ROWE
Rural Occupations Workforce Expansion

CASE STUDY

Community Coalitions and Partnerships: Building Bridges for Rural and Medically Underserved Areas in South Carolina

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Overview of the Case

This case is about community stakeholders who have come together in a coalition to address the unmet behavioral health needs of residents who live in a rural and medically underserved part of South Carolina. Initially, the coalition was making progress and had strong engagement from members, but lately, the engagement of coalition members has waned. One of the members expresses concern for the sustainability of the coalition and considers what can be done to regain and maintain engagement of coalition members to continue with their efforts.

Potential Student Learning Outcomes

This case and the discussion prompts below illustrate the need for collaboration in the form of coalitions and partnerships to address behavioral healthcare disparities in rural communities. Through discussions based on this case, practitioners and students will gain knowledge and resources to:

- assess,
- create, and
- maintain coalitions and partnerships.

This case also highlights the need for constant maintenance of even the most well-functioning coalitions, and will specifically draw attention to the "6 Rs" for maintaining the engagement of coalition member (Community Toolbox, ctb.ku.edu, 2024):

- Recognition - People want to be recognized for their contributions.
- Respect - People want their values, culture, ideas, and time to be respected and considered in the organization's activities.
- Role - People want a clearly defined role in the coalition that makes them feel valuable and in which they can make a contribution.
- Relationships - People want the opportunity to establish and build networks both professionally and personally for greater influence and support.
- Reward - People expect the rewards of participating in a collaborative partnership to outweigh the costs and to benefit from the relationships established.
- Results - 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.

Potential Classes Where This Case Could Be Useful

This case may be useful in undergraduate and graduate courses on community level assessment and interventions. In addition, this case may be helpful in a course focused on behavioral health.

The Case

Peggy attended the Pee Dee Community Coalition (PDCC) meetings as often as she could. Her busy schedule as a professor of social sciences at Brightwood University kept her from attending many meetings during the semester, but over university breaks she was able to rejoin and catch up with the ongoing developments of the coalition. Peggy always loved reconnecting with her old friend Sara, a psychologist in a federally qualified heath center. She had been a part of the coalition since its inception two years ago, as had Quinn Philips - a resident with a large tobacco farm, Mr. and Mrs. Brown - residents and active members of the National Alliance on Mental Illness (NAMI), and Tom Bale – a county councilperson. Others new to the coalition in the past year included a small business owner, an ER doctor, and several parents of young adults with a diagnosis of a serious and persistent mental illness.

As was typical, when the semester ended and grading was done, Peggy would attend the monthly coalition meeting. Meetings were held in person at the local state library. Peggy arrived a little early and had a chance to chat with Sara and Mr. and Mrs. Brown. As the meeting started, Peggy could not get out of her mind what the three had told her: the coalition was not doing very well. Many regular participants had dropped out, and the word around the area was that the coalition was doing nothing to address the needs of the region. Some blamed the coalition for not respecting and representing the real needs of the community. A recent article in the newspaper claimed several of the coalition members were self-serving, and only concerned with their own personal goals for the community. Quinn had been interviewed for the piece, not as a representative of the coalition, but as a member of a federally recognized tribe. He shared his concerns that the coalition had made a few decisions in favor of tourism over preservation of Native American history. To make matters worse, around the same time the newspaper article was published, several coalition members had mentioned they were not sure what the coalition had accomplished lately and were considering dropping out.

Peggy looked around the room and saw half of the regular members missing. *She worried that the coalition may not make it. She wondered how she could help and if there was something that could be done to get it back on track.*

Pee Dee Region

Pee Dee is a region in the northeast corner of SC classified as rural (CDC, 2022) and as a medically underserved Health Professional Shortage Area (USC Institute for Families in Society, 2024). From the Small Area Income and Poverty Estimates (US Census Bureau, 2022), 20-30% of the residents in this region live in severe poverty. The national ratio of mental health providers by county is 380 people for every mental health provider, but in the Pee Dee region, ratios range from 440:1 to 1020:1 (McLeod Health, 2021). From a state survey seeking information on the mental health of residents in the Pee Dee, nearly 10% of respondents said they do not know where to seek mental health care/treatment (McLeod Health, 2021). The region has the lowest number of in-patient behavioral health beds of any region in the state (Mitchell, 2023).

Pee Dee Community Coalition: The Founding Members

The idea for the PDCC started when a few regulars at the bowling alley in Cheraw, SC started staying after the tournaments to chat and have some conversation. They would gather around tables pulled together and talk about their jobs, kids, and health troubles. The group had the love of bowling in common, but as their conversations continued, the group started to find other things in common - they all had accomplished professional lives, loved living in the region, and had concerns about the most vulnerable residents, the ones dealing with behavioral health problems. Sara always complained about how her health center was stretched to its limit—patients had to wait months for an appointment with the traveling psychiatrist who only visited the center on the last Friday of the month. Quinn's brother had died from cirrhosis of the liver from a lifetime of untreated alcohol use—a problem that plagued his community. The Browns had moved to the region from a major city where they had been generous donors to the state NAMI chapter. It was this core group of diverse people with similar concerns that produced the idea to form a coalition in hopes of bringing resources together that would strengthen and improve support for people with behavioral health care needs.

Pee Dee Community Coalition: The Early Years

From the beginning, the group realized they needed guidance in building a coalition. Sara had called on Peggy to give the group advice and consultation. She had expertise in community coalitions and partnerships and recommended the group look at some of the publicly accessible toolkits around best practice strategies for assessing, creating, and maintaining coalitions and partnerships.

First, the small group worked to describe the makeup and history of the community, starting with the town and surrounding areas of Cheraw, SC. They assigned tasks to be completed, including reviewing newspapers and public health records, as well as talking to local people and searching the internet. The goal at this stage was to find historical information, political trends, and past concerns of people living in the community. One item that stood out was the recent defunding and reduction in service hours of the Emergency Services Unit at the county mental health facility.

In addition to this assessment of the makeup and history of the community, the group also completed a SWOT Analysis (Strength, Weakness, Opportunity, Threat) and identified the community had multiple unoccupied state buildings and recent ties to a rural initiative to bring medical school residents to medically underserved areas providing them with housing, stipends, and other incentives. Conversely, the group found these buildings to be in horrible condition and no medical residents had chosen Cheraw or the surrounding area as a destination for residency.

After this first stage in the assessment process, the group sought answers to what mattered to people in the community and what mattered to other external stakeholder groups. The Founding Group held three focus groups. Following this work, the group reviewed the Behavioral Risk Factor Surveillance System to determine behavioral health related risks of people in the community. From this data, they found risks to behavioral health included lack of access to preventative services, stigma, and lack of transportation.

Following months of work, the PDCC was officially formed to address the lack of access to services, and to work on 1) increasing funding for emergency services for behavioral healthcare needs and 2) engagement with medical school residents to work in the area.

For the first year, PDCC worked towards accomplishing the goal of securing funding for extended emergency services hours and secured a small amount of money for marketing and community outreach. This early win increased motivation, but around this time, key PDCC members started to disagree on the best next steps. After three different hour-long meetings, participants started to comment on how nothing was getting done. Sara noticed instances of group think, where important decisions seemed to have been made quickly and without any dissent. She said it seemed like everyone just wanted to vote, get along, and go home. About this same time, the newspaper article criticizing the work of PDCC came out. Quickly, PDCC participants became disengaged and hardly any of the founding members were showing up to the meetings.

As Peggy sat in the current PDCC meeting, *she thought about what she could do to support the PDCC in their next steps, particularly in regaining the interest of their members. She thought back to a model for maintaining the engagement of members in community coalitions known as the 6 Rs. She made a note to reach out to Sara to strategize possible next steps.*

Discussion Questions

- Who are the key people in this case? What do we know about them?
- What do we know about the area, the state, the region?
- Besides the PDCC, what other systems are involved in addressing the area's behavioral health needs?
- What interpersonal relationships exist, and how might they affect engagement in the coalition?
- Why have some members of PDCC become disengaged? What's at stake if PDCC ends?
- In your assessment, describe which of the 6 Rs should be the focus to re-engage PDCC members and why this should be the focus.
- Who should Peggy recruit to help her? Why them?

ROWE Rural Occupations Workforce Expansion

The development of this practice brief was supported by the Center for Rural Primary Healthcare (CRPH) under a grant for a project entitled Rural Occupations Workforce Expansion (ROWE).

To cite this case, CoSW recommends the following: Morgan, C., & Iachini, A. (2024, Spring). Community Coalitions and Partnerships: Building Bridges for Rural and Medically Underserved Areas in South Carolina [Coalitions and Partnership Case No. 2]. Columbia, SC: College of Social Work, University of South Carolina.