

Linking RORecovery Fitness to Primary Care: Development of a Health Promotion Program for People With A History of Substance Use Disorders

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INTRODUCTION

Since 2008, “promoting mental health and preventing substance abuse” have been public health priorities across New York.

But what about patients who have not connected with the health care system, often because of their substance use disorder? It is estimated by the nonprofit Center on Addiction that only 10% of those with a substance use disorder receive medical care. One of the most well documented barriers to accessing evidence-based care or treatment among this population is stigma.

Reaching these patients has been historically challenging for primary care physicians. There is little published on how to design, develop and evaluate interventions for populations with substance use disorders.

Our solution was to take a community health approach and form a cross-sectional partnership with a community organization that already has the trust of individuals with a history of substance use disorders in promoting health and recovery.

Community-based participatory research offers an opportunity to generate health-promoting programs that are well positioned for ready adoption by communities, particularly those which distrust the healthcare system.

COMMUNITY PARTNER

RORecovery Fitness: Nonprofit recovery community organization that aims to establish a community where sober living is the norm and create a motivating social network through enriching, physically active and fun activities. The idea of promoting recovery and sober living through fitness and community is well supported in the literature. Research has shown that increased levels of moderate-effort physical activity facilitate alcohol recovery and promote mental and physical health. This effect is further amplified with simultaneous group-based intervention efforts. This provides a unique window of opportunity for health education, promotion, and disease prevention.

RECOMMENDATIONS

1. Increase involvement of RORecovery Fitness members in running workshops.
2. Consider “leadership board” meetings to ensure all voices are heard and adequately considered.
3. Research data collection: Use 3 item scoring self-determination theory questionnaire for further research and analysis of the impact of the program to minimize survey burden.
4. Measure vitality, outcome used commonly in CCHP Healthy Living Center.
5. Continue running program annually housed at the RORecovery Fitness Outreach Center in person or virtually (but not hybrid).

LIMITATIONS:

- Data methodology limited by virtual data collection
- Most medical students involved in program had a high pre-study exposure to individuals with substance use disorders and interest in addiction medicine

COMMUNITY HEALTH IMPROVEMENT PROJECT

Step 1: Partner Engagement

A partnership between RORecovery Fitness and Highland Family Medicine organically evolved. RORecovery Fitness members asked Dr. Holly Russell to learn more about healthy living and reconnect with healthcare. She involved medical student Valentina Sedlacek to determine solution via CCHP Andrus summer research fellowship.

Step 2: Project Design & Implementation

Identified research agenda including topics, questions, and process to achieve project goal through brainstorming sessions as a research team. Focused on sustainability, fostering the unique aspects of the RORecovery Fitness community, capacity building among all partners, and co-learning. Completed University’s IRB approval process.

Step 3: Data Collection

- 1) Initial survey to RORecovery Fitness mailing listserv that gathered qualitative and quantitative data regarding interest in a health promotion program, health topics of interest, and information about current primary care usage. Survey also recruited focus group participants. For this study, 87% of survey respondents stated that they would attend a monthly health promotion workshop series. 38% of survey respondents said “yes” and 33% said “maybe, need more information” to participating in a focus group, and provided their contact information to be contacted further.
- 2) Five 1.5-hour focus groups conducted over secured Zoom meetings due to COVID-19. Focus groups were with participants recruited from the initial survey who indicated interest in participating and underwent an approved survey-based consent process (n=16). Focus groups were facilitated by medical students and RORecovery Fitness staff. Groups used a focus group interview guide and had 1-5 participants and were audio and video recorded, and then transcribed. There was a small incentive for participating in the survey and/or focus groups. Winners would receive a piece of RORecovery Fitness gear that was purchased from the community organization.

Step 4: Data Analysis

Two members of the research team used grounded theory to identify categories and codes as they emerge from analysis of the focus group transcripts. Each transcript was coded twice, once by one research team member alone, and the second time in collaboration with another research team member. This data was combined with the survey data.

Step 5: Create Program outline

Research team used the combined analyzed data to determine the ten workshop topics and create an outline of each session that included activities and learning/skill-based objectives.

Step 6: Feedback Collection and Implementation

Program outline was sent to RORecovery Fitness leadership, and focus group participants with a follow-up survey asking for feedback. 100% of follow-up survey respondents (n=14 of 16) stated that the program outline seemed “consistent with what we talked about during your focus group” and gave an overall rating of 4.7/5 on satisfaction with the draft of the program outline and 4.5/5 on “how excited they are to participate in the RORecovery Wellness program as it is right now.” Feedback was incorporated to develop a final draft of the program outline.

Step 7: Develop curriculum and accompanying participant workbook

Curriculum was designed using materials closely adapted from the CDC Diabetes Prevention Program, Wilmot Center Institute Promote Health, Prevent Cancer program, Healthy Living Program curricula designed by the CCHP at the University of Rochester, and other widely accessible health promotion, education, and healthy living programs through the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services. Future evaluative methods will include material adapted from the Center for Self Determination Theory and will be applied to measure changes in autonomy and competency related to primary health care seeking behavior and general health behavior changes. The topics of the workshops in the program come from the RORecovery Fitness community and include addressing the stigma surrounding medicine and addiction, promoting patient activation and self-advocacy, using health resources, teaching about healthy living guidelines related to goal setting, nutrition, sexual health, dental care, physical activity, and preventive health.

Step 8: Financial support

Financial support for community-based programs addressing chronic conditions is an important consideration. The development of this program was supported through an annual summer fellowship program through the Center for Community Health and Prevention at the University of Rochester. The current program is housed by RORecovery Fitness using their space for free and run on a completely volunteer basis by medical students and family medicine residents. Due to the COVID-19 pandemic, the program was entirely virtual for the pilot. The second phase of the program was both in person at the RORecovery Fitness Outreach Center and virtual. In this format, the program has minimal direct costs and funding can be directed towards compensating RORecovery Fitness members for their space and time, supporting program’s longevity, and incentivizing participation in the program. Funding was secured through grants: the University of Rochester Medical School Office of Medical Student Inclusion and Enrichment Programs, MVP Healthcare Community Grants, ESL Foundation.

Step 9: Improving the program

- A. **Qualitative** data was collected from participants after completion of the program. Data was gathered in focus groups and free-text surveys. The questions focused on how to improve the program for the next iteration and involve more RORecovery Fitness members in the program’s administration.
- B. **Quantitative** data was collected from participants throughout the program. Utilizing Self-Determination Theory, the analysis of the data aims to answer the important question in community engaged collaborative research whether participation in a community health promotion program designed by and for a marginalized group can empower and increase motivation to achieve desired health goal and re-connect with primary care.
- C. **Qualitative and quantitative** data was also collected from involved medical students (future health providers) to measure the impact of participation in the program on attitudes and perspectives of people with substance use disorder. The hypothesis is that increasing interaction between future health providers and people with substance use disorders will increase understanding of the lived experience with SUD, increase empathy, and decrease stigma early on in medical training.

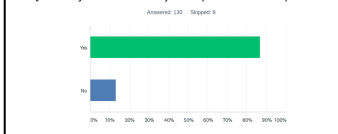
Step 10: Program sustainability

RORecovery Fitness staff will collaborate with the student directors to run the program at RORecovery Fitness and virtually. “Running” the program includes investment of resources (space, time) and advertisement. When able with grant support, RORecovery Fitness members will be compensated for utilization of these resources. Previous RORecovery Wellness participants will be invited and encouraged to help teach future workshops and continuously improve the program. The Addiction Medicine Interest Group will select leaders to be student directors of the program every year. URSMD medical students will be invited to participate in the program annually.

IMPACT AND CONCLUSIONS

- 2020-23 participants: 100+ RORecovery Fitness members, 60+ medical students
- Average # of participants per workshop: 23.3
- 5+ participants have helped advertise the program with their own personal anecdotes
- 3 pilot participants are now part of the RORecovery Wellness team and run their own workshops and/or help facilitate

Q2 Would you attend a monthly health promotion workshop series?



Pilot data (2020-21 program):



Developed outline received a 4.7/5 star rating of satisfaction with the program

100% of respondents (n=14) said that the program outline seemed consistent with what was talked about in the focus group

Post program results (2020-21 program):

94% of participants reported an increase in autonomous motivation (range of increase 1-16)

65% reported an increase in controlled motivation (range, 1-9)

71% reported a decrease in amotivation (range: -3 -- -11)

50%, 56% and 50% reported increases in autonomy, competence, and relatedness, respectively (range, 1-20, 2-16, 2-15).

No statistically significant change in the bias measured by the provider attitudes survey.

Ample qualitative evidence of the effect of participation in the program on future physicians’ perspective and understanding of the lived experience of SUD and recovery.

SUMMARY OF CONCLUSIONS

1. Using a community health and collaborative approach when designing health interventions promotes sustainability
2. Qualitative and quantitative evidence from RORecovery Wellness participants
3. Advantages of addressing social determinants of health (SUD) in the community setting: **TRUST**
4. Increasing health literacy and motivation of program participants to feel like they have greater agency in making decisions related to their health
5. Themes of empowerment, autonomy, competence, relatedness, motivation
6. Decreasing potential stigma of SUD among future physicians early on in medical training
7. Furthering the reach of family physicians (presentations at FMCC, STFM, AAFP)
8. Creativity in medicine can address some of the largest problems in healthcare today
10. Value of using self determination theory to measure the impact of a health promotion program on participants