



Understanding the Coalition Characteristics Report

Tele-conference Notes

June 18, 2002 (largely coalition coordinators)

June 25, 2002 (largely tobacco-control partners)

Objectives:

1. Increase understanding of the report contents.
2. Discuss the relevance of the report to local tobacco-free coalitions.
3. Discuss the relevance of the report to tobacco control and prevention activities in the state, overall.

Agenda:

- 1) Brief overview of Coalition Characteristics Survey methods
- 2) Coalition Characteristics Survey results by category
- 3) Interpreting the data county-wide and state-wide

1) Overview

The Coalition Characteristics Survey is one part of the overall Coalition Reporting System (CRS). MEP will be sending out a Coalitions Activity Survey very soon that also is part of CRS. MEP has designed CRS to collect data about coalitions for use by coalitions and the Wisconsin Tobacco Control Board (WTCB.) CRS will track changes over time.

The coalition characteristics survey (CCS) is designed to help us get a picture of how coalitions are designed and developed. The CCS collects basic information on coalitions – how the coalition got started, funding, the number and types of coalition members, and how the coalition conducts meetings. Survey questions are based on previous research conducted on coalitions, and were pilot tested with the UW-Extension Evaluation Advisory Group, which consists of coalition members. The coalition characteristics database includes additional coalition information from DPH such as funding level, geographic area, metropolitan/non-metropolitan area, etc. MEP mailed the CCS to all 77 coalitions January 2002 and got a 100% response rate. They plan to do a modified version of CCS every January.

2) Survey Results by Category (survey results are for calendar year 2001)

Coordinator:

- 76% of coordinators started during 2001.
- Coordinator turnover is high.

- Most coordinators were not a local public health department (LPHD) employee prior to becoming coordinator.
- >50% of coordinators were currently an employee of the LPHD.
- Average amount of time the coordinator worked for the coalition was about 50%, and the amount of time ranges from 5% to 100%.

Coalition Organization and Funding:

- About 60% of all coalitions had been operating before WTCB funding began.
- About 2/3 of coalitions got all of their funding from WTCB/CDC in 2001.
- Coalitions rarely subcontracted for services.
- 84% had a mission or vision statement.
- Most coalition members attended training related to tobacco control.
- Half of coalitions had a FACT group.
- Including other staff time, each coalition had on average the equivalent of a .67-time employee.

Coalition Composition:

- Coalitions had on average 20 active members.
- Most coalition members were professionals representing their organizations – over half of all coalitions had more than 90% professional membership.
- 2/3 of all coalitions are from non-metropolitan areas.

Meetings:

- 80% of coalitions had 6-20 core members who attended meetings.
- 86% met monthly.
- Over 80% of coalitions met during the day, which reflects the professional make-up of coalitions.

Coalition Activities:

- 39% of coalitions had no subcommittees.
- Coalitions completed a total of 195 community assessments during 2001, averaging almost 3 assessments per coalition.

Coalition Composition:

- Local Public Health Departments and the medical community had the highest representation on coalitions.

Additional Coalition Information:

- This category revealed no surprises.
- Coalitions funded at the highest levels had the most staff resources.
- Implications are that coalitions need different types of technical assistance depending on their stage of development.

3) Interpretation of results

MEP assessment of most important study findings:

- Most coordinators are part-time.
- Most coalitions do not get funding beyond WTCB.
- Most members represent professional organizations.
- Coalitions did a high number of assessments in their communities.

Participant comments – June 18:

- Many coordinators put in more time than reflected in survey results due to personal commitment to the issue. Extra time often takes the form of networking, member recruitment, working with youth. Coordinators put in extra time on weekends and at home. Personal commitment includes time spent lobbying that could not be done during work hours.
- Was surprising how few coalitions are in a metropolitan area.
- Seemed odd that there were so many professional in coalitions as opposed to other community members,
- Another important finding – most coordinators are new at coalition coordination and public health.
- Coalitions did assessments to get baseline, especially new coalitions.
- Statewide assessments also are helpful because coalitions can compare local and statewide findings.
- Local assessment results were helpful, very helpful, gave the coalition direction and helped in goal setting.
- Coalitions could benefit from some guidance/information on how survey/data collection can be helpful to them. One participant indicated her coalition was very “naïve” when they did surveys – they didn’t realize that they could use their own data.
- Coalitions want to know how their assessments tie in with statewide, regional, and national surveys, e.g., Operation Storefront.
- Sometimes the health officer does not understand reasoning behind doing both local and statewide surveys such as the restaurant survey. MEP can help by informing health officers as well as coordinators on why surveys should be done statewide and locally.
- This report was helpful to see where other coalitions are at and to show that they face similar issues, but bottom line, coalitions are all different.

Participant comments – June 25:

- See a need for increased volunteer recruitment and an increase in resources available that confront this issue.
- May want to use faith-based groups as a means of getting more members of the community involved, especially youth members.
- Since the majority of coalitions are within non-metropolitan areas, may make sense to offer trainings for metropolitan and non-metropolitan coalitions separately.