

RCORP-ETC Community Strengths and Themes Assessment

March 2021

The community strengths and themes assessment survey was designed to better understand the challenges and strengths related to opioid use disorder (OUD) in the 10-county region of the Rural Communities Opioid Response Program – East Tennessee Consortium (RCORP-ETC). We invited all persons who were 18 years or older who live, work, or play in the 10-county region to answer the survey. The survey was available from March 8 to March 20, 2021; 152 people in the 10-county region completed the online survey.

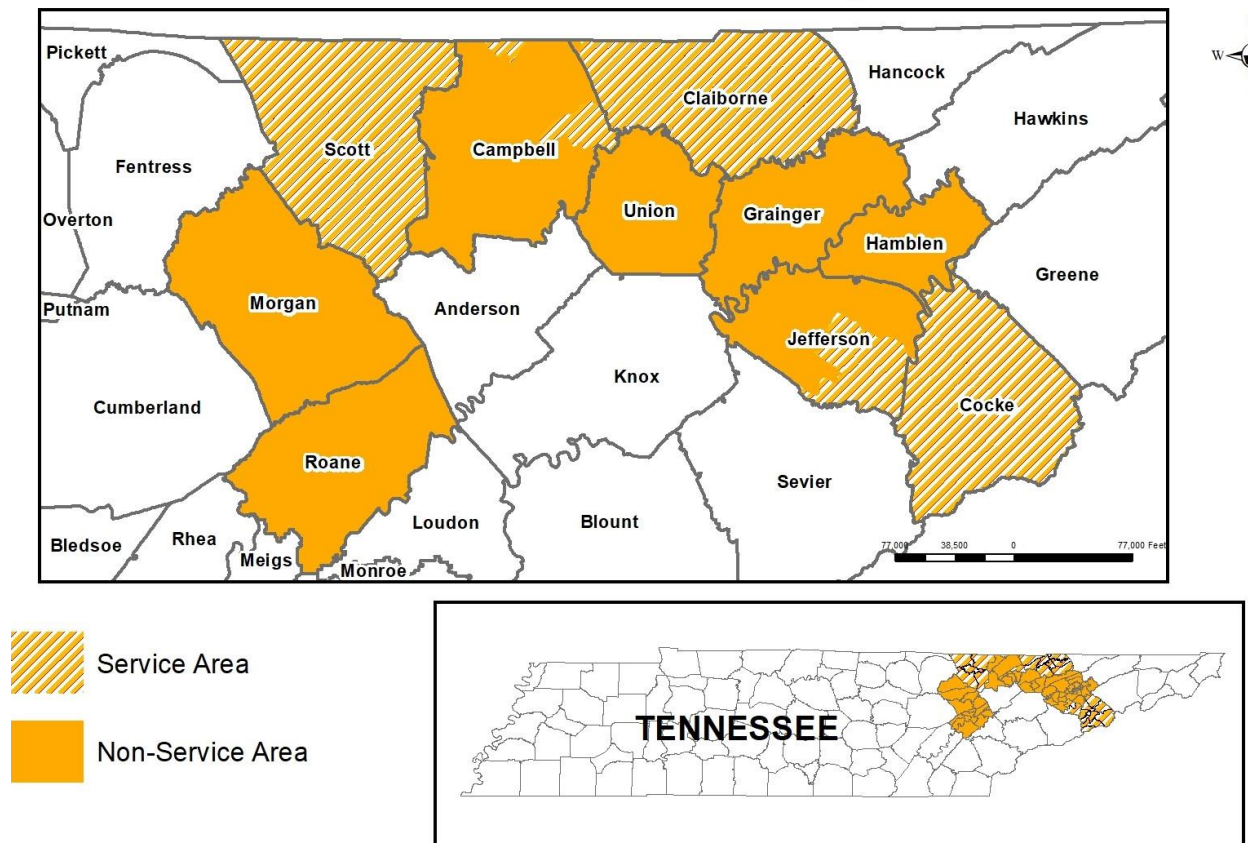
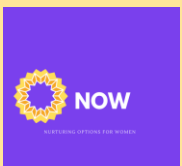
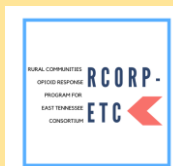


Figure 1. RCORP-ETC Region

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Participant Characteristics

Participants associated with all 10 counties completed the survey, with the number of participants by county ranging from 3 to 47. Most participants were White, female, and English-speaking. Further, most participants had a bachelor or master's degree and were employed full-time. Many participants reported knowing someone who struggles/ed with substance use disorder (SUD). Characteristics are summarized in Table 1.

Strengths and Challenges

Participants selected the three most important community challenges and strengths related to OUD. Over 35 people selected six of the challenges (see Table 3). *Not enough treatment and recovery services* was by far the gravest concern (n=63). The other five most selected challenges included: (1) *High cost of OUD treatment* (n=55); (2) *Limited social support for people with OUD* (n=51); (3) *Inconvenient or distant location of treatment services* (n=49); (4) *Little public knowledge of treatment and recovery services* (n=40); and (5) *Poor opinion of people with OUD who want help* (n=39).

Six community strengths were also selected by over 35 people (see Table 4). These included: (1) *Easy to receive mental health support* (n=57); (2) *Community services work together* (n=57); (3) *Law enforcement* (n=51); (4) *Support for people with OUD who want help* (n=43); (5) *Easy to join support groups during recovery* (n=36); and (6) *Plenty of treatment and recovery services* (n=35).

The differences in community opinion are quite interesting. For example, 63 people selected *not enough treatment and recovery services* as a challenge but 35 selected *plenty of treatment and recovery services* as a strength. Of these two selections, 19 (12.5%) selected treatment and recovery services as both a strength and a challenge. Similarly, 51 identified *limited social support for people with OUD* as a challenge but 43 selected *support for people with OUD who want help* as a community strength; 18 people (11.8%) selected social support as both a strength and a challenge.

OUD Experience and Stigma

Of the respondents, 82.8% had someone close to them with OUD (see Table 2), reflecting the disproportional impact of OUD on rural communities in East Tennessee. As a consequence, opioid overdose deaths were 21 per 100,000 residents in East Tennessee region with a total of 155 opioid overdose deaths in 2019.¹

An 8-item stigma scale was adapted from a stigma scale initially related to general substance use.² The eight measures were answered on a scale from 1-4 with a higher score indicating higher perceived levels of community stigma associated with OUD. The eight scores were

¹ Tennessee Department of Health. Data dashboard. 2021 [Available from: <https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html>].

² Luoma, J. B., O'Hair, A. K., Kohlenberg, B. S., Hayes, S. C., Fletcher, L. (2010). The development and psychometric properties of a new measure of perceived stigma toward substance users. *Substance Use and Misuse*, 45, 47-57.

summed for a maximum score of 32. For the 152 people who answered all 8 questions, the average stigma score was 23.7, with a range of 14-32. No significant differences in perceived OUD stigma emerged by county. We found no significant difference in mean stigma scores between people who reported having someone close to them ever struggled with SUD and those who did not ($p=0.19$).

Connection with A Faith-Based Community

More than two-thirds of people indicated that they were connected to a faith-based community, with 22.7% being not at all or seldom connected to a faith-based community. Most respondents (83.3%) shared that they would seek support or help from a faith-based community. Lower levels of stigma were significantly associated with a higher likelihood of seek support or help from a faith-based community ($r=-0.16$ $p=0.02$).

Other Information

Most respondents (90%) had access to affordable internet/broadband, either most of the time or always. Almost all (97.3%) also had access to internet equipment. A majority of the participants (88.7%) always have reliable transportation. Respondents reported many different sources of information about SUD and opioids. Primary sources selected included community organizations (28.4%) and family, friends, or coworkers (20.3%). Less frequently selected sources included healthcare provider (9.5%), factsheets or brochures (8.1%), and social media (e.g. Facebook, Instagram; 4.7%). Most participants (58.5%) were interested in learning more about SUD and related stigma in their community. Online trainings, website/social media/podcast, and factsheets were preferred educational approaches to learn more about SUD and related-stigma.

Conclusions

In fighting the opioid epidemic, not enough treatment and recovery services was the gravest concern for the 10-county RECORP-ETC region. As such, current efforts to expand treatment and recovery services and facilitate access to these services could be enhanced. Lower levels of stigma were associated with a higher likelihood of help-seeking behavior from a faith-based community. This emphasizes that faith-based communities and organizations play an important role in OUD stigma reduction and the provision of OUD-related services. Furthermore, participants desired to know more about SUD and related stigma. This information can be disseminated via various approaches, including community organizations, online trainings, and website/social media/podcast. This assessment of rural East Tennessee, provides instructive baseline data and also community members' guidance for further action. RECORP-ETC will strive to capitalize on this information in efforts to reduce opioid-related overdoses and the prevalence of fetal exposure to opioids.

Table 1.
Participant characteristics for RCORP-ETC counties with 10 or more respondents

<i>Characteristic</i>	<i>Total</i>	<i>Campbell</i>	<i>Claiborne</i>	<i>Cocke</i>	<i>Hamblen</i>	<i>Jefferson</i>	<i>Roane</i>	<i>Scott</i>	<i>Union</i>
Age (n)	152	11	25	16	10	11	18	47	14
18-25	23 (15.1)	0 (0.0)	1 (4.0)	1 (6.3)	0 (0.0)	1 (9.1)	0 (0.0)	19 (40.4)	1 (7.1)
26-39	34 (22.3)	4 (36.4)	9 (36.0)	2 (12.5)	2 (20.0)	1 (9.1)	5 (27.8)	6 (12.8)	5 (35.7)
40-54	49 (32.3)	3 (27.3)	7 (28.0)	1 (6.3)	5 (50.0)	6 (54.4)	7 (38.9)	15 (31.9)	5 (35.7)
55-64	27 (17.8)	3 (27.3)	8 (32.0)	3 (18.8)	1 (10.0)	2 (18.2)	4 (22.2)	5 (10.6)	1 (7.1)
65 or Over	19 (12.5)	1 (9.1)	0 (0.0)	9 (56.3)	2 (20.0)	1 (9.1)	2 (11.1)	2 (4.3)	2 (14.3)
Sex (n)	152	11	25	16	10	11	18	47	14
Male	31 (20.4)	0 (0.0)	4 (16.0)	4 (25.0)	2 (20.0)	3 (27.3)	3 (16.7)	13 (27.7)	2 (14.3)
Female	119 (78.3)	11 (100.0)	21 (84.0)	11 (68.8)	8 (80.0)	8 (72.7)	15 (83.3)	33 (70.2)	12 (85.7)
Other	3 (1.9)	0 (0.0)	0 (0.0)	1 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)	2 (2.1)	0 (0.0)
Education (n)	150	11	25	15	9	11	18	47	14
Less than high school	7 (4.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	7 (14.9)	0 (0.0)
High school graduate	14 (9.3)	2 (18.2)	0 (0.0)	1 (6.7)	0 (0.0)	0 (0.0)	1 (5.6)	8 (17.0)	2 (14.3)
Technical License	6 (4.0)	1 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (16.7)	2 (4.3)	0 (0.0)
Some college	19 (12.7)	1 (9.1)	5 (20.0)	4 (26.7)	1 (11.1)	0 (0.0)	4 (22.2)	3 (6.4)	1 (7.1)
Associate degree	13 (8.7)	0 (0.0)	0 (0.0)	0 (0.0)	1 (11.1)	1 (9.1)	1 (5.6)	7 (14.9)	3 (21.4)
Bachelor's degree	48 (32.0)	3 (27.3)	14 (56.0)	5 (33.3)	5 (55.6)	4 (36.4)	6 (33.3)	9 (19.1)	2 (14.3)
Some graduate school	3 (2.0)	0 (0.0)	0 (0.0)	1 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.1)	1 (7.1)
Graduate school	40 (26.7)	4 (36.4)	6 (24.0)	4 (26.7)	2 (22.2)	6 (54.5)	3 (16.7)	10 (21.3)	5 (35.7)
Employment (n)	150								
Full-time	110	9	24	5	9	10	13	29	11
Part-time	19	2	1	1	0	1	1	12	1
Student	11	0	0	0	0	0	0	9	2
Retired	13	0	0	9	0	0	2	0	2
Not looking for a job	3	0	0	0	0	0	0	2	1
Unemployed, looking for a job	0	0	0	0	0	0	1	0	0

Table 2.
 OUD-related characteristics for RCORP-ETC counties with 10 or more respondents

Someone Close to You with SUD (past or present)	Total n=151	Campbell n=9	Claiborne n=25	Cocke n=15	Hamblen n=9	Jefferson n=11	Roane n=18	Scott n=47	Union n=17
Yes	125 (82.8)	8 (88.9)	22 (88.0)	12 (80.0)	8 (88.9)	10 (90.9)	15 (83.3)	37 (78.7)	13 (92.9)
No	26 (17.2)	1 (11.1)	3 (12.0)	3 (20.0)	1 (11.1)	1 (9.1)	3 (16.7)	10 (21.3)	4 (7.1)
Community OUD Stigma (8 items)	Total n=152	Campbell n=11	Claiborne n=25	Cocke n=16	Hamblen n=10	Jefferson n=11	Roane n=18	Scott n=47	Union n=14
Mean (SD)	23.7 (3.7)	23.5 (2.7)	24.8 (3.2)	23.8 (3.0)	25.4 (2.8)	21.9 (3.2)	23.2 (2.8)	23.7 (4.5)	23.0 (3.2)

Table 3.
Challenges related to Opioid Use Disorder n (%)

<i>Check the <u>three</u> most important <u>challenges</u> that increase opioid use disorder (OUD) in your community.</i>	<i>Total n=456</i>
Not enough treatment and recovery services	63 (13.8)
High cost of OUD treatment	55 (12.1)
Limited social support for people with OUD	51 (11.2)
Inconvenient or distant location of treatment services	49 (10.8)
Little public knowledge of treatment and recovery services	40 (8.8)
Poor opinion of people with OUD who want help	39 (8.6)
Lack of recovery support groups (e.g. NA/AA meetings)	28 (6.1)
Mental illness occurs too often	23 (5.0)
Little community knowledge about OUD	22 (4.8)
High unemployment	20 (4.4)
Not enough providers for medication for opioid use disorder (MOUD)	17 (3.7)
Physical or emotional abuse occurs too often	15 (3.3)
Poor outcome for people treatment for OUD	14 (3.1)
Not enough trainings on naloxone, a medicine that helps prevent death from opioid overdose	9 (2.0)
Too much isolation from community	7 (1.5)
Other, e.g. easy access to drugs and prescriptions, over prescribing	4 (0.9)

Table 4.
Strengths related to Opioid Use Disorder n(%)

<i>Check the <u>three</u> most important <u>strengths</u> that reduce opioid use disorder (OUD) in your community.</i>	<i>Total n=456</i>
Easy to receive mental health support	57 (12.5)
Community services work together	57 (12.5)
Law enforcement	51 (11.2)
Support for people with OUD who want help	43 (9.4)
Easy to join support groups during recovery (e.g.NA/AA meetings)	36 (7.9)
Plenty of treatment and recovery services	35 (7.7)
Insurance pays for treatment	34 (7.5)
Public knowledge about treatment and recovery services	30 (6.6)
Easy to safely get unused prescription drugs out of the home	20 (4.4)
Easy to have doctor's visit when needed	19 (4.2)
Community supports someone with mental illness	19 (4.2)
Positive outcomes for people treated for OUD (e.g. reduced or no withdrawal symptoms of cravings)	16 (3.5)
Community knows a lot about OUD	13 (2.8)
Easy to get medication for OUD	11 (2.4)
Other, e.g. local coalition, court ordered rehab/classes/drug tests, education for children with parents who are unstable due to disorder, low cost of treatment for no insured individuals	9 (2.0)
Programs provide sterile needles and syringes and safe disposal of used syringes	6 (1.3)