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A LEARNING MODEL OF COMMUNITY COLLABORATION
IN WEST VIRGINIA

A dissertation submitted to
the Graduate College of
Marshall University
in partial fulfillment of
the requirements for the degree of
Doctor of Education

in

Curriculum and Instruction

by

Tracy L. Bradley

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December 2017

SIGNATURE PAGE

I hereby affirm that the following project meets the high academic standards for original scholarship and creative work established by my discipline, college, and the Graduate College of Marshall University. With my signature, I approve the manuscript for publication.

Project Title: A Learning Model of Community Collaboration in West Virginia

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Committee Chairperson

09/19/2017

Date

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Dedication

This dissertation is dedicated to my husband and my parents. To my husband Matt, thank you for believing in me and keeping me in line when I tried to procrastinate. In addition, I appreciate letting me takeover your home office for the last five years! You deserve a medal for putting up with all of my whining and crying. To my parents, you were my biggest cheerleaders. Mom, thank you for listening to all of the details and never getting bored. Dad, thank you for providing a little humor along the way.

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Finally, I would like to thank my family, colleagues, and friends for their patience, understanding, and love throughout this very long journey. I look forward to spending time with everyone again. A special little thanks to our “doctoral posse”—Kristy East, Lisa Ramsburg, and Debra Young. Someone had to finish last...I could not have done it without your friendship and inspiration!

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Abstract

This study tested a grounded theory model, *Getting it Together: A Learning Model of Community Collaboration*, developed during a six-year study (2004-2010) of a statewide substance abuse prevention program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Prevention (CSAP). The model features the perceptions and experiences of those who were active in community-based collaborative and educational work in West Virginia focused on substance abuse prevention. The study revisited community coalitions from three counties that were part of the original ethnographic research used to develop the community collaboration theory. The grounded theory model was used as the lens through which to examine what the three community coalitions experienced in the subsequent years. The findings from this collective case study support the grounded theory model and its key components—the “right” people, collaborative engagement, shared commitments, and financial resources, bound together by a focus on learning. Further, findings suggest theory modifications related to the importance of: 1) youth members and paid staff; 2) coalitions’ community presence and reputation; 3) evolving shared commitments within the coalition as well with other community groups; 4) continuity in supportive fiscal agents; and 5) the quality of learning opportunities for coalitions. In effect, new information advanced knowledge about key factors related to the effectiveness and sustainability of community coalitions.

Chapter One: Introduction and Problem Statement

Community well-being is an area of national concern, particularly with the increase in substance abuse. Annually, the estimated costs associated with substance abuse are over \$600 billion in the United States (National Institute on Drug Abuse, 2012). Substance abuse exists in both urban and rural areas, and is a persistent problem in West Virginia. Pruitt (2009) stated:

Despite popular notions that substance abuse is essentially an urban phenomenon, recent data demonstrate that it is also a significant problem in rural America. Rural youth now abuse most substances, including alcohol and tobacco, at higher rates and at younger ages than their urban peers. (p. 359)

In 2009, the West Virginia Partnership to Promote Community Well-Being estimated that substance abuse issues would cost the state's welfare system \$346 million by 2017 if problems continue as predicted and were not addressed. According to the 2013 report from Trust for America's Health, West Virginia (and 28 other states) reported more drug overdose deaths than deaths connected to motor vehicle accidents. West Virginia has the highest rate of drug related deaths in the nation, quadrupling from 1999 to 2010.

Single and multi-issue community coalitions have long been an active strategy to encourage community change and promote community well-being, with varied success (Butterfoss, 2007). A number of theories/frameworks have been developed over the years and used as models for change by many organizations and community coalitions, particularly for substance abuse prevention. Even though research has been conducted to study the concept of coalition building, there is a shortage of theory-based research regarding coalition building processes and outcomes (Guillory, Everson, & Ivester, 2006), the impact of context on coalitions (Kegler, Rigler, & Honeycutt, 2010), and long-term sustainability (Sharma & Smith, 2011).

Typically, research will end when external funding ends (Scheirer & Dearing, 2011), therefore leaving a void in longitudinal research.

In 2004, the West Virginia Partnership to Promote Community Well-Being (otherwise known as the WV Partnership, with governor-appointed members) received a Strategic Planning Framework State Incentive Grant (SPF SIG) from the Center for Substance Abuse Prevention (CSAP) to develop a statewide substance abuse prevention system. During the process of planning, implementing, and evaluating the prevention system, research and assessment took place. The WV Partnership employed an external research team to conduct a qualitative case study of the planning process and the five-year grant cycle. Based on a study of the planning year, the research team argued that “the project has strong parallels with critical pedagogy” (Spatig, Swedberg, Legrow, & Flaherty, 2010, p. 15) and that throughout the planning year participants were learning from and with each other in “sustained, community-based educative work” (Weis & Fine, 2004, p. 123). Building on the knowledge gained from the planning year research, in 2010, the final year of the grant, the external research team analyzed their findings and wrote a final report featuring a grounded-theory called *Getting it Together: A Learning Model of Community Collaboration*. In the report, Spatig, Flaherty, Bradley, and Adkins (2010) stated:

The theory is a way of both describing and explaining how individual and organizational participants in the West Virginia Strategic Planning Framework State Incentive Grant—at both state and local levels—learned and changed as they collaborated with each other to understand and remedy community problems. (p. 2)

The theory was based on what the team observed during the six-year grant, but we did not know if this model was still an accurate assessment of community collaboration six years later.

Purpose of the Study and Research Questions

The goal of the proposed collective case study was to test a grounded theory model, *Getting it Together: A Learning Model of Community Collaboration*. The study looked at three West Virginia counties that participated in the six-year SPF SIG project and successfully addressed substance abuse prevention through community coalitions. The grounded theory model was used as a lens through which to examine the three counties in the years after the grant ended. In order to achieve this purpose, the following research questions were addressed:

1. What has transpired in the three county coalitions since the SPF SIG grant ended in 2010?
2. How do the coalition members' experiences, since the grant ended, speak to key components of the grounded theory?
 - a. Getting the right people to the table
 - b. Collaborative engagement
 - c. Shared commitments
 - d. Financial resources
 - e. Focus on learning
3. In what ways, if any, should the model be modified to take the new information into account?

Related Literature

The review of literature included research on overarching themes related to effective community coalitions and substance abuse prevention: significance and purpose of community coalitions; prevention models for community organizing to address substance abuse; and common characteristics among the models. In addition, learning, which is considered the

“missing element” of the other models, was discussed while providing an overview of the study’s theoretical framework—critical pedagogy.

Community Coalitions. Community coalitions originated from community-organizing movements of the 1800s (Butterfoss, 2007). Over the last several decades, coalitions have been established to tackle various public health and social issues (Kegler, et al., 2010; Sharma & Smith, 2011). The collaborative nature of coalitions engages community members and encourages them to address a problem, such as health and well-being, by implementing interventions through a variety of sources including mass media and schools (Arthur et al., 2010; Yang, Foster-Fishman, Collins, & Ahn, 2012; Zakocs & Edwards, 2006). Groups such as governmental agencies, churches, and schools came together to share resources and skills, in order to address the health or well-being issue at hand (Butterfoss, 2007; Granner & Sharpe, 2004). Coalitions expanded their role by collaborating with researchers and adopting action research principles (Green, Daniel & Novick, 2001). Community coalitions have become more popular, and so too have theories and practice models that the coalitions utilize for mobilizing change.

Prevention Models for Community Organizing. Butterfoss (2007) highlighted several community organization models that focus on factors such as grassroots mobilizing, inequality, and locality-based problems, but the common goals among them are collaboration and change for community problems. While researchers studied community coalitions, they also looked at theoretical models. Several studies identified and described Rothman’s models of community organizing as the first to be recognized. His three overlapping models focused on locality development, social planning, and social action respectively (Boehm & Cnaan, 2012; Minkler, 2012). Eventually, they were expanded upon and become known as modes of community

capacity development (Rothman, 2007). They focus on building a community identity, participatory planning and policy development, and strategies for social change (Minkler, 2012; Rothman, 2007). The Community Coalition Action Theory (CCAT) by Butterfoss and Kegler is another model commonly referenced in literature. The CCAT identifies three cyclical stages—formation, maintenance, and institutionalization (Kegler et al., 2010; Sharma & Smith, 2011). These stages focus on creating a formal group, operating policies and processes, obtaining resources for prevention strategies, and evaluating outcomes (Sharma & Smith, 2011).

Rothman's models and CCAT have inspired other models and frameworks, some specifically used for substance abuse prevention. Interactive Systems Framework for Dissemination and Implementation (ISF), Community Anti-Drug Coalitions of America (CADCA), Communities That Care (CTC), and Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF) are the most commonly referred to models in research literature and will be briefly described below.

ISF is a community-centered model that uses evidence-based practices and consists of three systems—Prevention Synthesis and Translation system, the Prevention Support System, and the Prevention Delivery System (Firesheets, Francis, Barnum, & Rolf, 2012; Wandersman, Duffy, Flaspohler, Noonan, Lubell, Stillman, Blachman, Dunville, & Saul, 2008). A primary advantage of this system is its holistic nature, which is why it has been used to evaluate other models such as CTC and SPF (Firesheets et al., 2012; Florin, Friend, Buka, Egan, Barovier, & Amodei, 2012). Research on ISF concluded it could be used to identify stakeholders, building capacity and communication among them (Wandersman et al., 2008). Key factors in that process were training, technical assistance, and organizational characteristics (Florin et al., 2012; Livet, Courser, & Wandersman, 2008).

CADCA is also considered an evidence-based model with an emphasis on building coalitions, field research, and training (Yang et al., 2012). The problem-solving model consists of three main components—building capacity, using comprehensive strategies, and facilitating change (Yang et al., 2012). Research findings verified the importance of the three components and stressed several other elements such as leadership, planning, and funding (Ellis & Lenczner, 2000).

CTC is a science-based system that promotes collaboration and implementation (Arthur et al., 2010). The five-phase process focuses on assessment, organization, planning, implementing, and evaluating, with emphasis on the fifth phase (Arthur et al., 2010). Much of the research conducted on CTC reveals a higher level of sustainability because of the efficiency, participation, and cohesion of effective coalitions that utilize CTC (Feinberg, Bontempo, & Greenberg, 2008; Rhew, Brown, Hawkins, & Briney, 2013; Shapiro, Oesterle, Abbott, Arthur, & Hawkins, 2013).

The SPF was developed by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) to prevent or reduce substance abuse, to reduce related issues, and build prevention capacity (Piper, Stein-Seroussi, Flewelling, Orwin, & Buchanan, 2012). Orwin, Edwards, Buchanan, Flewelling, and Landy (2012) stated, “The model promotes data-driven decision making (DDDM), with an emphasis on using epidemiological data to help select prevention priorities and to allocate prevention resources” (p. 73). It is a five-step process that focuses on planning and implementation, but it also factors in assessing needs, building capacity, and evaluating and monitoring effectiveness (Arthur et al., 2010; Piper et al., 2012). Research findings revealed that the SPF gave coalitions a plan to follow, increased their awareness of data, and helped them to increase capacity (Orwin et al., 2012).

Common Characteristics among the Models. The models described above emphasize evidence-based strategies and outcomes. They have common stages and components that can help communities make positive changes. Four key stages emerged in the literature reviewed for the models and prevention coalitions in general. They included formation, planning, implementation, and evaluation—set in the community context.

Community mobilizing (Granner & Sharpe, 2004; Julian, Hernandez, & Hodges, 2006), building capacity (Granner & Sharpe, 2004), assessing needs, resources, and readiness (Arthur et al., 2010; Yang et al., 2012), and recruiting members (Butterfoss, Lachance, & Orians, 2006) are considered part of the *formation* stage. Research findings revealed assessing community readiness, identifying needs, and acquiring resources can strengthen community capacity (Butterfoss, 2006; Chinman et al., 2005; Flaspholer et al., 2008; Kegler, Norton, & Aronson, 2008). Another key part of the formation process for community coalitions was assessing needs and resources—human, financial, and material (Yang et al., 2012). Julian et al. (2006) and Yang et al. (2012) found that coalitions should first compare community needs to available resources. Lastly, it is critical for coalitions to recruit members or stakeholders during the formation stage. Zakocs and Edwards (2006) learned that membership diversity was an indicator of coalition effectiveness. Therefore, members should consist of individuals from key sectors such as government, parents, youth, faith based, media, education, and law enforcement (Butterfoss, 2011; Donaldson, 2005; Kegler et al., 2010; Padgett, Bekemeier, & Berkowitz, 2004; Shapiro et al., 2013; Zakocs & Edwards, 2006). Donaldson (2005) found that leaders and staff are also significant members, and that leaders in particular should be credible, trustworthy, organized, articulate, persuasive, and dedicated.

During the *planning* process stage, the coalition should develop a framework (establish goals, objectives, action plan, and logic models), policies and procedures, and provide training and technical assistance (Arthur et al., 2010; Butterfoss et al., 2006; Granner & Sharpe, 2004; Yang et al., 2012). Hallfors, Cho, Livert, and Kadushin (2002) found that goals should be based on the needs assessed during the formation stage, and they should be manageable and focused. Formalization of policies and procedures was an indicator of coalition effectiveness in several documented research studies (Zakocs & Edwards, 2006). Collins et al. (2007) discovered that training and technical assistance were effective vehicles for skill and knowledge building. All of these planning products should be based on shared commitments and community needs (Spatig, Flaherty et al., 2010).

Stage three involves *implementing interventions* (Arthur et al. 2010; Butterfoss, 2011; Clark et al., 2006; Granner & Sharpe, 2004; Julian et al., 2006; Yang et al., 2012). Primary goals of this stage are implementing strategies and programs, connecting with the community, acquiring resources, and maintaining member involvement (Sharma & Smith, 2011; Wandersman et al., 2008). Many intervention strategies are evidence-based, comprehensive, or environmental (Butterfoss, 2011; Florin et al., 2012). Funding typically consists of grants or gifts from state or federal government programs, local businesses, foundations, and other private sector sources. Also, most agencies are likely to fund evidence-based strategies or their own programs (Schensul, 2009). Feinberg et al. (2008) found that a positive characteristic of effective and comprehensive interventions is they have a tendency to survive after initial grant dollars are gone, and that funding was contingent upon how the community coalition board functions—the better they operate, the more likely they will attract funding.

Lastly, evaluation and assessment must occur to determine if the coalition was effective—if desired goals or outcomes have been met, if coalitions are sustainable (Arthur et al. 2010; Butterfoss et al., 2006; Clark et al., 2006; Granner & Sharpe, 2004; Julian et al., 2006; Shapiro et al., 2013; Yang et al., 2012). Butterfoss (2011) and Feinberg et al. (2008) stated that assessing coalition and planning sustainability is important. Many studies have focused more on short-term effects of coalitions than sustained effects (Collins et al., 2007), but studies that concentrated on long-term sustainability revealed several factors that predicted coalition sustainability—community capacity building, board functioning and sustainability planning, evidence-based interventions, and funding or resources (Feinberg et al., 2008; Rhew et al., 2013).

All four stages take place in particular community contexts. Research literature revealed contextual factors include political climate, geography, history of collaboration, economics or funding, level of accountability, and community readiness (Kegler et al., 2010; Wandersman et al., 2008). Kegler et al. (2010) recognized that coalitions are a challenge to study, “because they are deeply embedded in unique communities” (p. 10). Miller and Shinn (2005) remind us that it is not a one-size-fits-all approach and some programs may be more effective than others may in a particular local context.

While learning was not identified as a common component for prevention models, it is at the core of the grounded theory model *Getting it Together: A Learning Model of Community Collaboration*. Learning communities were found to be a major contributor for effective coalitions. The collaborative process involved members learning “with and from each other” (Spatig, Flaherty et al., 2010) in a way that is reflective of critical pedagogy, as articulated by Paulo Freire (Prevedel, 2003). The basic premise of critical pedagogy concerns the relationship

between knowledge and power, which can be socially transformed through education (Cho, 2007). Active participation in learning empowers individuals in the overall process (Prevedel, 2003). The collaborative nature of critical theory promotes learner-centered activities that facilitate decision-making and problem-solving together (Pishghadam & Naji Meidani, 2012; Prevedel, 2003).

Background

In 2004, the West Virginia Prevention Resource Center (WVPRC) received a planning grant from the US Department of Health and Human Services. The grant required that the state have an advisory body, and thus the West Virginia Partnership to Promote Community Well-Being was born. The Partnership was made up of representatives from prevention-related state agencies, such as the Division on Alcoholism and Drug Abuse, Department of Education, and Division on Criminal Justice services and other organizations or groups from communities around the state. The Partnership's goal was to create a statewide comprehensive prevention system "that would close gaps and reduce redundancies in services" (Spatig, Swedberg et al., 2010, p. 6). However, it was important that the Partnership receive a State Incentive Grant that would help them accomplish this goal. The experienced and knowledgeable WVPRC employees were staff members of the WV Partnership. They provided administrative assistance, expedited the work of the advisory body, and essentially wrote the grant proposal.

The WV Partnership received a five year (2005-2010) State Incentive Grant (eventually became Strategic Prevention Framework State Incentive Grant- SPF SIG) from the Center for Substance Abuse Prevention. They awarded the group \$2.3 million per year to assist in planning, implementing, and evaluating a statewide prevention and community well-being system. The SPF SIG supported 53 county planning grants and then 17 county implementation

grants. According to the external research team tasked with evaluating the project, “A substantial part of the funding for the planning year supported a statewide, community-based educational experience – Regional Learning Opportunities. The following year 12, and ultimately 17 county coalitions received funding to implement substance-abuse prevention plans” (Spatig, Flaherty et al., 2010, p. 13).

In addition to internal quantitative and qualitative research, a qualitative research team was employed by the WV Partnership to evaluate the SPF SIG project from an external perspective. The research team used a longitudinal ethnographic method for the six-years (the planning year and the five-year grant cycle). Throughout the six-year study, the team members were participant-observers, while oriented more towards the observer end of the participant-observer continuum (Bogdan & Biklen, 2007). In addition to participant-observation, data collection methods consisted of individual and focus group interviews, and document reviews.

Researchers attended quarterly Partnership meetings, annual Partnership retreats, workgroup meetings, staff meetings, and community coalition meetings and generated data in the form of expanded field notes. Interviews were conducted with various individuals and groups each quarter based on their level of involvement and knowledge of the state or local partnerships. Partners, staff, and community coalition members were interviewed by phone or in person with the use of a digital recorder and then transcribed word for word. Documents produced by the Partnership, WVPRC staff, and community coalitions were reviewed to obtain additional information.

The longitudinal ethnographic approach produced a great amount of data that needed to be analyzed and disseminated, so the team ultimately turned to a grounded theory approach to make sense of everything that had been learned. An inductive thematic system was used to code

and analyze data collected throughout the project. Each quarter, the team shared the analyzed data and emergent themes with the participants through written and oral communication strategies. The team prepared quarterly reports titled Notes from the Field and made oral presentations summarizing reports at quarterly WV Partnership meetings.

During the fourth year of the project, the research team analyzed the 13 Notes from the Field using the same thematic coding process. This report, Notes on the Notes, introduced the initial, preliminary version of the grounded theory model *Getting it Together: A Learning Model of Community Collaboration*. From that point forward, the team focused on member checks—collecting data from purposefully selected participants in order to verify findings (Rager, 2005), a strategy useful in further developing the theory and strengthening its validity. In the last year of the study, the goal of the research team was to create a grounded theory model of effective community collaboration that captured what was learned from the study of the West Virginia SPF SIG. The hope was that this could be applied to future prevention initiatives and be used by other community researchers. The components of the grounded theory model (see Figure 1) are:

- The “*Right*” People- Getting the right people to the table
- Collaborative Engagement- Keeping them engaged with the issues and each other
- Shared Commitments- Cultivating a shared vision
- Financial Resources- Obtaining resources

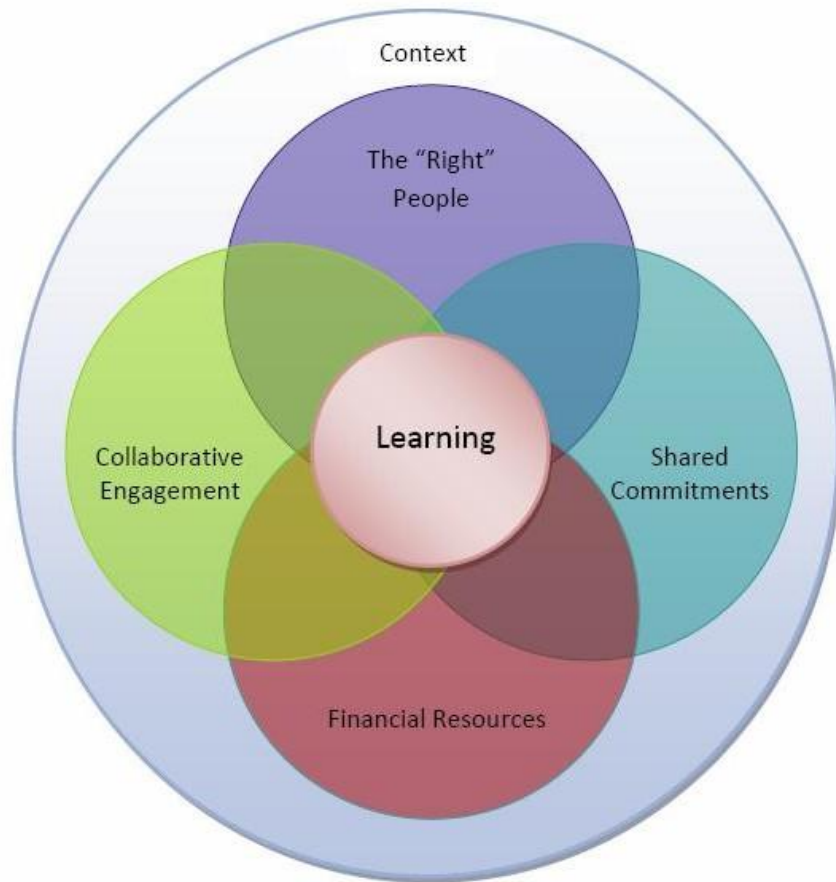


Figure 1. Grounded theory model *Getting it Together: A Learning Model of Community Collaboration*

Spatig, Flaherty et al. (2010) described the model by saying:

While the four components are consistent with what other studies have found to be true of successful community coalitions, the key to this model is that the components are parts of a *learning process*, on people “*getting it*”—understanding something—together. (p. 5)

Toward the end of the SPF SIG project, the research team asked the WVPRC staff which counties were most successful at addressing substance abuse issues. The staff identified a number of counties based on community collaboration, coalition development, participant involvement, and use of evidence-based substance-abuse prevention strategies. The research

team focused on three identified counties that represented both rural and urban areas and were located in different areas of the state. They were also reasonably accessible geographically for researchers to conduct observations and interviews. Lastly, the coalition directors or coordinators were accommodating, active participants with whom the researchers interacted during WV Partnership meetings.

Methods

Design and Sampling. This collective case study examined substance abuse prevention community coalitions and tested the grounded theory model for community collaboration, six years after the SPF SIG project. The sample for the proposed study included three county coalitions that were deemed successful and were still actively functioning in their respective communities. Locations were scattered throughout the state, in the northern, southern, and western regions. Two of the three original county coalitions from the SPF SIG project were revisited, because they were still active coalitions. I referred to the two active coalitions throughout the study as Urban County West and Rural County South to protect their identity. The third original county coalition was no longer active, so an adjacent county with similar demographics replaced the inactive county coalition. The pseudonym for this county was Urban County North.

The three coalitions were studied because they are “information- rich cases” (Patton, 2002, p. 46). They were purposefully selected in order to learn from a collective case study of three active and successful coalitions. A phenomenological approach allowed me to study the participants’ perspective of how they experienced the community coalition. I contacted current coalition directors to explain the purpose of my study and obtained permission to attend coalition

meetings and arrange interviews with current members. In order to collect data, IRB approval and participant consent were acquired.

Research Relationships. Professional relationships with members of two of the three community coalitions were established during the previous SPF SIG study. However, personal relationships did not develop and therefore did not affect internal validity (Creswell, 2009). One advantage of the established relationships was familiarity with the settings and how coalition meetings were conducted. This led to a shorter adjustment period and allowed more time for comfortable observations and interviews. A disadvantage was that it had been almost five years since I have had contact with these particular groups. People had come and gone and I needed to rebuild or build a level of trust or rapport with long-term and new members, and with everyone in the replacement county.

Data Collection. I attended two coalition meetings for each of the three counties as an observer, where I took notes, documented observer comments, and started building a rapport with coalition members. In-depth interviews were conducted using semi-structured, open-ended questions (Bogdan & Biklen, 2007). The interviews included one focus group interview and nine individual interviews with coalition participants, including the director from each county. I interviewed a diverse group of members, long-standing and new, to gather multiple perspectives. Lastly, local coalition documents and reports were “used in support of the interviews and participant observation” (Bogdan & Biklen, 2007, p.133).

Data Analysis. Data collected through observations, interviews, and documents were inductively analyzed “to further clarify, develop and validate” (Johnson & Christensen, 2004) the grounded theory developed during the SPF SIG study. As an initial form of analysis, observer comments were recorded during interviews and observations (Bogdan & Biklen, 2007). All data

were analyzed inductively using open coding, and coding categories were constructed (Krysiak & Finn, 2010), which is appropriate for a collective case study. Individual county cases were analyzed first. Then cross-case analysis identified patterns and themes in across cases (Patton, 2002).

Validity. This qualitative case study addressed questions of validity, specifically researcher bias and reactivity. I had preconceived ideas about coalition success because of social media and advertising campaigns I have recently viewed. I also spoke with the current directors from two of the coalitions and they shared positive outcomes that have taken place in those counties. The third coalition informed me that they were not able to continue with their efforts because of a lack of funding. Additionally, I was a member of the research team that developed the grounded theory in question, and thus have some degree of identification with it. I addressed such validity threats by employing a few strategies Stake (2010) suggests, such as triangulation, member checks, and peer examination.

Reactivity is another validity threat, specifically when conducting individual interviews and focus group interviews, because the researcher may influence the setting or participants (Maxwell, 2013). Interviews can be intimidating and unnatural for both the participant and the interviewer. Therefore, it is imperative to gain participants' trust and make them feel at ease by employing good ethnographic interviewing techniques (Glesne, 2011). Because coalition meetings are open to the public, observing was less invasive than a closed-door meeting and less of a threat.

Conclusion and Significance

The purpose of this study was to examine three community coalitions that have had continued success with substance abuse prevention, six years after the initial SPF SIG grant

ended. The community coalition members reflected on what have they learned throughout the authentic, learner-centered process—characteristics of Freire’s critical pedagogy. The grounded theory model *Getting it Together: A Learning Model of Community Collaboration*, the result of a qualitative case study, was also tested.

Substance abuse issues are still pervasive and other health and social issues pose additional challenges. More recently, with the increase in substance abuse, additional community groups have formed. Community collaboration and organizing is a critical strategy for addressing such issues. Wandersman et al. (2008) stated, “There is a need for new approaches to supplement the existing approaches of research to practice models and the evolving community-centered models” (p. 171). This study added to knowledge about community-based educational projects, especially those pertaining to sustainability of effective substance abuse prevention efforts.

Chapter Two: Literature Review

The purpose of this study was to examine successful substance abuse prevention community coalitions and to test the grounded theory model *Getting it Together: A Learning Model of Community Collaboration*. This chapter provides a review of literature that focuses on four important areas related to this study. The first area addresses the significance and purpose of community coalitions. The second area includes studies of prevention models used for community organizing and substance abuse. Then literature was synthesized to identify common characteristics among these models—stages and components, and various outcomes—effectiveness, evidence-based strategies, and sustainability. Lastly, learning is presented as the “missing element” of the other models, while providing an overview of the study’s theoretical framework—critical pedagogy.

Community Coalitions

Community groups, which address social issues to “improve the human condition” (Butterfoss, 2007, p. 3), have long existed and evolved over time. An early example is hunters and gatherers who realized if they worked together, they could increase their storage of food. As time passed, formal collaborations formed, called associations. Community-organizing movements began in the 1800s and emphasized health and quality of life. This has all led up to the modern approach we have today with campaigns, grassroots organizing, and community coalitions (Butterfoss, 2007).

Over the last 20 to 25 years, community coalitions have quickly formed to address a variety of public health and social issues (Kegler et al., 2010; Sharma & Smith, 2011). In general, coalitions are collaborative in nature and focus on a common goal, such as community health and well-being (Yang et al., 2012). Their primary action is reacting to problems, using a variety of sources, such as mass media and schools, directed at target groups like adults and teens

(Zakocs & Edwards, 2006). Coalitions engage community members in prevention efforts, who then implement effective interventions (Arthur et al., 2010). Butterfoss (2006) states,

Coalitions serve as catalysts to bring community issues to the forefront: collect data from hard-to-reach populations about health status and barriers to care; help community groups develop action plans of feasible strategies; test promising and innovative change strategies that may later be adopted by community institutions and service agencies; and serve as forums to connect people with diverse talent, ideas and capacities (p. 336).

Entities such as government organizations, churches, educational groups, social work agencies and civic associations come together to form coalitions and address community concerns (Butterfoss, 2007), “because no one agency has the resources, access, and trust relationships to address the wide range of community determinants of public health problems” (Green et al., 2001, p. 21). This system of mobilizing promotes sharing resources, expertise, and abilities of many individuals to promote community change (Granner & Sharpe, 2004).

In recent years, the role of coalitions expanded. Many executed science-based interventions (Collins et al., 2007), collaborated with researchers, and adopted action research principles (Green et al., 2001). As community coalitions have grown in popularity, so too have theories and practice models for mobilizing change.

Models of Community Collaboration

Many collaborative coalitions used theoretical models as the basis for community organizing. A number of community organization models exist, placing emphasis on various factors. Grassroots mobilizing, technical problem solving, inequality, mass movements, and locality-based problems are just a few of them (Butterfoss, 2007). However, the common link with all models is the goal for individuals to collaborate and change the problematic situation

that affects them, whether it is diabetes, adolescent problem behaviors, mental illness, domestic violence, or substance abuse.

In recent years, models have changed from “practice and research on the community to one of practice and research with the community” (Butterfoss, 2006, p. 323-324). Numerous models encourage community members “to seek solutions to their own problems...by fostering collaboration among multiple stakeholders” (Zakocs & Edwards, 2006, p. 351). According to Butterfoss (2007), models that have surfaced over the last decade are more “community-centered and emphasize community strengths, development of shared goals, and equitable power relationships” (p. 11), while complementing long-standing approaches.

Researchers have examined a number of theoretical models when studying community coalitions. Rothman’s models of community organizing were the first and most recognized “typology of community organizing and intervention” (Minkler, 2012, p. 34) and consist of three overlapping models: locality development, social planning, and social action (Boehm & Cnaan, 2012). He developed the initial three models in 1968 based on observations he made while teaching. Over time, the models have evolved and Rothman made revisions to reflect his observations. The models are now referred to as modes of community capacity development (locality development), social planning and policy (social planning), and social advocacy (social action) (Rothman, 2007).

Initially, Rothman (1995) first stated, “change should be pursued through broad participation by a wide spectrum of people at the local community level” (p. 29). According to more recent literature, community capacity development broadened its scope to include building a community identity that “avoids a narrower geographic focus” (Minkler, 2012, p. 41). Originally, social planning focused specifically on technical aspects and was data-driven.

Minkler (2012) pointed out that the mode of social planning and policy still is data-driven problem solving, but that Rothman added the possibility for new strategies like participatory planning and policy development. Social action assumed that one sector of the community was not attended to and they needed to be heard (Rothman, 1995). The revised mode of social advocacy continued to address power issues, but was more in line with strategies for social change (Rothman, 2007). Goals for this model are either task or process driven and the framework includes,

identifying (a) the client system, (b) the community orientation to change, (c) the outcomes sought, (d) the change strategies and tactics, (e) the target of change strategies, (f) the social philosophy undergirding the approach, and (g) the nature of the power relationships between community members and the power structure. (Laing, 2009, p. 22)

Another commonly referenced model is the Community Coalition Action Theory (CCAT) by Butterfoss and Kegler. This theory evolved out of existing community coalition literature, personal experience, and professional knowledge of coalition building (Butterfoss & Kegler, 2009). The CCAT identifies three stages—formation, maintenance, and institutionalization (Kegler et al., 2010; Sharma & Smith, 2011). The formation stage focuses on creating a more formal group by recruiting members with a common goal and developing operating policies and processes (Kegler et al., 2010; Sharma & Smith, 2011). The maintenance stage involves acquiring resources to support implementing prevention strategies, while engaging members in related activities (Sharma & Smith, 2011). Lastly, outcomes are produced and evaluated, allowing the coalition to adopt effective strategies during the institutionalization stage (Sharma & Smith, 2011). Butterfoss and Kegler (2009) identify the stages as cyclical and allow the coalition to return to an earlier stage as needed or as new issues surface.

Both Rothman's models of community organizing and CCAT have influenced various other models and frameworks for community organizing and provided a strong foundation for community health in general. Some models specifically used to address substance abuse prevention efforts include the Interactive Systems Framework for Dissemination and Implementation (ISF), Community Anti-Drug Coalitions of America (CADCA), Communities That Care (CTC), and Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF).

Interactive Systems Framework for Dissemination and Implementation (ISF). The Interactive Systems Framework for Dissemination and Implementation (ISF) is a community-centered model that uses evidence-based practices for grassroots efforts, such as substance abuse prevention (Firesheets et al., 2012). Components of research-to-practice models are evident in this framework, which consists of three systems: 1) Prevention Synthesis and Translation system; 2) the Prevention Support System; and 3) the Prevention Delivery System (Wandersman et al., 2008). The Prevention Synthesis and Translation system presents research about strategies in a "user-friendly format", "identifying key characteristics and core elements of programs, processes, principles, or policies" (Wandersman et al., 2008, p. 175). The primary goal of the Prevention Support System is to provide training and technical support, while strategy implementation takes place in the Prevention Delivery System (Wandersman et al., 2008). Advantages of ISF include emphasis on the infrastructure or systems and not specific activities, and the holistic nature or ability to "address the whole person" (Firesheets et al., 2012, p. 354).

Several studies have uncovered outcomes of this system, particularly during its development and when used as a lens to review other program models such as CTC and SPF. Wandersman et al. (2008) concluded in their introduction of the framework that it can be used to

identify key stakeholders and how they might interact, to highlight the importance of capacity and need for communication among all stakeholders, and to organize research about dissemination and implementation. During their study of the ISF in 14 Rhode Island communities that implemented SPF, Florin et al. (2012) observed they were able to describe “interactions among different stakeholders” and “avoid confusion about roles and responsibilities” because of the three systems (p. 413). They also discovered how significant training and technical assistance is for prevention work (Florin et al., 2012). Livet et al. (2008) found that organizational characteristics like effective leadership, a shared vision, assessment of internal and external support, and technical assistance should be assessed and established before “using a comprehensive programming framework” (p. 374) such as CTC and SPF.

Community Anti-Drug Coalitions of America (CADCA). Community Anti-Drug Coalitions of America (CADCA) employs an evidence-based model to develop community coalitions for the field of substance abuse (Yang et al., 2012). The nonprofit organization has a mission to create and maintain safe, healthy, and drug-free communities. CADCA’s original emphasis was on building coalitions using training, meetings, publications and other typical strategies. They have expanded to include field research and training for a more comprehensive approach that encompasses process and outcome goals. Yang et al. (2012) states the community problem-solving model used by CADCA consists of the following components: 1) coalition operational and problem-solving capacity, 2) comprehensive community change strategies, and 3) facilitate community change.

Yang et al. (2012) examined the community problem-solving model by analyzing data from 551 substance abuse coalitions and verified that the model is an appropriate illustration of the “community problem-solving process for coalitions” (Yang et al., 2012, p. 693). Some of the

major findings included that coalition age and geographical location did not weaken the impact of the model, and building operational and problem-solving capacity, and pursuing comprehensive strategies are important (Yang et al., 2012). Ellis and Lenczner (2000) concluded from their study of eight successful community coalitions that they shared common elements such as a clear mission statement, strategic planning, diversified funding, strong leadership, diverse members and strategies, communication streams, professional development and training opportunities, and outcomes evaluation.

Communities That Care (CTC). “Communities That Care (CTC) is a coalition-based [substance-abuse] prevention system that activates community stakeholders to collaborate on the development and implementation of a science-based community prevention system” (Arthur et al., 2010, p. 247) and focuses on reducing youth behavior problems such as alcohol and substance abuse (Feinberg et al., 2008; Rhew et al., 2013; Shapiro et al., 2013). It is a linear or cyclical five-phase process that includes 1) assessing community readiness; 2) getting organized and trained; 3) assessment of community levels and outcomes; 4) creating a plan; 5) implementing the plan and evaluating the outcomes (Arthur et al., 2010). This model is process based, but it places an emphasis on the tasks or outcomes as seen in the evaluation phase.

CTC has produced many outcomes in a variety of situations. Feinberg et al. (2008) conducted a longitudinal study to examine the sustainability of 110 CTC coalitions in Pennsylvania. Results showed a high level of sustainability over several years post-launch. In fact, 90% of the coalitions made it past the initial three-year implementation period (Feinberg et al., 2008). Additional outcomes involved continued use of evidence-based programs, by most sustained sites, and many coalitions attracted funding at a higher level than the initial grant (Feinberg et al., 2008). Feinberg et al. (2008) also mentioned predictors of sustainability, which

included quality of board functioning, placing value on “assessing and supporting the overall quality of coalition functioning, as well as sustainability planning” (p. 501). Shapiro et al. (2013) studied 12 communities that used CTC over a four-year period. Results indicated that goal-directedness, efficiency, opportunities for participation, and cohesion are key aspects that support coalition functioning. Their findings also show that “coalitions can be efficient and goal-focused while also being participatory and cohesive in their work with communities” (p. 357).

Arthur et al. (2010) and Rhew et al. (2013) conducted studies of CTC by utilizing the findings of the Community Youth Development Study (CYDS), which involved 24 community coalitions, 12 of which implemented the CTC system. Data from Arthur et al. (2010) study indicated the CTC system provided tools, training, and technical assistance that “helped communities achieve the qualities of effective prevention coalitions” (p. 254). Rhew et al. (2013) also found that CTC had sustained effects.

Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF). The Strategic Prevention Framework (SPF) was developed by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Prevention (CSAP) funds State Incentive Grants (SIG) to address substance-abuse related issues at state and local levels. Orwin et al. (2012) stated, “The model promotes data-driven decision making (DDDM), with an emphasis on using epidemiological data to help select prevention priorities and to allocate prevention resources” (p. 73). The Strategic Prevention Framework focuses on planning and implementation through a five-step process: 1) assess prevention needs — community readiness and resources, 2) build prevention capacity, 3) strategic planning—logic model, 4) implementation of evidence-based

strategies, and 5) evaluation of outcomes and monitoring effectiveness—sustainability (Arthur et al., 2010; Piper, et al., 2012). Florin et al. (2012) state that “although the steps are represented linearly in the SPF model, the expectation is that, in practice, these activities will continue and be revisited throughout the duration of a community’s substance abuse prevention work” (p. 403). There are three primary goals of the SPF SIG: 1) prevent or reduce substance abuse, 2) reduce substance abuse related issues, and 3) build prevention capacity (Piper et al., 2012).

Orwin et al. (2012) found in their study of the first 26 states that received the SIG that there were several factors that helped communities implement the SPF model and DDDM, such as stakeholders’ support, contribution, collaboration, training, and technical assistance. Respondents in the study recognized “that the SPF SIG gave them a planning process to follow, increased their awareness of (and knowledge about) the data they processed, and drove them to increase the capacity of the prevention stakeholders across their states” (Orwin et al., 2012, p. 98).

Along with the development of a measurement tool or system, one study discovered which [substance abuse] “domains were most developed and which ones lag behind” as viewed through the lens of the SPF SIG (Piper et al., 2012, p. 74). Piper et al. (2012) also learned that data systems are strongly connected to evaluation and planning, but they are not being used as well as they could be. Most states in the study 1) promoted and supported Evidence-Based Programs, Policies, and Practices (EBPPPs), 2) understand that technical assistance is required for execution, and 3) are more likely to observe and assess outcomes of the EBPPPs (Piper et al., 2012).

Common Stages and Components/Elements

The models previously mentioned focus on evidence-based strategies and outcomes, and use various theoretical frameworks. Additionally, there are common stages and components among the models that can be applied to health-related prevention efforts, including substance abuse. Researchers and community groups have identified key stages and factors that can lead to positive community change. In general, there are four stages that emerged, consistent among models and processes described earlier—formation, planning, implementation, and evaluation. While most models move through non-linear stages (Kegler et al., 2010), they employ a variety of activities. Components of the model featured in this study—*Getting it Together: A Learning Model of Community Collaboration*—include getting the right people to the table, collaborative engagement, shared commitments, financial resources, which are comparable to the elements in each stage described below. Finally, the models refer to community context and its impact on community change.

Clark et al. (2006) recognized the first stage as the *formation* stage. Several studies identified components such as community mobilizing (Granner & Sharpe, 2004; Julian et al., 2006), building capacity (Granner & Sharpe, 2004), assessing needs, resources, and readiness (Arthur et al., 2010; Yang et al., 2012), and recruiting members (Butterfoss et al., 2006) as part of the stage. Stage two focused on *planning* (Arthur et al., 2010; Butterfoss et al., 2006; Butterfoss, 2011; Granner & Sharpe, 2004; Julian et al., 2006). Yang et al. (2012) suggested that during this stage, the coalition develops a framework—establishes goals, objectives, action plans, and logic models. Coalition leaders, staff, and members will also develop policies and procedures for functioning (Arthur et al., 2010; Butterfoss et al., 2006; Granner & Sharpe, 2004) and train individuals and groups as needed (Arthur et al., 2010). *Implementing* interventions

(Arthur et al., 2010; Butterfoss, 2011; Clark et al., 2006; Granner & Sharpe, 2004; Julian et al., 2006; Yang et al., 2012) occurred during stage three. Many interventions are evidence-based, which requires funding sources (Butterfoss, 2011) and provides opportunities for membership engagement (Butterfoss, 2011; Shapiro et al., 2013). Lastly, evaluation and assessment must occur to determine if the coalition was effective—if desired goals or outcomes have been met, if coalitions are sustainable (Arthur et al. 2010; Butterfoss et al., 2006; Clark et al., 2006; Granner & Sharpe, 2004; Julian et al., 2006; Shapiro et al., 2013; Yang et al., 2012).

Formation Stage. Based on their study of factors that influence formation, Butterfoss et al. (2006) noted that, “formation usually begins when a lead agency with links to the community brings together key organizations that recruit a group of community partners to initiate a coalition focusing on a health or social issue of concern” (p. 23S). Formation centers around factors associated with building capacity, such as assessing readiness, needs, and resources, and recruiting stakeholders.

Chinman et al. (2005) concluded, “Building community capacity can be the means to improve the quality of prevention and achieve positive health outcomes” (p. 155). Previous literature characterized community capacity as the “ability to identify, mobilize, and address problems” (Butterfoss, 2006, p. 327). There are several key components or factors that contribute to capacity building. Over the last decade, researchers have repeatedly referred to these factors in similar fashion. Assessing, identifying, and acquiring resources are significant activities performed for building capacity (Butterfoss, 2006; Chinman et al., 2005).

Another major component of capacity building involves stakeholders’ level of commitment—their readiness, motivation, and diverse backgrounds (Butterfoss, 2006; Chinman et al., 2005; Donaldson, 2005; Wandersman et al., 2008). Leadership skills and competence are

critical throughout this process (Butterfoss, 2006; Chinman et al., 2005; Donaldson, 2005; Wandersman et al., 2008), and assist the group in strengthening current partnerships and establishing new networks (Wandersman et al., 2008). Chinman et al. (2005) pointed out that some may view “the lack of community capacity as reflecting a lack of information” (p. 147). Information must be acquired and assessed to move forward with the process.

Community capacity can be strengthened or enhanced by assessing community readiness and identifying needs and resources (Flaspohler et al., 2008; Kegler et al., 2008). Butterfoss et al. (2006) concluded from their study of coalition formation that a community’s readiness be considered before funding. Typically, when assessing readiness, characteristics of the members, leaders, and involved organizations are considered. Slater, Edwards, Plested, Thurman, Kelly, Comello, & Keefe (2005) used Edward’s six dimensions of the Community Readiness Model: 1) community efforts, 2) community knowledge of the efforts, 3) leadership, 4) community climate, 5) community knowledge about the issue, 6) and resources related to the issue during their study of the role of readiness assessments, because it provided a comprehensive framework.

Yang et al. (2012) stated that assessing needs and resources, such as human, financial, and material, is an essential process for community coalitions. Julian et al. (2006) and Yang et al. (2012) suggested comparing community needs to available resources, and then developing goals and objectives for prevention efforts. The coalition should then try to identify significant contributors and collaborators. “The question is not whether a community can develop a coalition, but rather the length of time, challenges faced, and support and resources needed to make the coalition effective in reaching its goals” (Butterfoss et al., 2006, p. 32s).

Getting the right people to the table (Spatig, Flaherty, et al., 2010) is a key factor for coalition development and success. The “right people” are stakeholders, or groups and

individuals with shared interests and motivation, who come together to address a community problem (Zakocs & Edwards, 2006). According to research and the previously mentioned models, coalition members include key sectors such as government, business, citizens, parents, youth, faith based, media, education, public health, law enforcement, or others who have a vested interest in the problem (Butterfoss, 2011; Donaldson, 2005; Kegler et al., 2010; Padgett et al., 2004; Shapiro et al., 2013; Zakocs & Edwards, 2006). Donaldson (2005) and Padgett et al. (2004) pointed out that “because of their diverse representation and perspectives..., coalitions...have the greatest potential to establish legitimacy and leverage power” (p. 92) and “lend visibility, credibility, and commitment” to a cause (p. 256). Zakocs and Edwards (2006) reviewed coalition-building factors relationship with coalition effectiveness and found a number of studies that identified membership diversity as an indicator of coalition effectiveness.

As expected, larger memberships seem to benefit from the expanded involvement because there is a broader range of knowledge, resources, and connection with the community (Yang et al., 2012). However, membership can vary in size and representation for several reasons. Kegler et al., (2010) concluded in their study of how community context affects coalitions in the formation stage that the challenges to membership are rural and urban areas with geographical barriers, action plans that focus more on specific demographic groups, and “economically disadvantaged” (p. 9) individuals without resources or time to participate. Butterfoss (2006) noted that for some coalitions, not all groups are equally represented, particularly faith-based, business, minority, and young and elderly age groups, but instead there are more “female, middle age, and majority-race professionals” (p. 336).

Valente, Chou, and Pentz (2007) noted, “Cohesion, shared mission and goals, and common values are the hallmark of community coalitions. These factors may not translate into

the successful adoption of prevention programs without leadership, however” (p. 884).

According to Donaldson (2005), leaders and staff are also significant stakeholders for a coalition. Some key responsibilities of the effective coalition leader or mobilizer include establishing organizational structure and processes, implementing action plans, developing partnerships, and providing technical assistance (Collie-Akers, Fawcett, Schultz, Carson, Cyprus & Pierle, 2007; Kegler et al., 2010; Padgett et al., 2004). Donaldson (2005) concluded from his review of literature that an effective leader should possess attributes such as credibility and trustworthiness, and be organized, articulate, persuasive, and dedicated. Leadership for a prevention project is crucial to the success of the coalition and is an indicator of its effectiveness (Butterfoss, 2006; Collie-Akers et al., 2007; Zakocs & Edwards, 2006). Kegler et al. (2010) observe that “staff is usually employed by the lead agency or group” (p. 2) and they play an important role by supporting the leader and needs of the coalition as well.

Planning. After capacity building needs have been assessed and members have been recruited, the coalition is ready to focus on planning. Planning products typically include a mission statement, goals and objectives, logic model, and plan of action (Collie-Akers et al., 2007; Yang et al., 2012). Livet et al. (2008) stated careful planning, “prior to program implementation can increase the odds of achieving positive outcomes” (p. 361).

Goals and objectives should be a response to community needs determined during the formation stage. Based on their study of substance abuse coalition strategies in 14 communities, Hallfors et al. (2002) recommended that “communities should keep their goals focused and manageable” (p. 244). Logic models are created to explain goals and objectives and typically link them to activities, data for implementation, and design of outcome evaluations (Chinman et al., 2005). The action plan is a response to the logic model and it describes the activities the

coalition will use to foster change (Yang et al., 2012). Activities include selecting interventions, monitoring, and providing feedback on implemented strategies, and assessment of process and outcome goals. During the development of the action plan, coalition members and leaders will review evidence-based programs and tested policies, and choose achievable and significant projects (Padgett et al., 2004). In some coalitions, these planning products have been described as a result of “shared commitments” based on community needs (Spatig, Flaherty et al., 2010).

Coalition members and leaders will also develop organizational policies and procedures to assist in carrying out the action plan. They will typically form work groups or committees for specific functions or actions such as social media and marketing, funding and budgeting, and researching and implementing evidence-based programs as they relate to the plan (Donaldson, 2005). Community change and achievement of goals is more likely when coalitions develop structured internal operations (Yang et al., 2012). In some cases the collaborative groups developed an operating manual depicting a formal voting process, budgeting process, membership expectations and responsibilities, and other related policies. Based on their study of 21 public health coalitions, Padgett et al. (2004) confirmed the best type of organizational structure for collaboration is clear and steady, but flexible. This means it is important to establish policies and process procedures, but leave room for revisions and changes as community needs change, knowledge and learning increases, and other unknown aspects arise. Zakocs and Edwards (2006) found that in five or more documented research studies, formalization of policies and procedures was an indicator of coalition effectiveness.

Collins et al. (2007) found during their study of a SIG for substance use prevention that other key elements of coalition effectiveness are training and technical assistance. Throughout coalition-related literature, there is a focus on primary skills and knowledge, and training and

technical assistance are effective vehicles (Collins et al., 2007). Wandersman et al. (2008) described effective training as “preventing information, providing demonstrations and allowing opportunities for behavioral rehearsal” (p. 176). Prevention agencies or organizations will typically encourage or even require members attend workshops or orientation training to ensure someone from the coalition has received the information and acquired knowledge to share with the other coalition members.

Technical assistance is defined as hands-on support or guidance by skilled facilitators (Chinman et al., 2005; Guillery et al., 2006). Chinman et al. (2005) reported, “Technical assistance is centered around: administrative support, target population, recruitment, fidelity, tailoring, implementation skills and challenges, and incorporating the intervention into existing services” (p. 148). Challenges that surfaced while providing technical assistance included tension between project and agency staff revolving around fidelity, staff turnover, and their initial skill level (Chinman et al., 2005). Chinman et al. (2005) also cautioned organizations about relying solely on delivering training and technical assistance through technology or the Internet, because it is important to engage in the community setting to find out what works best in that context.

Implementation. Once planning products are developed, policies and procedures are established, and staff or members are trained, implementation can begin. The goal of this stage is to implement strategies and programs that will address community needs, while maintaining member involvement, and acquiring resources (Sharma & Smith, 2011). The focus is on “connections with the community, resources, leadership, participation, sense of community, and the willingness to intervene directly in community problems” (Wandersman et al., 2008, p. 178).

A benefit of coalitions is their ability to coordinate several suitable and significant strategies across a community (Butterfoss, 2011; Rosenthal, Butterfoss, Doctor, Gilmore, Krieger, Meurer, & Vega, 2006). Strategies may include “training, advocacy, education programs, care coordination strategies, home visiting programs, environmental interventions, policy work, quality improvement activities, and community awareness initiatives” (Butterfoss, 2011, p. 176). Evidence-based prevention has been defined as theory-based programs that have been evaluated and scientifically researched (Miller & Shinn, 2005). Use of evidence-based strategies is encouraged and in some cases required by funding agencies. Agencies that require the use of evidence-based strategies, often times provide resources to assist coalitions in the selection of strategies, technical assistance to put them into practice, and funding to support implementation (Firesheets et al., 2012). Prevention systems or agencies need to continue to inform and educate leaders and members regarding evidence-based practices in order to meet various community needs and achieve the desired outcomes (Valente et al., 2007).

Another important implementation strategy to address systems change is comprehensive or environmental intervention. “The goal of environmental strategies, including policy, enforcement, and media, is to reduce risk factors such as easy access to substances and community norms that promote the social acceptability of use” (Florin, et al., 2012, p. 403). While environmental strategies should be part of the overall prevention plan that emphasizes systems change, experts or agencies should “expand the scope of training and technical assistance” (p. 695) to include comprehensive or environmental strategies (Yang et al., 2012).

A positive characteristic of effective and comprehensive interventions is they have a tendency to survive after initial grant dollars are gone (Feinberg et al., 2008). Agencies will also provide incentives for coalitions to learn new strategies that they deem appropriate (Miller &

Shinn, 2005). However, the biggest challenge for any intervention is implementing it properly and with quality (Chinman et al., 2005). They all require training, technical support, and formal evaluation. Overall, coalitions should seek to engage in “broad-based, comprehensive” (p. 684), and multi-strategy interventions for the greatest level of change (Yang et al., 2012).

According to Butterfoss (2011), “How well a coalition is able to implement strategies also may be associated with the extent to which participants are involved, satisfied, committed, and contribute to the coalition’s work” (p. 177). Zakocs and Edwards (2006) and Spatig, Flaherty et al. (2010) found that collaborative engagement and active member participation is one indicator of perceived effectiveness. Stakeholder engagement and commitment is dependent on a number of variables including sufficient trust levels, credibility in the community, clear communication, technical assistance, leadership, and feedback (Clark et al., 2006). Guillory et al. (2006) added, “Community connections are critical in order for all stakeholders to fully participate in and contribute to community development activities” (p. 94). It is also important to find a place for members or to identify their role for continued participation (Donaldson, 2005). The more roles they assume and skills they have to offer, the more satisfied they were. This led to increased empowerment and enhanced their satisfaction as well (Butterfoss, 2006).

Stakeholders need to see the benefit in their participation. Organizational rewards or benefits might include increased networking, access to additional resources, shared information, and a positive image for the coalition. Individually or personally, they may receive recognition for their work, see improved skill levels, or simply experience satisfaction from participating (Clark et al., 2006). Overall, members want to see results. SAMHSA recommends that leaders should also involve stakeholders in activities that are assessed so they will be able to see the

outcomes. SAMHSA also pointed out that this helps build ownership across the coalition and encourage stakeholder investment long-term.

Community coalitions often receive short-term initial funding from federal agencies to address prevention needs (Butterfoss, 2011). However, these agencies typically prefer to fund evidence-based strategies or their own programs over those tested and researched locally (Schensul, 2009). It is up to coalitions to seek additional funding to sustain their efforts by identifying new resources. This could be seen as a form of encouragement for coalitions to “engage in cross-sector” collaborations and “build on their complementary skills and resources” (Butterfoss, 2011, p. 175).

Typically, funding is required to continue most programs and for board activities, unless school or organizationally based and funded programs are used, and the entire board is made up of volunteers (Feinberg et al., 2008). Feinberg et al. (2008) concluded from their study of 110 CTC coalitions that the better the coalition board functions the more likely they will attract funding. Most funding sources consist of grants or gifts from state or federal government, local businesses, foundations, and other private sector sources. In fact, Yang et al. (2012) found that most coalitions in their study collected assessment data and used it for “new grants and funding proposals” (p.689).

Evaluation and Assessment. The final stage in this process is evaluation or assessment. Community coalition evaluation is a process of gathering and analyzing information about implemented interventions and outcomes. Coalitions should use this information to improve effectiveness, make decisions, and sustain efforts. Butterfoss (2011) summarized this process by saying, “evaluation design for assessing a community coalition and its work must balance

measures of how coalitions do their work with evidence that the coalition's strategies work" (p. 179).

The potential advantages of evaluation are continued support by letting stakeholders know their work is making a difference and guiding them in the right direction to strengthen their program (Butterfoss, 2006). It is essential to assess implementation and recognize that coalitions are complex programs. Therefore, when evaluating, a multi-method process should be employed (Butterfoss, 2011). Qualitative and quantitative methods are being utilized for various types of evaluation and sustainability efforts.

Goal attainment is more likely with procurement of resources, involved stakeholders, comprehensive planning, and a multifaceted implementation process (Butterfoss, 2011). "Outcomes are produced as a direct result of effective strategies" (Sharma & Smith, 2011, p. 4). A number of elements have been identified that help lead to successful outcomes—shared vision and interests, good leadership, trust, participation, clear roles, and communication (Clark et al., 2006). Collie-Akers et al. (2007) reported that using planning products—vision and mission statements, a logic model, and an action plan—and employing a community mobilizer helped produce effective change. Butterfoss (2011) observed that instead of focusing on outcomes assessment, most evaluations focus on foundational and process outcomes. External funding agencies expect prevention groups to document outcomes and "attribute changes to the implementation strategies" (Butterfoss, 2011, p. 180).

According to Miller and Shin (2005), "tests of effectiveness take place in the context to which generalizations are to be made, and evidence of effectiveness in similar contexts is likely to be persuasive to future adopters" (p. 176). Several studies have revealed internal and external indicators of effectiveness. Internal factors focus on functioning and are the results of building a

successful coalition. Increased and diverse membership, ability to acquire resources, development of a quality action plan, establishing a shared vision, accessing technical support, promoting collaboration and cohesion, and implementing strong leadership all support coalition building (Kegler et al., 2008; Padgett et al., 2004; Zakocs & Edwards, 2006). Effectiveness can also be measured by the external changes or positive results of implemented strategies (Zakocs & Edwards, 2006).

Maintaining community change is more likely if there is sustained coalition functioning (Rhew et al., 2013). Therefore, assessing or evaluating coalition and planning sustainability is key (Butterfoss, 2011; Feinberg et al., 2008). Many times organizations give the illusion of sustainability when in fact they should put their efforts into evaluating projects from start to finish providing evidence of sustainability (Schensul, 2009). Short-term effects of coalitions are studied more often than sustained effects (Collins et al., 2007). However, studies that focused on long-term sustainability uncovered many factors that predicted or influenced coalition sustainability, such as community capacity building, board functioning and planning, interventions, and resources (Feinberg et al., 2008; Rhew et al., 2013).

A primary factor for sustainability is building community capacity (Edwards, Feldman, Sangl, Polakoff, Stern, & Casey, 2007; Spoth & Greenberg, 2005). The community environment, community buy-in, and a collaborative approach support capacity building and leads to greater coalition sustainability (Butterfoss, 2011; Edwards et al., 2007; Feinberg et al., 2008; Schensul, 2009). Another significant component of community capacity building is stakeholders. Several studies, focused on coalition sustainability, suggest that coalitions should enlist diverse members who acquire or possess prevention knowledge and then empower them to

put that knowledge into practice by participating in coalition activities (Butterfoss, 2011; Edwards et al., 2007; Feinberg et al., 2008; Rhew et al., 2013).

Board functioning activities critical to sustainability are providing technical assistance, strong leadership, and structure—developed policies and procedures (Butterfoss, 2011; Feinberg et al., 2008; Rhew et al., 2013). However, Feinberg et al. (2008) reported that including plans for sustainability in the overall planning process is especially important. Coalitions also implement prevention interventions or strategies. Research findings about the sustainability of Communities That Care suggested that using interventions appropriate for community needs, specifically evidence-based strategies would contribute to long-term changes (Rhew et al., 2013). Feinberg et al. (2008) found that evidence-based programs were used by most sustained coalitions. These interventions should be evaluated to determine sustained effects on participants, organizations, and communities (Schensul, 2009), and if they themselves should be sustained. If the group decides to sustain the prevention strategy, Butterfoss (2011) suggested they “consider quality improvement, cost, effectiveness, efficiency, and fit with existing operations” (p. 179) before making the final decision.

Acquiring and maintaining resources for coalition functioning and implementation is another key factor for sustainability. It has been reported that local coalition sustainability is less likely after initial outside funding is no longer available (Feinberg et al., 2008; Rhew et al., 2013). Agencies that provide initial funding assume community coalitions will sustain their efforts by acquiring enough funding through new sources (Butterfoss, 2011). In some cases, the better the coalition functioned the more likely they were of attracting funding from new sources, and at a greater amount than the initial grant (Feinberg et al., 2008). Feinberg et al. (2008) found

in their study that “all sites that had demonstrated sustainability had also raised sustainability funds” (p. 496).

“Coalitions are notoriously difficult to study, in part because they are deeply embedded in unique communities” (Kegler et al., 2010, p. 10). The final area for consideration of prevention models is community context. Clark et al. (2006) states, “A pervasive factor for any coalition is the collective characteristics of the community where it strives to do its work” (p. 19s). These can either hurt or help a coalition, so they should be considered during all stages of the process (Clark et al., 2006). Researchers identified various contextual factors that create a backdrop for operation of an effective coalition. The most widely mentioned were the political climate, geography, history of collaboration, economics or funding, level of accountability, and community readiness (Kegler et al., 2010; Wandersman et al., 2008). Granner and Sharp (2004) studied assessment of community coalitions and they recommended that in order to match the appropriate measure with the context consider expectations, needs and goals, and the evaluation plan. It is not a one-size-fits-all approach and some programs may be more effective than others may in a particular local context (Miller & Shinn, 2005). Additional research will help coalitions “understand the range of ways the environment can influence coalition functioning and outcomes” (Kegler et al., 2010, p. 10).

Learning. While most prevention models follow a similar path and include common components such as formation, planning, implementation, and evaluation, the grounded theory model *Getting it Together: A Learning Model of Community Collaboration* went one-step further and included the learning process at the core. Spatig, Flaherty et al. (2010) discovered “that effective coalitions were operating as learning communities, groups of individuals learning with and from each other about community problems and possible solutions” (p. 4). The collaborative

learning process reflected key principles of critical pedagogy, as conceived by Paulo Freire. Therefore, a critical theory lens was used throughout this study and was briefly introduced in the following summary.

Critical Pedagogy

Simandan (2011) stated, “Traditionally, critical pedagogy is an educational theory that raises the learners’ critical awareness regarding social conditions that are oppressive” (p. 247). The basic premise of Freire’s critical theory or critical pedagogy is social transformation through education that focuses on the relationship between knowledge and power (Cho, 2007). A democratic approach to empower participants is emphasized. Learners have some control over what they are learning because they create knowledge as they actively participate in learning (Prevedel, 2003). This in turn empowers them in the educational process.

Critical theory encourages the individual to think critically, interact in dialogue, and participate in decision-making activities (Prevedel, 2003), which also produces higher levels of learning. Critical theory also breaks down disciplines and creates new interdisciplinary knowledge. This is done in a nonlinear fashion, adapting to the needs of the individuals. Learning is very active in critical theory. Participants are actively engaged in constructing and interpreting knowledge, which makes this approach learner-centered and possibly community-centered. As the learning process moves along, both facilitators and participants are involved in making decisions and solving problems (Prevedel, 2003). This collaborative approach is encouraged so groups can reflect on “the embedded network of relationships” (Pishghadam & Naji Meidani, 2012, p. 467). According to Simandan (2011), “Basically, critical theory critiques the society in the hope of changing it to the better” (p. 247).

Chapter Three: Methods

Substance abuse has increased over the years; so, too, have costs associated with that abuse. Communities, organizations, and agencies are trying to find successful ways to address the abuse through prevention, intervention, treatment, and recovery. Many of them have formed collaborative groups or coalitions to acquire grant money or funding that support programs and facilities. There are several existing models available to assist in forming collaborative groups, but there is a shortage of theory-based research regarding coalition building processes and outcomes (Guillory et al., 2006), the impact of context on coalitions (Kegler et al., 2010), and long-term sustainability (Feinberg et al., 2008; Sharma & Smith, 2011). The earlier study of the Strategic Prevention Framework State Incentive Grant (SPF SIG) conducted in West Virginia from 2004-2010 resulted in the development of a grounded theory-based model of community collaboration, *Getting it Together: A Learning Model of Community Collaboration*. Developed in the context of three existing coalitions and based on coalition members' own experiences, it focused on processes and learning. This study examined three coalitions and added to the body of substance abuse prevention coalition knowledge by answering the following research questions:

1. What has transpired in the three county coalitions since the SPF SIG grant ended in 2010?
2. How do the coalition members' experiences, since the grant ended, speak to key components of the grounded theory?
 - a. Getting the right people to the table
 - b. Collaborative engagement
 - c. Shared commitments
 - d. Financial resources

e. Focus on learning

3. In what ways, if any, should the model be modified to take the new information into account?

Findings from this study helped fill a void in substance abuse prevention longitudinal research (Shapiro et al., 2013). New information obtained served as a test of the grounded theory model's strength in explaining the effectiveness and sustainability of community coalitions.

Research Design

This collective case study examined three existing community coalitions in West Virginia that are still addressing substance abuse, six years after the initial SPF SIG grant cycle. Creswell (2009) described case study as “a strategy of inquiry in which the researcher explores in depth a program, event, activity, process, or one or more individuals” (p. 13). A collective case study involves several cases that can provide more insight or a better understanding (Berg & Lune, 2012) of the topic at hand. Therefore, multiple community coalitions that address substance abuse prevention were included in this study. Case studies are not just suitable for theory building, but also theory testing or the combination of theory development and testing (Alexander & Bennett, 2005; Woodside & Wilson, 2003). Examining the county partnerships' experiences since the project ended, the grounded theory model for community collaboration was tested. The data presented new findings, and suggestions for changes to the grounded theory were provided in accordance with those findings.

Sampling

This collective case study of three West Virginia county coalitions, that tests the grounded theory model *Getting it Together: A Learning Model of Community Collaboration*,

used purposeful sampling. According to Creswell (2009), purposeful sampling means to “select participants or sites (or documents or visual material) that will best help the researcher understand the problem and the research question” (p. 178). Along with dozens of other counties, the three county coalitions identified for this study were part of the original SPF SIG project. These three were among a smaller number that were especially successful in terms of community collaboration, coalition development, participant involvement, and used evidence-based substance-abuse prevention strategies. During the last two years of the project, I studied three county coalitions, observing their coalition meetings, conducting a focus group interview with members of each coalition, and collecting documents. As I developed the proposal for the current study, I approached the same three coalitions to ensure they “displayed certain attributes” appropriate for the study (Berg & Lune, 2012, p. 52). I contacted the project director for each coalition and asked about the coalition’s current activity, viability, and if they were interested in being a part of the study. I also visited web sources to confirm information I received from the three individuals.

Based on this information, I purposefully selected two of the three county coalitions from the original study. However, because the third county coalition was inactive due to a lack of funding, I selected a neighboring county coalition to replace the inactive coalition. The three county coalitions were chosen because they were “information-rich cases” (Patton, 2002, p. 46). They were selected purposefully in order to see what could be learned from a collective case study of three active coalitions that have been successful at sustaining themselves since the SPF SIG ended.

All three of the county coalitions selected for this study existed during the SPF SIG grant cycle, were involved in the initial study to some degree, and still exist today. Therefore, it was

important to revisit these particular coalitions and sites and contribute to the longitudinal research on the sustainability of substance abuse collaborative community coalitions.

The information rich cases that were similar to one another were an important consideration of purposeful sampling, but Maxwell (2013) points out it is also important to represent variations in the studied population. Substance abuse is not an isolated problem, so both rural and urban areas were explored. Three regions of the state were also represented, as the three coalition locations fell in the western, southern, and northern areas. Demographics such as population, population density, age groups, ethnic groups, income levels, and educational levels all differed from urban to rural designations and geographical locations, providing the variations Maxwell (2013) suggests.

Within each coalition, individuals and groups were identified for interviews. Selecting participants from each county to partake in the interviews were based on “characteristics, roles, opinions, knowledge, and ideas or experiences that may be particularly relevant to the research” (Gibson & Brown, 2009, p. 56). Each of the coalition coordinators or directors were interviewed individually, as well as several other key informants the directors identified as highly engaged in the coalition and its efforts. They participated in individual interviews because of their in-depth involvement, experience, and knowledge. To acquire additional perspectives in one county, a focus group interview was conducted with a diverse group of members who represented various organizations, and years and level of involvement in the coalition.

Research Relationships

It is important that researchers address the strengths and limitations of their studies, including issues about the relationships between researchers and participants (Freeman, DeMarrais, Preissle, Roulston, & St. Pierre, 2007). Because of my role in the earlier SPF SIG

research, prior professional relationships exist with participants from all three county coalitions that were selected for this study. I observed coalition meetings and interviewed members during the initial study in two of the counties. Interactions consisted of brief casual conversations as well as semi-structured interviews. Personal relationships did not develop and did not affect internal validity (Creswell, 2009).

An advantage of the established relationships was greater ease in gaining access to the sites and participants. Two directors, from Urban County North and Rural County South, remembered who I was and what I had been doing with the SPF SIG research. Once I explained how my study was related to the earlier project, they were very accommodating. The current contact person for Urban County West was not involved with the original SPF SIG project, so I needed to provide more information and details before she committed to the project.

Another advantage of the established relationships was familiarity with the community settings and how coalition meetings were conducted. This led to a shorter adjustment period and allowed more time for comfortable observations and interviews. One primary disadvantage was that it had been almost five years since I had contact with these particular groups or individuals. People had come and gone and I had to build a level of trust and rapport with long-term and new members, especially those in the replacement county.

Data Collection

Qualitative researchers “collect multiple forms of data and spend a considerable time in the natural setting gathering information” (Creswell, 2009, p. 178). Data collection methods for this study included observations of coalition meetings, individual interviews with key informants from each coalition, a focus group interview with members from one coalition, and review of coalition documents and reports. Approval from the IRB was the next step and once it was

obtained, I contacted the coalition directors again to formally explain the details of the study and obtained informed consent. The consent form included elements such as purpose of the research, why they were selected, benefits of participating, the nature of participant involvement, and confidentiality guarantees (Creswell, 2009). Details about the observations, interview protocols, and member checking also were included. The coalition directors then provided a list of names for potential participants, and I shared the same information with those individuals. At the time of each interview, I read a statement that reiterated the consent form to acquire verbal consent, which was recorded and transcribed.

Observations. Observations occurred during the scheduled coalition meetings that took place either monthly or quarterly, depending on the coalition, in their designated meeting rooms. My role was an observer on the participant/observer continuum (Bogdan & Biklen, 2007), or what Creswell (2009) considers a nonparticipant. From past experience with meeting observations, I learned that entering the site is a fairly easy task since the coalitions are used to new people attending coalition meetings. Introductions were made at the beginning of the meeting of all attendees, and that is where I briefly explained why I was there. Abbreviated notes were taken on site and detailed or expanded field notes were typed up as soon as possible after leaving the meeting. According to Creswell (2009), there are several advantages of observations such as having individual experience with participants, recording information as it takes place, and seeing unusual outcomes that may occur. Observations provided an opportunity for me to start building rapport with potential interviewees.

Interviews. Bogdan and Biklen (2007) defined interviews as “purposeful conversation[s], usually between two or more people” (p. 103). Interviewing is a primary strategy for qualitative data collection where researchers uncover information that they could not

observe (Stake, 2010). This study included semi-standardized interviews with both individuals and a focus group, which fell in the middle on the interview structure continuum of formality (Berg & Lune, 2012). Berg and Lune (2012) described the characteristics of a semi-standardized interview as “a number of predetermined questions and special topics” that “are typically asked of each interviewee in a systematic and consistent order” (p. 112). However, the researcher can probe for more detailed information beyond the scripted questions. This is not unlike the semi-structured interviews Bogdan and Biklen (2007) described as guided conversations, with open-ended questions that can produce “comparable data across subjects” (p. 104).

My goal in the interview process was to employ strategies that helped break the ice, build rapport with participants, and led to an understanding of their perspectives. This required flexibility, good eye contact, careful listening, empathy, and respect for participants’ expertise, appropriate open-ended questions, and good follow-up questions (Bogdan & Biklen, 2007). A fluid, conversation-like interview allowed participants to naturally share their experiences and for me to explore topics that arose during the interview.

Individual interviews were conducted with each coalition coordinator or director and another one to three additional members the coordinator identified as key informants, making that nine in total. These particular individuals were interviewed separately because of their level of involvement and knowledge of the coalition and availability. Each interview lasted approximately one hour, which allowed enough time to answer the questions, while being respectful of the individual’s schedule. The interview took place either in person or over the phone, depending on availability. I preferred conducting interviews face-to-face so I could observe the participant, make eye contact, and further engage them in the process. Interviews were recorded using a digital audio recorder and then transcribed for analysis.

The focus group interview engaged four coalition members from one county, a diverse group (Bogdan & Biklen, 2007) that represents various organizations, and various years and levels of involvement in the coalitions. The focus group interview lasted approximately one hour, again being respectful of participants' time, while collecting the necessary data. Based on experience, it was ideal to conduct the focus-group interview after the coalition meeting. It was convenient for the participants because they were already on site and the coalition was fresh in their minds. I was able to build a little rapport with the group and they at least knew who I was because of the introductions at the beginning of the coalition meeting. The focus group interview also was transcribed from the digitally recorded audio file.

Documents. Documents are an “unobtrusive source of information” (Creswell, 2009, p. 180) that can verify or contradict data collected during observations and interviews (Bogdan & Biklen, 2007). Official or formal documents used for this study consisted of documents such as coalition by-laws, memos, meeting minutes, reports and summaries, newsletters, proposals, grant applications, and project and program promotional pieces. The coalition directors supplied the documents for review. These provided rich descriptions and factual details (Bogdan & Biklen, 2007) that were used to triangulate observation and interview data (Gibson & Brown, 2009).

Data Analysis

In qualitative research, “the process of data analysis involves making sense out of text and image data” (Creswell, 2009, p. 183). In this study, data analysis was an ongoing process because I followed Creswell's (2009) nonlinear, interactive approach and the inductive method Bogdan and Biklen (2007) suggest. In both approaches, the researcher begins by organizing and preparing the data, reading data and breaking them into manageable parts, coding data, developing descriptive categories or themes, and searching for patterns. For this collective case

study, each county coalition case was first individually analyzed and then patterns and themes were identified in a cross-case analysis (Patton, 2002). Data collection methods produced fieldnotes from observations, with observer comments, transcribed interviews, also with observer comments, and documents provided by the coalitions that were content analyzed. All data was analyzed using open coding, resulting in categories that emerged from the data (Creswell, 2009; Krysik & Finn, 2010), which was appropriate for a collective case study.

Validity

As with any other study, this proposed qualitative case study addressed issues of validity. According to Angrosino (2008), validity means the final results are an “authentic record of whatever it was that was observed” (p. 60). Maxwell (2013) identifies two threats to validity in qualitative research—researcher bias and reactivity. Because researcher bias could have influenced the results, I identified potential biases in order to ensure this does not occur. By briefly corresponding with the coalition director/coordinator and reviewing online sources to determine if the coalition was still active and appropriate for the study, I formed some preconceived thoughts about the coalitions’ recent successes. I also must acknowledge researcher bias related to the grounded theory model and its relevance today. I was a member of the external evaluation research team for approximately four years of the six-year SPF SIG project and aided in the development of the grounded theory model. I entered the field to collect data with an open mind and flexible plan, making a conscious effort to pay attention to any data that did not fit the original model. In other words, I was on the lookout for any disconfirming evidence.

Reactivity, or “the influence of the researcher on the setting or individuals studied” (Maxwell, 2013, p. 124), was not a threat during observations; particularly because the coalition

meetings were open to the public, the presence of a newcomer was not overly invasive.

Interviews, on the other hand, posed a greater threat to validity, because the interviewer and the process (Maxwell, 2013) may have influenced the participants.

There are specific strategies that were employed to address validity threats, including rich data, triangulation, peer review, and member checks (Maxwell, 2013). In order to strengthen validity, Gibson and Brown (2009) recommended providing thick description of the research setting, participants, data collection methods and process, and the data analysis process. Detailed notes were written immediately after coalition meeting observations and interviews were transcribed word for word. Multiple data-collection methods and data sources “enhance the credibility and trustworthiness of a study through what is known in the field as triangulation” (Saldaña, 2011, p. 76). Observations, interviews, and documents were crosschecked with what participants were saying and doing. Further, the multiple data sources, including the directors and coalition members, offered several perspectives (Glesne, 2011). The dissertation chair, who was the lead researcher of the external research team for the SPF SIG project, provided peer review. She was familiar with the topic, setting, grounded theory model, and context of the study. Member checks with coalition directors occurred to confirm the accuracy of findings and to verify data (Creswell, 2009).

Chapter Four: Settings and Participants

This chapter describes the demographics, structural make-up, membership, and activities of three community coalitions featured in this study. To protect privacy, pseudonyms are used to identify the three community coalitions and participants interviewed.

Currently, the three community coalitions, Urban County West, Rural County South, and Urban County North, support a statewide plan, the West Virginia Governor's Initiative on Substance Abuse, through the work they do in their respective counties. Former Governor Tomblin established an advisory council that provides guidance for the statewide substance abuse strategic action plan. There are six regional substance abuse task forces that work with and report to the governor and the advisory council, and the three counties sit in two different regions (Executive Order No. 5-11, 2011). Each regional task force meets quarterly to identify priorities and develop strategies to address substance abuse issues in West Virginia (Executive Order No. 5-11, 2011). Several staff and coalition members from the counties attend regional task force meetings to participate, to report the work accomplished in the county, and to take information back to their respective counties.

Urban County West, Rural County South, and Urban County North were selected as successful counties for several reasons. The first significant criterion was they continued to exist after Strategic Prevention Framework State Incentive Grant funding ended because they were able to acquire funding from other sources. They maintained paid staff positions and coalition members, who sustained the work they started, and they were able to develop additional relationships throughout their communities. The continuum of care—prevention, intervention, treatment, and recovery—is addressed by all three counties, and is illustrated through existing partnerships and extensive collaboration. Lastly, they built capacity and mobilized youth, which in turn created positive changes in youth substance abuse because of prevention work over the

years. This is supported by data reported from the Pride surveys—a national survey to measure alcohol, tobacco, and other drug use among youth.

Urban County West

Urban County West is situated close to eastern Kentucky and southern Ohio in the Appalachian region. According to the 2014 United States Census Bureau, Urban County West was a highly populated county in the state of West Virginia, with a slightly higher percentage of females than males. Of the total population, the median age was just a few years younger than the overall state median age, which was 41.6 years (2014 United States Census Bureau). The county contains both urban and rural towns and cities, is racially diverse, and has a higher percentage of high school graduates and college graduates (2014 US Census Bureau). The percentage of the county's population under the age of 65 who had a disability was comparable to the state's percentage at 14.4 percent. The median household income was lower in the county than it was in the state or in the nation. In other words, the poverty level was higher in Urban County West than in the entire state of West Virginia and nationally (2014 US Census Bureau).

The West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Behavioral Health and Health Facilities, Division of Alcoholism and Drug Abuse, 2014 County Profile revealed statistics about substance abuse issues in Urban County West. The county ranked in the top 30 of 55 counties for adult binge drinking and for adults who smoke cigarettes (DHHR County Profile, 2014). The most significant statistic related to drug overdoses and the county was significantly higher than the state's rate of drug overdoses (DHHR County Profile, 2014). This area has seen a decline in population and factory jobs in the last 25 years, but has experienced an increase in drug-related crimes and violations.

Community Coalition. In 2003, a community needs assessment conducted by the local chapter of United Way in Urban County West revealed that substance abuse was a concern among community members. United Way created the now defunct “Wellness Council” to address substance abuse and childhood obesity. Once the state of West Virginia announced the request for applications (RFA) for the Strategic Prevention Framework State Incentive Grant (SPF SIG), six local organizations in Urban County West joined together to form the current coalition (County Strategic Prevention Framework State Incentive Grant Final Report). The group applied for and received an initial three-year grant awarded to the state by the Center for Substance Abuse Prevention (CSAP). The first year of the grant was reserved for planning, at which time the coalition recruited members from various groups in the community, developed a structure and guidelines for the organization, and assessed community readiness. Over time, the coalition continued to grow its membership, implemented programs and activities, and received additional funding through grants. The group has gained momentum and continues to collaborate and implement prevention strategies.

Structure. From the outset, Urban County West community coalition has been an initiative and community partner of a local chapter of the United Way organization. This organization serves as the coalition’s fiscal agent, provides residence for staff offices and coalition meetings as needed, and supports the coalition with additional funding (County SPF SIG Final Report). The coalition’s goal is to reduce substance abuse by creating awareness, providing prevention education, and implementing strategies to change the local environment (Coalition’s website). During the SPF SIG, the coalition formalized its structure, which reinforces the collaborative spirit and community ownership of the goal. This was illustrated by the makeup of the executive committee, which still exists today and includes five elected officers

and seven committee chairpersons (Coalition’s Drug Free Communities Grant application, 2016). These individuals are sector representatives from different groups or organizations such as faith-based, businesses, law enforcement, media, education, and health services. Elected officers include Senior and Junior Co-Chairpersons, a Vice-Chairperson, a Secretary, and a Treasurer. Co-chairs serve two-year terms and rotate positions for consistency and shared workload, while the other officers serve one-year terms. Elections for office positions occur annually at the regular coalition meeting in December and are executed through a ballot system (DFC Grant application, 2016). Committee chairpersons lead the following groups: 1) Membership and Nominating; 2) Assessment and Evaluation; 3) Resource Development; 4) Youth Engagement; 5) Marketing and Media; 6) Underage Drinking Prevention; and 7) Drug Prevention. Lastly, two paid staff members support the executive committee and maintain the coalition as a whole. Their titles are Director, who is full-time, and Project Coordinator, who is part-time.

Membership. Coalition membership is composed of individuals from 12 sectors of the community: 1) youth, 2) parents, 3) businesses, 4) media, 5) schools, 6) youth services, 7) law enforcement, 8) religious affiliations, 9) civic, 10) healthcare professionals, 11) state or local agencies, and 12) others. They represent community members who have an interest in substance abuse prevention, are able to leverage resources, and want to make a difference in the community. This diverse group of individuals varies in age, race, gender, economic status, and education.

In Urban County West, participants have been involved anywhere between two to 11 years. One participant mentioned that they had been around since the beginning of SPF SIG, which was 11 years ago. The newest member commented, “involvement is kind of new to

me...not as involved as I probably should be". However, all of the participants in Urban County West appear to be quite involved as paid staff, elected officer, or a committee chair.

Individuals are considered voting members once they have attended three meetings, signed a Memorandum of Understanding (MOU), and completed the required coalition orientation (DFC Grant application, 2016). Over the years, a core group of original members has continued to support the coalition in a variety of roles, such as paid staff, elected officer, or committee chair and varying levels of involvement. However, some members have come and gone for several reasons, such as changing jobs, moving away, and other personal matters. Several participants did admit that their personal schedules and work responsibilities factored into their level of involvement, and that they have fluctuated between active and non-active over the years.

Meetings. The framework for the meetings developed during the implementation stage of the SPF SIG and continues today. The executive committee members and other members are invited and encouraged to attend a monthly meeting at noon on the third Wednesday of each month. Meetings take place at rotating locations throughout the county. The lunch hour was determined to be the most convenient time for the majority of the members to attend. At times, lunch is provided, while other times individuals bring their own. Because the county is spread out and members travel from all directions, the current director tries to change the meeting location to promote attendance. Wherever the meeting takes place, the rooms are arranged to encourage interaction and communication among all members.

Meetings, with a standing agenda, are led by coalition officers with support from coalition staff, and a quorum is established when one-third of voting members are present (DFC Grant application, 2016). Staff members provide information and reports when necessary, and

lead the meeting if the senior and junior co-chairs are not present. Agenda items include: 1) call meeting to order, welcome and introductions; 2) Fast Fact on a timely topic; 3) a member spotlight or special presentation; 4) secretary's report; 5) treasurer's report; 6) staff report for fiscal agent; 7) committee reports; 8) events and training opportunities; 9) announcements; and 10) adjournment. Approval of reports from the secretary, treasurer, and staff are required if there is a quorum present.

Activities/Programs/Events. Urban County West “employs a continuous quality improvement effort by evaluating outcome data related to cultural competency to monitor, improve, replace or sustain prevention activities, efforts, and strategies” (DFC Grant application, 2016). The coalition collaborates with many organizations or entities to implement environmental strategies, evidence-based programs, and community activities. Hosting annual Drug Prevention summits and Teen summits that focus on reducing prescription drug abuse and underage drinking; prescription drug take-back events and permanent drop boxes, which safely prevents unused prescriptions from falling into the wrong hands; educational outreach programs to community members, including the elderly and students of all levels; Project Sticker Shock events reminding stores not to sell to anyone under age; compliance checks where tobacco and alcohol are sold; Training for Intervention ProcedureS (TIPS) for bartenders; and media campaigns are just a few examples of programs and activities. All activities, programs, and events support and help achieve the goals of the coalition's current action plan.

Rural County South

Rural County South is primarily rural, and is situated close to Kentucky in the Appalachian region, where mining is prominent. The topography is mountainous and spread out, often creating challenges for collaboration and implementation of programs, and many times

requiring multiple offerings in different locations throughout the county. Based on the United States Census Bureau, in 2014 the county was ranked in the top 25 most populated of 55 West Virginia counties, with an almost even split between males and females. The median age was in line with the rest of the state and slightly higher than Urban County West (2014 US Census Bureau). The county was less racially diverse than Urban County West. Additionally, the percentage of high school graduates in the county was lower than the rest of the state and even lower than Urban County West. The percentage of college graduates in the county was significantly lower than Urban County West (2014 US Census Bureau). The median household income in the county was slightly lower than Urban County West, but much lower than the state level. In other words, the poverty level was substantially higher in Rural County South than in the state and in Urban County West respectively (2014 US Census Bureau). An additional statistic that was substantially higher for this county than Urban County West was the percentage of its population under the age of 65 with a disability.

The 2014 County Profile, conducted by West Virginia Department of Health and Human Resources (WVDHHR), reported in 2012 that Rural County South ranked lower for adult binge drinking and ranked higher for adults who smoked cigarettes than Urban County West (DHHR County Profile, 2014). The most noteworthy statistic for Rural County South related to drug overdoses, ranking even higher than Urban County West (DHHR County Profile, 2014).

Community Coalition. A group of concerned community members came together in 1999 to create a coalition that would address the issue of increased substance abuse in the region. Unlike Urban County West, Rural County South coalition existed before the initial SPF SIG grant was awarded, but it has grown over the last 15 years into an organization that addresses prevention, early intervention, treatment, and recovery. According to several sources, the

coalition is a family-focused, community-based group dedicated to promoting positive cultural change in the community. Its primary purpose is to be a community facilitator—to provide assistance and support to other organizations that integrate prevention into their overall goals.

Structure. The coalition consists of two branches under an umbrella that is the Board of Directors. The prevention side operates as one branch and a recovery home operates as the other branch. In 2001, the coalition elected members of the Board of Directors and became incorporated. The coalition serves as its own fiscal agency for specific grants such as Drug Free Communities. However, there are other state and local organizations that serve as the fiscal agent for other grants such as the state block grant, the Partnerships for Success grant, and the recovery grants from West Virginia Bureau for Behavioral Health and Health Facilities.

The Board of Directors consists of a 1) Chairperson; 2) Vice Chair; 3) Treasurer; 4) Secretary; and 5) three other members. These individuals serve three-year terms, but may be re-elected an unlimited number of times. Elections take place at the December Board of Directors meeting. In the past, because of the small size of the prevention coalition, the project director, a paid staff person, oversaw and facilitated the day-to-day operations and monthly meetings for the prevention coalition. Now that the coalition is growing, the members and community partners are taking ownership and two co-chairs have been elected to keep committee assignments on task.

Currently there are additional teams that focus on specific areas and needs of the coalition—youth outreach, education, media, and sustainability. Lastly, three paid staff members support the work of the coalition. One staff member serves as Partnership for Success and Prevention (PSP) grant coordinator and is currently the coalition coordinator. The other two paid

staff members serve as prevention/program coordinators and work in the community with schools and other organizations.

Membership. As was true of Urban County West, coalition membership is composed of individuals from the 12 community sectors identified by SPF SIG: 1) youth, 2) parents, 3) businesses, 4) media, 5) schools, 6) youth services, 7) law enforcement, 8) religious affiliations, 9) civic, 10) healthcare professionals, 11) state or local agencies, and 12) others. The coalition has found it difficult to reach some sectors because of high job turnover rates, people moving out of the county, and because of change in county leadership.

The organization has a process in place for becoming a member of the Board of Directors. Individuals go through orientation and a short training session that includes a tour of the recovery home and interaction with the staff. Board and sector representative members also enter into a Memorandum of Understanding (MOU), but they do not have set requirements for working with or collaborating with the prevention coalition. The project coordinator hosts different training sessions to help members with SPF, capacity building, and other related factors.

Participants from Rural County South have the youngest range of years involved from one and one half to six years. Paid staff members started their current positions around the same time and have been deeply involved with coalition activities and responsibilities. The sector representative has been involved for many years, but has more recently been involved because of a new position with an organization that collaborates with the coalition. The community member is a major spokesperson for the coalition and tries to be involved and supportive whenever possible.

Meetings. The prevention coalition has open meetings on the third Wednesday of each month at noon. A partnering organization has kindly opened up their conference room to the coalition to hold the majority of their meetings. The room has a flexible set-up so it can be arranged to promote interaction and communication among all attendees. Lunch is usually provided, which tends to promote socialization among the participants before the meeting begins. The meeting agenda consists of: 1) Welcome and introductions; 2) PFS Report- for a grant; 3) SAPT Report- block grant; 4) Updates and Discussion; 5) Next Meeting; and 6) Break out for team meetings. They use the most current version of Robert's Rules of Order to conduct the meetings. Attendees include the Board of Directors, sector representatives, and other involved community members.

Earlier, the project director organized and led the monthly prevention coalition meetings, primarily because of the small membership size and availability of members. However, within the last six months, the coalition has grown to where they now have two co-chairs who have taken on the role of leading the meetings and keeping committee assignments on task. They are also trying to establish formal meeting times for the other committees, which include Youth Outreach, Education, Media, and Sustainability.

Activities/Programs/Events. Rural County South uses evidence-based and environmental strategies along with others that are appropriate for their communities and cultural context. Because they see themselves as a community facilitator, they address the continuum of care and address prevention, intervention, treatment, and recovery. Some examples of collaborative strategies include the recovery home for women; educational programs and random drug testing in schools; forums and town hall meetings; media campaigns; Red Ribbon Week for drug prevention education and advocacy; community and workplace trainings; prescription drop

boxes for unused prescriptions; Training for Intervention ProcedureS (TIPS) for bartenders; and tobacco and alcohol compliance checks.

Urban County North

Urban County North is located in the northern panhandle of the state, bordered by Ohio and Pennsylvania, in the Appalachian region. A variety of employment and higher education opportunities provide an environment that is urban in nature. The 2014 United States Census Bureau identified the county's population within the top 20 counties in the state of West Virginia with a slightly higher percentage of females than males. Urban County North had statistics comparable to the state and Rural County South for diversity and average age (2014 US Census Bureau). The percentage of high school graduates in the county was a good deal higher than the rest of the state and the other two counties. Urban County North and Urban County West were similar in the percentage of college graduates, whereas Rural County South and the state were lower (2014 US Census Bureau). The percentage of the county's population under the age of 65 with a disability was lower than the other two counties and the state overall. The median household income in Urban County North was higher than the other two counties, influencing the poverty level, which was lower than the other two counties, but similar to the state poverty level (2014 US Census Bureau).

Urban County North was ranked higher for adult binge drinking in 2012 than the other two counties, according to the 2014 County Profile produced by WVDHHR, which could be attributed to the large number of establishments where alcohol is served. The county was similarly ranked with Urban County West for adults who smoke cigarettes, but was lower than Rural County South (DHHR County Profile, 2014). Drug overdoses were much more prevalent in Rural County South than in Urban County North (DHHR County Profile, 2014).

Community Coalition. In 2005, a group of concerned community members came together and formed the coalition in Urban County North. They had their first formal meeting on June 29, 2005. Several of these members were involved with youth services and saw first-hand that there was a growing problem with substance abuse that needed to be addressed (DFC Grant Application, 2014). Based on available data, the coalition decided to focus on youth alcohol abuse, which influenced the initial vision and mission statement of the coalition. In 2006, the coalition approached a local non-profit organization to serve as the fiscal agent so they could apply for the SPF SIG funding the state received from CSAP and, like with the other two counties, they were one of 17 counties to receive the initial grant. After a few years of operation, the coalition was able to collect data and assess what was happening in their area. In addition to alcohol, they found that marijuana and prescription drug abuse were prevalent. Therefore, the vision and mission statement were amended and by-laws were created and approved by the coalition (DFC Grant Application, 2014). Not long after that, the coalition formed a steering committee that met monthly to guide the group through strategic planning. In 2016, the coalition re-branded itself to reflect how it has evolved and expanded. The primary goals of the current coalition are to foster more partnerships, increase visibility, and build capacity even further to combat substance abuse and other issues in the county.

Structure. Oversight of funding and paid staff is the responsibility of the fiscal agent, a local non-profit organization that focuses on youth services. However, the coalition is in control of its agenda and decision making related to the goals of the action plan and implementation, which is illustrated in the makeup of the coalition. The organization consists of a steering committee along with several other subgroups that develop and implement the strategic plan. They include: 1) Steering Committee; 2) Social Marketing Taskforce; 3) Underage Prevention

Subgroup; 4) Advocacy; and 5) Faith Team, but the coalition forms additional temporary work groups as needed. Subgroup chair positions are selected within each subgroup, whereas quarterly meeting co-chairpersons are volunteers who are selected by consensus on an annual basis. Paid full-time staff members include a Program Director and a Project Coordinator, and both support the coalition and subgroups. Staff and the steering committee provide leadership and strategic planning, but the coalition has a bottom-up approach rather than a top-down philosophy. In addition, the coalition contracts an external evaluator to evaluate the coalition annually based on the leadership, communication, conflict resolution, recruitment, decision-making, and administration (DFC Grant Application, 2014).

Membership. The coalition's goal for membership is to have each of the 12 sectors represented, while encouraging other community members to get involved. Typically, committee members or staff members approach potential sector representatives to gauge their interest. If individuals agree to serve as a representative, they sign a Memorandum of Understanding (MOU) or now what is called a Coalition Involvement Agreement (CIA) and these are renewed on a yearly basis (DFC Grant Application, 2014). Retention of representatives and organizations over the last six years has been acceptable. However, if an individual chooses to change their status they can stay on as a partner or an individual volunteer without signing a formal CIA. The coalition has implemented a mentorship program for new attendees and its primary functions are to assist in retention of members and to help determine the best use of volunteers' skills and involvement. One voting member on the steering committee is a representative of the fiscal agent and that individual attends the other coalition meetings.

Urban County North participants have the highest longevity, which is between eight and 11 years of involvement. One paid staff member has been around since the beginning in 2005.

The individual started out as a concerned community member. Later, the individual moved into a paid position and is now involved every day, just like the other paid staff member. The sector representative has served many roles such as co-chair and was on the Steering Committee and Social Marketing Taskforce Committee, so there has been varied involvement on their part.

Meetings. Urban County North coalition meets quarterly on the second Wednesday of the month at 12:30pm and invites all community members to attend. The location may vary, but the fiscal agent provides a large space if necessary. Lunch is typically provided and the room arrangement is conducive for participation. The established agenda includes: 1) Welcome and introductions; 2) Review and approval of the minutes; 3) Subgroup updates; 4) Grant updates; 5) Special presentations/Event announcements/Upcoming activities; 6) Coalition member announcements; and 7) Adjournment. At the end of the agenda, meeting reminders are listed and coalition activities for the previous quarter are summarized. The staff is intentional about thanking individuals for their participation in different activities. They announce volunteers at meetings and also refer to them by name in the summary included on the agenda.

The steering committee and other subgroups typically meet on a monthly basis at the fiscal agent's location, and members are invited to participate in one of those groups. The committees bring proposals and needs to the larger group during quarterly meetings. Decisions are made regarding the proposals by all those who attend the quarterly meeting and by consensus. The coalition by-laws define consensus as agreement among all members, and the members encourage collaboration and compromise to reach an agreement (DFC Grant Application, 2014).

Activities/Programs/Events. According to the program director, Urban County North focuses on environmental strategies for substance abuse prevention. They use data from a

variety of sources to assess needs and re-evaluate strategies. Similar environmental strategies are used in all three counties; however, the group has adapted existing strategies and developed new ones because needs are unique to their community. They utilize alcohol compliance checks, town hall meetings or forums, education and training for youth and the community, prescription drug take-back boxes, and media campaigns, to name a few. The coalition is intentional about youth engagement and hires youth as interns to plan activities and events like the annual youth forums. In addition, the coalition leads the Northern Panhandle Prevention Consortium, which partners with five other counties. Additional partnerships with other local organizations provide several other opportunities for engagement in prevention activities.

Chapter Five: Findings for Urban County West

Analyzed interview data, observations, and additional documents provided the results for this collective case study. Participants from Urban County West shared their experiences of the community coalition since the SPF SIG grant ended in 2010. This chapter will address the following research questions as they apply to Urban County West:

1. What has transpired in the county coalition since the SPF-SIG grant ended in 2010?
2. How do the coalition members' experiences, since the grant ended, speak to key components of the grounded theory?
 - a. Getting the right people to the table
 - b. Collaborative engagement
 - c. Shared commitments
 - d. Financial resources
 - e. Focus on learning

Since the SPF SIG Ended

A number of things have occurred in Urban County West since the SPF SIG grant ended in 2010, but there were several factors that were repeatedly mentioned by the participants: 1) membership has grown, 2) it has become a more diverse group, and 3) there was an increase in collaboration. Grant reports, meeting minutes, and observations revealed information related to organizational operations, leadership, implementation of activities and strategies, knowledge and learning, resources and funding, and assessment and evaluation.

Membership, Engagement, and Collaboration. In March of 2010, the year SPF SIG ended, there were 22 declared coalition members, and in December of 2016, there were 46 individuals who had signed a Memorandum of Understanding (MOU) (the coalition started with five people in March 2006). One participant stated, "It's obviously just as you would hope and

expect, membership of the coalition has grown.” Several participants agreed that increased membership is a result of additional relationships or partnerships with other groups in the community such as treatment and recovery, and increased involvement by community sectors, specifically youth. Another member acknowledged branding and media campaigns provided increased visibility for the coalition, which contributed to the growth as well.

Over time, membership in the coalition has become more diverse, in part because of the needs of the community. A committee chair stated that because of the membership growth, “I think we have a pretty diverse group of people who are at the table.” Much of that diversity came about because of the increased collaborations with other organizations, such as the youth and the school system. The coalition began with 15 youth members during SPF SIG, but increased to almost 200 youth members since then who represent four middle schools and two high schools (DFC Grant Summary, 2015).

Overall, the demographics of the coalition have changed. During the initial years of the SPF SIG grant, coalition members were primarily adult, white, females from the social work field. The final report for the SPF SIG grant in 2010 revealed that coalition leaders and staff made a concerted effort to recruit members for increased diversity. This practice has continued since SPF SIG ended and the result is the most diverse group of members to date, which includes different ethnicities, genders, and age groups.

Coalition members recognized the need to assemble a broad group of people with different perspectives and to involve different sectors in the community, beyond the 12 identified by the Drug Free Communities Support Program (DFC Narrative, 2016). A sector representative commented that a strength of the coalition is the “breadth of the people involved here” due to the fact that “there are so many different individuals from so many different areas that you get a

wide perspective and you are able to reach a lot of people.” Other sector members specifically mentioned several groups that have been involved, including the Health Department and the Police Department. However, one participant suggested, “Anybody should be approached to be a part of this.” According to coalition documents, additional members at the table include faith-based representatives; higher education staff and faculty; pharmacists and pharmacies; city officials; media representatives; lawyers and court representatives; prevention, treatment, and recovery specialists; other government officials and staff, and as mentioned previously, youth. According to participants, many of the sectors listed were involved in some capacity during SPF SIG, but since the grant, additional groups and sector representatives have come to the table, while other groups increased involvement.

Participants from Urban County West viewed the relationships and collaborative partnerships within the coalition and those between the coalition and the community as strong. For example, a staff member identified the partnership with the school system as a key factor for sustainability and growth. Members believe the relationship with the school system and youth engagement has provided the opportunity for the coalition to develop important partnerships, which primarily occurred after the SPF SIG ended (DFC Narrative, 2016). However, the coalition continues to build relationships and partnerships with the community because they do not believe they are at capacity and that there is always room for growth. One strategy the coalition implemented after SPF SIG involved the sharing of information during monthly coalition meetings, which resulted in adding two new items to the agenda. The first one is called “member spotlight,” where members learn more about what each person brings to the table, and how he or she can collaborate and share resources. The second item involves a guest speaker

from the community to help develop stronger partnerships (DFC Grant Summary, 2015). I was able to observe this process and interaction during each of the monthly meetings I attended.

In a focus group interview, coalition members reflected on how everyone is treated equally. I learned there is a professional understanding among members that everyone is there for the same reason and it is important to work together and respect different opinions. A participant illustrated this by stating, “All members have a voice and contribute in their own way.” Another individual who has been involved for many years added, “I’ve seen several dysfunctional groups and this isn’t one of them.” Members are proud that the coalition is recognized as a collaborative and helping organization, while another member shared that once relationships were formed, “a strong bond happens.”

According to participants, engaging the community and promoting or advocating for the coalition is critical for growth. Members stated that marketing is important for “spreading the word” or “making sure that the message is getting out.” According to a sector representative the coalition has “been able to get out there and reach more people, get people involved” and use the organization as a positive networking tool for members and their clients. Once the message is out and people are active in the coalition, participants believe they must engage these individuals “so they feel they have a purpose.” One long-term member emphasized, “The fact that you’ve got people who have been on it since the beginning and who continue to be an active... participant.”

One participant, who serves as a sector representative and member, described collaborative engagements as “excellent. We are welcomed and are welcoming.” I observed this while attending monthly coalition meetings. The coalition appears to be united and focused on the goals and problems at hand. One participant described the group as “a collection of

concerned individuals.” Most of the members are involved in substance abuse prevention, treatment, or recovery in some fashion, either by employment or through a personal connection. When asked about the strengths of the coalition, several participants identified the current depth and level of commitment as strengths. According to a very active participant, the group has become “more passionate and serious about the work.” Overtime, it was apparent that several members believe that attending a monthly meeting and networking with other professionals with similar goals is the starting point, but being involved in the planning and execution of activities and events is what promotes change. Staff recognized since SPF SIG, members and sector representatives are taking on more work and leadership roles to assist with execution of these tasks.

Even though active participation and commitment from members is a strength that has allowed the coalition to sustain its work since the SPF SIG grant ended, it is also a concern for some participants. One member commented that it can be a “challenge to keep people energized and active” because they have their own jobs and other time commitments. Another participant illustrated this by saying, “This year has not been the greatest, I had a lot of stuff [going on]. Personal life has taken away from stuff, so it is like holding on to your main job.” Another member described his or her involvement over several years as “fluctuating—active and non-active, depending upon where I was at in my job function and description.”

Several strategies to foster engagement were mentioned by participants and in grant reports. One strategy the coalition leadership and staff implemented after SPF SIG ended was moving meetings to different areas of the county to encourage those who could not always get to the primary meeting space to participate. The hope was to keep those individuals active and engaged. The Drug Prevention Summit that was started during SPF SIG is another strategy to

not only engage the coalition members, but also community members (SPF SIG Final Report, 2010). At the time of this writing, the coalition is continuing to hold the annual summit to bring people together to address substance abuse issues.

Participants had suggestions for successful collaboration and engagement that related to members' approaches to thinking and interacting. Suggestions like "don't be set in your ways," and "stay open-minded" were shared. Other statements such as "avoid getting off topic, stay focused," and "talk about what you can do" were suggestions for the monthly meeting interactions. However, the most important take away was "collaboration is messy and it takes a while," so "be persistent, be patient," because "prevention doesn't happen overnight."

Organizational Structure and Leadership. Following the end of the SPF SIG, the organizational structure of the coalition remained intact, but according to grant reports, the committee structure has since been revised for efficiency and to meet the needs of the changing community. For example, the DFC Grant Summary (2015) revealed that during SPF SIG the Executive Committee consisted of a Chairperson, Vice-chair, Secretary, and Treasurer, whereas after SPF SIG, the coalition decided to have two co-chairs to share the workload. It was reported that the organization is better off with co-chairs because it reduced the stress of managing the coalition (DFC Grant Summary, 2015). The Executive Committee continues to meet on the second Wednesday of each month to develop the coalition meeting agenda, review the action plan, and make changes if necessary (SPF Final Report). However, since the SPF SIG ended, the Executive Committee was expanded to include the chairs of the sub-committees.

The most significant structural change after SPF SIG ended involved the addition of several sub-committees to reflect coalition and community needs. The Nominating Committee is now responsible for membership-related issues. A Prescription Drug Prevention Committee was

modified to include all substances, including tobacco (the Tobacco Prevention Committee was folded into this group) and is now simply called Drug Prevention Committee. Lastly, there was a perceived need to create a Legislative Watch Committee. The committees that remained the same as during the SPF SIG are Assessment and Evaluation, Underage Drinking, Media and Marketing, Youth Engagement, and Resource Development. Each member is required to serve on one of these committees, a rule established during the SPF SIG grant cycle (Operating Guidelines, 2010).

Coalition members who participated in the interviews shared recommendations for a successful and effective organization. The first suggestion was related to the formation of a substance abuse prevention group. According to one member, it is important to “find your mission statement and set a strategic plan.” For most participants, it is also important to have a working manual that guides the group.

Staff support and leadership for the coalition were considered significant factors for several participants. They identified consistency in leadership and the role of the director as coalition strengths, and reasons for coalition sustainability after SPF SIG ended. A long-standing member commented, “I think the first thing is you have to have somebody who’s paid to drive this process.” Paid staff positions increased from two part-time positions to one and a half positions after the original SPF grant ended.

One participant who has been involved since the end of SPF SIG observed that the group is “actually more serious about the work now” and then shared that members are taking on leadership roles and more responsibility, so staff members do not have to lead every activity, event, or meeting. According to one participant, sector members have “stepped up to the plate” or taken lead roles after they return from national, regional, and statewide conferences, training

programs, and workshops. The shift in leadership roles is important for the coalition as pointed out by one member's comment: "The chair and co-chairs...of the coalition need to be also driving some of this and encouraging their peers on the coalition to participate and be active."

Another positive leadership outcome involves the youth sector. Coalition staff and youth meet each month at every school to work on building leadership skills and to address substance abuse issues specific to their school (DFC Grant Summary, 2015). Students are now facilitating health class presentations and representing the coalition in the community, which was noted in grant reports and interviews with participants. A staff member commented,

Youth are taking more of a lead role and they are not afraid. When we were doing those health presentations and I remember during one of them, I was kind of saying, "Ok don't forget this." They were like, "We got this."

Knowledge and Learning. From the beginning, Urban County West coalition has understood the value of learning individually and learning together. Most importantly, a member in a leadership position stated, "The coalition has grown in knowledge and expertise" and is "doing a better job of educating people than we were even six years ago." A sector member who has been involved for several years stated, "We have kind of become a repository as to what resources are out there and we disseminate that information. We are kind of the hub that is assimilating and dispensing the information and resources available." Several members mentioned they have improved their ability to educate the community and share the knowledge they have acquired with parents, families, and other community members. One contributing factor is that members are taking lead roles and sharing new information after they return from prevention related conferences.

What they have learned at conferences, trainings, programs, monthly meetings, and in the community is significant and relevant to the work that they do. One participant stated, “You learn how the drugs work, you learn sometimes how they affect you...and then you learn about the programs out there that you didn’t even know.” Another person shared, “I learned a lot about how addiction happens and to become more sensitive to someone who is a drug addict and how they got down that path to begin with.” Yet another went on to say, “I’ve become more passionate about preventing people or reducing substance abuse in our community” and “how critical prevention is, the work.” Many coalition members participated in the original training for SPF and have continued to attend other trainings. According to the DFC Grant Summary (2015), between 2010-2015, 36 people have attended Community Anti-Drug Coalitions of America (CADCA) National Forums and CADCA Mid-Year Training Institute, three coalition members attended the CADCA Coalition Academy, and the project director was trained in Training Intervention ProcedureS (TIPS). In Urban County West, TIPS has trained over 200 people since 2011.

Activities, Events, and Strategies. According to grant reports, meeting agendas, and observations, the coalition continued to hold activities and events and use prevention strategies based on community needs, many of which started during the SPF SIG grant cycle. The coalition continued to target youth through programs such as Too Good for Drugs and Violence and Keep a Clear Mind. The expanded partnerships with the schools and churches have extended the use of these programs beyond SPF SIG. Other familiar events and strategies introduced during SPF SIG include Town Hall meetings, the annual Drug Prevention Summit, Red Ribbon Week campaign in middle schools, TIPS training, underage compliance checks,

Sticker Shock campaign for underage drinking, social and traditional media campaigns, and public service announcement competitions.

One significant thing that has changed since SPF SIG is the level of involvement from youth. A leader of the coalition who works closely with the youth stated,

When I first started there were probably ten to twelve youth that were representing the county. I mean they were all basically coming from one school and now we have a pocket of youth from each school, in the four middle schools and the two high schools. Because of this increased involvement, the coalition helped create a youth coalition, which consists of approximately 185 youth. Teen Summit was also created to help students develop leadership skills and better prepare to stand up to negative influences. Youth leaders are making peer presentations and they developed “Peer to Parent” conversations to help educate parents why they should not serve alcohol to youth or participate in social hosting (DFC grant summary, 2015).

To address prescription drug abuse, in addition to special National Prescription Drug Take Back days, the county secured two permanent drop-boxes for disposal of unused prescription drugs, and hosted events to provide information to physicians and pharmacists on the impact of overprescribing prescription medication. Lastly, to promote the group’s sustainability, the coalition hosted their inaugural annual spaghetti dinner fundraiser in 2015 (DFC Grant Summary, 2015).

Funding and Resources. Since the SPF SIG ended in 2010, financial resources have been a significant factor for sustainability in Urban County West. They have raised funds and acquired other resources through grants, donations, fundraising events, and support from the fiscal agent. They have updated the action plan first developed during SPF SIG and revised

strategies, activities, and events for the different grants (DFC Narrative, 2016). The coalition has been “doing plenty to be approved for funding,” according to one participant. The two most substantial grants the coalition has received are the Substance Abuse Prevention and Treatment Block Grant (SAPT) and the Drug Free Communities Grant (DFC) (DFC Grant Summary, 2015). However, there was one year the coalition did not receive the DFC grant renewal, but the fiscal agent was able to provide some support during that time. They have since reapplied for the DFC grant and received it.

Grant funding has been the most substantial source of support for the coalition, but it continues to be a concern because as one participant stated, “It allows you to do things that you can’t do otherwise.” The Project Director announced at a monthly coalition meeting how important it was for all members to “be on the look [out] for other grants.” One participant further articulated funding concerns by stating,

The reality is that we’ve got to be diversifying where that funding is coming from. And the unfortunate thing is that while there is never enough money going into treatment and recovery, there is even less going into prevention. So that’s just an ongoing challenge is to find funding for the prevention work because that’s just not as immediate, it takes longer to show outcomes and just doesn’t get quite as much attention.

The coalition continues to work on sustainable strategies, so if they do not receive funding in the future, they will be able to continue the work in the same capacity. Some of the collaborations identified in grant reports include continued partnerships with the fiscal agent, Health Department, schools, media, the local university, and government offices. Several strategies or activities these partnerships provide post SPF SIG are collecting and analyzing data,

implementing evidence-based programming, media coverage and marketing, compliance checks and sobriety checkpoints, Town Hall meeting sponsorship, and drug testing.

Assessment and Evaluation. Because assessment and evaluation are required for most grant funding, the coalition continued to use several services and processes initiated during SPF SIG. The Pride Survey was used before, but the school system began to administer it to more students because of the developed partnership with the coalition. To collect data that the Pride Survey cannot, psychologists from the local university and the Youth Coalition leaders conduct student focus groups during Teen Summit. The community coalition and youth coalition use the data to revise their plans for reducing and preventing youth substance abuse (DFC Grant Summary, 2015).

At the time of this writing, additional assessment collaborations exist with the city, the Health Department, and local universities. These resources are used to determine community needs and rates of alcohol consumption, to collect data for other programs related to substance abuse, and to evaluate the coalition and its work (DFC Grant Summary, 2015). A participant shared an example of a collaboration and stated,

I'll get a phone call from someone at the Health Department saying, "Can you help us on this? We need data for this." And then before they were really involved, they didn't know we had that kind of data. That we had 3,000 youth answering a survey...and I provided them our results from the 2016 survey and they had done surveys for the exchange program, surveys that are with the people that are participating in the needle exchange. And so they were seeing that it lines up with the Pride data, like the average age of first use and things like that.

Other examples of data received from assessments that are more recent involve perception of substance abuse in general and preferred drug use. Community members interviewed using the Communities Mobilizing for Change on Alcohol model did not find underage drinking “a big deal” once people got to the high school or college level (DFC Summary Grant, 2015). Lastly, alcohol, prescription drugs, and marijuana were concerns for the youth community during SPF SIG as well as most recently. In conclusion, the coalition has retained the structure and practices from the initial SPF SIG that continue to work for addressing substance abuse issues, but added or revised strategies based on perceived community needs.

Connections to the Grounded Theory

Getting the Right People to the Table. The first key component of the grounded theory model being tested in this study is “getting the right people to the table.” In the original study this referred to project stakeholders who are “ready to collaborate,” who understand the goal of the coalition and its work, and who are amenable to “learning and change” (Spatig, Flaherty et al., 2010, p. 5). Participants’ experiences and responses in this study focused on more diverse and increased membership, collaborative relationships, and leadership roles.

Coalition and staff members recruited most of the participants for this study, while the others were staff. Nearly all members represent a specific sector in the community that either is involved in substance abuse work or is impacted by substance abuse in some way. The participants recognized they have a diverse group of committed individuals. The variety of sectors represented, the demographic mix, and collaborative partnerships provide the diversity in membership. According to a long-standing member, “Drug Free Communities forced the issue of a diversity of sectors” even further than SPF SIG, so members and staff continued to recruit and assemble a broad group.

That broad group now includes more youth because of increased collaborative partnerships. One of the primary coalition leaders repeatedly mentioned increased youth involvement and how they have been instrumental in the sustainability of the coalition. Other partnerships with sectors such as pharmacists, the Health Departments, local universities, and law enforcement have proven significant as well. Members recognize how important it is for those involved to understand the work they do. A long-term member suggested, “Make sure that everybody who is at the table—part of the coalition—understands the purpose or mission and that everybody is on the same page [with] strategic planning.”

According to sector members, leadership is vital for sustainability. A participant recommended having a paid person and not a volunteer “to drive the process,” but also having a chairperson take on some of the work. Staff members want to promote sustainability even further by encouraging even more members to step up and take ownership of the coalition work. That way if funding is not available, some of the work will more likely continue. Staff also recognized that more people were taking on lead roles after returning from conferences, which supports the mission of having multiple leaders.

Collaborative Engagement. The second model component focuses on collaborative engagement, which speaks to the quantity and quality of participation or how active and collaborative participants are (Spatig, Flaherty et al., 2010, p. 10). Coalition members referred to their participation as “fluctuating.” Many individuals stated they should be more involved, but work and life sometimes prohibited them from doing so. Several participants commented that they try to attend coalition-sponsored events, share information about the coalition, and educate the community, while others try to attend conferences and get involved in training sessions. From observations, it appears that individuals have different strengths, skill sets, and

collaborative contributions they bring to the table and the coalition's membership and nominating committee is charged with monitoring this area.

A few participants commented that they are "generally pleased" with the members' level of engagement, but could imagine that group of engaged members "bigger" and "better about promoting the coalition." However, participants view the coalition's collaborative partnerships with other community groups as a strength and stated, "It seems like once that relationship is made, a strong bond happens." The member spotlight and guest speaker items at monthly meetings are ways the coalition encourages member engagement and develops collaborative partnerships. Another strategy the coalition has used to enhance engagement is moving the monthly meeting location around the county to make it easier for some members to attend.

Shared Commitments. The next key component in the grounded theory model is shared commitments. This referred to commitments to "substance abuse prevention, collaboration, and evidence-based decision making" (Spatig, Flaherty et al., 2010, p. 7). A participant referred to the coalition as a "collection of concerned individuals." This collection includes the coalition and the community as a whole. A focus group member shared that one strength was the "depth and level of commitment."

One goal for the coalition is to continue to bring awareness of substance abuse issues and the work of the coalition to their community. An active member commented that the "community recognizes that prevention is just as important as treatment, recovery, and law enforcement." This shared commitment between the coalition and the community is a major contributor for sustainability. One participant noted that for the coalition to continue its work and to grow that "the state and other groups could do a better job of focusing on the importance of prevention" broadening the shared commitment. Participants from Urban County West also

believe in the importance of being “clear about what you are trying to achieve” and “develop[ing] guidelines for structure and credibility” to bring groups, communities, and regions together.

Financial Resources. The fourth component in the grounded theory model involves financial resources and support. This includes what is needed for maintaining infrastructures, implementing or continuing strategies, and growing the coalition (Spatig, Flaherty et al., 2010). Funding and sustainability continue to be a primary concern for participants. The coalition has acquired funds and additional resources through grants, fundraising activities, their fiscal agent, and donations. However, they continue to rely primarily on grant funding. A participant suggested that the coalition diversify where funding comes from, because there is an “ongoing challenge to find funding for prevention work.” Funding is significant for sustainability, which is why the coalition continues to collaborate with other organizations. The coalition collaborates with groups like their fiscal agent, the Health Department, schools, the media, and the local university for activities, events, and evaluation. However, these collaborations do not provide all funding necessary to continue the work and to grow, so staff members have encouraged “coalition members to always be on the look for other grants.”

Focus on Learning. At the core of the model grounded in data from research in SPF SIG, learning overlaps with each of the other four components. This referred to individual learning as well as learning as organizations and communities. We found that the most effective coalitions functioned “as learning communities, groups of individuals learning with and from each other about community problems and possible solutions” (Spatig, Flaherty et al., 2010, p. 4).

Urban County West coalition members recognize how much they have learned about “a huge problem throughout the county.” As one member put it, “The numbers were much larger than I ever imagined.” Another member added, “This has been an eye-opener on how pervasive the substance abuse problem is just at all levels.” More specifically, one member stated, “I learned how drugs work and how they affect you, and about the programs out there.” Other members have learned about how addiction happens, how critical prevention work is, and how to be more sensitive.

A staff member acknowledged “The coalition [members have] grown in their knowledge and expertise” and that they are “doing a better job of educating people.” The individual specifically mentioned talking with parents, families, and community members. Coalition members continue to attend local, state, regional, and national conferences and workshops. They return with new knowledge and information and “take on lead roles once they come back from conferences,” according to a staff member. They are also learning from each other and the community during monthly meetings through the member spotlight and community guest speakers. Lastly, the coalition is providing training for community members through various activities such as Training Intervention ProcedureS (TIPS).

Chapter Six: Findings for Rural County South

Analyzed interview data, observations, and additional documents provided the results for this collective case study. Participants from Rural County South shared their experiences of the community coalition since the SPF SIG grant ended in 2010. This chapter will address the following research questions as they apply to Rural County South:

1. What has transpired in the county coalition since the SPF-SIG grant ended in 2010?
2. How do the coalition members' experiences, since the grant ended, speak to key components of the grounded theory?
 - a. Getting the right people to the table
 - b. Collaborative engagement
 - c. Shared commitments
 - d. Financial resources
 - e. Focus on learning

Since the SPF SIG Ended

Grant reports, monthly reports, interviews, and observations provided information for the first research question and fall into one of the following eight categories: membership, engagement and collaboration; organizational structure; leadership; knowledge and learning; activities, events, and strategies; resources and funding; assessment and evaluation; and community changes and needs. Participants were most expressive about the significance of the membership, engagement of members and the community, and collaboration with various sectors and community groups.

Membership, Engagement, and Collaboration. According to a staff member, membership has increased since the SPF SIG grant ended in 2010. More specifically, coalition membership increased within the last three to four years and currently the coalition has 37

individual adult members, a little over 50 youth members who are part of the Students Against Destructive Decisions (SADD) club, and several partnering agencies or organizations. Because of the increase in membership and attendance at monthly coalition meetings, the group had to move its meetings to a larger space. One member commented, “It got so big that we had to move it twice because the rooms that we moved to couldn’t accommodate the people.” Another participant echoed with, “We’ve gone from maybe I think about a dozen members that were pretty active to monthly meetings that are so large.” With the growth in numbers, the group has seen an increase in demographic diversity, particularly in age. A sector representative commented, “There was somebody there representing every age up to senior citizen age.” My observations of several monthly meetings confirm that there was a diverse group of individuals of varying age groups and from a variety of sectors in the community.

Membership representation of the 12 sectors identified by Drug Free Communities (DFC) has fluctuated since SPF SIG. A participant reported there is “a lot of turnover” with certain sectors because of the stressful nature of the work they do. A few of the longest and more consistent sector relationships during and after SPF SIG ended include the Board of Education (BOE) and the Family Resource Network (FRN). Some of the other sectors represented are faith-based groups, law enforcement, particularly the County Sheriff’s Department, and the County Department of Health and Human Resources.

Even though there is strong sector representation currently, participants say “there are some sectors and some parts of the community” they are “not able to reach as well as others.” According to a couple of members, they would like to get more “buy-in” from county areas such as “county commissioner, elected officials” or what they referred to as “people that really have the power or think they have the power.” Another sector a member was very vocal about was

the youth. The member stated, “I would like to see us just engage more kids... have groups with kids and talk to see what they feel, what they want. You know not just in a survey.” The same individual also suggested having an additional monthly coalition meeting in the evening to encourage youth attendance.

Recognition of the coalition, respect for the work of the coalition, and engagement with the community increased since SPF SIG. One participant who works closely with the community stated, “I do think we are well known in the community” and that “the community has been very supportive, and willing to listen to what we are saying, and participating in what we are doing.” Members commented, “It feels great to be a part of something that is positive” and “it seems like anything good that’s going on in the county right now they [prevention coalition] are involved in some way.” A staff member also recognized that “People are finally wanting to do something about it [substance abuse].”

Even though members shared positive comments associated with involvement and engagement, one has a concern about “apathy creeping in, like where you are not doing anything worthwhile.” Monthly reports and observations made it is clear that for several years the coalition relied heavily on volunteers and staff members to complete tasks, but now coalition members are taking on more of the work.

Not only did the coalition engage the community in its work, it developed stronger collaborative partnerships with several groups. The BOE and schools throughout the county, health services, the community center, law enforcement, and judicial services, are just a few groups that participants identified. Participants recognize that these collaborative relationships have contributed to the community’s perception of the coalition. A staff member stated, “We have established a good image...and most people in the area know who we are and [have] an

idea of what we do.” A sector representative said, “They [coalition] are really well respected.” That respect has provided other opportunities for the coalition over the last several years. A grant report stated, “The coalition has grown from simply being an anti-drug coalition to being a well-respected resource.” A staff member echoed the statement by saying, “Organizations and people think of us as a resource.” Another participant described the coalition as “a glue that brings all these different organizations together to work together to achieve one goal.”

It was apparent from meeting observations that the coalition included the community as much as they could and got involved in community events. A staff member reiterated this by saying,

Anything that is going on in the community we have a representative there. Anything that is happening we want to be a part of it. We want to be helpful in anything we can do, even if it is just setting up a booth and giving out information. Nothing about us, without us.

Another long-term staff member stated, “It is very important for us to have these relationships with our coalition members and our community just to have resources.” However, there is always a concern of losing the connections or relationships if people leave their jobs and individuals new or unfamiliar with the coalition fill that position.

Organizational Structure and Leadership. When the coalition was established in 1999, the Board of Directors organized and executed the work for the group. Toward the end of SPF SIG, the organizational structure of Rural County South was revised to include the addition of the recovery home. The same structure operates today where the Board of Directors oversees the work of the recovery home and the prevention coalition. The current process of becoming a board member involves going through a short training, orientation, and taking a tour of the

recovery home to see the facility and to meet staff. Board of Directors members and sector representatives for the prevention coalition sign a Memorandum of Understanding (MOU), while other members are not required to go through the same process.

After SPF SIG, in addition to the Board of Directors, the coalition established sub-committees or teams. The groups are youth outreach, education, media, and sustainability. The Board of Directors chairperson ran the Board of Directors meetings, while a staff member organized and ran the coalition meetings. However, a staff member shared that coalition members and community partners are taking ownership of the prevention coalition, so now the two new co-chairs run the prevention meetings and keep committee assignments on task. The frequency of meetings has changed overtime. According to monthly reports, the coalition started meeting more regularly in 2012, but within the last couple of years, consistent monthly meetings have become the norm. Monthly coalition meetings are typically held in the conference room at the Board of Education building on the second Wednesday of each month at noon. The coalition is also in the process of establishing formal meeting times for committees.

According to a participant, the organization is “much more professional. We went from a small office out of the community center to our sort of campus, our own property.” The organization has the recovery home and offices in one area, but because the county is so spread out, two donated offices in other locations are used as well.

During the SPF SIG, the number of staff positions increased with the addition of the recovery home. After SPF SIG, the Prevention Coordinator became the Executive Director and a new Prevention Coordinator was hired. Until recently, coalition leadership responsibilities have fallen primarily on staff, according to a participant. One participant stated strengths of the coalition “of course, would be our staff,” and “we have an awesome Board of Directors and I

think we just all share the same passion about wanting to make a change in this area.” Another member specifically identified the staff member who acted as the coalition director for several years as a strength. The member described this individual as “humble, passionate about the work, positive, friendly, and a good listener.”

Leadership roles have changed within the last six months because of increased membership, which allowed other members to step up to lead meetings and organize committees, rather than a paid staff member having all of the responsibility. Even though members are stepping into leadership roles, the coalition still needs a paid staff person. A participant recommended,

For the coalition to continue and to grow that at some type of level there needs to be a prevention coordinator, prevention consultant, or substance abuse coordinator. There is someone who is going to be held accountable who is going to try to get this going. If it is left to somebody on a volunteer basis, it can unravel very quickly, because there is not that coordinator.

Knowledge and Learning. According to several reports and participants, since SPF SIG ended, staff and the coalition offered various trainings, including the Strategic Prevention Framework (SPF), to help increase members’ capacity, their understanding of the work. Members have learned many things from trainings and from the work done by the coalition, such as “how to read a community, leadership skills, what addiction is and how to help people in that trouble, what it means to be a role model, and that you’ve got to be the change you want to see in the world.” One member values the experiences and “thinks it is great to be able to attend conferences and learn a lot about myself.”

A participant and another staff member went through a three-week training on prevention. It was sponsored by SAMHSA/CADCA. The individual stated, “That was like taking a college course. Yeah we learned it from the bottom up, but that was so helpful to learn the process, learn about the strategic prevention framework.” The same individual mentioned how important it was to teach “community members to implement programs so they will last beyond us.” This is a key factor that several participants mentioned for sustainability of prevention work. Ultimately, the coalition would like to “become a mentor committee” to help the community continue the efforts.

Activities, Events, and Strategies. According to several reports, many activities and strategies were implemented during SPF SIG, and the coalition has continued to use them because of the impact they had in the community. These include disseminating information with brochures and flyers, compliance checks, DEA’s National Prescription Drug Take Back days, Sticker Shock campaigns, and Public Service Announcements (PSAs). Other media campaigns were geared toward informing parents about underage drinking and prescription drug abuse. Messages were displayed on banners throughout the county. In 2011, the coalition also engaged in social media and started a Facebook page. The staff was diligent about recording details of involvement, including: Programs and demographics of students/children served; coalition information that was disseminated through media coverage, posters, brochures, PSAs, website hits, Facebook likes/shares/etc.; meetings held by different organizations; various trainings offered/attended; other environmental strategies/activities; assessment strategies; community service; and policy work.

The monthly reports also revealed that much of the coalition work was geared toward youth substance abuse prevention during and after SPF SIG. Youth based programs and

collaboration with the Board of Education (BOE) increased after SPF SIG ended. “Every student from the 5th grade to the 12th grade received some type of prevention programming or prevention message during the year, either through evidence-based programming (Keep a Clear Mind, Too Good For Drugs and Violence), SADD events, Prom Promise, or an assembly” (Year-end report, 2012-2013). Several participants recognized that the work in the schools is a strength of the coalition. One member stated, “Programs we do in schools ...looking at the pre and post test data of the evidence based programming, I think we have made a difference.” Another member proudly announced, “We are the only coalition in our region that has evidence-based curriculum in every grade in the schools in our county.” According to a staff member, they also worked with the BOE on a drug-testing policy and “now drug test each youth who participate in extracurricular activities.” Red Ribbon Week at the schools is seen by a member as a strength and “a way to stay in tune with the needs” of the youth. Other activities involve taking the recovery residents to schools to share their stories first hand with the students, and lastly, delivering Positive Choices to after school programs. Another significant activity that started after SPF SIG to help benefit children is the program called Backpack Blessings. According to the coalition’s website, “the program provides a weekend supply of nutritious food for children while school breakfast and lunch is unavailable.”

The recovery side of the coalition experienced growth and change since the SPF SIG ended. According to reports, the women’s recovery home expanded from one home to two homes, located next to each other, doubling the capacity to 20 beds, and it received state funding for the first time. At the time of this study, the recovery home was funded through several grants, donations, and the state. The coalition also owns and operates a thrift store. According to one participant, “We work with businesses and the community, anyone that wants to give

donations. That's what we put in the store, but all of the money that comes into the store goes back into the coalition." The individual further explained, "And it also allows the girls, the ladies that are at the recovery home, they usually volunteer there some and work. That gives them their community service hours and job experience."

One report indicated the coalition not only worked with the BOE to implement policy change, but they also worked with the state on prison reform as it pertains to substance abuse. The coalition has been able to sustain its work and to continue implementing programs and activities long after SPF SIG ended.

Funding and Resources. According to reports, funding sources during and after SPF SIG fell into one of the following categories: in-kind contributions, city/county government, federal grants, other prevention grants, and fundraising/private donations. Since SPF SIG, some of the most prominent funding sources have been grants like DFC and SAPT, along with state funding and donations from state politicians and substance abuse related groups. The coalition acquired several fiscal agents to oversee the many grants that it receives, but serves as its own agent for the DFC and SAPT grants. State and local mental health agencies serve as fiscal agents for other grants such as the state block grant, Partnerships for Success, and other recovery grants.

Several participants described their grant funders and availability of resources as a strength of the coalition that supports sustainability. One participant emphasized the strength of funding and sustainability by listing resources. These included "All of our grant funding businesses, private donors you know, fundraisers, and the thrift store." The individual went on to say, "We are actually trying to go outside of just our staff and our coalition and getting the community involved in our fundraisers and our sustainability." However, several participants said funding and sustainability is still a concern. One participant articulated this concern saying,

“After grant money runs out where will the funding come from?” The coalition is taking measures to ensure some of the work will continue if funding runs out by educating community groups and encouraging those groups to take ownership. A staff member commented, “If we close our doors tomorrow, programs may continue, but not in the same manner and same effectiveness.”

Assessment and Evaluation. Several reports revealed the coalition collects assessment or evaluation data primarily through surveys. The Pride Survey was used during SPF SIG and is still used today. The coalition conducted community interviews and parental, physician, and pharmacist surveys to collect additional data for assessing community needs and perceptions. Lastly, according to a monthly report, the coalition hired an outside evaluator to study the effectiveness of coalition efforts and staff used a resource from the evaluator to track weekly and monthly outputs.

Community Changes and Needs. The coalition has changed in many ways since the SPF SIG ended, but the community saw change as well. One significant event a participant mentioned was the disbandment of the pill mills in the county. Members “want to think things are getting better,” as one individual stated, but as a staff member suggested, that is “hard to measure.” With major changes in policies such as drug testing by the BOE and the community pursuing others like social hosting, and establishing Teen Court and Drug Court, it seems the county is achieving change. A participant shared, “I think that our statistics are going down based on our Pride Surveys with teenage tobacco, alcohol, and marijuana use.” But a staff member pointed out that “now a lot of issues have switched to heroine.” Another participant recognized that the coalition has its “hands full with the need in the community.”

In summary, the 2012 final report stated, “The program excelled in collaborating with the school system, collaborating with law enforcement, establishing and maintaining the SADD chapters, providing evidenced-based programming, and raising awareness of the coalition and its cause.” According to participants, other documents, and observations, the coalition has exceeded those prior outcomes in the more recent years. Participants are very proud of the work they do and what the coalition has become. One staff member commented, “I just feel proud. I think we are one of the best coalitions in the state and I do think that we are the top dog in our region.” Another member is very satisfied with what the coalition is doing and believes it “does a great job of putting their stuff out there” and “will help with anything.”

Connections to the Grounded Theory

Getting the Right people to the Table. The first key component of the grounded theory model being tested in this study is “getting the right people to the table.” In the original study this referred to project stakeholders who are “ready to collaborate,” who understand the goal of the coalition and its work, and who are amenable to “learning and change” (Spatig, Flaherty et al., 2010, p. 5). Participants from Rural County South expressed improvement and growth in membership and their ability to engage certain sectors and community groups. One member pointed out that their rural county is “laid back” and “they think it has helped them make good connections and contacts.” However, that same individual recognized there are specific sectors and parts of the community they were not able to reach as well, such as elected officials and youth. Members also know how important it is to “get organizations to the table” and to “choose your partnerships wisely.” The coalition members believe it is important to know the community and its needs, so they suggested if current members do not, the group should recruit members that do. Additional concerns of participants include the potential for member apathy,

where they would consider the work as not worthwhile, and changes in sector representatives or sector leaders. For instance, one member mentioned, “If something was to happen, [and] we would get a new school superintendent or something, we might not have those relationships.”

Getting the “right people to the table” also involves coalition leaders. A staff member suggested effective coalitions elect officers and develop an executive board or a “go-to” team that is “well-versed and passionate.” Staff leadership in Rural County South is strong, and because of the growth in membership, members are taking on lead roles. They manage monthly meetings and committee work, so the coordinator and program assistants can focus on funding, trainings, and programs. Even though members are taking leadership positions, a staff member suggested having a paid coordinator to oversee the coalition. The staff participant stated, “There is someone who is going to be held accountable who is going to try to get this going. If it is left to somebody on a volunteer basis it can unravel very quickly, because there is not that coordinator.”

Keeping individuals at the table involves making them feel valued, heard, and engaged. A member claimed Rural County South “really values everybody’s opinion that is involved.” Another participant recognized the coalition’s ability to get the right people to the table by stating, “We have an awesome Board of Directors and I think we just all share the same passion about wanting to make a change in this area.”

Collaborative Engagement. The second model component focuses on collaborative engagement, which speaks to the quantity and quality of participation or how active and collaborative participants are (Spatig, Flaherty et al., 2010). Participants considered engagement and collaboration major factors contributing to the sustainability of Rural County South’s coalition. The coalition has continued to reach out to different groups and sectors to collaborate

and members consider this a strength of the coalition. One member stated, “I think they have good partnerships with people and I think they are smart with their choices of people they partner with as far as funding different events.” The partnership with the BOE is positive example of their success in this area.

The staff and members continue to focus their attention on developing additional partnerships. The most recent one involved establishing teen court with the judicial and law enforcement system. A participant shared, “If we get that established, it’s a good sort of community service program,” and “it actually won’t cost the coalition anything.” Coalition members would also like to implement “evidence-based curriculum at our churches with our youth or with families.” One member specifically mentioned engaging more youth to “see what they feel, what they want.” It is clear that coalition members will continue to build partnerships to foster collaborative engagement.

Shared Commitments. The next key component in the grounded theory model is shared commitments. This referred to commitments to “substance abuse prevention, collaboration, and evidence-based decision making” (Spatig, Flaherty et al., 2010, p. 7). Rural County South participants made several statements about community buy-in and that it “is so willing to work with us.” One participant stated, “We really do have an awesome community. There [are] always different people and all kinds of organizations from teachers to parents, community members to law-enforcement to other organizations and coalitions. I think that is a huge part of our success. We have a wonderful community to work with.”

Evidence-based programming is provided in the school system for the youth. The partnership with the BOE includes implementing evidence-based programs such as Keep a Clear Mind and Too Good for Drugs and Violence in schools with grades five through twelve. The

commitment to substance abuse prevention with the BOE expanded to include drug testing for students that participate in extracurricular activities. Other examples that illustrate a shared commitment involve law-enforcement with compliance checks and the Sticker Shock campaign, National Prescription Drug Take Back Initiative with local health care professionals, and holding a community baby shower with the Family Resource Network (FRN). One member sees the coalition as “a glue that brings all these different organizations together to work together to achieve one goal.”

Participants had several suggestions to help focus on shared commitment. One member said point-blank, “Just keep going, keep trying.” Another member pointed out how important it is to build a rapport and a level of trust. That same person later followed up with, “I think to serve the community you have to be in the community.”

Financial Resources. The fourth component in the grounded theory model involves financial resources and support. This includes what is needed for maintaining infrastructures, implementing or continuing strategies, and growing the coalition (Spatig, Flaherty et al., 2010). Participants voiced concern about long-term sustainability and funding, but they had suggestions for future work.

Even though the coalition has received significant funding through grants and donations, members worry about the stability of funding. A staff member compared what is needed for substance abuse prevention, treatment, and recovery to the funding structure for the FRNs, which would provide prevention organizations with stability and concrete funding. The member’s “pie in the sky dream” would be for the coalition to be a “completely funded, line item in the state’s budget, goals set, much more organized than just a non-profit.” Another idea the same individual suggested was having more equitable grants based on population, cost of living, and

other similar factors. What is considered a fair amount of money for a small town will not cover what a larger city needs in order to do the same work.

The coalition staff also realizes that other resources are necessary. One participant stated, “If you don’t have data you’re not going to have good funding. The better the data, or at least showing that you are able to get the data more likely you are going to be able to get funding, and more likely you are going to have that project flourish.” According to a participant, another resource this coalition could benefit from is “to have different offices throughout the county, one in each municipality” because the county is so spread out. Lastly, another member mentioned the recovery side of the coalition would benefit “if we had somewhere to expand and provide more beds for recovery.” A participant who serves in a leadership position stated, “We may actually be an organization that you can look to, to see how funding works because we’ve had strategic funding until 2010 and then we were lucky enough to have DFC right after.”

Focus on Learning. At the core of the model grounded in data from research in SPF SIG, learning overlaps with each of the other four components. This referred to individual learning as well as learning as organizations and communities. We found that the most effective coalitions functioned “as learning communities, groups of individuals learning with and from each other about community problems and possible solutions” (Spatig, Flaherty et al., 2010, p. 4). Likewise, learning is at the core for Rural County South coalition. The members and particularly staff, not only attend training opportunities, but they also provide learning opportunities for members and the community. Their philosophy is to foster sustainability by teaching other groups, sectors, and community members how to do prevention work, so if the coalition is not around the work will continue. As previously mentioned, several members would like to see the coalition become a “mentor committee.” That mentorship typically starts

with leaders. One participant suggested that “leaders should go through training, learning the SPF, learning evaluation, learning about sustainability, cultural competency, all that.”

Members are open to learning and value their experiences. One member reflected on the question related to things to avoid and stated, “I would never say there are things to avoid because that is how you learn. And every community is different, so right now what might not work for us will work for somebody else.” An immediate family member of an addict also commented that there was a desire for more programs and learning opportunities because that individual “needed help” and “needed information.” Other members’ hopes focus on learning about community needs and providing “more awareness of the drug issue that we’re facing.”

Rural County South has seen its membership fluctuate and reach an all-time high within the last year. Leadership roles are currently changing, so members are more actively engaged and so the staff can focus on acquiring additional funding. Evidence-based programming and other environmental strategies continue to be used by the group for much of their prevention work. They also use the data that is collected through several sources to learn about community needs and what prevention strategies are working. Conferences and training opportunities continue to be offered to promote and enhance learning. Members also recognize that the coalition should “set small, short-term goals” and “develop a plan and put a process in place” to guide the people at the table. Lastly, the coalition members remain on course in their pursuit to develop additional partnerships and collaborative engagements throughout the county and the state. However, one participant has shared additional hopes for the future by saying, “I hope that we are able to keep doing what we’re doing for as long as it’s needed. My dream for us is to be able to provide all the help and education, resources and assistance that we can to anybody that

we can. My ultimate hope would be you know, that we are not needed, because if that was the case then there is no problem with substance abuse.”

Chapter Seven: Findings for Urban County North

Analyzed interview data, observations, and additional documents provided the results for this collective case study. Participants from Urban County North shared their experiences of the community coalition since the SPF SIG grant ended in 2010. This chapter will address the following research questions as they apply to Urban County North:

1. What has transpired in the county coalition since the SPF-SIG grant ended in 2010?
2. How do the coalition members' experiences, since the grant ended, speak to key components of the grounded theory?
 - a. Getting the right people to the table
 - b. Collaborative engagement
 - c. Shared commitments
 - d. Financial resources
 - e. Focus on learning

Since the SPF SIG Ended

Annual coalition and grant reports, observations, and participant interviews provided information regarding Urban County North. The coalition saw membership numbers increase and established additional partnerships since the SPF SIG ended in 2010. Furthermore, several organizational changes or additions took place, members continued to learn about substance abuse prevention, and other funding was received.

Membership, Engagement, and Collaboration. Over the years, coalition membership has grown in Urban County North. According to one participant, a small group of approximately 10 people gathered in the beginning of the coalition's existence, but the numbers have grown as time has passed. At the quarterly meeting I attended in April 2016, there were approximately 45 people present. It was reported that in 2013, 29 active members signed the Coalition

Involvement Agreement (CIA). There is great diversity among these members, coming from various sectors and organizations in the community, and including a range of ages and cultural backgrounds. Diversity has been identified as a strength for the coalition by members. Several reports and members explained how the coalition has been able to achieve diversity and growth in numbers.

One contributing factor for diversity and growth was constant assessment for gaps by staff and steering committee members (DFC Narrative, 2014-2015, p. 4). In 2012, in order to “meet the needs of the community and mobilize resources necessary for population level change,” the coalition expanded membership (Annual Report). To increase membership, the coalition developed a recruiting strategy that involved a different sector each month. A current coalition member approached a new potential member from that sector. The steering committee also hosted a retreat where current members and potential members discussed and shared information as another strategy for recruiting (Annual Report, 2012). One participant shared, “It is nice to have coalition members that have been there a while to help train the new ones and give them a better understanding.” Recruiting new members was a priority for the coalition because as one staff member noted, “Coalition members come and go a lot. It’s like they get excited about it and do all this work. Then I don’t know if they pursue other interests, get another job, or they can’t come.”

As reported in the 2013 Annual Report, the coalition has been successful at establishing and maintaining partnerships with various groups such as law enforcement, school systems, health organizations, universities, government officials, faith-based organizations, and the media. During SPF SIG, the group formed strong relationships with the public school system, youth serving organizations, and law enforcement (DFC Narrative, 2014-2015). After the SIP SIG

ended, the coalition continued the partnerships with the schools to implement prevention education programs and with law enforcement for compliance checks and Drug Take Back days. The coalition also established a new partnership with the WV Council of Churches and the initiative called Day of Hope was created after SPF SIG ended.

Since SPF SIG ended, the coalition has also seen growth in sector member participation. The participants all commented on sector engagement, specifically stating that the “community connection is great with our sectors” and “sector leaders are just very committed.” During SPF SIG, the coalition tried to engage more sectors or increase sector participation, particularly with youth and faith-based organizations. One staff member reported that those two sectors are now strengths of the coalition. Another participant commented,

We have our sector leaders that are part of our coalition that are just very committed to anything that we ask of them. If we ask the chief of police for something, he tries to help us do it. If we ask the...schools for something, they try to do it.

While sector representation and participation has grown and is considered a strength of the coalition, one member pointed out, “As our sectors grow we have to learn how to work with all the different sectors too. So people know what to do with different sectors now.”

The coalition went beyond the county to develop partnerships and promote engagement. Urban County North brought five county substance abuse prevention coalitions together to implement regional trainings, media campaigns, and other activities (Annual Report, 2013). The relationships and partnerships are also connected to other strengths identified by participants. One member stated, “We have a good reputation with follow through.” The same individual pointed out that the coalition is driven by the members and is more community oriented, rather than leadership driven, which illustrates the last point one participant made, which was, “We

listen.” Another long-term member reflected on her initial and current impression of the coalition and stated, “This is an organization that is doing something, and I want to be part of it.”

Even though members viewed these partnerships and relationships as strengths of the coalition, several members commented that they thought they “could be better.” This was particularly true of engaging the general community and getting parents more involved. One participant suggested the coalition needed to “get the name out there.” Likewise, others saw marketing and media campaigns as important areas for the coalition to continue and to grow.

Organizational Structure and Leadership. The structure of the coalition consists of the fiscal agent, two paid staff including a coordinator, the Steering Committee, subgroups and teams, and other coalition members. Most of the structural development took place between 2009 to 2014, which was during and after SPF SIG. Coalition meetings involve staff members, coalition members, and the general community is welcomed. The coalition first started out meeting monthly, but changed to quarterly meetings once the subgroups and teams were developed. According to a staff member, moving the coalition meetings to a quarterly time schedule allowed the Steering Committee and subgroups to meet on a monthly basis “to do the actual work that needed to be done.” The coalition chair or co-chairs run the quarterly meeting. These individuals are volunteers who are agreed upon by the consensus of the group on an annual basis. Quarterly lunch meetings are typically held in the same place and at the same time. Meetings begin at 12:30pm and are typically held in a meeting room provided by the fiscal agent in the building they occupy, on the second Wednesday every third month.

“The Steering Committee was formed to guide the coalition’s direction through strategic planning and act as an advisory board. Steering Committee members include paid coalition staff and coalition members chosen for their experience and leadership skills” (DFC Narrative, 2014-

2015, p. 3). After SPF SIG ended, the coalition created the Underage Prevention Subgroup (UPS) and the Social Marketing Taskforce (SMarT). Youth formed an Above the Influence group, and several teams were created such as the Faith Team, Collegiate Prevention Team, and the Advocacy Team, all in response to community needs (Annual Report, 2015).

Members and sector representatives are encouraged to attend subgroup and team meetings, and other events. The coalition developed a mentorship program where a new member is paired with an existing member who serves as the mentor. The new member completes a skills inventory assessment to help the mentor determine where the new member's skills and knowledge would be most beneficial (DFC Narrative, 2014-2015). Starting in 2013, each sector representative signed a formal agreement with the coalition called a Coalition Involvement Agreement (CIA), which used to be referred to as a Memorandum of Understanding (MOU). The coalition and staff agreed that CIA better described the partnership or relationship than the MOU (DFC Narrative, 2014-2015).

During the SPF grant, Youth Services System, Inc., a local non-profit organization, served as the fiscal agent for Urban County North and continues to serve today. The coalition also continues to use the SPF framework "for assessment, capacity building, planning, implementation and evaluation, with attention to cultural competency and sustainability" (DFC Narrative, 2014-2015, p. 18), and incorporates "Community Anti-Drug Coalitions of America's (CADCA) seven strategies for community change into its framework, action plans and logic models to carry out the mission" (Annual Report, 2013). In 2009, during SPF SIG, the coalition developed a five-year action plan, which was approved by the Steering Committee and coalition. Annually, the plan is updated to meet current needs (DFC Narrative, 2014-2015). A staff member shared that the coalition tries to follow the plan as much as possible. Overall,

participants were satisfied with the current plan, primarily because the coalition developed it as a group. However, members did identify some changes that could improve the plan. Their suggestions included simplifying the plan, so it is more realistic to achieve, changing the items that “don’t seem to be going anywhere,” and focusing on getting the name out there.

Leadership is a shared responsibility within the coalition. During SPF SIG, a part-time project director was hired to manage day-to-day functions. Shortly after SPF SIG implementation money was awarded, the fiscal agent was able to hire an additional full-time person to be a program coordinator and increase the director’s position to full-time. A participant commented, “Coalition members are taking on more responsibility, whereas before you know it was kind of like everything was completely staff driven.” The Steering Committee and other coalition members take on leadership roles when making decisions at monthly and quarterly meetings, and the coalition makes decisions by consensus of the group (DFC Narrative, 2014-2015).

Knowledge and Learning. Participants acknowledged that in the beginning they did not know much about the coalition and its work with substance abuse prevention. One participant identified that was “because I didn’t come from that background.” The same individual went on to say, “I think there was definitely a learning curve in the beginning for all of us. We needed to get that training. We just needed more training and we got it through different grants.” According to reports and participants, the SPF SIG was the first grant that provided significant training opportunities and then the DFC grant allowed the group to connect with CADCA training that was helpful as well. In fact, the 2011 annual report indicated that the coalition “received its award as an official graduate of the National Coalition Academy” through CADCA.

However, one individual found some training offered through state funded grants less informative than SPF and CADCA training.

The philosophy of the coalition is to “offer training opportunities to increase effectiveness of its members and its leadership” (DFC Narrative, 2014-2015, p. 9). Additional learning opportunities included other regional, state, and national conferences, forums, workshops, and seminars. According to the DFC Narrative (2014-2015) and from my observations, conference or training attendees returned to the coalition during quarterly meetings and presented a synopsis of the information learned at the event. The coalition also collaborated with law enforcement to provide merchant education and TIPS training, and with the health department for Naloxone training.

As previously mentioned, long-term members help train new members through the mentoring program they developed. In relation to all the training and mentoring provided by the coalition, a long-term member stated, “I think we just have a much more knowledgeable coalition. When you go to a coalition meeting, you will find people who are able to discuss substance abuse prevention and strategies and why they are important.” From what I observed and what participants said, the coalition uses what they learn from experience and research to make decisions about prevention strategies.

Participants identified specific issues they have learned along the way, especially what is effective, and what is not effective. A few individuals learned that scare tactics and certain types of PSAs do not work and there are other ways to engage youth such as positive norming. One participant addressed positive norming and stated, “This is where you are finding out what kids are doing as far as substances. There are more kids not drinking alcohol than are” and “then deliver positive messages about that.” Participants reflected on learning holistically, and

commented that they have learned about prevention, treatment, and recovery. Another member continued with, “We’ve been able to improve on different prevention efforts that we do.” Lastly, several members learned they “now need to find a way to get the community to learn it [substance abuse prevention],” because “it takes all of the different sectors of the community working together.”

Activities, Events, and Strategies. During SPF SIG, the coalition began implementing strategies such as alcohol compliance checks, media campaigns/advocacy, youth-led town hall meetings, prevention education, surveying youth, annual youth forums with youth selected topics, and forming a youth group to lower youth alcohol use (DFC Narrative, 2014-2015). The coalition continued to use many of these strategies along with others to support prevention efforts for youth. According to one staff member, the local youth SADD Chapter had “trouble getting youth involved up until about two or three years ago.” More recently, they planned events such as Please Return on Monday (PROM) promise campaign and the Tie One On event (Annual Report, 2015). Other youth focused activities include Keep a Clear Mind prevention program and Choose a Clear Mind poster contest for all fourth grade students (Annual Report, 2015). According to members and several annual reports, the coalition also offered summer youth internship programs, which provided high school age youth opportunities to plan and implement youth forums and media campaigns.

During my observations, I heard about many substance abuse prevention events and activities the coalition implemented or participated in, which was verified by several members and documents. A sector representative stated, “We have done a lot of positive environmental change type of activities.” One significant environmental strategy mentioned was the prescription drug return box. Urban County North worked with the police department to provide

the first Rx drop box in the state of West Virginia (Annual Report, 2011). Other strategies and events included monthly alcohol compliance checks and TIPS training , DEA prescription Drug Take Back days, Death Notification Training, West Virginia Day of Hope, faith-based prevention strategies workshops, Community Partners Retreat, roundtables, conferences, forums, and prevention campaigns for TV, radio, billboards, newspaper and social media (Annual Reports).

In 2011, after SPF SIG ended, the coalition changed its logo to “simplify the logo into a clear, concise, and bold statement” (Annual Report, 2011). In 2016, the group determined another change was necessary to reflect the work of the coalition, so the new name and logo were unveiled at a press conference before a quarterly meeting. Members were excited about the new branding material, but one participant stated her concern, “We need to do a lot more to get our new brand out there, getting our name out there.”

Another concern of members is sustainability of programs and the work that has been done. Participants believe that some of the work would continue even if the coalition were not around because there is “good consistency of the programs that we do.” For example, schools could keep doing prevention education, law enforcement could continue Rx take backs and take back boxes, and the faith-based community could continue with the Day of Hope.

Funding and Resources. According to several reports, the coalition received additional funding towards the end of the SPF grant. The first Drug Free Communities grant was awarded to Urban County North in 2009, and in 2010, the coalition received additional funding from the Substance Abuse Prevention Services (SAPS) grant through the Bureau for Behavioral Health and funding from the National Youth Leadership Initiative (NYLI). After the SPF SIG ended, the coalition continued to receive funding from DFC, SAPS, and NYLI; additional in-kind

donations and other donations were accepted (Annual Report, 2016). One participant recognized, “There have been different grants we have gotten that determined the focuses that we have.” For example, during the SPF SIG, the coalition focused on planning and capacity building, and then during the DFC grant the coalition focused more on partnerships and sustainability.

Several participants commented that funding is always a concern, particularly as it relates to growth and sustainability. A staff member stated, “I want to keep the staff and keep doing the things that our coalition is used to being able to do.” Participants believe that some of the work would continue even if the coalition were not around because there is “good consistency of the programs that we do.” For example, schools could keep doing prevention education, law enforcement could continue Rx take backs and take back boxes, and the faith-based community could continue with the Day of Hope. However, another participant said, “If we lost our funding I think it would continue, but it just wouldn’t be at the level that it is.”

Assessment and Evaluation. During SPF SIG, the coalition used several assessment tools and evaluations to measure program effectiveness and community readiness, including Communities Mobilizing for a Change on Alcohol (CMCA) interviews, Community Readiness Assessments (CRA), Pride Surveys, Rx Take-Back Surveys, and media tracking. After SPF SIG, the coalition continued to employ the same tools and used additional tools, such as School Climate Survey, Key Leader Interviews, and youth focus groups, to show consistency and credibility in outcomes (DFC Narrative, 2014-2015). Whether information was collected through surveys or interviews with community members, participants found value in the data. One staff member stated it was important to get research data to identify problems, while another individual said, “Thinking you know what the issues are without consulting people in the

community should be avoided.” To recruit potential new members, current members conducted CMCA interviews. An external or contracted evaluator conducted annual coalition surveys to evaluate leadership, communication, conflict resolution, recruitment, decision-making, and administration (DFC Narrative, 2014-2015).

Community Changes and Needs. Urban County North has seen change since the SPF grant started. Initially, during SPF SIG, the coalition focused on youth alcohol abuse, but as several participants explained, the data they collected since 2009 showed other substances were also a major concern for youth in the county. Therefore, the group expanded to include marijuana, prescription drugs, and opioids and “amended the vision and mission statements to include these new focuses” (DFC Narrative, 2014-2015, p. 3). One participant noted that the coalition is “staying relevant with what the Pride Survey is saying,” which is a contributing factor to the coalition’s sustainability. Results are also a good indicator of success and sustainability. A staff member stated her hope for the future is “to be able to see statistics showing that some of the things we are doing may be successful.” Several participants commented that they are seeing some reductions in under-age drinking and marijuana use and several reports confirm those statements (Annual Report, 2013).

Another positive change the coalition has seen is in community perception and involvement. One staff member said, “As a result of our work...more people are talking about it [substance-abuse], more people are into action.” The same individual also concluded that when people talk about addiction they use language that is more politically correct and passionate. According to one participant, “Hospitals jumped on board” with substance abuse prevention strategies and candidates running for office were more in tune with what was happening in the community.

Participants offered suggestions for other coalitions fostering change in communities. A staff member stated, “If you’re going to make any kind of change, you’re going to have to alter the ones [community perceptions] that are negative and the ones that are making substance abuse higher.” A couple of members acknowledged prevention takes time and they advised, “Just take it one day at a time. You are not going to change the world overnight,” and “Just keep swimming, don’t give up!”

Connections to the Grounded Theory

Getting the Right People to the Table. The first key component of the grounded theory model being tested in this study is “getting the right people to the table.” In the original study this referred to project stakeholders who are “ready to collaborate,” who understand the goal of the coalition and its work, and who are amenable to “learning and change” (Spatig, Flaherty et al., 2010, p. 5). In relation to this, Urban County North participants’ experiences and responses focused on diverse and increased membership, recruiting, mentoring, and leadership roles.

Participants consider their diverse group of members a strength of the coalition. They have focused on recruiting individuals and organizations to “fill in the gaps” and provide representation from all sectors. A staff member recommended,

Try to get those 12 sectors like we do for Drug Free Communities like SAMHSA recommends, just because you’re going to get a different perspective from each one of those people at the table, to what they think is the problem. They need to be able to work together, see where each person is coming from, and what issues they are dealing with and work on that.

One sector group the same participant identified as significant was youth. The individual said, “They have been quite an asset for us, because I don’t think you realize how out of touch you are

until you talk to them.” Other sectors or individuals mentioned were city leaders, county commissioners, senators, school board members, business leaders, and religious leaders. Participants believe it is important to “plan who you need to get together,” and “build those relationships.” One community group that the coalition would like to see more involved is parents. A member illustrated this by saying, “I would love to see more parents, and really reach parents more effectively than we are. And I know it’s not just us, because I talk to other coalitions.”

In addition, retaining members has been a concern for the coalition and they are not exactly sure why members come and go. Participants speculated that individuals moved, changed jobs, lost interest, or are just too busy. One strategy the coalition implemented to help address retention issues is a mentoring program. When a new member joins the coalition, he or she is paired with a seasoned member to determine strengths, potential contributions, and to help the individual learn about the work of the coalition.

Participants also talked about the importance of fiscal agents, directors or staff, and other coalition leaders. One individual stated, “Find a reliable and responsible fiscal agent.” The coalition’s fiscal agent has been involved from the beginning. In fact, volunteers from that organization inspired the grassroots initiative. The youth oriented organization has served as the fiscal agent for Urban County North since the coalition received funding from SPF SIG (Annual Report, 2013), providing continuity for the coalition.

During SPF SIG, a project director was hired to manage day-to-day functions and the position still exists today. Hiring a good director was another factor stressed by a long-term member. Even though the number of staff members increased over time, one participant stated, “It is better to have a [coalition] chair or other members of the coalition be the ones who are

speaking out in public, so coalition members really take ownership.” A staff member pointed out that coalition members are taking on more leadership responsibility instead of relying heavily on paid staff.

Collaborative Engagement. The second model component focuses on collaborative engagement, which speaks to the quantity and quality of participation or how active and collaborative participants are (Spatig, Flaherty et al., 2010). As with the other coalitions, there is varied participation from Urban County North members. During SPF SIG, the coalition started to build collaborative relationships with several different sector groups and organizations. They continued that work and expanded the number of partnerships after SPF SIG ended. According to the 2014-2015 DFC Narrative, “Eight organizations from 2009 are still represented in the 12 sector roster of 2014” (p. 5). Some of the key collaborative groups include youth and youth serving organizations, school systems, law enforcement, and faith-based affiliations. Several environmental strategies have been implemented by community sectors with assistance from the coalition. This approach addresses sustainability and concerns of continued implementation, because if the coalition is not around the organization can still administer the environmental strategy. As the coalition stayed in tune with community needs, sector representation changed and grew, therefore, the coalition needed to learn how to collaborate with new groups and will need to in the future.

Several participants from Urban County North are all long-time members or staff, but their level of participation and roles varied. One staff member got involved at the very beginning as a volunteer and became a staff member at the end of the SPF grant. She stated,

Obviously, I’ve become way more involved. When I first started out, I didn’t really understand the concept of the coalition. I just knew that they needed to gather a bunch of

community members together... agency people to address the substance abuse issues with the youth here in [Urban County North]. I kind of got involved and I was just kind of like barely involved. I came to the meetings, did what they asked me to do, participated in some of the events, but not all of them. Then it just kind of grew over time.

Another individual started as a paid staff member during SPF SIG, left for other employment, and then returned to the coalition in a different paid staff position. One long-term member became involved during SPF SIG after seeing a press release about the coalition and the work it does. This individual became involved with the coalition because there was history of substance abuse in the family. However, the participant also stated, “I really have a heart for helping teens avoid addictions and stuff. I wanted to help with prevention in our community.” This individual has served in several ways such as co-chair, a member of the Steering Committee, and on the SMarT (Social Marketing Taskforce) sub-group.

Shared Commitments. The next key component in the grounded theory model is shared commitments. This referred to commitments to “substance abuse prevention, collaboration, and evidence-based decision making” (Spatig, Flaherty et al., 2010, p. 7). The current coalition has experienced authentic shared commitments, and it is committed to prevention, collaboration, and evidence-based decision-making. A long-term member sees these as coalition strengths and stated,

I would say one of the strengths, this may sound strange, but just how well we play by the rules, just how well we adhere to the outline that the grant makers give to us, and we follow through very well. But we also know that we need to change with the population

in our community, so we are able to do that as well. We are good at setting goals, following through, and then reassessing our goals.

The same individual later recommended that coalitions should “have your finger on the pulse of your community issues” and that “thinking you know what the issues are without consulting people in the community” should be avoided. The coalition uses data and results from school-based surveys, CMCA interviews, Community Readiness Assessments, and other sources for strategic planning and goal setting (Annual Report, 2013).

Over the years, Urban County North has developed several partnerships with groups that are also committed to substance abuse prevention, such as law enforcement, school systems, health care professionals, and youth. These partnerships were fostered in hopes of being able to retain some strategies if one group or the other is no longer around. A staff member shared,

We’ve always had the schools involved and we’ve always had the Police Department involved, and as the years progressed had more involvement with healthcare. You know we’ve always had youth involvement, we’ve always had parent involvement. We have a lot more involvement with the faith community. So therefore, I guess in theory, or hopefully we are able to do more things in the community, because we have more community resources, because more people are working with us. Hopefully that will also lead to maybe more sustainability of those things, just because if someone in the community is doing it and even if we wouldn’t be here they may want to still keep doing it.

Specific examples of the work that could continue on included guidance counselors providing prevention education in schools, and a pharmaceutical distributor managing the Drug Take Back days and the Rx drop boxes, with the help of law enforcement. According to another member,

the coalition was also “instrumental in getting [Rx drop] boxes and making sure that each county...had at least one box, and now they at least have two boxes in every county.” This illustrated shared understanding on a larger scope to address substance abuse issues.

Participants share a vision for the future of the coalition and its work. Several of the members said they “would like to see substance abuse on the decrease, overdose rates decrease,” and “that we wouldn’t need a substance abuse prevention coalition.” But in the meantime, the members hope that the coalition will “continue to have a positive impact” and “see us expand our prevention efforts to include sexual assault prevention strategies and child abuse prevention.”

Financial Resources. The fourth component in the grounded theory model involves financial resources and support. This includes what is needed for maintaining infrastructures, implementing or continuing strategies, and growing the coalition (Spatig, Flaherty et al., 2010). Funding and sustainability continue to be a concern for participants in Urban County North. A staff member commented, “For me funding is always a concern. I’m the director, so I want to keep doing things that our coalition is used to being able to do.”

Annual reports revealed that funding for the coalition and its work came from several sources. The coalition received federal and state grant dollars, and donations from a variety of people and organizations. The following examples illustrate the overlap of four grounded theory model components established during the SPF SIG study—the right people to the table, collaborative engagement, shared commitments, and financial resources. Partnerships and collaborations are essential for funding and sustainability according to participants. Other organizations that collaborate with the coalition were also awarded grant dollars for substance abuse prevention activities. For example, one year the coalition could not afford one of the prevention education programs for the schools, so the guidance counselors applied for a grant,

received it, and purchased the program for that year. The WV Council of Churches also received funding to conduct a substance abuse prevention initiative on their own. Another collaborative effort occurred as a regional effort. One staff member shared,

We were able to get funding from the state to do regional efforts, so I was able to hire another person to run a regional substance abuse prevention. And from there we were able to get... funding where we work with just [two] counties specifically through the Partnerships for Success.

However, another participant voiced concern stating, “If we lost our funding I think it [substance abuse prevention] would continue, but it just wouldn’t be at the level that it is.”

Members stressed the important roles played by the fiscal agent and paid staff in acquiring financial resources. As mentioned before, participants suggested having a “reliable and responsible fiscal agent,” because services they provide are “integral to sustainability” and “they have a lot of resources.” One long-term member complimented the paid staff on their ability to find other avenues for funding and supporting sustainability. The individual stated,

We have not been afraid to go after other grants. And the whole sustainability issue is huge because the grant money isn’t always going to be there, and so we have to find other means of support to secure additional funding and they have done a great job. They, meaning the people who are actually being paid for the coalition.

Another contributing factor for sustainability of funding mentioned by a participant was the coalition’s ability to keep the Drug Free Communities money in the county and keep momentum going. They have been able to fund certain things every year, but also have implemented new ideas and strategies. However, one participant communicated a lack of shared commitments by

stating, “I would like to see more money in media rather than some of the other things that we do.”

Focus on Learning. At the core of the model grounded in data from research in SPF SIG, learning overlaps with each of the other four components. This referred to individual learning as well as learning as organizations and communities. We found that the most effective coalitions functioned “as learning communities, groups of individuals learning with and from each other about community problems and possible solutions” (Spatig, Flaherty et al., 2010, p. 4).

Urban County North participants shared they knew very little about substance abuse prevention work when they first got involved. A staff member stated, “I really didn’t know what it was all about. I didn’t understand the direction it was going to go and what my place was there.” Another individual reflected, “It was a little overwhelming in general when I first started, because I didn’t understand all of the grants and I didn’t understand really what prevention work was all about. There was a lot more to it than I realized.” Since participants did not come from a prevention background, they knew there would be a learning curve in the beginning. Another staff member recognized, “We just needed more training, and we got it through different grants.”

Training started during SPF SIG, where staff and members were trained on effective coalition strategies. Training then continued when the group was awarded the DFC grant. One member commented, “The key thing though is really getting training that is good quality and appropriate for what you need.” After staff and other members attended conferences, workshops, and other training opportunities, they returned to the coalition and shared that knowledge with the rest of the group.

Staff members have observed a change in the level of knowledge the coalition members have. One member proudly stated, “I just think we have a much more knowledgeable coalition. When you go to a coalition meeting, you will find people who are able to discuss substance abuse prevention and strategies, and why they are important.” Participants are willing to share this knowledge and experience with other coalitions and suggested that new groups “contact another coalition” and “bring somebody in who has done this and listen to them.”

Chapter Eight: Conclusion

The purpose of this collective case study was to test a grounded theory model, *Getting it Together: A Learning Model of Community Collaboration*. Three West Virginia counties that participated in the six-year SPF SIG project and successfully addressed substance abuse prevention through community coalitions were studied. The grounded theory model was used as a lens through which to examine collaboration and what the three counties have learned from the educative process in the years after the grant ended. In order to achieve this purpose, the following research questions were addressed:

1. What has transpired in the three county coalitions since the SPF-SIG grant ended in 2010?
2. How do the coalition members' experiences, since the grant ended, speak to key components of the grounded theory?
 - a. Getting the right people to the table
 - b. Collaborative engagement
 - c. Shared commitments
 - d. Financial resources
 - e. Focus on learning
3. In what ways, if any, should the model be modified to take the new information into account?

Chapter four described the demographics, structural make-up, membership, and activities of the three featured community coalitions. The counties were located in both urban and rural settings and in different areas of the state. Therefore, the three county coalitions were referred to as Urban County West, Rural County South, and Urban County North. The chapter also provided an overview of the coalition support, officers, committees, meetings, sector

representation, and evidence-based and environmental strategies related to organizational structure, membership, and activities. Chapters five, six, and seven presented findings for each community coalition case study, which were based on observations of coalition meetings, interviews with staff and coalition members, and coalition reports and documents. This last chapter will provide analysis, interpretation, strengths and limitations of this study, and implications of findings for researchers and community practitioners.

Analysis and Interpretation

This chapter features a cross-case analysis and focuses on the interpretation of key findings and themes related to each of the components of the grounded theory: (a) Getting the right people to the table; (b) Collaborative engagement; (c) Shared commitments; (d) Financial resources; and (d) Learning, and highlights new knowledge generated by this study. Current literature on other community models and critical theory framework will also be used to interpret the findings related to the key components and following themes: (1) *growth—in numbers, diversity, partnerships and collaborations, and knowledge*; (2) *concerns — about funding and continued engagement*; and (3) *hope—for sustainability and making a difference*.

Getting the Right People to the Table. In the original SPF SIG study, “getting the right people to the table” referred to project stakeholders who are “ready to collaborate,” who understand the goal of the coalition and its work, and who are amenable to “learning and change” (Spatig, Flaherty et al., 2010, p. 5). This included the “right” staff as well. The participants in the current study described the stakeholders as “committed” individuals who “understand the purpose or mission” and “are on the same page with strategic planning.” Coalition members or staff from all three counties reiterated the importance of recruiting members and creating a diverse group of people to support the work of the coalition, and the

challenge of retaining the “right people at the table.” Further, in all three county coalitions, participants especially stressed the importance of youth members and paid staff.

At the time of this writing, Urban County West, Rural County South, and Urban County North increased membership by at least twice the number of members they had during the SPF grant. The increase was a response to community needs, which directed recruiting strategies. Several other research studies suggested that successful coalitions enlist diverse members who acquire or possess prevention knowledge and then empower them to put that knowledge into practice by participating in coalition activities (Butterfoss, 2011; Edwards et al., 2007; Feinberg et al., 2008; Rhew et al., 2013). Members and staff in this study made a concerted effort to recruit members from various community sectors, who had different substance abuse backgrounds and perspectives, providing a demographic mix, and increased diversity. According to Butterfoss (2006), not all groups are equally represented for some coalitions, but instead there are more “female, middle age, and majority-race professionals” (p. 336), which was true about coalition membership during SPF SIG. Coalition demographics changed to include other ethnic groups, and various age ranges, and genders. The three coalitions saw increased diversity as an important factor in coalition building and viewed it as a strength since SPF SIG. However, the coalitions understand that membership will continue to change as community needs change and they see this as a challenge.

According to prior research, it is important for groups or sectors such as government organizations, churches, educational groups, social work agencies and civic associations to come together to form coalitions and address community concerns (Butterfoss, 2007). The SPF recommended at least 10 different groups or organizations from a list of sectors for coalitions to engage in the process. After SPF SIG, county coalitions that received funding through DFC

grants continued to recruit and assemble a broad group of at least 12 different sectors to get a “wide perspective” and “reach a lot of people.” Additional groups and sector representatives came to the table, while other groups increased involvement. Some of the key sector relationships were with schools, faith-based groups, law enforcement, health practitioners and facilities, media outlets, and youth.

Initially, during the SPF grant, youth was one of many sectors from which members were recruited by the coalitions. Toward the end of the grant and over the next six years, the three coalitions specifically focused on recruiting and engaging youth. One of the primary coalition leaders repeatedly mentioned increased youth involvement and how youth have been instrumental in the sustainability of the coalition. The groups understood how important it was to reach this sector in order to make a difference, because youth provided insight and a different perspective, while reaching their peers. This new, stronger focus on youth participants was a key to the success and sustainability of these three coalitions; youth were stressed above other sectors in this study.

Paid staff members or directors were also considered a strength of each coalition and they relied heavily on staff for guidance and support. Participants recognized the significance of having a knowledgeable and skilled staff member to coordinate and “drive this process,” so it does not “unravel.”

During the initial SPF study, the task of “keeping the right people at the table” was included in the findings. This referred to nurturing people by developing caring relationships and providing training and support. While this was a concern of the participants in the current study, they discussed the issues with the terms and ideas more closely related to “collaborative engagement, shared commitments, and learning,” more specifically democratic process,

committee work, strategic planning, partnerships, as well as training and support, so they will be discussed in those sections.

Collaborative Engagement. The next model component focuses on collaborative engagement, which speaks to the quantity and quality of participation or how active and collaborative an individual is (Spatig, Flaherty et al., 2010). Findings in the current study support the description of the collaborative engagement in the SPF SIG study, and focus on collaborative partnerships, continued policies, practices, organizational structure, and member participation. In addition, findings revealed changes in leadership roles and the importance of coalitions' community presence and reputation.

During SPF SIG, these three coalitions fostered collaborative partnerships with groups such as law enforcement, youth, parents, and schools, but after the grant ended, they developed even more partnerships and strengthened those they already had. Members and staff assessed for “gaps” in sector relationships and sought out the groups that were missing or needed strengthening, which included youth, faith-based, higher education, the Health Department, city officials, pharmacists, and other health practitioners. Further, all three coalitions continue to build additional relationships and partnerships because they do not believe they are at capacity and that “there is always room for growth.”

Coalitions continued to use several policies, practices, and structural arrangements developed during SPF SIG that promoted member engagement, but they also incorporated some strategies to foster retention of members. One community coalition used a consensus decision-making process and the other two used a majority vote process when making decisions, so everyone had a voice or say in the matter. They voted on leadership positions, strategic plans, activities and events, and other important decisions. Members from all three coalitions also

participated in the strategic planning process on an annual basis. Project coordinators or paid staff initiated the process, but requested input from sub-committees or workgroups and members. Whereas working on strategic planning fostered a collaborative approach and allowed members to be more invested and engaged in the work, this was an area that one coalition participant shared was challenging because it was a group activity. The individual described it as one “of the things I think that are on there year after year and they don’t really seem to be going anywhere. I think I would alter some of those things.”

All three coalitions in this study required sector representatives, board members, and/or members to sign a Memorandum of Understanding (MOU) or a coalition involvement agreement (CIA). This document typically articulated the level of involvement required by that individual including a minimum number of community engagement hours and number of coalition meetings to attend, and committee or workgroup participation. Coalitions either required or highly encouraged each member to serve on a sub-committee or workgroup of the coalition. But first, board members, steering committee members, or members serving as mentors would assess each new member to determine skills, knowledge, and interests the individual had and then make recommendations as to what committee that person might serve on. This was another way of engaging members and letting them know they could serve where they felt most comfortable and where they could contribute the most. This approach aligned with the original grounded theory model as well as other researchers’ findings about engagement. Donaldson (2005) and Butterfoss (2006), for example, determined it is important to find a place for members or to identify their role for continued participation. They went on to say there is increased empowerment and enhanced satisfaction the more roles members assume and skills they are able to offer.

Meeting observations provided an opportunity for me to see just how inviting and inclusive coalition meetings really were. Overall, the practice of holding comfortable and inviting meetings (Spatig, Flaherty et al., 2010) started during SPF SIG and continued after the grant ended. All three coalitions held their monthly or quarterly meetings at the same time, during lunch, and the same day of the week, so members could have a standing meeting in their calendars. Occasionally, meeting location varied, depending on availability of space and the meeting agenda. However, each coalition had a permanent meeting space provided by their respective fiscal agent or a sector organization. Because one county is so spread-out, the coalition tried to move their meeting location once a quarter to encourage attendance by individuals who lived or worked in a different area of the county. Meeting rooms were arranged to foster interaction, conversation, and promote equality among the group. At most meetings, food was provided either before or at the very beginning of the scheduled meeting time since it was the lunch hour, and members used that time to socialize with one another. During meetings that I attended, and according to other meeting minutes and agendas, meetings were first called to order, and then everyone introduced himself or herself and described how they were involved in the coalition. I always felt welcomed and included, even as an observer.

A significant change the coalitions experienced since SPF SIG ended was a shift in staffing and leadership. Local coalition members took on more leadership roles and more responsibility, so staff could spend more time out in the community and “less time at a desk.” While coalition members felt it was important to have hired staff “driving the process,” they recognized it was important that other members step up, take ownership, and balance the workload. Sector representatives have “stepped up to the plate” and have taken the role of coalition chair or co-chair in all three counties. Staff attributed this change to increased

knowledge and confidence after many sector representatives attended conferences and training programs. The coalition chair or co-chairs in all three coalitions are running meetings and organizing committee work, rather than staff having all of the responsibility. Staff can spend more time on other necessary tasks such as fostering relationships and seeking additional resources or funding.

As previously stated, in these three coalitions, membership and sector representation has grown since the SPF grant ended, and strengthened the coalitions' presence, reputation, and level of participation in the community. Guillory et al. (2006) suggested, "Community connections are critical in order for all stakeholders to fully participate in and contribute to community development activities" (p. 94). Sectors involved in the coalition support each other and participate in events, conferences, trainings, fundraisers, and much more. The philosophy of all three coalitions is to help the community as much as possible, by getting out into it and interacting with its members. Coalition members see this as a marketing opportunity to "spread the word" about the coalition or "make sure the message is getting out." Coalitions have been able to reach more people and get more people involved by participating in community events, supporting other sectors, and building a positive reputation.

Coalitions were able to develop strong partnerships for several reasons, but it all boiled down to positive reputations they had in the community. The groups were considered "collaborative" and "helping" organizations. Participants believed their coalition was seen as a "well-respected resource" or "mentor" to other groups in the community. According to staff, members are more "passionate and serious about the work" than in the past. The depth and level of commitment members and staff possess contributed to the positive image in the community.

Keeping the “right” people at the table was a concern throughout this study. Retention of sector representatives and other members has been an issue from the beginning and some members, staff in particular, are not sure why members come and go. Several members speculated that maybe people have moved, changed jobs, simply lost interest, or were just too busy. One individual admitted their involvement “fluctuated” depending on job responsibilities and personal commitments. One participant was also concerned about the potential for member apathy, where they would consider the work is not worthwhile. Several members from one county mentioned they were afraid of losing sector representatives or sector leaders in particular. Potentially, losing a sector leader could require establishing a new relationship and could cause a setback in momentum. It is important to engage members “so they feel they have a purpose,” feel valued, heard, and engaged. Since SPF SIG ended, these three coalitions have employed many strategies to do just that, which included providing training, leadership, and marketing and networking opportunities, providing mentoring programs, encouraging committee membership, using a consensus decision making or voting process, and holding friendly and inviting meetings where members’ voices are heard.

Shared Commitments. The next key component in the grounded theory model is shared commitments. In the SPF SIG study, this referred to commitments to “substance abuse prevention, collaboration, and evidence-based decision making” (Spatig, Flaherty et al., 2010, p. 7). The basic premise of shared commitments begins during what is called the formation stage for developing community coalitions. According to Kegler et al. (2010), Sharma and Smith (2011), and Butterfoss et al. (2006), this stage focuses on creating a more formal group, when a lead agency brings together or recruits key organizations with a common goal. The three

coalitions in the current study did just that, and further illustrated shared commitments as they reached agreements to revise their action plans that reflected changes in their communities.

In this study, learning was the primary basis for shared commitments—learning from data about the changing needs of the community. During SPF SIG, coalitions focused on youth alcohol, prescription drugs, and marijuana use and abuse, but after SPF SIG, data revealed additional substances that had become prominent such as opioids and heroine. Therefore, according to coalition reports, all three coalitions amended their vision and mission statements to include these new focuses. In response to community changes such as these, the three coalitions revised their action plans and strategies. Annually, coalition staff and other members came together to revise action plans because circumstances changed, which provided an opportunity for everyone to have a voice. This illustrates evolving shared commitments within the coalitions.

The shared commitment between coalitions and other community sectors was seen as a strength and considered a key factor for sustainability. They were able to move together with evolving shared commitments that were based on evidence and data. All three coalitions have received funding from partner organizations for events, activities, and for implementing strategies. In addition, some sectors have taken on the responsibility of executing strategies and assessment activities. For instance, schools administer evidence-based prevention education programs such as Too Good for Drugs and Violence and Keep a Clear Mind, and the PRIDE survey assessment in all three counties. Law enforcement conducted compliance checks, sobriety checkpoints, and Drug Take Back days in all three counties, universities collected and analyzed data in one county, media outlets provided coverage and marketing in all three counties, and schools oversaw drug testing in one county. It is the hope of the coalition members in all three counties that the community will be able to retain some of these strategies if one

group or the other is no longer around because they are all committed to the same goals.

According to the coalitions, they will be able to do more things in the community, acquire more resources, and have more people working with them because of the evolving shared commitments.

Financial Resources. Yang et al. (2012) found that assessing needs and resources, such as human, financial, and material, is an essential process for community coalitions. The fourth component in the grounded theory model involves financial resources and support. According to the initial SPF SIG study, this includes what is needed for maintaining infrastructures, implementing or continuing strategies, and growing the coalition (Spatig, Flaherty et al., 2010). Several findings during the initial SPF SIG study still ring true in the current study. Findings, across the three coalitions, included: (1) grants serve as the primary resource to fund salaries, meetings, and training, and to implement strategies; (2) shared funding among participating organizations reduces the financial burden and develops partnerships; (3) there are concerns about obtaining funds for sustainability; and (4) continuity in fiscal agents is a critical factor.

The three county coalitions featured in this study continued to acquire funds and additional resources through grants, fundraising, and donations. Grants such as Drug Free Communities (DFC), Substance Abuse Prevention and Treatment Block Grant (SAPT), Substance Abuse Prevention Services (SAPS) and other small prevention grants provided a significant amount of funding for each coalition and its work. Urban County West, Rural County South, and Urban County North received the DFC grant, which was first awarded toward the end of the SPF grant. This allowed coalitions to continue the work they started during the SPF SIG. All three coalitions are still receiving DFC grant funding as this is being written. According to Butterfoss (2011), agencies that provide initial funding assume community

coalitions will sustain their efforts by acquiring enough funding through new sources. A coalition that receives a DFC grant must match the funding amount with in-kind donations. Therefore, all three communities sought and received additional funding through new sources. Feinberg, et al. (2008) found in some cases, the better the coalition functioned the more likely they were of attracting funding from new sources, and at a greater amount than the initial grant. This was true of the three coalitions in this study. They had success during SPF SIG, and they were able to capitalize on that success to secure additional grant dollars.

It is up to coalitions to seek additional funding to sustain their efforts by identifying new resources. Butterfoss (2011) sees this as a form of encouragement for coalitions to “engage in cross-sector” collaborations and “build on their complementary skills and resources” (p. 175). The three community coalitions in this study have worked hard to develop additional partnerships and strengthen those that already existed during SPF SIG for several reasons, but a primary benefit of collaboration is shared or diversified funding. As previously stated, schools implemented and oversaw evidence-based prevention education programs and assessments, and drug testing, law enforcement conducted compliance checks, sobriety check points and Drug Take Back days, universities collected and analyzed data, and media outlets provided coverage and marketing. The members and staff in the three coalitions see this as a strategy for sustainability and for sharing some of the cost and resources with other organizations. Some organizations even applied for grants to help offset costs to implement environmental and evidence-based strategies.

Continued funding was a concern, particularly for sustainability, during the initial SPF SIG study and in the current study. Some coalitions established during SPF SIG are no longer in existence or are functioning at the same capacity as during the SPF grant. Participants from the

three coalitions in the current study recognized how significant funding is for coalitions to continue and grow their work and to have paid staff coordinating efforts. Urban County West, Rural County South, and Urban County North discussed funding and resources during each of the coalition meetings I observed, and include the topic on the coalition meeting agendas. Discussions and actions focused around finding other resources, developing additional partnerships, and implementing marketing strategies. Members understood how important it was to be in the community, to get their name out there, and to help other organizations in order to build relationships and acquire more funding.

Fiscal agents still play a significant role in providing resources and continuity for the three coalitions. Fiscal agents oversaw grants, supervised employment of staff for the coalition, provided spaces for staff offices and coalition meetings, and assisted with additional funding if necessary. Because of the increase in financial resources, fiscal agents were able to afford additional staff either in a full-time or part-time capacity. Coalition staff members understood that one of their primary responsibilities was to seek and acquire additional funding. Staff members believed work would continue without grant funding, but not at the same level. Coalitions want to “keep the staff” and “keep doing the things that the coalition is used to being able to do.” One member would like to see “a more permanent system of funding,” not grants, to support the work of the community coalitions.

Learning—Critical Pedagogy. Learning was the most significant new component in our grounded theory model. During the original SPF SIG study, we found that the most effective coalitions functioned “as learning communities, groups of individuals learning with and from each other about community problems and possible solutions” (Spatig, Flaherty et al., 2010, p. 4). The current study produced similar findings. In all three coalitions, members grew in their

knowledge about substance abuse from quality data and trainings. They shared what they learned with each other and the community, used what they learned in new leadership roles, increased engagement, and participated in decision-making activities. Freire's critical pedagogy is one way to think about the coalitions' learning. According to Cho (2007), critical pedagogy is social transformation through education that focuses on the relationship between knowledge and power, or in other words, a democratic approach to empower participants.

Community coalitions provided opportunities for members to gain new knowledge through a variety of vehicles such as (1) trainings, (2) local regional, state, and national conferences, (3) forums, (4) workshops, (5) seminars, (6) coalition meeting presentations, and (7) assessments and evaluations of local and state needs. Throughout coalition-related literature, there is a focus on primary skills and knowledge for collaboration, and training and technical assistance are effective vehicles for providing skill building and learning opportunities (Collins et al., 2007). The philosophy of one coalition in this study is to “offer training opportunities to increase effectiveness of its members and its leadership” (DFC Narrative, 2014-2015, p. 9). This perspective illustrates what Collins et al. (2007) found during their study of a SIG for substance use prevention—training is another key element of coalition effectiveness. Orwin et al. (2012) found “that the SPF SIG gave them a planning process to follow, increased their awareness of (and knowledge about) the data they processed, and drove them to increase the capacity of the prevention stakeholders” (p. 98). The coalition members in the current study valued the training that the SPF grant, CADCA, and other grants provided. In fact, one participant suggested that “leaders should go through training, learning the SPF, learning evaluation, learning about sustainability, cultural competency, all that.” One member commented, “The key thing though is really getting training that is good quality and appropriate for what you need.”

Community coalition members were able to reflect on what they have learned throughout an authentic, learner-centered process—characteristics of Freire’s (2006) critical pedagogy. Participants acknowledged that they did not know much about the coalition and its work in the beginning, particularly during SPF SIG. There was a learning curve for most of them because they did not come from a substance abuse prevention background. Members learned just how pervasive substance abuse was in their county. One member stated, “The numbers were much larger than I ever imagined.” Members also learned how to assess community needs, leadership skills, what addiction is and how to help people, what it means to be a role model, and “that you’ve got to be the change you want to see in the world.” All three coalitions continued to train and mentor new members so everyone could participate in activities and contribute to the decision-making process and ultimately, to community change.

Members from all three coalitions recognized they have grown in knowledge and expertise. Several participants said they are doing a better job of educating coalition members and the community than “even six years ago.” One participant commented, “When you go to a coalition meeting, you will find people who are able to discuss substance abuse prevention and strategies and why they are important.” This growth in knowledge led to all three coalitions becoming community resources. According to one member, “We have kind of become a repository as to what resources are out there and we disseminate that information. We are the hub that is assimilating and dispensing the information and resources available.” The members and particularly staff, not only attend training opportunities, but they also provide learning opportunities for members and the community. Their philosophy is to foster sustainability by teaching one another, other groups, sectors, and community members how to do prevention

work, so if the coalition is not around the work will continue. This approach reflects the desire of all three coalitions to become a “mentor committee” or community mentor.

Participants are actively engaged in constructing and interpreting knowledge, which makes this approach learner-centered and community-centered. According to Prevedel (2003), critical pedagogy encourages individuals to think critically, interact in dialogue, create knowledge as they actively participate, and participate in decision-making activities. During the current study, coalition members returned from conferences, trainings, or summits and shared new knowledge. I observed all three coalitions using this new knowledge to think critically about their community needs and analyze implications of their work. Members have also taken on leadership roles, such as a coalition chair or co-chair, executive board member, or a committee chair, and engaged in the decision-making process once they returned from training or a national conference. Staff and participants suggest this is because members see substance abuse “on a bigger scale” and “how passionate people are,” causing them to become more invested in the work and confident in their own knowledge and skills.

Hope for sustainability and for making a difference. In this study, like many other substance abuse studies, coalitions focused on learning about community needs and providing “more awareness of the drug issue” that communities faced. Lastly, several members learned they “now need to find a way to get the community to learn it [substance abuse prevention],” because “it takes all of the different sectors of the community working together.” Because learning is an ongoing process and each community has its own needs, members recognized that coalition work is not a one-size-fits all approach and what might work for one group might not work for another group. One staff member suggested, “I would never say there are things to avoid because that is how you learn.”

In the current study, several members' experiences focused on hope, hope for sustainability, and hope that the coalition will continue to make a difference. Feinberg et al. (2008) suggested predictors of sustainability included quality of board functioning, placing value on "assessing and supporting the overall quality of coalition functioning, as well as sustainability planning" (p. 501). The three coalitions have made sustainability a priority. This is evident in their actions to foster relationships and partnerships, their ability to seek other funding streams, and their continual assessment of community needs. The coalitions were the "glue" that brought different organizations together to achieve one goal. They have been clear with their message, "developed guidelines for structure and credibility," stayed relevant with what the data say, and made decisions based on community needs. Members believe some of the work will continue, even if the coalition were not around because of the partnerships and because there is "good consistency of programs" that they implement. However, as one member stated, "It is important for the coalition to teach community members to implement programs so they will last beyond the coalition."

Participants were very proud of the work they have done and what the coalitions have become, and hope to continue making a difference in their communities. One member even commented that their coalition is one of the best in the state and "top dog in our region." Members were eager to share that their groups "will help with anything" and would like to see their coalition "become a mentor committee" to help the community continue the efforts. One member summed up their hope for making a difference when they stated, "I hope that we are able to keep doing what we're doing for as long as it's needed. My dream for us is to be able to provide all the help and education, resources, and assistance that we can to anybody that we can."

Members acknowledged the challenges, difficulties, and obstacles of starting and maintaining community coalitions and ended their interviews with suggestions and words of encouragement for groups that want to take on such a project and make a difference. One participant stated, “Just take it one day at a time.” A staff member concluded, “Collaboration is messy and it takes a while,” so “be persistent, be patient,” because “prevention doesn’t happen overnight.” And lastly, “Just keep swimming, and don’t give up!”

Strengths and Limitations

Findings cannot be generalized because of the nature of qualitative research. However, for this collective case study, three community coalitions that were in existence during the SPF SIG study, where the grounded theory model was created, were used to test the theory’s components. Creswell (2009) describes a case study as “a strategy of inquiry in which the researcher explores in depth a program, event, activity, process, or one or more individuals” (p. 13). A collective case study involves several cases that can provide more insight or a better understanding (Berg & Lune, 2012) of the topic at hand. Therefore, multiple community coalitions that addressed substance abuse prevention were included in this study. This purposeful sampling “best helped the researcher understand the problem” (Creswell, 2009, p. 178). Each coalition is different, with different community needs and demographics, so implications may be limited only to other coalitions with similar characteristics. Nevertheless, for this study, it was “important to represent variations in the studied population” (Maxwell, 2013) because substance abuse is not an isolated issue and diverse coalitions were used in the original SPF SIG study. Three regions of the state were represented, as the three coalition locations fell in the western, southern, and northern areas and were categorized as either rural or urban areas. Demographics such as population, population density, age groups, ethnic groups,

income levels, and educational levels all differed from urban to rural designations and geographical locations, providing the variations Maxwell (2013) suggested.

The three county coalitions were chosen because they were “information-rich cases” (Patton, 2002, p. 46). As previously stated, Urban County West and Rural County South were specifically identified and studied as effective coalitions during SPF SIG and were revisited for the current study. The third original identified coalition is no longer in existence, so another coalition, also from the original SPF SIG, in the same region was selected. The location and demographics did not pose an issue, because Urban County North was part of the SPF SIG study, it was just not one I focused on initially. The challenge that was presented involved documents acquired during SPF SIG. I was not able to obtain the final SPF SIG report for the substituted county, like I had for the other two counties. However, all participants interviewed from Urban County North were coalition members during SPF SIG, and they were able to help account for some of the missing information. Other documents from all three coalitions were provided. Several documents, specifically annual reports and grant application narratives, provided rich descriptions and factual details (Bogdan & Biklen, 2007) that were used to triangulate observation and interview data (Gibson & Brown, 2009).

It was not possible to interview every member from each coalition because of the sheer number of people involved in each group. Therefore, coalition coordinators or directors (paid staff) reached out to several active members and asked them to participate in an individual interview or a focus group interview. This however was a limitation of the study because participants selected were most involved and skewed toward the positive with their experiences. These individuals had shared commitments to bigger issues and overcame differences for strategies. I did not have easy access to individuals with tensions or dissensions.

Between individual interviews and one focus group, there were 13 participants in total—six in Urban County West, four in Rural County South, and three in Urban County North. Even though this was a small sample size, participants represented a diverse demographic range, including years of involvement, roles, sector representation, ages, and gender. Focus group interviews in the other two counties did not take place because of scheduling conflicts among participants. Work and personal schedules were also an issue for several members in Urban County North, where I was only able to interview three people. However, the three participants were long-term members who were involved during the SPF SIG grant. Because of time limitations for both the participants and me, more than one-half of the interviews were conducted over the phone. While I prefer to conduct interviews face-to-face in order to observe and engage the participant, I was still able to collect a significant amount of information from the majority of interviewees. I attribute this success to attending coalition meetings prior to the interviews where I was able to talk to people and explain my study in person.

Observations provided another form of data collection to help triangulate findings. I attended two coalition meetings for each county. Even though this was a small sampling, I was able to confirm my observation findings through annual reports, meeting minutes, and interviews. All coalition meetings took place during the lunch period on a weekday, so this posed a challenge for me with my work schedule. The most convenient time for me was during the summer months, which is normally a less active time for coalition meetings due to summer vacations. However, most of the meetings I attended were just before the summer season began. The few meetings that fell during the summer months had lower attendance, but I was still able to gain the information necessary to support findings from other data sources.

Implications of Findings for Researchers and Community Practitioners

As stated in the literature review chapter, community collaboration and organizing is a key strategy for addressing substance abuse prevention. Several researchers have stated there is a shortage of research regarding long-term sustainability and that research typically ends when external funding ends (Scheirer & Dearing, 2011; Sharma & Smith, 2011). Additional longitudinal studies could be conducted to continue filling in the void of research focused on sustainability of community coalitions. It would be particularly helpful to see other cross-case analysis research studies conducted with additional coalitions that were part of the original SPF grant in the state of West Virginia to see what other coalitions experienced. To continue to fill the longitudinal void, the same coalitions could be revisited in another four to five years to reevaluate their sustainability and effectiveness through the lens of the grounded theory model. Not all coalitions were able to continue efforts long after SPF SIG funding ended, and although it might be difficult to do, it would be valuable to conduct a study of less successful coalitions that fall into that category to determine factors that contributed to their demise.

The current study's findings have implications for other substance abuse prevention coalitions or groups embarking on such a project and could be beneficial to the research community that focuses on community-based educational projects, specifically those pertaining to substance abuse prevention efforts. Community partners, state and local lawmakers, and policy makers can refer to these findings to gain additional knowledge about coalition work and resources they can provide. Members' experiences were reflected in the components of the model featured in this study—*Getting it Together: A Learning Model of Community Collaboration* (Spatig, Flaherty et al., 2010)—and included getting the right people to the table, collaborative engagement, shared commitments, financial resources, and learning. Therefore, it

would be beneficial to study coalitions in other states or a different environment to see if the key components of the grounded theory model hold true for them as well. Several findings were also recommendations from participants to those taking on a similar project.

Getting the Right People to the Table. According to several studies, membership diversity is an indicator of coalition effectiveness (Zakocs & Edwards, 2006). It was evident that getting the “right” people to the table was a significant factor for the growth of the three coalitions in this current study. The three coalitions increased their membership by recruiting a diverse group of people from various community sectors, and employed staff to coordinate and support the work of the coalition. These findings support prior research and reinforce the grounded theory model used in this study. Getting the “right” people to the table—both members and staff—is a key ingredient of successful coalitions, and theory and research should feature it prominently in community models.

The SPF SIG study revealed that some coalitions had difficulty recruiting reps from various sectors required by grant guidelines (Spatig, Flaherty et al., 2010). The three current coalitions found it was helpful to develop and implement recruiting strategies and went beyond the 12 sectors identified by the DFC grant. One participant recommended, “Anybody should be approached to be a part of this.” The youth sector was involved during the SPF SIG grant, but on a peripheral level. Toward the end of the grant, county coalitions achieved “authentic youth involvement” (Spatig, Flaherty et al., 2010, p. 5). However, the current study revealed that it was not until after SPF SIG ended that youth membership grew substantially. Young people became key members, and played a substantial role in the coalitions that have existed for more than 10 years. Getting the right people to the table includes the 12 sectors, but youth were seen as a key sector and were stressed above others. Therefore, practitioners should consider

engaging youth early in the substance abuse prevention process because of the insight, leadership, and connections they provide.

Just as the SPF SIG study and other research studies revealed, paid staff members or directors were heavily relied upon for guidance and support. Participants in all three coalitions from this current study considered their paid staff and coordinators to be coalition strengths. “Staff is usually employed by the lead agency or group” (Kegler et al., 2010, p. 2) such as a fiscal agent, which was true for all three coalitions in the current study. Knowledgeable and skilled staff played an important role by coordinating efforts and supporting the needs of the coalition, which is why coalitions hope to sustain the individuals who “drive the process.” These findings support the grounded theory, which suggests “staff members are critical players” (Spatig, Flaherty et al., 2010, p. 7) and therefore should continue to be considered an important aspect of the grounded theory model component getting the “right” people to the table.

Collaborative Engagement. While getting the “right” people to the table was integral to the sustainability, members were also concerned about keeping the “right” people at the table through collaborative engagement. Retention concerns surfaced during the SPF SIG study and were present during the current study as well. This suggests that practitioners need to engage members “so they feel they have a purpose,” and are valued, heard, and engaged, by determining where they could contribute the most, giving them a voice in the decision-making process, and encouraging them to take ownership for continued participation, increased empowerment, and enhanced satisfaction (Butterfoss, 2006; Donaldson, 2005). A study should be conducted to explore the effects of retention strategies implemented by coalitions.

“Democratic leadership that supports full community-member participation is a key determinant of successful partnerships” (Butterfoss, 2006, p. 335). Coalitions saw movement

toward more democratic leadership and decision-making during SPF SIG and continued the momentum after the grant ended so members were more engaged. This type of engagement encourages “development of shared goals and equitable power relationships” (Butterfoss, 2007, p.11). Researchers should continue to review models that utilize a democratic decision-making process for success and sustainability.

A significant change the coalitions experienced since SPF SIG ended was a shift in staffing and leadership. During SPF SIG, members tended to “look to staff for leadership” (Spatig, Flaherty et al., 2010. P. 11). After SPF SIG, local coalition members took on more leadership roles and more responsibility so staff could spend more time out in the community and “less time at a desk.” Staff attributed this change to increased knowledge and confidence after members attended conferences and training programs. According to Foster-Fishman, Berkowitz, Lounsbury, Jacobson, and Allen (2001), “Because leadership is so critical to coalition success, and the tenure of many coalition leaders is relatively short, coalitions need to continually foster and build a cadre of emerging leaders” (p. 254). These findings suggest that practitioners may need to expand the scope of collaborative engagement to encourage member training and leadership early in members’ tenure. Additionally, this shift in collaborative leadership needs to be explored to determine how and when this happens, and how it contributes to coalition effectiveness and sustainability.

Because of the longitudinal nature of the research, I was able to learn how coalitions built positive reputations and presence in the community over time by growing and developing relationships or partnerships with community groups that shared the same commitment to substance abuse prevention. Members described the three coalitions as “collaborative” and

“helping” organizations, and good team players. Practitioners need to take community reputation and presence seriously, and purposefully work toward building that for effectiveness.

Shared Commitments. In this study and during SPF SIG, learning was the primary basis for shared commitments—learning from data about the changing needs of the community. This growth in knowledge was important for coalitions to revise their action plans and strategies—planning products described as a result of “shared commitments” (Spatig, Flaherty et al., 2010). Researchers should conduct studies that focus on evolving shared commitments that shift as a result of circumstances changing in the community. Practitioners should value learning and be open to revising their commitments, action plans, and strategies that reflect changes in the community identified through data.

Participants in the current study saw the shared commitment between coalitions and other sectors as a strength of the three coalitions and considered this a key factor for sustainability, particularly funding and execution of specific environmental and evidence-based strategies. It is the hope of the coalition members in all three counties that the community will be able to retain some of these strategies if one group or the other is no longer around. This is not unlike Collie-Akers’ et al. (2007) argument, “By engaging multiple partners, the coalition was able to help facilitate ongoing programs and practices” (p. 6). These findings illustrate the importance of establishing relationships with community partners that are committed to the same causes and support the inclusion of this component in the grounded theory model.

Financial Resources. Acquiring and maintaining resources are key factors for coalition sustainability, but sustainability is less likely after initial outside funding is no longer available (Feinberg et al., 2008; Rhew et al., 2013). Funding and sustainability were issues of concern for the three coalitions in the current study. While all three coalitions received grant dollars beyond

SPF, because they functioned well (Feinberg et al., 2008), they did not rely solely on grant funding. It is important for coalitions to diversify their funding sources and shared resources by engaging in cross-sector collaborations (Butterfoss, 2011). Because coalition work relies on funding and resources, research should continue to determine how coalitions could acquire resources outside of grant funding for sustainability. These findings also suggest that coalitions should develop cross-sector collaborations for additional funding and resource opportunities.

Continuity of fiscal agents played a significant role in providing resources and continuity for the three coalitions. Fiscal agents oversaw grants, supervised employment of staff for the coalition, provided spaces for staff offices and coalition meetings, and assisted with additional funding since the beginning of SPF SIG. These findings highlight that resources from the fiscal agent go beyond financial support and practitioners should view them as another group for cross-sector collaboration.

Learning. Learning about community collaboration is an ongoing process because of the ever-changing community needs, changes in membership, continued member engagement, and assessment data. Learning was a key new finding during SPF SIG and is at the core of the grounded theory model developed during that time. “Effective coalitions operate as learning communities, groups of individuals learning with and from each other about community problems and possible solutions” (Spatig, Flaherty et al., 2010, p. 4). The coalitions in the current study continued to grow in their knowledge, learning from data, conferences, trainings, and each other, and using that knowledge in new leadership roles, to increase engagement, implement strategies, and participate in decision-making activities. These findings support the grounded theory model where the components—the “right” people, collaborative engagement, shared commitments, and financial resources—are “bound together by a focus on learning” and

are “parts of a learning process” (Spatig, Flaherty et al., 2010). The learning process is characteristic of Freire’s (2006) critical pedagogy—learner-centered, authentic, and empowering. Coalition members thought critically, interacted in dialogue, and created knowledge as they actively participated in decision-making activities. This is consistent with at least one other study Prevedel (2003). Therefore, it would be in the best interest of researchers and practitioners to delve deeper into this component to determine its role in community collaboration.

Coalitions in the current study took advantage of quality training opportunities through grants and other resources and then shared new knowledge with each other. This supports other research studies that found training is another key element of coalition effectiveness. While training was an element of the other models referenced in this study, “learning with and from each other” (Spatig, Flaherty et al., 2010) featured in the grounded theory model is still an accurate assessment of what occurred in the coalitions in this study. Members hope to use this knowledge to promote sustainability and continue to make a difference, by doing a better job of educating members and the community, and one day becoming a mentor committee or community resource. These findings illustrate how important continuous learning is for coalition success (Foster-Fishman et al., 2001) and future studies need to consider learning as a factor for sustainability.

Implications for the Grounded Theory Model

While the grounded theory model components hold true for the current cross-case study, there are a few suggestions for consideration. The first recommendation involves getting the “right” people to the table. Youth were a key sector for all three coalitions in the current study and were stressed above other sectors. Therefore, the youth sector could be highlighted and described as a primary sector and group of members under getting the “right” people to the table.

The subheading keeping the “right” people at the table falls under getting the “right” people to the table. The coalitions in the current study focused on keeping members engaged and implemented many strategies to promote retention. Strategies focused on members feeling valued, heard, and engaged through democratic decision-making, inclusive coalition meetings, and leadership and committee responsibilities, illustrating collaborative engagement. Other strategies focused on shared goals and what they learned from data to revise strategic plans, emphasizing shared commitments. This was done through the democratic decision making process. Financial resources provided support for paid staff. Coalitions want to “keep the staff” because they rely on them for guidance and support. Learning occurred when members attended training opportunities. Members returned with this new knowledge and took on more responsibility and leadership roles, keeping them engaged and at the table. The grounded theory components overlap and involve member retention, so we might want to consider changing the name Getting the “right” People to the Table to Getting and Keeping the “right” People at the Table.

Two significant changes occurred during the current study that relate to collaborative engagement, so I would suggest that they be added to the component as a subheading and briefly explained. First, there was a shift in leadership roles and responsibilities between staff and members. Members took on more leadership roles and responsibility to establish ownership of the coalition and to balance the workload, rather than staff having all of the responsibility. This change was attributed to increased knowledge and confidence members obtained after they attended quality conferences and training programs. Secondly, as all three coalitions’ membership grew, their presence and reputation in the community strengthened. The coalitions

wanted to help their community by going out into it, spreading the word about the coalition, and reaching as many people as they could, which helped build a positive reputation.

Annually, coalition members come together to revise their coalition's action plan by assessing community needs and reviewing quality data, which is just one example of evolving shared commitments. Because the coalitions in the current study continually evaluated shared commitments and changed them in relation to community circumstances/needs and data, I could suggest possibly changing the component name Shared Commitments to Evolving Shared Commitments.

The next recommendation involves the component title financial resources. Financial suggests funding or money, but in the current study, resources went beyond money and included several other types of resources such as staff support, supplies, and physical spaces. Therefore, one suggestion would be to change the component in the grounded theory from Financial Resources to Resources for a more comprehensive approach. Another recommendation for financial resources involves continuity of fiscal agents. Fiscal agents played a significant role in providing resources and stability for the three coalitions, by overseeing grants, supervising staff, and providing physical offices spaces and conference rooms for meetings. I recommend continuity of fiscal agents and their resources are included as a subheading under financial resources.

Coalition members in the current study continued to grow in their knowledge, by taking advantage of learning opportunities, such as quality data, conferences, and trainings, and then shared new knowledge with each other. Members hope to use this knowledge to promote sustainability and continue to make a difference. Since members specifically mentioned quality

training as a key factor for learning opportunities, I would recommend the word quality be added to the explanation of learning.

Lastly, organizational structure or components—workgroups, visions, action plans, etc.—are mentioned throughout the grounded theory findings and are pervasive in the current study as well. Because they were so prominent throughout the current study, the model might be strengthened by including “organizational structure” as a subset under each of the key components. Examples include collaborative leadership, fiscal agent continuity, strategic planning and MOUs demonstrating shared commitments, and recruitment of various and diverse sectors to serve on committees and as committee chairs.

This study tested the grounded theory model, *Getting it Together: A Learning Model of Community Collaboration* by revisiting community coalitions from three counties that were part of the original ethnographic research used to develop the community collaboration theory. The study also provided information on effective substance abuse prevention community coalitions and long-term sustainability. The findings from this collective case study of three substance abuse prevention community coalitions support the grounded theory model and its key components—the “right” people, collaborative engagement, shared commitments, and financial resources, bound together by a focus on learning. In addition, coalition members’ experiences stressed the importance of youth members and paid staff; revealed changes in leadership roles and the importance of coalitions’ community presence and reputation, and evolving shared commitments; identified continuity in fiscal agents as a critical factor; and exhibited growth in knowledge about substance abuse from quality data and trainings. While members voiced concerns about funding and continued member engagement, they also shared their hope for

sustainability and making a difference in their communities, by providing education, resources and assistance.

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Appendix A: Letter from Institutional Research Board



Office of Research Integrity
Institutional Review Board
One John Marshall Drive
Huntington, WV 25755

FWA 00002704

IRB1 #00002205

IRB2 #00003206

May 19, 2016

Linda Spatig
Marshall University, COEPD

RE: IRBNet ID# 894656-1

At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Spatig:

Protocol Title: [894656-1] Community Coalitions

Expiration Date: May 19, 2017

Site Location: MUGC

Submission Type: New Project APPROVED

Review Type: Expedited Review

In accordance with 45CFR46.110(a)(7), the above study was granted Expedited approval today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Chair for the period of 12 months. The approval will expire May 19, 2017. A continuing review request for this study must be submitted no later than 30 days prior to the expiration date.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Bruce Day, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.

Appendix B: Interview & Focus Group Guide

General Questions:

1. Can you tell me a little bit about your county's substance abuse coalition/partnership?
2. How did you get involved in the coalition/partnership?
3. How long have you been involved?
4. What is your role in the coalition/partnership?
5. How would you describe your level of involvement?
6. What do you consider to be the strengths of the coalition/partnership? Examples?
7. What are your concerns associated with the coalition/partnership? Examples?
8. What is your level of satisfaction with your coalition/partnership's plan and the way that it is being implemented?
9. If you could make changes, what would you recommend?
10. How satisfied are you with the way people and organizations in the coalition/partnership work together?
11. What is your hope for the future of this coalition/partnership and its work?
12. What recommendations would you make to other counties/groups embarking on such a project?

Questions related to research questions:

1. Could you describe what has taken place since you have been involved (or for those who experienced SPF SIG- since SPF SIG ended in 2010)?
2. What about relationships between this coalition and people or groups in the rest of the county/community - people and groups who are not themselves actually members of the local prevention coalition? How would you describe those relationships?
3. For the work in your county to continue and to grow, what would be necessary?
 - a. Material resources?
 - b. Human resources (people)?
 - c. Other?
4. What's been learned? What's changed?
 - a. Overall, what have you learned as a result of this prevention coalition/project?
 - b. About prevention and substance abuse?
 - c. About their community?
 - d. About anything else?
 - e. How, if at all, have you changed as a result of this experience?
 - f. How has your county/community changed as a result of this coalition/project? To what extent and in what ways?
5. How has the coalition/partnership been able to sustain the prevention work in your county?
6. Anything else you want to add that would be important to others folks considering projects like this in the future?
 - a. Things to avoid?
 - b. Things to consider?

Vita

Tracy L. Bradley

ACADEMIC DEGREES & LICENSES:

Present: Ed.D: Curriculum and Instruction • Marshall University (ABD)
1999: NCIDQ Certification • National Council for Interior Design Qualification
1996: MS in Interior Design • Minnesota State University/ Mankato – Mankato, MN
1994: BS in Interior Design • Minnesota State University/ Mankato – Mankato, MN

PROFESSIONAL EXPERIENCE:

9/10 – Present: Director, Interior Design Program • University of Charleston, Charleston, WV
9/09 – Present: Chair, Humanities Department • University of Charleston, Charleston, WV
4/07 - 9/11: External Researcher • WVPRC/Marshall University, Dunbar, WV
8/11–Present: Associate Professor: Humanities Department; Interior Design • University of Charleston, Charleston, WV
5/01 – 8/11: Assistant Professor: Humanities Department; Interior Design • University of Charleston, Charleston, WV
8/97 –5/01: Instructor: Department of Art and Design • University of Charleston, Charleston, WV
9/96 – 7/97: Adjunct Faculty: Department of Interior Design and Construction Management • Minnesota State University/ Mankato, Mankato, MN
9/94 – 6/96: Graduate Assistant: Department of Interior Design and Construction Management • Minnesota State University/ Mankato, Mankato, MN

SERVICE:

University of Charleston Committees & Task Forces:

- Faculty Assembly Vice-President & President
- Vice Chair- Undergraduate Faculty
- Institutional Self-Esteem/Core Values Task Force member
- Budget Task Force member
- Faculty Personnel member
- Admission and Retention Chair and member
- Creativity Roundtable Chair and member
- Citizenship Roundtable member
- Athletic Committee member
- Student Conduct Board member
- Grievance Committee member
- Faculty Search Committee member
- Faculty Mediation Alternate member
- Governance Structure Ad-Hoc Committee member
- Benefits task force member

Other Service to the Institution:

- Graduate student committee
- Recruiting; Open house and scholarship days, Prospect tours and interviews
- Retention Strategies; mentoring, advising
- Mentor Faculty for UNIV 101/102 and Liberal Learning Outcomes
- Duties related to Interior Design Program; maintaining resource room, ordering samples, computer lab & studio maintenance, organization of sophomore portfolio review, design showroom tours, community tours
- Program Chair duties: schedules, administrative reports, hiring adjuncts

- Department Chair duties: schedules, faculty appraisals, observations, work load documents, lead search committees for Humanities faculty
- American Society of Interior Design: Student Chapter Advisor

PROFESSIONAL DEVELOPMENT:

Conferences:

- March, 1998- Present: Annual Art and Design Resource Seminar • Chicago, IL; Philadelphia, PA; Atlanta, GA; New York, NY; Washington, DC (on a 4-5 year rotation) Annually the Art and Interior Design programs take an educational trip to a metropolitan city. Design showrooms, firms, art galleries, and museums are visited to expand knowledge and list of resources for students and faculty.
- November, 2012: Richmond, VA • Interior Design Educators Council South Regional Conference
- March, 2012: Baltimore, MD • Interior Design Educators Council International Conference
- June, 2011: Brevard, NC • Appalachian College Association Teaching and Learning Institute
- November, 2010: High Point, NC • Interior Design Educators Council South Regional Conference
- March, 2010: Atlanta, GA • Interior Design Educators Council International Conference
- October, 2008: Auburn, AL • Interior Design Educators Council South Regional Conference
- October, 2006: Greensboro, NC • Interior Design Educators Council South Regional Conference
- October, 2005: Tallahassee, FL • Interior Design Educators Council South Regional Conference
- October, 2003: Savannah, GA • Interior Design Educators Council South/East Regional Conference
- June, 2003: Milwaukee, WI • Alverno College Institute
- October, 2002: New York, NY • Interior Design Educators Council South/East Regional Conference
- October, 1999-2002: University of Kentucky • Design on the Edge
- October, 2001: Atlanta, GA • Interior Design Educators Council South/East Regional Conference
- October, 2000: Murfreesboro, TN • Interior Design Educators Council South/East Regional Conference
- June, 2000: Charleston, WV • West Virginia Interior Designer Coalition Annual Meeting “Accessible Design- ADA, Barrier –Free”
- April, 2000: Charleston, WV • Builders and Engineers Expo
- March, 1999: Clearwater, FL • Interior Design Educators Council International Conference
- March, 1998: New York, NY • Interior Design Educators Council International Conference
- October, 1997: Pittsburgh, PA • Interior Design Educators Council South/East Regional Conference

PRESENTATIONS/ PAPERS/PUBLICATIONS:

- 2007-2010: Research team papers and quarterly presentations • WV Partnership to Promote Well-Being/Marshall University- Prevention Resource Center
Conducted research, coded, analyzed and reported findings- written and verbal formats at quarterly Partnership meetings. I participated in 13 of these over the 3 year period.
- March, 2008: Huntington, WV • Appalachian Studies Association (ASA) Conference presentation. “Ethnographic Research: Locating Identity in Cultural Borders”
- October, 2003: Savannah, GA • Interior Design Educators Council South/East Regional Conference

The theme of the conference was “Green Revolution in Design”. I conducted a teaching forum presentation entitled “Developing and Sustaining Leadership in the Design World Via Teamwork”. This focused on embedding leadership and teamwork into an interior design course.

- August, 2003: University of Charleston • Lead roundtable discussion during professional development.
- October, 2002: New York, NY • Regional Interior Design Educators Council Conference
Poster presentation entitled “Revival of the Sketches”

PROFESSIONAL MEMBERSHIPS:

- 2015-Present; Member of USGBCWV • US Green Building Council- WV Chapter
- 2012-Present; Member of ASID • American Society of Interior Designers
- 1997-Present; Associate Member of IDEC • Interior Design Education Council
- 1997-Present; Co-Advisor for Student Chapter of ASID • American Society of Interior Designers