

## Background

- In rural communities, those with opioid use disorder (OUD) in pregnancy are especially vulnerable to provider and community stigma as a barrier to treatment. OUD stigma creates barriers to care and results in unmet needs for this population.

## Objectives

- Improve prenatal care and perceptions toward pregnant women with OUD in rural communities.

## Methods

- Design.** A secondary analysis of a patient/provider intervention study. Study was designed as a one-group, cross-sectional, repeated-measures, hybrid type-1 effectiveness implementation study.
- Setting.** Provider education and resource enrichment was delivered in two rural Utah counties that lead the state in OUD deaths, with collectively 47.7 per 100,000 compared to the state average of 17.4 deaths per 100,000.
- Interventions.** Providers/professionals were trained in: Screening, Brief Intervention and Referral to Treatment (n=97); OUD/maternal health webinars (n=287); warm handoff referrals (n=24); OUD in pregnancy (n=38). Resource enrichment included: resource/referral coordination/dissemination; supporting local nurse care manager and recovery-coach staff who organized various addiction-recovery meetings and case management; collaboration with local organizations to enhance treatment availability.
- Measurement/Assessment.** Using a purposive sampling design, 16 qualitative interviews with county(s) healthcare providers/community stakeholders were conducted assessing community changes in stigma. Interview questions were designed following the Consolidated Framework for Implementation Research (CFIR). Changes were accessed twice throughout intervention period: mid-intervention and post-intervention.
- Data Analysis:** Data were coded by two coders using Nvivo12 and the Rapid Identification of Themes from Audio Recordings (RITA) method. Coding was designed to capture improvements in the topic areas addressed with the CFIR questions. Frequencies are presented for counts of themes (see tables). In addition, percentage agreement is also presented in the tables.

## Results

Provider Perceptions about Opioid Misuse Patients and Interventions in a Rural Community. Mid-Intervention.			
Qualitative Response Themes	Number of References	Kappa Summary	% Agreement
<b>Improvements in Attitudes/Stigma</b>			
Attitudes and stigma expressed toward people with addictions.	6	.70	99.3
Fear of criminalization.	2	.86	99.3
Stigma associated with substance use.	16	.59	96.3
<b>Improvements in Treatment Change</b>			
Expressed hope for ways of treating Opioid Use Disorder (OUD) and Neonatal Opioid Withdrawal Syndrome (NOWS).	42	.66	95.8
Resistance toward adopting new practices.	19	.65	97.6
<b>Improvements in Community</b>			
Being part of a small, rural, close-knit community.	8	.69	98.9
Importance of community partnerships in providing treatment interventions.	32	.58	96
Sense of division between law enforcement and citizens of the community.	2	.86	99.8
Unclear scope of the substance use problem due to patients' hesitation to seek care.	8	.43	97.8
<b>Improvements in Family</b>			
Fear of family separation.	9	.82	98.9
<b>Improvements in Resources</b>			
Having a place to refer mothers who experience OUD is important.	50	.40	93.8
Personalized care and home visits would be useful or helpful.	47	.53	93.9

Provider Perceptions about Opioid Misuse Patients and Interventions in a Rural Community. Post-Intervention.			
Qualitative Response Themes	Number of References	Kappa Summary	% Agreement
<b>Improvements in Attitudes/Stigma</b>			
Attitudes and stigma expressed toward people with addictions.	10	.40	95.4
Stigma associated with substance use.	11	.39	95.6
<b>Improvements in Treatment Change</b>			
Expressed hope for ways of treating Opioid Use Disorder (OUD) and Neonatal Opioid Withdrawal Syndrome (NOWS).	19	.42	93.6
Resistance toward adopting new practices.	8	.53	98.3
<b>Improvements in Community</b>			
Importance of community partnerships in providing treatment interventions.	21	.54	93.2
Sense of division between law enforcement and citizens of the community.	1	.80	99.7
Unclear scope of the substance use problem due to patients' hesitation to seek care.	3	.65	98.5
<b>Improvements in Family</b>			
Fear of family separation.	5	.90	98.2
<b>Improvements in Resources</b>			
Having a place to refer mothers who experience OUD is important.	26	.27	90.9
Personalized care and home visits would be useful or helpful.	23	.58	93.7

Kappa results are interpreted as follows: values  $\leq 0$  as indicating no agreement and 0.01–0.20 as none to slight, 0.21–0.40 as fair, 0.41–0.60 as moderate, 0.61–0.80 as substantial, and 0.81–1.00 as almost perfect agreement.

## Results Cont.

- Improvements in Attitudes/Stigma:**
  - One interviewee indicated that the project initiated "more open discussions about if somebody [is] pregnant and using, instead of shaming them, 'you just need to stop', what can you do to help? [There are] More discussions about helping instead of 'you're a bad person, you're doing bad things.'"
- Improvement in Community:**
  - According to one interviewee, the project implementations were effective in "...knowing who all is involved and supportive [in the community] in treating pregnant women with opioid use disorder."
- Improvements in Family:**
  - One interviewee found the project to be a "generational program" which "...can keep families connected [and] together to ease the burden from society and the community" and "...if you can save a life and keep those families together, you've saved a generation."

## Conclusion

- Interventions were found to be successful in meeting study objectives. Interview respondents reported improvements in attitudes and stigma expressed toward people with addictions, fear of criminalization, stigma associated with substance use, and expressed hope for ways of treating OUD.
- Addressing access and treatment quality through healthcare and community channels may have important influence on OUD stigma.

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