Connection to Community and Culture is Key to Successful Coalition Building: A Mixed-Methods Evaluation of Coalition Capacity in Washington State

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IMPACT Improving Prevention through ACTion Research Lab

WASHINGTON STATE UNIVERSITY

Introductions & Setting the Stage

Our team

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Acknowledgements

- Washington State Health Care Authority (HCA)
- Community Prevention & Wellness Initiative (CPWI) Coalition Coordinators

Today's Presentation

Part 1: What is the Community Prevention & Wellness Initiative (CPWI) capacity building evaluation telling us?

CPWI Framework	Mixed Methods Evaluation of Coalition Capacity	Summary of Findings

Part 2: What does it mean for my prevention work?

Small and large-group discussion

Warm-Up Activity

Raise your hand if you are

- Student/intern
- State systems
- Local level
- Community partners
- Researchers
- Others

Warm-Up Activity

- First, reflect on the following question on your own. Then, turn to your neighbor, introduce yourself, and share.
- What does capacity and capacity development mean for you?
- (5 mins)

Capacity

- A set of abilities and resources to support a level of desired performance – whether by an individual or an organization of any size.

(USAID & Measure Evaluation, 2012).

Capacity Development

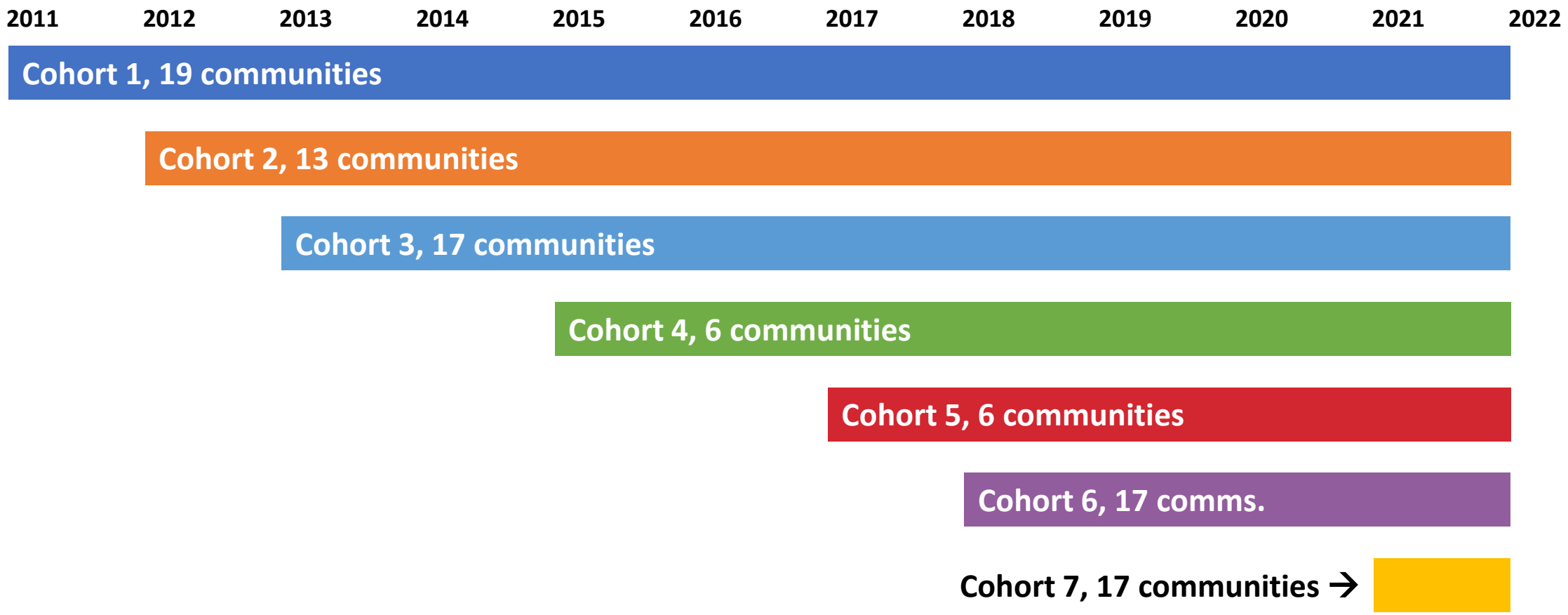
- Who
  - Range of actors we engage with for capacity development support.
  - Whose capacity is being developed?
- What
  - Range of capacities that we are seeking to develop through our support.
  - What capacities are being developed?
- How
  - Range of methodologies for capacity development interventions.
  - How is capacity being developed?

(Pact's Capacity Development, n.d. https://www.pactworld.org)

Overview of the Community Prevention and Wellness Initiative (CPWI)

The Washington State CPWI Model

CPWI Timeline: 95 Communities



CPWI has a health equity focus

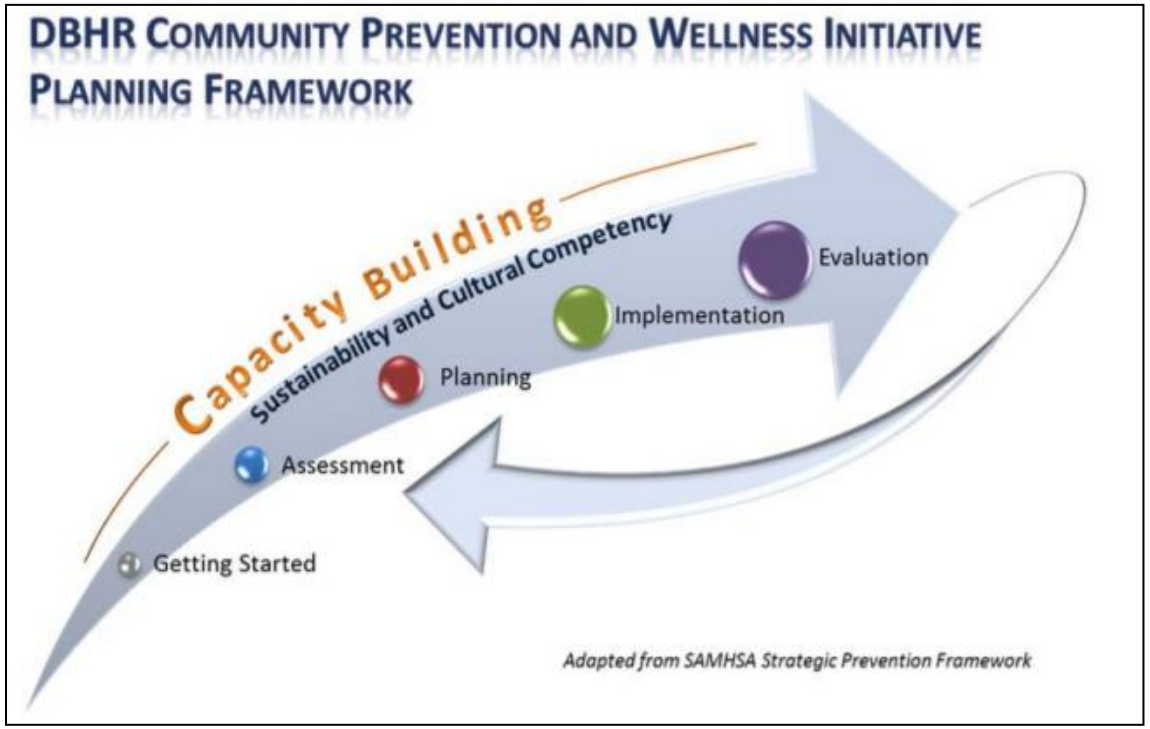
- Conduct inclusive community outreach
- Partner with underserved populations
- Promote health equity in policy, practices, and resource allocation
- Community selection factors include TANF, school drop-out, suicides, drug & alcohol use, economic factors

CPWI is community-driven & owned

- Different communities have different needs
- Coalitions responsible for assessment, planning, implementation, evaluation
- Build community capacity for implementing & sustaining programs

CPWI uses an evidence-based process

- SAMHSA's Strategic Prevention Framework
- Communities That Care



CPWI is data-driven

Shifts in most commonly used substances

Programming mandates for commonly-used substances

CPWI is data-driven

Collaboration challenges

Provide targeted technical assistance

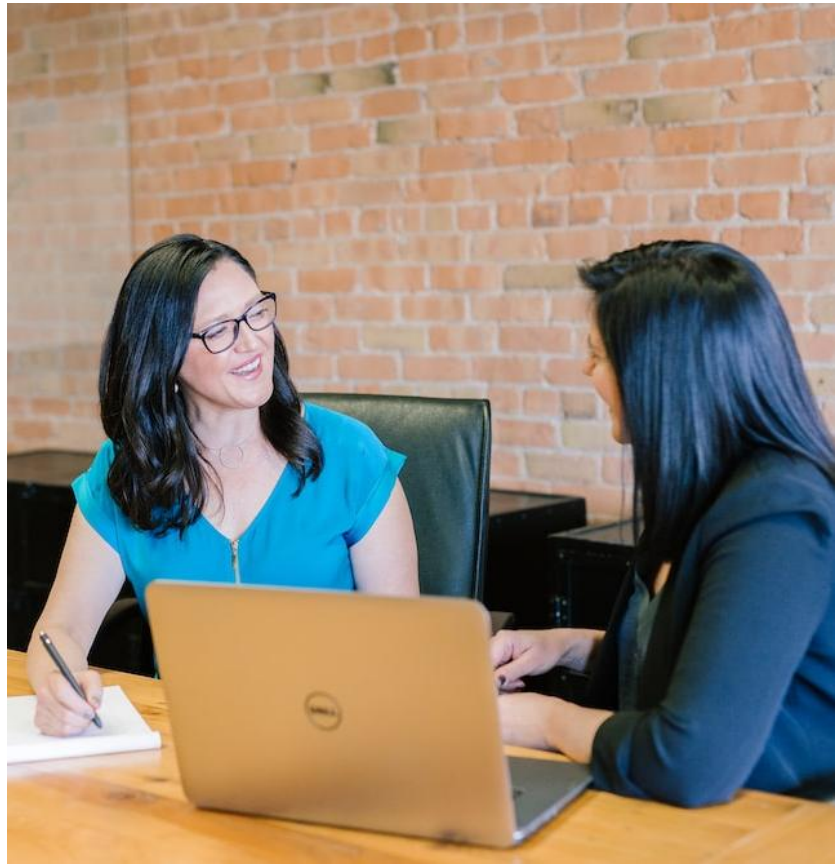
CPWI communities implement a variety of activities

CPWI stretches limited resources

- Funds allocated to communities with greatest potential for impact
- Collaboration reduces redundancy
- Many programs have evidence of positive return on investment

CPWI invests in developing capacity

- Whose capacity is being developed?
  - Community Coordinators and coalitions receiving Cohort 7 expansion contract funding.
- What capacities are being developed?
  - Knowledge, attitudes, and skills to coordinate, assess, plan, implement, and evaluate direct and environmental substance use disorder prevention services in communities.
- How is capacity being developed?
  - Trainings and technical assistance including one-on-one meetings, professional development courses, presentations, pre-recorded videos, and learning communities.

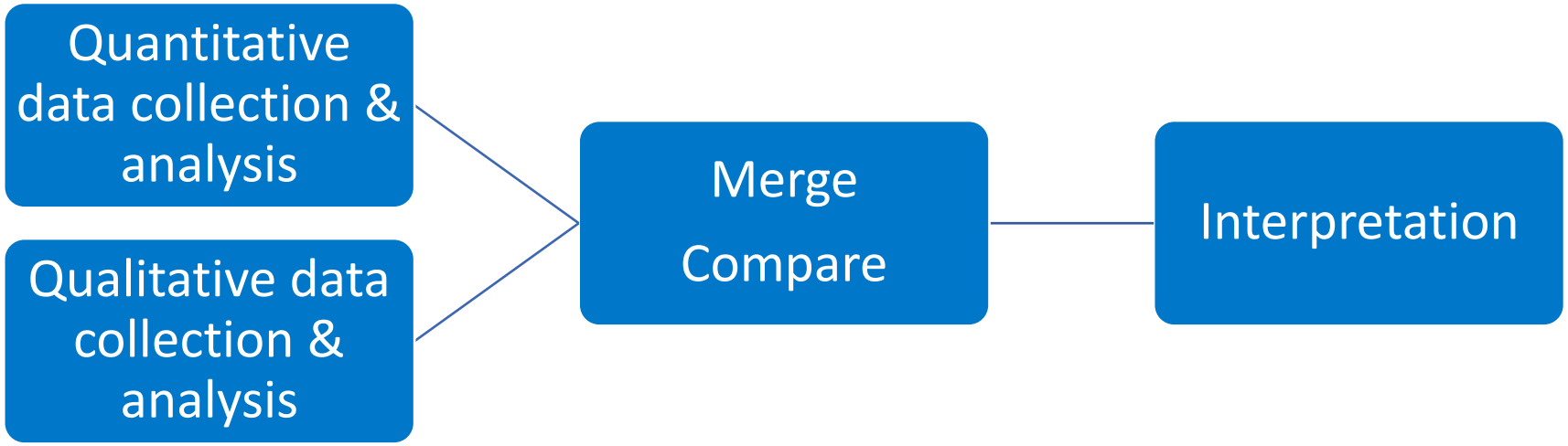


Mixed Methods Evaluation of Coalition Capacity

What is Mixed Methods Evaluation?

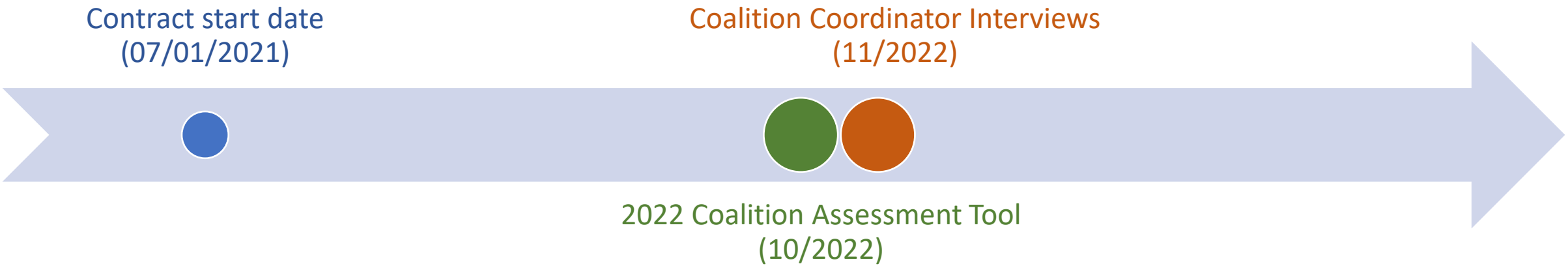
- Systematically integrate or mix both qualitative and qualitative data; purposefully integrate them to provide a more synergistic analysis of both types of data.
- Allows us to use the strengths of both quantitative and qualitative methods and provide a deeper understanding of findings.

Convergent Parallel Mixed Methods Design



Cohort 7 Communities

- 18 communities in Cohort 7.
  - 5 communities, populations ~1,700 – 3,700
  - 1 community population ~12,000
  - 1 community population ~20,000
- Targeted outcomes:
  -



Coalition Assessment Tool (CAT)

- Quantitative, self-report survey completed annually by coalition members, designed to assess coalition capacity and characteristics across 14 domains using 76 items.
- Sample item: Our coalition's vision, mission, and goals are clear and well-documented.





5	4	3	2	1
• Strongly Agree	• Agree	• Neutral	• Disagree	• Strongly Disagree

Coalition Assessment Tool (76 items, 14 domains)

Vision, mission, and goals (6)	Coalition structure and membership (7)	Coalition leadership (6)	Outreach and communication (4)
Coalition meetings and communication (7)	Opportunities for member growth and responsibility (6)	Effectiveness in planning and implementation (6)	Relationship with local government and other community leaders (4)
Partnerships with other organizations (5)	Coalition members' sense of ownership and participation (8)	Ability to collect, analyze, and use data (4)	Understanding of and commitment to env. change strategies (4)
	Cultural competence (4)	Funding and sustainability (5)	

Coalition Coordinator Interviews

- 7 interviews were conducted over Zoom between November 7-17, 2022, by members of the WSU evaluation team.
- Questions covered general contextual information, what capacity building has looked like for the coalition, and what is working well or could be improved between coordinators and DBHR.
- Compensation ($30 per interviewee) was provided via TangoCard.com on December 6, 2022.
- Interview data was analyzed using team-based rapid thematic analysis to leverage team expertise and conduct focused coding without compromising rigor.

Integration of Quantitative and Qualitative Data

- Merged qualitative and quantitative results by comparing results and providing interpretation.
- Side-by-side joint display was used to present qualitative and qualitative results next to each other, organized by CAT domains, for comparison along with interpretation that emerges from this comparison.

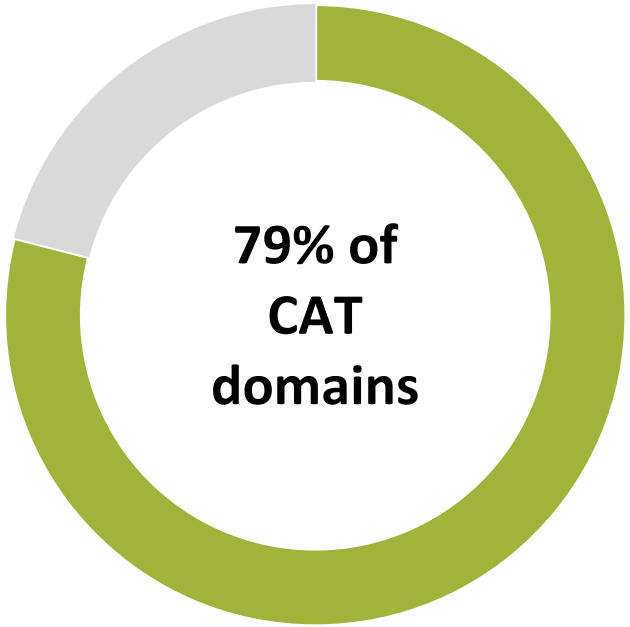
Joint Display Table for Mixed Methods Results

CAT Domain	Quantitative Findings *Mean Score (SD)*	Qualitative Findings *Brief Summary*	Interpretation

Summary of Findings

Quantitative Findings

- 64 coalition members from 12 Cohort 7 communities filled out the CAT survey.
- Overall, members rated their coalition's capacity positively.



11 of 14 domains received an average rating of 4.0 (agreement with domain items) or higher.

CAT Domains with Highest Scores

CAT Domains with Lowest Scores

Key Themes from Interviews

- **Context**
  - Included information about the community, current coalition efforts, and coalition or community history.
- **Coordinators**
  - Included information about coordinators' experience, knowledge about prevention science, and knowledge about the community.
- **DBHR**
  - Included information about what coordinators found helpful regarding DBHR requirements, trainings, and technical assistance, and what could be improved upon.

Context: Coalition History

Capacity Building Facilitators

- Plans to leverage past interest in coalition.

Capacity Building Barriers

- Previous history with coordinator affecting current efforts.
- COVID.

Context: Current Efforts

Capacity Building Facilitators

- Trust.
- Having tangible materials.
- Learning from other coalitions.
- Dedicated members.
- Having conversations in social circles.
- Showing up.

Capacity Building Barriers

- Community perception of prevention.
- Lack of buy-in for upstream work.
- “Rougher” start.
- Strategic planning taking a lot of time.
- Bureaucratic red tape around hiring and compensation.

Coordinator: Community Knowledge/Experience

Capacity Building Facilitators

- Having existing knowledge of and experience in community helps build connections.
- Being in touch with the community.
- Having similar ethnic and/or socioeconomic background.

"…I'm always wearing a logo of the [X] Coalition [on] a shirt that I made. I just made it … with the at-home iron-on thing, just kinda creating some brand identity, which is a weird thing. I wouldn't think that […] it was part of coalition building, but it kind of is. When you see that logo, like, 'Oh! I remember seeing her. She came and talked to me,' or 'We did this really cool fun thing and they sponsored it […] I wanna go back.' So, that's where it's been kinda slow coming out of a pandemic, where people aren't gathering and aren't coming together for community activities. So, yeah, it's a bit of a drive, but […] you've gotta do it. You can't do this job remotely. Even if you did live in the community, you can't do it completely remotely."

Coordinator: Prior Experience

Capacity Building Facilitators

- Experience in prevention, grant-writing, or in coalition work.

Capacity Building Barriers

- Lack of prevention knowledge – steep learning curve of prevention science

Coordinator: Relationship with TA Provider

Facilitators

- Prevention System Managers (PSMs) particularly helpful in one-on-one debriefings.
- Able to trust information provided by the PSMs.
- Generally meeting communication needs of coordinators.
- Patience and compassion from PSMs greatly appreciated.

Barriers

- PSMs overextended.
- Not easy to get a hold of PSMs, but once contact is made, PSMs responsive.
- PSMs can’t help with specific community problems.
- Some PSM interactions indicate that PSMs do not have a lot of faith in coordinator’s knowledge.

DBHR support: General Support

- Overall, coordinators appreciate the training and technical assistance they received; they mentioned they will benefit from having more time to "immerse" themselves in training and new knowledge before applied work is required.
- Coordinators often talked about showing up in the communities and spending considerable time networking. It would help if these networking hours were counted as official business hours.
- Coordinators recognize there are diverse community contexts and history across the state. Sometimes requirements are not in alignment with community perspectives or values, and this hinders data collection or community buy-in.

"Pushing too hard with requirements is a great way to get the program run out of town. As far as locals are concerned, that looks like pushing an agenda and not community desires/values."

DBHR support: Training Needs

- For community trainings, having more recordings or the ability to provide training during coalition meeting would be ideal.
- For some trainings, having recordings to complete trainings at coordinators' pace would be helpful, particularly if trainings are based on a different time zone.
- Refresher training would be helpful, especially for strategic planning and for using Minerva platform for data entry.
- Training or advice for educating coalition members about prevention science would be helpful.
- Additional trainings or materials in languages beyond English would be helpful.

Joint Display Visual for Mixed Methods Findings

CAT Domain	Quantitative Findings *Mean Score (SD)*	Qualitative Findings *Brief Summary*	Interpretation
Partnerships with other organizations	4.33 (0.18)	Coordinators emphasized that relationships and partnerships are key, and in some cases they help the coalition to build trust in the community. Partnerships also help for planning events and sharing workloads. Relationships with school districts are often most prominent and relied upon.	Coordinators understand the importance of relationships and partnerships and leverage them as much as possible. It also appears that this is something most Cohort 7 coalitions are already doing well.

Joint Display Visual for Mixed Methods Findings

CAT Domain	Quantitative Findings *Mean Score (SD)*	Qualitative Findings *Brief Summary*	Interpretation
Outreach and communication	3.86 (0.34)	Some Coordinators brought up logistic and financial barriers around social media posts, branding, printed materials, and getting help managing those things. There was less discussion about local media outlets. Coalitions try to build their presence and Coordinators help with that through more personal meetings with people, appearing at local events, and encouraging members to talk within their social networks.	There may not always be distinctions between local media channels and broader channels (e.g., social media)—the distinction may be more relevant related to physical materials. It appears this score reflects difficulties with implementing outreach methods rather than a lack of attempts or action.

What, So What, Now What (W3)

Together, Look Back on Progress and Decide What Adjustments Are Needed

Liberating Structures: http://www.liberatingstructures.com

What, So What, Now What (W3)

- **What**: What did you notice, what stands out to you about the CPWI capacity building evaluation? Stay at the level of direct observation and fact as best as you can.

- **So What**: So, what meaning can you make out of these observations? So, what conclusions can you draw from your observations?

- **Now What**: Identify next steps and actions you can take to use this information in your prevention work.

Thank you!

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