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## **A Community and University Collaborative: Responding to the Opioid Crisis**

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**Abstract.** One of the 12 Grand Challenges of Social Work, as identified by the American Academy of Social Work and Social Welfare (2018), is Ensuring Healthy Development for all Youth. This article explores the importance of community-wide prevention efforts in meeting this challenge by utilizing grassroots coalition action in concert with engaged universities. Through perspectives of the Communities that Care Model and an Engaged University Model, this case study examines one community's response to reduce the prevalence of youth substance abuse behaviors. Recommendations include effective coalition building strategies.

**Keywords:** rural social work, coalitions, communities that care, engaged university, prevention, youth substance abuse

Over the course of five years, a small rural community in Northeastern Pennsylvania experienced the loss of several former high school graduates due to overdoses of illegal substances. In response, the superintendent of public schools brought key community leaders and concerned citizens together by organizing a town hall meeting in spring 2014. Historically, prevention efforts in this community had focused on strategies to reduce underage drinking by nearby university students. However, it had become alarmingly clear the community's substance abuse issues were no longer isolated to college drinking. The opioid epidemic, a national social problem stereotypically associated with more populated urban centers, was being experienced by a sparsely populated, rural community. Extensive problem analysis provided invaluable insights into the nature, extent and scope of the substance abuse behaviors impacting the rural community's youth and young adult populations. Evaluations supported the need for strategic substance abuse prevention that responded effectively at local levels. The grassroots community response, which began as a town hall, built a coalition as a means of meeting local prevention needs. This case study examines the effectiveness of such a response. Special focus is given to applications of collaborative efforts in service learning through the partnering of a community coalition and an engaged university's department of social work education. The case illustrates three central actions which initiated and supported the growth and development of the partnership: community engagement, service learning, and community-based action research.

### **Drug and Alcohol Trends**

Around the world, the number of people that have used illicit drugs continues to rise (National Institute on Drug Abuse [NIDA], 2015). Globally, the World Health Organization (WHO) estimated 246 million people, aged 15-64, have used an illicit drug (WHO, 2016).

Statistically, the majority of first time illicit drug users were under age 18 (NIDA, 2015). Nationally, Centers for Disease Control and Prevention (CDC) reported approximately 47 million people over the age of 12 had used illicit drugs, an estimated 591,000 had heroin involved substance use disorders, and over 52,000 had lost their lives to drug overdose (CDC, 2017). Approximately 63% of overdose deaths from opioids were unintentional (CDC, 2017).

In 2016, Pennsylvania reported the fifth highest rate of overdose deaths in the US (Hedegaard, Warner, & Miniño, 2017). The Commonwealth reported 2,488 overdose deaths in 2014 (Pennsylvania State Coroners Association, 2015). The southeast region of the state, which included the local community of case, had the highest number of deaths as 1,167 residents lost their lives to overdoses (Pennsylvania State Coroners Association, 2015).

### **Community Response to the Problem**

Prevention of early onset youth substance abuse behaviors escalated into a community-wide priority due to adolescent deaths related to substance abuse. Prevention science suggested a comprehensive systems approach, integrated with public health's risk/protective factor analysis, was a promising model for promoting healthy youth development at the population level (WHO, 2018). Despite positive outcomes implicating the success in using such a model, the strategy had not been widely implemented in communities (Van Horn, Fagan, Hawkins, & Oesterle, 2014).

Coalition development was grounded in theory and guided by research in three major areas. First, community coalition action theory informed mobilization and social change actions to realize healthy youth development goals at local levels (Anderson et al., 2015). Second, the chosen coalition building model incorporated prevention science strategies to create an operating system, or platform, to deliver community-wide prevention programs (Evidence-Based Prevention & Intervention Support [EPIS] Center, 2015). Third, organizational leadership and change theories guided board/staff towards best practices.

### **Grassroots Coalitions**

Community coalition action theory suggested coalitions emerge naturally as diverse organizations form alliances in pursuit of common goals (NORC, 2011; Kegler, Rigler & Honeycutt, 2010). Relationship building, partnering and finding synergy with other community resources and organizations were vital to coalition development (Foster-Fishman, Berkowitz, Lounsbury, Stephanie, & Allen, 2001; Post, 2015). Functionally, coalition undertakings included advocacy, education, prevention, empowerment, and community action (National Opinion Research Center [NORC], 2011). Research demonstrated coalition empowerment enhanced both positive working relationships and flexible responses to new and everchanging community needs (Foster-Fishman et al., 2001; Mizrahi & Rosenthal, 2001). As the primary coalition asset, members were trained in communication, conflict resolution, diversity, and effective program development (Foster-Fishman et al., 2001).

Rural coalitions were predominately volunteer-based, lacked funding and resources, and required excessive time commitments from members whose socioeconomic status, norms or values often restricted participation (Kegler et al., 2010). As constantly in flux dynamic systems,

they were also frequently challenged by preferences for static, enduring, local leadership and staff (NORC, 2011). Essential leader training focused on infrastructure roles and responsibilities, gaining commitment and encouraging positive attitudes (Foster-Fishman et al., 2001).

## **Communities that Care**

The Communities that Care (CTC) model systematically constructs community-wide prevention networks to achieve population level change (EPIS Center, 2015). Networks were underpinned by prevention science findings which categorized several discrete developmental and environmental pathways to youth substance abuse behaviors (EPIS Center, 2015). The CTC model promoted engagement and collaboration amongst local stakeholders to develop and implement science-based prevention interventions (EPIS Center, 2015; Feinberg, Jones, Greenberg, Osgood, & Bontempo, 2010). Population level change was achieved as the coalition and community participated in action research (Anderson et al.; WHO, 2018). CTC offered structure, a step-wise process to recruit diverse stakeholders, create shared vision, collect data, report outcomes, assess risk and protection prevalence, and ongoing technical support (Arthur et al., 2010). A study exploring CTC's effect on sustaining outcomes 1.5 years post funding, found empowerment and collaboration had created enduring transformation in communities as evidenced by long-term reductions in youth problem behaviors; thus, efficacy of CTC's theory of change was supported for youth prevention pursuits (Rhew, Brown, Hawkins & Birney, 2013).

## **Method**

This naturalistic case study used a qualitative exploratory approach to gain deeper understanding of a rural Pennsylvania community's response to youth opioid overdose deaths. The study aimed to understand the local community, its response, and the subsequent development of a CTC organization through community engagement and collaborations. Community focus group sessions were held monthly from April through June 2014. These discussions developed the initial call to action into a grassroots coalition. The CTC framework provided the basis from which data related to the mobilization of the community was examined. This exploratory study utilized secondary data from the focus groups, which discussed local trends, community strengths and needs along with factors to determine future growth. Findings are explained based on coalition structure and function.

## **Discussion**

### **Leadership Response to Community Needs**

News of each fatal heroin overdose spread quickly across the small community, leaving many residents feeling shocked. Efforts for change were spearheaded by a call to action from the superintendent of public schools. That local leadership effort subsequently brought over two hundred key community stakeholders and concerned citizens together for a townhall meeting in April 2014 and awakened residents' felt sense of their community's core values (Oyserman & Lee, 2008). Motivations for change were evoked and action ensued (Miller & Rollnick, 2013). The community united around a shared vision and values historically symbolized by youth: continuity of life, the vital energy of hope, potential for change, and the betterment of society

(Oyserman & Lee, 2008; Schwartz et al., 2012). For this case, shocking circumstances of young lives lost due to overdose became a window of opportunity to make core community values salient, to choose social change through community action, and to organize prevention interventions through grassroots coalition work. Collaborative efforts and strategic planning won the coalition four consecutive grants from state authorities on drug/alcohol prevention. Awards' support began in January 2015, totaled \$157,840 and spanned the next four years.

### **National and State Responses to Community Needs**

For a complex social problem like youth substance abuse, motivations contemplating change are not necessarily followed by actions demonstrating change (Miller & Rollnick, 2013). However, professionally interjecting appropriate supports in the form of resources, knowledge, skills and interventions at this pivotal point in time can move change efforts forward to reality. The CTC model was developed to be that pivotal, professional interjection. Exemplary national efforts had been made to synthesize complex, interdisciplinary bodies of knowledge and decades of etiological research into a simplified step-wise model of workable action steps coalition members could understand and follow (Arthur et al., 2010; EPIS Center, 2015).

Pennsylvania's authority on drug/alcohol prevention, had been a longtime supporter of the CTC "model for mobilizing communities" (Pennsylvania Commission on Crime and Delinquency [PCCD], 2018, para. 3). CTC was selected as the institution's foundational strategy to achieve prevention goals as it "prioritizes local leadership and decision-making" guided by action research for lasting results (PCCD, 2018, para. 1). Building community capacity to address local concerns enabled flexible responses to ever changing community needs through strengthened local environments (PCCD, 2018). Teaching coalition members and staff the CTC practices of cyclically engaging diverse others, assessing, planning, implementing, evaluating and adjusting plans to accommodate dynamic environments was accomplished through trainings delivered by state supported technical assistants.

### **Community-Engaged University Response to Community Needs**

Across multiple disciplines, community engaged university has been defined as collaborative partnerships where community specific knowledge and university expertise combine to further social justice goals for the health and well-being of communities (Gordan da Cruz, 2017). Service for the good of community through such collaborations, rooted in early social work movements, facilitates deep learning and cultivates the virtues of democracy, caring, citizenship, and volunteerism (Hamington, 2018). This case study envisioned their community-engaged university partnership as mutually beneficial, and consistent with theories of social work practice within the context of community and service learning pedagogies (Martin & Pyles, 2013).

With leadership development at board and administrative staff levels largely absent from CTC trainings, real world community needs provided opportunities for relational learning, teaching, research, and mentoring girded by purpose and shared values. In turn, service towards building responsive, practical solutions brought tangible benefits to the community in university resources and faculty expertise. Intangibles included visceral experience of theoretical concepts

like empowerment, the strengths perspective, the flow of positive change through multi-leveled systems, and the struggle of impeded change due to hegemonic social structures. Practical knowledge and use of these theories provides a foundation and conceptual model which makes the social work profession, its practices, educational curriculum and the university relevant to the community in meeting present day challenges in local environments.

For this case three central actions, illustrated by applications of collaborative efforts, supported a community-engaged university partnership's growth and development: community engagement, service learning, and community-based action research. First, engaging the university enabled coalition staff and members to vocalize local concerns to faculty experts in areas of addiction, behavioral health, nonprofit development, coalition building, and community education. The reciprocal nature of discussion and problem solving fostered true partnership, opening freedoms for requests to access research resources in the Department of Social Work's Addiction Studies Institute and other university assets.

Second, one service learning opportunity provided by faculty mentoring and supervision of the MSW student/community coordinator staff for skills development in nonprofit administration, entrepreneurial social work, and leadership expanded into innovative, formal use of social work students. Solutions designed to meet coalition needs also met the needs of students at the bachelor, master, and doctorate levels. Faculty also guided board service learning in strategic planning, DSW service learning through a board assessment project, and BSW field placements in the public-schools for various prevention intervention roles and activities.

Third, an action research agenda was developed under stipulations that it address community need, have sensitivity in cultural understanding, support identified issues of the community and be mutually beneficial (Stoecker, 2008). Results of research collaboratives have produced youth, board and community assessment tools, community specific data analysis, program evaluations, and multiple faculty presentations (Kutztown University, n.d.).

### **Limitations**

Limitations for this case study include its limited generalizability due to the extent that it is "particular" and not like others. According to Yin (2009), "in general, criticisms about single-case studies usually reflect fears about the uniqueness or artifactual conditions surrounding the case" (p. 54). Additionally, this study is limited to one community collaboration with comparisons to other state or national projects not addressed.

### **Implications for Future Research**

The coalition developed in response to local opioid overdose deaths. Future research should investigate local youth's most popular drugs of choice and the nature of social contexts that effect use. Longitudinal, comparative analyses of youth assessments should consider culture, the rural nature of the environment, and youth stage of cognitive development to discern exactly which prevention intervention works best, for whom does it work, and why (Onrust, Otten, Lammers & Smit, 2016). Research investigating financial implications of prevention for community, state, nation, and the CTC model are needed and become useful tools for local

advocacy campaigns and cost/benefit policy analysis. Leadership preparedness, its characteristics, style, stage of cognitive development and comparative role in coalition success, goal attainment, and member volunteerism rates should also be studied.

## **Conclusions**

Local leadership readiness and experience acted to usher in an ethically appropriate response to implicit youth calls for help demonstrated by behaviors of early onset substance abuse and overdose deaths. Today, after adopting the CTC process and its practices, the grassroots movement has developed into a charitable nonprofit organization and community asset. Coalition members are now very knowledgeable about the complex social problem of youth substance abuse. Their prevention interventions target multi-leveled environments of community, schools, families, and individuals. Building partnerships for collaborative efforts has become one of the coalition's signature strengths. They have formed alliances locally, throughout the county, regionally and across the state. Data drives the majority of their decision-making tasks. Evaluation, reassessment, and plan adjustments are accepted as a normative process. Biennial assessments repeatedly demonstrate declines in community risks factors. CTC practices have taken root in the rural community. Its usefulness as a process and model for pursuits addressing community concerns related to youth substance abuse prevention are continually being validated.

Yet, the work is not complete. As the coalition strives to maintain the momentum of their prevention efforts, and expand the reach of interventions, state financial support will soon expire. Although over thirty years of research evidence has shown proper application of evidence-based interventions can prevent youth substance abuse and other behavioral health concerns, national priorities abandon long-term state and local supports necessary to achieve positive outcomes longitudinally (American Academy of Social Work and Social Welfare [AASWSW], 2018; American Psychological Association [APA], 2018). For rural coalition efforts, made predominately by volunteers, lack of continued funding redirects important work away from prevention, towards competitive struggles for resources allocated in levels of scarcity for social welfare policy areas like prevention (APA, 2018). This reality begs the question, 'How far can service for good be stretched before collapse is imminent'?

Without community-engaged university partnerships, local prevention would be left where it began, lacking support in timely resources, current knowledge, and contemporary skills to independently combat youth substance abuse effectively at the local level. Engaged university faculty responses to local concerns, the coalition and its staff needs were guided by professional social work ethical values committed to service for the public's welfare, the profession, the practice of knowledge transfer, and students' successful transition to professional practice. Reciprocally, coalition engagement of a local university found resources that worked to champion board and coalition growth through the constructive development of key leadership in the social work staff coordinator so that social justice goals might be furthered for the health and well-being of the community (Gordan da Cruz, 2017). Expanding such community-based prevention service learning experiences, across the disciplines of modern university campuses, creates opportunities to also gain insights from practice as interdisciplinary team members responding to local concerns. In this way, next generation leaders and teams become empowered

to meet all the grand challenges of their time, knitting together a new, strengthened social fabric; crafting environments where people, communities and societies may flourish (AASWSW, 2018).

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