# Rural Community Opioid Response Program-East Tennessee Consortium (RCORP-ETC) Meeting Evaluation

April 23, 2021

## Spring RCORP-ETC Meeting

On April 23, 2021, Project HOPE (Healing Opioid Use Disorder Through Prevention and Expertise) and NOW (Nurturing Options for Women) hosted an online event for professionals who serve in the RCORP-ETC 10-county area. The 2-hour event included 2 training sessions: 1) Stigma Related to Substance Use Disorder, presented by Peter Jackson, MD and 2) Disparities Related to Substance Use Disorder, presented by Laurie Meschke, PhD, Kyler Groner, undergraduate, and Peyton Prothero, MPH student.

## Attendees

The RCORP-ETC region includes 10 counties in East Tennessee: Roane, Morgan, Union, Grainger, Hamblen, Scott, Claiborne, Cocke, Jefferson, and Campbell (see Figure 1). The consortium is co-led by the University of Tennessee, Knoxville and has almost 100 members. Invitations for the RCORP-ETC Consortium Meeting were emailed to all consortium members, who were also invited to share the invitation with interested colleagues and community members. Thirty-six professionals attended the spring meeting.

**Figure1.  Project HOPE region and service area**



Project HOPE Service Area of the RCORP-ETC Region
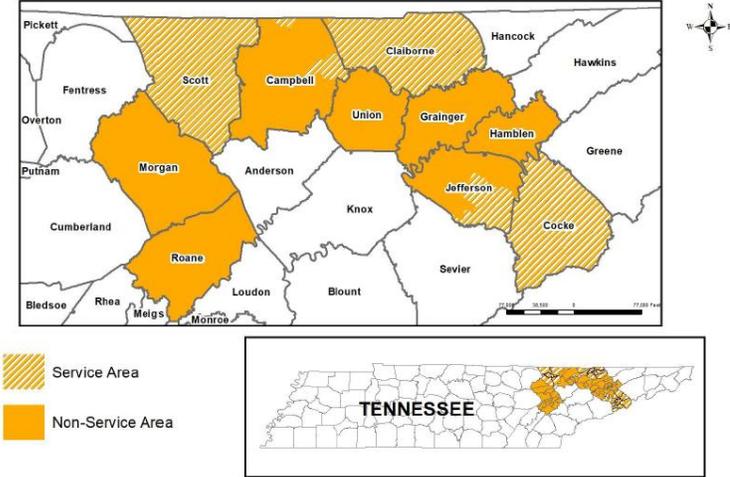
# Evaluation

Fifteen of the thirty-six attendees (42%) completed the evaluation survey. Attendees included prevention specialists, certified peer-recovery specialist, non-profit professionals, students, legal professionals, community-based and harm reduction nurses, pharmacists, counselors, and volunteers. The attending professionals work or serve in 14 counties:  Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Morgan, Roane, Scott, Union, Knox, Blount, Sevier, and Loudon.

# Evaluation of Trainings

### Stigma Training

Attendees indicated how satisfied they were with the training, possible answers ranged from *very dissatisfied (1)* to *very satisfied (5).* Overall, most attendees were satisfied or very satisfied across all measures. On average, attendees were satisfied with the knowledge of the facilitator (4.4), training content (4.4), relevance of the training to their needs (4.2), mix of presentation and activities (4.2), and engagement of the training (4.1).

Most attendees (94%) indicated that they learned something new from the training, including how provider bias affects treatment, a deeper awareness of stigma, the age groups most affected by OUD, recognizing personal biases towards SUD, different types of stigma, and how language can impact persons with SUD.

Attendees indicated how likely they were to use the information from the training in their practice for a series of learning objectives. Possible answers ranged from *very unlikely* (1) to *very likely* (5). Attendees reported a high likelihood of using the information from the training in their practice (Table 1).

**Table 1.**

| Learning Objectives | Min | Max | Mean |
|---|---|---|---|
| Recognize the impact that bias and stigma can have on individuals and families affected by substance use and substance use disorders | 4.0 | 5.0 | 4.56 |
| Improve understanding of the disease model of addiction | 3.0 | 5.0 | 4.38 |
| Increase compassionate care for individuals and families impacted by substance use disorders | 3.0 | 5.0 | 4.50 |
| Build confidence in ability to champion language and treatment approaches that improve compassionate care | 3.0 | 5.0 | 4.38 |
| Discuss the cultural implications of substance use stigma and bias in rural communities | 4.0 | 5.0 | 4.44 |
| Consider strategies to decrease personal and organizational strategies towards decreasing substance use related stigma and bias | 3.0 | 5.0 | 4.44 |

### Disparities Training

Attendees indicated how satisfied they were with the training; on average, participants' answers ranged between *satisfied (4)* and very *satisfied (5)* on every question. Attendees were satisfied with the knowledge of the facilitators (4.6), training content (4.5), mix of presentation and activities (4.5), relevance of the training to their needs (4.4), and engagement of the training (4.4).

Most attendees (94%) indicated that they learned something new from the training, including the number of available treatment programs available, the reluctance of some people to seek treatment, different types of stigma, and to use compassion.

Attendees indicated how likely they were to use the information from the training in their practice for a series of learning objectives. Possible answers ranged from *very unlikely* (1) to *very likely* (5). Attendees reported a high likelihood of using the information from the training in their practice (Table 2). One attendee indicated the information in the training will influence their approach of relating with family members for children they advocate for.

**Table 2.**

| Learning Objectives | Min | Max | Mean |
|---|---|---|---|
| Identify social differences in the prevention and treatment related to opioid use disorder | 3.0 | 5.0 | 4.06 |
| Appreciate social differences of rural East TN that can enhance the risk of OUD-related stigma | 2.0 | 5.0 | 4.19 |

## Suggestions from Attendees

Attendees were asked to provide insight on how future trainings may be improved. Most attendees had no recommendations, saying the trainings were excellent. For the Stigma Training a few recommendations emerged, including leaving more time for questions and increasing engagement during the presentation to allow for deeper conversation. For the overall consortium meeting, one attendee recommended having more clarification of tasks to complete while in breakout sessions.