

Evaluation of the Kentucky and Tennessee RCORP Peer-to-Peer Calls: May and June 2023

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on an evaluation of the Rural Communities Opioid Response Program (RCORP) peer-to-peer calls for Kentucky and Tennessee grantees. The monthly Kentucky calls began in March 2023 following the Kentucky Regional Grantees Site Visit on February 28 and March 1, 2023. The Tennessee calls have been held bi-monthly since November 2021. Kentucky's May and June 2023 call attendees and Tennessee's May call attendees completed online assessments (overall response rate of 62.5%), and three persons participated in interviews.

Key Findings

- Twenty-eight individuals attended at least 1 of the 4 monthly Kentucky peer-to-peer calls following the Kentucky Regional Site Visit (March – June), and 15 individuals attended at least 1 of the 3 bi-monthly Tennessee peer-to-peer calls held in the first half of 2023 (January, March, and May). Just over half of Kentucky (53.6%, n=15) and Tennessee (53.3%, n=8) attendees participated in one call only.
- The majority of respondents to both Kentucky assessments (81.8%, n=9) and the Tennessee assessment (87.5%, n=7) agreed or strongly agreed that the calls helped connect them with other grantees in their state.
- More than three-quarters (87.5%, n=7) of Tennessee and almost two-thirds (63.7%, n=11) of Kentucky respondents agreed or strongly agreed that after the peer-to-peer calls that they would be more likely to reach out to a grantee in their state if they were facing difficulties.
- All Kentucky and Tennessee respondents agreed or strongly agreed that the peer-to-peer calls connected them with other organizations or resources in their state, and most respondents agreed or strongly agreed the calls connected them with organizations or resources about the topic of the call (90.9%, n=10 in Kentucky; 87.5%, n=7 in Tennessee).
- Open-ended responses from both Kentucky and Tennessee grantees showed that the most helpful aspects of the peer-to-peer calls were (1) the sharing of experiences between grantees, (2) the receiving of resources, and (3) the content of the calls and any presentations given during the calls.

Recommendations

- **We recommend continuing to offer regular peer-to-peer calls with Kentucky and Tennessee grantees.** Both Kentucky and Tennessee grantee respondents reported the peer-to-peer calls were valuable for sharing experiences with other grantees, gaining helpful information, and obtaining resources.

- **We recommend providing additional opportunities for grantees to shape the direction, frequency, and format of these calls.** Suggestions for improving the peer-to-peer calls included more involvement from grantees (eg, having different grantees co-lead a meeting). The TA provider could poll grantees to determine the frequency and topics of future calls.
- **We recommend offering peer-to-peer calls for grantees in additional states or regions.** Prior WWAMI evaluations have found that grantees would like additional opportunities to network with other RCORP grantees in their state/region.¹ Grantees in other states may benefit from having peer-to-peer calls, either following a regional site visit or just on its own, to foster connections between grantees in the same state or region and tackle shared challenges.
- **We recommend continued evaluation of future Kentucky and Tennessee peer-to-peer calls. This could be beneficial to assess how grantee connections evolve over time.** Kentucky grantees in this assessment and our prior assessment of the Kentucky Regional Site Visit reported continuing to connect with the grantees they met after the site visit.² Connections between grantees may take time to cultivate. Given that this assessment only spanned two month's calls, assessments of future calls in these and other states could be beneficial.

BACKGROUND

On February 28 and March 1, 40 individuals from 10 Kentucky Rural Communities Opioid Response Program (RCORP) Implementation II and III grantees attended a two-day, in-person regional site visit. The purpose of the regional site visit was to network and learn about other Kentucky grantees' RCORP work, see the benefits of collaborating with other Kentucky grantees, and connect with state-level resources.² Following the regional site visit, technical assistance (TA) provider JBS International hosted monthly peer-to-peer calls with Kentucky grantees to continue to develop connections and collaborative efforts among Kentucky grantees. Sixty-five individuals from Kentucky grantee organizations received invitations to attend these monthly calls.

Tennessee has not had a regional site visit like Kentucky's, but in Tennessee, peer-to-peer calls have been held bi-monthly since November 2021. JBS-TA initiated the Tennessee calls to help build camaraderie among Tennessee grantees because they had been facing similar issues of stigma related to medications for opioid use disorder (MOUD). As of July 2023, about 24 Tennessee grantees were invited to attend these calls.

In both Kentucky and Tennessee, the peer-to-peer calls have a different topic each month chosen by attendees. Table 1 summarizes the topics of the calls included in this report. Attending calls is optional for grantees. The purpose of this report is to present the findings of online assessments conducted after the May Kentucky and Tennessee and June Kentucky peer-to-peer calls.

METHODS

The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) developed online assessment tools to collect feedback from 1) Kentucky grantees about the May and June 2023 calls and 2) Tennessee grantees about the May 2023 call. We chose Tennessee, a neighboring state with Kentucky in the same Census Division, in order to compare calls in culturally similar states, with the key difference that the Kentucky calls followed a regional site visit while Tennessee’s did not.

Table 1. Topics of May and June 2023 Kentucky and Tennessee Peer-to-Peer Calls

	Topic of call
Kentucky - May	Stigma Campaign Discussion (with the organizations Shatterproof and Unshamed Kentucky)
Kentucky - June	Recovery Oriented System of Care
Tennessee - May	Primary Prevention (eg, evidence-based practices for K-12 schools; Screening, Brief Intervention and Referral to Treatment – SBIRT)

The WWAMI RHRC Team invited 11 attendees to complete an online assessment for the May Kentucky call on May 25, 9 attendees for the May Tennessee call on May 31, and 12 attendees for the June Kentucky call on June 22, 2023. Attendees received up to three emails reminding them to complete the assessment. The online assessment included questions about the number of prior calls respondents had attended and to what extent the calls connected them with other grantees, resources, and organizations. The Kentucky assessments included additional questions about connections they had made with other grantees in their state following the regional site visit and other peer-to-peer calls. Respondents volunteered to participate in virtual interviews by providing their contact information in the online assessment. Individuals were also recruited to interviews from the list of assessment non-respondents. An evaluator conducted interviews lasting 15 to 30 minutes in May and June 2023 with individuals from 3 grantees (2 from Kentucky and 1 from Tennessee). Interview questions focused on what interviewees learned or took away from the calls, how they planned to use takeaways in their RCORP projects, satisfaction with the calls, and suggestions for improving the calls. The qualitative interviews were professionally transcribed.

We calculated frequencies and percentages from the attendance lists and online assessment data. One analyst assessed the open-ended responses for themes, and another analyst reviewed the interview data to identify evocative quotes that were responsive to the major interview questions.

FINDINGS

Call Attendance

Twenty-eight unique individuals, 42.1% of the 65 invited, attended at least 1 of the monthly Kentucky peer-to-peer calls in the 4 months following the Kentucky Regional Site Visit. A similar proportion of the 40 Kentucky Regional Site Visit attendees, 40% (n=16) also attended at least 1 of the peer-to-peer calls. Ten individuals attended the Kentucky peer-to-peer call in March, 17 in April, 11 in May, and 12 in June. About half (53.6%, n=15) attended once (Table 2).

Fifteen unique individuals, 62.5% of those invited, attended at least 1 of the 3 Tennessee bi-monthly peer-to-peer calls held in the first half of 2023 (January, March, and May). Eleven attended in January, five in March, and nine in May. About half (53.3%, n=8) attended once (Table 3).

Online Assessment Results

Twenty individuals (62.5%) completed the online assessments for the May and June 2023 Kentucky and Tennessee peer-to-peer calls, with 12 responses from individuals from Kentucky grantees and 8 responses from individuals from Tennessee grantees. Table 4 summarizes the online assessment response rates.

Kentucky respondents were most often from the Implementation II cohort (50.0%, n=3 in May and 83.3%, n=5 in June); nearly two-thirds of Tennessee respondents were from the Implementation III cohort (62.5%, n=5). The most common roles reported among Kentucky respondents were project director (33.3% of attendees, n=4), project coordinator/manager (25.0%, n=3), and data coordinator/other data staff (25.0%, n=3). Half of Tennessee respondents were project directors (50.0%, n=4) and a quarter project coordinators/managers (25.0%, n=3). See the Appendix on page 11 for additional information on respondent grants and roles.

Table 2. Number of Kentucky Monthly Peer-to-Peer Calls Attended from March to June 2023

Number of calls attended	Unique attendees (N=28)
1	53.6% (15)
2	25.0% (7)
3	14.3% (4)
4	7.1% (2)

Table 3. Number of Tennessee Bi-Monthly Peer-to-Peer Calls Attended from January to May 2023

Number of calls attended	Unique attendees (N=15)
1	53.3% (8)
2	26.7% (4)
3	20.0% (3)

Table 4. Response Rates of RCORP Kentucky (May and June) and Tennessee (May) Peer-to-Peer Calls Online Assessments

	Responses	Attendance	Response rate
Kentucky - May	6	11	54.5%
Kentucky - June	6	12	50.0%
Tennessee - May	8	9	88.9%

Making Connections with Other Grantees at the Peer-to-Peer Calls

Respondents from both Kentucky calls and the Tennessee call rated to what extent they agreed with two statements about how the peer-to-peer calls connected them with other grantees:

- The peer-to-peer call helped us connect with RCORP grantees in [our state] (Figure 1).
- After this call, I am more likely to seek out another grantee in [our state] for help if we are facing difficulties (Figure 2).

Over 80 percent of respondents to both Kentucky assessments (81.8%, n=9) and the Tennessee assessment (87.5%, n=7) agreed or strongly agreed that the calls helped connect them with other grantees in their state. Over 80 percent of Tennessee respondents (87.5%, n=7) agreed or strongly agreed that because of the peer-to-peer calls they would be more likely to reach out to another grantee in their state if they were facing difficulties, compared to about two-thirds of Kentucky respondents (63.6%, n=7).

Figure 1. Extent to Which the Peer-to-Peer Calls Helped Respondents Connect With Other Grantees in Their State

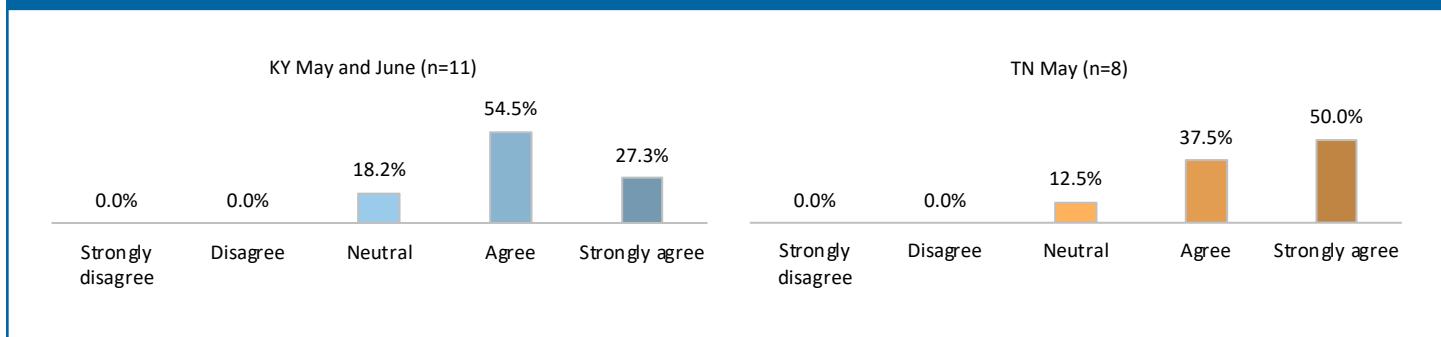
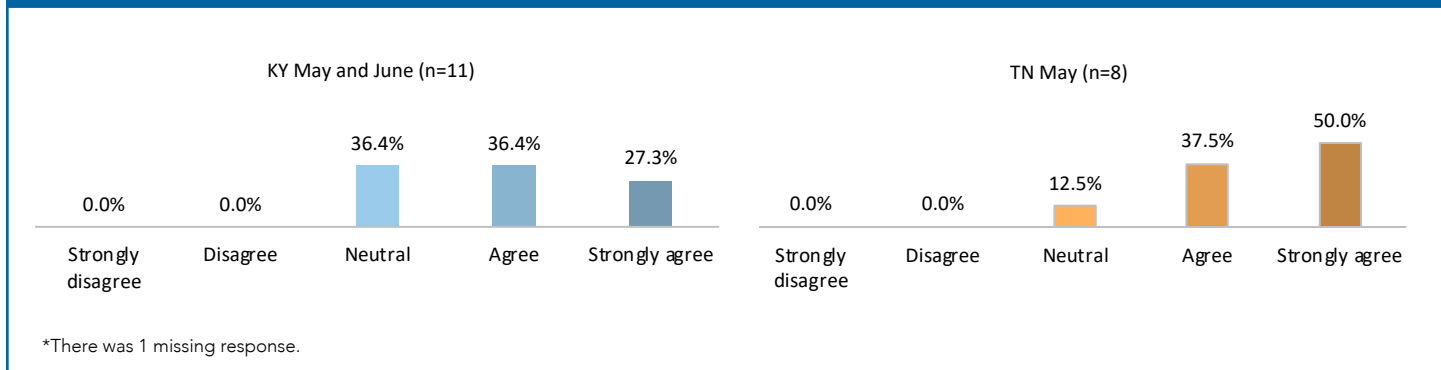


Figure 2. Extent to Which Respondents Agreed They Were More Likely to Reach Out to Another Grantee in Their State for Help After the Peer-to-Peer Calls



"I think that the people ... [on the call are] very innovative... They know what worked for them and what wasn't so successful for them. I think that they can help to kind of guide me in our [my consortium's] quest ... to at least decrease the stigma [around MOUD] as much as we can. They've already been through some trial and error that we haven't gone through yet."

– Kentucky Grantee

“For me, [the call is] always an opportunity just to touch base and see some familiar faces. I think there’s a lot of value in connections ... just [the] familiar ritual of routine connection. Those things are really important.”
 – Tennessee Grantee

Making Connections with Local Organizations and Resources

All respondents (n=14) from the May calls agreed or strongly agreed that the call connected them with other organizations or resources in their state (Figure 3). Almost all respondents from the May and June calls agreed or strongly agreed that the call connected them with organizations or resources about the topic of the call (90.9%, n=10 in Kentucky; 87.5%, n=7 in Tennessee, Figure 4).

Figure 3. Extent to Which the May Peer-to-Peer Calls Helped Respondents Connect With Other Organizations or Resources in Their State

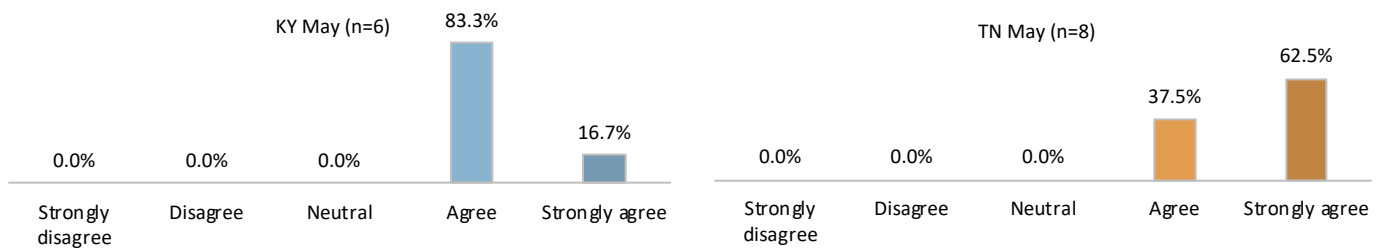
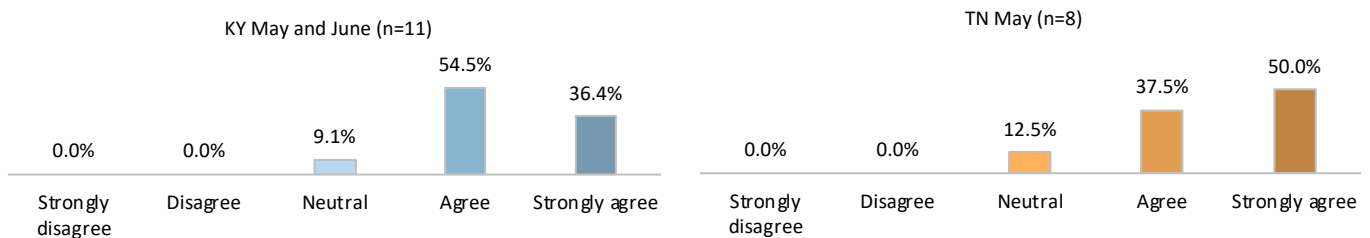


Figure 4. Extent to Which the Peer-to-Peer Calls Helped Respondents Connect With Other Organizations or Resources About the Topic* of the Call



*May Kentucky – Stigma Campaign Discussion; June Kentucky – Recovery Oriented System of Care; May Tennessee – Primary Prevention. †No respondents rated strongly disagree or disagree.

"I was glad to see on the ... [poll administered during the session] that some of the [primary prevention] curriculums that were identified were ones that I certainly have familiarity with. You're always like, ... 'Are we aligned with some of the right curriculums and right [primary prevention] programs?'"

– Tennessee Grantee

Making Connections After the Kentucky Grantee Regional Site Visit

In the May Kentucky assessment, five (83.3%) respondents reported that they attended the Kentucky Regional Site Visit. In the May and June Kentucky assessments, half of respondents (50.0%, n=6) reported that they had made any connections with other grantees they met at the regional site visit or prior peer-to-peer calls. Respondents described connecting with other grantees via email and sharing resources. One respondent specified connecting about stigma reduction campaigns and sharing prevention resources to use in K-12 schools.

"It's refreshing sometimes that we're fighting an uphill battle because of stigmas, because of perceptions within our town, so it's really nice to understand that other people are there trying to fight the same battles that we are."

– Kentucky Grantee

Helpfulness of Calls and Suggested Improvements

The online assessment asked two open-ended questions: (1) Describe what you found most helpful about the peer-to-peer calls, and (2) What suggestions do you have for improving future peer-to-peer calls? Table 5 displays key themes and illustrative responses about what was helpful. We identified similar themes from both Kentucky and Tennessee grantees of what was most helpful about the calls, which included sharing experiences with other grantees, receiving resources, learning from presentations/call content, and working together (Kentucky only).

Table 5. What Was Most Helpful About the Kentucky and Tennessee Peer-to-Peer Calls as Reported in Online Assessments

Theme	Kentucky grantees - illustrative responses	Tennessee grantees - illustrative responses
Sharing experiences with other grantees	<p>"I value just getting to talk through issues with other [Kentucky] grantees or get feedback on what they are doing that is working well for them."</p> <p>"These meeting[s] make us aware of other initiatives going on across the state, gives us new ideas, etc."</p>	<p>"...I appreciated hearing from other grantees about their experiences, challenges, and 'tips' for success... It's great having an opportunity to convene peers from our state in a small group setting."</p>
Receiving resources	<p>"Provided a good framework for moving forward with some collaborations and partnerships to creating this type of system [Recovery Oriented System of Care]."</p>	<p>"The resources provided surrounding the youth."</p>
Learning from presentations/call content	<p>"The content and presentation were very informative and helping in understanding [Recovery Oriented System of Care]."</p> <p>"I really like that we are going to have different educational topics each month."</p>	<p>"The speakers have always been on target and there hasn't been one call yet where I haven't walked away with something helpful."</p>
Working together	<p>"I love the idea of decreasing the stigma and working together to better serve Kentucky."</p>	

Three respondents from Kentucky and one respondent from Tennessee had suggestions for improving future calls:

- Send out all the links shared in the call (Kentucky).
- Increase involvement from grantees in the calls, such as by having different RCORP programs around the state co-lead a meeting (Kentucky).
- Talk more about individual projects (Kentucky).
- Have more guest experts (Tennessee).

"It's a fragile system [of substance use services] out there. And I think the more people [providing the services] have opportunities to engage, interface, have time with one another that's somewhat business, but also somewhat catching up, it's a good thing. I see too many occasions where programs or agencies get further isolated and distrustful of one another because they spend so little time doing that in a field that has scarcity of resources, scarcity of staff, scarcity of funding."

– Tennessee Grantee

DISCUSSION AND RECOMMENDATIONS

Discussion

Monthly participation in the Kentucky peer-to-peer calls following the Kentucky Regional Site Visit has been fair with about 40% of individuals who attended the regional site visit attending at least one peer-to-peer call. Attendance at both the Kentucky and Tennessee calls has fluctuated month to month. The overall monthly participation has been slightly lower in Kentucky with about 15-26% of the 65 individuals invited each month in March through June attending compared to about 21-45% of the 24 individuals invited at each of the bi-monthly Tennessee calls attending in the first half of 2023.

The majority of respondents in both Kentucky and Tennessee reported that the peer-to-peer calls helped them connect with the other grantees in their state. Respondents appreciated learning what had worked for other grantees in their state, getting advice about what could be successful for them, and hearing other grantees faced similar challenges. More than three-quarters (87.5%, n=7) of Tennessee and about two-thirds (63.7%, n=11) of Kentucky respondents agreed that after the peer-to-peer calls that they would be more likely to reach out to a grantee in their state if they were facing difficulties. Prior WWAMI evaluations have found that grantees would like additional opportunities to network with other grantees in their state/region.¹ This type of TA seems to be meeting this need for Kentucky and Tennessee respondents.

Our evaluation found that the calls helped participants connect with other organizations or resources in their state and connect with organizations or resources about the specific topics of the calls. Grantee needs determine the topics of both the Kentucky and Tennessee calls, and this approach seems to be working well for attendees. Despite the fact that Kentucky and Tennessee respondents from all three calls reported benefitting from the connections and content of the calls, over half of both groups attended a peer-to-peer call only once. This raises the question of what could be limiting more frequent engagement in these calls, and what could increase grantee engagement.

Although we had hoped that this evaluation could determine whether hosting the regional site visit prior to hosting regular peer-to-peer calls had an impact on grantee connections, we had a small sample size and that limited our ability to measure differences. Future assessments of Kentucky peer-to-peer calls or subsequent state peer-to-peer calls following a regional site visit could monitor changes to how grantees peer-to-peer calls facilitate connections between grantees over time.

Overall, respondents reported finding the calls helpful for connecting with other grantees, sharing resources, and learning new information on topics including stigma, primary prevention, and recovery-oriented systems of care. A few respondents suggested the calls could be improved by increasing grantee participation (eg, having grantees co-lead meetings, talking about individual projects) and sending out the resources shared after the calls.

Limitations

Online assessment results could be biased if respondents and non-respondents differed in their opinions about the calls. The assessments were limited to only one or two calls in each state, and the sample of assessments in both states were small. This evaluation also does not reflect the perspectives of Kentucky and Tennessee grantees who did not participate in peer-to-peer calls such that we cannot identify what may limit or encourage their participation in this type of TA.

Recommendations

- We recommend continuing to offer regular peer-to-peer calls with Kentucky and Tennessee grantees. Both Kentucky and Tennessee grantee respondents reported the peer-to-peer calls were valuable for sharing experiences with other grantees, gaining helpful information, and obtaining resources.
- We recommend providing additional opportunities for grantees to shape the direction, frequency, and format of these calls. Suggestions for improving the peer-to-peer calls included more involvement from grantees (eg, having different grantees co-lead a meeting). The TA provider could poll grantees to determine the frequency and topics of future calls.
- We recommend offering peer-to-peer calls for grantees in additional states or regions. Prior WWAMI evaluations have found that grantees would like additional opportunities to network with other RCORP grantees in their state/region.¹ Grantees in other states may benefit from having peer-to-peer calls, either following a regional site visit or just on its own, to foster connections between grantees in the same state or region and tackle shared challenges.
- We recommend continued evaluation of future Kentucky and Tennessee peer-to-peer calls. This could be beneficial to assess how grantee connections evolve over time. Kentucky grantees in this assessment and our prior assessment of the Kentucky Regional Site Visit reported continuing to connect with the grantees they met after the site visit.² Connections between grantees may take time to cultivate. Given that this assessment only spanned two month's calls, assessments of future calls in these and other states could be beneficial.

APPENDIX: ADDITIONAL RESPONDENT CHARACTERISTICS

The following tables provide additional characteristics of the respondents to the online assessments following the May and June Kentucky peer-to-peer calls and the May Tennessee peer-to-peer calls.

Table A1. Grants and Number of Grants of Assessment Respondents, RCORP Kentucky (May and June) and Tennessee (May) Peer-to-Peer Calls

	May and June Kentucky (n=12)	May Tennessee (n=8)
RCORP grant cohorts*		
Implementation II	66.7% (8)	0.0% (0)
Implementation III	25.0% (3)	62.5% (5)
Implementation IV	16.7% (2)	25.0% (2)
Neonatal Abstinence Syndrome	0.0% (0)	25.0% (2)
Psychostimulant Support I	8.3% (1)	0.0% (0)
Psychostimulant Support II	0.0% (0)	0.0% (0)
Medication Assisted Treatment Access	8.3% (1)	0.0% (0)
Behavioral Health Support	8.3% (1)	12.5% (1)
Other RCORP grants	8.3% (1)	12.5% (1)
Number of grants		
1 grant	75.0% (9)	62.5% (5)
2 grants	8.3% (1)	37.5% (3)
3 grants	16.7% (2)	0.0% (0)

*Categories are non-exclusive. Respondents could select more than one grant.

Table A2. Role of Assessment Respondents, RCORP Kentucky (May and June) and Tennessee (May) Peer-to-Peer Calls

	May and June Kentucky (n=12)	May Tennessee (n=8)
Project director	33.3% (4)	50.0% (4)
Project coordinator/manager	25.0% (3)	25.0% (2)
Data coordinator/other data staff	25.0% (3)	12.5% (1)
Consortium member	0.0% (0)	0.0% (0)
Other	16.7% (2)	0.0% (0)

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