Leadership Team Member Organizations and Coalition Structures: Aggregate Findings from the Leadership Team Network Survey

Consumer Voices for Coverage Evaluation

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Nearly 50 million Americans lack health insurance coverage. In response, many states and the federal government are considering options to expand health insurance coverage. To promote health care policies that will achieve meaningful increases in coverage at the state or federal level and enhance the role that consumer advocates play in shaping comprehensive health reform, The Robert Wood Johnson Foundation (RWJF) is funding consumer advocacy organizations and their partners in 12 states. The Consumer Voices for Coverage (CVC) program is designed to strengthen state-based consumer health advocacy networks, elevate the consumer voice in health care reform debates, and advance policies that expand health coverage. RWJF has engaged Mathematica Policy Research, Inc. to evaluate the initiative and provide formative feedback. This report provides baseline information from the evaluation.

By their nature, advocacy organizations form partnerships and alliances with others to achieve their public policy goals. Some alliances are longstanding while others are temporary or opportunistic and may bring together groups to support a particular legislative or administrative approach or proposal, even though their interests and agendas in other areas may diverge or even conflict.

To establish alliances that could advance the goals of the CVC initiative and outlive it, RWJF required applicants to form a leadership team of partner organizations to mobilize the consumer advocacy network within their states. In part, grant applicants were evaluated on the potential strengths of their proposed leadership teams. Once selected for funding, grantee organizations were expected to work with and through their leadership teams to build their united consumer advocacy capacity and engage together in health coverage debates. Fulfilling their anticipated leadership role requires (1) establishing and maintaining alignment among the leadership team members on their goals for health coverage; (2) developing core advocacy competencies within the network; and (3) implementing shared policy, media, and grassroots strategies. A central goal of the evaluation is to understand whether and how this approach to forming advocacy networks affected the work of grantees and the policy outcomes they achieved.

Mathematica designed a survey to collect data about the structure and activities of the leadership team. Because the leadership teams were intended to function as a collaborative network, social network analysis approaches and items were included in the survey. The survey was administered during the first year of the grant program to provide baseline information to RWJF and formative feedback to the grantees and their national program office, Community Catalyst. A second wave will be administered during the last year of the grant funding to examine how leadership structures changed and how they affected policy progress. Information from this survey might be useful to grantees to refine the structure and operation of their leadership teams, or to Community Catalyst to provide capacity building and policy support to the sites. Survey results can also help RWJF explore whether using multi-organization leadership teams is a productive model for future advocacy efforts.

This report presents aggregate findings from the baseline survey and identifies common patterns across the 12 sites. Separate site-specific reports have also been produced to provide feedback to each grantee.

This report describes the methods used for the survey and provides both a summary of key findings and a more detailed discussion of findings. A concluding section presents some overarching questions for leadership team members, Community Catalyst, and RWJF to consider.[1]

A. Method: Descriptive Analysis

Mathematica designed a survey of CVC leadership team members to collect information about the characteristics of the organizations they represent, how the coalition and its leadership team functions, and the relationships among CVC leadership team members. The purpose of the survey was to answer two evaluation questions: (1) What is the structure of the consumer advocacy leadership teams? (2) Have the teams developed the core advocacy capacities and the strategic and operational alignment of network members to operate effectively? Core capacities include coalition building, resource development, grassroots support, policy analysis, campaign implementation, and media and communications. [2]

Mathematica fielded the leadership team survey during the summer and fall of 2008—the first year of the CVC program (grants began in February, 2008). One hundred and five people from 98 organizations responded to the survey, a response rate of 74 percent.[3] This report presents descriptive statistics on respondents' answers to questions about their organizations and the functioning of their coalitions and leadership teams.

Survey results offer a snapshot of the CVC leadership teams early in the grant period. No single model exists of a "good" or "effective" advocacy network, thus there were no right or wrong answers to survey questions. Instead each grantee had the opportunity to ask how well the structure and functioning of its team reflects the goals, purpose, values, and resources it considers most

[1] Community Catalyst is a nonprofit organization formed in 1997 to assist consumer and community groups in achieving their goals related to promoting health care for all. As the national program office for the CVC grant program, it provides grantees with comprehensive technical assistance and support to further their project goals.

[2] In 2006, Community Catalyst published the results of a study they conducted to examine the question, "What political, economic, and organizational factors are making consumer health advocacy successful in some states and extremely challenging in others?" (Community Catalyst. "Consumer Health Advocacy: A View from 16 States." Boston, MA: CC, October 2006, available at [(http://www.communitycatalyst.org/doc_store/publications/consumer_health_advocacy_a_view_from_16_states_oct06.pdf)]. The study found that core capacities present in successful advocacy efforts were the abilities to: (1) build and sustain strong, broad-based coalitions and maintain strategic alliances with other stakeholders; (2) build a strong grassroots base of support; (3) analyze complex legal and policy issues; (4) develop and implement health policy campaigns; (5) use media and other communications strategies to build timely public and political support for reform; and (6) generate resources from diverse sources for infrastructure and core functions as well as for campaigns. Building these capacities is a strategy of the CVC program, and assessing the level of capacity and how it changes over the course of the program is thus a key element of the evaluation.

[3] When an organization had more than one respondent, we combined their responses to create an organization score when the question focused on the organization; otherwise, we present results from all individual respondents.

essential to its work, especially within its unique social, organizational, and political context and environment. What works well in one site might not in another.

B. Summary of Overall Findings

Most CVC grantees involved 10 or fewer organizations in their leadership teams, a number that allowed for variation in membership types and the groups members represent—but some additional members might be needed. Team sizes ranged from 4 in Colorado (where each team member organization represents other organizations) to 25 in Illinois. Respondents varied in whether they thought additional members were needed, with respondents in coalitions that had large leadership teams less likely to report a need for more members and those in coalitions having small or medium-sized leadership teams more likely to suggest their teams needed more members.

Although many types of organizations are represented on CVC leadership teams, on average they represent broad constituencies and have considerable experience—but not an exclusive focus—on health coverage issues. Organizations that responded to the survey most commonly represented broad constituencies such as children or immigrants rather than those with a more targeted focus, such as groups addressing or working to prevent a specific disease (for example, cancer or diabetes) or representing union members, health care providers, or religious denominations. Furthermore, most have worked on health coverage issues for 10 or more years and were also involved in other policy areas in addition to health coverage.

The majority of respondents report contributing most often to two advocacy capacities to their leadership teams, among six core capacities considered essential for effective advocacy. Respondents most often identified coalition building and grassroots support as the core capacity areas in which their organizations were playing an important role. Mentioned less often were the core capacity areas of policy analysis, campaign implementation, and media and communications. Respondents least often identified playing an important role in resource development. These responses might reflect the initial focus of the CVC grant of bringing key players together rather than the capacities of the organizations themselves, but could indicate gaps in CVC coalition capacities.

Leadership teams might not yet have a common vision of key CVC objectives of their coalitions. Though the coalition objectives mentioned by respondents tended to reflect expanding coverage to all residents and building or mobilizing grassroots support or participation, in only a few states did respondents within coalitions have much agreement on their main objectives. A lack of agreement might be expected early in grant implementation, but could be of concern if it persists.

Despite some disagreement on objectives, respondents indicate strong alignment in operations and see several benefits of participating in leadership teams. Coalition members tended to see their leadership teams as aligned in how they operated, such as members' willingness to collaborate with one another on coverage issues. Respondents said participating on the leadership team helped them in developing collaborative relationships with other organizations, staying well-informed in a rapidly changing environment, and having better information to provide to the individuals and organizations they represent.

In the remaining sections, we identify the main findings for each state and for all coalitions combined and follow them with more detailed results. Each section concludes with summary tables and, for some survey items, figures that help illustrate the distribution of responses.

C. Characteristics of Leadership Team Organizations

Effective leadership and advocacy requires bringing the right mix of organizations to the table, both to represent consumers and to access policymakers. The survey asked respondents about their organizations, as well as about whether additional members might be needed on their leadership teams.

1. How Many Organizations Participate in CVC Leadership Teams—and How Many Responded to the Network Survey?

At baseline, most leadership teams had 10 or fewer members, ranging from 4 in Colorado to 25 in Illinois (Table 1).

- In all sites, grantees encouraged their leadership team members to respond to the survey, which in pretests took about 30 to 40 minutes to complete. The target response rate for each site was 80 percent. Response rates ranged from 56 percent (Illinois) to 89 percent (Oregon). Seven coalitions met the target, and another two were close to doing so. In three coalitions (Illinois, Minnesota, and New Jersey), survey results are more tentative due to response rates below 60 percent.

Table I Number of Leadership Team Organizations and Survey Response Rates

Coalition	Organizations on Leadership Team	Organization Respondents	Organization Response Rate (Percent)
California	20	17	85
Colorado	4	3	75
Illinois*	25	14	56
Maryland[a]	7	6	86
Maine	8	7	88
Minnesota*	7	4	57
New Jersey*	12	7	58
New York	8	7	88
Ohio	16	12	75
Oregon	9	8	89
Pennsylvania	10	8	80
Washington[b]	6	5	83
Total	**132**	**98**	**74**

Source: 2008 CVC leadership team network survey, Mathematica Policy Research, Inc.

[a]Maryland had one respondent who was not affiliated with an organization.

[b]One organization left the Washington leadership team during the fielding of the survey; this organization was dropped from the analysis.

*Results are tentative due to low survey response rate.

2. Do Leadership Teams Include the Right Mix of Organizations?

Coalitions varied in whether additional members were needed, though respondents in coalitions that had large leadership teams were less likely to report a need for additional members (Table 2). Additional members representing specific constituencies were suggested by some respondents in some sites.

- The six coalitions with small leadership teams tended to report that they would like additional members on the leadership team. A majority of respondents in Maine, Maryland, and Washington agreed that other individuals or organizations should be added, while respondents in Colorado and New York were evenly split on this question and only one respondent in Minnesota agreed that others should be added.
- Among the three coalitions with medium-sized leadership teams, at least half of respondents in two coalitions agreed that others should be added. The exception was New Jersey, where no respondent indicated that other individuals or organizations were needed.
- Among the three coalitions with large leadership teams, few respondents (one-third or fewer) indicated that additional leadership team members were needed.
- The types of organizations most commonly suggested as additions were faith-based organizations, organizations representing African-Americans or other minority groups, businesses or business coalitions (including small businesses), and organizations involving individuals with specific health conditions.

Table 2 Perceptions of the Need for Expanding the Leadership Team and Current Size of Leadership Team, by Site

Coalition	Size	Are There Any Individuals, Organizations, or Types of Organizations You Would Like to See Added to the Coalition Leadership Team? (Percentage)			
		Yes	No	Don't Know	Missing
California	Large	16.7	50.0	27.8	5.6
Colorado	Small	40.0	40.0	20.0	0.0
Illinois*	Large	33.3	33.3	26.7	6.7
Maryland	Small	71.4	14.3	0.0	14.3
Maine	Small	57.1	0.0	42.9	0.0
Minnesota*	Small	25.0	75.0	0.0	0.0
New Jersey*	Medium	0.0	28.6	71.4	0.0
New York	Small	44.4	44.4	11.1	0.0
Ohio	Large	33.3	16.7	41.7	8.3
Oregon	Medium	50.0	37.5	12.5	0.0
Pennsylvania	Medium	87.5	0.0	12.5	0.0
Washington	Small	80.0	20.0	0.0	0.0
Cross- site median		**42.2**	**31.0**	**16.3**	**0.0**
Cross- site maximum		**87.5**	**75.0**	**71.4**	**14.3**
Cross- site minimum		**0.0**	**0.0**	**0.0**	**0.0**

Source: 2008 CVC leadership team network survey, Mathematica Policy Research, Inc.

Notes: *Individual* respondents; N = 105. Table 2 shows the percentage of respondents with each response. *Large* leadership teams are those with 16 members or more. *Small* teams are those with fewer than 9 members. The remaining teams were classified as *medium* sized.

*Results are tentative due to low survey response rate.

3. What Kinds of Organizations Are Involved in CVC Leadership Teams?

Respondent organizations most commonly represented broad constituencies (such as children or immigrants), most have worked on health coverage issues for 10 or more years, and most are involved in other policy areas in addition to health coverage (Table 3).

- Most (64 percent) respondent organizations were experienced, having been involved in health coverage issues for more than 10 years.
- An equal number of respondent organizations reported annual budgets of less than $400,000, between $400,000 and less than $1 million, between $1 million and less than $3 million, and $3 million or more.

Table 3 Characteristics of Leadership Organization for All Sites Combined

	Number of Organization Respondents	Percentage of Organization Respondents
Years Involved in Health Coverage		
Fewer than 2 years	8	8.2
2 to 5 years	13	13.3
6 to 9 years	13	13.3
10 or more years	63	64.3
Missing	1	1.0
Annual Budget		
Less than $400,000	23	23.5
$400,000 to $999,999	24	24.5
$1,000,000 to $2,999,999	24	24.5
$3,000,000 or more	23	23.5
Missing	4	4.1
Constituency		
Broad demographic group (for example, children, immigrants, elders)	46	46.9
People with a specific health condition	10	10.2
Faith-based organizations or groups	10	10.2
Union members	6	6.1
Health care providers	7	7.1
Health care employees	0	0.0
Employers or business owners	0	0.0
Other nonprofit, public, or private organizations	8	8.2
Other constituency	9	9.2
No specific constituency	2	2.0

	Number of Organization Respondents	Percentage of Organization Respondents
Involved in Policy Areas Other than Health Coverage		
Yes	85	86.7
No	13	13.3
Health Coverage Emphasis (if involved in other policy areas)		
Most important	16	18.8
One of several priority areas	67	78.8
Less important than other priorities	0	0.0
Missing	2	2.4

Source: 2008 CVC leadership team network survey, Mathematica Policy Research, Inc.

Notes: Organizational respondents; N = 98.

- Although coalition leadership organizations represented many constituencies, 47 percent reported that they represented broad demographic groups, such as all state residents, children, or older adults. No respondents reported that their organizations represented health care employees or employers/business owners. Some coalition leadership teams may include member organizations that represent these constituencies, but none responded to the survey.
- Only 13 percent of respondent organizations reported that they were involved exclusively with health coverage issues. Among respondent organizations involved in other areas, 19 percent stated that health coverage was the most important policy area in which they were involved; none stated that health coverage was less important than other priorities.

D. Organization Advocacy Roles

One goal behind asking grantees to bring multiple organizations into CVC leadership was to expand the advocacy capacity of the entire consumer network, with different organizations bringing different strengths and playing different roles. Thus, the team as a whole could bring core advocacy capacities into the grant program.

1. To What Core Capacity Areas Are Leadership Organizations Contributing?

The survey asked leadership team members in which of six core advocacy capacity areas (coalition building, grassroots support, policy analysis, campaign implementation, media and communications, and resource development) they felt their organizations were playing an important role in CVC. Figure 1 shows the range of the coalition averages for each capacity area. Table 4 shows averages by state. Responses may reflect the initial focus of the coalition and the tasks on which CVC coalitions and leadership teams were engaged, rather than the overall capacities of the organizations themselves.

Figure 1 Range of Capacity Areas to Which Leadership Team Organizations Feel They Are Contributing, Across Sites

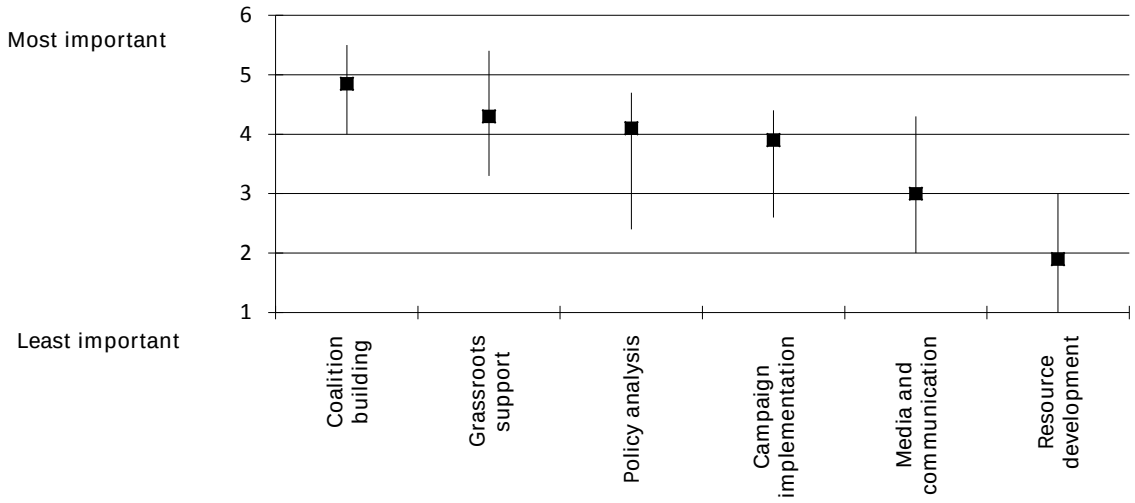

Table 4 Perceptions of the Need for Expanding the Leadership Team and Current Size of Leadership Team, by Site

	How Important Do You Think Your Organization's Role Is in the CVC Coalition's Activities for Each of the Areas Below? (Ranked From 6 [Highest] to 1 [Lowest])					
Coalition	Coalition Building	Grassroots Support	Policy Analysis	Campaign Implementation	Media and Communications	Resource Development
California	4.8	3.9	4.4	3.8	3.2	2.1
Colorado[a]	5.5	3.5	4.0	4.0	2.5	1.5
Illinois*	4.7	3.9	4.0	4.3	3.0	1.6
Maryland[b]	5.0	4.7	3.3	4.0	2.0	2.7
Maine	5.0	3.6	3.5	3.2	4.3	2.0
Minnesota*	4.0	4.7	4.7	3.5	2.0	3.0
New Jersey*	4.8	5.0	3.0	4.0	3.2	1.8
New York	4.9	3.3	4.4	4.3	2.6	1.6
Ohio	4.4	4.7	4.2	3.8	3.1	1.5
Oregon	5.0	5.1	4.3	2.6	3.1	2.0
Pennsylvania	5.2	5.4	2.4	3.4	2.0	2.6
Washington	4.8	3.5	4.6	4.4	3.0	1.0
Cross- site median	**4.8**	**4.3**	**4.1**	**3.9**	**3.0**	**1.9**
Cross- site maximum	**5.5**	**5.4**	**4.7**	**4.4**	**4.3**	**3.0**
Cross- site minimum	**4.0**	**3.3**	**2.4**	**2.6**	**2.0**	**1.0**

Source: 2008 CVC leadership team network survey, Mathematica Policy Research, Inc.

Notes: *Individual* respondents; N = 105. Table 2 shows the percentage of respondents with each response. *Large* leadership teams are those with 16 members or more. *Small* teams are those with fewer than 9 members. The remaining teams were classified as *medium* sized.

*Results are tentative due to low survey response rate.

- Respondents most often identified coalition building and grassroots support as the core advocacy capacity areas to which their organization was contributing.
- They least often identified playing an important role on resource development.
- In some coalitions, respondent organizations had a clustering of capacities, in which a majority of respondent organizations ranked coalition building highly, along with other capacities. In Oregon, for example, respondents identified coalition building as one of the more important capacity areas that they had been working on, along with grassroots support or policy analysis (as noted by the higher overall score in these capacity areas relative to other areas). In New York, respondents identified coalition building, policy analysis, and campaign implementation as the core capacities in which their organizations had been playing more important roles.

E. Coalition Governance

Governance issues, such as whether organizations have consensus on their strategic goals and whether organizations feel that decisions are equitable and inclusive, are important factors in the success of complex coalitions such as CVC. If they are to work productively together, leadership team members must come to agreement on which policies to support or oppose. To the extent they share a common vision and articulate common goals, team members may be better able to reach such agreement. Moreover, leadership team members who perceive that there are benefits to be gained from their investment of time, energy, reputation, or other resources may be more likely to remain engaged throughout the grant program, and afterward.

1. Do Leadership Team Members Share a Common Vision of CVC Objectives?

Though the coalition objectives mentioned by respondents tended to reflect expanding coverage to all residents (such as obtaining affordable and comprehensive health coverage choices for all) and building or mobilizing grassroots support or participation (such as beginning conversations with communities to discuss and mobilize for health care reform), in only a few states did respondents within coalitions have much agreement on their main objectives. A lack of agreement might be expected, given how early the assessment occurred during the grant implementation. Table 5 shows the percentage of objectives mentioned by respondents when asked about their coalitions' three main objectives, classified according to broad themes and weighted according to importance for each coalition.

Table 5 Coalitions' Main Objectives as Identified by Respondents, by Site and Across Sites (Organized by Type of Objective)

	What Are Your Coalition's Three Main Objectives? (Weighted Percentage)									
	Coverage			Coalition Building			Coalition Activities			Other
Coalition	Expanding Coverage to All Residents	Achieving Health Coverage Policy Changes	Improving Health or Health Care System	Building Coalition or Coordinating Its Activities	Building or Mobilizing Grassroots Support or Participation	Building Broad-Based Support	Analyzing or Developing Policy Issues	Educating Policymakers or the Public	Developing Messages or Communications Campaign	Other
California	19	28	8	12	2	3	12	6	1	8
Colorado	0	25	4	38	0	0	8	8	4	13
Illinois*	31	7	6	7	16	4	4	4	14	7
Maryland	54	7	12	12	0	0	0	7	0	7
Maine	7	21	0	19	12	0	7	0	26	7
Minnesota*	25	8	0	4	21	8	25	0	4	4
New Jersey*	13	10	10	20	17	0	7	13	0	10
New York	14	7	0	14	17	0	14	17	0	17
Ohio	10	11	0	10	24	3	15	16	0	11
Oregon	27	6	0	9	27	3	6	9	0	12
Pennsylvania	26	32	2	15	6	0	0	0	0	19
Washington	0	14	0	0	17	41	0	28	0	0
Cross-site median	**17**	**11**	**1**	**12**	**16**	**2**	**7**	**8**	**0**	**9**
Cross-site maximum	**54**	**32**	**12**	**38**	**27**	**41**	**25**	**28**	**26**	**19**
Cross-site minimum	**0**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Source: 2008 CVC leadership team network survey, Mathematica Policy Research, Inc.

Notes: *Individual* respondents; N = 105. Respondents reported their coalition's three main objectives. Cells show the weighted percentage of objectives, which are the percentage of responses that were classified according to broad themes and weighted according to their positions, with the first objective receiving a weight of three, the second objective a weight of two, and the third objective a weight of one; missing responses were not weighted. "Other" responses either did not fit into one of the broad themes or were too ambiguous to classify. Rows might not total to 100 due to rounding error.

*Results are tentative due to low survey response rate.

- The cross-site median shows that 17 percent of objectives identified by respondents involved expanding coverage to all residents, such as obtaining affordable and comprehensive health coverage choices for all.[4] In Maryland, 54 percent of reported objectives involved expanding coverage; in two coalitions (Colorado and Washington), respondents reported no objectives in this area.
- Again using the cross-site median, 16 percent of objectives identified by respondents involved building or mobilizing grassroots support or participation, such as mobilizing consumers and increasing grassroots outreach. In Oregon, 27 percent of reported objectives involved grassroots support or participation; two coalitions (Colorado and Maryland) had no objectives in this area.
- Coalitions varied in their reported agreement among objectives. For example, more than 30 percent of objectives reported by Illinois and Maryland respondents focused on expanding coverage to all residents. Similarly, members from Pennsylvania commonly identified objectives involving achieving specific health coverage policy changes, members from Colorado identified objectives that were focused on building the coalition or coordinating its activities, and members from Washington reported objectives that involved building broad-based support. Many coalitions, however, identified a variety of objectives, with no objective mentioned more frequently than others.

2. Is There Strategic and Operational Alignment Among Leadership Members?

Coalition members tended to view their leadership teams as aligned in how they operated, such as members' willingness to collaborate with each other on coverage issues. Figure 2 shows the median and range of coalition averages on five specific measures and a composite score of how well the leadership team operates; Table 6 shows specific coalition averages.

- In most sites, respondent organizations felt their CVC leadership team was well aligned, as noted by the high average scores across coalitions.
- However, sites varied—some giving themselves high ratings and others much lower ratings. For example, respondents in Colorado gave themselves a low rating for collaborating with one another on health coverage issues; Pennsylvania and Washington respondents gave themselves low ratings for following a set of agreed upon principles for making decisions and for having an open and clear decision-making process.

[4] The cross-site median is the midpoint coalition score, the point at which half of the coalitions have scores that are above the statistic and half are below.

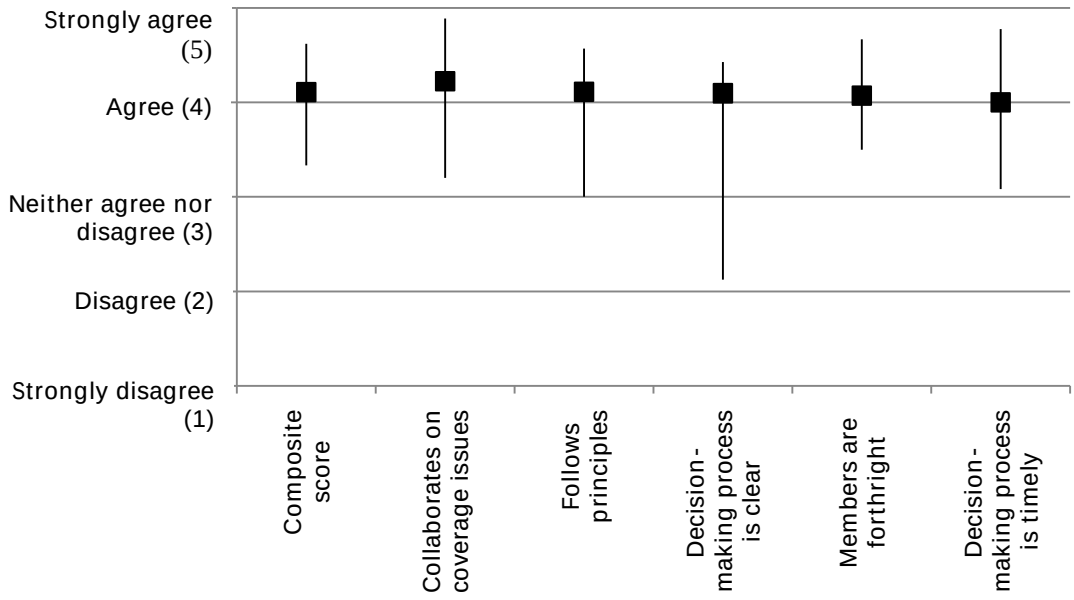

Figure 2 Range of Agreement on Coalition Leadership Operations, Across Sites

3. What Are the Benefits of Participating on the Leadership Team?

Respondents benefited from their participation on the leadership team, most often reporting developing collaborative relationships with other organizations, staying well-informed in a rapidly changing environment, and having better information to provide to the individuals and organizations they represent. We present the median and range of coalition averages for nine benefits along with a composite score in Figure 3; the specific scores for each coalition appear in Table 7.

- Respondents identified developing collaborative relationships, staying well-informed in a rapidly changing environment, and having better information to provide to constituents as the greatest benefits.
- Obtaining funding and other resources and getting access to key policymakers were much less often identified as a benefit of coalition participation, though these areas were viewed as more beneficial by members in some coalitions or by some organizations within a coalition.
- Respondents from New York and Maryland reported the greatest overall benefits from participation (as measured by the composite score); respondents in Washington and Maine reported the least overall benefits.

Table 6 Agreement on Coalition Operations, by Site and Across Sites

Coalition	Composite Score	Thinking About How the Coalition Leadership Team Operates, to What Extent Do You Agree or Disagree with the Following Statements?[a]				
		Collaborates on Coverage Issues	Follows Principles	Decision-Making Process Is Clear	Members Are Forthright	Decision-Making Process Is Timely
California	4.3	4.6	4.3	4.1	4.4	4.4
Colorado	3.6	3.2	4.0	3.6	3.8	3.6
Illinois*	4.3	4.5	4.1	4.1	4.3	4.5
Maryland	4.6	4.6	4.6	4.4	4.6	4.7
Maine	4.1	4.1	4.1	4.1	4.1	4.0
Minnesota*	4.1	4.3	4.5	4.3	3.5	4.0
New Jersey*	3.9	3.9	4.0	4.0	3.6	4.0
New York	4.6	4.9	4.4	4.3	4.7	4.8
Ohio	3.7	3.7	4.1	3.9	3.9	3.1
Oregon	4.3	4.3	4.4	4.4	4.3	4.0
Pennsylvania	3.3	3.9	3.0	2.1	4.0	3.8
Washington	3.6	4.2	3.2	3.4	4.0	3.4
Cross-site median	4.1	4.2	4.1	4.1	4.1	4.0
Cross-site maximum	4.6	4.9	4.6	4.4	4.7	4.8
Cross-site minimum	3.3	3.2	3.0	2.1	3.5	3.1

Source: 2008 CVC leadership team network survey, Mathematica Policy Research, Inc.

Notes: *Individual* respondents; N = 105. Respondents assessed whether they agreed or disagreed with each statement on a scale of 1 (strongly disagree) to 5 (strongly agree); Table 6 shows the average ranking within each coalition. The composite score is the average of all coalition operation items.

[a] Complete statements are as follows:

Collaborates on Coverage Issues: Coalition leadership members willingly collaborate with one another on coverage issues.

Follows Principles: The coalition leadership follows a set of agreed-upon principles for making decisions related to health coverage.

Decision-Making Process Is Clear: The decision-making process used by the coalition leadership is open and clear.

Members Are Forthright: The coalition leadership members are forthright in their dealings with one another.

Decision-Making Process Is Timely: The coalition leadership's decision-making process on policy issues is timely.

*Results are tentative due to low survey response rate.

Figure 3 Range of Benefits from CVC Participation, Across Sites

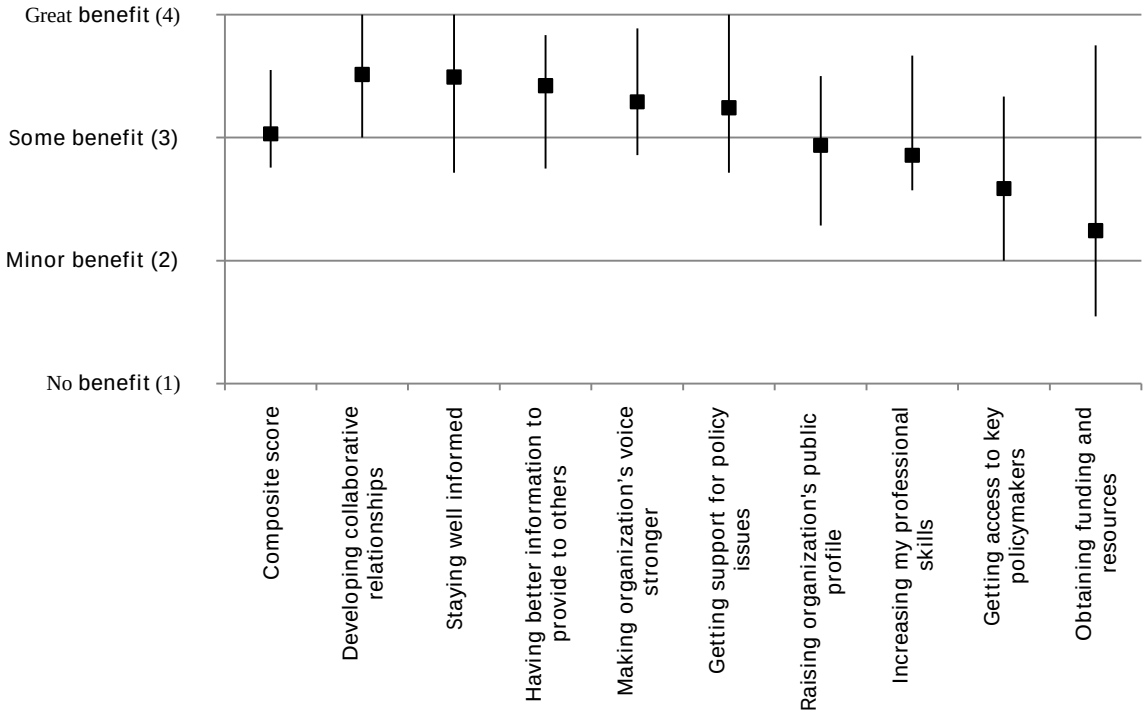

Table 7 Benefits from CVC Participation, by Site and Across Sites

		To What Extent Is Your Organization Benefiting in Each of the Areas Below from Participation on the Coalition Leadership Team?								
Coalition	Com-posite Score	Developing Collaborative Relationships	Staying Well-Informed	Having Better Infor-mation to Provide to Others	Making Organi-zation's Voice Stronger	Getting Support for Policy Issues	Raising Organi-zation's Public Profile	Increasing My Profes-sional Skills	Getting Access to Key Policy-makers	Obtaining Funding and Resources
California	3.0	3.5	3.8	3.4	3.1	3.5	2.5	2.8	2.6	2.2
Colorado	3.1	3.4	2.8	3.6	3.6	3.2	3.0	2.8	2.6	3.0
Illinois*	3.3	3.6	3.7	3.6	3.3	3.3	3.3	3.2	2.8	2.2
Maryland	3.4	3.7	4.0	3.8	3.3	4.0	3.1	3.2	3.3	2.3
Maine	2.8	4.0	2.7	2.9	2.9	3.3	2.4	2.9	2.0	2.1
Minnesota*	3.4	4.0	3.0	3.0	3.8	3.5	3.5	3.5	2.8	3.8
New Jersey*	3.0	3.4	3.6	3.4	3.0	3.1	2.3	3.1	2.6	2.6
New York	3.6	3.8	4.0	3.6	3.9	3.6	3.1	3.7	3.3	3.0
Ohio	2.9	3.1	3.4	3.4	3.3	3.1	2.8	2.8	2.3	1.5
Oregon	2.9	3.5	3.3	3.5	3.0	3.0	2.9	2.6	2.5	2.1
Pennsylvania	2.9	3.3	3.7	3.1	2.9	2.7	3.0	2.9	2.6	2.3
Washington	2.8	3.0	3.2	2.8	3.4	2.8	2.6	2.6	2.3	2.2
Cross-site median	3.0	3.5	3.5	3.4	3.3	3.2	2.9	2.9	2.6	2.2
Cross-site maximum	3.6	4.0	4.0	3.8	3.9	4.0	3.5	3.7	3.3	3.8
Cross-site minimum	2.8	3.0	2.7	2.8	2.9	2.7	2.3	2.6	2.0	1.5

Source: 2008 CVC leadership team network survey, Mathematica Policy Research, Inc.

Notes: Individual respondents; N = 105. Respondents rated each benefit on a scale of 1 (no benefit) to 4 (great benefit).

*Results are tentative due to low survey response rate.

F. Conclusion

This report offers a baseline snapshot of some organizational aspects of the 12 CVC coalition leadership teams. These coalitions are addressing complex issues that demand leadership teams to deploy many skills, and their structures and activities will influence their effectiveness in building a successful partnership and in achieving their intermediate and ultimate outcomes regarding coverage issues.5 The report is designed as a formative tool that can help CVC grantees and the national program office, Community Catalyst, gain additional perspectives on their leadership teams, and reflect on whether any changes might be desirable. To help coalitions make the best use of the findings, we conclude the report with questions that each constituent might ask itself after reviewing the findings.

The structure of a leadership team—its size and composition—is critical in that it requires having enough organizations to fill the varied needs of the coalition. Does each leadership team have enough members to achieve its objectives? Coalitions that are too small or too homogeneous might limit new ideas on how to tackle problems or lack the resources needed to implement tasks. On the other hand, coalitions that are too large or diverse might be hard to manage and might find it difficult to agree on the best way to address a problem, or even to agree on what problem to address. Are the resources leadership team members bring to the table—staff, time, and money—sufficient for the coalition's activities? Do members feel that the leadership team needs other organizations?

Leadership team structure also influences whether the community views the coalition as important. Do coalition members represent many different constituencies (and so the entire community)? Are important constituencies not involved? If key community members are not involved in the leadership team, are they involved in other aspects of the coalition?

The objectives of a leadership team reflect its view of what is important and its operations reflect its capacity to achieve the objectives. Do leadership team members agree on what the coalition's objectives are? Do they find that the leadership team is operating smoothly and efficiently? Though organizations have been involved in capacity areas that are appropriate for beginning partnership work, are there gaps in those areas that prevent the coalition from achieving its goals? What benefits do members perceive getting from their involvement, and are those benefits enough to keep members involved and to attract new members? Without profiting in some way from their involvement, members might not be interested in continuing to participate.

This report suggests that many of the CVC leadership teams appear to be addressing the questions listed above. However, every coalition has areas in which it might have more of a need, and each has aspects of its structure and activities that could be improved.

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[5] Mitchell, S.M., and S.M. Shortell. "The Governance and Management of Effective Community Health Partnerships: A Typology for Research, Policy, and Practice." *Milbank Quarterly*, vol. 78, no. 2, 2000, pp. 241-289.