



Massachusetts Department of Public Health Coalition Assessment Survey September 2013

Rationale and Process:

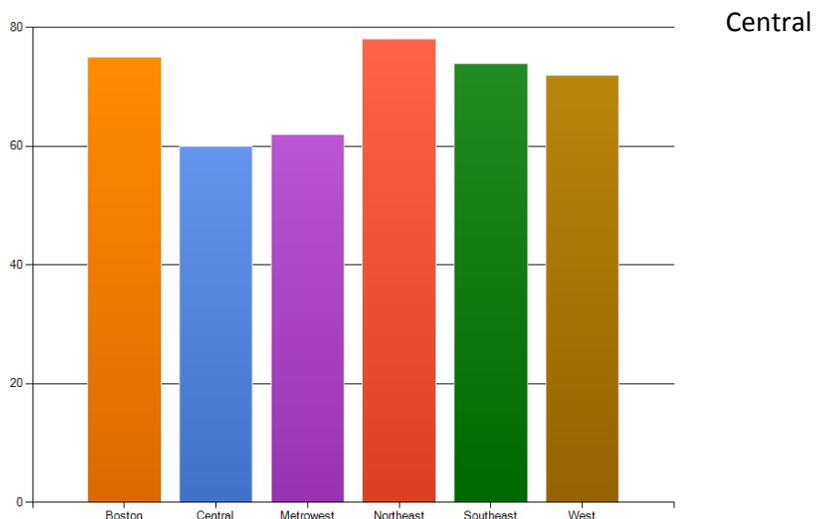
The landscape of public health is shifting rapidly in Massachusetts and across the country. The Affordable Care Act implementation, cost containment efforts, and regionalization are all changing how the Department of Public Health (the Department) performs its work. In light of these changes, the Department desires to maximize the unique role it can play in advancing public health and leading a statewide health improvement effort. To that end, the Department sought to conduct an assessment of its collaborative partnerships such as coalitions to determine how it can assist and support efforts without leading all partnership efforts or reinventing the wheel.

The Department engaged M+R to conduct an online survey as part of this coalition assessment project. During the month of August, a survey was broadly disseminated to DPH vendors, partners, and key stakeholders, with individuals encouraged to share the survey link with their colleagues. A copy of the survey tool can be found in the Appendix.

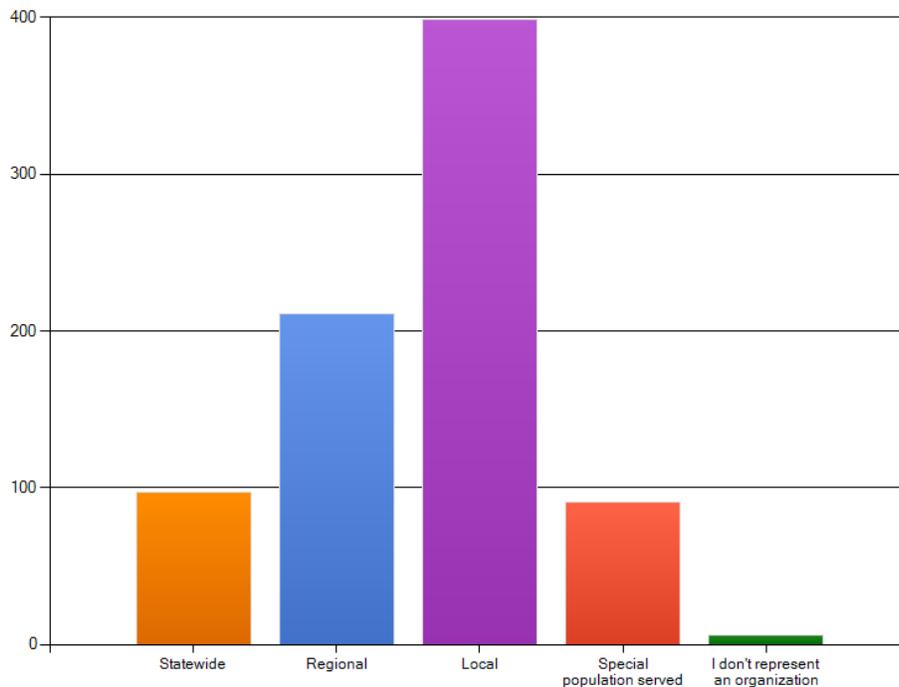
Survey responses were collected and analyzed by M+R, and a summary of responses is contained in this a

Respondents:

A total of 697 individuals started the survey, and 477 completed it. Respondents were almost evenly representative of each region of the state. [Boston 23.6%; Central 19.2%; Metrowest 19.8%; Northeast 24.9%; Southeast 23.6%; and West 23.0%]



The majority of respondents (60.5%) work in local organizations. The next largest group of respondents represent regional organizations (31.9%). Much smaller numbers represent statewide organizations (14.6%) and organizations that serve special populations (13.7%).



Nearly half of all respondents describe the primary function of their agency/organization as education (48.7%). Other categories that represented a significant portion of respondents' organizations were outreach (42.7%), clinical care (34.5%), health department/board of health (31.2%), and advocacy (30%).

When asked to describe their relationship with the Department of Public Health (note that respondents could identify more than one type of relationship), almost half (41.1%) said they participate in a DPH-supported

coalition such as a CHNA, substance abuse coalition, or Mass in Motion. Between 20% and 30% said they are a grantee, a local partner, a health department/board of health, or a healthcare professional.

The highest number of respondents (29.8%) identified as Program/Policy Directors or the equivalent in their organization, followed by CEO, Executive Director, or equivalent (17.4%), program or policy staff (16.7%), and local health director/health agent (16.3%).

Participation in Coalitions:

Individuals were asked to identify their level of involvement in specific regional coalitions, current and previous. Individuals identified as being either actively or somewhat involved in the following coalitions:

- CHNA's: 217 individuals
- Emergency Preparedness Coalitions: 203 individuals
- Substance Abuse Coalitions: 159 individuals
- Mass in Motion: 137 individuals
- Regional Coalition for Public Health: 113 individuals
- Youth Development: 95 individuals
- Domestic Violence: 66 individuals
- Suicide Prevention Coalition: 53 individuals
- Asthma Coalition: 33 individuals
- Disparities Action Network: 28 individuals

- Regional Oral Health Coalition: 28 individuals
- Injury Prevention: 26 individuals
- Infant Mortality: 14 individuals

Effectiveness of Coalitions:

Respondents were asked to rate the local and regional coalitions in which they currently or formerly participated in terms of *accomplishing specific program or policy goals and objectives*. Overwhelmingly, respondents ranked coalitions very high. Responses were as follows:

Coalition	Highly or Moderately Effective	Somewhat or Highly Ineffective
Asthma coalition (55 participants)	85.5%	14.5%
CHNA (276 participants)	79.3%	20.1%
Emergency Preparedness Coalition (224 participants)	88.4%	11.7%
Mass in Motion (147 participants)	86.4%	20.4%
Substance Abuse Coalition (178 participants)	89.3%	10.7%
Suicide Prevention Coalition (75 participants)	85.3%	14.7%
Regional Coalition for Public Health (111 participants)	81.1%	18.9%
Infant Mortality (36 participants)	72.2%	27.8%
Youth Development (110 participants)	92.7%	7.3%
Domestic Violence (86 participants)	89.5%	11.6%
Injury Prevention (36 participants)	75.0%	25.0%
Disparities Action Network (37 participants)	67.6%	32.4%
Regional Oral Health Coalition (48 participants)	70.8%	29.2%

Respondents were next asked to rate the local and regional coalitions in which they currently or formerly participated in terms of *achieving outcomes that improve public health*. Responses were also overwhelmingly high, though slightly less positive for many coalitions than the previous question. Note that for unknown reasons, fewer respondents identified as participating in each coalition than in the previous question.

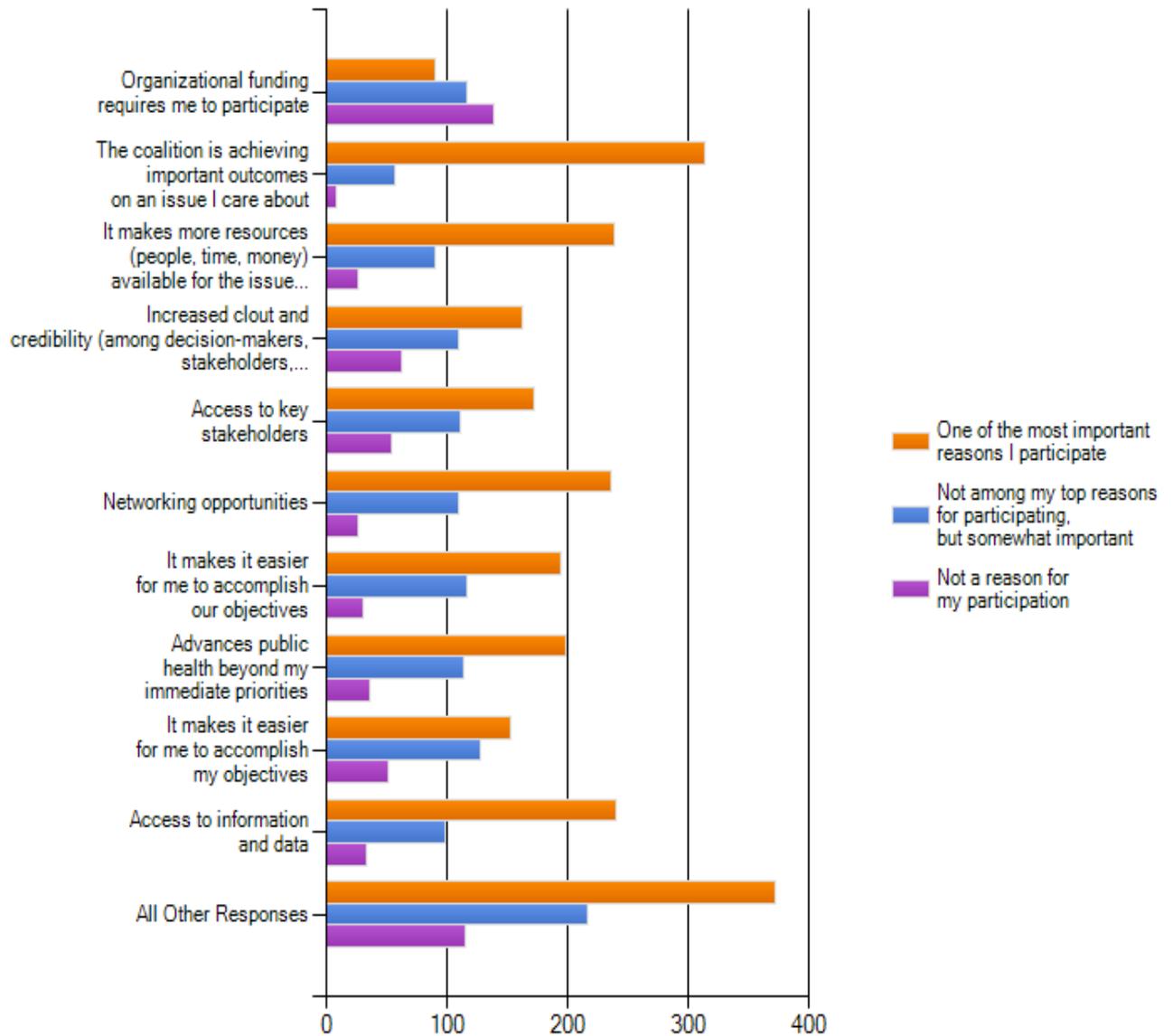
Coalition	Highly or Moderately Effective	Somewhat or Highly Ineffective
Asthma coalition (54 participants)	79.6%	20.4%
CHNA (268 participants)	75.4%	24.6%
Emergency Preparedness Coalition (214 participants)	85.5%	14.5%
Mass in Motion (144 participants)	84.7%	15.3%
Substance Abuse Coalition (166 participants)	95.5%	10.2%
Suicide Prevention Coalition (69 participants)	81.2%	18.8%
Regional Coalition for Public Health (100 participants)	81.0%	19.0%
Infant Mortality (32 participants)	65.6%	34.7%
Youth Development (102 participants)	87.3%	12.7%
Domestic Violence (80 participants)	82.5%	17.5%
Injury Prevention (32 participants)	75.0%	25.0%
Disparities Action Network (32 participants)	71.9%	28.1%
Regional Oral Health Coalition (41 participants)	75.6%	24.4%

Reasons for Participating in Coalitions:

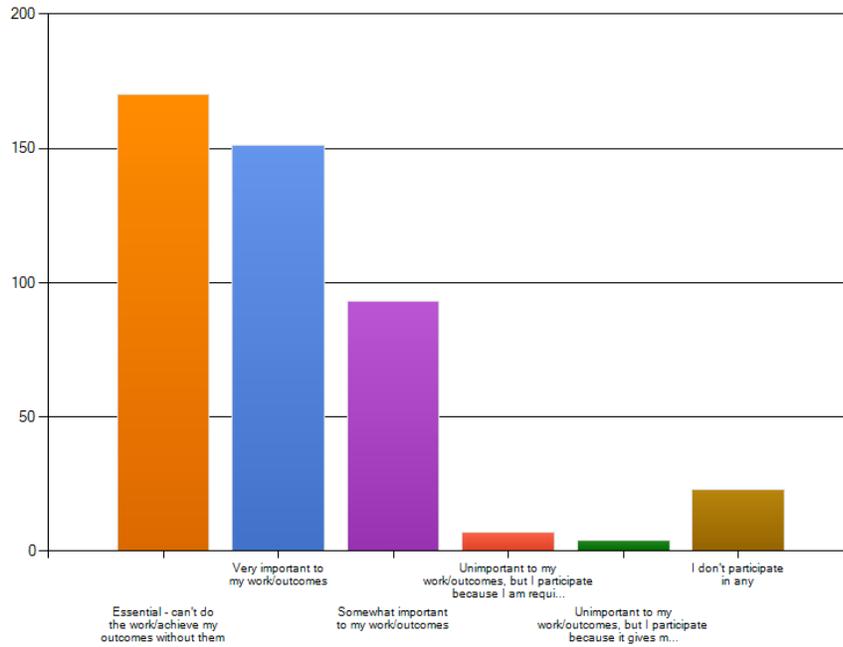
Respondents were asked to identify the reasons why they participate in coalitions. Key findings included:

- The highest ranking reason for participating was “The coalition is achieving important outcomes on an issue I care about” – 82.8% ranked this as one of the most important reasons for their participation
- More than half of respondents ranked the following as “One of the most important reasons I participate”
 - It makes more resources (people, time, money) available for the issues I care about – 67.2%
 - Keeps me up to date on how other communities are tracking similar issues (best practices, tools, and lessons learned) – 65.7%
 - Access to information and data – 64.7%
 - Networking opportunities – 63.4%
 - Advances public health beyond my immediate priorities – 56.9%
 - It makes it easier for me to accomplish our objectives – 56.7%
 - Access to key stakeholders – 51.0%

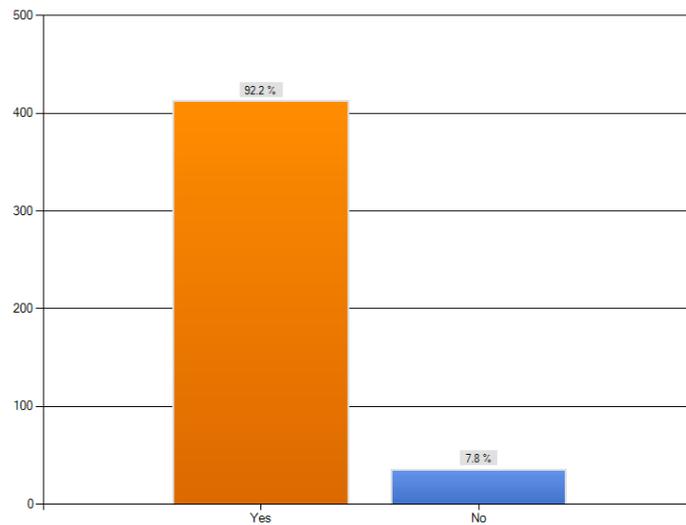
- Slightly less than half of respondents (40.3%) said that organizational funding requirements was not a reason for their participation



Respondents were also asked to rate how important collaborative partnerships such as coalitions and networks are to them. It is clear that individuals place a high value on collaborative work:



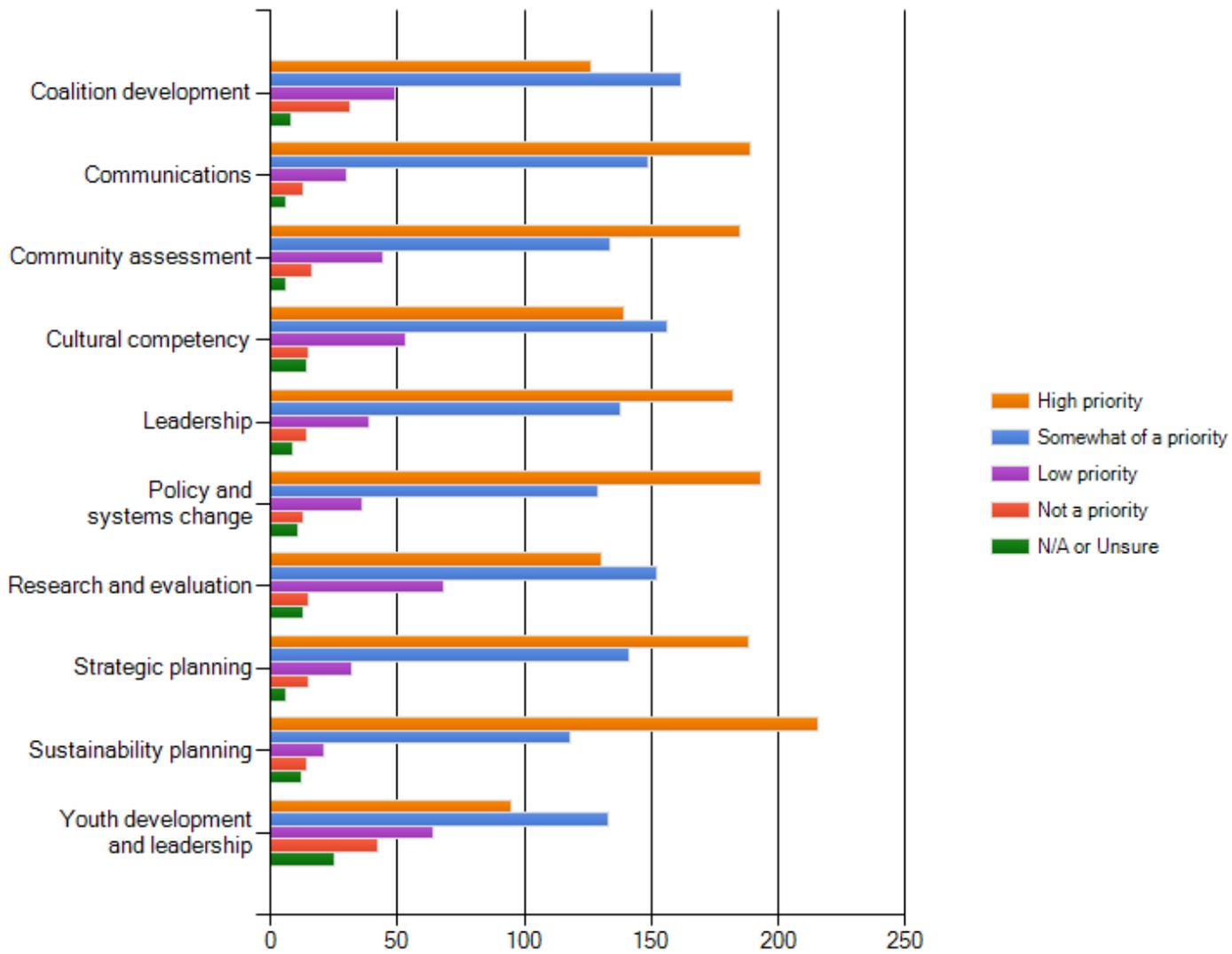
Perhaps the most compelling endorsement of collaborative relationships was found in the responses to the question which asked “If neither the Department nor your employer required you to participate in a coalition (as a condition of your contract or employment), would you?”



Skills Training Needs:

Respondents were asked to identify the skills training that would be useful for the coalitions in which they participate. The highest ranking needs were as follows:

- Sustainability planning: 56.6% ranked as a high priority
- Policy and systems change: 50.4% ranked as high priority
- Strategic planning: 49.1% ranked as high priority
- Communications: 49.0% ranked as high priority
- Community assessment: 47.9% ranked as high priority
- Leadership: 47.8% ranked as high priority



In terms of how individuals prefer to receive training, responses were varied, but the greatest majority prefer regional trainings.

	1st choice	2nd choice	3rd choice
Regional trainings	64.6%	30.1%	5.4%
Statewide trainings offered in central location	14.2%	41%	44.8%
Webinar/virtual trainings	21.2%	28.9%	49.9%

APPENDIX

The public health and health care landscape is rapidly shifting across the U.S. and in Massachusetts due to Affordable Care Act requirements, Chapter 224 (cost containment measures), regionalization efforts, and the need to identify and implement evidence-based interventions with health outcomes that reduce healthcare costs. Across the country, non-profit hospitals and Federally Qualified Health Centers (FQHC's) are now required to conduct regular community health assessments and health improvement plans. Recently implemented federal public health and healthcare system emergency preparedness capabilities emphasize a development of regional support for preparedness and response activities. Additionally, the U.S. Centers for Disease Control and Prevention is recommending that state and local health departments consider accreditation through the Public Health Accreditation Board.

With so much changing and so many new opportunities before us, the Massachusetts Department of Public Health (DPH) wishes to maximize the unique role it can play in advancing public health and leading a statewide health improvement effort. Based on what has been learned over the past several decades, collaborative partnerships are likely to continue to be a core strategy. However, the types of partnerships, the way cross-sector organizations collaborate, and the guidance and support that is needed to be successful could be very different than current or previous models. The Department neither wishes to reinvent the wheel nor to lead all partnership efforts.

With all of this in mind, the DPH is conducting a survey of vendors, statewide and local partners, health departments, and others with a vested interest in public health and health improvement in Massachusetts. Survey results will go directly to an impartial outside consultant, M+R Strategic Services, for tabulation and interpretation. While identifying information is contained here, it will only be used for the purpose of survey analysis and no identifying information will be provided to the DPH.

WE ENCOURAGE YOU TO FORWARD THE SURVEY TO YOUR COLLEAGUES. More than one person per organization can complete the survey.

The Department greatly appreciates your honest feedback! Should you have any questions or concerns, please contact Diane Pickles, M+R, dpickles@mrss.com. Thank you for your help! The survey will close on Tuesday, September 10th, at midnight.

About You

1. What is your name?

*2. What is the name of your organization? (If you do not represent an organization, please write "I do not represent an organization".)

3. Please describe the primary function(s) of your agency. Check all that apply.

- Advocacy (policy change)
- Education
- Outreach
- Organizing
- Research
- Training
- Direct non-clinical services to consumers
- Clinical care
- Health department/board of health
- Food service
- Recreational activities
- Membership organization
- I don't represent an organization

Other (please specify)

4. What is your position within your organization?

- Board member or other volunteer leader
- CEO, Executive Director, or equivalent
- Program/Policy Director or equivalent
- Program or policy staff
- Clinical staff
- Local health director/health agent
- Research/scientist
- Volunteer/grassroots advocate
- I don't represent an organization

5. Please indicate the type of geographic area or population your organization covers.

- Statewide
- Regional
- Local
- Special population served
- I don't represent an organization

Other (please specify)

6. If you indicated that your organization serves a regional area, please indicate the region of the state you cover.

- Boston
- Central
- Metrowest
- Northeast
- Southeast
- West

7. If you indicated that your organization serves a local area, please list the specific cities and towns you cover.

8. If you indicated that your organization serves a special population, please indicate the type of population served.

- Youth
- LGBT
- People with physical or cognitive disabilities
- Individuals with mental illness
- People with substance abuse issues
- Seniors
- Refugee and immigrant
- Racial and ethnic minorities
- Limited English proficiency
- Corrections population (incarcerated, probation, parole)

Other (please specify)

9. What is your relationship with the Department of Public Health? Please respond for yourself and not on behalf of your organization. Check all that apply.

- Contracted vendor
- Grantee
- Statewide partner
- Local partner
- Participant in a DPH-supported coalition (such as a CHNA, substance abuse coalition, Mass in Motion, etc.)
- Regulated industry member
- Health department/board of health
- Advocacy organization
- Healthcare professional
- Professional membership organization
- Research partner
- Staff member of DPH

Other (please specify)

Your Experiences With and Opinions About Regional and Local Coalitions

10. For each of the following questions, please respond on behalf of yourself. If you represent an organization, we recognize that staff may be involved in a variety of coalitions, but please only answer based on your own personal experiences and opinions. Please skip any coalitions in which you have never been involved.

	I am actively involved	I am somewhat involved	I am a member but not involved	I used to be involved
Asthma Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Network Area (CHNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mass in Motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Coalition for Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Mortality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disparities Action Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Oral Health Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other?

11. How would you rate each of the local or regional coalitions in which you are or have been involved in terms of accomplishing specific program or policy goals and objectives? Please skip the coalitions in which you have not been involved.

	Highly effective	Moderately effective	Somewhat ineffective	Highly ineffective
Asthma Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Network Area (CHNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mass in Motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Coalition for Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Mortality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disparities Action Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Oral Health Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other?

12. How would you rate each of the local or regional coalitions in which you are or have been involved in terms of achieving outcomes that improve public health? Please skip the coalitions in which you have not been involved.

	Highly effective	Moderately effective	Somewhat ineffective	Highly ineffective
Asthma Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Network Area (CHNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mass in Motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Coalition for Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant Mortality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disparities Action Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Oral Health Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other?

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For each local or regional DPH-supported coalition in which you participate, please briefly describe the greatest strength, the greatest weakness, and the greatest accomplishment in the past 5 years. PLEASE SKIP QUESTIONS THAT APPLY TO COALITIONS IN WHICH YOU DO NOT PARTICIPATE.

13. Asthma Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

14. Community Health network Area (CHNA)

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

15. Emergency Preparedness Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

16. Mass in Motion

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

17. Substance Abuse Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

18. Suicide Prevention Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

19. Regional Coalition for Public Health

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

20. Infant Mortality

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

21. Youth Development Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

22. Domestic Violence Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

23. Injury Prevention Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

24. Disparities Action Network

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

25. Regional Oral Health Coalition

Greatest strength

Greatest weakness

Greatest accomplishment in the past 5 years

Your Experiences and Opinions with Statewide Coalitions

26. Please identify the statewide coalitions in which you have been involved. Check all that apply.

- Act Fresh (Massachusetts Public Health Association)
- Massachusetts Alliance on Teen Pregnancy
- Massachusetts Coalition for Suicide Prevention
- Massachusetts Comprehensive Cancer Coalition
- Massachusetts Organization for Addiction Recovery (MOAR)
- Tobacco Free Mass
- Massachusetts Asthma Action Partnership
- Massachusetts Partnership for Health Promotion and Chronic Disease Prevention
- Better Oral Health for Massachusetts Coalition
- Local State Advisory Committee (LSAC)
- Environmental Public Health Tracking (EPHT) State Technical Advisory Group
- Healthy Homes Advisory Group
- Food Establishment Advisory Committee (FEAC)
- HIV Statewide Consumer Advisory Board
- Statewide Health and Disability Partnership
- Bureau of Substance Abuse Services Consumer Advisory Board

Other?

27. For each of the statewide coalitions in which you participate, please describe the greatest value of that coalition.

Name of statewide coalition

Greatest value

Your Opinions About Coalitions

28. Please rate the reasons why you participate in coalitions (whether DPH-supported or other).

	One of the most important reasons I participate	Not among my top reasons for participating, but somewhat important	Not a reason for my participation
Organizational funding requires me to participate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coalition is achieving important outcomes on an issue I care about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It makes more resources (people, time, money) available for the issues I care about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased clout and credibility (among decision-makers, stakeholders, the community, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to key stakeholders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Networking opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It makes it easier for me to accomplish our objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advances public health beyond my immediate priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It makes it easier for me to accomplish my objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to information and data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps me up to date on how other communities are tracking similar issues (best practices, tools, and lessons learned)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to grants and special projects money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How important are collaborative partnerships such as coalitions and networks for you?

- Essential - can't do the work/achieve my outcomes without them
- Very important to my work/outcomes
- Somewhat important to my work/outcomes
- Unimportant to my work/outcomes, but I participate because I am required to
- Unimportant to my work/outcomes, but I participate because it gives me access to grants and special projects funding
- I don't participate in any

Comments

30. If neither the Department nor your employer required you to participate in a coalition (as a condition of your contract or employment), would you?

Yes

No

Why or why not?

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31. What type of skills training would be useful for the coalitions in which you participate? Please rank the priority of each of the following.

	High priority	Somewhat of a priority	Low priority	Not a priority	N/A or Unsure
Coalition development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy and systems change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustainability planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth development and leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify) _____

32. Please rank your preferred training mode for each of the following with 1 being your top preference.

6 Regional trainings

6 Statewide trainings offered in central location

6 Webinar/virtual trainings

33. Is there anything else not covered in this survey that you would like the Department to consider?

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