Addressing the Opioid Crises: An Evaluation of the Community Opioid Education Pilot Program

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Abstract

Utah's opioid crisis presents unique challenges as progress was hindered by the COVID-19 pandemic. This pilot study assessed the effectiveness of a brief webinar-based professional development program aimed at improving knowledge and confidence among health and behavioral healthcare professionals. Results indicated positive changes in participants' confidence and knowledge regarding opioid treatment options, misuse, and connecting individuals to resources.

Introduction & Problem

Utah's opioid crisis is unique; the death rate has decreased since 2017 (Wiseman, 2019). However, progress has slowed due to the COVID-19 pandemic, which increased the risk of opioid prescription misuse (Day & Rosenthal, 2019; Raman, 2020). Understanding and addressing opioid use disorder (OUD) requires a holistic approach, including behavioral healthcare, medication management, and support groups (Carney, 2018). Accessing these resources is challenging due to limited availability and knowledgeable providers.

Professional development (PD) opportunities for OUD treatment are lacking (Gold & Wong, 2018), with most trainings targeting healthcare providers and neglecting behavioral health integration (American Medical Association, n.d.; American Society of Addiction Medicine, n.d.; CDC, n.d.; Gold & Wong, 2018). Additionally, the Utah County Public Health Department was especially interested in exploring the usefulness of offering a PD opportunity that provided public health professionals with basic information and resources related to opioid use disorder. Given the limited professional support options, evaluating the efficacy of current PD programs is necessary.

Response & Target Audience

The Community Opioid Education Program (COEP) was a brief one-time 60-minute webinar delivered via the Zoom virtual meeting platform during the summer of 2021 to address the need for additional PD opportunities among public health professionals. Program participants included health and behavioral healthcare professionals located in two Utah counties or those who were followers of one of the two USU-affiliated Social Work Facebook pages. The pilot program was delivered one time each in San Juan and Utah counties. Participants recruited through Facebook advertisements were invited to register for one of the two sessions. The objectives of the webinar were to; 1) develop a basic understanding of opioids and how dependency occurs, 2) reduce stigma by altering language and improving perceptions of people who use substances, 3) raise awareness of the various types of treatment options available, and 4) raise awareness of local and state resources.

Eleven people attended the one-time brief PD webinar ($N = 11$) across the two pilot webinars. The webinar was a combination of lecture-style sharing of information, discussion, interactive polls, and a short video about the lived experience of opioid use disorder. The pre-survey was administered prior to the start of the webinar, and the post-survey was administered following the end of the webinar.

Demographic results from the pre-survey ($n = 11$; see Table 1) indicated that all COEP participants identified as female (100%) and the majority of the sample were white (90%). Most participants were 35-44 years old (40%) and worked in the healthcare sector (40%).

Table 1
Demographics of Participants to the COEP (n =10).

| Background	% (*n*)
Age	
18-24 years old	10 (1)
25-34 years old	20 (2)
35-44 years old	40 (4)
45-54 years old	10 (1)
55-64 years old	20 (2)
Current profession	
Public health	30 (3)
Healthcare	40 (4)
Education	20 (2)
Paraprofessional	10 (1)

Outcomes & Impact

Pre- and post-survey results were used to assess key short-term outcomes that align with the objectives of the webinar, which related to confidence and knowledge gained by participants on opioid misuse. We asked participants about their confidence in recognizing opioid misuse, discuss opioid misuse, discuss treatment options, and connect individuals to resources to aid recovery. We also assessed knowledge gain in five areas, including signs of opioid misuse, resources for treatment and recovery, and using a nonjudgmental approach in their work. Participants rated their responses on a 5-point Likert scale.

We examined pre- and post-survey mean scores to assess changes in confidence and knowledge among participants. Mean scores were used as there was a low number of paired survey responses ($n = 5$). As Figures 1 and 2 show, there were differences in pre- and post-survey mean scores for each of the nine questions, and scores across all nine increased from the pre- to post-survey interval, suggesting that the webinar increased participants' knowledge and confidence in the areas assessed.

Participants were asked to rate their confidence from 1 (not at all confident) to 5 (extremely confident). The most notable gains in confidence (see Figure 1) were in participants' confidence to discuss treatment options, followed by their ability to connect people to resources and to discuss opioid misuse issues.

Figure 1: Pre- and Post-Survey Results showing Confidence Gained by Participants*
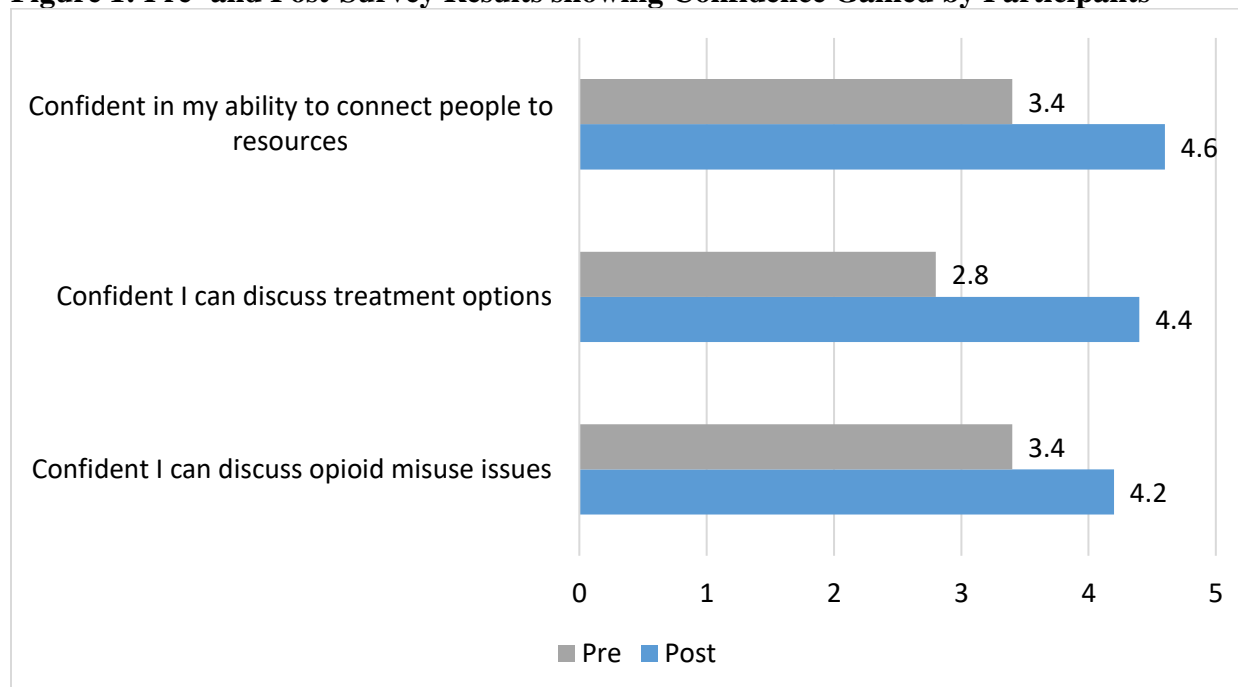
Pre-survey and post-survey responses: n = 5

Participants were asked to rate their knowledge from 1 (strongly disagree) to 5 (strongly agree). As shown in Figure 2, the most notable gains in knowledge were participants knowing how to connect people to resources and knowing the range of treatment options.

Figure 2: Pre- and Post-Survey Results showing Knowledge Gained by Participants*
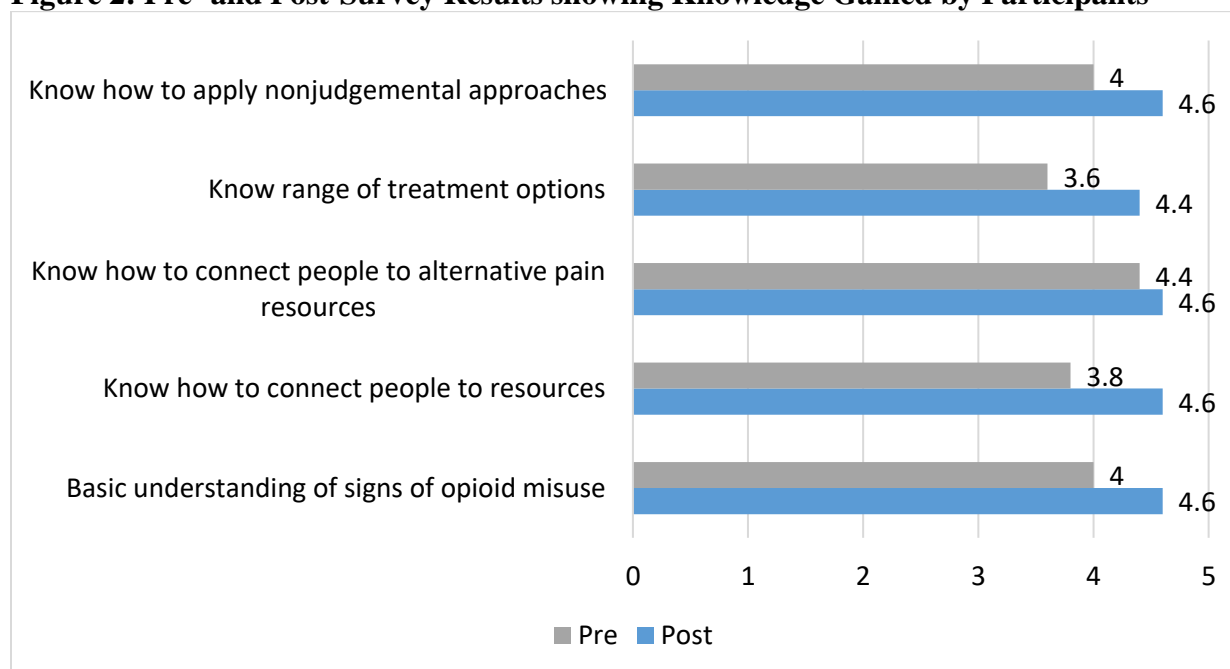
Pre-survey and post-survey responses: n = 5

Next Steps & Public Value

Preliminary results from our pilot suggest that the short-term outcomes can likely be achieved through the COEP, however, additional programming and evaluation data is needed to assess the effectiveness of the program. Specifically, this pilot program showed promise in increasing participants' confidence and knowledge of relevant concepts, which we believe would help public health professionals work more effectively with people who misuse opioids.

As a result of this pilot, a supervisor from the Utah County Health Department's Opioid Prevention Program shared, *"I wanted to tell you that your presentation for opioids was the best regarding stigma that I've ever seen".* They included the stigma portion of the presentation in their regular trainings with their health education staff who work directly and indirectly with individuals in recovery. As stigma among healthcare professionals is found to play a role in an individual's recovery success, this pilot allows us to create trainings focused on utilizing stigma reduction strategies in professional settings.

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