

Notes from the Field
April, 2009
West Virginia Partnership to Promote Community Well-Being

External Qualitative Research Team
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The focus of our data analysis this quarter is on members of the West Virginia Partnership to Promote Community Well-Being along with West Virginia Prevention Resource Center (WVPRC) staff—both Dunbar-based staff members and community-based Community Development Specialists (CDS). Our goal was to understand partners' and staff members' experiences with and perceptions of data-driven decision making, environmental strategies, Purdue Pharma funding, and the WV Partnership in general. Our analysis is based on semi-structured, individual interviews conducted by our evaluation team, either face-to-face or by telephone, between December 2008 and February 2009 with nine WV Partners, six WVPRC staff in the Dunbar office, and six CDS. The CDS represented all four regions of the state and worked in counties that represented a mix of funding (or lack thereof) related to SPF-SIG and Purdue Pharma. The purposeful sample chosen for interviews this quarter included individuals we selected in consultation with Dunbar-based staff. We selected individuals considered to be knowledgeable participants in the West Virginia Partnership and its work based upon their length or depth of participation at state and/or local levels.

With regard to data-driven decision making, we asked interviewees how their understanding of the concept had changed over time, how it may have changed their work in their own agencies or at the WVPRC (perhaps in non-SPF-SIG work), and their perceptions about how others understand data-driven decision making – particularly the extent to which others (both WV Partners and WVPRC staff) see the issue similarly to how they do.

The concept of environmental strategies was the next topic addressed. Our team explored issues related to participants' understandings of environmental strategies as well as their perceptions of their importance in the current prevention landscape. As before, we asked participants about the extent to which others share their understandings and perspectives on the topic and to share specific examples or stories that related.

The third issue addressed through our interviews related to the recent Purdue Pharma settlement funds made available to the WV Partnership. We asked WV Partners and WVPRC staff to share their perceptions of and feelings about how the Purdue Pharma funding has shifted the WV Partnership to a broader focus – from strictly prevention to a wider model that includes prevention, as well as early intervention and recovery. In addition we explored what folks saw as positive aspects of this broader focus as well as any less than positive aspects that concerned them.

After these three specific topics of inquiry, we explored the issue of the WV Partnership in a more general way, inquiring about partners' and staff's general assessments of the WV Partnership at this point in time. We asked respondents to talk about things they were particularly pleased about as well as things about which they had concerns.

Data-Driven Decision Making

Data-driven decision making has been used by the WVPRC and the WV Partnership in a variety of ways for many different purposes. The concept was stressed during the initial SPF-SIG granting process and has remained a driving force throughout the four years of SPF-SIG grant-funded prevention planning, implementation, and evaluation. As one respondent noted, "It's been a data-driven process from the very beginning in terms of decision making."

With few exceptions, WV Partners and WVPRC staff respondents seemed comfortable in their understandings of data-driven decision making (i.e, they were not confused about it) and they expressed high levels of support for taking what they referred to as a "science-based prevention" approach that is "empirical [and] fair" and that "enhances the credibility of the partnership." The interview excerpts below further illustrate WV Partner and WVPRC staff understandings and support of data-driven decision making.

[We] are actually trying to do a process that is based on data so that we can properly direct funds to those agencies or to those programs that . . . comply with what the data says [are] the needs in those areas.

Especially with the partnership as we put out our funding, it's taking those [funds] and putting them in the areas where the programs match up with the needs.

[T]his mindset of you're going to have a plan and it's going to be based on your data and you're going to decide what you're going to [do], what your problems are based on your data, and what you're going to do about it based on your data, is just like a fresh concept.

Most WV Partners and WVPRC staff respondents recognized they had come a long way in their understanding and acceptance of data-driven decision making. One commented, "I have learned a lot about data collection and data analysis through the project," and another said, "I think differently than I did prior to the SPF-SIG." In the following excerpts, other respondents describe their own changes in views as well as changes they have sensed and observed happening in other arenas including local communities.

I absolutely was not someone who was sure we wanted to go down this path; however, I absolutely am positive in this area now and feel like that's how we should do everything. . . . I'm the first to say I was not 100% supportive because I was worried about the little counties, and I still wish we had enough money that every county could get funding. But I think it's been very successful.

I think if anything has changed maybe I have a greater understanding for the complexity of . . . [data-driven decision making] and the difficulties in changing community norms . . . [and] attitudes about that.

What has changed for me is a deeper understanding of what data-driven decision making means and what it involves PLUS the realization that without the SPF-SIG grant, the data we have wouldn't be available for communities. There really was a huge need for someone to pull all of the available data together and then teach [people] how to look at it, what it means, and then how to use it.

When this new CSAP model [of data-driven decision making] came out as a public health focus, with the community as the unit of measurement, that was a huge paradigm shift. I think it's taken people a while to understand that . . . CSAP's and our expectations for how quickly people [would] buy into this were way too high. . . . It is probably progressing at the rate it normally would. . . . [G]radually it's getting better and better.

What I've noticed during the whole course of this SPF-SIG is that [local] resistance [to data-driven decision making] has gone down, down, down to where it's very low now [We're] having [some] resistance here and there—even in our staff and in communities—but still I think [it] planted a seed that started to grow very quickly among many more people in the state. . . . [and] the local community, I think, is getting more into the data-driven [approach]. . . and yeah, it's a good idea.

Not only have these WV Partners and WVPRC staff embraced the concept of data-driven decision making, many have described ways in which their increased understanding of this concept and process has influenced other work of theirs beyond SPF-SIG:

I've used it in my work I've pushed to create a more data-driven system When we look at our budgets and realign them to better spend our dollars, we are using data to do that. For instance, . . . [we] just went through a study in which we looked at how much time . . . [people] spend on each different . . . [assignment], and we did a . . . study to determine if we needed new . . . [employees]. That's been happening over the last two or three years. We are able to establish the need for new . . . [employees] which better serves West Virginia. So, we absolutely use data to make our decisions.

I not only sit on this partnership, [but] I'm on a lot of different programs. Off of the top of my head I can think of a couple [of grants] that I've been impressed with that I have seen when I sit on other boards and thought, "that's a Partnership grant. They've got a strong assessment. They've got strong needs." Just recently when I reviewed some grants for [another group]. . . I wasn't looking at the name; I was looking at the content. I went back and said, "I wonder if they are a Partnership [grant] because they had strong assessments, strong problem statements, and strong data tied to the application." Both of the ones I did that on, and went back and glanced at the name, were Partnership.

Yes [it has affected my work] because people who applied for . . . [my] grants - when I had meetings with them, I told them about . . . [data-driven decision making] so they were aware of it and they knew what was going on. . . . In the grant writing workshops that I always had, I asked them to use that data so yeah it did change it.

While we did not directly ask about them in the interviews, several issues emerged as we talked with partners and staff about data-driven decision making. First, respondents linked the depth of their understanding and strength of their support for data-driven decision making to their active engagement in the work of the WV Partnership. For example, a partner attributed a growth in understanding to experiences with the sub-granting workgroup.

I think people who are active on sub-granting get it [data-driven decision making]. I think we're all true believers at this point. . . . It is one of those things you have to be engaged [in] to get, so the partners that are just coming to the meetings quarterly or only maybe two of the four quarterly meetings, I don't know You have to do more than just come to the meetings. There's no [other] way you can grasp this thing. . . . It took me a long time to get my hands around what we're trying to do and I've been a pretty active participant.

A second issue that emerged was the need to be cautious or skeptical about data-based decision making, especially in the details of how it is understood and used. In other words, some partners and staff took an inquiring or scientific approach to the idea of data-based decision making itself. One partner cautioned,

You need to be careful with data [and] . . . statistics. . . . There are a lot of different ways to look at numbers. I think we ought to be very careful [and] . . . ask "What is this [data] telling us? How does this fit into the larger context? While I'm really pleased that we've moved into that . . . data-driven [approach], I think we need to be very mindful. . . that we don't go to the extreme. . . . Data is not perfect.

Other respondents expressed concerns about what kinds of data should be used in data-driven decision making, a few mentioning distinctions between qualitative and quantitative data. A staff member commented:

[I'm] a little bothered by [that] right now. . . . I think some people think it means exclusively numbers. Administrative databases are what the state collects around grant programs. . . . I think of it much beyond that. . . . There is the hard statistical data, the recording of what trends are going on in the state, primarily in the form of numbers, but that's [only] a small fraction of it. I think actually a better term . . . is feedback.

A third concern was the lack of short term data on outcomes, especially for local communities wanting to assess their work sooner rather than later, as the following staff excerpts illustrate.

I think the biggest frustration has come through not being able to get data, because they want to see that they're making a difference and they want to see if things have changed, you know. During the planning year the biggest source was the Pride Survey and that hasn't been done for four years.

I'm getting this impression that there needs to be a shorter term focus on outcomes. It seems like [what is needed is] something you can measure in a relatively short term as opposed to something that takes several years I think if we would focus a little bit more on that . . . communities would then see results and then they would go further in embracing this whole data-driven decision making.

Finally, respondents expressed appreciation for WVPRC staff in providing guidance for the move toward data-driven decision making as well as more generally. Andy's name was mentioned often, in terms of his assistance with providing data, explaining data, and working with individuals and groups in figuring out how best to understand and make use of data. Wayne's name was mentioned in terms of guidance toward data-driven decision making as well as providing broader leadership for the partnership's work.

People would be remiss not to recognize the leadership and the quality of what's coming out of the PRC. . . . I think [especially with] Wayne Coombs, it's easy to understate his influence on what's going on in West Virginia. . . . He's a great thinker. . . . Just the whole nature of the way he does business is pretty phenomenal. What the [PRC] does is pretty remarkable, and what he does is remarkable. . . . He's committed . . . and he knows how to get others involved. . . . He's also done a great job of securing resources . . . human resources and capital resources to keep things moving.

Environmental Strategies

Unlike with the concept of data-driven decision making, WV Partner and WVPRC staff respondents' understandings of environmental strategies as effective prevention measures are uneven. Two partners described environmental strategies as "hav[ing] lasting effects" and "hav[ing] a lasting impact," but many described their own and others' understanding as lacking.

My understanding of that is somewhat lacking. . . . I sort of get what that is but I don't really get what that is. I don't know if we've had any training on that or if . . . it was a meeting I had to miss. Certainly I know that I could be more dedicated and do more reading but sometimes it's difficult with my job here to do as much homework as I'd like to for the partnership.

I think that the concept in general is confusing to the communities on what you are talking about when you say environmental strategies. When you start listing out what you are actually saying, they are like, "I understand that, I've done that, I know that." [But] I don't think they often get the concept of that's what we're talking about.

Dunbar-based WVPRC staff members seemed to be more informed about environmental strategies, but recognized their own struggles to understand the concept. They also spoke about the difficulty of applying this way of thinking in the local communities. There seems to be a sense among Dunbar staff members that things are moving in the right direction, but that it takes time, especially with such a major shift in thinking, and there are often roadblocks encountered along the way, as the following excerpts illustrate:

The largest transitions [in thinking about environmental strategies] have happened probably here in the Dunbar office because we have this . . . little collection of people here that we talk with a lot, and . . . [the others—CDS, Project Directors, County Prevention Partners—are] kind of out there more isolated. So it's probably been harder for them. So I think we still have some work to do bringing that process . . . full circle.

[T]his is a sea change, this is totally different. . . . changing environmental strategies, going into the community and changing the way a community thinks, some of the policies the community puts into place and follows—relative to this stuff, it's totally different. It's a different concept, it's a different way of doing business, and it's a different culture.

We're [WVPRC staff] in transition. I think some of us are fairly well along in the transition. Others of us are not.

WVPRC community-based staff members (CDS) spoke about their sense of where the local communities were with their understanding and use of environmental strategies. CDS recognized that there is great variability among the approaches to environmental strategies in the individual counties. They shared many comments and examples indicating that changing to this new way of thinking is difficult. Some suggested that a combination of older evidenced-based programs and the newer environmental strategies (also evidence-based) might be appropriate for counties at certain points in their development. One CDS' rationale was that "we need to meet them where they are" and be pro-active in moving folks along a continuum toward adopting more environmental strategies. Comments from CDS interviews below illustrate the range of their views about how they *and* local community members perceive environmental strategies.

And it was like light bulbs [went off] for everyone [in the local communities]. . . . They really began to understand . . . what they needed to be doing and taking the focus off of prevention education, because that's individual-level change instead of population-level change. So things like alternative activities—we're really starting to see them move away from that.

I think the CDSs have a pretty good handle on it. I think our communities are learning it, but they're not necessarily liking it. It's so much more fun to do something that you've done very similarly over the years—like having a swim party.

I mean those education programs are wonderful but there are other things that need to go hand in hand with that and one is the environmental strategies. And that's been a really tough thing to do . . . They want to fall back on those programs and those one shot deals and things like that. . . . But with environmental strategies it might be years before you can see some type of change.

Purdue Pharma Settlement Funds

WV Partnership members interviewed this quarter were in agreement for the most part that the awarding of Purdue Pharma asset forfeiture funds to the partnership was a positive thing. Partners described the receipt of Purdue Pharma funds as “livening” and as an opportunity to “stretch us,” to “broaden the scope,” and to give the partnership greater visibility and leverage in the state.

We're talking about intervention and treatment, rehabilitation, all those kinds of issues. So it has broadened the scope from practically pure prevention. I think it has to. If we're going to be that agency with a comprehensive plan and strategy for West Virginia, we have to expand from prevention. I think this has been good for us.

It's stretched us, and I think we're ready to be stretched. Plus, I believe it has been a livening process. We worked so much on that SPF-SIG, and it seemed like all we were was SPF-SIG. Now I think we've expanded beyond just being SPF-SIG, which . . . politically has been very beneficial to the partnership. It shows we can do more than just be focused on this particular area. We can do more, and you can have confidence in us.

I think as a member of the West Virginia Partnership to Promote Well-Being, the biggest piece of Purdue Pharma was the fact [that] through this initiative, we got a big chip at the table. Through this process, we were identified as the committee to oversee drug and alcohol prevention in West Virginia.

For some partners, the Purdue Pharma funds were not as much a change of focus as a means of enabling the WV Partnership to move a step closer to fulfilling its initial vision of community well-being—understood as the full continuum of care or even more broadly.

There was a lot of intentionality with coming up with . . . [our] name [West Virginia Partnership to Promote Community Well-Being] because we realized at that time that it's the continuum that matters . . . what I think some people saw from the beginning was a possibility.

Prevention is a *beginning point* and . . . people are starting to recognize that the more you put in prevention, the less you put in intervention, . . . treatment, . . . [and] recovery. So it doesn't mean we really change our focus, we just broaden it to include the [full] spectrum . . . [that] we've all worked [toward] for years . . . I don't think it's a leap.

From the very beginning that's the way I saw it [as a continuum of care] and then even way back we tried to do state strategies and get it to the Governor's office. . . . and we had never been successful until now. Just having the right people to be able to talk to the Governor's office is something that makes a difference That's what we've always tried to do is to connect all those [parts of the continuum] because you need each piece of that in order to impact the problem.

There is evidence that some partners are not well-informed about the nature of the partnership's connection with Purdue Pharma, as the following partner comment illustrates:

There are those members of the partnership that are really very much engaged in the process. I think they have a good understanding of this. There are others that are less involved, and maybe that is due to the nature of the work groups that they're on They probably haven't been exposed to the process as much, especially since the Purdue Pharma decision making process started because . . . [the chair] convened the chairs of the work groups. Well that leaves a lot of partner members out. They could come if they wanted to, but it turned out to be a . . . very small number of partner members that was engaged in that conversation and that discussion and that learning. So I think that they probably have a better grasp of it than those. . . that weren't involved.

Finally, two partners expressed reservations about the addition of Purdue Pharma funds, one about the potential of getting "too big too fast and . . . los[ing] our focus" and the other a worry about sustaining projects initiated with Purdue Pharma funds. All in all, though, partnership members responded favorably, especially about the opportunity to expand the partnership's prevention focus to include early intervention and recovery.

As was true for WV Partners, WVPRC staff members based at the Dunbar office were generally positive about the receipt of Purdue Pharma funds, especially as a way to expand the WV Partnership's purview to a full continuum model. As with partner respondents, a few concerns were registered by Dunbar-based staff—particularly about potential problems that could arise with an expanded staff work load. Also, staff expressed disappointment that more counties did not apply for the Purdue Pharma funds.

The only [concern] would be . . . human capital, because we are small and . . . we don't want to get to a point where we're so stretched and stressed out that we're unhealthy. . . . I would hate for our organization to get to a place where we're no longer healthy. . . . The other thing . . . is sometimes when you go from a narrow concentrated focus to a broader focus, sometimes instead of doing one thing well you do several things kind of mediocre. I don't think anybody would do that intentionally, but we just have to be cautious.

While some CDS respondents lacked information about the Purdue Pharma funding, generally there seemed to be a mixture of excitement and concern among CDS related to the broader substance abuse focus associated with the Purdue Pharma funding. One CDS shared that she “really hadn’t thought about” how the new funding was affecting the partnership because her counties weren’t involved and she had “so many other things bearing on” her which interfered with her time to focus on it more broadly. Several CDS expressed positive feelings toward the broader Purdue Pharma focus, but concern about their new role.

From a CDS perspective, I’m excited about that . . . because it allows us to expand that scope.

[It will be] kind of a community well-being approach, if I’m not mistaken. I perceive that it’s much wider than simply substance abuse prevention. At least, like I said, I’m no expert on that, but just from what I’m hearing.

I’m not so sure, I wonder how wide of a scope should we expand to, because there is such a thing as being a jack of all trades and a master of none and then there is also the fear that we will be expected to be experts in every aspect or facet . . . in other words, I can’t be all things to all people. So there is a danger when you go from being viewed as a substance abuse prevention specialist to “oh, well that . . . [person] can do everything.”

West Virginia Partnership

WV Partner respondents expressed strong positive views of the partnership generally. One said, “[We] have a much better understanding than we did [during] the first couple years as to who is who and what . . . [they are] . . . supposed to do.” Partners talked about how the group has become “more formal,” more “sophisticated,” and more visible and respected in the state. Several partners noted that a “good balance” of the “right people” exists at the table to promote “true collaboration” and to be able to “affect [real] change” in the state.

In my opinion it’s the strongest most well organized, successful committee in the state in prevention. I think that it has the recognition from the legislature of having the right people at the table who do not have special agendas who are really trying to do what is best for WV. . . . There are a lot of boards and a lot of commissions. I’m on a lot of them, but I’m telling you that, to me, it’s one of the most successful things I’ve ever worked with because we’re not worried about what that does for me at the Supreme Court, what that does for me at Criminal Justice . . . , what that does for me at Education. How do I get my little piece of the money? I think that it is more about the right people sitting at the table trying to effect change and trying to do it at the community level. I think that’s what makes a difference. It’s different than a state partnership or a state committee dictating to the communities. They have input. They have involvement. It’s more of leading them and teaching them, giving them the right

tools and help[ing] to educate them on how they can help themselves more than it is let's do it for you, here's the money, do it this way.

I love the [WV] Partnership. I love to work with the people, and I love the work. I love what the partnership has been able to accomplish. I believe that everybody comes with their own talent. . . . And I'm just so happy for the partnership to be recognized as a functioning entity and to serve in an advisory capacity to the governor.

The [WV] Partnership has come a long way. I think we're kind of at a crossroads right now and [it] depends on how the politics in the situation goes as to what happens. That's why I kind of get that feeling. . . . It's a crucial time.

I think we have a very diverse body now. . . . We have brought in a good balance of agency people, community people, and private business. It was really nice getting the state police on board. I really think . . . over the past few years, [we have gotten] . . . people on the board that serve and represent a good deal of other folks.

Even so, partners expressed concerns about how the codification process might affect what has already been accomplished by the partnership. Another concern was raised by several partners who were worried about friction between the partnership and those involved in public health in the state, especially now that the partnership has grown stronger and is more visible.

Part of the drawback [of codification] is the process of getting it there because once you start asking for it to be put in the code then you have the ability for someone to start messing with what we've already done. Do we want to reestablish it? Do we want to have new members? Do they have to be reappointed? To me, that is the drawback of going through the process and losing what we've already accomplished because we all have to be reappointed or because this or that person needs to be on there instead of who we have on there. That's the fear.

I get the feeling sometimes, and maybe it's just because I don't know enough, but there may be a little disconnect or [some] turf issues . . . [between] some of the partnership and . . . public health. . . . [T]here's . . . conflict or some tension between . . . the [partnership] and the DADA and I know you've heard it before . . . [but] that's my main concern.

I still think that there's a little like pocketed discontent here and a pocketed threat there and maybe that's normal in any group of this size and maybe it's there and maybe it's not. I just think some people feel like . . . they were doing a whole lot of this work before the partnership was even formed and they may not feel as recognized as they should be. Some people came on strong and then dropped out. I don't know where they are. I don't know whether they just retired or, for what reason they dropped out. I think recognition of the partnership from the outside is fairly new and I think it's

positive. I think with any change there's a little bit of a sense of threat and is this new entity going to take my power—my decision-making power.

Similar to partner respondents, Dunbar-based WVPRC staff respondents viewed the WV Partnership very favorably; in fact, staff members expressed overwhelmingly positive, excited, and optimistic views about the current status of the WV Partnership as well as the partnership's potential—what it could be ultimately, especially if the state government elects to provide financial support. They, too, spoke about the partnership being at a turning point in terms of taking a leadership role in substance abuse prevention in the state. One staff member talked about an evolving conceptualization of the partnership itself—moving from thinking of it primarily as an entity or organization (a body) to thinking of it primarily as organizations coming together (an action).

The partnership is right on the crest of becoming something the state has needed for a long time. Frankly, I've been amazed at how much more visibility and impact it . . . [has] been having. . . . there have been some . . . people on the partnership that have made all the difference in the world. . . . Purdue Pharma . . . has really [made] . . . the partnership broader. . . . We're now having discussions with the legislature about potentially putting the partnership in code, and maybe creating this public-private corporation for the state out of it. That's just phenomenal . . . Things have come together at the right time and the right place.

The potential of the partnership is enormous right now so we'll just wait and see what it's going to be. All that relates to . . . sustainability. Essentially, what that boils down to now is to have the state of West Virginia . . . start investing its own money to do something about these problems. If the state decides to do that, I think the partnership is in exactly the right place to become the body that can do that. I'm very optimistic.

In the past year . . . maybe the past two years, I think the partnership as a group has transitioned their thinking away from being an advisory group for a grant to a lead entity . . . in dealing with substance abuse in this state.

The partnership is not an entity that is separate from the individual partner agencies. It's something that is only there by virtue of their wanting to work together. The partnership can't be there unless all of these different agencies come. That's what it is, it is more like a verb, like an action, you know? This activity of meeting together, that's the partnership to me. It's not a thing or organization, and people began to realize, and one [of the] things . . . people still say is, "I have a day job," meaning I work at the Supreme Court or DHHR, but I like this partnership and I'll give time to it. I think the next thing people need to realize is that [this] *is* their day job, [or] a big part of [it]. . . . If you list all the tasks and responsibilities in your work for the DHHR or wherever or ABC Administration, one of those is coordinating with other entities of the state, and this is how you do it, through this partnership.

Community-based WVPRC respondents also described the WV Partnership in highly positive terms including “sophisticated,” “empowered,” “evolved,” “accessible and friendly,” influential, and communicative. CDS focused mostly on the positive aspects of possible codification of the partnership, but one CDS worried about WV Partners “get[ting] totally worn out” with all the potential that codification provides, while another mentioned the possible constraints that politics could place on the “the process” of doing prevention.

I’m really, really thrilled that they are in existence . . . my awareness of the partnership really grew from ’06 . . . forward. Prior to that I . . . kind of knew there were some people involved, but I didn’t know to what extent until . . . attending some of their quarterly meetings. And last year I was at the Stonewall Jackson Resort meeting What I really like about the partners in general is how accessible and friendly they are and how sincere they seem to be. What I mean is, I feel comfortable going up to these people and striking up a conversation. They don’t present in such a way, in any threatening way whatsoever. And I say that because I think that some of county reps feel the same way Prior to being able to mingle with them or to attend those quarterly meetings, those people seemed like (to our county reps especially) . . . they were “those people in Charleston.”

Well, they’ve grown, and I think they’ve evolved They’ve grown collaboratively and become more sophisticated. That has empowered the work the PRC has done. That empowerment would have never taken place in my mind if it hadn’t been for this partnership and the way it has evolved. I think that same dynamic needs to be transferred to the communities. That is what we [are] trying to figure out in communities now. How do we empower communities? . . . How do we empower community people?

Politics gets mixed in it to the point where that begins to create barriers. Bureaucracy gets involved in it. That doesn’t have to be a bad thing. That can in some ways help hold someone accountable. At the same time, I think that creates barriers to creative thinking and moving forward, in particular, with what you are learning as you go. The other thing is when you begin to get into politics, politicians . . . want things done in a very short time frame. And I’m relatively certain this is the kind of work that is a slow process. Politics . . . [is] not too tolerant of the [learning] process.

At the local level, some people still ask “Who are these people,” and there’s a real gap there. Some of your counties, I think, are more engaged in this process and more active in this process. They know [who] the state partnership is, but most do not—particularly the ones that . . . are your non-implemented counties.

Reflections on the Findings

In our closing comments, we make a few connections between the interview data results featured in this report and our evolving model of community change tentatively titled “Getting

(it) Together: Collaborative Community Change.” The data-based model is grounded in observation, interview, and document data generated over the course of our study of the WV Partnership. As we generate new data each quarter, it is important to modify the model as needed in response to the new information. Also, it is an opportunity for participants, especially partners and staff, to consider how the model, as well as the new information, might be useful in guiding future partnership activities and decisions.

People: Get the “Right” People to the Table

The first of the model’s four components involves getting the “right” people to the table. From the outset the goal has been to create groups (first the WV Partnership and later, local community partnerships) that are broad, inclusive, and representative. Partners and staff purposefully attempted to locate and include people who are in the “right places” in their own organizations;” people who “get it” (that is, people with commitments to community, to collaboration, to learning, to evidence-based practice, and to community-based problem solving); and people with skills, knowledge, and experience—not only in prevention-related work but also in coalition and capacity-building. Finally, there have been ongoing efforts to include people who are trusted in their own organizations and communities, and to include a balance of personalities—with a mixture, for example, of visionaries and “worker bees.”

In keeping with this particular vision of getting the “right” people to the table and in view of new data generated this past quarter, the WV Partnership may want to consider expanding its membership to include individuals and groups associated with new directions in the partnership’s work. Specifically relevant to our interview data this quarter, this might mean the addition of partnership members affiliated with the executive and/or legislative branches of state government as well as new members affiliated with the broader continuum of care (i.e., adding intervention and recovery) associated with Purdue Pharma funding.

Partners’ interview comments about the “disappearance” of some WV Partners who had been active initially suggests a need to modify our model to address the importance of not only *getting* people to the table, but *keeping* them there. Interviewees also spoke this quarter about within-partnership tensions as well as tensions between the partnership and other groups. In both cases, the uneasiness may be related, at least in part, to the partnership’s recently greater visibility, particularly with the governor’s office and the state legislature. In order to maintain the group’s vision of a broad, inclusive, collaborative membership, participants may want to consider new ways to collaborate, and strengthen relationships, with individuals and groups who are uncomfortable with recent changes.

Finally, interviewees’ comments about WVPRC staff reinforce the model’s stipulation that getting the right staff to the table is as important as getting the right partners and coalition members involved. Favorable and appreciative comments about PRC staff generally and Andy and Wayne specifically suggest that effective staffing continues to be a critical ingredient of successful community change efforts.

Engagement: Get People Engaged with Each Other and With the Project

A second model component concerns getting people actively engaged with each other and with the work of the partnership. The model notes the importance of both the quantity and quality of participation, at the same time acknowledging the difficulty in achieving universally active and authentic engagement among participants. Throughout the project, some partners and staff have been involved considerably more often and more deeply than others. Also, the model posits a positive relationship between levels of involvement and perceived learning and satisfaction with the work.

Interview data from this quarter suggest that this part of the model continues to hold true. Partner and staff member respondents attributed variations in understanding and support for data-driven decision making to variations in the extent to which individuals had been engaged with the partnership's work. Interviewee comments indicate that while individual partners bear responsibility for attending meetings and other participation, their level of engagement also may be a result of which workgroup they belong to. Also, interviewees spoke about variability in knowledge about Purdue Pharma funding in terms of whether or not they had been a part of a new kind of partnership committee/group that included only the chairs of partnership workgroups.

Finally, this quarter's data suggest that a factor influencing participant engagement with each other as well as buy-in to the project generally is the opportunity for frequent dialog and feedback on accomplishments. We are referring here to two issues raised in the interviews: (1) the idea that local community members might be more receptive to data-driven decision making if they had more short term outcome data about their efforts, and (2) the idea that data should be thought of more broadly—in terms of feedback—rather than only in terms of quantitative indicators of general state and county trends. In light of these expressed concerns, we will consider elaborating the model to include this particular kind of engagement. Also, partners and staff may want to consider ways to enable local community participants to get frequent, formative data or feedback.

Vision: Facilitate the Development of a Shared Vision

The third component of the model relates to facilitating the development of a shared vision and plans to achieve it. Identifying this as an important but difficult task for groups committed to democratic, collaborative processes and structures, the model suggests using purposeful, explicit strategies to enable the construction and ongoing re-construction of visions and goals.

Interview data from this quarter are consistent with the model, and with data generated earlier in the project, in two ways. First, partner and staff respondents' comments about Purdue Pharma funds and the concomitant broadening of the partnership's focus—from substance abuse prevention to prevention, intervention, and recovery—reveal a continuing commitment to the broad vision of founding partnership members. Early in the first year of the study, the state partnership planning year, partners and staff conceptualized substance abuse prevention in terms of the full continuum of care/services. Further, they tended to see substance abuse

prevention as connected to other aspects of individual and community health, holding that *prevention is prevention is prevention*. These recent data suggest that participants maintain that broad vision and see the growth of the partnership—in terms of Purdue Pharma as well as increased recognition with state government—in that light.

Resources: Obtain Resources Necessary to Support the Vision

The fourth model component stresses the importance of obtaining adequate human and capital resources necessary to achieve the group's mission. The model highlights the need for funding to support administrative staffing at both state and local community levels.

This quarter's interview data confirm the importance of resources to support the partnership's work. Respondents spoke favorably about funding beyond SPF-SIG, including the Purdue Pharma monies as well as the possibility of future state government investment in the partnership. The new data also confirm the importance of adequate staffing for the work. New monies that cannot be spent on administrative costs will require parallel funding for staffing and other administrative costs. We will modify the model to specify the importance of financial support for sustaining both the programmatic, community work of the partnership as well as the necessary administrative and operating expenses.

Change: Achieve Individual and Collective Growth

According to the model, the culmination of the first four components is individual and collective learning and change. Our study of the project over time has provided evidence of considerable individual learning as well as collective change—which in a sense, is at the heart of what the WV Partnership is all about—enabling communities to grow and become healthier as they are increasingly able to effectively identify and solve their own problems.

Data from this quarter are a continuation on the same theme. Especially in relation to data-based decision making, both partners and staff spoke about how their ideas and views have changed, how their understandings have deepened, and how their behaviors (both within and beyond the partnership itself) have been influenced as a result of their participation in the WV Partnership. On the other hand, many acknowledged having a lack of understanding about environmental strategies, and for some, about Purdue Pharma as well. In light of these findings, participants may want to consider ways to increase knowledge of both environmental strategies and the new Purdue Pharma funding.