

# An Examination of Stigma-Related Technical Assistance Provided to Rural Communities Opioid Response Program (RCORP) Grantees

## KEY FINDINGS AND RECOMMENDATIONS

The following key evaluation findings and recommendations are based on an analysis of data from a survey on the technical assistance (TA) grantees received through the Rural Communities Opioid Response Program (RCORP). The survey, conducted by the WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation team from January to March 2023, queried grantees about their experiences with TA that addressed stigma in the prior year, 2022. Grantees included in this evaluation were from Implementation II, Implementation III, Neonatal Abstinence Syndrome (NAS), and Psychostimulant Support I cohorts.

### Key Findings

- A large majority of respondents, 85.4% (n=111), reported that stigma had a major or moderate effect on the operations of their consortium.
- Most respondents found all types of TA to be very or extremely helpful for gaining and applying new knowledge and skills for addressing stigma in their communities.
- Four of five respondents (81.1%, n=103) reported that the TA helped address stigma in their community. TA was helpful for brainstorming and strategizing with Technical Expert Leads (TELs), having TELs review deliverables and materials, and accessing resources, subject matter experts (SMEs), and trainings. Grantees also appreciated validation of their existing knowledge and strategies, and connecting with other grantees.
- Almost one in five respondents (18.9%, n=24) reported that TA was not helpful for addressing stigma in their communities, and their top suggestion for improvement was to provide TA that is more tailored to the specific issues of stigma in grantees' communities (79.2%, n=19). They also wanted more advanced TA on stigma (41.7%, n=10), more collaborative TA with other grantees (37.5%, n=9), more frequent TA on stigma (20.8%, n=5), and more follow-up from their TEL on stigma (20.8%, n=5).

### Recommendations

- Given the impact of stigma on the operations of most respondents' consortia, high demand for this type of TA, and positive ratings, we recommend continuing to provide TA that focuses on addressing stigma.
- We recommend providing grantees with more opportunities for stigma-related TA that is tailored to the needs of their communities, such as site visits and regional/state meetings, which were cited as the two most helpful strategies.

## BACKGROUND

Rural Communities Opioid Response Program (RCORP) grantees frequently cite stigma as one of the top challenges for their consortia.<sup>1</sup> Data from September 2022 showed that stigma was reported as a major or minor challenge for nearly 90% of RCORP grantees in the six months prior.<sup>1</sup> Grantees reported that there is stigma toward opioid use disorder (OUD) from community members, healthcare providers, as well as law enforcement and other parts of the justice system.<sup>1,2</sup> Stigma was one of the top three areas where grantees reported wanting technical assistance (TA) in both the March and September 2022 Health Resources & Services Administration (HRSA) Request for Information (RFI) reporting periods. A prior WWAMI Rural Health Research Center (RHRC) report found that there were limited group TA activities to address stigma, but it was a topic more commonly covered through individual TA delivered directly by a Technical Expert Lead (TEL) to a grantee.

This report presents findings about how grantees receive TA that addresses stigma as well as grantees' opinions about what does and does not work to address stigma in their communities.

## METHODS

WWAMI RHRC evaluators conducted the 2023 Annual Grantee Survey from January through March 2023, including questions about the effect stigma had on grantee operations, the types of TA that grantees received addressing stigma, the helpfulness of TA for addressing stigma, and ways that TA could better address stigma. We collected data from grantees in the following cohorts: Implementation II, Implementation III, Neonatal Abstinence Syndrome (NAS), and Psychostimulant Support (PS) I. We calculated frequencies for numerical ratings and two evaluators identified themes in open-ended responses.

## FINDINGS

### Characteristics of Respondents

We invited 196 individual grantees to complete a questionnaire, achieving a response rate of 69.9% (n=137). Table 1 summarizes the response rates overall and by cohort. Thirteen respondents who had received multiple RCORP grants only responded once and were asked to report on TA received for any of their grants. Seventeen responses were anonymous, so it is unknown which or how many grants they received.

**Table 1. Response Rates, Overall and by Grantee Cohort\*, 2023 RCORP-TA Grantee Survey**

	Number of responses	Number of grantees surveyed	Response rate
Total Grantees	137	196	69.9%
Implementation II	58	91	63.7%
Implementation III	48	78	61.5%
Neonatal Abstinence Syndrome	20	29	69.0%
Psychostimulant Support I	9	16	56.3%
Unknown Cohort	17	--	--

\*Grantee cohorts are non-exclusive as some grantees received more than one grant.

Most respondents had only received one RCORP grant (78.1%, n=107), 9.5% (n=13) had two or three grants (n=13), and 12.4% (n=17) had an unknown number of grants. Most respondents were program directors (82.4%), while 9.6% (n=13) were project coordinators/managers, 5.9% (n=8) were data coordinators, and 2.2% (n=3) were a grant analyst or patient navigator.

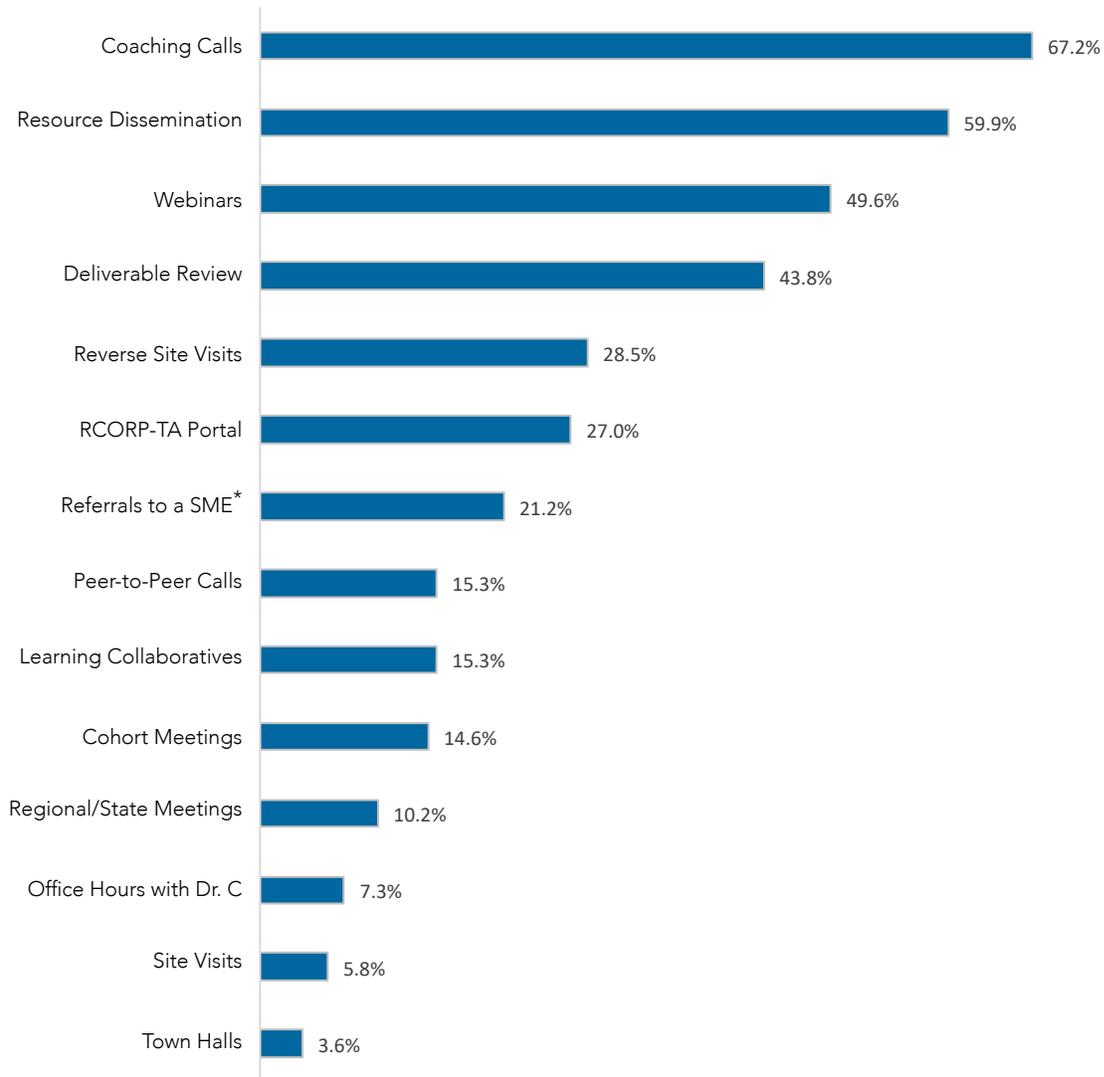
### Effect of Stigma

A large majority of respondents, 85.4% (n=111), reported that stigma had a major or moderate effect on the operations of their consortium in the past year. More than one-third of respondents (35.4%, n=46) reported that stigma had a major effect on the operations of their consortium, and 50.0% (n=65) reported that stigma had a moderate effect. Fewer grantees reported that stigma had a minor effect (11.5%, n=4) or no effect (3.1%, n=4) on the operations of their consortium.

### Stigma TA

Grantees were asked to report which types of TA that they received in the last year covered the topic of stigma. As highlighted in Figure 1, three of the four most common types of TA addressing stigma were delivered individually, including coaching calls (67.2%, n=92), resource dissemination (59.9%, n=82), and deliverable review (43.8%, n=60). Webinars were the third most common type of TA (49.6%, n=68).

**Figure 1. Types of Technical Assistance (TA) Covering the Topic of Stigma, 2023 RCORP-TA Grantee Survey (n=137)**



\*Subject matter expert.

Table 2 shows respondent ratings of how helpful they found TA activities for gaining new knowledge or skills about stigma or applying new knowledge or skills to impact stigma in the community. Most respondents rated each type of TA as very or extremely helpful in both domains. All grantees who reported receiving a site visit in the last year said that they found them to be very or extremely helpful for both domains. Regional and state meetings (84.6%, n=11 for gaining knowledge; 92.3% for applying knowledge, n=12) and learning collaboratives (85.7%, n=18 for both gaining knowledge and applying knowledge) were also highly rated types of TA across both

domains. The types of TA with the lowest proportions of respondents rating them as very or extremely helpful for gaining new knowledge or skills about stigma were peer-to-peer calls (61.9%, n=13), town halls (60.0%, n=3), and reverse site visits (56.4%, n=22). The types of TA with the lowest proportions of respondents rating them as very or extremely helpful for applying new knowledge or skills toward impacting stigma in the community were webinars (62.7%, n=42), town halls (60.0%, n=3), and reverse site visits (55.3%, n=21). In all cases, more than half of respondents rated each type of TA highly. Ratings across the two domains (gaining/applying new knowledge or skills) tended to be similar for each type of TA.

**Table 2. Ratings of Stigma-Related Technical Assistance (TA) Helpfulness, 2023 RCORP-TA Grantee Survey**

Gaining new knowledge or skills about stigma		Applying new knowledge or skills toward impacting stigma in the community	
Type of TA	% Extremely or very helpful	Type of TA	% Extremely or very helpful
Coaching calls (n=90)	78.9%	Coaching calls (n=91)	76.9%
Resource dissemination (n=81)	82.7%	Resource dissemination (n=78)	77.2%
Webinars (n=67)	70.1%	Webinars (n=67)	62.7%
Deliverable review (n=60)	80.0%	Deliverable review (n=58)	77.6%
Reverse site visits (n=39)	56.4%	Reverse site visits (n=38)	55.3%
RCORP-TA portal (n=36)	75.0%	RCORP-TA portal (n=36)	69.4%
SME* referrals (n=29)	82.8%	SME* referrals (n=29)	82.8%
Learning collaboratives (n=21)	85.7%	Learning collaboratives (n=21)	85.7%
Peer-to-peer calls (n=21)	61.9%	Peer-to-peer calls (n=20)	65.0%
Cohort meetings (n=20)	65.0%	Cohort meetings (n=20)	84.2%
Regional/state meetings (n=13)	84.6%	Regional/state meetings (n=13)	92.3%
Office hours with Dr. C (n=10)	80.0%	Office hours with Dr. C (n=9)	80.0%
Site visits (n=8)	100.0%	Site visits (n=8)	100.0%
Town halls (n=5)	60.0%	Town halls (n=5)	60.0%

\*Subject matter expert.

## What Respondents Found Helpful About Stigma TA

“Just making time for me to talk through challenges and collaboratively brainstorm solutions was the biggest help. The resources my TEL provided based on these conversations were also helpful in identifying ways to overcome stigma in very rural and conservative communities.” – RCORP Grantee

Eight in ten respondents (81.1%, n=103) reported that the TA they received helped them address stigma in their community or service area. Respondents described what they found helpful about TA for addressing stigma through open-ended responses. Grantee comments about what they found helpful reflected the following themes:

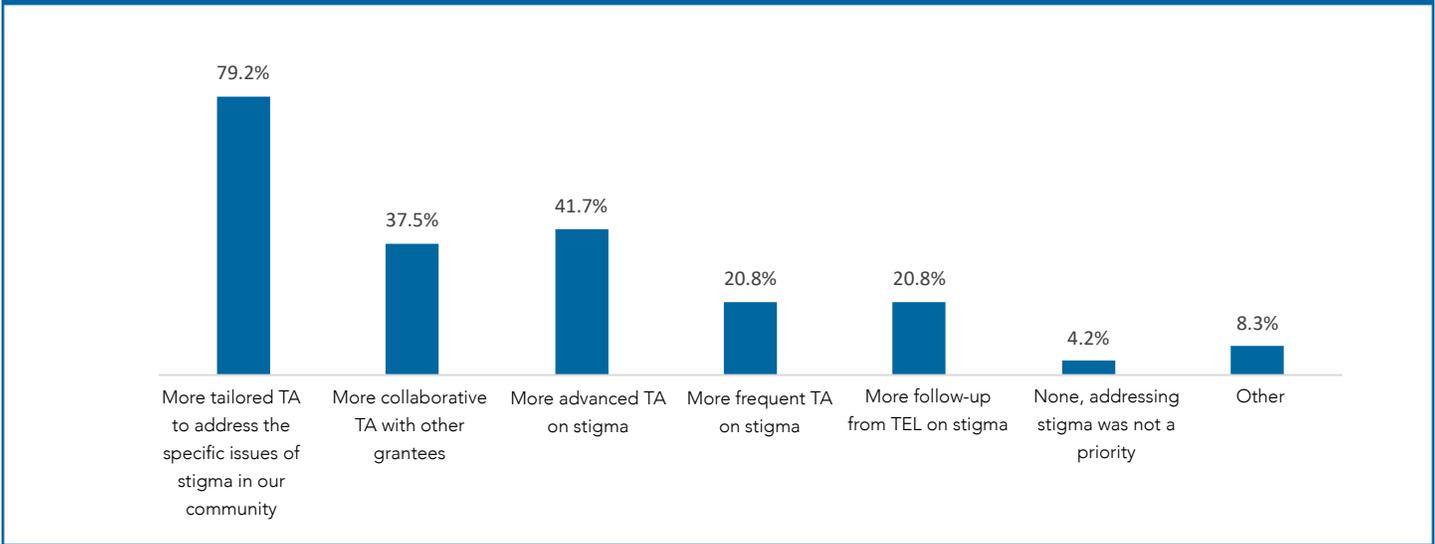
- Strategizing, discussing feedback, and brainstorming with TELs
- Access to subject matter experts (SMEs) and trainings
- Access to stigma resources (eg, articles, films, webinars, questionnaires)
- Review of grant deliverables and other materials by TELs
- Validation of existing knowledge and strategies
- Connecting with other grantees

“Our TA has helped address stigma in our service area by suggesting a movie (Tipping the Pain Scale) which we showed at a large indoor theater in the fall. Several people have commented that it was great. Some people have taken Recovery Coaches training due to attending the movie. We also now understand one of the best ways to address stigma is to present information at churches, civic organizations, leadership meetings, etc.” – RCORP Grantee

## Suggestions to Improve the Helpfulness of Stigma TA

Nearly 20% of respondents (18.9%, n=24) reported that TA activities did not help address stigma in their community. These respondents were asked what could have improved the helpfulness of TA for addressing stigma. The most frequently cited suggestion was having more tailored TA specific to the issues of stigma in their community (79.2%, n=19). About two in five respondents reported that they would like more advanced TA on stigma (41.7%, n=10) and more collaborative TA with other grantees (37.5%, n=9). One-fifth of respondents reported wanting more frequent TA on stigma and more follow-up on stigma-related TA (20.8%, n=5).

Figure 2. Suggestions to Improve the Helpfulness of Stigma Technical Assistance (TA), 2023 RCORP-TA Grantee Survey (n=24)



## DISCUSSION AND RECOMMENDATIONS

### Discussion

Nearly all grantees reported that stigma had some effect on the operations of their consortium, and more than 80% of respondents reported that the TA they received helped address stigma in their community or service area. Respondents rated site visits and regional/state meetings as the most helpful types of TA activities for both gaining and applying new knowledge and skills about stigma to their communities, though very few respondents reported receiving stigma-related TA in these formats. These two types of TA may be rated so highly because they allow for tailoring TA to the needs of grantees in specific states or regions and learning from other grantees in their area, two things grantees have cited as helpful in other evaluations.<sup>3,4</sup> Likewise, 80% of respondents who did not find TA helpful for addressing stigma reported wanting more tailored TA to address the specific issues of stigma in their communities.

This analysis is limited by the fact that all data are self-reported. The views of respondents may not reflect those of non-respondents. Other grant cohorts (eg, Behavioral Healthcare Support and Medication-Assisted Treatment Access) might exhibit different patterns.

### Recommendations

- Given the impact of stigma on the operations of most respondents' consortia, high demand for this type of TA, and positive ratings, we recommend continuing to provide TA that focuses on addressing stigma.
- We recommend providing grantees with more opportunities for stigma-related TA that is tailored to the needs of their communities, such as through site visits and regional/state meetings, which were cited as the two most helpful strategies.

## REFERENCES

1. Burchim SE, Patterson DG, Andrilla CHA. *RCORP Grantees' Sustained Challenges, Technical Assistance Needs, and Technical Assistance Provided: A Review of the September 2022 Request for Information*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; April 2023.
2. Miller SG, Keppel GA, Burchim SE, Patterson DG, Andrilla CHA. *RCORP Grantees' Anticipated Needs for Technical Assistance: Findings from the March 2022 Request for Information Survey*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; April 2023.
3. Andrilla CHA, Miller SG, Burchim SE, Keppel GA, Patterson DG. *An Assessment of the RCORP Kentucky Implementation II and III Grantees Regional Site Visit: February 28, 2023 – March 1, 2023*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; May 2023.
4. Woolcock SC, Burchim SE, Patterson DG, Andrilla CHA. *Rural Communities Opioid Response Program (RCORP) Technical Assistance (TA) 2023 Grantee Survey*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; July 2023.

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