

# HEART LISTENING SESSION REPORT



HEALTH EXTENSION  
Advocacy. Research. Teaching.

OPIOID HEALTH & WELLNESS SUMMIT • AUGUST 2, 2018



## Introduction

Utah's Cooperative Extension system has the opportunity to become an essential asset in addressing Utah's opioid epidemic. Extension faculty are connected to the communities they serve and have the opportunity to bring a multitude of resources to the problem. The Health Extension: Advocacy, Research, & Teaching (HEART) initiative has a strong potential for community capacity building through the combination of educational and advocacy approaches that can be targeted to the diverse populations in Utah. Utah's Health Extension model is poised to bring innovative solutions to the state and to offer national leadership in the domain.

Before beginning the work of testing strategies and tools for engaging with and building community capacity, it is important to learn from the community members and leaders who have been working closely with the problems of substance use and substance use disorders in Utah. Our major goal is to systematically expand and strengthen the level of programming around health in our state's Extension system, not to duplicate services.

*Our work is based on in-depth needs assessments of the communities we serve, conducted in partnership with local agencies and national taskforces. We prioritize community voices and local action to drive our approach.*

**WE ASKED FOUR KEY QUESTIONS** of the state-wide community members present at the first Opioid Health & Wellness Summit hosted by Utah State University. The questions engaged participants in identifying what is working and what is still left to be done to effectively address this public health issue. Questions included:

- 1) **What are the current gaps in community services for addressing the opioid epidemic?**
2. **Given your knowledge of the problem, what would you like to see from the HEART team?**
3. **Where are the current needs for funding or information that can be addressed by HEART?**
4. **What have you learned at this conference that stands out as a pressing concern?**

## KEY ISSUES

Inclusive Programming

Coordinated and Appropriate Approaches to Programming

Areas of Need

Finding Resources

## Inclusive Programming

A number of summit participants noted the importance of having programs that reach the diverse types of individuals who are affected by the opioid epidemic in our communities. They specifically noted the importance of having outreach to people who actively use drugs—not just first responders and leaders. They mentioned the importance of including the youth both in offering educational programming and doing more to promote youth engagement. Family members of active drug users were mentioned as a key constituent that gets left out of the loop, excluded from treatment and information sharing due to confidentiality concerns—yet family members are a key resource that needs to be included when promoting recovery and harm reduction.

Populations identified for inclusion in research-based opioid epidemic programming were:

- Youth
- First responders
- Family members
- Law enforcement
- Prescribing physicians
- People who actively use drugs
- Polysubstance users (not just opioids)

## Coordinated and Appropriate Approaches to Programming

A number of summit participants noted the need to coordinate efforts across agencies. They shared the HEART team concerns that we minimize any tendency to duplicate programs and services. It was suggested that there could be more collaboration. Summit participants included representatives of state and county level health departments, state and county level substance abuse prevention councils, treatment centers, legislators, physicians' groups, and law enforcement. It was suggested that HEART team faculty get involved in current community coalitions, both those specific to substance use prevention as well as general health and wellness coalitions. SAMHSA, 4H, community coalitions, and law enforcement were specific groups mentioned as potential partners for collaboration between efforts.

Engaging the broad groups of individuals and groups requires different types of approaches and a number of possible approaches were mentioned by summit participants, including:

- Lectures
- Workshops
- Focus groups
- Resource lists
- Mobile crisis teams
- Mentoring programs
- Parent education nights
- Youth engagement seminars
- Community education events
- Culturally sensitive programming

## Areas of Need

Summit attendees identified the gaps in service to their communities and their perceived needs in an effort to make recommendations on how the HEART initiative could maximize impact and reduce duplication of efforts. Reducing stigma was identified as a critical need both throughout the conference and by a number of attendees during the listening session. Participants stated the need to addressing shame around substance use and humanize substance use disorders. Community approaches that involve families, provide education, and incorporate people who actively use drugs in the programming were all mentioned as opportunities to reduce stigma.

Not all Utah communities have adequate access to treatment programs for recovery. Participants mentioned the lack of tele-health services, particularly in reaching underserved and rural areas. Participants suggested volunteer efforts, with either lay-professionals or volunteer service by licensed professionals, as an opportunity to fill these gaps in services for rural areas. It was noted that it can be difficult to keep treatment programs staffed and that workforce issues are a general need, including capacity building of treatment programs. Participants suggested the value of mobile crisis teams and a more organized outreach with the ability to respond quickly when there has been an overdose. Along these lines, a need exists for crisis responders to address both the needs of the individual who overdosed as well as being ready to help the families and friends of the user with information and resources. Providing more education to physicians and prescribers was also identified as a need. Participants stated that law enforcement and prescribers need more support to combat the opioid epidemic.

## Finding Resources

One specific area of need was mentioned in a number of different ways by summit attendees—that while resources are often available, they can be difficult to find. Navigating through the health system once a need has been identified can be challenging. Participants pointed out that information that should be common knowledge, has not made it into the mainstream (such as the availability of the 2-1-1 phone number as a helpline or that family members can get Naloxone training).

Currently, participants find they have access to a long list of resources, all lumped together. These resource lists are so multi-faceted, they can be indecipherable or useless when put in the hands of a law enforcement officer or family member. Summit participants stated a current need for a well-constructed and comprehensive list of resources. An important qualifier is that the resources need to be targeted to the different types of consumers and specifically targeted to the local areas. Physicians require a different list of resources than the type of resources useful for users, their family, or community members. The listening session revealed a need for resource lists that are targeted to the diverse populations involved in the opioid epidemic as well as mechanisms to help individuals and families navigate through the maze of treatment and recovery services.

# ACTIONS PROPOSED

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After consideration of the important community and stakeholder concerns, the HEART team identified four areas within in the mission of Cooperative Extension to help address the Opioid Epidemic in Utah. These areas include:

## 1. Prevention and Education

- a. Youth Mentorship
- b. Education in Schools
- c. Fact Sheets

## 2. Stigma Reduction

- a. Storytelling and Narratives
- b. Harm Reduction

## 3. Strengthening Communities

- a. Volunteerism
- b. Coalition Partnerships
- c. Service Mapping
- d. Community Advisory Board

## 4. Policy

- a. Opioid Registration Procedures

*The HEART team will be developing a strategic plan in the fall of 2018 to respond to and address key areas identified during the listening session.*

## CONCLUSION

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The listening session brought together a diverse and experienced group of professionals and community members engaged in the fight against opioid misuse in the state of Utah. Their concerns centered around issues of inclusive programming, collaborative and effective approaches, identifying areas of need, and successful dissemination of resources. The Health Extension; Advocacy, Research, & Teaching initiative is poised to bring a collaborative and research-based approach to the fight against opioid abuse and overdose death in the state of Utah. The HEART team will build from this foundation of experience to systematically expand and strengthen Utah's current efforts to fight opioid abuse and build health programming through our state's Extension system.

