

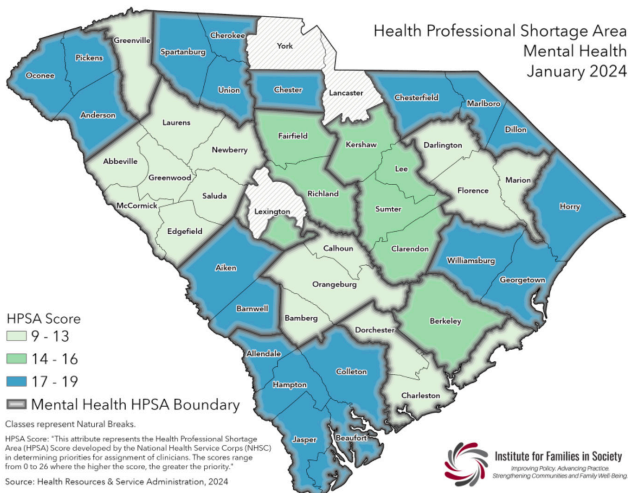
# Community Coalitions and Partnerships: Building Bridges for Behavioral Health in Rural and Medically Underserved Areas of South Carolina



## Background

This practice brief focuses on the critical need for coalitions and partnerships to address behavioral healthcare disparities in rural communities across the state of South Carolina (SC). South Carolina is mostly a rural state (Childs, et al., 2022; Cromartie, 2020; United States Census Bureau, 2022; United States Department of Agriculture, 2017), with most counties being designated as medically underserved (Health Resources and Services Administration, 2024). Out of all 50 states and the District of Columbia, SC ranks 44th overall in the nation on access to mental health care (Mental Health America, 2023). In addition, SC has experienced a 25% increase in drug overdose deaths from 2020 to 2021. Overdose mortality rates have been higher in rural areas since 2006, and rural residents are subject to barriers such as limited access to local behavioral healthcare treatment facilities, greater travel distance to treatment centers, and reduced access to housing (Irish, et al., 2020). In 2021, there were 823 suicides in the state—an increase of 9.8% over the last 10 years (SCDHEC, 2024). Stigma around mental health, discrimination within the health care system, and lack of trust with providers contribute to behavioral healthcare disparities in rural areas of the state (SC State Health Assessment, 2023).

Coalitions and partnerships provide new opportunities to address rural behavioral healthcare disparities. In SC, there is increased recognition that single organizations, including federal, state, private, or nongovernmental entities, are limited in their ability to address complex social problems alone. Coordinating local assets—including financial, social, and human capital—is vital to the development of healthy communities (Mizrahi & Rosenthal, 2001; Waysman & Savaya, 2004). This brief describes how rural behavioral health practitioners can assess, create, and maintain coalitions and partnerships that can work to collaboratively address behavioral health disparities in rural areas across the state.



## Definition and Types of Coalitions and Partnerships

Coordination between federal and state agencies within local communities yields rural initiatives that are integrated, comprehensive, and sustainable. Alignment of existing resources with community needs may lead to a better return on investment, and ultimately, an improvement in the health and well-being of SC communities. One way to achieve this is through coalitions and partnerships.

Coalitions are defined as “an interacting group of organizational actors who:

- Agree to pursue a common goal,
- Coordinate their resources in attempting to achieve this goal
- Adopt common strategy in pursuing this goal” (Roberts-DeGennaro, 1997, p. 92).

When successful, coalitions and partnerships bring diverse groups of people together, expand and leverage complementary resources, address a problem of community concern, and implement solutions that are more effective than a single group or organization could achieve on its own (Waysman & Savaya, 2004).

### Coalition and Partnership Types

There are five different types of coalitions with each serving a different purpose (Roberts-DeGennaro, 1997). The five types include

- 1) Information and Resource Sharing acts as a clearinghouse
- 2) Technical Assistance delivers technical services
- 3) Self-Regulating sets standards
- 4) Planning and Coordination of Services acts as a service coordinator
- 5) Advocacy acts as a change agent.

## Assessing Needs & Opportunities

### Describe the Community and Identify Opportunities and Threats to Change

Learning about the composition and history of the community is important in the early stages of the assessment process. First, rural behavioral practitioners might help determine the types of information that can help to best describe the community. This could include, for example, demographic information, data from maps and the internet, along with public record data and information from newspapers and key leaders (ctb.ku.edu, 2024). Together, these data can be used to collectively describe what currently exists and/or what needs or opportunities abound within a local community.

In rural and medically underserved communities, behavioral health practitioners may find opportunities and threats to collaboration. For example, small communities may rely on more informal social organization among neighbors, which can be helpful to collaboration (Chaskin, 1998). On the other hand, some people in the community may hold multiple roles. When this happens, confusion over who does what might interrupt progress on community projects. These blurred roles could disrupt or slow collaboration (Prevention Institute, 2024; Chaskin 1998).

One tool that can be used during this early assessment phase is a SWOT (Strength, Weakness, Opportunity, Threat) Analysis (Speth, 2015). With this tool, rural behavioral health practitioners can identify a community’s internal strengths and weaknesses, as well as broader external opportunities and threats, thus being proactive in anticipating and planning for opportunities and/or threats to collaboration. \* See end of page

## Identifying What is Important to People in the Community

Next, rural behavioral health practitioners might focus on describing what matters to people living in the community of interest. This step includes extensive data gathering and requires skillful communication (Beverly, et al., 2005). Here it is important to focus on what people in SC rural communities care about, along with how important these issues are to the community. As a rural behavioral health practitioner, one can rely on the use of needs assessments conducted with written and/or phone surveys, focus groups, and/or one-on-one interviewing (Eshlemann & Davidhizar, 2000; Williams & Yanoshik, 2001). One challenge at this stage will be finding and connecting to informants.

## SWOT Table

Opportunities for Connections	Positives	Negatives
<b>Internal</b> <ul style="list-style-type: none"> <li>Resources to address behavioral health needs</li> <li>Activities and processes to support addressing behavioral health needs</li> <li>Present and past experiences with efforts to address behavioral health needs</li> </ul>	<b>Strengths</b> <p>What has the community done well in the past to address behavioral health needs?</p> <p>What is the community doing currently to address behavioral health needs?</p> <p>What informal social organizations exist in the community to address behavioral health needs?</p> <p>What amount of time can members contribute to improving behavioral health services in the community?</p>	<b>Weakness</b> <p>What could the community improve upon to better address behavioral health needs?</p> <p>What challenges does the community have in terms of staffing, physical resources, and funding for rural behavioral health?</p>
<b>External</b> <p>Future trends in rural behavioral health care</p> <p>Legislation on behavioral health access</p> <p>Local and national events to raise awareness of the behavioral health care needs in rural SC</p> <p>Funding sources</p>	<b>Opportunities</b> <p>What possibilities exist to address behavioral health needs in the community?</p> <p>What state trends draw attention to the need for improved behavioral health-care in rural communities?</p> <p>Does technology hold new promise for improved access to behavioral health care?</p> <p>Are new funding sources for behavioral health needs available?</p>	<b>Threats</b> <p>What state-level obstacles does the community face that hinder efforts to address behavioral health needs?</p> <p>Are current efforts to address behavioral health needs about to end, lose funding, or expire?</p>

This is where knowledge about smaller communities and the informal networks within them will be important. People in rural communities often have horizontal networks, which are social connections between people within the community, as opposed to vertical ones where community members have social connections outside their immediate community. When identifying informants, it is important to pay attention to these networks to ensure representation across the community.

### Additional Resources

- **More info on focus groups:** <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>

## Identifying What is Important to Stakeholders Outside the Community

It also is important to describe what stakeholders who are external to the community consider to be important. Here again, surveys and/or interviews are helpful tools.

### Additional Resources

- **Tips for Designing Questions for Stakeholder Conversations:** <https://fyi.extension.wisc.edu/programdevelopment/files/2021/12/StakeholderConversations.pdf>
- **Methods for Collecting Information** <https://fyi.extension.wisc.edu/programdevelopment/files/2021/12/MethodsCollectingInformation.pdf>

## Consider Community-level Indicator Data

The next phase in assessing community needs and resources is to examine the community-level evidence to support whether the evolving and identified problems/goals from stakeholders should be a priority issue for the coalition or partnership. Four important things to consider are 1) how frequently the problem occurs, 2) how many people are affected by the problem and the severity of its effects, 3) how feasible it is to address the problem, and 4) the possible impact and/or consequences of addressing the problem (ctb.ku.edu).

Communities often have many complex and interconnected issues. Knowing where to start is sometimes difficult. Community-level indicators can help offer direction by providing high level data on a particular community issue. For example, for a coalition or partnership focusing on substance use, one indicator might be the number of emergency room visits related to alcohol use. Based on these community-level data, a coalition or partnership may have a better sense of the need and urgency of tackling the issue based on prevalence rates and trends over time.

### Additional Resources

#### Examples of Community-Level Indicator Data

The Behavioral Risk Factor Surveillance System (BRFSS) from the U.S. Centers for Disease Control and Prevention is a system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

The CDC Behavioral Risk Factor Surveillance System (BRFSS) Widget uses Behavioral Risk Factor Surveillance System (BRFSS) data from 2011 to 2014 for all 50 states and the District of Columbia.

**CDC Leading Health Indicators:** [https://www.cdc.gov/nchs/healthy\\_people/hp2020/hp2020\\_indicators.htm](https://www.cdc.gov/nchs/healthy_people/hp2020/hp2020_indicators.htm)

## Describe Barriers and Resources

At this phase in the assessment process, another SWOT analysis can acknowledge and describe barriers and resources for addressing the identified problem, including resistance to solving the problem. Denial or discounting the problem may be the source of resistance to solving a problem. This can be minimized by reframing the issue to reveal who and how people in the community are affected. Blurred roles, turfism, and group think could also disrupt or slow collaboration in this early phase (Prevention Institute, 2024; Chaskin 1998).

In addition to describing barriers, identify and describe resources at hand and assess any part of the community context that might make it easier or more difficult to address this problem. Consider the social, political, and/or economic contexts in this phase.

## Select and State Priority Problem

Finally, after a thorough assessment of the community, the desires of stakeholders, the prioritization of those desires, and the barriers and resources identified, the final step is to select and state the problem to be addressed by the coalition or partnership.

## Creating Coalitions & Partnerships Engage and Include People with Firsthand Experience

Community problems are problems that concern many people. Unfortunately, often those who hold social and economic privilege define these problems - and their solutions. While everyone is indirectly affected by community problems, those who are directly experiencing the problem are often left out of the processes of identifying what the problem really is. An important step when creating coalitions and partnerships is to reach out to, and meaningfully engage, community members with firsthand experience with the problem at hand.

A documentary that illustrates the importance of engaging the people affected is Holding Ground: The Rebirth of Dudley Street. Link: <https://www.kanopy.com/en/sc/video/144779>

### Establish Collaborative Relationships

At this stage, anticipate interpersonal barriers, including individuals pursuing their own agendas, demonstrating inflexibility in necessary steps forward, and/or failing to recognize the broader common good that benefits all.

An excellent article on how to establish a collaborative relationship to avoid such barriers can be found here: <https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:5b755d94-1f14-35a1-8f38-ea7be864c378>

### Initial Meeting

Also, it is important to remember that the first meeting is important. Here is where you bring a diverse group of people together with a focus on change. Here, planning an energetic and optimistic gathering where potential coalition members get to know each other, start defining the problem, and developing an action plan is critical.

## Maintaining Coalitions & Partnerships

Maintaining coalitions is a critical step once coalitions are created. One strategy for conceptualizing this is the 6 R's (ctb.ku.edu, 2024). First, people want to be recognized for their contributions. Second, people want their values, culture, ideas, and time to be respected and considered in the activities. Third, people want clearly

defined role in the coalition or partnership that makes them feel valuable and in which they can contribute. Fourth, people want the opportunity to establish and build relationships both professionally and personally for greater influence and support. Fifth, people expect the rewards of participating in a collaborative partnership to outweigh the costs. And sixth, people respond to visible results that are clearly linked to outcomes that are important to them and that they can clearly link to their participation in the coalition or partnership.

## Conclusion

This brief described how rural behavioral health practitioners can assess, create, and maintain coalitions and partnerships that can work to collaboratively address behavioral health disparities in rural and medically underserved areas across South Carolina. Recognizing the strengths and opportunities within collaborative efforts is a critical first step in addressing behavioral health needs across the state.

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