

# Policy Forum Evaluation

October 22, 2021

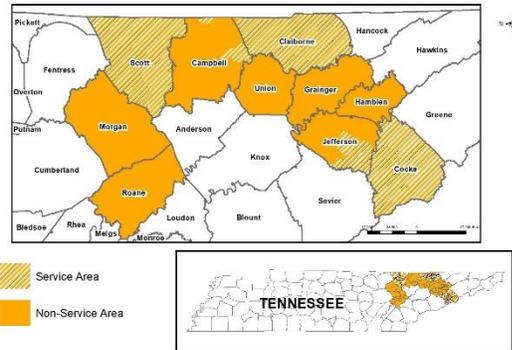
On October 22, 2021, Project HOPE (Healing Opioid Use Disorder Through Prevention and Expertise) hosted an online event for community members and professionals who serve in the Project HOPE 10-county area. The 2.5-hour interactive policy forum included a keynote address, panel discussion, and a facilitated discussion focusing on health inequities and stigma faced by people with a substance use disorder (SUD), and innovative practices and policies to reduce systemic health inequities and stigma.

The keynote address, “Using a Health Equity Lens to Look at Substance Use Disorder” was presented by Dr. Lesly-Marie Buer, Research Director at Choice Health Network Harm Reduction and Author of *Rx Appalachia: Stories of Treatment and Survival in Rural Kentucky*. The panel discussion, “Examination of Stigma as a Barrier to SUD Prevention, Treatment, and Recovery” included E.L. Morton, Campbell County Mayor; Duane Slone, Tennessee State Court Judge; Dr. Jona Bandyopadhyay, TennCare Associate Medical Director; and Brittany Hudson, a mother in recovery. The facilitated discussion, “Participant Discussion on Actionable Policy Priorities and Next Steps” was facilitated by Dr. Carole Myers, professor in the College of Nursing at The University of Tennessee, Knoxville (UTK).

## Attendees

The Project HOPE service area includes 5 counties in East Tennessee: Scott, Claiborne, Cocke, Jefferson, and Campbell (see Figure 1). The consortium is co-led by the University of Tennessee, Knoxville and has more than 150 members. The event flyer and information were posted on the project website (<https://tnopioid.utk.edu/>), Facebook page, project newsletter, UTK event calendar and Tennessee Today. Invitations for this training were emailed to all consortium members and community partners. Of the 103 registrants, 44 individuals attended the policy forum.

Figure1. Project HOPE Region and Service Area



## Evaluation

Twenty-seven of 44 attendees completed the evaluation survey. Many attendees heard about the policy forum through the consortium listserv, RCORP-ETC website and social media (48.1%), and through their organizations, friends or colleagues (48.1%). Some attendees heard about the policy forum through the UTK website (3.7%) and Tennessee Area Health Education Center (3.7%). The attendees reported

working in or serving 16 counties: Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Morgan, Roane, Scott, Union, Knox, Davidson, Sevier, Blount, Washington, and Loudon.

The attendees identified as public health professionals (18.5%), social workers (14.8%), nurses (11.1%), non-profit professionals (7.4%), and teachers (7.4%). Others were students, case managers, peer-recovery specialists, county mayor, legal professionals, and healthcare professionals. Attendees were from non-profit or community organization (34.6%), educational institution (26.9%), healthcare organization (26.9%), legislative agency (7.7%) and judicial institution (3.9%).

## Evaluation of Training

The overall experience of the policy forum was well regarded among attendees, as most of participants (85.2%) would recommend the event to a colleague. Many attendees described the policy form as informative and productive with thoughtful conversations. They appreciated the expertise and professionalism of the presenters and urged other individuals to attend.

Attendees indicated how effective each of the agenda items were in helping to meet the objectives of the event: gaining a multi-perspective and deeper understanding of priority problems and foster collaboration to identify and promote policy options related to opioid use disorder. Possible answers ranged from *not at all effective* (1) to *extremely effective* (5). Attendees indicated that all agenda items were extremely important (Keynote address=4.5, panel discussion=4.3, and facilitated discussion=4.4, overall=4.4).

Attendees indicated their satisfaction with the policy forum; possible responses were on a scale from very dissatisfied (1) to very satisfied (5). On average, participants' answers ranged between *satisfied* (4) and *very satisfied* (5) on every question. Attendees were very satisfied with the knowledge of the presenters (4.7), relevance of the policy forum to their needs (4.7), the policy forum content (4.7), and engagement of the event (4.6).

Attendees indicated how much they knew before and after the policy forum, retrospectively for a series of learning objectives. Possible responses ranged from *nothing at all* (1) to *a whole lot* (4). On average, attendees reported knowing between *a little bit* to *a lot* before the training (grand mean= 2.3) and between *a lot* to *a whole lot* after the training (grand mean=3.4,  $p<0.001$ ). There were significant increases in knowledge reported in all learning objectives within the session, including clarifying health and health care inequities related to people with SUD, clarifying innovative practices and policies to reduce systemic health and health care inequities faced by people with SUD, examining policies/stigma as a barrier to SUD prevention, treatment, and recovery among select populations, clarifying innovative practices and policies to reduce stigma, prioritizing actionable policy opportunities, and clarifying possible policy solutions to address barriers and capitalize on facilitators or supports (all  $p<0.001$ , Table 1).

When asked how attendees planned to use the policy forum in their professional role, nearly half of the attendees (48.1%) provided a plan. For example, they would use the information to support harm reduction and stigma reduction efforts, explore barriers to care and how to improve care, and support their teaching or practice work.

**Table 1. Mean Scores Associated with Learning Objectives**

Learning Objectives	Pre-Score	Post-Score	Mean Difference	p-value
Health and health care inequities related to people with SUD	2.79	3.50	0.71	<0.001
Innovative practices and policies to reduce systemic health and health care inequities faced by people with SUD	2.33	3.37	1.04	<0.001
Policies/stigma as a barrier to SUD prevention, treatment, and recovery among select populations	2.63	3.42	0.79	<0.001
Innovative practices and policies to reduce stigma	2.58	3.38	0.80	<0.001
Actionable policy opportunities	2.52	3.32	0.80	<0.001
Possible policy solutions to address barriers and capitalize on facilitators or supports	2.40	3.36	0.96	<0.001

## Suggestions from Attendees

Attendees were asked to provide insight on how future events may be improved. Most attendees had no recommendations, saying they would like to attend future events and invite other people. Two attendees recommended inviting more panelists of color in future discussions.



This presentation was supported by Grant Numbers G25RH32484, GA1RH33552, and G26RH40096 from the Health Resources and Services Administration (HRSA), of the U.S. Department of Health and Human Services as part of awards totaling \$1,750,000. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.