ASSESSMENT OF SATISFACTION AND SUSTAINABILITY: THE IDAHO HEALTHY EATING, ACTIVE LIVING NETWORK

By

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A thesis

submitted in partial fulfillment

of the requirements for the degree of

Master of Health Science in Health Promotion

Boise State University

August 2012

BOISE STATE UNIVERSITY GRADUATE COLLEGE

DEFENSE COMMITTEE AND FINAL READING APPROVALS

of the thesis submitted by

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Thesis Title: Assessment of Satisfaction and Sustainability: The Idaho Healthy Eating, Active Living Network

Date of Final Oral Examination: 23 May 2012

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ACKNOWLEDGMENTS

It is a pleasure to thank those individuals who made this educational opportunity a reality.

I would first and foremost like to express my deepest gratitude to my advisor and thesis committee chair, Dr. Sarah Toevs, for her encouragement, guidance, and support. Without her advice, knowledge, patience, and motivational words, this thesis would have not been possible. There are not words to express my appreciation.

I would also like to extend a heartfelt thank you to my other thesis committee members, Dr. Tim Dunnagan and Jaime Harding. The input and feedback they provided was a valuable component of my research process.

It was an honor for me to be able to work with a variety of individuals from the Idaho Department of Health and Welfare, the Idaho Physical Activity and Nutrition (IPAN) Program, and the Healthy Eating, Active Living (HEAL) Idaho Network. I would also like to specifically thank the members of the Healthy Eating, Active Living (HEAL) Idaho Network for their support and contribution to my research.

Last, but not least, I would like to thank my colleagues, classmates, friends, and family for their amazing support and encouragement. I would like to express my extreme gratefulness to my parents Dan and Laura Walter, and siblings Emily Walter, Ashley Kossick, and Kyle Kossick. I cannot even begin to express my immense appreciation for my husband Phil, whose support, encouragement, and unsurpassed level of patience helped me endure the thesis process. He always saw the light at the end of the tunnel, even when I could not. Thank you so much.

ABSTRACT

In recent years, there has been in increased focus, at local, state, and national levels, on addressing health disparities. The purpose of the Healthy Eating, Active Living (HEAL) Idaho Network is to create an environment that allows all its residents access to healthy food options and opportunities for physical activity. The HEAL Idaho Network initiative seeks to accomplish this goal through an expanding collaborative network of organizations, agencies, businesses, and individuals that are concerned about improving the health education and overall well-being of all Idahoans.

The purpose of this study was to assess HEAL member's levels of satisfaction with the planning and implementation, leadership, local and state-wide involvement, communication, and member involvement strategies, utility of the framework, and overall outcomes and impact. The member satisfaction survey was distributed through email to each member of the HEAL Idaho Network included in the HEAL Google Group.

The Healthy Eating, Active Living (HEAL) Network Member Survey was completed by 37 participants; this represents a response rate of 24.6%, based on the number of email addresses in the HEAL Google Group email database. Overall, the mean satisfaction scores for each component indicate that the members of the HEAL Idaho Network were satisfied with the activities implemented by the network. Satisfaction with the HEAL Framework indicated that the members were neutral about their use of the

framework, specifically its development, the impact of the framework on their work, and progress towards goals.

Through the continued enhancement of core competencies, such as those evaluated with this survey, the HEAL Network creates a environment that facilitates the dynamic changes that need to take place to successfully impact health outcomes in Idaho. Research indicates that sharing the commitment, resources, creative energy, and expanding reach contributes greatly to the sustainable future of collaborative efforts for creating change. The HEAL Network has the potential to be the catalyst for dramatic health impacts both at the local, community level, and for the entire state of Idaho.

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CHAPTER 1: INTRODUCTION

Introduction

Healthy Eating, Active Living (HEAL) Network of Idaho is facilitated by the Idaho Physical Active and Nutrition (IPAN) Program in the Bureau of Community and Environmental Health (BCEH) within the Idaho Department of Health and Welfare (IDHW). HEAL Idaho is a voluntary network of organizations, agencies, businesses, and individuals that are committed to creating an environment where all Idahoans have access to healthy food options and opportunities to be physically active to improve their health and well-being. Both the IDHW Bureau of Community and Environmental Health (BCEH) and the Idaho Physical Activity and Nutrition Program (IPAN) are involved in the network and are key partners in the network's functionality. At this time, the Healthy Eating, Active Living (HEAL) Network represents over 200 individuals and organizations that are actively working together and collaborating to create change (Healthy Eating, Active Living, 2011).

Network members currently share information and access to resources through a Google Group and a recently launched HEAL Idaho website, as well as regional meetings and an annual statewide summit. Through web-based interactions and network meetings, members have access to tools for grassroot organizing, national, state, and community-based educational offerings, funding resources and opportunities, and new partnerships for leveraging services and programs (Healthy Eating, Active Living, 2011).

Statement of the Problem

In recent years, there has been an increased focus at local, state and national levels towards eliminating health disparities. The purpose of the Healthy Eating, Active Living (HEAL) Idaho Network is to create an environment that allows all its residents access to healthy food options and opportunities for physical activity. The HEAL Idaho Network initiative seeks to accomplish this goal through an expanding collaborative network of organizations, agencies, businesses, and individuals that are concerned about improving the health education and overall well-being of all Idahoans.

Purpose and Significance

The purpose of this program evaluation was to conduct a member satisfaction survey that assessed the member's perceptions of the Healthy Eating, Active Living (HEAL) Network's current planning and implementation, leadership, local and state-wide Network involvement, communication methods, member involvement, framework, and overall current progress, outcomes, and impact. Studies have indicated that member satisfaction is a valid measurement of coalition effectiveness due to the positive correlation between member satisfaction and member outputs, including productivity, level of involvement and long-term commitment (Galindo-Kuhn & Guzley, 2002; Wilson, 2012).

The survey was designed to assess the member's perceptions and satisfaction with various components of the Healthy Eating, Active Living (HEAL) Network. The components that were analyzed are representative of the best, evidence-based practices

that are present in health programs, organizations, and coalitions that have been shown to be successful, impactful, and sustainable. Previous studies have shown that if a coalition is to effectively create change within a community, their efforts must be dynamic, adjustable, and transferable (Foster-Fisherman et al., 2001). Previous research also suggests that the key components of an effective coalition include: a commitment to purpose and mission, effective leadership, satisfied members, effective members recruitment strategies, well-developed infrastructure that focuses on sustainability, successful collaborative relationships, frequent program evaluations, research-based theory, and evidence-based best practices that provide methods to continually asess and provide feedback for coalition progress (Butterfoss, Goodman, & Wandersman, 1993; Foster-Fisherman et al., 2001; Green, Daniel, & Novick, 2001; Wolff, 2001; Cohen, Baer, & Satterwhite, 2002; Allen, 2005; Crawford, 2005; Butterfoss, Lachance, & Orians, 2006; Cramer, Atwood, & Stoner, 2006; Lachance et al., 2006; Zakocs & Edwards, 2006).

Since the Healthy Eating, Active Living (HEAL) Network was established in June 2010, it is still too early to assess all of the major components that would be expected to be present in a long-standing program of this type. As a result, this program evaluation focused on the first three components, which are: the program's commitment to purpose and mission, effective leadership, methods of communication, and the overall satisfaction of the current network members.

Thesis Research Questions

There are several research questions that this research study seeks to answer. The questions are as follows:

1. What is the state-wide distribution of the individuals that are currently part of the Healthy Eating, Active Living (HEAL) Network?
2. What is the level of member involvement within the Healthy Eating, Active Living (HEAL) Network?
3. To what extent at the members of the Healthy Eating, Active Living (HEAL) Network utilizing the HEAL Framework?
4. What is the overall level of member satisfaction as it relates to the current Healthy Eating, Active Living (HEAL) Network leadership, communication, and involvement, locally and statewide?
5. How satisfied are the Healthy Eating, Active Living members with their current involvement in the Healthy Eating Active Living (HEAL) Network?

Limitations

A limitation of using individual surveys as an evaluation instrument is that the data collected is all self-reported. Self-reported data can have the potential to be biased, as it is based on the perspective of each individual.

Another limitation may be related to different levels of member activity within both community programs and the HEAL Network itself. Information was about

respondent level of participation in the network was collected in an effort to mitigate limit the impact of this limitation.

Population of Interest

The population of interest in this study was the current members of the Healthy Eating, Active Living (HEAL) Idaho Network. The membership at the time of the study was approximately 150 members, representing as many as 200 organizations and agencies throughout the state of Idaho.

Delimitations

The member survey was distributed to all members, as identified through the unique email addresses in the HEAL Idaho Google Group. Access to the survey was limited to 12 days, which included 10 business days during February, 2012. The survey was administered during a time of year when there are no government or school holidays, in an effort to increase the response rate.

Definition of Terms

1. Framework: For the purpose of this program evaluation, the term "Framework" will be used to refer to the Healthy Eating, Active Living (HEAL) Nutrition and Physical Activity Framework for fiscal years 2011-2013.
2. Network Member: This term is used to refer to those members who are currently involved in the HEAL Network through participation in the HEAL Google Group.

3. Community: Is generally used to refer to localities, but for the purpose of this study it will also be used to refer to groups that have a shared interest or cause, even if they are not in a shared physical location (Green et al., 2001).
4. Coalition: A coalition is defined as a collaborative group or network of individuals, organizations, and agencies that are working together to impact the outcome of a specific problem or common goal (Cohen et al., 2002). Coalitions bring diverse individuals and groups together to create change that would not be possible if done independently (Butterfoss et al., 1993).
5. Network: A network is a group whose primary goal is sharing information and resources (Cohen et al., 2002).
6. Steering Committee: The steering committee is a group of individuals that are involved in the leadership of the Healthy Eating, Active Living (HEAL) Network.
7. Lead Agency: The organization under which a program or coalition operates. The Idaho Physical Activity and Nutrition (IPAN) Program, operating under the Idaho Department of Health and Welfare, is the lead agency for the Healthy Eating, Active Living (HEAL) Network.

CHAPTER 2: REVIEW OF THE LITERATURE

Introduction

In recent years, there has been an increased focus on improving the health status of residents of the state of Idaho. Research by the Idaho Department of Health and Welfare indicates that obesity is becoming a more prevalent health concern within the state. There is also a notably disproportionate representation of health disparities among lower income populations. The Healthy Eating, Active Living (HEAL) Network's purpose is to create an environment that will improve access to options and opportunities to make good nutritional choices and participate in physical activity. The Healthy Eating, Active Living (HEAL) Idaho Network has stated that the solution to the health disparities in Idaho requires a rigorous, collaborative effort from various organizations throughout the state. Through these collaborative efforts the HEAL Network seeks to create a community environment where all individuals living in Idaho value and have the ability to access resources necessary to maintain their health and well being.

Health Disparities in Idaho

The HEAL Framework defines a health disparity as being "large and persistent gaps in health status" (Healthy Eating, Active Living, 2011). Some of the persistent gaps could include variances in epidemiological items such as risk of disease, prevalence, incidence, morbidity, mortality, and other negative health outcomes. These variances could be due to unequal access to care or inadequate health care services being provided.

Differences and variations could be based on race, gender, ethnicity, socioeconomic status, education, language, or any of a variety of other health determinants.

Obesity in Idaho has become an increasingly prevalent health issue. The 2010 Idaho BRFSS showed that 62% of adult Idahoans are overweight or obese (Idaho BRFSS, 2010). Research has shown that the number of obese adults in Idaho has risen significantly in the past decade and does not show any indication of slowing down. Further research conducted in 2010 by the Idaho Department of Health shows that 1 in 3 children in Idaho are also overweight or obese (Healthy Eating, Active Living, 2011). In the state of Idaho, obesity currently rivals tobacco as the leading cause of preventable death, especially among lower income populations.

Healthy Eating, Active Living (HEAL) Idaho

Healthy Eating, Active Living Idaho was launched as a result of the Idaho's Bureau of Community and Environmental Health (BCEH) 2005 Idaho Physical Activity and Nutrition Statewide Needs Assessment. The findings of the 2005 study, along with CDC guidelines, were then used to develop a community health plan for Idaho. The plan was to serve as an action guide that included the implementation of the Healthy Eating, Active Living (HEAL) Network.

The intention of the HEAL Network is to focus on developing a comprehensive framework for implementing and advocating for healthy food and physical activity choices. At the initiation of the HEAL Network in June 2010, over 50 members came

forward to help in the initiative and now, nearly 2 years later, the network has grown to over 150 active members.

The FY2011-2013 HEAL Idaho Framework was released on May 18, 2011. The newly established framework will serve as both a guide and a set of benchmarks for HEAL Idaho Network activities for the 2011-2013 fiscal years. The network was then charged with the responsibility to both implement and advocate for the changes identified in the framework.

Vision and Purpose

The purpose of the HEAL Network, as stated within the 2011-2013 Framework document, is to "create an environment where all Idahoans understand and have access to healthy food options as well as places and opportunities to be physical active to improve their health and well-being" (HEAL Idaho, 2010). In addition to the statement of the purpose, the HEAL Network's vision is that "all Idahoans [will] have access to healthy food options, active lifestyles, and improved personal health and wellness supported by a coordinated statewide infrastructure."

Benchmarks of Success

In order to measure the success of the network, a series of benchmarks were established within the 2011-2013 HEAL Idaho Framework. These benchmarks include:

- Idaho children and adults report an increase in physical activity and healthy eating that promotes health and well-being.

- Recommended dietary and physical activity guidelines are followed by Idaho's children and adults to achieve healthy weight and prevention of chronic disease.
- The infrastructure is in place that supports all Idahoan's ability to eat healthy foods and be physically active.
- Healthy eating and active living efforts in Idaho are sustainable and utilize coordinated approaches.

Centers of Disease Control and Prevention Coalition Guidelines

Nutrition and physical activity programs that target obesity and other related chronic disease are a major emphasis of the Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO). The focus of the resources offered through the CDC is to improve the health status of Americans, facilitating change in the environments that we live, work, and play in. The objectives of these programs are to: decrease obesity prevalence, increase levels of physical activity, and improve the nutritional and eating behaviors of Americans. The CDC states that these objectives will be met through increasing physical activity and increasing the consumption of healthy food options, such as fruits and vegetables. There is also an effort to decrease consumption of sugar beverages and high-energy dense foods. Recommendations also include increasing activity, and decreasing screen time (i.e., television watching, video gaming, and computer time).

At this time, the DNPAO funds 25 state programs that target physical activity and nutrition. The goal of the program is ultimately to prevent and decrease the prevalence of obesity and other chronic diseases by creating environmental change through strategic, national public health efforts (Center for Disease Control and Prevention, 2011). The Idaho Healthy Eating, Active Living Network is not currently funded through this program, but is in the process of preparing for the upcoming 2013 grant opportunity.

Network Description

Healthy Living, Active Living (HEAL) Idaho is a voluntary network that works together to facilitate an environment where all individuals living in Idaho have the ability to access healthy food options and safe places to be physically active. Members of the HEAL network collaborate and share information and resources. The creation of partnerships and network collaboration occur both through web-based interactions via the HEAL Google Group and through four quarterly regional meetings and an annual statewide summit.

The purpose of the network is to provide members with access to tools for grassroots organizing and advocacy, educational opportunities, grants and funding resources, and a forum for development of new partnerships and collaborative relationships. HEAL Idaho operates under the Idaho Physical Activity and Nutrition Program (IPAN), which is part of the Idaho Department of Health and Welfare's Bureau of Community and Environmental Health. IPAN provides all the administrative support for HEAL Idaho, as well as facilitating all communications and fiscal management. One

of the goals of both the network and the Department of Health and Welfare is to reduce the barriers that prevent Idahoans from having adequate access to physical activity and healthy eating.

Along with facilitating a collaborative environment, HEAL Idaho Network also developed a framework, as described above. The purpose of the framework document is to provide goals and activities that seek to enable access to physical activity and healthy eating. Over 50 state-wide HEAL Network members, representing businesses, education, state and local government, nonprofit organizations, and the legislature, were involved in the development of the 2011-2013 Framework. Throughout the planning sessions for the framework, the members developed the goals, recommended actions, and activities for promoting the goals. The framework that resulted from this collaborative effort seeks to produce an environment that allows partnerships to be formed throughout the state of Idaho. This framework created a statewide initiative to make healthy lifestyle choices easier for individuals and communities in Idaho. Some of the specific recommendations provided in the framework include activities for schools and childcare providers, various stages of government, public, non-profit and private businesses, healthcare providers, planning groups, other coalitions, and individuals from the community. The HEAL Framework also seeks to ensure that the network goals and activities moves forward with a respect for the different ways that physical activity and nutrition are approached for various groups of people.

Healthy Eating, Active Living Framework

The major priorities of the HEAL Idaho Network are organized within the goals and recommended actions portion of the framework. The priority areas of focus are divided into three main categories. These include: infrastructure/capacity building, nutrition, and physical activity.

The infrastructure and capacity building area is divided into three separate goals. Within each goal is a series of recommended actions that incorporate build capacity, environmental change, and individual education through communication. The first goal for this area, as stated in the framework, is to develop and maintain an active, engaged network of partners working together, investing resources and expertise to create a healthier, more physical by active population. The second goal is to enact policies throughout Idaho that support healthy eating and active living. The third goal is to establish a system to report, monitor, and evaluate healthy eating and active living programs and initiatives.

The second goal category is nutrition, which includes four individual goals. The first two of which are to increase the availability and consumption of low-calorie, nutrient dense foods and beverages, while decreasing the availability and consumption of less healthy foods and beverages. The third goal is to decrease food insecurities within Idaho. The final nutrition-based goal is to increase breast-feeding initiation, duration, and availability of supportive environments in accordance with the American Academy of Pediatrics.

The third category of goals addresses increasing physical activity. The first goal for this category is to increase physical activity among children and adults to meet recommended guidelines. The second goal is to increase the quality and quantity of physical education and activity opportunities in all schools and childcare settings. The third goal is to increase the adoption of and participation in workplace wellness programs. The fourth goal is to decrease sedentary screen-time among Idahoans. This includes television, gaming systems, and computers. The fifth goal is to support the development and implementation of community plans including mixed-use designs that promote physical activity for all ages. The last goal is to increase the utilization of safe, accessible routes that support diverse modes of transportation within communities.

Social-Ecological Model

The socio-ecological model is the basis for the HEAL Framework. This model incorporates both the person and the environment as factors that affect change. It demonstrates how organizations, communities, built environment, policy, and the economy all play an important role in behaviors and health outcomes. In most cases, health interventions are focused on the individual making activity and nutritional changes. While this is not absent in the social-ecological model, it is placed in the context of system factors that also impact behaviors. Through the incorporation of environmental changes and policy, the individual behavior changes are more likely to be more sustainable.

Since many outcomes identified in the behavior change process are rooted within communities themselves, environmental factors can have a major influence on the effectiveness of coalition activities (Butterfoss et al., 2006). Coalitions frequently utilize the social ecological model to identify health determinants and develop initiatives to target populations or communities (Zakocs & Edwards, 2006). The ecological model is a fitting theory for the development, implementation, and evaluation of coalitions, as it accounts for the built environment at various levels, the political climate, the current health issues, demographics and other key factors that can impact community change infrastructures.

Community Coalitions

Over the past twenty years there has been an increase in the number of community health coalitions (Zakocs & Edwards, 2006). The presence of community coalitions is important because of the increased potential they generate to accomplish greater goals and widespread outreach, as compared to a single individual or organization working to address a problem (Cohen et al., 2002). Such health coalitions are generally comprised of members representing a range of interests, including local government officials, various private and public sector organizations and agencies, and individual citizens (Zakocs & Edwards, 2006).

Types of Coalitions

Research conducted by Butterfoss et al. in 1993 indicates that all community coalitions can be categorized into one of three broader coalition types or categories. The three major categories include grassroot coalitions, community-based coalitions, and network coalitions. These groupings are based on how and why the coalition was developed, and the coalition's goals and proposed longevity. Grassroot coalitions are usually started by volunteers to achieve a specific purpose, usually related to a pressing political issue. Community-based coalitions are formed by any combination of individuals, professionals, community leaders, grassroots leaders, organizations, or agencies. Such coalitions are typically developed with long-term sustainability in mind and are focused on dealing with the broader health problems that exist within the community. The third type of coalition is a network coalition, which facilitates the collaborative partnerships between individuals and groups as they share resources in an effort to reach common goals or benchmarks (Butterfoss et al., 1993).

Purpose of Coalitions

The development of community health coalitions can strengthen the potential for a variety of community-based health improvements. Some of the advantages of community coalitions include:

- Conserving resources through minimizing the number of repeat services
- The ability to extend program reach
- Accomplishment of objectives beyond that of a single organization or agency

- Greater credibility
- Provision of opportunities and forums for sharing information
- Facilitation of the exchange of advice and perspective for the lead agency
- Increased cooperation between grassroots organizations, community members and larger organization or agencies
- Increased community effort and involvement and the recruitment of diverse groups and individuals (Butterfoss et al., 1993; Cohen et al., 2002).

Developing and sustaining coalitions is often a more difficult task than some researchers and community leaders realize (Zakocs & Edwards, 2006). Given the difficulty of forming a coalition, the successes and failures of coalitions should be examined to determine the most effective, evidence-based building actions needed to produce the desired type of coalition before moving forward (Foster-Fisherman et al., 2001; Cohen et al., 2002; Cramer et al., 2006; Zakocs & Edwards, 2006).

Effective Coalitions

Community health coalitions have an essential role in both identifying and assembling a response for addressing community health needs and disparities (Foster-Fisherman et al., 2001). The collaborative partnerships that are facilitated through coalitions are frequently employed to promote a coordinated response to complex social issues that require a multi-faceted approach (Allen, 2005). For a coalition to effectively create change within a community, a dynamic, adjustable, and transferable approach should be utilized (Foster-Fisherman et al., 2001).

Core Elements

Previous research suggests that the key components to an effective coalition include a commitment to purpose and mission, effective leadership, satisfied members, effective members recruitment strategies, well-developed infrastructure that focuses on sustainability, successful collaborative relationships, frequent program evaluation, research-based theory and methods to continually assess and provide feedback for coalition progress (Butterfoss et al., 1993; Foster-Fisherman et al., 2001; Green et al., 2001; Wolff, 2001; Cohen et al., 2002; Allen, 2005; Crawford, 2005; Butterfoss et al., 2006; Cramer et al., 2006; Lachance et al., 2006; Zakocs & Edwards, 2006). Through enhancing core competencies, coalitions create the collaborative environment that is needed to successfully impact community health problems (Foster-Fisherman et al., 2001).

Goals and Frameworks

Community health coalitions that experience greater successes are those that demonstrate development and adherence to a shared vision, mission statement, and goals (Cramer et al., 2006; Allen, 2005). The main function of a coalition is to unite different individuals and groups through a shared purpose or through striving to achieve a shared outcome. Studies have shown that it is important for coalitions to develop a clear framework (Cohen et al., 2002). The framework should offer a variety of well-defined activities that can be utilized as a guide for collaborative partners to reach the coalition's goals and objectives (Cohen et al., 2002).

Since a majority of community health coalitions are multi-purpose, it is essential that they have a framework of goals and objectives for directing interventions at various levels of the communities in which they are active (Butterfoss et al., 1993). The more direct the framework is in relating goals and activities to one another, the more successful the outcomes will be (Cohen et al., 2002).

Effective Leadership

A well-developed organizational leadership strategy is essential to the effectiveness and sustainability of any coalition. As a result, the presence of strong leaders and structured steering committees is fundamental to success (Foster-Fisherman et al., 2001; Allen, 2005). The purpose of the leadership is to provide goals, guidelines and activities in the form of a framework or detailed work plan that can be made available to those involved in the collaborative efforts of the coalition (Foster-Fisherman et al., 2001).

Research has shown that regardless of the size and complexity, there must be leaders who exemplify qualities that will aid in successfully organizing and effectively managing the coalition (Butterfoss et al., 1993). Leadership qualities should include the ability to support other members, competency in negotiation and problem solving, appropriate experience and education in leadership, political knowledge, and commitment to the coalition's goals (Butterfoss et al., 1993; Allen, 2005; Cramer et al., 2006).

Establishing Leadership

The establishment and replacement of leaders are also important processes. In order to be most effective, leaders must be viewed as credible and qualified by the members of coalition (Foster-Fisherman et al., 2001). As a result, efforts should be made to ensure that whenever possible, coalition leaders are chosen from within the coalition. Research on coalition success indicates that this practice promotes a sense of member participation and investment in the coalition's leadership, which has been shown to increase coalition sustainability (Cramer et al., 2006).

Effective Membership and Definition of Roles

A coalition's membership is an invaluable resource and should be viewed as a major asset (Butterfoss et al., 1993; Foster-Fisherman et al., 2001). Without members there would be no coalition, thus keeping members as active participants is important for coalition sustainability. A study conducted by Butterfoss et al. revealed that when members are more actively involved and responsible, they take on more ownership and as a result experience higher levels of membership satisfaction (Butterfoss et al., 1993). Research indicates that in addition to high levels of member satisfaction, effective coalitions also have variety in their membership that allows for increased access to resources and a more diverse range of skill and knowledge (Foster-Fisherman et al., 2001).

Membership Roles

When assessing and determining membership composition, it is important to be able to make a differentiation between stakeholders and members, as well as be able to differentiate their level of activity within the coalition (Allen, 2005). The membership can be determined by the level of involvement and the number of roles that the individual or organization has within the coalition (Butterfoss et al., 1993). To maintain member satisfaction, the perceived "costs" of being a member must be offset by the perceived benefits (Butterfoss et al., 1993). The study conducted by Butterfoss et al. also concluded that higher member satisfaction increases the commitment, investment, and collaborative involvement of the members (Butterfoss et al., 1993).

Membership Composition

In the business world, a significant factor that contributes to an unproductive meeting is the presence of the wrong people (Cohen et al., 2002). This dynamic is the same in community health coalitions and networks. Research has shown that a major factor that contributes to the effectiveness of any coalition is the recruitment and sustained involvement of the right people (Cohen et al., 2002). Successful coalitions extend membership to those who will help to further the coalition's goals and mission (Cohen et al., 2002). When determining who should be a part of the membership, the first step should be identifying organizations that are already actively involved in reaching goals of the coalition (Cohen et al., 2002). Once that core group has been established, it is then important to begin extending membership invitations to those who should be

involved, would be supportive, and potentially even to those who are presenting an obstacle for reaching goals (Cohen et al., 2002). The membership group should also, ideally, include representatives from organizations and agencies as well as individuals from the community. These individual members could be leaders within the community, community members that are both affiliated and not affiliated with other community programs, and individuals who have directly experienced the problem(s) being addressed by the coalition (Cohen et al., 2002).

When extending membership invitations, it is crucial to also consider the level of membership that should be given to those who join. There should be a differentiation made between "official," active members, and those who are casually affiliated with the coalition (Cohen et al., 2002). This is especially important when determining which members should be involved in decision-making, goal, objective, and framework development (Cohen et al., 2002).

Member Interactions

The member's capacity to effectively collaborate is an important asset to the coalition. The skill set for being an effective collaborator can include: the ability to work with others, demonstrating respect towards other members, use of conflict resolution, good communication skills, the ability to create and build effective programs, the ability to assist in building effective infrastructure, and the ability to assist in appointing competent leadership (Foster-Fisherman et al., 2001).

Members of effective coalitions have positive attitudes about themselves, their experiences and involvement within the coalition. Members must also have a positive attitude regarding partnerships with coalition members, stakeholders, and community members (Foster-Fisherman et al., 2001). Overall, if members are to remain active they must perceive that the benefits of being involved outweigh the costs of participating (Butterfoss et al., 1993; Foster-Fisherman et al., 2001; Cohen et al., 2002; Butterfoss et al., 2006; Zakocs & Edwards, 2006).

Member Satisfaction

Member satisfaction also plays a role in how effective the outcomes of the activities will be. Studies have shown that if the members are proud of their accomplishments, then they will be more likely to contribute and continue being active in the coalition in the future (Cohen et al., 2002).

To further facilitate high member satisfaction, it is important that each stakeholder and member is able to maintain their own unique voice and vantage point as they participate within the coalition (Allen, 2005). Providing quality support for members improves member participation and increases member access to essential resources and information, which in turn increases the level of satisfaction within members (Foster-Fisherman et al., 2001).

Effective Infrastructure

The infrastructure of a coalition is the cornerstone to its longevity (Foster-Fisherman et al., 2001). Infrastructure refers to the organizational structure or framework on which a coalition is established. Existing research suggests that coalitions develop and grow in stages (Butterfoss et al., 2006). Effective coalitions have a strong infrastructure that empowers both its leaders and its members (Cramer et al., 2006). Coalitions change over time and for various reasons. Most often those changes can be attributed to variation within the membership, implementation of new frameworks, and the introduction of new health issues (Butterfoss et al., 2006). As a result, the coalition infrastructure should have qualities of both flexibility and sustainability (Zakocs & Edwards, 2006; Cohen et al., 2002).

Studies suggest that effective coalitions request that members surrender some of their own agendas in order to advance a common set of coalition framework goals (Cramer et al., 2006; Butterfoss, 2007). In turn members expect to benefit from the collaborative network of new connections, shared information and resources, and extended reach (Cramer et al., 2006).

Coalitions that experience the most successful results have committees and groups that are actively involved in planning for and participating in coalition activities between meetings and events. The formality or informality of these groups differs, depending on the objectives, goals, and general infrastructure of the coalition, and often members in these committees and groups have varied levels of involvement (Cohen et al., 2002).

Effective support, provided by the coalition, is also an important contributing factor. Research suggests that there are two different types of support that members can be offered (Foster-Fisherman et al., 2001). The first is support that focuses on facilitating an environment in which the members are given opportunities to explore their core competencies, knowledge, and expertise through learning experiences and workshops (Foster-Fisherman et al., 2001). The second type is providing collaborative, inclusive support through meetings, facilitating active involvement and participation in reaching goals and providing other various contextual supports (Foster-Fisherman et al., 2001). Providing quality support for members improves member participation, and increases member access to essential resources and information (Foster-Fisherman, 2001).

Coalition Size

Coalition size can be a major limiting factor. Limitations arise when the number of partners increases to a number that causes the coalition to become too complex (Green et al., 2001). This can then lead to the decay of the coalition (Green et al., 2001). Research suggests that the addition of more organizations and agencies does not directly translate to more power and increased reach and effectiveness. Often, instead of increasing power, adding too many partners actually diffuses the power and increases the complexity of the partnerships, both new and old (Green et al., 2001). As a result, it is important that community coalitions guard against pitfalls, such as the aforementioned size and complexity, which may result in decreased effectiveness.

In addition to coalition size, there are numerous other infrastructure components that should be considered. Working with a whole community means providing an opportunity for contact with every individual and organization within a community (Wolff, 2001). Civic engagement builds new social capital for the community. It is also important to understand the importance of building community norms that encourage the engagement of all the residents (Wolff, 2001). Local models have used entrepreneurs in the community as incubators of social change. Entrepreneurs, as well as other local individuals, can be helpful in grassroots activities and advocacy, especially at local levels. Grassroots engagement within a community can create a revolution through creating new leaders that will be the legacy of community coalitions and the interventions that they bring (Wolff, 2001).

Advocacy Groups

Advocacy is an important component that seeks to identify areas that are in need of change and then identify and reduce barriers that may be preventing that change from occurring (Wolff, 2001). Advocacy is often the direct result of the activities carried out by community coalitions. Effective advocacy is an important change tool that is regularly utilized by successful coalitions. Governance changes are also important to enable coalition development. These changes include the possibility of shifting some of its power and responsibility over to communities that then must development holistic methodologies for dealing with the change (Wolff, 2001).

Coalition Composition

It is crucial to incorporate diversity into the vision and mission of the coalition. It creates a sense of wholeness and creates a necessary foundation for the coalition partnerships (Wolff, 2001). Diversity must be part of the agenda for social change to be successful. Research has shown that health-related coalitions and initiatives are most effective when their membership is representative of the diverse population of the target community. Increasing membership diversity can add to the shared community vision, improve citizen participation, enhance the coalition's community perspective, and build on the capacity to pool assets and resources (Wolff, 2001).

Effective Collaborative Relationships

Collaboration is defined as being the complex interaction and partnering that has become a revolutionary concept for success (Wolff, 2001). The interactions facilitated in a collaborative environment allows for volunteers, agencies, and organizations to come together in partnership with one another (Green et al., 2001). Research suggests that partnerships play an important role in encouraging exchanges and developing integrated approaches within collaborating organizations (Allen, 2005). The ultimate goal of collaboration is to develop the partnerships needed to achieve goals outside of the reach of the single individual or organization (Foster-Fisherman et al., 2001). Research has shown that the most effective coalitions are those that work to build successful collaborative relationships, and networks that then help to facilitate effective partnerships (Cramer et al., 2006).

Research on collaborative efforts suggests that they can either serve as successful partnership catalysts or as barriers to success, depending on how they are implemented (Allen, 2005). However, it is important to remember that even when parties agree on a shared mission that does not mean that the partnership will always be free of conflict (Allen, 2005). This is when effective conflict resolution and leadership can play an important role in maintaining collaborative relationships (Butterfoss et al., 1993; Cramer et al., 2006).

Partnerships and coalitions are essential in health promotion for the development of programs and participation in research efforts (Green et al., 2001). These collaborative efforts are fundamental because a single agency does not have the resources, access, or relationships to expand their reach to the wide array of determinants that impact community health problems (Green et al., 2001). For partnerships to be successful they must be able to agree on mission, goals, and outcomes, building on identified strengths and resources, have clear communication, utilize feedback from all partners, incorporate a government structure that establishes a common understanding of goals and how to proceed, have positive relationships with local leaders and funders, and use existing structures (both physical and collaborative) as avenues for coming up with solutions and initiative planning and development (Green et al., 2001). Successful partnerships also focus on increasing the self-efficacy of involved agencies and organizations by giving them the tools and identifying guidelines for reaching community health goals that have been outlined by the coalition (Green et al., 2001).

Collaboration by nature is a process that requires access to both networking opportunities and communication tools. As a result, research studies recommend that coalitions should have an organized, internal system that allows members to communicate and share information and resources with ease (Foster-Fisherman et al., 2001). An open communicative environment that allows members to connect with other members has been shown to increase member satisfaction, increase commitment to the coalition, and increase overall effectiveness of the coalition (Foster-Fisherman et al., 2001).

Research also suggests that the most successful coalitions are those that focus on creating positive relationships, both internally and externally (Cramer et al., 2006; Foster-Fisherman et al., 2001; Butterfoss et al., 1993). Effective establishment and maintenance of both types of partnerships is important for coalition success (Butterfoss et al., 1993; Cramer et al., 2006; Foster-Fisherman et al., 2001). The connections established with whole communities, often outside the coalition itself, are especially important if community-wide changes are to be successful.

Internal relationship building is important because it focuses on facilitating a networking environment where members are able to identify with and unite through a common set of goals or mission (Foster-Fisherman et al., 2001). External relationship building is also essential because it facilitates the expansion of the coalition's network structure, increases the visibility of the coalition, and generative awareness within the community and increases the sustainability of the coalition itself (Foster-Fisherman et al., 2001).

The collaborative sharing of resources, both public and private, has also helped to reduce the duplication of services while maximizing an ecological approach to community health programming (Green et al., 2001; Cramer et al., 2006). Partnerships can also enable members to explore more innovated approaches, become involved in issues of interest without becoming overburdened as the sole contributor, and create a larger critical mass to be used for creating community change and action (Green et al., 2001). Collaborative partnerships can also create a comprehensive culture for community health efforts that allow for many positive experiences for each individual, organization, and agency involved. These positive experiences can include increased shared decision-making, increased member diversity, empowerment, more cohesive environments, increased member satisfaction and retention, and an overall increase in the success of programs being implemented (Foster-Fisherman et al., 2001).

Coalition Sustainability

Clearly outlined and distributed frameworks, goals, and objectives are important factors in ensuring the effectiveness, as well as the longevity and sustainability of a community health coalition (Cohen et al., 2002). However, studies have shown that although it is important to have long-term goals in mind, they can often become a limiting factor that may jeopardize sustainability and longevity of the coalition if the purpose and goals become unobtainable (Cohen et al., 2002).

Maintaining vigor and strength of the coalition between meetings is crucial to the sustainability of the coalition. Studies conducted by Cohen et al. (2002), suggest several

methods that can be utilized to maintain vitality of the coalition. The first is distributing the power and leadership among the members. Giving members leadership roles allows for a greater level of ownership, commitment, and collective networking components of the coalition. Active involvement in identifying and recruiting new members also increases a sense of ownership. A final method to increase and maintain vitality within the coalition is to give members an opportunity to actively participate in sharing and celebrating successes they have experienced (Cohen et al., 2002). Research suggests that sharing the commitment and resources, contributes greatly to the reach and sustainable future of a community collation (Green et al., 2001). The advantage of this type of collaboration is two-fold, in the sense that it not only increases the member morale but it also shows that addressing the problem is essential and successes are occurring as a result of member activities (Cohen et al., 2002).

Results-Orientated Evaluation

Evaluation is also an important component for coalition sustainability. Feedback mechanisms allow for successes to be highlighted and provide input regarding improvements to be made (Cohen et al., 2002). There are two basic types of evaluation that a coalition should undergo, depending on where the coalition is in the program continuum (Cohen et al., 2002). The two main types of program evaluation are formative or process assessment and summative or outcome assessment.

Community coalitions benefit greatly from a continuous response to evaluation results and member feedback (Foster-Fisherman et al., 2001). An effective formative

evaluation that captures the current status of a coalition needs to be developed. The evaluation development should take into consideration the core competencies of effective coalitions, the framework, and goals of the coalition itself as well as the processes that provide the best evidence-based outcomes (Foster-Fisherman et al., 2001). While research indicates that there is no single best way to develop and implement a coalition, there is substantial research and theories that address the core competencies of a successful coalition (Foster-Fisherman et al., 2001).

As a result of the increasing number of coalitions and collaborative networks being formed, there is a need to establish a set of evidence-based guidelines for coalition evaluation (Cramer et al., 2006). Studies completed over the past two decades have often been inconclusive and even negative about coalition effectiveness. However, recent meta-analysis of those studies suggests that the major drawbacks of those studies have been a combination of the lack of appropriate, fitting theories coupled with hindrances and validity related to the methods and instruments used to evaluate them (Lachance et al., 2006). Without grounded theory, such coalition evaluations become invalid. Thus, there is a need for effective, reliable, theory-based research to be completed. However, before outcome or summative evaluations can be completed, regular process or formative assessments must be conducted.

The partnerships between agencies and organizations within the coalition are also important during evaluation and research because it reduces biased or limited perspectives and allows for a more diverse set of contributing experiences (Green et al., 2001). If community health coalitions are to be successful contributors in the future, then

in addition to being reliable, valid, theory-based and well-documented, research should also be representative of the perspectives of the members and partner organizations, agencies and coalitions (Butterfoss et al., 1993).

Summary

Health outcomes in Idaho, specifically related to obesity and healthy lifestyles, create persistent gaps in the health status of many Idahoans. These outcomes could be due to various environmental factors or perceived barriers to receiving appropriate health care services. The socio-ecological model is the model on which many community health interventions, including the HEAL Idaho Network, are based. The socio-ecological model includes the individual and the environment as both being important factors to consider when assessing the effects of change.

It can be seen through the provided literature review that health coalitions have the potential to create change within communities and populations. Research has shown that effective coalitions play an important role in both identifying and responding to community health needs. Effective coalitions are those that exhibit qualities that allow for a dynamic, adjustable, and transferable approach. Through the enhancement of core competencies, coalitions can create a collaborative environment that can successfully impact community health issues.

The present study was an attempt to utilize past research to identify the core competencies present in an effective community health coalition and then determine member's level of satisfaction with HEAL's approach to fulfilling each component.

CHAPTER 3: METHODOLOGY

Introduction

The assessment activity conducted for the Healthy Eating, Active Living Idaho was a member satisfaction survey. The purpose of the member satisfaction survey was to assess the member's perceptions and satisfaction with various components of the Healthy Eating, Active Living (HEAL) Network. The components that were assessed are those that are present in health programs, organizations, and coalitions that have been shown to be successful and sustainable.

Research Design

A formative program evaluation approach was used as an initial analysis of how satisfied members were with the current development and components of the HEAL Network. Formative strategies were selected because the Healthy Eating, Active Living (HEAL) Network in Idaho is in the implementation stage of program development. The network is currently facilitating and modifying activities to best suit the growing needs of their members. The goals of a formative evaluation are to determine what is currently occurring and provide insight into ways to continue to improve those operations (Center for Disease Control and Prevention, 2010). Since this research study utilized human subjects, the research design and methods were submitted to and approved by the Boise State Institutional Review Board (Appendix C).

Member Survey

The HEAL member satisfaction survey was adapted from the Coalition Member Survey that was developed by Francis Dunn Butterfoss and his research team in 2007. The purpose of the following survey was to allow members the opportunity to rate their satisfaction with the components of the network:

- Planning and implementation
- Network leadership
- Network involvement both locally and statewide
- Communication methods
- Individual member participation
- The network's current progress and outcomes.

Since the survey used in this study was a modified version of a previously developed tool any changes made to the instrument may have impacted the validity of the findings, as a result the survey was pilot tested at each stage of development. The individuals involved in the pilot testing were from the Idaho Department of Health and Welfare. During the pilot testing, question 12, which relates specifically to the utilization of the HEAL Idaho Framework, was officially added to the survey. The final survey was a 14 question member satisfaction survey customized to assess the satisfaction of HEAL Idaho Network members. The survey was uploaded to Qualtrics, a web-based survey tool, and pilot tested again by employees and individuals from the Idaho Department of Health and Welfare.

In the Healthy Eating, Active Living Network Member Satisfaction Survey (Appendix B), the respondents were asked to provide information related to the type of agency or organizations they were involved with, the duration of their membership with HEAL, the number of network meetings that had attended, and the level of involvement they had within the HEAL Network. The survey consisted of five general demographic questions, followed by eight Likert-like questions, that assessed member satisfaction. The eight member satisfaction questions were divided into more specific sub-components that research has indicated are present in evidence-based, successful, and sustainable organizations.

Studies have revealed that an instrument, like this survey, is most effective when given to many individuals with varying perspectives on the coalition (Butterfoss, 2007). As a result, the survey was distributed to all individuals included in the HEAL database.

Participants

The sample population was a convenience sample of members of the Healthy Eating, Active Living (HEAL) Google group. The survey was distributed to all HEAL Idaho Network members who had provided their email address to the HEAL Network since it began in June 2010. As of January 2012, there were approximately 150 unique email addresses in the HEAL Google Group email database.

Procedures

The survey was distributed through email to each member included in the HEAL Google Group. The entire HEAL member database received a recruitment email, which included a brief description of the purpose of the study and provided the link to the survey (Appendix A). The participants could access the survey link during a 12-day period, from Monday, February 27, 2012, through Friday, March 9, 2012. The survey was activated at 12am on a Monday and after the survey was open for 4 business days, a follow-up email was sent out to all participants to remind them, if they had not already done so, that their input was still needed (Appendix A). A final reminder was sent after the survey had been active for 9 days, to remind members that they had until the end of that business week to complete the survey (Appendix A).

To maintain the privacy and confidentially of all HEAL Idaho members, all survey information was collected anonymously and no identifying information was obtained. All of the collected data was stored in the Qualtrics online database until all the end of the active survey period. After the data collection was complete, the results were downloaded to the program evaluator's computer.

Statistical Analysis

After data was collected, it was uploaded to IBM's Statistical Package for Social Sciences (SPSS) for statistical analysis. Frequencies were analyzed and compiled for each of the demographic questions to create a summary of member demographics.

For each of the 8 member satisfaction components, several analyses were completed. The 8 main components were analyzed for frequency distributions, such as mean and median score, and a composite was generated for each. Frequency distributions were also calculated based on each of the subcategories that were listed under each component. Analysis of selected demographic variables and components was also conducted.

CHAPTER 4: RESULTS

The Healthy Eating, Active Living (HEAL) Network Member Survey was completed by 37 participants (n=37). This represents a response rate of 24.6%, based on the number of email addresses in the HEAL Google Group email database. All the participants were residing in Idaho and had been involved with the Healthy Eating, Active Living Network at some level. Since the survey was distributed through the HEAL Google Group, all network members were given an equal opportunity to participate in the survey.

Demographics

The respondents (n=37) were asked to provide the zip code that corresponds with the location of their place of work. The survey data revealed that 67.7% worked in the Treasure Valley/Southwest Idaho, 21.6% worked in Eastern Idaho, and 10.8% (n=4) worked in Northern Idaho (Table 4.1).

Table 4.1

Respondent Geographic Distribution

Geographic Location	n	Percent
Southwest Idaho/Treasure Valley	25	67.6
Eastern Idaho	8	21.6
Northern Idaho	4	10.8
Total	n=37	100.0

The survey also collected information about the type of agency or organization the respondent was associated. The data revealed that approximately two-thirds of the respondents were associated with either education (29.7%) or government (32.4%). Other organizations represented in the sample included medical services, community programs, transportation, students, and other non-profit organizations (Table 4.2).

Table 4.2

*Agency or Organization Involvement**

	n	Percent
State Government	10	27.0
County/City Government	2	5.4
Education	11	29.7
Medical Services	4	10.8
Transportation	1	2.7
Community Programs	3	8.1
Other (Please Specify)	9	24.3

**Participants were encouraged to check all that applied.*

The Healthy Eating, Active Living (HEAL) Network has been active since June 2010. As a result, some members were relatively new to the network, whereas some members had participated for a longer period of time. To determine the membership distribution, survey respondents were asked to provide information about the longevity of their network membership. All respondents indicated that they were current HEAL members. Of the respondents, 62.2% had been members for more than one year, see Table 4.3 for additional information.

Table 4.3

Distribution of Membership Duration

Membership Duration	n	Percent
Less than 3 months	2	5.4
3-6 months	7	18.9
7-12 months	5	13.5
More than a year	23	62.2
I am not currently a member of the HEAL Network	0	0.0

HEAL Network collaborative efforts occur through network meetings. These meetings occur several times each year and allow members to attend a conference-type collaborative event or workshop. Seventy-three percent reported attending at least one network meeting. Of those reporting some level of participation, 46% had attended at 2-3 meetings, 16.2% had attended only one meeting, and 10.8% had attended more than 3 meetings. Eight percent had not attended a network meeting yet, but planned to attend the next one, see Table 4.4.

Table 4.4

Network Meeting Attendance

	n	Percent
None	7	18.9
None, but I plan to attend that next meeting	3	8.1
1 meeting	6	16.2
2-3 meetings	17	46.0
More than 3 meetings	4	10.8
Total	N=37	100.0

In addition to attending network meetings, there are several other ways for members to become involved with the HEAL Network. Respondents were asked to

identify their level involvement with the HEAL Network. The majority, 91.9%, reported receiving email communications, 75.7% were active in the HEAL Google Group, 67.6% attended meetings, 37.8% utilized the HEAL Framework, and 2.7% participate in the Childhood Obesity Work Group (Table 4.5).

Table 4.5

*Member Involvement**

	n	Percent
Receive emails	34	91.9
Member of the HEAL Idaho Google Group	28	75.7
Attend Meetings	25	67.6
Utilize the Framework	14	37.8
Participate in the Childhood Obesity Work Group	1	2.7

**Participants were encouraged to check all that applied.*

Member Satisfaction

The member satisfaction portion of the survey was separated into questions related to one of the 8 main components of effective coalitions. Results were analyzed individually on each component and also as a composite summary of each component. The final summary includes a single composite score for each of the 8 components. A more detailed analysis of the results for each component and subcategory are included Appendix D. Figure 4.6 shows a breakdown of the mean score range for the satisfaction scoring.

Table 4.6

Scoring Breakdown

Score Range	Level of Satisfaction
1.0-1.4	Very Dissatisfied/Strongly Disagree
1.5-2.4	Dissatisfied/Disagree
2.5-3.4	Neutral
3.5-4.4	Satisfied/Agree
4.5-5.0	Very Satisfied/Strongly Agree

Member Satisfaction: Planning and Implementation

The planning and implementation component of the survey was divided into four subcategories. Overall, respondents were satisfied (mean score = 3.77 on a 5-point scale) with the planning and implementation of the HEAL Network (Table 4.7). The mean satisfaction score for each of the individual subcomponents was between 3.5 and 4.4 on a 5-point scale. These scores indicated that respondents were satisfied with the HEAL Network's efforts to promote collaboration, planning and processes, training and technical services, and follow through on goals; see Table 4.7 for a more detailed summary.

Table 4.7

Planning and Implementation of the HEAL Network

	Mean	N
Efforts to promote collaboration	3.97	37
Planning and process used to prepare the HEAL Network's goals and recommended actions	3.83	36
Training and technical services provided by the state staff	3.65	37
Follow through on the HEAL Network's goals	3.64	36
Total	3.77	

Member Satisfaction: Leadership

The effectiveness of the leadership component was divided into three subcategories. An overall mean satisfaction score of 3.89 revealed that the respondents were satisfied with the leadership of the HEAL Network (Table 4.8). Satisfaction with the three leadership characteristics were ranked in the following order: commitment of the network to build and sustain a diverse membership, the strength and competence of the Idaho Physical Activity and Nutrition (IPAN) staff and HEAL facilitator, and the opportunities for the network members to take on leadership roles.

Table 4.8

Leadership of the HEAL Network

	Mean	N
Commitment of the Network to build and sustain a diverse membership	4.03	36
Strength and competence of the IPAN staff and HEAL facilitator	4.00	36
Opportunities for the Network members to take on leadership roles	3.64	36
Total	3.89	

Member Satisfaction: HEAL Involvement Locally and State-Wide

The involvement of the HEAL Network component was divided into five subcategories. These subcategories include perceptions on involvement of the HEAL Network both through internal and external collaborative opportunities. The overall results for this component revealed that the respondents were satisfied, with mean satisfaction score of 3.69; see Table 4.9. The only subcategory for the involvement

component that was below a satisfied score was the subcategory dealing with the help that the HEAL Network provides for local communities to become better at resolving and addressing concerns. This subcategory received a mean score of 3.39, or a neutral level of satisfaction.

Table 4.9

Involvement of the HEAL Network

	Mean	N
Location of Network meetings and workshops	3.81	36
Participation of influential people from key sectors and the organizations	3.78	36
Collaboration with local communities/coalitions	3.78	36
Frequency and duration of the Network meetings	3.67	36
Help given to local communities to become better able to resolve and address their concerns	3.39	36
Total	3.69	

Member Satisfaction: Communication

Communication is an important component of the HEAL Network's effectiveness. The communication component focused on perceived satisfaction with the methods of communication utilized by the HEAL Network and was divided into five subcategories. Overall, members were satisfied with the methods of communication (Table 4.10). The only subcomponent that fell below a "satisfied" rating was communication between the network members and the broader community.

Table 4.10

Communication Methods

	Mean	N
Communication between Network members and the IPAN staff	4.08	36
Information provided about available resources	3.94	36
Communication among members of the Network	3.75	36
Extent to which the Network members are listened to and heard	3.54	35
Communication between the Network and the members of the broader community	3.37	35
Total	3.74	

Member Satisfaction: Member Participation

The individual member experience and participation within the network component had 11 subcategories. The overall mean score for this component was a 3.74, indicating that members were satisfied with their experience as a HEAL Network member. Members perceived that they had a voice in what the Network decides and they really cared about the future of the HEAL Network, that they felt that their time was well spent, that they were well informed, and that their interest in the network is generally high. Findings related to satisfaction with meetings indicated that members felt that meetings stayed on task, were run smoothly, and that routine matters were handled quickly. Members were neutral about whether or not their abilities were being used and were unclear about their individual role within the network. Perceptions related to satisfaction with what the network has accomplished were also neutral; see Table 4.11.

Table 4.11

Member Participation

	Mean	N
I feel that I have a voice in what the Network decides	4.21	36
I really care about the future of the Network	4.21	36
Network meetings run smoothly	3.90	36
Interest is generally high	3.84	36
Routine matters are handled quickly	3.69	36
My time is well spent on the Network	3.68	35
Members seem well-informed	3.63	35
Members stay on task	3.53	36
I am satisfied with what the Network has accomplished	3.44	35
I am usually clear about my role in the Network	3.28	36
My abilities are used effectively	3.25	36
Total	3.74	

Member Satisfaction: HEAL Framework

This component focused on member's use, experiences, and understanding of the HEAL Framework. Unlike previous components, this component and its subcategories were based on a disagree/agree Likert-like scale, with a score of 1 indicating strong disagreement with the statement and a score of 5 indicating strong agreement with a statement (Table 4.6). The overall mean score for statements about the use and experience with the HEAL Framework was 3.42, which indicates that members were neutral about the use of the HEAL Framework (Figure 4.12). Two respondents indicated that they were not familiar with the framework.

The results indicated that members agreed they understood how to use the HEAL Idaho Framework and had used the framework in their work and had shared it with others. Even though members said they used the framework in their work, they were

neutral about whether it not it has changed the focus of their work. Respondents were also neutral about whether they felt included in the development of the HEAL Framework.

Table 4.12

Experience with the HEAL Framework

	Mean	N
I understand how to use the HEAL Idaho Framework	3.69	36
I have used the HEAL Idaho Framework in my work	3.50	36
I have shared the HEAL Idaho framework with others	3.50	36
I felt included in the HEAL Idaho Framework's development	3.44	36
The HEAL Idaho Framework has changed the focus of my work	2.97	36
Total	3.42	

Member Satisfaction: Progress and Outcomes

Respondents were also asked to indicate how satisfied they were with the HEAL Network's progress and outcomes. The satisfaction score for this component was a 3.50, which falls within the satisfied range (Table 4.13). All the mean scores for the six subcategories of this component were between 3.46 and 3.57, which is within the satisfied score range. The subcategories for which participants indicated satisfaction, starting with the highest mean score include: the network's efforts to sustain itself over time, the capacity of the members to support each other, the capacity of the network and its members to advocate effectively, and the network's contribution to improving health/human services in the region or the state. Perceptions of the progress the network

is currently making towards meeting its objectives and generating resources for the network were neutral, which satisfaction scores of 3.46 and 3.43, respectively.

Table 4.13

Network Progress and Outcomes

	Mean	N
The Network's ability to sustain itself over time	3.57	35
Capacity of the members to support each other	3.51	35
Capacity of the Network and its members to advocate effectively	3.51	35
Network's contribution to improving health/human services in the region and/or state	3.51	35
Progress towards meeting the Network objectives	3.46	35
Success in generating resources for the Network	3.43	35
Total	3.50	

Member Satisfaction: Perceived Impact on Health of Idahoans

The last question on the member survey asked the respondents to answer two items related to the impact and the success of the HEAL Network. Overall, this component received a mean score of 3.94, with respondents being "somewhat certain" that the goals of the HEAL Network will improve the health outcomes in Idaho and that the people of Idaho are better off because of the efforts of the HEAL Network.

Table 4.14

Perceived Impact on Health of Idahoans

	Mean	N
The goals of the HEAL Network will improve the health outcomes in Idaho	3.94	36
The people of Idaho are better off because of the efforts of the HEAL Network	3.94	36
Total	3.94	

Summary of Results

Overall, the mean satisfaction scores for each component (Table 4.15) indicate that the members of the HEAL Idaho Network are satisfied with the current status of the network's successes, leadership, planning and implementation, communication methods, level of member involvement within the network, local and statewide network involvement and the progress and outcomes of the network. The HEAL Framework mean satisfaction score indicated that the members were neutral about their experience using the framework, specifically in areas dealing with its impact on their daily work, their involvement in the framework development, and progress towards goals. Further analysis of demographics and correlations within the components was conducted but no significant correlations were found between demographics and member satisfaction.

CHAPTER 5: DISCUSSION AND CONCLUSIONS

In recent years, there has been an increased focus on improving the health and well-being of Americans. The focus of local, state, and national government has been directed at eliminating health disparities. However, government is not the only place where health has become a point of emphasis. Many agencies, organizations, businesses, schools, health care providers, and the aspects of the media have also taken an increased interested in promoting a healthy, active lifestyles. The Healthy Eating, Active Living (HEAL) Network in Idaho is an opportunity for all these individual entities to form a collaborative relationship with one another to promote healthy lifestyle choices. The HEAL Network provides an organized collaborative system for organizations, agencies, businesses, and individuals that are concerned about working together to improve the health education and overall well-being of all Idahoans.

June 2012 marks the anniversary of the second full year that HEAL Idaho has been an active part of the health community in Idaho. The HEAL Network is an important component of the collaborative efforts that must occur in order to reach out to all communities and populations in Idaho. This collaboration is important to Idaho because research has shown that the increased presence of community health coalitions have the potential to accomplish greater goals and extend the reach of a movement farther than a single individual or organization (Cohen et al., 2002).

Analysis of Findings

Goals and Implementation Plan

Community health coalitions that experience great success are those that follow through and adhere to their goals and implementation plan (Cramer et al., 2006; Allen, 2005). The HEAL Network members indicated that they were satisfied with the planning and implementation of the network and its goals. The main function of a collaborative network, such as the HEAL Network, is to unite various individuals and groups that are striving for a shared outcome (Cohen et al., 2002). The HEAL Network members indicate that they are satisfied with the collaborative efforts that the network has currently made. The member's level of satisfaction with the HEAL Network's infrastructure and planning is important if member involvement is to remain high (Butterfoss, 2007).

Leadership

Research has shown that quality, effective leadership is essential to the success and sustainability of a collaborative network (Foster-Fisherman et al., 2001; Allen, 2005). Regardless of the size and complexity, leaders must be in place to organize and effectively run the network (Butterfoss et al., 1993). The member's satisfaction with the HEAL leadership was one of the highest mean satisfaction scores. Members were highly satisfied with the strength and competence of the IPAN staff and HEAL facilitator as well as the leadership's commitment to build and sustain the diversity of the membership. Research indicates that efforts should be made to ensure that whenever possible, leaders are chosen from within the coalition itself (Cramer et al., 2006). As a result, it is

important that the members of the HEAL Network did indicate that they were satisfied with the extent to which the members themselves had opportunities to take on leadership roles within the network.

Member Satisfaction

Member satisfaction plays a role in how effective the outcomes of the activities will be (Cohen et al., 2002). Overall, HEAL Network members agreed that their experiences and involvement within the network had been positive. The two highest scoring subcategories for this section focused on members feeling towards their voice within the network and their concern about the future of the network. Members indicated that each individual had a voice within the network and that they also genuinely cared about the future of the HEAL Network. Members also indicated that they were interested in what the network was accomplishing and they felt as though they were well informed with the latest updated information. Research indicates that if the members are interested and felt included in a network's accomplishments, then they will be more likely to contribute and continue being active in the network in the future (Cohen et al., 2002).

The two subcategories that received lower scores focused on the clarity of the roles that individual members assume within the network and the effective use of their abilities within those roles. In both subcategories, over half of the respondents indicated that they were neutral about the effective use of their abilities and the clarity of their role within the network. Studies have shown that when members are more actively involved in their roles and responsibilities, they will take on more individual ownership, and as a

result a higher level of membership satisfaction will become evident (Butterfoss et al., 1993; Butterfoss, 2007).

Network Involvement

The involvement of the network, both locally and statewide, is an important component for the long-term sustainability of the program. Overall, members indicated that they were satisfied with the current level of involvement of the HEAL Network. Research has shown that working with a variety of individuals and organizations within the community results in an increased reach and even greater successes (Wolff, 2001). Members of the HEAL Network indicated satisfaction with the collaborative efforts with the community, and the network participation of influential people from the community. The only area within the involvement component that received a neutral score was the subcategory dealing with the adequacy of support that the network provided to local communities to help them better resolve individual concerns. The ultimate goal of collaboration is to develop partnerships to achieve goals outside of the reach of the single individual or organization (Foster-Fisherman et al., 2001). Since the network itself is still being developed, some of the non-metropolitan, more rural regions of Idaho are likely still experiencing some barriers to accessing help. In the future, as the network becomes more established and continues to grow throughout the state, members will likely have access to more collaborative opportunities with other organizations throughout Idaho.

Communication Methods

A largely Internet-based network, such as HEAL, is dependent on quality communication methods. Collaboration by nature is a practice that requires access to both networking and communication. As a result, networks such as HEAL, should have an organized, internal system that allows members to communicate and share information and resources with ease (Foster-Fisherman et al., 2001). The top three methods that are used for member communication within the HEAL Network are email, the HEAL Google Group and attending meetings. Ninety-two percent of HEAL members indicated that they received emails from the HEAL Network. Overall, members of the network indicate that they are satisfied with the communication between individual members and with the IPAN and HEAL leadership. The respondents felt that they were listened to and heard, both by other members and the leadership. This is a good indication of member satisfaction because internal relationships are what allow members to identify and unite through a common mission. Previous research indicates that a collaborative environment that allows for open communication has been shown to not only increase member satisfaction, but has also been shown to increase commitment within the coalition and increase overall network effectiveness (Foster-Fisherman et al., 2001).

The only subcategory of communication that received a neutral score was the communication between the network and the members of the broader community. External relationship building is important because it facilitates the expansion of the coalition's network structure, increases the visibility of the coalition and generative awareness within the community, and increases the sustainability of the coalition itself

(Foster-Fisherman et al., 2001). As the network continues to become more established throughout Idaho, it will hopefully continue to grow its external relationships with other similar organizations and coalitions. This will in turn continue to further extend the reach of the HEAL Network and increase its potential to create change.

HEAL Framework

In May 2011 the HEAL Network released the framework for fiscal years 2011-2013. Research suggests that an effective framework should offer a variety of well-defined activities that can be utilized as a guide for collaborative partners to reach the coalition's goals and objectives (Cohen et al., 2002). Overall, members of the HEAL Network indicated that they were neutral about their experience with the HEAL Framework. However, further analysis of that component indicates that members agreed that they understood how to use the framework, they had utilized it in their work and had shared it with others. The area of neutrality was most heavily directed towards the impact of the framework on their daily work activities. Preliminary analysis could suggest that since the framework itself is fairly new, members may be unsure of how to effectively incorporate use of the framework into their work activities. Members may perceive that they understand how to use the framework, however, they may not be taking full advantage of its potential at this time. A member workshop or forum, possibly in conjunction with an upcoming network meeting, may be an effective way to more directly relate the goals of the HEAL Framework to the activities that are occurring in an individual member's workplace. Understanding how to utilize, integrate, and ultimately

benefit from a framework is crucial if it is to be an effective tool for change (Cohen et al., 2002). As a result, future research to collect more detailed data about the utilization of the HEAL Framework would be appropriate.

Long-Term Outcomes

Since the HEAL Network has only been established for two years, long-term outcomes and impacts cannot yet be effectively determined. However, satisfaction with current progress towards those long-term outcomes gives early data points for later comparison. Overall, members indicated that they were satisfied with the network's progress and outcomes. Members felt that the network's ability to sustain itself over time was satisfactory, as was the network's current contributions to improving the health and human services within the various health regions in Idaho. Members were also satisfied with the capacity of individual members and the efforts of the network itself to be an effective advocate. Advocacy is an important component of a successful network because it seeks to identify areas that are in need of change and reduce barriers that may be preventing that change from occurring (Wolff, 2001).

Overall, if members are to remain active within the coalition they must perceive that the benefits and impacts outweigh the costs of participating (Foster-Fisherman et al., 2001; Cohen et al., 2002; Zakocs & Edwards, 2006; Butterfoss et al., 1993; Butterfoss et al., 2006). HEAL Idaho members indicated that they do agree that the benefits and impacts outweigh the costs. Members were certain that the goals of the network will improve the health outcomes in Idaho and that the people of Idaho are better off because

of the efforts of the HEAL Network. The high level of member support is important to both the long-term effectiveness and sustainability of the network.

Limitations

In analyzing the data collected from this program evaluation it is important to note that the responding sample of 24.6% (n=37) may not be representative of the HEAL membership. As a result, the findings may not be representative of the diversity of the membership, although the distribution of members is consistent with Idaho's population distribution, i.e., 61% of Idahoans live in a metropolitan area and 39% live in a non-metropolitan area (Henry Kaiser Foundation, 2011). In addition, the survey used in this study was a modified version of a tool developed by Butterfoss and associates. Changes made to the instrument may impact the validity of the findings and make it difficult to compare the results with other studies.

Future Program Evaluation

The future holds great potential for community coalitions as powerful interventions for community level change. Potential community changes include working with communities as a whole, increasing grassroots and civic engagement, and promoting diversity, collaboration, advocacy, evaluation, and the role of government in building healthier communities (Wolff, 2001). In the past, evidence has shown that building community coalitions has been a mix of both successes and failures (Wolff, 2001). However, with careful analysis and examination, we can learn from those failures and

expand on the successes (Wolff, 2001). The key for future research efforts should be a focus on using past experiences to make future coalitions more effective through plans for sustaining growth and extending impact (Harris, 2010).

Although satisfaction with evaluation methods was not measured by this initial member survey, evaluation is also an important component for coalition sustainability. Evaluations allow for successes to be highlighted and provide feedback regarding improvements to be made (Cohen et al, 2010). Community coalitions benefit greatly from a continuous response to evaluation results and member feedback (Foster-Fisherman et al., 2001). Regular and ongoing formative evaluation that captures the current status of a coalition needs to be developed. If community health coalitions are to be successful contributors in the future, then evidence-based research should be reliable, valid, theory-based, well-documented, and ongoing (Butterfoss et al., 1993; Harris, 2010).

Through the continued enhancement of core competencies, such as those evaluated with this survey, the HEAL Networks creates a environment that facilitates the dynamic changes that need to take place to successfully impact the health disparities in Idaho. Research indicates that sharing the commitment, resources, creative energy, and expanding reach contributes greatly to the sustainable future of collaborative efforts for creating change (Green et al., 2001). The future holds great potential for community coalitions as powerful interventions for community level change (Wolff, 2001). The Healthy Eating, Active Living Network has the potential to be the catalyst for dramatic health impacts both at the local, community level, and for the entire state of Idaho.

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APPENDIX A

Recruitment E-Mail & Reminders

Initial Email Recruitment Message

Dear HEAL Network Member,

The Healthy Eating, Active Living (HEAL) Idaho Network strives to ensure you receive resources and communications in the most effective manner. I am a current Boise State University Health Science graduate student conducting a member satisfaction survey of the HEAL Idaho Network. This survey focuses on assessing the effectiveness of the HEAL infrastructure, communication, leadership, and available resources as well as the HEAL Framework. The HEAL Network is effective only through the collaboration and communication of members, and your input is very important. Please take a moment of your time to answer the following survey questions. The survey is short and will take an estimated 5-7 minutes to complete.

If you have questions or comments, please contact me at the email address listed below. You may also provide your feedback within the survey itself.

By clicking on this survey link, you are agreeing that you are a member of the HEAL Idaho Network and that you are at least 18 years of age.

Survey Link:
https://boisestate.qualtrics.com/SE/?SID=SV_9X26ypNLFdcpcDW

Thank you for your valued input!

Sincerely,

Kristine Balisciano
Boise State University
Health Science Department
kristinebalisciano@u.boisestate.edu

Reminder Email Message

Dear HEAL Network Member,

Earlier this week you were sent an invitation to participate in the Healthy Eating, Active Living Network member survey. We hope that, if you have not already done so, you will take a few minutes to complete the short survey. Your feedback is important to us and we appreciate your input.

If you have questions or comments, please contact me at the email address listed below. You may also provide your feedback within the survey itself.

By clicking on this survey link, you are agreeing that you are a member of the HEAL Idaho Network/Google goup and that you are at least 18 years of age.

Survey Link:
https://boisestate.qualtrics.com/SE/?SID=SV_9X26ypNLFdcpcDW

We are looking forward to receiving your feedback. Thank you for your participation.

Sincerely,

Kristine Balisciano
Boise State University
Health Science Department
kristinebalisciano@u.boisestate.edu

Final Reminder Email Message

Dear HEAL Network Member,

For those who have already taken the opportunity to complete the HEAL Member Survey, thank you for your participation! Your feedback is important and will be useful as the HEAL Network continues to grow. For those who have not yet completed the survey, this is the final reminder for you to provide your feedback.

If you have questions or comments, please contact me at the email address listed below. You may also provide your feedback within the survey itself.

By clicking on this survey link, you are agreeing that you are a member of the HEAL Idaho Network/Google Group and that you are at least 18 years of age.

Survey Link:
https://boisestate.qualtrics.com/SE/?SID=SV_9X26ypNLFdcpcDW

We are looking forward to receiving your feedback. Thank you for your participation.
Sincerely,

Kristine Balisciano
Boise State University
Health Science Department
kristinebalisciano@u.boisestate.edu

APPENDIX B

Member Survey

HEAL Member Satisfaction Survey 2012
Healthy Eating, Active Living (HEAL) Idaho 2012 Member Survey

Thank you for taking the time to be a part of the 2012 HEAL Idaho member survey. The survey will take less than 10 minutes of your time. Your opinions and thoughts are very valuable to us and so please answer each question to the best of your ability. All responses are confidential and will not be reported or shared on an individual survey basis. If you are still uncomfortable answering any of the questions, you make skip that question. If you have any questions about the survey itself or the data collection protocol please contact the program evaluator at kristinebalisciano@u.boisestate.edu.
Thank you for your time.

1. Please enter the 5-digit zip code of where you work.

2. What type of agency or organization are you involved with?
- ❑ State Government
- ❑ County/City Government
- ❑ Education
- ❑ Medical Services
- ❑ Transportation
- ❑ Community Programs
- ❑ Other (Please Specify) _____

3. How long have you been a member of the Healthy Eating, Active Living (HEAL) Network?
- ❍ Less than 3 months
- ❍ 3 - 6 months
- ❍ 7 - 12 months
- ❍ More than a year
- ❍ I am not currently a member of the HEAL Network

4. How many HEAL Network meetings have you attended in the past year?
- ❍ None
- ❍ None, but I plan to attend the next meeting
- ❍ 1 meeting
- ❍ 2-3 meetings
- ❍ More than 3 meetings

5. Please indicate how have you are involved in the HEAL Network? (Select all that apply)

- ❑ Receive emails
- ❑ Member of HEAL Idaho Google Group
- ❑ Attend Meeting(s)
- ❑ Utilize the Framework
- ❑ Participate in the Childhood Obesity Work Group

6. Please indicate how satisfied or dissatisfied you are with the planning and implementation of the HEAL Network.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Planning process used to prepare the HEAL Network's goals and recommended actions	❍	❍	❍	❍	❍
Follow through on the HEAL Network's goals	❍	❍	❍	❍	❍
Efforts to promote collaboration	❍	❍	❍	❍	❍
Training and technical services provided by state staff	❍	❍	❍	❍	❍

7. Please indicate how satisfied or dissatisfied you are with the leadership of the HEAL Network.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Strength and competence of the IPAN staff and HEAL facilitator	❍	❍	❍	❍	❍
Commitment of the Network to build and sustain a diverse membership	❍	❍	❍	❍	❍
Opportunities for the Network members to take leadership roles	❍	❍	❍	❍	❍

8. Please indicate how satisfied or dissatisfied you are with involvement in HEAL Network.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Participation of influential people from key sectors and organizations	❍	❍	❍	❍	❍
Collaboration with local communities/coalitions	❍	❍	❍	❍	❍
Help given to local communities to become better able to address and resolve their concerns	❍	❍	❍	❍	❍
Location of meetings and workshop sites	❍	❍	❍	❍	❍
Frequency and duration of Network meetings	❍	❍	❍	❍	❍

9. Please indicate how satisfied or dissatisfied you are with the communication methods of the HEAL Network.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Communication between Network members and IPAN staff	❍	❍	❍	❍	❍
Communication among members of the Network	❍	❍	❍	❍	❍
Communication between the Network members and the broader community	❍	❍	❍	❍	❍
Extent to which the Network members are listened to and heard	❍	❍	❍	❍	❍
Information provided about available resources	❍	❍	❍	❍	❍

10. Please indicate how much you agree or disagree with the following statements related to your experience with the HEAL Network.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply to Me
My abilities are used effectively	❍	❍	❍	❍	❍	❍
I am usually clear about my role in the Network	❍	❍	❍	❍	❍	❍
My time is well spent on the Network	❍	❍	❍	❍	❍	❍
I am satisfied with what the Network has accomplished	❍	❍	❍	❍	❍	❍
I feel that I have a voice in what the Network decides	❍	❍	❍	❍	❍	❍
I really care about the future of the Network	❍	❍	❍	❍	❍	❍
Members stay on task	❍	❍	❍	❍	❍	❍
Interest is generally high	❍	❍	❍	❍	❍	❍
Network meetings run smoothly	❍	❍	❍	❍	❍	❍
Members seem well-informed	❍	❍	❍	❍	❍	❍
Routine matters are handled quickly	❍	❍	❍	❍	❍	❍

11. Please indicate how much you agree or disagree with the following statements related to your experience with the HEAL Framework.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I am not familiar with the HEAL Framework
I understand how to use the HEAL Idaho Framework.	❍	❍	❍	❍	❍	❍
I have used the HEAL Idaho Framework in my work.	❍	❍	❍	❍	❍	❍
I have shared the HEAL Idaho Framework with others.	❍	❍	❍	❍	❍	❍
The HEAL Idaho Framework has changed the focus of my work.	❍	❍	❍	❍	❍	❍
I felt included in the HEAL Idaho Framework's development.	❍	❍	❍	❍	❍	❍

12. Please indicate how satisfied or dissatisfied you are with the HEAL Network's progress and outcomes.

	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
The Network's efforts to sustain itself over time (1)	❍	❍	❍	❍	❍
Progress toward meeting Network objectives (2)	❍	❍	❍	❍	❍
Success in generating resources for the Network (3)	❍	❍	❍	❍	❍
Capacity of members to support each other (4)	❍	❍	❍	❍	❍
Capacity of the Network and its members to advocate effectively (5)	❍	❍	❍	❍	❍
Network's contribution to improving health/human services in region or state (6)	❍	❍	❍	❍	❍

13. Please indicate how satisfied or dissatisfied you are with the HEAL Network's progress and outcomes.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
The Network's efforts to sustain itself over time	❍	❍	❍	❍	❍
Progress toward meeting Network objectives	❍	❍	❍	❍	❍
Success in generating resources for the Network	❍	❍	❍	❍	❍
Capacity of members to support each other	❍	❍	❍	❍	❍
Capacity of the Network and its members to advocate effectively	❍	❍	❍	❍	❍
Network's contribution to improving health/human services in region or state	❍	❍	❍	❍	❍

14. How certain are you that…

	Not certain at all	Somewhat Certain	Neutral	Somewhat Certain	Very Certain
The goals of the HEAL Network will improve health outcomes in Idaho	❍	❍	❍	❍	❍
The people of Idaho are better off because of the efforts of the HEAL Network	❍	❍	❍	❍	❍

Optional: We appreciate your individual input, so please provide any comments or suggestions that would allow the HEAL Idaho Network to effectively serve its members.

Thank you for providing your valuable feedback.

APPENDIX C

IRB Approval

Office of Research Compliance
1910 University Drive
Boise, Idaho 83725-1138
HumanSubjects@boisestate.edu | 208.426.5401

DATE: February 22, 2012

TO: Kristine Balisciano (PI)
Sarah Toevs (co-PI)

FROM: Institutional Review Board (IRB)
Office of Research Compliance

SUBJECT: IRB Notification of Exemption
Project Title: *Healthy Eating, Eating Active Living Program Evaluation*

The Boise State University IRB has reviewed your protocol application and has determined that your research is exempt from further IRB review and supervision under 45 CFR 46.101(b).

Review Type: Exempt	**Date of Approval:** February 22, 2012
Exemption Approval Number: EX 193-SB12-035	

This exemption covers any research and data collected under your protocol as of the date of approval indicated above, unless terminated in writing by the principal investigator or the Boise State University IRB. All amendments or changes (including personnel changes) to your approved protocol **must** be brought to the attention of the IRB for review and approval before they occur, as these modifications may change your exempt status. Complete and submit a MODIFICATION/AMENDMENT FORM indicating any changes to your project.

Annual renewals are not required for exempt protocols. When the research project is completed, please notify our office by submitting a FINAL REPORT FORM. The exempt status expires when the research project is completed (closed) or when the review category changes as described above.

All relevant forms are available online. If you have any questions or concerns, please contact the Office of Research Compliance, 208-426-5401 or HumanSubjects@boisestate.edu.

Thank you and good luck with your research.

Mary E. Pritchard

Dr. Mary E. Pritchard
Chairperson
Boise State University Institutional Review Board

APPENDIX D

Tables Q1-13

1. Please enter the 5 digit zip code the where you work.

	n	Percent
Southwest Idaho/Treasure Valley	**25**	**67.6**
Eastern Idaho	8	21.6
Northern Idaho	4	10.8
Total	N=37	100.0

2. What type of agency or organization are you involved with? (check all that apply) N=37

	n	Percent
State Government	10	27.0
County/City Government	2	5.4
Education	11	29.7
Medical Services	4	10.8
Transportation	1	2.7
Community Programs	3	8.1
Other* (Please Specify)	9	24.3

*Other: Health Department (n=1), Federal Government (n=1), Planning (n=1), MPH Student (n=1), Health Insurance (n=1), Other non-profit (n=4)

3. How long have you been a member of the Healthy Eating, Active Living (HEAL) Network?

	n	Percent
Less than 3 months	2	5.4
3-6 months	7	18.9
7-12 months	5	13.5
More than a year	23	62.2
I am not currently a member of the HEAL Network	0	0.0
Total	N=37	100.0

4. How many HEAL Network meetings have you attended this past year?

	n	Percent
None	7	18.9
None, but I plan to attend that next meeting	3	8.1
1 meeting	6	16.2
2-3 meetings	17	46.0
More than 3 meetings	4	10.8
Total	N=37	100.0

5. Please indicate how you have been involved with the HEAL Network? (Select all that apply)

N=37

	n	Percent
Receive emails	34	91.9
Member of the HEAL Idaho Google Group	28	75.7
Attend Meetings	25	67.6
Utilize the Framework	14	37.8
Participate in the Childhood Obesity Work Group	1	2.7

6. Please indicate how satisfied or dissatisfied you are with the planning and implementation of the HEAL Network

		6.1 Planning process used to prepare the HEAL Network's goals and recommended actions	6.2 Follow through on the HEAL Network's goals	6.3 Efforts to promote collaboration	6.4 Training and technical services provided by state staff
N	Valid	36	36	37	37
	Missing	1	1	0	0
Mean		3.83	3.64	3.97	3.65
Median		4.00	4.00	4.00	3.00
Mode		3[a]	3	5	3
Std. Deviation		.775	.762	.928	.889
Variance		.600	.580	.860	.790
Range		2	3	3	3
Minimum		3	2	2	2
Maximum		5	5	5	5

a. Multiple modes exist. The smallest value is shown

6.1 Planning process used to prepare the HEAL Network's goals and recommended actions

		Frequency	Percent	Valid Percent
Valid	Neutral	14	37.8	38.9
	Satisfied	14	37.8	38.9
	Very Satisfied	8	21.6	22.2
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

6.2 Follow through on the HEAL Network's goals

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.8
	Neutral	16	43.2	44.4
	Satisfied	14	37.8	38.9
	Very Satisfied	5	13.5	13.9
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

6.3 Efforts to promote collaboration

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	2	5.4	5.4
	Neutral	10	27.0	27.0
	Satisfied	12	32.4	32.4
	Very Satisfied	13	35.1	35.1
	Total	37	100.0	100.0

6.4 Training and technical services provided by state staff

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	2	5.4	5.4
	Neutral	17	45.9	45.9
	Satisfied	10	27.0	27.0
	Very Satisfied	8	21.6	21.6
	Total	37	100.0	100.0

7. Please indicate how satisfied or dissatisfied you are with the leadership of the HEAL Network.

		7.1 Strength and competence of the IPAN staff and HEAL facilitator	7.2 Commitment of the Network to build and sustain a diverse membership	7.3 Opportunities for the Network members to take leadership roles
N	Valid	36	36	36
	Missing	1	1	1
Mean		4.00	4.03	3.64
Median		4.00	4.00	4.00
Mode		4	4	4
Std. Deviation		.756	.845	.867
Variance		.571	.713	.752
Range		3	3	3
Minimum		2	2	2
Maximum		5	5	5

7.1 Strength and competence of the IPAN staff and HEAL facilitator

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.8
	Neutral	7	18.9	19.4
	Satisfied	19	51.4	52.8
	Very Satisfied	9	24.3	25.0
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

7.2 Commitment of the Network to build and sustain a diverse membership

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	2	5.4	5.6
	Neutral	6	16.2	16.7
	Satisfied	17	45.9	47.2
	Very Satisfied	11	29.7	30.6
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

7.3 Opportunities for the Network members to take leadership roles

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	3	8.1	8.3
	Neutral	13	35.1	36.1
	Satisfied	14	37.8	38.9
	Very Satisfied	6	16.2	16.7
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

8. Please indicate how satisfied or dissatisfied you are with involvement in HEAL Network.

		8.1 Participation of influential people from key sectors and organizations	8.2 Collaboration with local communities/ coalitions	8.3 Help given to local communities to become better able to address and resolve their concerns	8.4 Location of meetings and workshop sites	8.5 Frequency and duration of Network meetings
N	Valid	36	36	36	36	36
	Missing	1	1	1	1	1
Mean		3.78	3.78	3.39	3.81	3.67
Median		4.00	4.00	3.00	4.00	4.00
Mode		4	3	3	4	4
Std. Deviation		.722	.832	.728	.710	.956
Variance		.521	.692	.530	.504	.914
Range		3	3	3	3	4
Minimum		2	2	2	2	1
Maximum		5	5	5	5	5

8.1 Participation of influential people from key sectors and organizations

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.8
	Neutral	11	29.7	30.6
	Satisfied	19	51.4	52.8
	Very Satisfied	5	13.5	13.9
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

8.2 Collaboration with local communities/coalitions

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.8
	Neutral	14	37.8	38.9
	Satisfied	13	35.1	36.1
	Very Satisfied	8	21.6	22.2
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

8.3 Help given to local communities to become better able to address and resolve their concerns

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.8
	Neutral	24	64.9	66.7
	Satisfied	7	18.9	19.4
	Very Satisfied	4	10.8	11.1
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

8.4 Location of meetings and workshop sites

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.8
	Neutral	10	27.0	27.8
	Satisfied	20	54.1	55.6
	Very Satisfied	5	13.5	13.9
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

8.5 Frequency and duration of Network meetings

		Frequency	Percent	Valid Percent
Valid	Very Dissatisfied	2	5.4	5.6
	Dissatisfied	1	2.7	2.8
	Neutral	9	24.3	25.0
	Satisfied	19	51.4	52.8
	Very Satisfied	5	13.5	13.9
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

9. Please indicate how satisfied or dissatisfied you are with the communication methods of the HEAL Network.

		9.1 Communi-cation between Network members and IPAN staff	9.2 Communi-cation among members of the Network	9.3 Communi-cation between the Network members and the broader community	9.4 Extent to which the Network members are listened to and heard	9.5 Information provided about available resources
N	Valid	36	36	35	35	36
	Missing	1	1	2	2	1
Mean		4.08	3.75	3.37	3.54	3.94
Median		4.00	4.00	3.00	3.00	4.00
Mode		4	4	3	3	4
Std. Deviation		.649	.770	.731	.852	.715
Variance		.421	.593	.534	.726	.511
Range		2	3	3	3	2
Minimum		3	2	2	2	3
Maximum		5	5	5	5	5

9.1 Communication between Network members and IPAN staff

		Frequency	Percent	Valid Percent
Valid	Neutral	6	16.2	16.7
	Satisfied	21	56.8	58.3
	Very Satisfied	9	24.3	25.0
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

9.2 Communication among members of the Network

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.8
	Neutral	13	35.1	36.1
	Satisfied	16	43.2	44.4
	Very Satisfied	6	16.2	16.7
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

9.3 Communication between the Network members and the broader community

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.9
	Neutral	24	64.9	68.6
	Satisfied	6	16.2	17.1
	Very Satisfied	4	10.8	11.4
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

9.4 Extent to which the Network members are listened to and heard

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	3	8.1	8.6
	Neutral	15	40.5	42.9
	Satisfied	12	32.4	34.3
	Very Satisfied	5	13.5	14.3
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

9.5 Information provided about available resources

		Frequency	Percent	Valid Percent
Valid	Neutral	10	27.0	27.8
	Satisfied	18	48.6	50.0
	Very Satisfied	8	21.6	22.2
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10. Please indicate how much you agree or disagree with the following statements related to your experience with the HEAL Network.

	10.1 My abilities are used effectively	10.2 I am usually clear about my role in the Network	10.3 My time is well spent on the Network	10.4 I am satisfied with what the Network has accomplished	10.5 I feel that I have a voice in what the Network decides
Valid N	36	36	35	35	36
Missing	1	1	2	2	1
Mean	3.25	3.28	3.68	3.44	4.21
Median	3.00	3.00	4.00	4.00	3.00
Mode	3	3	4	4	3
Std. Deviation	.803	.813	.791	.817	.840
Variance	.645	.660	.667	.706	.532
Range	4	4	3	3	3
Minimum	1	1	2	2	2
Maximum	5	5	5	5	5

10.6 I really care about the future of the Network	10.7 Members stay on task	10.8 Interest is generally high	10.9 Network meetings run smoothly	10.10 Members seem well-informed	10.11 Routine matters are handled quickly
36	36	36	36	35	36
1	1	1	1	2	1
4.21	3.53	3.84	3.90	3.63	3.69
4.00	3.00	4.00	4.00	4.00	4.00
4	3	4	4	4	3[a]
.729	.776	.820	.759	.660	.780
.532	.602	.673	.576	.435	.609
2	3	3	2	3	3
3	2	2	3	2	2
5	5	5	5	5	5

10.1 My abilities are used effectively

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	1	2.7	2.8
	Disagree	2	5.4	5.6
	Neutral	19	51.4	52.8
	Agree	8	21.6	22.2
	Strongly Agree	2	5.4	5.6
	Does Not Apply to Me	4	10.8	11.1
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10.2 I am usually clear about my role in the Network

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	1	2.7	2.8
	Disagree	2	5.4	5.6
	Neutral	18	48.6	50.0
	Agree	9	24.3	25.0
	Strongly Agree	2	5.4	5.6
	Does Not Apply to Me	4	10.8	11.1
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10. 3 My time is well spent on the Network

		Frequency	Percent	Valid Percent
Valid	Disagree	2	5.4	5.7
	Neutral	10	27.0	28.6
	Agree	15	40.5	42.9
	Strongly Agree	4	10.8	11.4
	Does Not Apply to Me	4	10.8	11.4
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

10.4 I am satisfied with what the Network has accomplished

		Frequency	Percent	Valid Percent
Valid	Disagree	3	8.1	8.3
	Neutral	9	24.3	25.0
	Agree	17	45.9	47.2
	Strongly Agree	4	10.8	11.1
	Does Not Apply to Me	3	8.1	8.3
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10.5 I feel that I have a voice in what the Network decides

		Frequency	Percent	Valid Percent
Valid	Disagree	4	10.8	11.4
	Neutral	13	35.1	37.1
	Agree	12	32.4	34.3
	Strongly Agree	3	8.1	8.6
	Does Not Apply to Me	3	8.1	8.6
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

10.6 really care about the future of the Network

		Frequency	Percent	Valid Percent
Valid	Neutral	6	16.2	16.7
	Agree	15	40.5	41.7
	Strongly Agree	13	35.1	36.1
	Does Not Apply to Me	2	5.4	5.6
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10.7 Members stay on task

		Frequency	Percent	Valid Percent
Valid	Disagree	1	2.7	2.8
	Neutral	16	43.2	44.4
	Agree	9	24.3	25.0
	Strongly Agree	4	10.8	11.1
	Does Not Apply to Me	6	16.2	16.7
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10.8 Interest is generally high

		Frequency	Percent	Valid Percent
Valid	Disagree	1	2.7	2.8
	Neutral	10	27.0	27.8
	Agree	13	35.1	36.1
	Strongly Agree	7	18.9	19.4
	Does Not Apply to Me	5	13.5	13.9
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10.9 Network meetings run smoothly

		Frequency	Percent	Valid Percent
Valid	Neutral	10	27.0	27.8
	Agree	13	35.1	36.1
	Strongly Agree	7	18.9	19.4
	Does Not Apply to Me	6	16.2	16.7
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

10.10 Members seem well-informed

		Frequency	Percent	Valid Percent
Valid	Disagree	2	5.4	5.7
	Neutral	9	24.3	25.7
	Agree	20	54.1	57.1
	Strongly Agree	1	2.7	2.9
	Does Not Apply to Me	3	8.1	8.6
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

10.11 Routine matters are handled quickly

		Frequency	Percent	Valid Percent
Valid	Disagree	1	2.7	2.8
	Neutral	13	35.1	36.1
	Agree	13	35.1	36.1
	Strongly Agree	5	13.5	13.9
	Does Not Apply to Me	4	10.8	11.1
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

11. Please indicate how much you agree or disagree with the following statements related to your experience with the HEAL Framework.

		11.1 I under-stand how to use the HEAL Idaho Framework	11.2 I have used the HEAL Idaho Framework in my work.	11.3 I have shared the HEAL Idaho Framework with others.	11.4 The HEAL Idaho Framework has changed the focus of my work.	11.5 I felt included in the HEAL Idaho Framework's development.
N	Valid	36	36	36	36	36
	Missing	1	1	1	1	1
Mean		3.69	3.50	3.50	2.97	3.44
Median		4.00	4.00	4.00	3.00	3.50
Mode		4	4	4	3	4
Std. Deviation		1.132	1.022	.992	.985	1.078
Variance		1.281	1.045	.985	.970	1.163
Range		4	4	3	4	4
Minimum		1	1	2	1	1
Maximum		5	5	5	5	5

11.1 I understand how to use the HEAL Idaho Framework.

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	2	5.4	5.6
	Disagree	4	10.8	11.1
	Neutral	5	13.5	13.9
	Agree	16	43.2	44.4
	Strongly Agree	8	21.6	22.2
	I am not familiar with the HEAL Framework	1	2.7	2.8
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

11.2 I have used the HEAL Idaho Framework in my work.

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	1	2.7	2.8
	Disagree	5	13.5	13.9
	Neutral	9	24.3	25.0
	Agree	14	37.8	38.9
	Strongly Agree	5	13.5	13.9
	I am not familiar with the HEAL Framework	2	5.4	5.6
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

11.3 I have shared the HEAL Idaho Framework with others.

		Frequency	Percent	Valid Percent
Valid	Disagree	8	21.6	22.2
	Neutral	5	13.5	13.9
	Agree	17	45.9	47.2
	Strongly Agree	4	10.8	11.1
	I am not familiar with the HEAL Framework	2	5.4	5.6
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

11.4 The HEAL Idaho Framework has changed the focus of my work.

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	1	2.7	2.8
	Disagree	11	29.7	30.6
	Neutral	14	37.8	38.9
	Agree	6	16.2	16.7
	Strongly Agree	3	8.1	8.3
	I am not familiar with the HEAL Framework	1	2.7	2.8
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

11.5 I felt included in the HEAL Idaho Framework's development.

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	1	2.7	2.8
	Disagree	6	16.2	16.7
	Neutral	10	27.0	27.8
	Agree	11	29.7	30.6
	Strongly Agree	6	16.2	16.7
	I am not familiar with the HEAL Framework	2	5.4	5.6
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

12. Please indicate how satisfied or dissatisfied you are with the HEAL Network's progress and outcomes.

		12.1 The Network's efforts to sustain itself over time	12.2 Progress toward meeting Network objectives	12.3 Success in generating resources for the Network	12.4 Capacity of members to support each other	12.5 Capacity of the Network and its members to advocate effectively	12.6 Network's contribution to improving health/ human services in region or state
N	Valid	35	35	35	35	35	35
	Missing	2	2	2	2	2	2
Mean		3.57	3.46	3.43	3.51	3.51	3.51
Median		4.00	3.00	3.00	3.00	3.00	3.00
Mode		4	3[a]	3	3	3	3
Std. Deviation		.655	.657	.815	.702	.742	.658
Variance		.429	.432	.664	.492	.551	.434
Range		3	3	3	3	3	3
Minimum		2	2	2	2	2	2
Maximum		5	5	5	5	5	5

a. Multiple modes exist. The smallest value is shown

12.1 The Network's efforts to sustain itself over time

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.9
	Neutral	15	40.5	42.9
	Satisfied	17	45.9	48.6
	Very Satisfied	2	5.4	5.7
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

12.2 Progress toward meeting Network objectives

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	2	5.4	5.7
	Neutral	16	43.2	45.7
	Satisfied	16	43.2	45.7
	Very Satisfied	1	2.7	2.9
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

12.3 Success in generating resources for the Network

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	3	8.1	8.6
	Neutral	18	48.6	51.4
	Satisfied	10	27.0	28.6
	Very Satisfied	4	10.8	11.4
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

12.4 Capacity of members to support each other

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.9
	Neutral	18	48.6	51.4
	Satisfied	13	35.1	37.1
	Very Satisfied	3	8.1	8.6
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

12.5 Capacity of the Network and its members to advocate effectively

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	2	5.4	5.7
	Neutral	16	43.2	45.7
	Satisfied	14	37.8	40.0
	Very Satisfied	3	8.1	8.6
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

12.6 Network's contribution to improving health/human services in region or state

		Frequency	Percent	Valid Percent
Valid	Dissatisfied	1	2.7	2.9
	Neutral	17	45.9	48.6
	Satisfied	15	40.5	42.9
	Very Satisfied	2	5.4	5.7
	Total	35	94.6	100.0
Missing	System	2	5.4	
Total		37	100.0	

13. How certain are you that…

		13.1 The goals of the HEAL Network will improve health outcomes in Idaho	13.2 The people of Idaho are better off because of the efforts of the HEAL Network
N	Valid	36	36
	Missing	1	1
Mean		3.94	3.94
Median		4.00	4.00
Mode		4	4
Std. Deviation		.955	.893
Variance		.911	.797
Range		4	4
Minimum		1	1
Maximum		5	5

13.1 The goals of the HEAL Network will improve health outcomes in Idaho

		Frequency	Percent	Valid Percent
Valid	Not certain at all	2	5.4	5.6
	Neutral	5	13.5	13.9
	Somewhat Certain	20	54.1	55.6
	Very Certain	9	24.3	25.0
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	

13.2 The people of Idaho are better off because of the efforts of the HEAL Network

		Frequency	Percent	Valid Percent
Valid	Not certain at all	1	2.7	2.8
	Somewhat Certain	1	2.7	2.8
	Neutral	6	16.2	16.7
	Somewhat Certain	19	51.4	52.8
	Very Certain	9	24.3	25.0
	Total	36	97.3	100.0
Missing	System	1	2.7	
Total		37	100.0	