

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



April 22, 2022

Spring RCORP-ETC Meeting

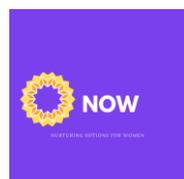
On April 22, 2022, Project HOPE (Healing Opioid Use Disorder Through Prevention and Expertise) and NOW (Nurturing Options for Women) hosted an online event for professionals who serve the RCORP-ETC 10-county area. The 2-hour event, “Opioid Use Disorder and the Health of Women and Children”, was opened with overview by Laurie Meschke, PhD of the University of Tennessee, Knoxville (UTK). This was followed by a panel discussion on infancy and childhood after prenatal opioid exposure with Kyle Cook, NNP from East Tennessee Children’s Hospital and Melinda McCartt, PhD from Oneida Special School District. They introduced treatment, care, and supportive services for children with neonatal opioid withdrawal syndrome (NOWS). A final presentation was by Dr. Jona Bandyopadhyaya from TennCare, who addressed reproductive health for women with opioid use disorder (OUD). Dr. Bandyopadhyaya introduced treatment and medications for pregnant women with substance use disorder (SUD) and reproductive health for women and OUD with a focus on contraception and bilateral tubal ligation.

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 led by UTK and has more than 150 members. The meeting flyer was posted on the project website, social media, and UTK event calendar. 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. Seventy-eight people registered for the training and 36 professionals attended. Of the registrants, 40.7% heard about the event through the consortium listserv, 26.7% were recommended by a friend or colleague, and 19.8% were recommended by their employers. Some found the event through the project website (2.3%) and social media (1.2%).

Evaluation

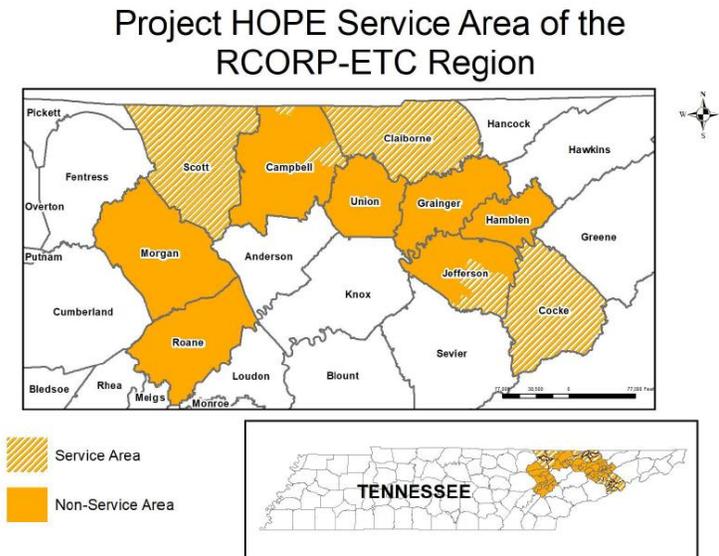
Of the 36 attendees, 13 (36%) completed the evaluation survey. Attendees included social workers, non-profit professionals, community-based nurses, peer-recovery specialists, public health professionals, students, and community members. The attending professionals work in or serve 15 counties: Campbell,



This event was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards (G25RH32484, GA1RH33552 and G26RH40096) totaling \$1,750,000 with 0% funded with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Claiborne, Cocke, Grainger, Hamblen, Jefferson, Jackson, Morgan, Roane, Scott, Union, Knox, Blount, Sevier, and Hamilton.

Figure 1.



Evaluation of Training

The overall experience of the meeting was well regarded by attendees, as 92.3% of participants shared they would recommend the meeting to a colleague.

Attendees indicated how satisfied they were with the meeting, possible answers ranged 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 (4.67), the relevance of the training to their needs (4.50), training content (4.36), and engagement of the training (4.33).

Attendees retrospectively indicated how much they knew before and after the training session for a series of learning objectives. Possible answers ranged from *nothing at all* (1) to *a whole lot* (4). On average, attendees reported knowing between *little bit* to *a lot* before the training (grand mean= 2.24) and between *a lot* to *a whole lot* after the training (grand mean=3.15, $p<0.001$). Significant increases in knowledge emerged for most learning objectives (Table 1). The largest increases were in knowing treatment and care for infants with NOWS ($p<0.001$), knowing services for families with NOWS infants ($p<0.001$), learning treatment and care for pregnant women with SUD ($p<0.001$), understanding barriers to access treatment and care for pregnant women with SUD ($p<0.001$), and understanding barriers to access contraceptive services ($p<0.001$).

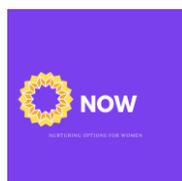
Attendees rated how effective each program component was in gaining a deeper understanding of OUD and the health of women and children in rural communities. Possible answers ranged from *not at all effective* (1) to *extremely effective* (5). On average, attendees' answers ranged from very effective to extremely effective on every question. Attendees reported that the presentation and the two panel discussions were very effective in developing a deeper understanding of OUD and the health of women and children (mean 4.17, 4.25, and 4.25).

Table 1.

Learning Objectives	Pre-Score	Post-Score	Mean Difference	p-value
Treatment and care for infants with neonatal opioid withdrawal syndrome (NOWS)	2.08	3.00	0.92	<0.001
Services for families with infants being treated for NOWS	1.92	3.00	1.08	<0.001
Biological and social effects of substance use disorders (SUD) on children's development	2.67	3.25	0.58	0.002
Support services for children with behavioral health and learning challenges	2.46	3.00	0.54	0.003
Treatment and care for pregnant women with SUD	2.23	3.08	0.85	<0.001
Barriers to accessing treatment and care for pregnant women with SUD	2.31	3.31	1.00	<0.001
Contraceptive services for women	2.92	3.54	0.62	0.005
Barriers to accessing contraceptive services	2.31	3.46	1.15	<0.001

Suggestions from Attendees

Attendees were asked to provide insight on how future meetings may be improved. Most attendees had no recommendations. Of the few responses, some suggested a longer training session and more break-out or small group discussions.



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