

Mobilizing Rural Communities to Address Substance Use

Kristin Bailey-Wallace, MSW, LBSW, Assistant Professor

Stephen F. Austin State University, School of Social Work

420 East Starr Avenue, Nacogdoches, Texas 75962

RCORP Project Served 3 Rural Texas Counties: Panola, Harrison, Gregg
United States, 936-468-4191 (office phone), kcwallace@sfasu.edu (email)

Abstract

Behavioral health care workers, social workers, and educators have an opportunity to learn about community-based research strategies from a recent grant project impacted by the COVID-19 Pandemic. The research team engaged a federally funded project aimed to reduce opioid deaths in rural communities, and the researchers have prior social work practice and other experience at the micro, mezzo, and macro levels in Texas, across the US, and across the globe. An urban health institute and a rural university collaborated with North East Texas communities for the Rural Communities Opioid Response Program Planning Initiative. The purpose of the initiative is to strengthen and expand the capacity of rural communities to provide prevention, treatment, and recovery services for opioid use disorder and to engage high-risk communities and populations. Strategies are explored for the mobilization of community groups and stakeholders to address substance use across multiple systems.

Key Words: Recovery, Opioids, Rural, Community, Assessment, Methamphetamines

1 Rural Community Initiative to Address Substance Use

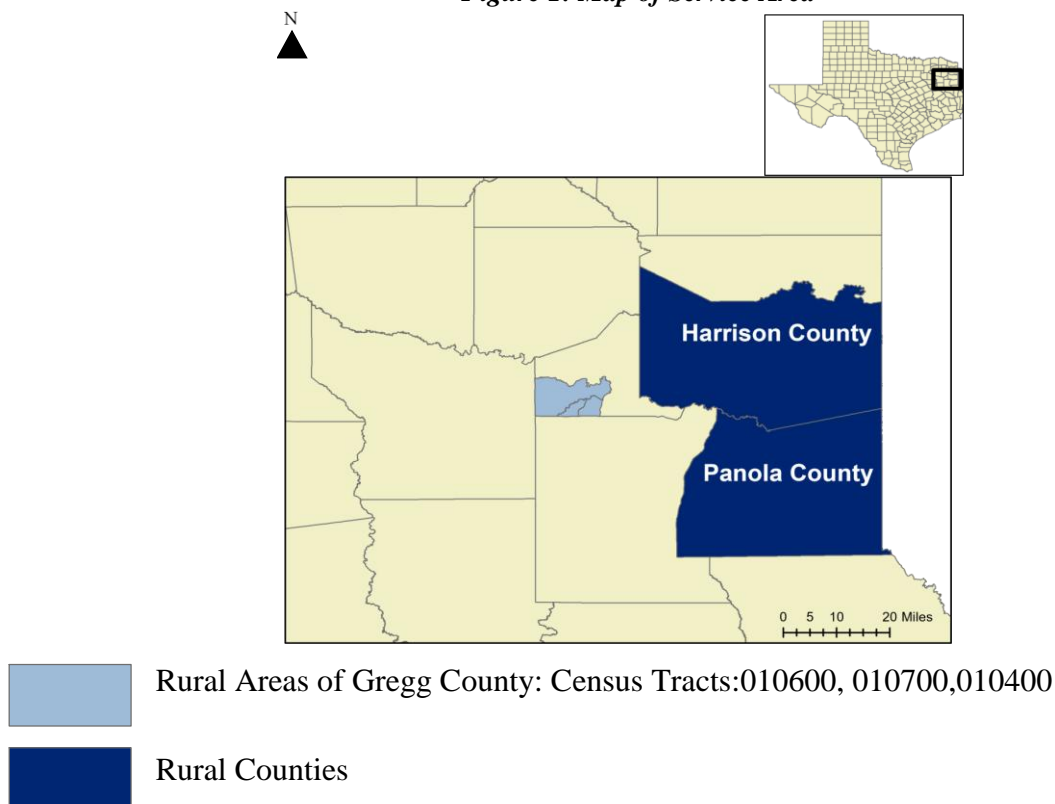
The community research project explores substance use among three rural counties, and a variety of stakeholders that live and work in Panola, Harrison, and Gregg counties are motivated to reform the services and resources for substance use, specifically in regards to opioids and methamphetamines. The stakeholders include individuals and families in recovery, faith-based leaders and advocates, city and county leadership, and a variety of service delivery systems and community partners for prevention, harm reduction, treatment, and recovery. The Panola-Harrison-Gregg (PHG) counties comprise the target service area and the Rural Communities Opioid Response Program (RCORP) Planning III project has activated a variety of new community engagement efforts and highlighted the need for collaboration and continuity of care. The RCORP grant was coordinated and facilitated by an urban health institute and a rural university. The research team mobilized regular community engagements, enhanced communication on substance use and mental health, and strengthened behavioral health care systems. PHG stakeholders have expressed their hope and dreams to prevent substance use and the devastating effects of addiction, overdose, and death. This community-based research project resulted in a strategic action plan with a target goal of improving the lives of individuals, families and communities impacted by substance use, by decreasing morbidity and mortality associated with opioids and methamphetamines. This community case will describe how the research team engaged the rural community along with relevant stakeholders, policies, and programs. Community based research is used to strengthen the recovery systems and mobilize the rural counties to strategically address substance use. "Collaboration is essential for success in preventing opioid overdose deaths. Medical personnel, emergency departments, first responders, public safety officials, mental health and substance use treatment providers, community-based organizations, public health, and members of the community all bring awareness, resources, and expertise to address this complex and fast-moving epidemic. Together, we can better coordinate efforts to prevent opioid overdoses and deaths." Retrieved from CDC website:

<https://www.cdc.gov/drugoverdose/epidemic/index.html>

This project was originally titled *The Panola-Harrison-Gregg PHG Community Initiative to Address Substance Misuse* and encompasses three contiguous counties in Texas, including two entirely rural counties (Harrison and Panola) and the partially rural census tracts of Gregg County (see map below). The project's service area was collectively comprised of a total of 109,441 residents in 2018. Harrison County, Panola County and rural census tracts of Gregg County respectively contributed 61% (66,645), 21% (23,440), 18% (19,356) to the total service area population. Additionally, the rural census tracts of Gregg County represented 15.7% of Gregg County's total population of 123,494 persons. The project's service area covered 1,975 square miles and is home to 15 primary municipalities: Elysian Fields, Harleton, Karnack, Hallsville, Jonesville, Marshall, Waskom, Liberty City, Kilgore, Beckville, Carthage, De Berry-Deadwood, Gary City, Long Branch-Dotson and Clayton. The median household income is \$50,686, and according to the 2018 U.S. Census data, 16.5% of all residents were living below the

federal poverty line. The service area includes a gender distribution of 49% males and 51% females, with a median age of 37 years. The population is 65% Caucasian, 17% African American, 15% Hispanic, and 3% Other.

Figure 1: Map of Service Area



County profiles were developed prior to engaging in community research with the three counties. The county profiles include county specific information, community demographics, and an overview of available health and social services. Data and resources were collected through quantitative research and environmental scans. County profile data and fact sheets were developed for each of the rural counties and included information on the cities, demographics, opioid and substance use, infectious disease rates, homelessness, crime, and available county resources emphasizing prevention, treatment, recovery, and behavioral health care systems. This information was compiled early in the project timeline in order for the research team to familiarize themselves with the rural counties and to disseminate as an updated resource targeting substance use, prevention, treatment, and recovery.

2 Vision and Planning Values

The research team utilizes an Appreciative Inquiry approach to inform community needs assessment, gap analysis, and strategic planning process with the three counties. The researchers were responsible for conducting a needs assessment and gap analysis of Opioid Use Disorder (OUD) and Methamphetamine Use Disorder (MUD) in rural Harrison, Panola, and Gregg Counties by utilizing a community-centric, appreciative inquiry approach. Since the beginning of the project during the summer and fall months of 2020, the researchers engaged in ongoing proactive efforts to collaborate with community leaders and liaisons through phone calls, emails, and zoom visits. The research team developed a training protocol for the facilitation of Community Conversation Cafés (CCC). There were three opportunities for facilitator trainings in December of 2020, resulting in ten community-based facilitators who were trained to conduct Community Conversation Cafés. These facilitators helped the researchers form connections with new partners and stakeholders along with recruitment of diverse community participants for community meetings and focus groups.

For this research project, the research team determined that Panola, Harrison, Gregg (PHG) counties of northeast Texas are a community unit, involved in the community assessment, strategic planning initiatives, and the forming of the Interim Steering Committee and the consortium goal. All three counties typically participated in each of the Community Conversation Cafés. There was fairly even representation by community members from all three counties, along with some representation from neighbor counties including Smith and Shelby Counties. There was also extensive community discussion about how services are accessed and shared among the counties.

The development of the strategic plan will be an inclusive community-centered process based on the priority needs determined by Appreciative Inquiry. The rural university and the urban health institute developed and implemented data collection instruments in collaboration, with input from the initial stakeholders described in the next section. Research findings from the needs assessments and gap analysis informed the development of an action plan for the target community and empowered the creation of a community-led, cross-sectoral consortium.

At the beginning of the project period, the researchers identified and invited prospective community members and stakeholders for an 'Interim Steering Committee' (ISC) that was implemented in October 2020, before the research was started in the community. We have engaged in monthly ISC meetings with opportunities for new community participants to be involved in these meetings. The urban health institute was responsible for developing and hosting a multi-sectoral steering committee and formalized consortium toward the end of the project timeline.

The Interim Steering Committee (ISC) is composed of interdisciplinary stakeholders from various sectors that support vulnerable rural populations throughout the service area. Since its inception, members of the ISC have engaged in efforts to ensure that this initiative is grounded in community sovereignty by mutually reinforcing efforts to build trust, ensuring accountability, and maintaining transparency. ISC members have been active in recruiting additional members to ensure adequate perspectives are represented; supported qualitative data collection by participating in the appreciative inquiry process and community conversation cafés. The ISC provided continuity for the project and opportunities for leadership among residents.

2.1 Planning Values

- Engage the community and include residents, consumers, leaders and providers in conversations and group discussions about opioids, methamphetamines, and substance use.
- Engage the community members in a respectful manner, acknowledging the lived experiences of people who are impacted by opioid and methamphetamine use.

3 Methodologies and Theoretical Underpinnings

The data collection approach included qualitative and quantitative methods. At the start of the project, researchers collaborated on development of draft instruments and data collection protocols to guide the Appreciative Inquiry process. The qualitative data collected through the Appreciative Inquiry process was facilitated and guided by the rural university in coordination with the community to include focus groups, community conversation research cafés, and key informant interviews.

An Appreciative Inquiry is a type of needs assessment which focuses on data collection and reflection (Bellinger & Elliott, 2011). It is an effective approach focusing on strengths and resilience rather than the limitations and challenges only. The voice of all who are affected by opioid and methamphetamine use is important, and residents and consumers are invited to share their lived experiences. The appreciative inquiry is based on the principles of participatory action (Bergold & Thomas, 2012; Baum et al., 2006). Appreciative Inquiries focus on inclusion and are based on the assumption that ownership of change is developed through ongoing communication and collaboration. In this project, it is assumed that the people who are most affected by opioid or methamphetamine use can explain and describe it best.

The theory of change is based on an integration of specific theories and practice frameworks including systems theory, person-in-the environment approach, the collective impact model, strength perspectives, empowerment theory and the solution-focused model. The focus is on assisting the community to build its capacity in a sustainable way to address the use of opioid in each of the counties. The systems theory and person-in-the environment approaches specifically focus on addressing opioid and methamphetamine use within the context of the community. These approaches suggest that opioids are not used in isolation; rather, opioid use is impacted by many contextual factors which, in turn, influence different systems within society. In Kania and Kramer's (2011) collective impact model, broad cross-sector coordination and collaboration are necessary conditions to effect change in complex social problems like substance misuse.

Real sustainable change can only take place if people who are most affected by opioid and methamphetamine use are respected as experts of their own lives. The voices of all stakeholders are heard through the Appreciative Inquiry. Participatory action principles ensure that the project is inclusive, implying that the consumers and service providers should provide input on how to use results to build effective interventions. The development and implementation of the strategic plan is informed by the collective impact and solution-focused models. However, the appreciative inquiry process ensures that the strategic planning process is initiated based on a common agenda and informed by the lived experience of the community. This will set the stage for effectively addressing the opioid and substance use during the strategic planning process.

It is assumed that rural service providers and agencies have limited capacity to address opioid and methamphetamine use. Appreciative Inquiry is not only utilized to collect data, but also to build relationships. The collective impact efforts can increase ongoing communication between various stakeholders, build trust between consumers and providers, and develop an intervention partnership network for substance use in rural East Texas. One anticipated outcome is that the project will result in connecting internal and external resources for agencies, providers, and consumers.

4 Engaging the Community Needs Assessment and Gap Analysis

Qualitative and quantitative research methods were used to support the community needs assessment and gap analysis regarding opioids and methamphetamines in Panola, Harrison, and Gregg counties. The qualitative data collected through the Appreciative Inquiry process included community conversation research cafés, key informant interviews, and focus groups. Data sourced for quantitative information was utilized for review during Appreciative Inquiry. The research team developed a data inventory of existing data, needed data, and data limitations for both the gap analysis and for program management, tracking, and reporting purposes. The researchers initiated a collection of available data, stored/preserved the data, and assembled the data in summary form to support the Appreciative Inquiry process. These included summaries of geographical areas/counties including maps with demographic information about the community, reviews of existing community services and resources with an emphasis on substance use, homelessness, incarceration, recovery, behavioral health care, diversion programs, and the criminal justice system, and reviews of available data related to prevalence, morbidity, and mortality regarding opioids and methamphetamines.

Through the community needs assessment process, the needs and challenges of diverse vulnerable groups were explored. Research was conducted on rural poverty, economic wellbeing, single mothers and caregivers, youth, older adults with chronic conditions, individuals in recovery, people experiencing homelessness and housing insecurity, African Americans, Hispanics, veterans, and people with criminal histories. Efforts were made throughout the planning project to engage with these groups and populations.

During this grant project, the research team utilized a variety of quantitative data sources to analyze substance use trends within Panola, Harrison, and Gregg County communities and the state of Texas. The researchers completed extensive research on the underlying social determinants of health that are most significantly relevant to substance use in the rural communities. Several relevant quantitative data sources were utilized to collect indicators of opioid use and social and environmental factors that influence health outcomes for residents residing in the project's service area. For example, insurance coverage for rural residents was explored through the 2020 County Health Rankings website that is supported by the Robert Wood Johnson Foundation.

Community residents expressed that effective sustainable treatment is hindered by the lack of health insurance, inaccessibility to care, and limited services including mental health treatment options for individuals with co-occurring mental health and Substance Use Disorder (SUD). There are other financial barriers that are prohibiting growth in the mental health workforce. For example, reimbursement rates are too low, and the rating structure allows for different rates for the same services amongst different providers (Hogg, 2020, p. 36). Furthermore, some mental health providers refuse to accept patients with Medicaid (Hogg, 2020, p. 36). This may be due to the low reimbursement rates and necessary federal paperwork or applications required by the provider to serve this population. More recently, due to the COVID-19 pandemic, providers have begun to notice the lack of high-quality/internet access in rural communities leading to telehealth or telemedicine services not being a viable option for some communities (Hogg, 2020, p. 36).

It was important for the research team to begin engaging the rural counties and communities prior to starting the official Appreciative Inquiry processes. Researchers collaborated to identify stakeholders for the Interim Steering Committee, and we began orienting the community to the research project goals through emails, press releases, phone calls, and zoom conferencing. The research team at the rural university obtained IRB approval and implemented a community/project coordinator in December 2020, and qualitative data was then collected through community conversation cafés and key informant interviews from December 2020 through February 2021. The research team engaged with community stakeholders and service providers to obtain more in-depth information about existing service networks and programs involving substance use. The researchers additionally participated in a variety of community coalitions and networks involving Panola, Harrison, and Gregg counties focused on homelessness, peer recovery, faith communities, youth prevention. We engaged the community in a series of PHG Community Informational Meetings that occurred approximately every two weeks during the community conversation cafés and transitioned to monthly meetings as we prepared for the strategic planning phase. The informational meetings assisted with recruitment for the project, forming connections with rural communities and agencies, and sharing information about resources, programs, and initiatives. For the community needs assessment and gap analysis, we had originally planned for six community conversation cafés and four focus groups per county resulting in approximately 150 participants per county. We had coordinated and planned for a series of focus groups to complete the community needs assessment and gap analysis in 2021 and the research project was

impacted by COVID restrictions and severe weather events in Texas. Because of the virtual access to meetings, people were able to participate in meetings outside of their home counties.

Before the community research commenced, the research team was collaborating with community liaisons and ten individuals were trained as community facilitators to assist with the research. The researchers received a great deal of support from the federal grant funders along with additional resources to support the success of the project. The technical support team for the grant project identified the training of community facilitators as an innovative strategy for the rural community.

The research team from the rural university has diverse research experiences and the project coordinator was intentional about this important step in the planning and engagement process. Since COVID, many entities have reflected on the challenges of getting people to show up for meetings and trainings, whether they are online or in-person format. We believe that our attendance rates for rural communities' engagements were strengthened with the inclusion of community facilitators. Due to utilizing zoom for community conversation cafés, transportation barriers are removed, and there was more diverse representation from all three counties and some surrounding communities at each research café and focus group. This supports the assessment of North East Texas counties as a unit in terms of 'target area.' That is, the results suggest Panola Harrison Gregg counties behave as a collective service area unit.

Among the thirty (30) Community Conversation Cafés offered to the community, over half (17) were fully completed due to attendance. This likely is a byproduct of the difficulty engaging during the pandemic and the impact of the great Texas freeze in February 2021. The research team engaged in seven (7) key informant interviews with people in recovery and directly impacted by opioids and methamphetamines, specialized service providers, and other diverse stakeholders. Stakeholders were identified and recruited during the community engagement meetings and the community facilitators helped coordinate ten focus groups. The data from all ten focus groups was analyzed using NVivo content, thematic and comparative analysis, along with a Variable-Generating Activity (VGA) process. The analysis was done using manual and NVivo coding and an analysis schedule was developed to provide standardized method for analysis. Initial categories were identified, based on the transcripts. Word, phrases, comments, and sentences were coded under the categories. This process of methodological precision was used to identify specific themes in the data per transcript. After the completion of individual transcript coding, each transcript's analysis framework was compared with each other. Themes were formulated and narratives identified to support the themes.

The NVivo Word Cloud provides a visualization of the words use during the health care focus group. The words people, use, community, drug, and kinds of drug were mostly used in the conversation. The focus group highlighted the importance of people and community as part of the solution to the opioid crisis. This is in line with research on health and behavioral health challenges in rural communities.

Figure 2: NVivo Work Cloud: Focus Group #10 Health Care



Specific categories emerged from the qualitative data of the focus groups. These categories include seriousness of the opioid crisis and MUD in rural East Texas, perceptions, stigma, awareness strategies, treatment/intervention, accessible services for OUD/MUD, opioid use dynamics, and systemic and community level change.

The Appreciative Inquiry culminated for Panola, Harrison, and Gregg counties and the research team shared the gap analysis and community needs assessment findings with the community stakeholders in a data validation session and community stakeholder meeting at the next monthly meeting with the Interim Steering Committee. This presentation captured many months of community engagement and research efforts in the Panola, Harrison, and Gregg counties. Some community stakeholders were involved for the duration of the grant project and have shown leadership, commitment to their agencies and their communities, and ongoing support and vital assistance

with community research project. The rural communities demonstrated commitment to prevention and treatment along with strong representation from the recovery community. The counties had opportunities to formalize community strengths, needs, concerns, and priorities. The Panola, Harrison, and Gregg communities are prepared to engage in strategic planning and mobilization of community priorities.

5 Strategic Planning

The rural stakeholders determined that an overarching goal for this project is to assemble a consortium committed to a common agenda for prevention, treatment, and recovery of opioid misuse, along with addressing methamphetamines and/or other substances. Additional goals for this project are to expand the capacity of rural communities to address opioids, methamphetamines, and substance use and to ultimately affect the morbidity and mortality associated with opioids and substance use.

The Appreciative Inquiry involved a series of community conversation cafés, focus groups, and key informant interviews and is designed to capture diverse community perspectives to inform the community gap analysis, needs assessment, and strategic action plan for the three rural counties. The PHG community had a variety of opportunities to validate the data, and our work shifted to the strategic planning as community stakeholders identified priorities and desired outcomes for the rural communities. A member of the research team from the rural university provided strategic plan development training along with valuable mentorship for community-based research to better engage the PHG counties and communities. The researchers completed a series of nine community-based strategic planning meetings in Panola, Harrison, and Gregg counties. The majority of the meetings included a zoom/hybrid connection option for participants to be as inclusive as possible.

All three counties were well-represented in the strategic planning processes. Approximately 65 community members participated in the strategic planning meetings, and 30 individuals participated in the accompanying Qualtrics survey regarding community priorities. During the strategic planning phase, we continued to examine the role and scope of agency advisory boards and consumer advisory groups and invited those stakeholders to participate in developing strategic planning priorities for substance use and mental health care.

The PHG communities analyzed key data from the needs assessment and gap analysis during strategic planning sessions. PHG county stakeholders formalized a list of seven specific priorities along with their common agenda to develop a consortium that enables the PHG counties to provide effective prevention, treatment, and recovery services to rural residents. Focus group participants had emphasized that local communities need to create partnerships to address opioids and methamphetamines. Participants shared ideas about how to empower those groups that already meet with the goal of placing Substance Use Disorder on their agenda as a focal issue. They described organizations that exist within neighborhoods that are dedicated to making a change within their community and people are willing to get involved.

6 Project Reflections

This research project featured potential benefits for communities and participants including increased knowledge, communication, networking, and collaboration among community residents, stakeholders, and service providers along with opportunities to be involved in the consortium for substance use. The perspectives of people who have experiences with opioid misuse and methamphetamine use provide valuable insight and information on available prevention, treatment, and recovery efforts and information on barriers and access to care and services. It could also be personally empowering for participants to openly share their life experiences and challenges regarding substance misuse thereby impacting the perspective of the community group. The community engagement and needs assessment process provided opportunities for community members to learn from one another and for meaningful collaboration with peers, providers, and stakeholders.

Further benefits and opportunities include the mobilization of community groups and stakeholders to address substance use across multiple systems. The community meetings, ISC Interim Steering Committee and consortium convenings, zoom webinars, and communication infrastructure, in tandem, have the potential to change the dynamic in the targeted rural community. These resources will build capacity in the community by forging new relationships, building social and human capital in local communities, and raising consciousness about Opioid Use Disorder (OUD) in the community and the region. This research will contribute to strengthening the capacity of rural Texas communities. Combining the research teams' infrastructure, convening capacity, and community practice expertise, this community initiative is well positioned to successfully build a community-led consortium. The consortium will include members of the interim steering committee, agency stakeholders that completed a Memorandum of Understanding, and additional allies supporting efforts for the prevention, treatment, and recovery of OUD/MUD. The research team will serve as the backbone organization hosting a multi-sectoral steering committee and consortium and will coordinate efforts across the project timeline to monitor progress and evaluate

outcomes. The research team continues to partner in this effort as part of their shared mission for community health and rural capacity building through collaboration.

It is our hope that the research team has expressed and infused appreciation for Texas county culture and history and highlighted the receptivity and advocacy of local leaders involved in the project. We will continue our work with the community to assess the long-term networks that are essential to community growth and social capital.

We have engaged the urban communities in the region such as Longview, Texas, Gregg County and Tyler, Texas, Smith County and they are essential in the substance use and mental health service delivery system for Panola, Harrison, and Gregg counties. PHG rural communities often seek services in the larger cities and urban areas and this creates additional challenges for individuals and families needing access to behavioral health care and services.

“I have been so fortunate to have been part of this project since the beginning! I have so enjoyed connecting with others around the PHG counties, the meetings and presentations that have been held, and most of all, working with ‘the research team’. You all have poured many hours, research, and care into this project and have done a marvelous job with the execution of everything. Kudos to ‘the research team’ for all of your hard work and dedication! Thank you for helping to make our communities healthier!” -County Liaison, June 2021

The research team at the rural university, comprised of social work practitioners, utilized a community participatory approach of Appreciative Inquiry that focused on the community’s strengths and encouraged greater engagement by stakeholders. We sustained the project through the assessment and planning period by engaging with a wide variety of stakeholders within the community and offering opportunities for dialogue, learning, training, and leadership. This project mobilized the rural communities to strategically address prevention, treatment, and recovery systems for substance use, and aimed to improve service delivery systems for substance use and mental health in rural areas.

Figure 1: Map of Service Area

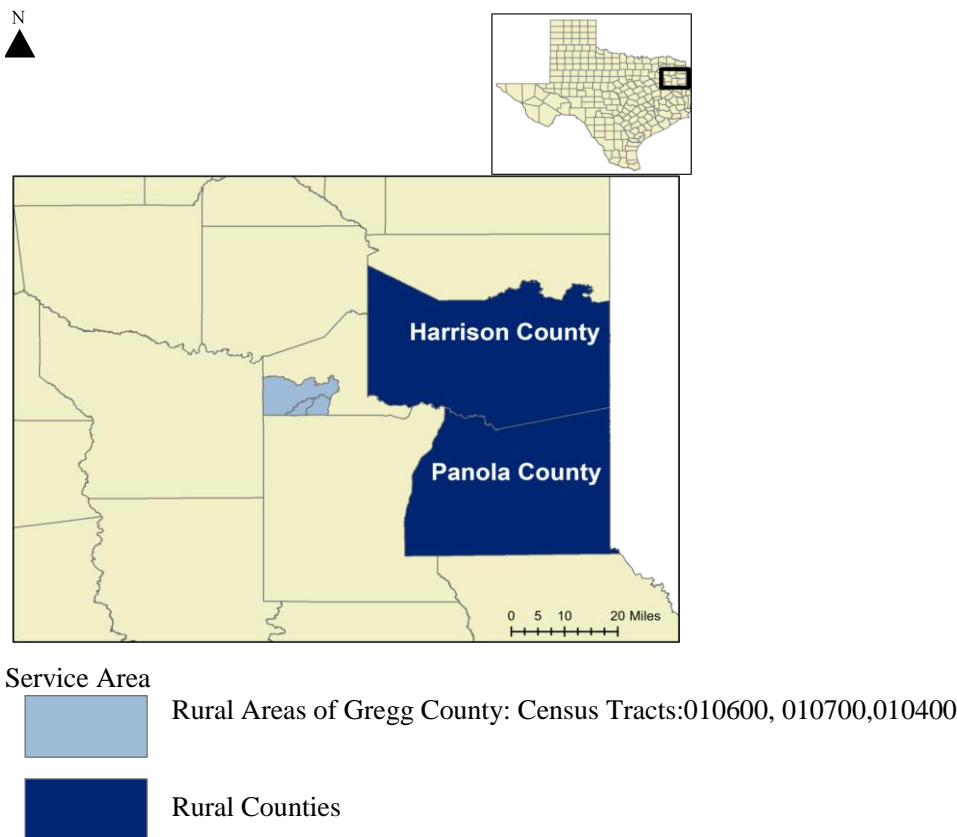


Figure 2: NVivo Work Cloud: Focus Group #10 Health Care



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