

An Evaluation of the RCORP Implementation IV Learning Collaboratives: April and June 2023

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on an evaluation of the Implementation IV Learning Collaborative technical assistance (TA) sessions provided in April and June 2023, held through the Rural Communities Opioid Response Program (RCORP) and facilitated by RCORP-TA provider JBS International. The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) conducted this evaluation of the learning collaboratives' impact, which included an online feedback assessment and semi-structured interviews with participants.

Key Findings

- A total of 114 unique individuals attended at least 1 of the Implementation IV learning collaboratives in April or June, representing 64 of the 65 Implementation IV grantees (98.5%). The April session on social determinants of health (SDoH) and the Disparities Impact Statement (DIS), an RCORP deliverable on addressing health disparities, had 88 attendees from 59 grantee consortia (90.8% of the cohort). The June session on stigma had 83 attendees from 56 grantee consortia (86.2% of the cohort).
- More than two-thirds of online assessment respondents in April (70.3%, n=45) and almost all respondents in June (95.0%, n=57) found learning collaborative presentations to be extremely or very helpful. About half of respondents in April (52.5%, n=32) and about three-fourths of respondents in June (77.4%, n=48) found the group discussions extremely or very helpful.
- Participants reported that the sessions taught them how to address SDoH and stigma as well as how to complete the DIS. Attendees also appreciated receiving resources and learning how other grantees addressed barriers they faced to RCORP project implementation.
- About two-thirds of respondents reported being extremely or very confident that they could apply the information from the April collaborative session to their DIS (61.9%, n=39). A majority of respondents reported being extremely or very confident that they could apply the information about stigma in the June session to the work of their RCORP grant (87.1%, n=54).
- After the learning collaboratives, attendees planned and began to use what they took away from sessions. These actions included improving their DIS; working with target populations (including people who use/d substances and target populations for the DIS) to improve their RCORP project work; addressing stigma among healthcare practitioners; developing stigma trainings; and sharing information and resources with their organizations, consortia, and communities.

- Nearly all learning collaborative participants strongly agreed or agreed that the content of the sessions was valuable and relevant, and that the insights shared by other participants were helpful. About one-third of respondents in April (35.9%, n=23) and about two-thirds of respondents in June (62.9%, n=39) strongly agreed that interaction between participants was encouraged during the session. Some interviewees left the April sessions wishing they had more time to discuss and address challenges with drafting their DIS.
- Participants appreciated the sessions' solid organization and the presenters' experience and expertise.
- Participants made suggestions to improve the sessions, with the most frequent suggestion being more time for discussion. Multiple participants also wanted sessions to address grantees' distinct challenges and provide more specific information about how to complete RCORP project deliverables.

Recommendations

- We recommend continuing the Implementation IV learning collaboratives, with additional elements such as breakout groups to help participants dive more deeply into issues they are facing.
- We recommend asking grantees if they would like to add optional, discussion-based sessions on SDoH and stigma to allow participants time to discuss the specific challenges they face with their RCORP projects related to those issues and to consider possible solutions. The TA provider could use pre-session polls to solicit topics from participants to ensure that the additional discussion-based sessions are relevant to grantees' challenges.
- We recommend further evaluation of the impact of these sessions to assess what actions grantees take as a result. Such evaluation could address whether grantees continue connections with each other outside of sessions and what impacts the sessions have on meeting RCORP project goals.

BACKGROUND

Since February 2023, technical assistance (TA) provider JBS International has convened learning collaboratives of Rural Communities Opioid Response Program (RCORP) Implementation IV grantees through videoconferences every other month. Grantee attendance is required. Each videoconference is offered four times per month for grantees grouped by geographic region (Northeast, Central, Southeast, or Western United States). JBS developed session content to help grantees produce an upcoming project deliverable, the Disparities Impact Statement (DIS), and to address challenges and needs for TA about stigma that grantees had identified via the Health Resources & Services Administration's (HRSA) Request for Information (RFI). The learning collaboratives use an "all teach, all learn" approach, developed by Project ECHO (Extension for Community Healthcare Outcomes), that allows grantees to engage one another and offer peer-to-peer feedback.¹ Both the April and June sessions had presentations from a JBS Technical Expert Lead (TEL) on the session topic and group discussions with planned discussion questions as prompts. Evaluation focused on the April 2023 sessions about the DIS and social determinants of health (SDoH) and the June 2023 sessions about stigma. Each session had a presentation on the main topic and a large-group discussion. This report evaluates the impact of these sessions on grantees and makes recommendations for improvement.

METHODS

Data Sources and Measures

The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) emailed attendees an invitation to complete an online assessment of the learning collaborative at the end of each session in April and June 2023. The online assessment asked attendees about the quality and helpfulness of the sessions, the anticipated results, and the attendees' confidence in applying what they learned in the sessions. Attendees received up to three email reminders to complete the assessment.

We asked online assessment respondents to provide contact information if they wanted to participate in an interview. Interviews lasted 15-30 minutes and addressed what participants took away from the sessions, how they used these takeaways in their RCORP work, their satisfaction with the sessions' facilitation and format, and their suggestions for improvement.

Analysis

We calculated frequencies and percentages for the online assessment data, and two analysts identified themes in the written responses. We performed a thematic analysis of interview data (see Technical Appendix for details).

FINDINGS

Below we present findings on attendance, followed by findings from the online assessments and interviews.

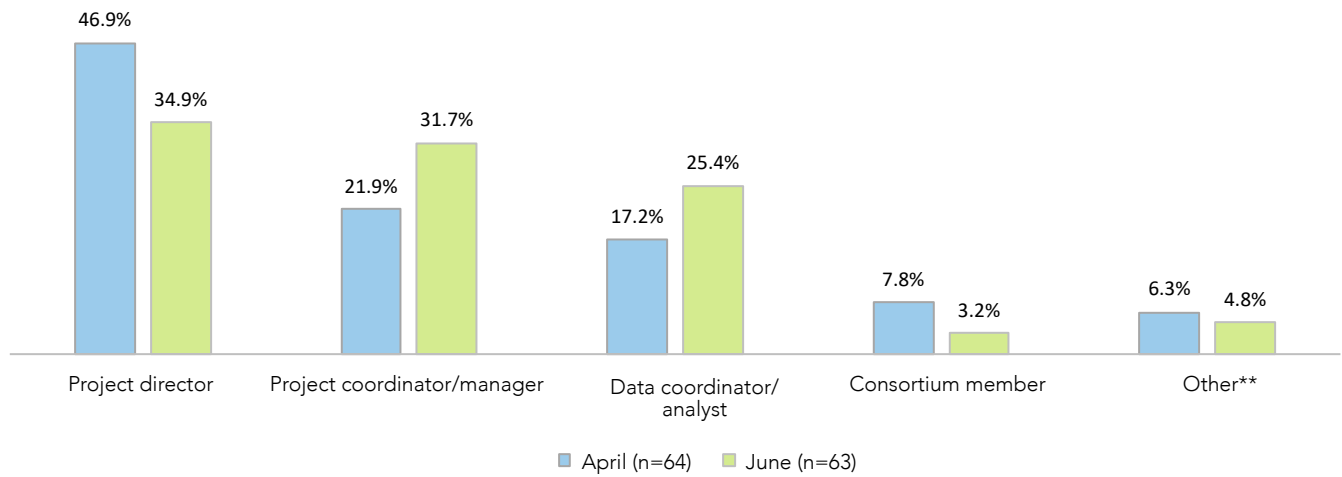
Attendance

In total, 114 unique individuals from 64 Implementation IV grantee consortia (98.5% of all 65 Implementation IV grantee consortia) attended 1 or both of the Implementation IV learning collaborative sessions in April or June. In April, 88 individuals attended, representing 59 grantee consortia (90.8% of Implementation IV grantees). In June, 83 individuals attended, representing 56 grantee consortia (86.2% of Implementation IV grantees). Half of individuals attended the sessions both months (50.0%, n=57). In April and June, half of grantee consortia had exactly one individual in attendance (50.8%, n=33).

Online Assessment Respondents

In April, 64 individuals completed the online assessment (72.7% response rate), and in June, 63 (75.9% response rate). Figure 1 displays respondent roles for each session. In both months, project director was the most frequently reported role (46.9%, n=30 in April; 34.9%, n=22 in June), followed by project coordinator/manager (21.9%, n=14 in April; 31.7%, n=20 in June).

Figure 1. Online Assessment Respondent Roles,* Implementation IV Learning Collaboratives, April and June 2023**



*Respondents had the option to choose only one role.

**Other roles included, in April, recovery support specialist, equity consultant, and research assistant, and in June, grant coordinator, implementation specialist, and recovery coach.

Interviewees

Ten persons—including project directors, data coordinators, and others—participated in interviews, representing nine Implementation IV grantee consortia. Interviewees’ professional backgrounds included work in counseling for substance use disorder (SUD), peer recovery, prevention, telehealth, and research. Six interviewees discussed the April session and four discussed the June session.

Helpfulness of Learning Collaborative Sessions

Over two-thirds (70.3%, n=45) of April respondents found the presentation on the DIS to be extremely or very helpful, and about half (52.5%, n=32) of respondents found the group discussion extremely or very helpful (Figure 2).

In June, almost all (95.0%, n=57) respondents found the “Addressing Stigma” presentation to be extremely or very helpful, and three-fourths (77.4%, n=48) of respondents found the group discussion to be extremely or very helpful (Figure 3).

Figure 2. Ratings of Helpfulness of Each Section of the Implementation IV Learning Collaboratives, April 2023

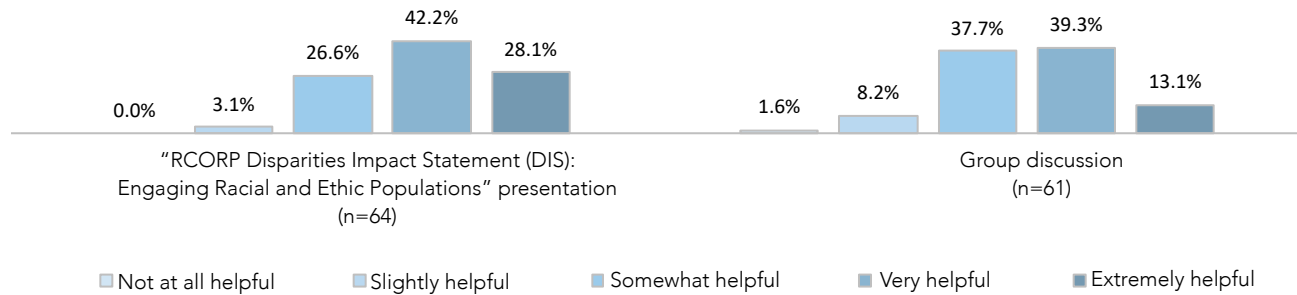


Figure 3. Ratings of Helpfulness of Each Section of the Implementation IV Learning Collaboratives, June 2023

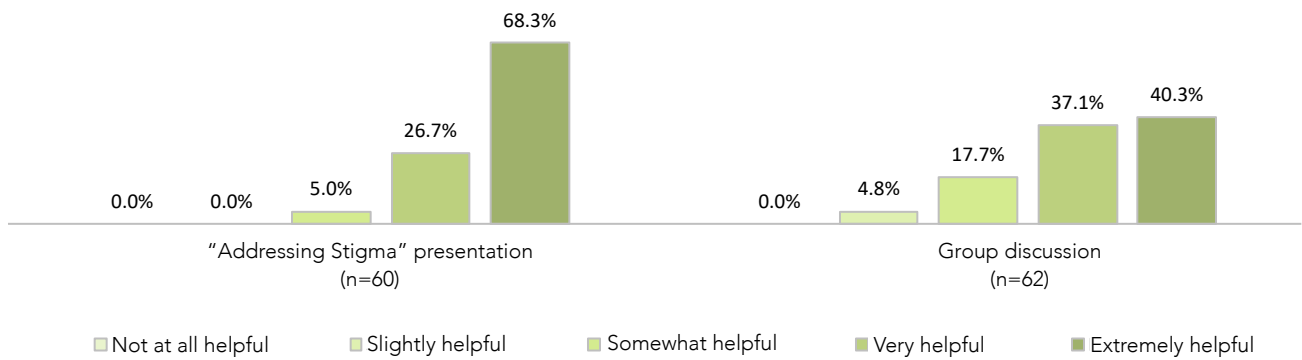


Table 1 displays themes about what was helpful and what participants took away from the learning collaboratives, along with illustrative quotes. April session attendees appreciated the session’s valuable information about SDoH, with some individuals noting that the session reinforced what they had already learned. Attendees also appreciated learning new ways to work with diverse groups of people. Attendees of the June session on stigma said they learned about stigma and how to address it, for example, by learning about stigmatizing language and alternative wordings. Across both sessions, attendees appreciated learning about other grantees’ experiences, receiving resources, and feeling validated about their RCORP work.

Table 1. Takeaways and Helpful Aspects* of the Implementation IV Learning Collaboratives (April and June 2023)

Themes	Illustrative quotes
Themes from the April session on the Disparities Impact Statement and social determinants of health (SDoH)	
Found the presentation on SDoH to be valuable and a good refresher on the topic	<p>"[The session] was a really good refresher. Sometimes you lose sight when you're on the ground ... it's good to be reminded from someone [for whom] this is their job."</p> <p>"The information given was rich in the definitions and reasons for racial/cultural/ethnic disparities. I like the social determinant of health information and how that drives everything including prevention, treatment, and recovery resources."</p>
Gained new ideas for reaching and communicating with diverse subpopulations	<p>"It was helpful to learn about how to bridge gaps in the community through communication. I liked the suggestion of 'knowing your own story' before you interact with others."</p> <p>"Helpful to understand how to reach those subpopulations that we may not be reaching."</p>
Themes from the June session on stigma	
Appreciated the relevance of stigma to participants' Rural Communities Opioid Response Program (RCORP) work	"Stigma is one of the main issues [we are] confronting. Talking about this topic and sharing the experiences is very helpful."
Learned about stigma and how to address it; felt more prepared to address stigma	<p>"I think probably the primary thing [I learned about] was the impact of stigma on folks in recovery and how to use people in recovery to reduce stigma."</p> <p>"I feel more prepared to address the stigma and make an impact."</p>
Cross-session themes	
Learned what barriers other grantees face and how they address them	<p>"I think it is helpful for me to listen to other folks throughout the country who ... [work on] similar kind of projects and just listening to their experiences with the various challenges ... with implementation."</p> <p>"I have always found most helpful hear[ing] the other experiences that other RCORP project[s] encounter and how they have overcome the situations being discussed."</p>
Received resources	<p>"It was just amazing what was provided ... like, where you find the stigma information ... Being pointed to specific information was very helpful."</p> <p>"I got a lot of really good recommendations for reading that I've already downloaded."</p>
Felt validated about or less alone in their RCORP work	<p>"Sometimes it is nice to be able to look at someone you're working with and to have them say, 'Oh, I also agree on this,' and make sure everyone's on the same page ... Sometimes it's nice to say that out loud."</p> <p>"I learned that ... [other grantees] have gone through this [challenge my consortium is facing] and so ... we're not alone."</p>

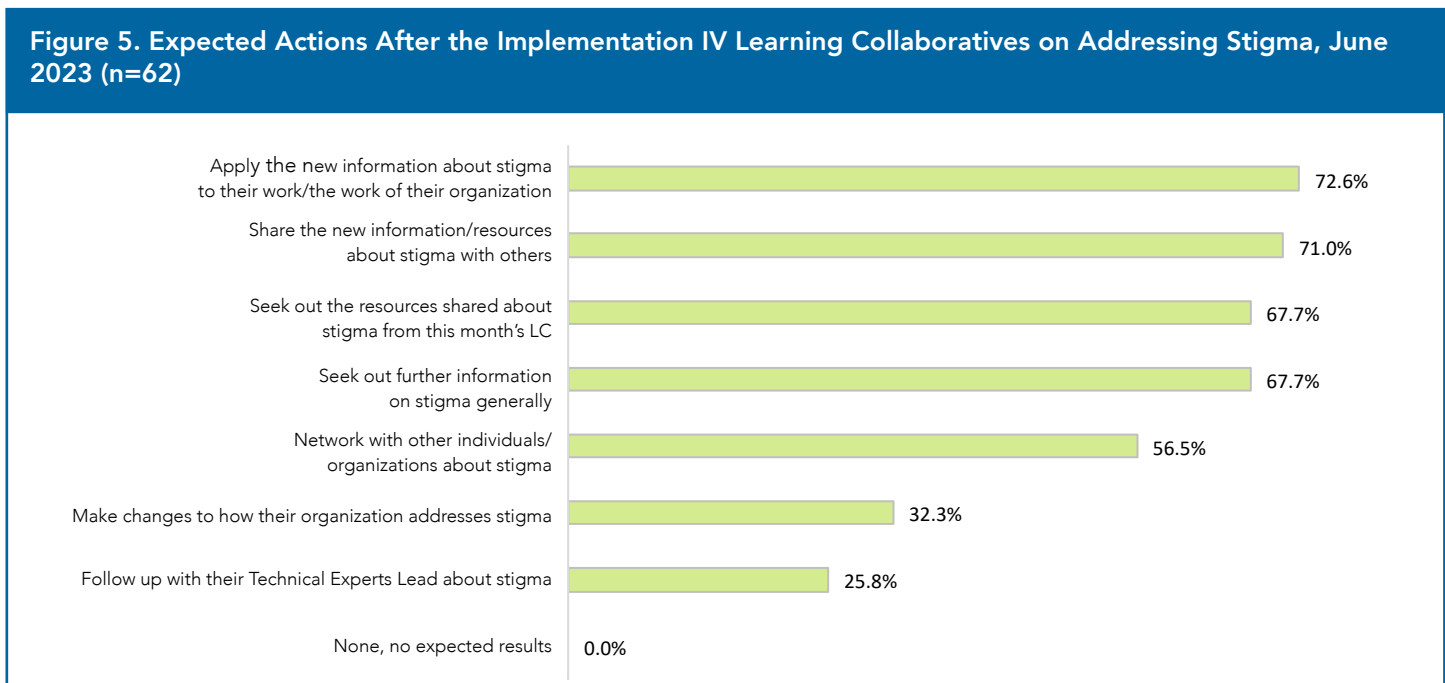
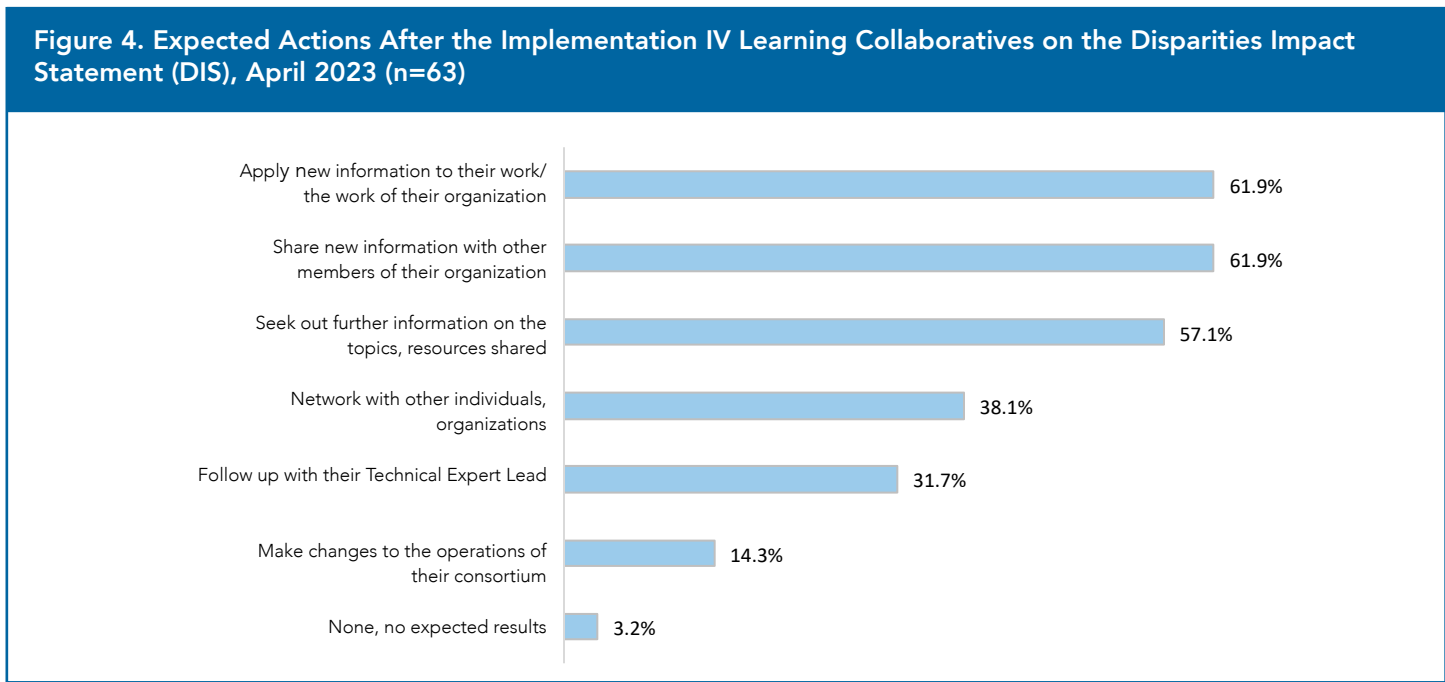
*This table reports aggregate findings from online assessment respondents answering an open-ended question about what they found most helpful about the learning collaboratives in April and June as well as interviewee reports of what they learned or took away and found most useful about the sessions.

Using Takeaways from the Learning Collaboratives

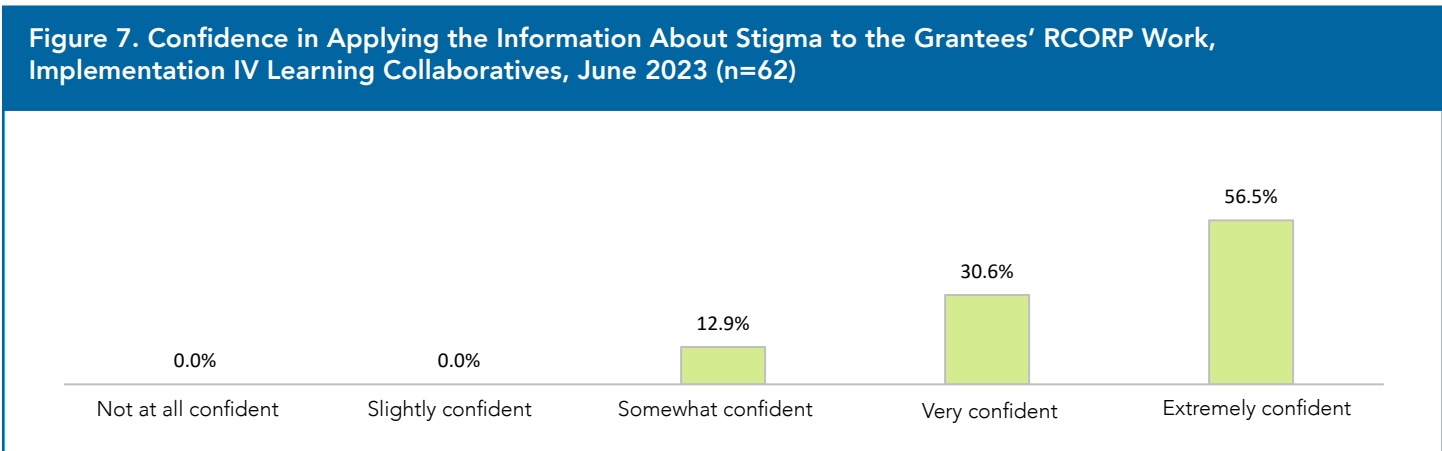
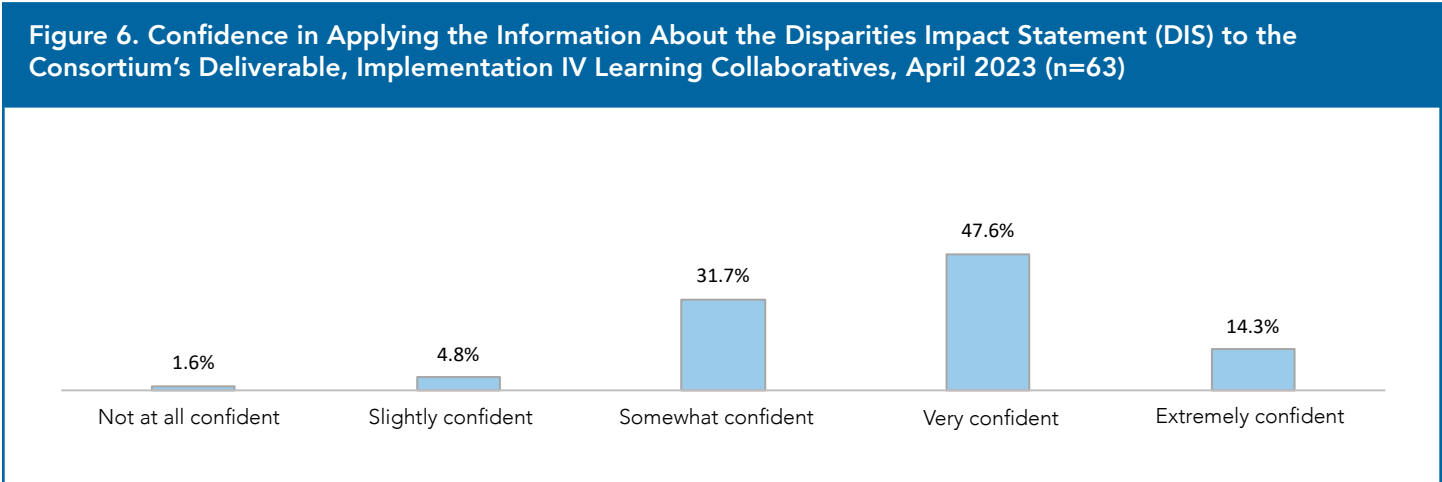
Assessment respondents selected which actions they expected to take after each session they attended (Figures 4 and 5). In April, over half of respondents expected to apply the new information to their work (61.9%, n=39), share the information with other members of their organization (61.9%, n=39), and seek out further information about the topics and resources shared in the session (57.1%, n=36). During the April session, facilitators encouraged

attendees to schedule an ad hoc call with their JBS TEL to assist them with completing their DIS deliverable. About one-third (31.7%, n=20) of respondents reported expecting to follow up with their TEL after the session.

After the June session, over half of respondents expected to apply the new information to their work (72.6%, n=45), share the information with other members of their organization (71.0%, n=44), seek out further information about resources shared in the session and other stigma information generally (67.7%, n=42), and network with other individuals/organizations about stigma (56.5%, n=35).



About two-thirds (61.9%, n=39) of respondents at the April session reported being extremely or very confident that they could apply the information from the learning collaborative to their DIS deliverable (Figure 6). A large majority (87.1%, n=54) of respondents at the June session reported being extremely or very confident that they could apply the information about stigma from the learning collaborative to the work of their RCORP grant (Figure 7).



Interviewees discussed how they used or planned to use what they took away from the sessions (Table 2). Some interviewees said that, because of the TA, they had worked with target populations (including people who use/d substances, as well as target populations for the DIS such as indigenous populations) to develop RCORP project work. Others said they were addressing stigma among healthcare practitioners; developing stigma trainings for consortium members and the community; or sharing resources and information from the session with individuals from their organization, consortium, or community. Interviewees also said they were following up with their TELs.

Table 2. How Interviewees Used or Planned to Use Takeaways from the Implementation IV Learning Collaboratives (April and June 2023)

Themes	Illustrative quotes
Session-specific themes	
Improving the Disparities Impact Statement (DIS)	“[The session] ... allowed us to fine tune ... [our DIS] to get a little bit deeper into ... [data on] the population.”
Working with target populations to improve project work	<p>“They [the presenters] recommended focus groups [with the DIS target population] and we did that and ... our Disparities Statement ended up much better and more in-depth because we took advice and added that focus group.”</p> <p>“One of our takeaways [was the importance of] having multiple individuals [who use/d substances] with multiple stories with substance use and mental health [on our project team] ... [So then] we went back to our consortium and said, ‘We have got some great new ideas; we wanna try to roll this out.’”</p>
Addressing stigma among healthcare practitioners	“I think [the session reinforced] keeping that focus on stigma and stigma reduction ... and remembering to include education about that ... I had a meeting earlier today ... with first responders ... I found myself doing quite a bit of that informal education about addiction, about Naloxone ... I still heard, ‘Well, if we give people Narcan, aren’t they just gonna use more drugs?’ And being able to kind of dispel some of those myths.”
Developing stigma trainings	“I think what we plan to do is use some of the resources that he [the presenter] shared to modify and update what [stigma reduction training] we currently have in place. ... And I really liked some of the ideas where he talked about modifying our approach to really fit each sector... whether that’s law enforcement or faith-based communities, those kind of things.”
Cross-session themes	
Sharing resources and information from the session within their organization or with their consortium	“I was able to take the slides and share them with a couple of my other coworkers on our grant that have just come on board.”
Sharing information and resources from the session with the community	“I think there was some really cool data [in the presentation] that we can share, ... some really cool resources that we can provide to even agencies that aren’t part of our consortium if they’re interested.”
Following up with the JBS Technical Expert Lead (TEL)	“I met with ... our TEL, and we went over the takeaways that we had from the ... session and just the value of us attending.”

Satisfaction with the Sessions

Nearly all respondents in April (93.7%, n=59) and June (98.4%, n=61) strongly agreed or agreed that the content of the learning collaborative was valuable and relevant (Figures 8 and 9). Almost all also strongly agreed or agreed that the insights shared by other participants in both sessions were helpful (98.4%, n=54 in April; 90.3%, n=56 in June).

A large majority of participants in April (84.4%, n=54) and June (87.1%, n=54) reported that the sessions encouraged interaction between participants. About one-third of respondents in April (35.9%, n=23) and about two-thirds of respondents in June (62.9%, n=39) strongly agreed that interaction between participants was encouraged during the session (Figures 8 and 9).

Figure 8. Quality Ratings of the Implementation IV Learning Collaboratives, April 2023

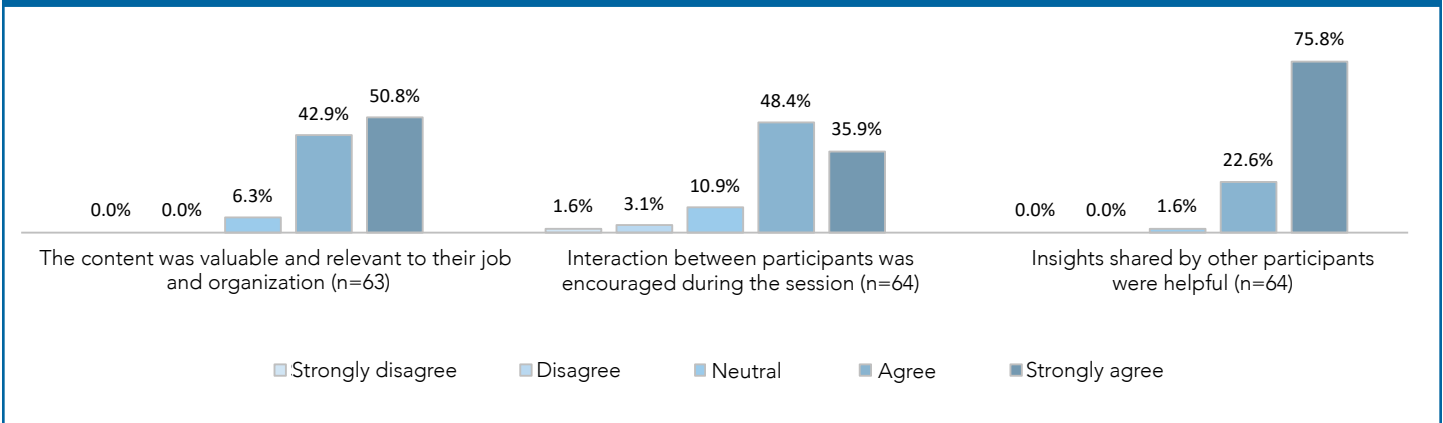


Figure 9. Quality Ratings of the Implementation IV Learning Collaboratives, June 2023

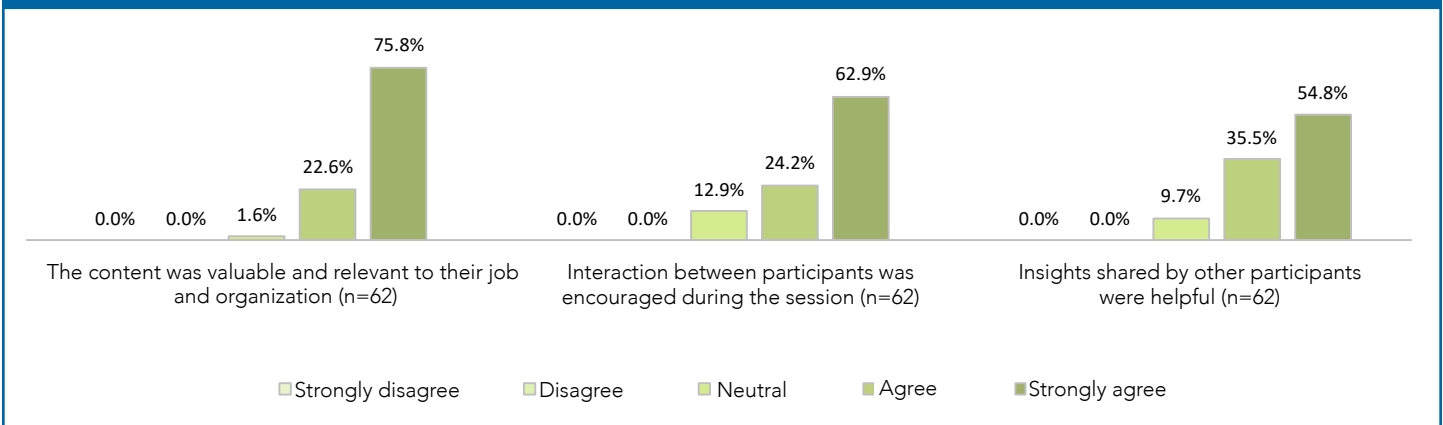


Table 3 displays aggregate findings from online assessment respondents and interviewees about the most helpful aspects of the sessions' format and facilitation. Themes included that the stigma session provided an opportunity for open discussion, the session was well-organized and timely, and the presenters were skilled educators and relatable, with valuable professional and personal experience.

Table 3. Most Helpful Aspects of the Facilitation and Format of the Implementation IV Learning Collaboratives (April and June 2023)

Themes	Illustrative quotes
Appreciated the opportunity for open discussion in stigma sessions	"When ... [the presenter] talks, it's not like we're just sitting there listening. We know at any time we can jump in and engage, and if we have a question, we can ask it."
Liked that the session was well-organized, and the time was used well	"They didn't dilly dally around ... all of our time is limited ... I don't think there's the luxury of wasting a lot of time. So, they didn't, they just went right to the jugular."
Found the presenters to be understandable and relatable	"I think the presenter was very good and well-spoken and made the topic easy to understand." "I really enjoyed how ... [the presenter] was able to share from several different perspectives, provider, active use, person in recovery, etc. It allowed some insight and relatability for many people in the room."
Appreciated the expertise and experience of the presenters	"It was nice how ... [the presenter] broke down the approach to the vulnerable population[s]." "They had a very compelling presenter who had a good story ... so I think that really helps you remember the topic and the discussion. ... He really spoke from the perspective of recovery ... I think looking at it from a different perspective was what he brought to the table."

Suggestions for Improving the Implementation IV Learning Collaboratives

Both online assessment respondents and interviewees reported their suggestions to improve the learning collaborative. The most frequent suggestion was to allot more time for discussion during the sessions. Participants also suggested adding elements to improve grantee engagement and deepen discussion, and adding more specific information about completing RCORP deliverables. Themes of suggestions were:

- Provide more time for questions and answers and for discussion with other attendees. To this end, attendees also suggested adding breakout groups to help "dive more deeply into the subject matter."
- Add interactive elements to sessions, like polls or open-ended questions, to deepen discussion and prompt participation. Questions could gauge attendees' understanding of issues, address barriers grantees are facing, and provide specific suggestions to address barriers.
- To help grantees prepare to engage in sessions, invite attendees to submit discussion questions before the session or provide attendees with discussion questions in advance of sessions.
- Provide more opportunities to discuss the subject matter. As one respondent put it, "I like hearing what other grantees are doing to combat stigma so just a general sharing session on what others are doing for stigma may be helpful."

- Provide more specific information about completing RCORP deliverables. Individuals attending the April DIS sessions wanted additional discussion time about problems they were having with completing the DIS and how to move forward with their DIS.
- Provide a forum, such as a distribution list, for grantees to follow up after the session and share best practices and ideas.
- Lengthen sessions to allow more discussion and accommodate a break.

DISCUSSION AND RECOMMENDATIONS

Discussion

Participants generally responded very positively to the Implementation IV Learning Collaborative sessions, and they planned to act on what they learned. Most attendees found the session presentations on the DIS, SDoH, and stigma to be helpful, valuable, and relevant to their RCORP work. Participants appreciated learning about the experiences of other grantees and feeling validated in their RCORP work. Further, participants reported that the sessions helped them carry out their RCORP projects. The majority of online assessment respondents in April and June reported being extremely or very confident they could apply the information from the learning collaboratives to their RCORP work and deliverables. Attendees reported that they had used or planned to use what they learned in the sessions, including sharing information with others in their organizations, consortia, and communities, and following up with their TELs. Specific activities included improving grantees' DIS, working with members of their target populations to develop their RCORP work, addressing stigma among healthcare practitioners, and developing trainings.

The sessions' high attendance figures show that grantees have representatives attending as required. Nearly all (98.5%) of grantee organizations were represented at the learning collaboratives, similar to other required TA activity attendance levels.²

Participants offered positive feedback about the sessions' format and facilitation, finding the sessions to be well-organized. They also appreciated facilitators' experience and expertise and valued the insights provided by other grantees.

Suggestions for improvement most frequently called for more time for discussion to allow participants to dive deeper into the material and apply it to their own organizations. A greater proportion of assessment respondents rated the group discussion as extremely or very helpful in June compared to April. Interviews suggest that this difference may exist because some participants left the April sessions wishing they had more time to discuss challenges with drafting their DIS and had received more guidance specific to their projects about completing their DIS. Other suggestions for improving engagement in the sessions included adding breakouts and other interactive elements, such as polling and using discussion questions, the latter of which could be shared with grantees ahead of time to help participants prepare.

Our findings suggest that the sessions provided critical TA on stigma, which grantees had identified as a top challenge on the HRSA RFI,³ and on SDoH, which has been a priority of the Biden administration since its beginning.⁴ Grantee reports that the learning collaboratives are valuable and help them take steps to address stigma and SDoH suggest that the learning collaboratives are effective, though further investigation is needed to assess impacts.

Limitations

Views of participants in the evaluation may not represent the views of all attendees, though we captured a diverse mix of RCORP project roles and online assessment response rates were high.

Recommendations

We recommend continuing the Implementation IV Learning Collaboratives while making changes to increase attendee engagement, such as adding breakout groups. These groups could allow deeper and more specific discussion of challenges attendees are facing related to session topics, advice to address challenges, and strategies to complete RCORP project deliverables.

Because grantees reported wanting further discussion of SDoH and stigma, we recommend asking them if they would like to attend additional, optional discussion-based sessions for each topic to allow deeper probing of specific challenges and ways to address them individually and collectively. Prior to sessions, we suggest asking participants to specify challenges and strategies attempted to address them, to better tailor the session format and content to grantees' needs.

We recommend further evaluation of the impact of these sessions to assess what grantees do as a result. Such evaluation could address whether grantees continue connections with each other outside of sessions and what impacts the sessions have on meeting RCORP project goals.

TECHNICAL APPENDIX

All interviews were audio recorded and professionally transcribed. One analyst reviewed all transcripts to develop an initial codebook. The analyst assigned a code (a word or short phrase) to text segments to summarize or interpret them. The analyst grouped codes into themes, or key features of the data, with one or more codes describing an aspect of each theme. Next, a second analyst coded a subset of transcripts using the initial codebook and noted where changes to the coding scheme could ensure that the analysis provided a consistent representation of data. Analysis team members then discussed cases in which there was disagreement and resolved them to ensure consistency and consensus. Finally, one analyst applied the final coding scheme to all the transcripts.

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