:

   Which other consumer groups have been somewhat or less involved?

2. Which consumer advocacy groups have been **most influential** in state health coverage policy debates over the past few years? [Open ended response]:

3. Overall, to what extent have consumer advocacy groups shaped or influenced recent state health coverage expansion policies? Was their influence:

- Major/significant
- Minor/marginal
- Did not shape or influence at all

Explanation/Comments:

4. Relative to other key interest groups such as health insurers, health care providers, large employers, small employers, would you say consumer advocacy groups' ability to shape or influence recent state health coverage policies has been:

   - Greater than other major interest groups
   - On par with other major interest groups
   - Less than other major interest groups
   - No ability to shape or influence

   Explanation/Comments:

**B. Role and contribution to recent state health coverage debates by the consumer advocacy groups that received grants from the RWJF CVC program.**

**In [your state], these groups include: (read from list on CVC state profiles)**
**Name of CVC grantee:**
**Name of Network:**
**Leadership Team (LT) members:**

In the policy debates or deliberations concerning [***recent policy or proposals in each state***]:

5. How involved were the **[name of CVC grantee]** and LT members in shaping or influencing recent coverage expansion policies or proposals:

   - Very involved
   - Somewhat involved
   - A little involved
   - Not at all involved

   Explanation/Comments:

6. What issues did the [**name of CVC grantee**] and/or the LT members focus on and how important was their involvement in shaping the coverage policy? Do you think it was:

   - *Very important/positive* – e.g. some coverage expansion policy features were the result of consumer advocates' involvement.
   - *Very important/negative* – e.g. some coverage expansion policy features were not included, or proposal failed, because of consumer advocates' involvement.

□ *Somewhat important/positive – e.g.* some coverage expansion policies would have not have been as comprehensive, affordable, etc., or might not have been adopted, without their involvement.

□ *Somewhat important/negative* – e.g. coverage expansion proposal would have been more comprehensive, affordable, etc., or would have been adopted, had consumer advocates **not** been involved.

□ *Not important* - e.g. design of the coverage expansion proposal, and/or its adoption, was not affected by consumer advocates.

Explanation/Comments:

7. What activities did the [**name of CVC grantee**] and/or LT members engage in to influence or shape the debate?

□ Building coalitions or alliances with other key interest groups
□ Grass-roots organizing
□ Policy analysis (to determine likely impacts of policy choices)
□ Direct communication with policymakers, legislative testimony, etc.
□ Public education/media campaigns
□ Participation in Commission, Task Force, other advisory body
□ Other, please describe:

Explanation/Comments:

**C. Suggestions or recommendations to raise the influence of [name of CVC grantee] and the CVC consumer advocacy network in state health coverage policy development**

8. What do you think the CVC grantee and its Leadership Team need to do to make a greater contribution to policies or policy debates on health coverage expansion in your state? [Open ended response]:

Probe: What skills or resources do they need to develop?

9. Do you think the efforts of [**name of the CVC grantee}** and the Leadership Team members to form a consumer advocacy network or coalition will help to elevate the consumer voice in state health coverage expansion policy debates?

□ Yes
□ No
□ Maybe/it depends

Explanation/Comments:

## D. Prospects for comprehensive or universal health insurance in your state

10. Are there important **political** factors affecting prospects for expanding health coverage in [your state] this year or next?

    If yes, what are they and how do they affect the prospects?

11. Are there important **economic or state fiscal** factors affecting prospects for expanding health coverage in [your state] this year or next?

    If yes, what are they and how do they affect the prospects?

12. Does the **national Presidential election** influence prospects for expanding health coverage in [your state] this year or next? If yes, how?

### Final Question

13. Is there anything else you would like to say about the role, influence or involvement of consumer advocacy groups in your state's health coverage policy debates?

Thank you very much for your time.

MATHEMATICA
Policy Research, Inc.

# CONSUMER VOICES FOR COVERAGE

# FOLLOW UP POLICYMAKER INTERVIEW

**Conducted by**

**Mathematica Policy Research**

**for:**

**The ROBERT WOOD JOHNSON FOUNDATION**

## STATE POLICY-MAKERS' VIEWS ON THE ROLE OF CONSUMER ADVOCATES IN HEALTH POLICY DISCUSSIONS

## INTERVIEW PROTOCOL

State: _____
Respondent Name: _____
Respondent Title: _____
Respondent e-mail and/or phone number:_____

Type of Respondent
___Governor's health advisor/staff
___Elected official/legislator
___Legislative staff
___Commission/board member or staff
___State agency director or staff (Insurance, Health, Medicaid)
___Health policy research organization
___Private health foundation
___Business representative
___Other interest group representative, specify:_____
___Other, describe: _____

Respondent was also interviewed in 2008: ___Yes ___No

Date and Time of Call: _____
Interviewer Names: _____

Other Information *Use this section to indicate: (1) whether interview was cut short for any reason; (2) respondent substituted for original respondent (e.g., legislative staffer instead of legislator); (3) other information about the interview.*

**Introduction**
Thank you for making time to speak with us. This is _____ and _____from Mathematica Policy Research, a nonpartisan independent research firm. The Robert Wood Johnson Foundation has contracted with Mathematica to evaluate one of its grant programs called Consumer Voices for Coverage, which has supported consumer advocacy networks in 12 states, including yours, for the last three years.

The purpose of this interview is to elicit your opinion, as a key policy-maker or observer of health policy in [identify state], on changes over the past three years in consumer advocacy groups' involvement in, and influence on, state policy debates concerning health insurance coverage. We define consumer advocacy groups as those representing people who use health care services and purchase health insurance for themselves or families; it does not include groups of health care providers, health insurers, or employers.

Your responses will be kept completely confidential. We will not list your name as a respondent, and we will not identify you if we include any of your comments to illustrate a general point in our report to the foundation.

Do you have any questions before we begin?

**A. Involvement of Consumer Advocates in Health Policy Debates**
My first few questions are about the *involvement* of all consumer advocacy groups in your state in health policy debates.

A1. To what extent have consumer advocacy groups become more involved in state health coverage policy debates over the past three years? Would you say they are (*read all except "don't know"*):

__ Significantly more involved
__ Moderately more involved
__ A little more involved
__ No more involved
__ Less involved (*response option added)*
__ Don't know

*For this question (and question B1), if respondents say "it depends," that is, some consumer groups were more involved than others, and start to provide detail about different groups, try to steer them towards a more general response by asking them to "think about* ***all*** *consumer advocacy groups in your state" and "we'll ask about specific consumer advocacy groups later in the discussion."*

Comments:

A2. Which consumer advocacy groups have been **most involved** in state health coverage policy debates this year (or in the last legislative session)? [Open-ended response]:

**B. Influence of Consumer Advocates on Health Policy Debates**
Now I have a few questions about how *influential* consumer advocates in general are on the health policy debates in your state.

B1. To what extent have consumer advocacy groups become more **influential** in state health coverage policy debates over the past three years? Would you say they are *(read all except "don't know"*):

__ A great deal more influential
__ Moderately more influential
__ No change
__ Less influential
__ Don't know

B2. Why would you say they are (repeat answer given to B.1): (Open-ended)

B3. Compared to other key interest groups such as health insurers, health care providers, and large or small employers, has consumer advocacy groups' ability to shape or influence state health coverage policies changed in the past three years? Has their influence: [*read all except "don't know"*)]:

___ Increased relative to other key interest groups
___ Stayed about the same as other key interest groups
___ Diminished relative to other key interest groups
___ Don't know (Go to B.5) *If respondent says "don't know",* ***ask why****: e.g., not in the state, not in a position to judge 3 years ago)*

B4. Why would you say their influence has (repeat answer given to B3): (Open-ended)

B5. Which consumer advocacy groups have been **most influential** in state health coverage policy debates this year (or in the last legislative session)? [Open-ended response]:

C. **Knowledge and Perception of CVC Network (or Grantee)**
Now I have some questions specifically about [name CVC network] in your state.

C1. How familiar are you with [CVC network]? In other words, how well do you know which groups are members, their goals and positions on major health coverage policy issues? Would you say you are [*read all]:*

__Very familiar
__Moderately familiar
__A little familiar
__Not at all familiar*

Comments:

** If interviewee is not at all familiar with CVC network, identify CVC grantee and list the LT members of the CVC network - have these names/lists in hand before the call! If the leadership team has more than 10 members, list just four or five of the more prominent organizations. Then ask:*

C1a. How familiar are you with the [CVC grantee] and these LT members' goals and positions on major health coverage policy issues?

__Very familiar
__Moderately familiar
__A little familiar
__Not at all familiar

C2. I am going to read you a list of major health policy issues, and for each one I would like your opinion on **how involved** [CVC network name] was this year (2010), or in the last legislative session, in state policy debates on these issues. Please tell me if you think they were: significantly involved, moderately involved, barely involved, or not at all involved. (*Don't mention "don't know;" just check below if respondent volunteers that response.)*

| Issues | Significantly involved | Moderately involved | Barely involved | Not at all involved | Don't know |
|---|---|---|---|---|---|
| a. State Medicaid/CHIP expansions | | | | | |
| b. Opposing or trying to minimize proposed cuts to state health program budgets | | | | | |
| c. Private insurance market reform/regulation by the state | | | | | |
| d. Federal health reform (adoption or state implementation) | | | | | |
| e. Comprehensive state health reform addressing coverage, cost and quality | | | | | |
| f. Other, describe: | | | | | |

Comments:

C3. On which one of the following state health policy issues was [CVC network name] **most involved** in 2010, or in the last legislative session? I'll list them again (*read all except "don't know"*):

___State Medicaid/CHIP expansions
___Opposing or trying to minimize proposed cuts to state health program budgets
___Private insurance market reform/regulation by the state
___Federal health reform (adoption or state implementation)
___Comprehensive state reforms addressing coverage, cost and quality
___Other, describe:
___Don't know

Comments:

(*If respondent cites a specific bill, proposal, referendum, etc. suggest that it be placed in one of the above categories and ask respondent to verify that the category is appropriate. For Questions C4 and C5, cite the "shorthand" bill, proposal, referendum, or commission report.)*

C4. **To what extent** did [CVC network name] change or affect the outcome of the debate on this issue (identified in C3)? Did they (*read all except "don't know"*):

___ Make a big difference
___ Make a moderate difference
___ Make a small difference
(**Go to C.5 if respondent cites any of the above)**

___ Did not affect the outcome at all [*if this response is checked,* ***ask why*** *[CVC network name] did not affect the outcome of this issue*? **Then go to C6.**

___ Don't know [go to C6]

C5. *For respondents that answered big/moderate/small difference in C4, ask:* **How** did [CVC network name] change or affect the outcome of the debate on this issue? [open-ended; **if the outcome is not clear, ask respondent to explain it briefly]**

Probes:
a. For legislation or budget actions: Did their support help to pass, or their opposition help to defeat, the proposal?
b. How did their support or opposition to particular provisions change the final legislation, rules, Commission recommendations or budget actions?
c. What might have happened had [CVC network name] not been involved or tried to influence the debate? Do you think the outcome would be different or the same?

C6. Next, I'm going to list six advocacy activities and ask you to tell me how effective [CVC network name] is **now** in carrying out these activities. Were they very effective, moderately effective, or weak/not effective? [*Don't mention "don't know"; check if respondent says it]*

| | **Very effective*** | **Moderately effective** | **Weak/not effective** | **Don't know** |
|---|---|---|---|---|
| 1. Building coalitions or alliances with other key interest groups | | | | |
| 2. Grassroots organizing or building strong grassroots support | | | | |
| 3. Policy analysis to determine likely impacts of policy choices, or develop policies | | | | |
| 4. Conducting campaigns that engage policy-makers across parties and viewpoints | | | | |
| 5. Media relations and communications | | | | |
| 6. Fundraising/generating resources to support advocacy campaigns | | | | |

C7a. * *For any activities that get a "very effective" response, ask*: Why are they so effective? (e.g., grassroots coalition is large/active in all districts, or small but dedicated and active)

C7b. * *For any activities that get a "weak or not effective" response, ask*: Why are they so ineffective? (e.g., grassroots is small/not in many districts, don't engage across party lines)

C8. *If you think you may be pressed for time, this question is optional:*
Compared to three years ago, how would you rate [CVC network name]'s ability to perform these advocacy activities? I'll list each advocacy activity again, and for each one, tell me if you think [CVC network name]'s ability has improved, stayed about the same, or worsened in the last 3 years.
(*Check "don't know" if respondent says don't know enough or not able to assess changes)*

| | **Improved** | **About the same** | **Worsened** | **Don't know** |
|---|---|---|---|---|
| 1. Building coalitions or alliances with other key interest groups | | | | |
| 2. Grassroots organizing or building strong grassroots support | | | | |
| 3. Policy analysis (to determine likely impacts of policy choices or to develop policies) | | | | |
| 4. Conducting campaigns that engage policy-makers across parties and viewpoints | | | | |
| 5. Media relations and communications | | | | |
| 6. Fundraising/generating resources to support advocacy campaigns | | | | |

Comments:

C9. When you consider all of the major state health coverage policy debates that took place in 2010, or in the last legislative session, was [CVC network name] usually "at the table" when key decisions were made? Were they usually, sometimes, or rarely an active participant in meetings when key decisions were made?

___Yes, usually
___Sometimes
___Rarely
___Don't know (go to C11)

C10a. Why was the CVC network [usually, sometimes, or rarely] invited to the table when key decisions were made? *(10b and 10c cover this question)*

C10b. If usually or sometimes, were they invited because of their influence or because their opinion matters, or did they "push their way in"? If invited to the table, what did the group have to offer, why was it important to have them there?

C10c. If rarely, why were they not invited?

C11. When you consider all the things the [CVC network/coalition] has done over the past year or two, are there any particular activities, events, campaigns, or messages that stand out as especially influential—positive or negative—on state health policy debates?

**D. Consumer Involvement in Future Health Policy and Last Thoughts**
*Only ask these 3 questions if any time remaining.* I have just a few more questions.

D1. What do you think the CVC network needs to do to make a greater contribution to policies or policy debates on health coverage expansion in your state in the future? What could they do better or differently?

(Open-ended response):

*(If useful, can use these as probes and check if responses fit into the following categories:*
___Create political urgency to address health coverage
___Unify positions on coverage policies
___Develop coordinated messages
___Educate the public
___Be willing to compromise to make incremental progress
___Develop alliances with nontraditional partners

D2. The CVC grant will end this year. What do you expect would happen if [CVC network name] was no longer able to marshal the resources and coordinate the positions and advocacy activities of its consumer organization members?

D3. Is there anything else you would like to say about the role, involvement or influence of consumer advocacy groups in your state's health coverage policy debates, or RWJF's grant to the CVC network?

## Evaluating Project Activities Through Project Reports

***Activity reports.*** Grantees were asked to complete monthly activity reports using a standard template to describe the objectives, activities, and accomplishments for each of their coalition goals. Both Mathematica and Community Catalyst used these reports to track coalition activities.

**Purpose.** The purpose of the reports was to obtain information about coalition activities regularly throughout the project. As Community Catalyst needed monthly reports from grantees, we worked with the staff there to create a template that both organizations could use. In addition to information about goals and activities aligned with all advocacy core capacities (except for generating resources), we asked about overall capacities of communication and generating resources, as well as meetings held (including agendas, minutes, and attendance).

**Respondents.** Project directors or their designees were asked to complete the activity reports.

**Administration methods.** Community Catalyst staff collected the data from each grantee monthly or semi-monthly and forwarded the reports to Mathematica on a periodic basis.

**Analysis approach.** We reviewed the reports to identify key coalition activities, from which we created summary tables for each coalition. This approach enabled us to identify the activities that were most important or resource intensive for each coalition, the coalition's major accomplishments, and the policy achievements reported by the grantee. We also used the meeting records to assess how often the leadership team met and who attended.

**How you might use this instrument.** You can adapt this instrument to document a project's activities, accomplishments, and capacities. It is most useful to fill in information that cannot be obtained from existing project documents. Consistent record keeping enables you to monitor project tasks, assess the extent to which they were implemented as intended, track when they occurred, and observe who was involved. This information can be compared with project outputs and outcomes. Such records could reflect whether a task had a sufficient level of effort to achieve the desired output, whether shifts in activities corresponded to shifts in the policy environment (as we observed among Consumer Voices for Coverage coalitions when federal health reform became an important and unanticipated topic), or whether certain tasks can be linked to policy wins. For Consumer Voices for Coverage, the reports were our only source of information about the advocacy activities being implemented by the coalitions.

**Instructions for Completing the Grantee Status Report**

| Field Name | Definition |
|---|---|
| **Prepared By** | Enter name, title and contact information for the person completing the report |
| **Reporting Period** | Enter time covered by the report. (e.g., January 1 - January 15, 2008) |
| **Goal**<br>What are your goal(s) for this project? (This section should be taken from your work plan.) | Include goal from Grantee Work Plan - this should be a broad statement of what is to be achieved.<br>E.g., "Achieve insurance reforms consistent with our principles that promote fairness, affordability and efficiency, and most likely, some form of guaranteed issue and community rating." |
| **Capacities**<br>Core capacities needed for successful advocacy. (This section should be taken from your work plan.) | For each policy/ capacity building goal or overall organizational capacity, identify objectives that must be accomplished in order for the goal to be met or strategies that will be used to achieve goals. |
| **Activities** | List key activities completed in this reporting period that will help reach the listed goal or overall organizational capacity.<br>NOTE: It is only necessary to include activities taking place in the reporting period. |
| **Progress Indicators**<br>Specific changes in attitudes, knowledge, skills, status, or capacity expected to result from program activities. | List any results that have been achieved in the reporting period. Results are changes that happen in response to work that is done. Progress indicators reported may or may not be a result of activities occurring in the reporting period. However, they should be aligned with the activities that resulted in these changes, even if those activities occurred in a previous reporting period. Incremental impacts (small changes leading toward greater change) should be included. |
| **Deliverables/Grant Products** | List any products, documents and/or events that are linked to the policy/ capacity building goals or overall organizational capacity that you have identified. This does not have to be filled out for every activity since every activity/ success indicator does not lend itself to a deliverable or grant product<br>Examples of products include articles, newsletters, survey instruments, sponsored conferences, web sites, news conferences, press kits, news releases, print, wire service, and television or radio coverage. |
| **Issues/ Concerns** | Provide information on additional issues or concerns related to the policy/ capacity goals or overall organization capacity that do not fall into one of the other categories. |
| **Other Issues or Comments** | Identify any surprising findings or results, changes from planned activities and/or lessons learned in the reporting period that do not fall into any of the above categories. Document issues that may impact the overall program and is not state-specific. |
| **Meetings**<br>In order to support the evaluation process we are asking grantee to supply information for leadership team, executive committee, and network meetings. | Provide three items: (1) the meeting date and agenda, (2) a list of everyone who attended the meeting and the organization they represent, and (3) meeting notes or a list of key decisions made. |

| CVC Grantee Status Report | | | | |
|---|---|---|---|---|
| Prepared By:<br>Reporting Period: | | | | |
| **Capacities** | **Activities** | **Progress Indicators** | **Deliverables/ Grant Products** | **Issues/ Concerns** |
| **Goal # 1: [repeat the following for additional goals]** | | | | |
| Analyze issues to develop winnable policy alternatives | | | | |
| Build coalition and maintain strategic alliances | | | | |
| Build strong grassroots base of support | | | | |
| Design and implement media and communications strategies | | | | |
| Develop and implement health policy campaigns | | | | |
| **Overall Organizational Capacity** | | | | |
| Overall communication capacity | | | | |
| Generate resources | | | | |
| **Other Issues or Comments** | | | | |
| | | | | |
| **Meetings** | | | | |
| **1. CVC Leadership Team**<br>Date:<br>Attachments: □ Agenda □ List of attendees (Names and Organizations) □ Meeting Notes or List of key decisions made | | | | |
| **2. CVC Executive Committee** (If you have an executive committee that meets separately from the full leadership team)<br>Date:<br>Attachments: □ Agenda □ List of attendees (Names and Organizations) □ Meeting Notes or List of key decisions made | | | | |
| **3. CVC Network** (a "general meeting" of your network partners)<br>Date:<br>Attachments: □ Agenda □ List of attendees (Names and Organizations) □ Meeting Notes or List of key decisions made | | | | |

## Other Approaches to Collecting Data About Your Program

**Guides for focus groups and interviews with participants.** In addition to the surveys and interviews described earlier, Mathematica conducted focus groups (group discussions) and individual interviews with grantee staff and leadership team members to collect more in-depth information about specific topics. Focus groups were held in person during annual Consumer Voices for Coverage meetings. We conducted interviews by telephone at various times during the project to learn more from grantee staff and selected leadership team members. The instruments are not displayed; however, a summary of questions asked is shown in Table 5.

**Purpose.** Focus groups and interviews supplemented the data collection described elsewhere in this Toolkit.

- **Focus groups.** Community Catalyst held annual conferences in the fall of each grant year for grantees, leadership team members, and others involved in the coalitions. At each conference, Mathematica held four focus groups to learn about coalition successes and challenges. The focus groups also gave participants an opportunity to learn from one another. We selected topics for the focus groups based on areas about which we and the Foundation needed additional information for the evaluation.

- **Grantee interviews.** We obtained details of selected coalition activities through grantee staff interviews. This information supplemented that obtained from the leadership team survey and the activity reports, and included data on the coalitions' involvement in federal health reform and grantees' perspectives of their coalitions' capacity areas.

- **Leadership team interviews.** Through interviews with selected members of leadership teams, we learned about their perspectives on (1) the challenges in working together as a leadership team, (2) the important policy issues on which the coalitions were working, (3) coalition capacities and the contributions of their organizations, and (4) how they planned to sustain the coalition after the Consumer Voices for Coverage grant ended.

**Respondents**

- **Focus groups.** Community Catalyst gave Mathematica a list of registered attendees before each conference. We randomly selected members for each focus group and emailed them invitations to participate, with the goal of having representation from most of the coalitions in each group. Typically, each focus group had from 8 to 12 participants.

- **Grantee interviews.** Grantee staff interviews included from one to three grantee staff participants. This included coalition project directors and other staff, depending on the topic.

- **Leadership team interviews.** For these interviews, we asked coalition project directors to recommend members of their leadership teams who had detailed knowledge about the coalition's activities and would be willing to participate. We then contacted those suggested and asked them to participate. Each of the three interviews included five or six participants from three different coalitions.

**Administration Methods**

- **Focus groups.** A member of the Mathematica evaluation team moderated each focus group, recording the discussion with a tape recorder (after requesting permission from the participants). These focus groups lasted about an hour.

- **Grantee and leadership team interviews.** These interviews were conducted by telephone and typically lasted about an hour. One member of the evaluation team led the discussion and another took notes during the call.

**Analysis Approach.** We used a similar approach for the analysis for each source. We reviewed notes from the focus groups or interviews, identified key issues and themes that arose from the discussion, and then synthesized the issues and themes across coalitions and topics. This information provided details about grant activities or the political and fiscal dynamics in the states for other evaluation reports and helped us interpret data collected from other methods, such as the leadership team survey. In addition, for the focus groups, each year we developed either a public report or a written summary of focus group findings shared with Consumer Voices for Coverage stakeholders.

**How you might use focus groups and interviews with project staff.** Focus groups and interviews are tools for gathering qualitative information, particularly on emergent topics or areas about which you have little information to guide a quantitative assessment instrument. They are particularly useful for gathering formative feedback about what is working well in the project and where challenges are arising. The interactive experience might lead to unexpected responses and findings. In addition, focus groups can be a learning tool, as participants hear of others' experiences and have "ah-ha" or "me, too" moments of recognition.

**Table 5: Focus Group and Structured Interview Questions, by Topic**

| Topic | Questions |
|---|---|
| **Annual Conference Focus Group, Year 1** | |
| Developing talking points and campaign messages on the complex topic of health coverage | • What are some examples of successful talking points or campaign messages your organization worked on since its involvement in the CVC project?<br>• How do you decide on your strategies for developing talking points and campaign messages? Who is typically involved in developing talking points and campaign messages (for example, leadership team members, project director, and so on?<br>• What audiences have you been focusing on and why did you decide to target these?<br>• What are the main challenges you are facing in your work on developing talking points and campaign messages?<br>• Could you use more assistance from Community Catalyst to be more successful with developing talking points and campaign messages? If so, what type of help?<br>• What are some of the ideas or lessons related to this area that you will take away from this conference? |
| Strategic alignment: Building common ground among consumer advocates and organizations | • How are you bringing the leadership team together?<br>• How do you foster a sense of commitment in partner organizations (or, how do you keep one organization from doing all the work)?<br>• How are you bringing the larger coalition together?<br>• What are some of the obstacles you face in bringing partners together? |
| Political, fiscal, and economic environment: What is most affecting CVC's efforts in your state? | • How has the political/fiscal environment in your state changed since you wrote your CVC grant proposal a year ago?<br>• What external factors (those outside the influence of your coalition) most influence your efforts?<br>• How does the structure of the CVC grant affect your coalitions and agendas?<br>• What opportunities for progress toward coverage reform and expansion do you see on the horizon for your coalition? |
| Making policy tradeoffs | • What are the policy issues on which consumer advocacy groups in your state (or your network/coalition) differ?<br>• How do CVC networks develop positions on coverage expansion policies when doing so involves making choices or compromises among principles or goals?<br>• How do CVC networks achieve consensus when individual groups put greater value on different principles, for example, comprehensive benefits versus affordable premiums?<br>• How does the addition of new groups to CVC networks affect its ability to achieve consensus on policy positions?<br>• Does the policy or political environment affect your network/coalition's composition and its policy positions? |
| **Annual Conference Focus Group, Year 2** | |
| Has participation in the CVC program strengthened consumer advocates' influence or contribution to state health coverage policy in your state? | • Has consumers' level of influence on state health policy increased, decreased, or remained the same?<br>• How do you measure level of influence? What indicators do you think should be used to capture this concept?<br>• Can you give examples of what happened when consumers tried to influence policy before 2007 compared to 2008 or 2009?<br>• Did participation in the CVC grant program contribute to an increase in the consumers' role and influence on state health policy?<br>• If so, *how* did participation in CVC help you raise consumers' voice?<br>• If not, *why not* (for example, influence was already strong; CVC structure was not well targeted to your needs; the shifting environment prevented you from taking advantage of CVC)?<br>• What else, other than your participation in CVC, accounts for an increase (or decrease) in the consumers' role and influence on state health coverage policy?<br>• Last question (if time): If the consumers' role or influence on state health policy change has increased in the last year or two, do you think it will continue at that level or change in the next year or two? Why? |
| Has the financial support and technical assistance (TA) received from CVC helped to improve or strengthen your ability to advocate effectively | • Can you give me examples of technical assistance you have received and describe how it has helped you to do effective advocacy? Who provided the TA? What aspects of consumer advocacy worked better after you received the TA? How did the TA help you achieve these improvements?<br>• Were there examples of technical assistance you received that were less helpful, that did not advance your consumer advocacy abilities? Why do you think that was? |

| Topic | Questions |
|---|---|
| for comprehensive health care reform in your state? | • Overall, how helpful has the technical assistance been? How much have you improved your advocacy work as a result of receiving TA?<br>• Is there any type of TA you really need for improving a specific advocacy skill that you have not been offered? What area of TA did you specifically request?<br>• Did you personally receive technical assistance?<br>• Anything else you want to tell me about TA?<br>• Has the grant support helped your project to increase capacity? How? If not, why not (for example, advocacy skills already high; CVC structure not well targeted to our needs; shifting environment prevented us from taking advantage of CVC)? |
| Has participation in the CVC program changed your relationships with state policy-makers or influenced their perception of the value of consumer involvement in state policy development? | • Has participation in the CVC program changed your relationships with state policy-makers—either for better or worse? If so, with which policy-makers, and in what way?<br>• Can you give an example of a state policy-maker and the improved relationship you have with him or her today as compared to before CVC? Can you give an example of an instance when your relationship with a policy-maker has deteriorated?<br>• Is there a specific aspect of CVC-related work to which you would attribute these changes?<br>• Have there been any aspects of CVC that have created obstacles or barriers to forming needed relationships with policy-makers or with agenda setters (such as the media or influential groups or organizations)? If so, what are they, and how could they be changed?<br>• Have there been any aspects of CVC that have been particularly helpful in facilitating or supporting expanded or improved relationships with key policy-makers or agenda setters in your state? |
| How and to what extent has participation in the CVC program helped build support for sustained action beyond the grant period? | • How and to what extent has participation in the CVC program helped to build support for sustained action beyond the grant period?<br>• How and to what extent has participation in the CVC program helped sustain partnerships or alliances?<br>• How has participating in CVC helped you build support for sustained funding?<br>• What other support or assistance do you need over the next year to sustain your work? |
| **Annual Conference Focus Group, Year 3** | |
| Do you need a network of consumer advocates? | • Has bringing together your leadership team been a useful model for consumer advocacy in your state? Will it change the way advocates work to achieve their goals in the future?<br>• How important is it for policy-makers to recognize the coalition as its own separate entity (as opposed to the individual organizations)? Is there a need for an ongoing, core consumer network that coordinates and works together even between major issues or campaigns? Once funding ends, will you maintain the leadership team and network structure?<br>• Did CVC build capacity for the leadership team or mainly for just the grantee? How were organizations besides the grantee exposed to CVC capacity building activities or resources?<br>• Which capacities did you feel improved the most as a result of your participation in the CVC network? For whom—the grantee or the entire team?<br>• Do you feel it is important to sustain the CVC network or could each of the advocacy organizations or activities funded separately fulfill the same function? |
| Funding and sustaining the network—what works? | • What have you, as a consumer advocate, learned from CVC about how to best to sustain advocacy work?<br>• After last year's conference and the increased emphasis on fund-raising in the last year, what strategies did you employ and what did you do differently? Were you effective? What specific next steps will you take to sustain network partnerships, activities, and visibility beyond the grant?<br>• Do you think the supplemental challenge grants from RWJF will help you raise other funds? What strategy are you planning to use to obtain matching funds, and who will you approach?<br>• In a post health-reform world, what do you believe are the most effective approaches to obtaining funding for consumer advocacy? Will you be employing them? Why or why not?<br>• How would you advise RWJF (or other foundations or funders) to support advocates in other programs, based on what you've learned from CVC? |
| Gauging the influence of consumer advocates in state health debates | • Which elements of CVC (grantee role, network of united organizations, messages, or activities) did policy-makers in your state find most credible and useful? What evidence do you have of this?<br>• What is the single most important policy influence your coalition has had since CVC began? How do you know your influence mattered? What do you think were the factors |

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| | underlying your success/influence?<br>• What was the biggest advocacy failure or disappointment you experienced since CVC began? What factors led to this failure?<br>• What changes have you noticed in the last three years in how policy-makers work with consumer advocates in policy debates or decisions? What has led to these changes?<br>• If you could start over with CVC, what one change would you make in your advocacy approach with policy-makers? |
| Role of consumer advocates in a post-health reform world | • What is the most important topic on which consumer advocates need to focus now that federal health care reform has passed?<br>• How are grassroots groups going to pivot to implementation work now that health reform has passed? Is this a challenge? What advocacy approaches can they use?<br>• Do consumer advocates in your state have the knowledge and credibility to participate in debates on state options for federal reform (that is, implementation options)? What advocacy approaches can be used?<br>• Which capacities are most important for effective consumer advocacy in a post-reform world (alliance building, communications, media, grass roots organizing, fund-raising, other)?<br>• What are some other topics on which consumer advocates need to focus in the next year, two years, five years? |
| **Grantee Interviews** | |
| Activities related to health coverage expansion and health reform | • What is the main focus of your advocacy efforts now?<br>• What are you doing at the state level?<br>• How are you involved in federal health care reform?<br>• How do your federal activities affect your state-level activities? |
| Capacity building | • When CVC began, what types of capacity did you feel you most needed to develop?<br>• Over the past year, what CVC capacity-building TA or consulting services have you received? Which were most helpful in reaching your goals?<br>• Did anyone other than the CVC grantee participate in these activities? Who?<br>• What additional or other kinds of TA, training, or consulting do you feel you need to strengthen or sustain your advocacy coalition and efforts? |
| Leadership team and network | • What role(s) does the CVC leadership team play in your activities?<br>• Has the role of your leadership team changed since CVC began? How?<br>• What organizations or coalitions besides those on the CVC leadership team are part of your CVC coalition? How do their roles differ from leadership team members?<br>• What were your strongest or most important relationships (whether leadership team members or not) during the past year?<br>• How has your coalition changed since CVC began?<br>• What do you see as the risks and benefits of CVC requiring you to establish and work with a "formal" leadership team? |
| **Leadership Team Interviews** | |
| Leadership team involvement | • What were you hoping to achieve when you joined the CVC leadership team in your state? What have been some of the benefits to your organization in being involved in the leadership team?<br>• If you think back to when the leadership team in your state formed or, if you are new to the leadership team, when you joined it, what were the issues or challenges your leadership team had to overcome when you began working together on the CVC grant?<br>• **[For new coalitions/relationships]** How did you overcome the initial challenge of developing a shared agenda and trust among leadership team members?<br>• **[For older coalitions/relationships]** How important were the connections among leadership team members that pre-dated CVC? Did the CVC grant change the relationships among leadership team members who had worked together previously? |
| Policy issues | • What was the single most important specific state health policy issue your CVC coalition worked on in 2009?<br>• Has your coalition's access to key health care policy-makers in your state changed over the past two years, for better or for worse, compared to other groups such as providers and insurers?<br>• Do you feel your CVC coalition's policy clout has increased or decreased over that time? What caused these changes? Why?<br>• Can you talk to us a little bit about your role in national health reform? What kinds of activities are you involved with in trying to advocate for national health reform (for |

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| | example, letter writing campaigns, working with senators, communications campaigns, and so on)? Has your access to national policy-makers or national advocacy organizations changed (increased) as a result? |
| Activities | • In thinking about advocacy, there are many different types of activities involved, such as coalition building, policy analysis or policy development, developing campaigns around issues, media and communication efforts, and grassroots organizing. If you think about these specific activities, which of those capabilities does your organization bring to the leadership team that has helped the CVC coalition pursue its policy agenda?<br>• In which of these areas is your CVC leadership team strongest? Are there any areas (such as communications, grassroots and so on) you think your leadership team needs to strengthen? Have your capacities in these areas changed over the past two years? Are there any consumer groups or organizations in your state that are not on the leadership team, but perhaps should be? |
| Sustainability | • What do you anticipate will change about your leadership role once CVC funding stops at the end of the grant (the end of 2010)? |
| Leadership team structural issues | • Do you think the CVC leadership team requirement was a good way to structure this project in your state? Is there anything you would change about the structure of your leadership team, if you could? What guidance would you give to other statewide advocacy organizations about establishing a leadership team? |

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