

## Regional Coalition Partner Survey

# Survey For Regional Coalition Partner Survey

## Instructions

Thank you for taking this survey. To begin, you will be asked to answer a few questions about your own organization. You will then be asked to answer questions about other organizations. Answer all questions from the perspective of your organization, rather than yourself as an individual. Feel free to check with others in your organization for more information. At any time, you can save the responses and continue the survey later. When complete, you can review your responses and modify them, if required.

You were selected for participation on this survey because you were identified as a key partner by one or more of the following local regional substance abuse prevention coalitions:

1. Southern Providence County Prevention Coalition (SPC Regional Coalition) (<http://spcprevention.org>)
2. Blackstone Valley Prevention Coalition (<http://blackstonevalleypreventioncoalition.com>)
3. Providence Mayor's Coalition on Behavioral Health (<https://riprevention.org/providence/>)
4. Kent County Prevention Coalition (<https://riprevention.org/kent-county/>)
5. East Bay Regional Coalition (<https://riprevention.org/east-bay/>)
6. Newport County Prevention Coalition (<https://www.newportcountyprevention.org>)
7. South County Regional Coalition (<https://riprevention.org/south-county/>)

Please keep the regional coalition your organization most identifies with in mind when completing items related to your organization's involvement with prevention efforts in Rhode Island.

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## CONSENT

By starting the survey, you are agreeing to participate. Your participation is voluntary and you can stop at any time. There are no known risks to participate in this survey. If you have questions about your participation in the survey, please reply to the email invitation you received, or contact the PARTNER team at [partnertool@visiblenetworklabs.com](mailto:partnertool@visiblenetworklabs.com).

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### Section 1: About Your Network

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#### QUESTION 1

With which of the regional prevention coalitions listed below does your organization's work most identify? (Please select one only option)

Southern Providence

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Blackstone Valley

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Providence

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Kent County

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East Bay

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Newport

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South County

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My organization does not identify with the work of any of the regional prevention coalitions listed above

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QUESTION 2

What is your job title?

Enter text here...

QUESTION 3

How long have you been in this position (in months):

Enter text here...

#### QUESTION 4

Please indicate what your organization/program/department contributes, or can potentially contribute, to the regional prevention coalition your organization most identifies with (choose as many as apply).

- Funding
- In-Kind Resources
- Paid Staff
- Volunteers and Volunteers Staff
- Data Resources including data sets, collection and analysis
- Info/Feedback
- Specific Health Expertise
- Expertise Other Than in Health
- Community Connections
- Fiscal Management (e.g. acting as fiscal agent)
- Facilitation/Leadership
- Advocacy
- IT/web resources (e.g. server space, web site development, social media)
- Other, please specify

Please specify

#### QUESTION 5

What is your organization's most important contribution to the regional prevention coalition your organization most identifies with?

- Funding
- In-Kind Resources
- Paid Staff
- Volunteers and Volunteers Staff
- Data Resources including data sets, collection and analysis
- Info/Feedback
- Specific Health Expertise
- Expertise Other Than in Health
- Community Connections
- Fiscal Management (e.g. acting as fiscal agent)
- Facilitation/Leadership
- Advocacy
- IT/web resources (e.g. server space, web site development, social media)
- Other, please specify

#### QUESTION 6

Outcomes of the work of the regional prevention coalition your organization most identifies with include (or could potentially include): (choose all that apply).

- Health education services, health literacy, educational resources
- Improved Prevention Services
- Reduction of Health Disparities
- Improved Resource Sharing
- Increased Knowledge Sharing
- New Sources of Data
- Community Support
- Public Awareness
- Policy, law and/or regulation
- Improved Health Outcomes
- Improved Communication
- Other, please specify

Please specify

#### QUESTION 7

Which is the most important outcome of the regional prevention coalition your organization most identifies with?

- Health education services, health literacy, educational resources
- Improved Prevention Services
- Reduction of Health Disparities
- Improved Resource Sharing
- Increased Knowledge Sharing
- New Sources of Data
- Community Support
- Public Awareness
- Policy, law and/or regulation
- Improved Health Outcomes
- Improved Communication
- Other, please specify

#### QUESTION 8

How successful has the regional prevention coalition your organization most identifies with been at reaching its goals?

- Not Successful
- Somewhat Successful
- Successful
- Very Successful
- Completely Successful

#### QUESTION 9

What aspects of collaboration contribute to this success? (Choose all that apply.)

- Bringing together diverse stakeholders
- Meeting regularly
- Exchanging info/knowledge
- Sharing resources
- Informal relationships created
- Collective decision-making
- Having a shared mission, goals
- Other, please specify

Please specify

## Section 2: About Your Network Partners

QUESTION 10

From the list, select organizations/programs/departments and/or individuals at organizations with which you have an established relationship (either formal or informal). In subsequent questions you will be asked about your relationships with these organizations/programs/departments in the context of the regional prevention coalition your organization most identifies with.

NOTE: If you work with multiple organizations on activities related to the regional prevention coalition your organization most identifies with, ***please select up to the top five organizations with whom you collaborate.***

NOTE: Your organization is not listed below because you are representing the organization in the survey you are taking now and cannot choose your own organization as a partner to answer questions about.

Network Members	Your Network
Type at least 3 characters to search	Type at least 3 characters to search
American Lung Association	<p style="text-align: center;"><b>All done?</b></p> <p style="text-align: center;">Save Your Selection</p>
George O'Toole	
Tim Potter	
Aquidneck Island Clergy Association	
Barrington Library	
Barrington Police Department	
Barrington Senior Center	

QUESTION 11

How frequently does your organization/program/department work with this organization/program/department on issues related to the goals of the regional prevention coalition your organization most identifies with?

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Never/We only interact on issues unrelated to the collaborative

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Once a year or less

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About once a quarter

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About once a month

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Every Week

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Every Day

#### QUESTION 12

What kinds of activities does your relationship with this organization/program/department entail [note: the responses increase in level of collaboration]?

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None.

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Cooperative Activities: involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release)

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Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs. (Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection.)

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Integrated Activities: In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas. (Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined.)

#### QUESTION 13

To what extent does this organization/program/department have power and influence to impact the overall mission of the regional prevention coalition your organization most identifies with?

\*Power/Influence: The organization/program/department holds a prominent position in the community by being powerful, having influence, success as a change agent, and showing leadership.

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Not at all

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A small amount

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A fair amount

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A great deal

QUESTION 14

What is this organization/program/department's level of involvement in the regional prevention coalition your organization most identifies with?

\*Level of Involvement: The organization/program/department is strongly committed and active in the partnership and gets things done.

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Not at all

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A small amount

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A fair amount

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A great deal

QUESTION 15



To what extent does this organization/program/department/s contribute resources to the regional prevention coalition your organization most identifies with?

\*Contributing Resources: The organization/program/department brings resources to the partnership like funding, information, or other resources.

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Not at all

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A small amount

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A fair amount

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A great deal

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#### QUESTION 16

How RELIABLE is the organization/program/department?

\*Reliable: this organization/prgoram/department is reliable in terms of following through on commitments.

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Not at all

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A small amount

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A fair amount

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A great deal

#### QUESTION 17

To what extent does the organization/program/department SHARE A MISSION with the mission and goals of the regional prevention coalition your organization most identifies with?

\*Mission Congruence: this organization/program/department shares a common vision of the end goal of what working together should accomplish.

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Not at all

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A small amount

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A fair amount

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A great deal

QUESTION 18

How OPEN TO DISCUSSION is the organization/program/department?

\*Open to Discussion: this organization/program/department is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization/program/department is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with this organization/program/department in an open, trusting manner.

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Not at all

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A small amount

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A fair amount

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A great deal

QUESTION 19

How would you describe this organization as a current or potential partner? [please pick one]:

None

Just learning about this organization, not really aware of how a partnership would benefit my organization

Aware of how my organization could benefit from a partnership with this organization, but have not built that relationship

Aware of how my organization could benefit from a partnership with this organization, and have interacted a few times to try out a partnership

Aware of how my organization could benefit from a partnership with this organization, and consider this organization a steady partner in our work

Fully engaged with this organization as a partner

QUESTION 20

This partnership has [pick all]:

Has been informative only (we only exchange information, knowledge about resources, etc.)

Improved my organization's capacity

Led to an exchange of resources

Led to improved services or supports

Led to expansion of prevention services/programs across a broader age range

Led to expansion of prevention services/programs into mental health

Led to expansion of prevention services/programs through integration with primary care

### Section 3: Questions & Comments

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#### QUESTION 21

Do you have any additional comments or questions?

Enter text here...

We have received your responses!

Thank you very much for taking the time to provide them.

If you have any questions, contact the PARTNER team at [partnertool@visiblenetworklabs.com](mailto:partnertool@visiblenetworklabs.com).