

INTRODUCTION

Background

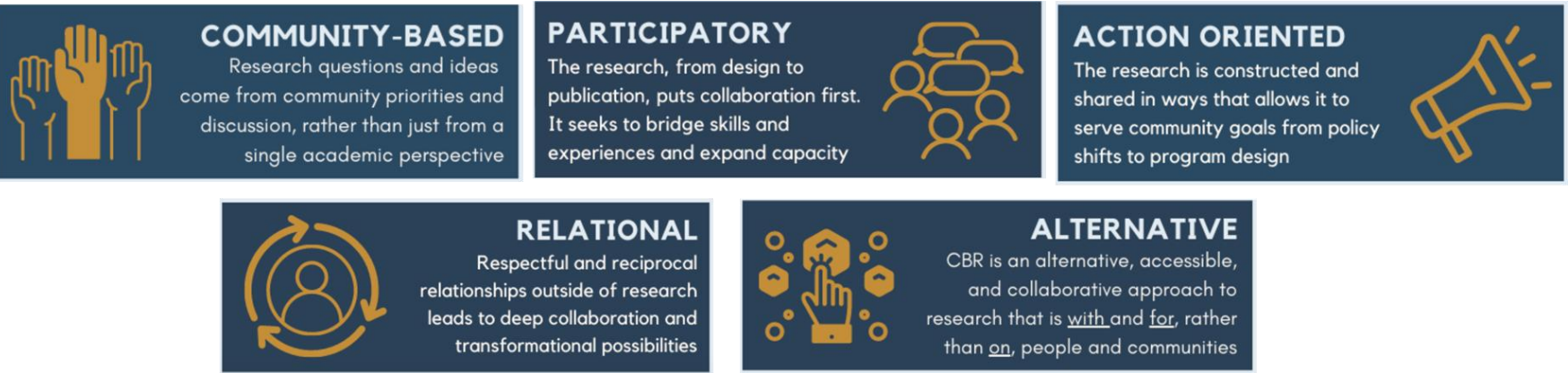
- Childhood trauma is strongly linked with risk for substance use disorder (SUD).¹
- In rural communities, remote location, inadequate transportation infrastructure, and workforce shortages limit access to evidence-based SUD prevention supports.²
- Increased community capacity and mitigation of trauma can decrease later substance use and SUD in teens and adults.³
- However, the evidence base for trauma-informed SUD prevention programs specifically for rural communities is limited.
- Community-based participatory research (CBPR) is appropriate for conducting rural research that incorporates community voice to improve health disparities.^{4,5}
There is a critical need for trauma-informed youth substance use prevention interventions co-designed with rural community members.

Growing Resilience

A five-year project aimed at using community-based participatory research to **design and disseminate trauma-informed, evidence-based SUD interventions for youth in rural areas.**



This project's **Community-Based Participatory Research (CBPR)** approach aims to develop **solutions defined by and tailored to rural communities** and their unique needs:⁶



Objectives

- Build and leverage relationships** across sectors from partner counties.
- Listen to key informants'** perspectives on the community and youth substance use.
- Learn about community strengths, resources, needs, and barriers** to inform trauma-informed youth substance use prevention efforts.
- Apply insights to further partner** with communities and **develop interventions.**

Contact information: Laura Perrone, PhD, Laura_Perrone@URMC.Rochester.edu

Website: <https://recoverycenterofexcellence.org/growing-resilience-strengthening-community-collaboration-substance-use-prevention>

This HRSA RCORP RCOE program is supported by the Health Resources & Services Administration (HRSA) of the US Department of Health & Human Services (HHS) as part of an award of \$3.33M in the current year with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the US Government.

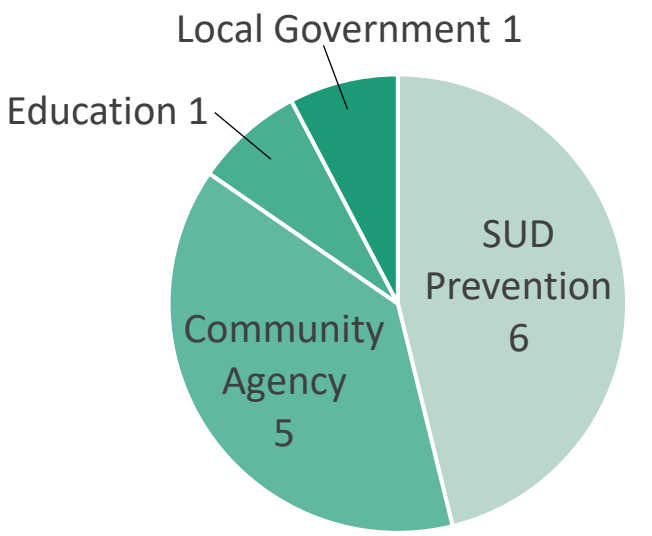
METHODS

- Growing Resilience team members met virtually with key informants to conduct semi-structured interviews focusing on the following goals:**
 - Learning about key informants and their community
 - Sharing about the Growing Resilience team and project
 - Identifying opportunities for collaboration and mutual benefit
 - Learning about keys to partnering successfully with their community
- Following the interview, each Growing Resilience team member completed a written memo in which they described the meeting content, identified their top three key takeaways, provided their interpretation of the implications of the meeting, and reflected on their personal meeting impressions and responses.
- Key takeaways were coded to summarize major themes.

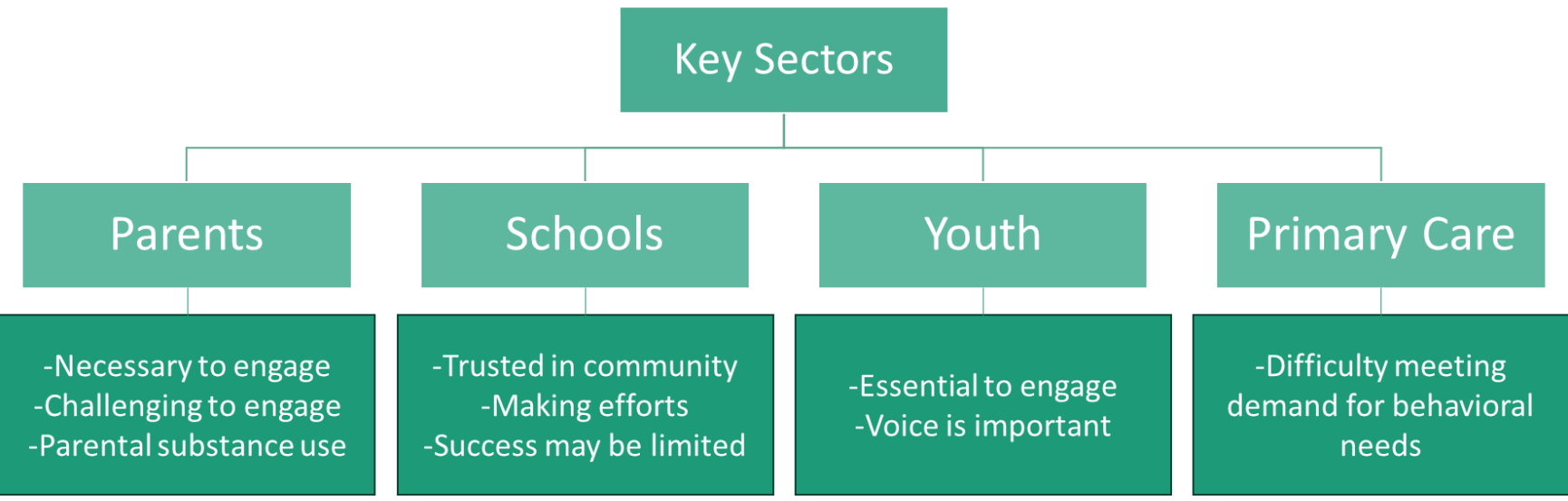
RESULTS

- Conducted 13 key informant interviews with representation from all 3 counties:
 - Allegany ($n = 6$)
 - Cattaraugus ($n = 3$)
 - Steuben ($n = 5$)
- Growing Resilience team key takeaways collected for a subset of 8 interviews

Key Informants by Sector



Takeaways identified key sectors to consider in developing and implementing youth substance use prevention programs.



Takeaways also emphasized barriers to trauma-informed youth substance use prevention efforts in these communities.

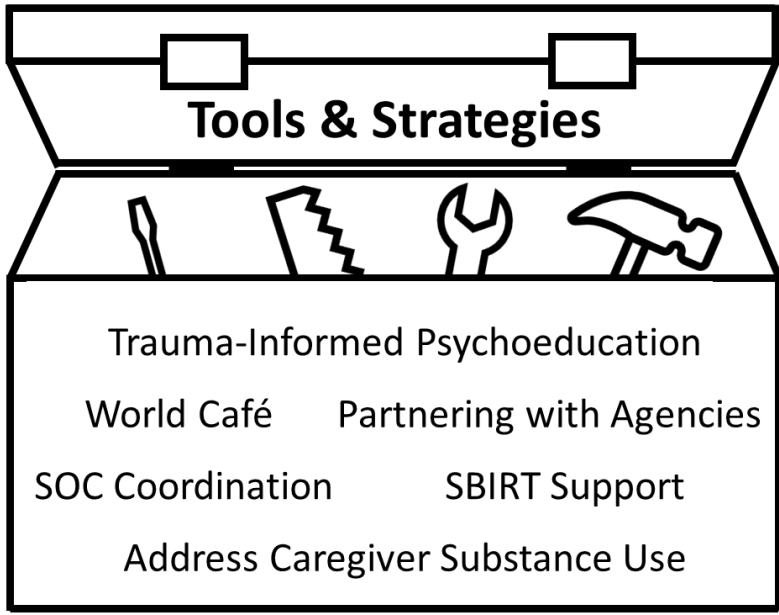


RESULTS

Takeaways highlighted keys to designing successful programs and interventions in these communities.



Takeaways reflected on intervention tools and strategies that may be helpful given what the team learned from key informants.



DISCUSSION

- Key informant interviews supported the **need for trauma-informed youth substance use prevention programs co-designed with rural communities**, noting programs developed in urban areas are not effective in these communities.
- Key informant interviews **highlighted values, strengths, and needs specific to these communities**, which will **directly inform intervention selection**.
- Our **CBPR approach** has been **well-received** by key informants, who say it is **consistent with the importance placed on relationships**, direct involvement in these communities, and **community-specific solutions**.
 - A key to CBPR success has been focusing on **mutually beneficial relationships**.
 - CBPR also **requires more time, openness, and flexibility** than typical research.
- Future directions** include:
 - Qualitative coding** of full key informant interviews to summarize themes.
 - Application of insights** from key informant interviews to next project steps (e.g., community conversations, intervention selection).

References:
¹Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245-258.
²Fox, J. C., Blank, M., Berman, J., & Rovnyak, V.G. (1999). Mental disorders and help seeking in a rural impoverished population. *International Journal of Psychiatry in Medicine*, 29(2), 181-195.
³Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Focus on prevention*.
⁴Smith, L. H., Valenzuela, J., & Ludke, R. L. (2012). Engaging rural and urban Appalachians in research using a community-based participatory research approach. *PRISM: A Journal of Regional Engagement*, 1(1).
⁵Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312-323.
⁶Community-Based Research Training Centre, University of Winnipeg, 2023