

Monitoring & Evaluation Program



UW-Extension

UW Comprehensive Cancer Center

Center for Health Policy and Program Evaluation

Characteristics of Tobacco Control Coalitions Survey

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Characteristics of Wisconsin Tobacco Control Coalitions: Results of the 2002 Survey

As part of a comprehensive effort to reduce tobacco use in our state, the Wisconsin Tobacco Control Board funded local organizations with the expectation they would change community norms. These coalitions assess local need and develop and implement best-practice based strategies to reduce tobacco use in their communities. Tobacco control coalitions operate in all 72 counties.

To better understand the role of tobacco control coalitions in a comprehensive program, it is necessary to collect and analyze information describing how coalitions form, develop, and operate in their communities. The Coalition Reporting System (CRS) has been designed to gather information about coalition structure and operation. The current survey is part of the CRS. It was designed to gather consistent information about various characteristics of the 77 tobacco control coalitions during 2001. This information can be used by:

- The Wisconsin Tobacco Control Board to better understand how the coalitions are structured and organized to accomplish their goal of reducing tobacco use in the community;
- The local coalitions to compare their characteristics with those of other coalitions in order to better network with other coalitions and to gain ideas for operating more effectively;
- Technical assistance staff to assess future training and technical assistance needs.

Methods

In January 2002, brief surveys requesting coalition information were mailed to 77 coalition coordinators. This information included basic data such as how the coalition started and the percent of time the coalition coordinator works for the coalition as well as information about coalition operations specific to 2001. Examples of year-specific data include sources of funding, assessments completed and the number of members that regularly attend meetings.

In addition to gathering basic descriptive data, the survey was designed to collect data in several specific areas. For example, previous research has indicated that coalition composition is one of several classification methods that may be related to coalition performance.¹ For that reason, questions related to composition characteristics of coalition members were included. These questions asked the percentage of active coalition members that are primarily professionals representing their agency or employer, community leaders such as businesspersons or elected officials, or interested individuals/volunteers.

All coalitions completed and returned the survey. Results are provided initially as summary data for questions in the order in which they appear on the survey (See Appendix A for survey instrument). Survey question numbers are included with results for ease of comparability with the survey. Additionally, summary data are provided for coalition information gathered from other data sources. Finally, comparisons of pre-existing and new coalitions, metropolitan and non-metropolitan coalitions, and higher funded and lower funded coalitions are provided for key variables.

Results

COORDINATOR – questions related to the coalition coordinator’s employment.

Major Findings:

- Two-thirds of coordinators were not employed by the local public health department prior to the start of the coalition;
- The majority of coordinators are employed directly by local public health departments;
- Only 18% of coordinators work full-time for the coalition.

Discussion:

This information demonstrates that most coalition coordinators are new to their position, new to public health and are in part-time coordinator positions. Inexperience in the position and with the public health system may cause coordinators to focus on learning tobacco control methods and building a coalition. These tasks would need to be accomplished before other effective coalition activities could take place. Lack of full-time employment may lead to turnover in the position as coordinators leave for full-time employment elsewhere. Finally, if coordinators are splitting their time between several public health funded programs, they may not be able to devote adequate time to their tobacco control coalition activities.

Q4 – When coordinator began working in their present position: 76% of respondents or 57 coordinators began in their position in 2001.

Q5 – Coordinator employed by local public health department prior to the start of the coalition:

Yes	33%
No	67%

Q6 - Coalition coordinator description:

Paid as an employee by the LPHD	58%
Paid as a consultant or independent contractor to the LPHD	20%
Paid as an employee by an agency contracted by the LPHD	17%
Other – special grant position; paid differently by two counties; paid as employee of the fiscal agent; Human Services Asst. Director	5%

Q6a - Percent time coordinator works for the coalition (100% = full-time):

Average	51%
Range	5% – 100%
Percent of coalitions indicating coordinator works 100% for the coalition	18%

COALITION ORGANIZATION AND FUNDING – questions related to how the coalition was formed, funded and organized.

Major Findings:

- The majority of coalitions indicated they were in existence prior to the beginning of Tobacco Control Board funding;
- Almost two-thirds of coalitions receive no funding in addition to their Tobacco Control Board funding;
- Having a mission statement and a list of supporters were the organizational components most often selected by the coalitions;
- More than half of coalitions have a Fight Against Corporate Tobacco (FACT) youth group;
- Almost all coalition members have attended training relative to their involvement with the coalition.

Discussion:

The data indicated most tobacco control coalitions are supported entirely by funds from a single source, the Wisconsin Tobacco Control Board. This would be problematic if there is any change in Board funding. Communities committed to a long-term tobacco control effort may want to pursue multiple funding sources to ensure their ability to develop and implement activities in the community that will result in decreased tobacco use over time.

The results of the organizational development questions on the survey demonstrated that many coalitions have some basic organizational processes in place. Mission statements that establish vision or direction exist in most coalitions. Two-thirds also have a list of supporters that allows the coalition to quickly enlist many community members for important issues. The least common organizational activity in coalitions is the development of a newsletter to communicate with members and supporters. Newsletters may be staff intensive and, since many coalitions have only part-time coordinators, not seen as a priority.

The fact that most coalitions do not subcontract with other organizations or contractors for programming, staffing or resources indicates the coordinator and members are attempting to meet their goals without outside help. This may raise barriers in those instances when coalition staff is inexperienced and only works part-time.

Virtually all coalitions ensure their members and staff receive training relative to their coalition involvement. This may contribute to coalition member and staff retention, as people better understand their roles and responsibilities and develop competencies. Finally, the presence of FACT groups in over half of the coalitions reflects the emphasis many coalitions have on youth activities.

Q7 - How coalition started:

Existing tobacco control coalition with additional funding from TCB	52%
New coalition started with TCB funding	40%
Former coalition, not specific to tobacco control, now focused on tobacco control due to TCB funding	4%
Other	4%

Q8 – Tobacco control funding in addition to Tobacco Control Board and DPH-CDC:

Yes	34%
No	66%

Sources of funding for the 34% of coalitions receiving funds in addition to the WTCB:

Thomas T. Melvin	23%
WI Cancer Control Grant	20%
Local Grants (hospitals, business, government)	4%
Other – ASSETS Program, Brighter Futures, CTRI mini grant, FACT mini grant (2)	7%

Q9a – Was coalition ever funded by ASSIST:

Yes	43%
No	57%

Q9b – Does coalition contract with others for: (% indicating yes)

Programming	29%
Staffing	27%
Resources	15%

Q9c,d,e,f,g – Questions grouped as examples of organizational characteristics: (% indicating yes)

Mission statement	84%
List of supporters	66%
Governing Board	40%
Formal guidelines	34%
Newsletter	31%

Q9c,d,e,f,g - Organizational characteristics from the five areas (listed above) have been considered together as one measure: (% of yes responses to composite of 5 related questions):

Average	2.53
0 characteristics	1%
1 characteristic	30%
2 characteristics	22%
3 characteristics	18%
4 characteristics	18%
5 characteristics	10%

Q9h – Who from the coalition has attended relevant training: (% indicating yes)

Paid staff	92%
Board members*	41%
Coalition members	99%

*An additional 28% indicated this category was not applicable and 7% did not respond to this question

Q9i – Does coalition have a FACT group:

Yes	55%
No	46%

COALITION COMPOSITION - questions related to coalition membership.

Major Findings:

- Coalitions indicated they have identified substantial numbers of supporters in addition to members;
- Most coalition members are professionals representing their agencies.

Discussion:

The active member distribution demonstrates that, for the most part, coalition members are professionals in the community that belong to the coalition as part of their job responsibilities. No coalition has more than 50% community leaders as members, four have more than 50% volunteers as members, and 62 coalitions have more than 50% professionals as members.

Q11 - # of people belonging to coalition. (Each person should only be counted once):

	Active Adult members	Supporter	Youth members
Average	20	30	20
Range	4 - 85	0 - 200	0 - 421

Q12 - Active member distribution. (Of the active adult members from Q11, the coalition coordinator was asked the percent that are primarily professionals representing their agency, community leaders, or interested individuals. Since the responses indicated the majority of coalition members were professionals representing their agency, the data was recoded to determine the percent of coalitions with over 50% of their membership as professionals representing their agency):

Does coalition have 50% or more of their membership as professionals representing their agency	
Yes	90%
No	11%

MEETINGS – questions related to coalition meetings.

Major Finding:

- Overall, 80% of coalitions have between 6 and 20 members in attendance at meetings, meet monthly and meet during the day.

Discussion:

The daytime meeting schedule reflects the fact that the majority of coalition members are professionals representing their agency. Many community volunteers are employed during the day and would therefore prefer evening meetings. If coalitions are interested in recruiting more

interested individuals from the community who cannot attend meetings as part of their employment, they may consider changing some of their meetings to the evening.

Q13 - Avg. number regularly attending meetings:

1 – 5	8%
6 – 10	43%
11 – 20	39%
21 and over	10%

Q14 - How often full coalition meets:

Monthly	86%
Less than monthly	10%
Other	4%
More than monthly	0%

Q15 - When coalition meets:

Lunchtime	31%
Mornings	26%
Afternoon	26%
Evening	9%
Other	5%

COALITION ACTIVITIES– questions related to subcommittee formation and assessments completed during 2001.

Major Findings:

- Subcommittees on youth and healthcare/cessation are the most common;
- Almost 40% of coalitions indicated they have no subcommittees;
- Coalitions completed 195 community assessments in 2001;
- Restaurant survey was the most common survey completed in 2001, followed by worksite survey and government building survey.

Discussion:

Some coordinators wrote on their survey they had tried to develop subcommittees and either did not have large enough membership to sustain them or did not find them useful. Using subcommittees to plan and carry out activities to meet coalition goals may be an effective strategy, especially in coalitions with less than a full-time coordinator.

The number of assessments completed by coalitions was quite high. Of the 195 assessments completed in 2001, 58 were restaurant surveys, 37 worksite surveys and 24 municipal government surveys. These may have been done to establish local baselines. Hopefully, coalitions are conducting assessments as part of an overall plan to assess local need, develop strategies for targeted policy work, and measure change.

Q16 - Coalition subcommittees:

Youth	49%
None	39%
Health care/cessation	36%
Clean indoor air	34%
Steering	17%
Policy	13%
Media	12%
Planning*	5%
Special Populations*	1%
Website Development*	1%
Tobacco Advertisement*	1%
Community Health Promotion*	1%

*Listed by coalitions in “Other” category

Q17 - Assessments completed in 2001:

Restaurant survey	75%
Worksite survey	48%
Muni gov’t building survey	31%
Compliance checks	25%
Youth tobacco survey	20%
Comm. Of Excellence	18%
Adult tobacco survey	8%
Operation Storefront*	8%
Schools*	7%
Clean Indoor Air*	7%
Retail issues*	5%
WIC issues*	3%

*Listed by coalitions in “Other” category

COALITION COMPOSITION – questions related to the extent to which **active** coalition membership is reflected in the categories listed on the DPH “Community Coalition Grants Best Practices and Recommended Activities”.

Major Findings:

- The community groups represented most frequently in coalitions are public health organizations followed by the medical community and law enforcement.
- Most community groups participating in the coalition do not provide resources to the coalition from the group they represent.

Discussion:

The only community groups represented in over 75% of coalitions are public health, medical community, law enforcement, and youth serving organizations. The majority of coalition members are primarily professionally concerned with health and youth services. This is consistent with the subcommittees formed to date. Since having diverse community membership involved in a coalition is necessary for optimal effectiveness, coalitions may want to look at recruiting members from areas not now represented on their coalition.

An essential aspect of community coalitions is the pooling of resources for a common goal. In order to determine the extent to which this occurs in tobacco control coalitions, a survey question was included inquiring whether coalition members have the ability to provide resources from the group they represent. Survey results demonstrate that in only two groups - public health organizations and the medical community - more than half of the coalitions that have members from that group indicate those members have the ability to provide resources to the coalition.

This question only addresses members that have the ability to provide resources. It is not yet known how many of those with the potential actually provide financial assistance or in-kind contributions. In order to stretch scarce resources, coalition may want to look to coalition members to supply more resources such as printing, media, equipment, etc.

Q18 – Coalition composition:

Community group	% of coalitions	# of active members per coalition		% responding that indicated a member had the ability to provide resources
		Range	Median	
Public health organizations	96%	1 – 12	3.0	62%
Medical community	91%	1 – 17	3.0	51%
Law enforcement	84%	1 – 6	2.0	31%
Youth serving organizations	75%	1 – 18	2.0	31%
School counselors	62%	1 – 13	2.0	27%
Youth leadership	62%	1 – 249	2.0	18%
Drug & alcohol prevention	60%	1 – 5	1.0	20%
Interested citizens	56%	1 – 7	2.0	5%
Teachers	52%	1 – 13	2.0	21%
Social Services	44%	1 – 4	1.0	12%
Voluntary health agencies	42%	1 – 5	2.0	23%
School & district admin.	42%	1 – 7	2.0	27%
Business & service clubs	40%	1 – 10	2.0	16%
Community based groups	36%	1 – 8	1.5	13%
Media representatives	34%	1 – 2	1.0	21%
Elected officials and gov't administrators	34%	1 – 11	2.0	8%
Clergy & faith-based community	25%	1 – 3	1.0	9%
Parents/families	21%	1 – 12	2.0	3%
Communities of color	16%	1 – 6	1.0	7%
School nurses*	16%	1 – 7	1.0	4%
School Board members	13%	1 – 2	1.0	5%
Disabled and MH comm.	13%	1 – 4	1.0	4%
Colleges*	10%	1 – 10	2.0	7%
Fire Department	8%	1	1.0	1%
Parent-teacher groups	6%	1	1.0	1%
Cessation groups*	4%	1 – 2	1.0	3%

UWEX*	4%	1	1.0	1%
Pre-school*	3%	1	1.0	0%
Restaurant/Tavern League*	3%	1 – 6	3.5	1%
Elders*	3%	1 – 3	2.0	1%
Marketing*	1%	1	1.0	0%
Support consultant *	1%	4	4.0	0%
Women’s Emp. Project*	1%	1	1.0	0%

*Listed by coalitions in “Other” category

ADDITIONAL COALITION INFORMATION – data from other non-survey sources.

Major Findings:

- Almost two-thirds of coalitions are non-metropolitan;
- Most coalitions represent a single county;
- Almost 90% of coalitions had a 2001 DPH allocation of less than \$100,000.

Discussion:

While most coalitions operate in one county, a few have combined several DPH contracts into a single coalition. With scarce financial resources available, it may be interesting to learn whether combining resources is a useful coalition strategy.

The fact that over half the coalitions were allocated less than \$50,000 in 2001 may help explain why over 80% of coalitions have less than a full-time coordinator.

Non-metropolitan and Metropolitan Coalitions (1990 Census definitions):

Non-metropolitan	65%
Metropolitan	35%

Coalition Jurisdiction:

Single county	79%
Multiple municipality	8%
Single municipality	7%
Multiple county	5%
County and municipality combination	1%

2001 Funding Allocation:

2001 DPH funding allocation	% of coalitions
\$14,000 - \$30,000	25%
\$30,001 - \$50,000	36%
\$50,001 - \$100,000	27%
\$100,001 and above	12%

ADDITIONAL FINDINGS – data derived from analyzing more than one coalition characteristics variable.

Of the new coalitions started with Tobacco Control Board funding, over half have no subcommittees. Pre-existing coalitions include both tobacco control coalitions in existence before the current tobacco funding and those few coalitions that were involved in other issues but now concentrate on tobacco due to the current funding. These pre-existing coalitions generally have more subcommittees with 44% having 3 or more subcommittees. These coalitions have had more time in which to develop a subcommittee system. Also, the development of subcommittees is usually evidence of a more fully developed organization.

How coalition started	# of sub-committees						Total*
	0	1	2	3	4	5 or more	
New coalition started with TCB funding	55%	10%	10%	16%	10%	0%	101%
Pre-existing coalition with additional TCB funds (includes former tobacco and other coalitions)	33%	11%	13%	22%	11%	11%	101%

*May vary from 100% due to rounding

Pre-existing coalitions are located more often in metropolitan areas. The coalitions in existence prior to the current Tobacco Control Board funding were often coalitions funded by ASSIST during the 1990s. Many of the coalitions with the highest levels of funding in the past were in metropolitan areas such as Milwaukee, Dane, Brown and Rock counties.

How coalition started	Non-metropolitan	Metropolitan	Total
New coalition started with TCB funding	74%	26%	100%
Pre-existing coalition with additional TCB funds (includes former tobacco and other coalitions)	59%	41%	100%

Pre-existing coalitions have more members regularly attending meetings than newer coalitions. Newer coalitions may still be in the process of recruiting new members and training them on their roles and responsibilities. Coalitions in existence prior to the new tobacco initiative would have already accomplished this task and are more likely to have a core of active members.

How coalition started	# of members regularly attending meetings				Total
	1-5	6-10	11-20	21 or more	
New coalition started with TCB funding	10%	48%	39%	3%	100%
Pre-existing coalition with additional TCB funds (includes former tobacco and other coalitions)	7%	39%	39%	15%	100%

Pre-existing coalitions are more likely to have more organizational characteristics, such as formal guidelines, a list of supporters, and a mission statement. Organizations tend to become more complex over time. Therefore, coalitions that have been in existence longer are likely to develop more organizational complexity to assist in meeting coalition goals.

How coalition started	# of organizational characteristics in place						
	0	1	2	3	4	5	Total
New coalition started with TCB funding	3%	29%	26%	26%	13%	3%	100%
Pre-existing coalition with additional TCB funds (includes former tobacco and other coalitions)	0%	30%	20%	13%	22%	15%	100%

Coalitions with increased funding have more organizational characteristics. Coalitions with the highest levels of funding are more likely to have full-time coordinators and those coordinators may be available to perform organizational tasks such as developing a newsletter and maintaining a list of supporters.

2001 funding allocation	# of organizational characteristics in place						
	0	1	2	3	4	5	Total*
\$14,000 - \$30,000	5%	32%	26%	16%	16%	5%	100%
\$30,001 - \$50,000	0%	29%	21%	25%	18%	7%	100%
\$50,001 - \$100,000	0%	33%	24%	19%	14%	10%	100%
\$100,001 and above	0%	22%	11%	0%	33%	33%	99%

*May vary from 100% due to rounding

Coalitions with increased funding are more likely to have a coordinator working full time for the coalition. When looking at the percent of time a coordinator works for the coalition as three categories - less than 50%, 50-99% and 100%, it becomes evident that, as the coalition allocation increases, the percent of coordinators working full-time also increases. Thirteen times as many coalitions have a full-time coordinator in the highest level of funding than in the lowest level.

2001 funding allocation	% of coordinator's time spent working for the coalition			
	5 – 49%	50 – 99%	100%	Total*
\$14,000 - \$30,000	83%	11%	6%	100%
\$30,001 - \$50,000	46%	43%	11%	100%
\$50,001 - \$100,000	52%	33%	14%	99%
\$100,00 and above	11%	11%	78%	100%

*May vary from 100% due to rounding

Metropolitan coalitions are more likely to have a 2001 funding allocation greater than \$50,000. Seventy percent of metropolitan coalitions receive funding over \$50,000 compared to only 22% of non-metropolitan coalitions. The highest funded coalitions are in the largest metropolitan areas, such as Milwaukee, Dane, Brown and Waukesha counties.

	2001 funding allocation				Total
	\$14,000 - \$30,000	\$30,001 - \$50,000	\$50,001 - \$100,000	\$100,00 and above	
Non-metropolitan	32%	46%	22%	0%	100%
Metropolitan	11%	19%	37%	33%	100%

Metropolitan coalitions are more likely to have a full-time coordinator and non-metropolitan coalitions are more likely to have less than a half-time coordinator. This is consistent with other

results demonstrating that metropolitan coalitions receive more funding and therefore can afford to purchase more coordinator time.

	% of coordinator's time spent working for the coalition			
	5 – 49%	50 – 99%	100%	Total*
Non-metropolitan	59%	29%	12%	100%
Metropolitan	41%	30%	30%	101%

*May vary from 100% due to rounding

Coalitions that receive over \$50,000 in Board funding are more likely to indicate they receive additional tobacco funding. These coalitions are also more likely to have been in existence prior to the current tobacco initiative. Overall, coalitions that have been in operation the longest tend to have the highest levels of funding and receive funding from multiple sources.

2001 funding allocation	Does coalition receive funding in addition to Tobacco Control and DPH-CDC funding?		
	Yes	No	Total
\$14,000 - \$30,000	21%	79%	100%
\$30,001 - \$50,000	29%	71%	100%
\$50,001 - \$100,000	48%	52%	100%
\$100,00 and above	44%	56%	100%

Metropolitan coalitions are more likely to receive additional tobacco funding than non-metropolitan coalitions. As the data has demonstrated, metropolitan coalitions receive higher funding from the Board than non-metropolitan coalitions. They are also more likely to have been in existence prior to the current tobacco initiative. It appears that those coalitions that are able to continue to function in their community long-term obtain funding from multiple sources.

	Does coalition receive funding in addition to Tobacco Control and DPH-CDC funding?		
	Yes	No	Total
Non-metropolitan	28%	72%	100%
Metropolitan	44%	56%	100%

Comment

This report summarizes findings from the analysis of the 2002 Characteristics of Tobacco Control Coalitions Survey. This survey was the first conducted to obtain general information about the structure of coalitions. The data indicate that pre-existing coalitions are further along in their development than newer coalitions. This is demonstrated by more subcommittees and organizational characteristics, more members attending meetings and more funding from the Tobacco Control Board and from other sources.

Most coordinators are new to their position and to public health, and work part-time. Of particular concern is the fact that only 18% of coalitions have full-time coordinators. Coalitions are expected to reduce tobacco use in their communities through a variety of strategies. This may prove especially challenging for part-time coordinators. A coalition's funding allocation is strongly correlated with having a full-time coordinator. A coalition in the highest funding category is

thirteen times more likely to employ a full-time coordinator than a coalition in the lowest funding category.

These data provide comparisons between pre-existing coalitions and new coalitions that may help guide the development of new coalitions. They provide the groundwork for understanding the requirements for coalitions that will be in existence long enough to establish themselves in their community as tobacco control experts. Coalitions that have been newly formed with Tobacco Control Board funding will probably need to concentrate more of their resources on coalition development tasks than will coalitions in existence before the Tobacco Control Board funding.

Several limitations should be mentioned. Coalition coordinators were most often the survey respondents. Coordinators new to the system might not have the history needed to accurately respond to all questions, especially those dealing with how the coalition first started. In addition, the wording of questions related to staff hours appeared confusing to some respondents and may therefore have influenced responses. Also, the fact that a coalition may have more than one coordinator is not easily accounted for in this survey. Finally, concerns regarding on-going funding dominated much of the second half of the year and may have resulted in some decrease in coalition activity, such as conducting community assessments, in an effort to preserve resources.

The information from this survey is only one source of information regarding coalitions. Future surveys will focus on coalition activities in an effort to learn what they are working on and in what areas they are planning future activities. Site visits will be conducted during the next three years in order to more fully describe the way in which coalitions function and are perceived in their community. Overall, the information gathered through the coalition evaluation will be useful in assisting the coalitions to shape their tobacco control activities, thus becoming more effective in their efforts. The Wisconsin Tobacco Control Board will also be able to use this information to better understand the structure and operation of coalition, their accomplishments and challenges.

¹ Cook R, Roehl, J, Oros C, Trudeau J. *Conceptual and Methodological Issues in the Evaluation of Community-Based Substance Abuse Prevention Coalitions: Lessons Learned from the National Evaluation of the Community Partnership Program*, Journal of Community Psychology CSAP Special Issue 1994.

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APPENDIX A

Characteristics of Tobacco Control Coalitions Survey

1. Coalition Name _____
2. Coalition coordinator/facilitator's name

3. Name and title of person completing survey, if different from coordinator

4. When did your coalition coordinator begin working in their present position? Please give month and year.
_____ (month) _____ (year)
5. Prior to the start of this coalition, was this person employed by the local public health dept? **YES NO**
6. Which of the following best describes your coalition coordinator?
 - Paid as an employee by the local public health dept.
 - Paid as a consultant or independent contractor to the local public health dept.
 - Paid as an employee by an agency contracted by the local public health dept.
 - Other Specify: _____
- 6a. What percent time does the coordinator work for the coalition? _____%
7. Which of the following best describes how your coalition started?
 - New coalition started with Tobacco Control Board funding
 - Existing tobacco control coalition with additional funding from the Tobacco Control Board
 - Former coalition, not specific to tobacco control, now focused on tobacco control due to Tobacco Control Board funding
 - Other Specify: _____
8. Does your coalition receive tobacco control funding in addition to Tobacco Control Board and DPH-CDC funding? **YES NO**

If YES, please check all other sources of tobacco control funding received during the past calendar year (2001):
 - Thomas T. Melvin Program
 - WI Cancer Control Grant
 - Smokeless States
 - American Cancer Society
 - Local (hospitals, business, government, foundations)
 - American Legacy Foundation
 - Other Specify _____
9. Please check **YES** or **NO** to the following:

	YES	NO
a. Was your coalition ever funded by ASSIST? (Am. Stop Smoking Intervention Study 1991-99).....	<input type="checkbox"/>	<input type="checkbox"/>

YES **NO**

- b. Does your coalition subcontract with outside organizations/consultants for any:
 - programming
 - staffing
 - resources

- c. Do you maintain a list of tobacco control supporters in your community?.....

- d. Does your coalition have a newsletter or immediate plans to create one? (electronic or print)

- e. Does your coalition have formal written guidelines for decision-making and coalition operation

- f. Does your coalition have a governing Board or Steering Committee?..

- g. Does your coalition have a written mission/vision statement?..... ..

- h. Who from your coalition has attended any training relative to their involvement with the coalition? (examples include leadership, evaluation, DPH sponsored, Tobacco Control Board sponsored, etc.)
 - Paid staff
 - Board members.....
 - Coalition members

- i. Does your coalition have a FACT group?

10. How many full-time and part-time staff does your coalition employ? (Provide Full Time Equivalent FTE, e.g. .5, 1.25)
Full time _____
Part time _____

11. How many people currently belong to your coalition in the following categories? (Please count each person only once)
Active adult members _____
Supporters _____
Youth members _____
Other (specify category and number) _____

12. Of the active members listed in question #11, list the percent of those members that are primarily:
a. Professionals representing their agency/employer _____%
b. Community leaders (business, elected officials) _____%
c. Interested individuals/volunteers _____%

13. What is the average number of members regularly attending coalition meetings during the past calendar year? (2001)

- 1 – 5
- 6 - 10
- 11 – 20
- 21 – 30
- 31+

14. How often does your full coalition meet? (not subcommittees)

- Less than monthly
- Monthly
- More than monthly
- Other Please specify: _____

15. When does your full coalition most often meet? (not subcommittees)

- Mornings
- Lunchtime
- Afternoon
- Evenings
- Other Please specify: _____

16. Which subcommittees has your coalition formed to date?

- Clean indoor air
- Youth
- Policy
- Health care/cessation
- Steering
- Media
- None
- Other: Please list all other subcommittees you have formed

17. Which of the following assessments has your coalition completed in your community during the past calendar year (2001)?

- Worksite survey
- Restaurant survey
- Municipal/government buildings survey
- Youth tobacco survey
- Adult tobacco use survey
- Communities of Excellence Indicators
- Compliance checks
- Other Specify: _____

18. What is the composition of your coalition? In the **active member column**, provide the number of **active coalition members** (those regularly engaging in coalition activities) in each category. Please place each member in only one category.

In the **resources column**, check if any coalition members in the category have the authority to allocate resources, from the organization they represent, to meet coalition needs.

Community groups/organizations represented in the coalition	ACTIVE MEMBER # of active members in the category (count each only once)	RESOURCES ✓ if any member of the category has the ability to provide resources from the group they represent (examples include donated staff, meeting space, earned media, etc.)
School and district administrators		
School counselors		
Teachers		
Law enforcement		
Youth leadership		
Youth serving organizations		
Public health organizations		
Social Services		
Media representatives		
Voluntary health agencies		
Businesses, business groups, service clubs		
Medical community, local hospitals, clinics		
Fire Department		
Elected officials and government administrators		
School Board members		
Parent-teacher groups		
Drug and alcohol prevention programs		
Disabled and mental health community		
Community based groups		
Communities of color		
Parents/families		
Clergy and faith-based community		
Interested citizens		
Other (specify)		
Other (specify)		
Other (specify)		