



Great Lakes (HHS Region 5)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Community of Practice: Preventing and Reducing the Stigma of Substance Use Disorders in Rural Communities

Implementation and Lessons Learned

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Table of Contents

Background	3
What Are Communities of Practice?	3
Application and Selection Process	3
Expectations of Participants	4
Format of Sessions	4
Discussion Topics	5
Participant Feedback	5
Lessons Learned	6
Appendices	7
Appendix A: Participant Application	8
Appendix B: Timeline	10
Appendix C: Prep Work Assignments	13
Appendix D: Worksheets	15
References	22

Great Lakes Prevention Technology Transfer Center

Background

Stigma disproportionately influences health outcomes and mental well-being for individuals with substance use disorder. Fear of being judged and/or discriminated against can prevent people from getting the help they need. According to results from the 2017 National Survey on Drug Use and Health, 20.5% of people with substance use disorder do not seek treatment because of negative consequences associated with their work; 17% do not seek treatment for fear of negative judgements by friends or community. It can also prevent caregivers and others from providing needed services, including medical care.

To decrease the impact of stigma, the Region 5 Great Lakes PTTC offered a *Community of Practice* to provide rural communities in Region 5 an opportunity to learn from one another and to foster the implementation of anti-stigma initiatives. The goal was to promote the use of evidence-based strategies for the prevention and reduction of stigma and provide an opportunity for group problem solving.

What Are Communities of Practice?

Communities of Practice are groups of volunteer participants that have an ongoing interaction on a specific topic. The Community of Practice environment is one in which professionals can share their experiences, develop and discuss areas of interests, and build a sense of community (Educause, 2021). In their analysis of the concept of Community of Practice, Pyrko et al. (2017, p. 389) shared the following:

“‘Thinking together’ is conceptualized as a key part of meaningful Communities of Practice where people mutually guide each other through their understandings of the same problems in their area of mutual interest, and this way indirectly share tacit knowledge. The collaborative learning process of ‘thinking together’, we argue, is what essentially brings Communities of Practice to life and not the other way round.”

Consequently, we strove to structure each of the anti-stigma Community of Practice sessions to provide participants with opportunities to “think together.”

Application and Selection Process

Information about this opportunity was shared through the Great Lakes PTTC email listserve, as well as to the Region 5 Opioid Taskforce and others who had previously expressed interested regarding this topic. An online application was available for interested individuals to apply to participate (see Appendix A for application and Appendix B for timeline). Our goal was to select 18 qualified applicants.

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Thirty three applications were received. Ten were from individuals outside the Great Lakes PTTC region, so they were not eligible. From there, we ensured participants represented each part of the Great Lakes region, and that they had professional or volunteer roles that would enable them to participate effectively in the community of practice.

In the end, we selected 18 participants from the following states:

- Illinois – 1
- Indiana – 2
- Michigan – 3
- Minnesota – 4
- Ohio – 4
- Wisconsin - 4



Expectations of Participants

The following expectations were shared with the participants during the application process and monthly via email prior to each session:

- Actively participate in each of the five monthly sessions (2 hours each), October through February
- Participate on camera and audio
- Be engaged in the implementation of efforts to prevent or reduce the stigmas of substance use disorders or be ready to start such efforts
- Be willing to provide input on the utility of the Community of Practice model to address stigma in rural communities

Format of Sessions

One week prior to each session, prep work was sent to participants via email. This included a combination of reading assignments, reflection questions, and videos to watch. Discussion during each session built off of this work by participants before the sessions. (See Appendix C for Prep Work assignments and Appendix E for the worksheets.)

Each of the five, monthly sessions were two hours in length. The general format of each session included the following components:

- Welcome and check-in
- Small-group discussions followed by large-group report-outs
- Large-group discussion
- Select topic for next session
- Pluses and wishes

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Notes regarding the discussions were recorded by the Great Lakes PTTC staff (see Appendix D).

Discussion Topics

Starting at the end of the first session, the participants selected the topic(s) to be discussed at the next session. The topics selected for each session included:

- **Session 1 - October**
 - ONDCP's "Rural Community Action Guide"
 - "Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change"
 - What is your biggest challenge re SUD stigma in your community?
 - Brainstorm of topics for future sessions
- **Session 2 - November**
 - Three types/levels of stigma: Structural, Public, and Self Stigma
- **Session 3 – December**
 - Anti-stigma interventions
 - Anti-stigma campaigns
- **Session 4 – January**
 - Rural culture and its impact on stigma
 - Addressing stigma in different sectors of the community
- **Session 5 – February**
 - Surveys on stigma
 - Bringing this Community of Practice format to your community

Participant Feedback

At the end of the last session, we requested feedback from the participants regarding their experience with this community of practice. Feedback included:

- Participants appreciated the prep work being sent to them one week prior to each session. This gave them ample time to complete the work.
- One participant shared that before the first session was held, the 2-hour sessions sounded excruciating long. But she found time went by fast and she greatly enjoyed the time.
- Many participants indicated that breakout sessions were very helpful for exchanging ideas and information.
- It was expressed that it was helpful having participants from different organizations and geographical regions to bring different perspectives, different stages of understanding, and work being done on the issues
- Participants expressed that the environment that was created during the Community of Practice sessions allowed those not usually comfortable in this kind of setting to share and participate without anxiety.
- One participant new to her job expressed that the prep work readings were very helpful as they provided her with information to be able to participate successfully.

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- The group size of 6 to 8 people was the ideal size for productive conversations.
- One participant mentioned that she experienced more enriching conversations when participant talked about their local communities compared to discussing a reading from their prep work.
- A Google folder or something similar for the group would be useful to have so participants could share documents with one another.
- More representation from tribal communities was a desire expressed.
- Participants expressed a desire to continue meeting every 3 to 6 months.
- Participants expressed the wish for a national anti-stigma campaign that they could build off of at the local level.

Lessons Learned

- We recommend that the Community of Practice start with sessions two weeks apart then move to one month between sessions so that participants can get to know one another and there is some flow between sessions. A possible schedule could be:
 - Session 1
 - 2 weeks later, Session 2
 - 2 weeks later, Session 3
 - 1 month later, Session 4
 - 1 month later, Session 5
 - 3 months later, Session 6
- A smaller group works better (6-8 participants) for productive discussions.
- We might consider offering a training before starting for those newer to the topic, allowing participants to self-select for training.
- Participants experienced overwhelm or discouragement at times regarding how large the issue is. So it is important to continue to stress the importance of looking at what they can do in their roles.
- Although participants were asked to commit to all five sessions, this was difficult for many due to the demands of the pandemic. Many were pulled into different projects and meetings due to the pandemic. Consequently, participation decreased over time:
 - Session 1 – 14
 - Session 2 – 10
 - Session 3 – 9
 - Session 4 – 7
 - Session 5 – 7

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Appendices

Appendix A: Application

Appendix B: Timeline

Appendix C: Prep Work Assignments

Appendix D: Session Notes

Appendix E: Session Notes

Appendix A: Participant Application

Participant Application

Deadline: September 17, 2020 at 5 pm CT

Background

Stigma disproportionately influences health outcomes and mental well-being for individuals with substance use disorder. Fear of being judged and/or discriminated against can prevent people from getting the help they need. According to results from the 2017 National Survey on Drug Use and Health, 20.5% of people with substance use disorder do not seek treatment because of negative consequences associated with their work; 17% do not seek treatment for fear of negative judgements by friends or community. It can also prevent caregivers and others from providing needed services, including medical care.

To decrease the impact of stigma, the Region 5 Great Lakes PTTC is offering a *Community of Practice* to provide rural communities in Region 5 an opportunity to learn from one another and to foster the implementation of anti-stigma initiatives. The goal is to promote the use of evidence-based strategies for the prevention and reduction of stigma and provide an opportunity for group problem solving. The facilitators will work with participants to assess the impact of the Community of Practice as a vehicle for improving outcomes for the prevention or reduction of stigma.

What are Communities of Practice?

Communities of Practice are groups of volunteer participants that have an ongoing interaction on a specific topic. The Community of Practice environment is one in which professionals can share their experiences, develop and discuss areas of interests, and build a sense of community.

Benefits of Participating

- Interaction with peers addressing similar challenges and implementing creative responses to prevent and reduce stigma
- Access to information and expertise in this area
- Participate in a process for documenting what works in rural settings to improve outcomes
- Certificates of Participation for up to 10 hours

Who Should Apply

- Professionals working in rural settings with stigmatized populations
- Individuals or agency representatives who are currently implementing or preparing to implement anti stigma-initiatives

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Expectations

- Actively participate in each of the five monthly Community of Practice sessions (2 hours each) on the third Thursday of each month, October through February from 12-2 pm CT/1-3 pm ET via Zoom
- Participate on camera and audio for the duration of each meeting
- Be engaged in the implementation of efforts to prevent or reduce the stigmas of substance use disorders or be ready to start such efforts
- Be willing to provide input on the utility of the Community of Practice model to address stigma in rural communities

How to Apply

To complete the [application form](#), go to: <https://tinyurl.com/stigmaCoP>. The deadline for submitting an application is **5 pm CT on September 17, 2020**. Be mindful that a **maximum of only 18 participants** will be invited to participate. Consequently, it is critically important that selected participants follow-through with the Communities of Practice to completion.

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Appendix B: Timeline

The following timeline was used by the organizers in their planning and implementation of the Community of Practice.

Task	Deadline
<p>Define the Learning Community’s primary purpose and the benefits to the participants – Description available in Region IV Initiative that describes the intent.</p> <p>“Rural Learning Community: To decrease the impact of stigma, selected rural communities will be invited to participate in a learning community to share unique strategies through a peer-to-peer learning process. The best practices will be consolidated and shared broadly with similar rural communities.”</p>	<p>August 2020</p>
<p>Define expectations for participants and the criteria for participant selection (e.g., from a rural community, involved with opioid issues in their community)</p> <p>Expectations: Participate in 5 monthly learning community sessions; Designate an alternate participant; Be willing to focus effort on the issue of opioids and stigma; Be willing to share about the work they do; Be engaged in the implementation of the prevention/reduction of stigma or be ready to start; and Be willing to provide input on utility of this platform/process to address stigma</p> <p>Focus on opioid and SUD stigma</p> <p>Meet on third Thursday of each month, October through February – Noon-2 CT/1-3 ET</p> <p>Sessions will be done via Zoom. Participants will need to be able to be on camera and audio.</p>	<p>August 2020</p>
<p>Create application, including:</p> <ul style="list-style-type: none"> • Expectations • Benefits of participating: Interacting with peers addressing similar challenges; access information and expertise in this area; contribute to the field (Chuck will draft) • Who should apply (Chuck will draft) • Description of the Learning Community structure • Questions for them to address the expectations • Information that certificates of participation for up to 10 hours will be made available • Deadline: Sept. 17th 	<p>August 2020</p>

Great Lakes Prevention Technology Transfer Center

<p>Once application is ready, Kris will create a Google form for the application. Kris will make Chuck and Julia co-editors on the Google form.</p>	
<p>Application distribution:</p> <ul style="list-style-type: none"> • Post on the website • Send to state contact folks to have them forward application to people they think should apply • Send application information on the PTTC email list • Social media • Task force members (ask them to forward to folks) <p>Distribute application no later than Sept. 8th with a deadline of Sept. 17th</p>	<p>Distribute applications on Sept. 8th</p>
<p>Process applications and select participants</p>	<p>Sept. 18-24</p>
<p>Identify notetaker for the Learning Community sessions in order to capture the learnings from the group for the report to be written after the last Learning Community session</p>	<p>September</p>
<p>Notification that their application was accepted:</p> <p>Email notification that their application was accepted – “Congratulations! Just a reminder...” (remind about the expectations and the timing of the sessions). “Please confirm your availability to participate in all 5 sessions and your willingness to fulfill the expectations...” (have them reply to the email)</p> <p>Email will come from Kris in her role as facilitator</p>	<p>Notify participants by Sept. 24th</p>
<p>Reminder emails for each session and other communication between Learning Community sessions</p>	<p>October-February</p>
<p>Resource connections for expertise on specific topics for Community of Practice session</p>	<p>October-February</p>
<p>Hold first Learning Community via Zoom. The focus of the first session will be to:</p> <ul style="list-style-type: none"> • Learn about one another • Discuss purpose of the Learning Community • Identify participants’ biggest challenges regarding the stigma of opioid use/abuse in their communities • Select the topic(s) of discussion for the next Learning Community meeting as a result of the discussion regarding participants’ biggest challenges • Determine if any work needs to be done by participants before the next meeting to be prepared for the discussion 	<p>October 15</p>

Great Lakes Prevention Technology Transfer Center

Hold second Learning Community via Zoom. The focus of the second meeting will be determined at the first meeting. The Learning Community facilitator will lead the discussion, pulling in the experts as needed during the conversation. At the end of the session, participants will select the topic(s) of discussion for the next meeting.	November 19
Hold third Learning Community via Zoom. Same format as the previous meeting.	December 17
Hold fourth Learning Community via Zoom. Same format as the previous meeting.	January 21
Hold fifth Learning Community via Zoom. Same format as the previous meeting.	February 18
Learnings from the community will be compiled by the notetaker into a document that can be shared with others. End the session by discussing if the group would like to continue meeting and when/if they would want to replicate this process. (Plant the idea of replicating this through the Learning Communities.)	March

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Appendix C: Prep Work Assignments

The following assignments were sent to participants one week prior to each Community of Practice session.

Session 1

Prior to our meeting on October 15, **read** the following pages of the attached documents and **complete** the attached reflection worksheets.

- "Evidence for Stigma Change" -- Chapter 2, pages 33-52
- "Rural Action Community Guide" -- Section 1, pages 13-19

Session 2

Prior to our meeting on November 19, complete the tasks and **complete** the attached worksheet.

- Review the Stigma Basics PPT presentation, <https://youtu.be/5YbX1ZtzEBc>. While reviewing it, consider when and how might it be useful for you to use this presentation and pay close attention to the levels of stigma portion of the presentation.
- Review pages 42-51 of the attached Evidence of Stigma document (from Session1), noting the distinctions between the types/levels of stigma
- Review the attached "Stigma Types" graphic (PPT slide)
- Complete the Types of Stigma worksheet

Session 3

Prior to our meeting on December 17, complete the tasks and **complete** the attached worksheet.

- Read pages 69-92 (Chapter 4) of the Evidence of Stigma document
- Read pages 2-5 of the Rural Community Action Guide Promising Practices Supplement
- Go to: <https://pttcnetwork.org/centers/great-lakes-pttc/preventing-and-reducing-stigma>. Scroll down the page to "How Community Sectors Are Addressing Stigma." Read the two paragraphs of information. Then click on two of the sectors listed and review the information available on addressing stigma within those two sectors.
- Review the existing anti-stigma campaigns in the Great Lakes region, paying particular attention to those in your state: <https://pttcnetwork.org/centers/great-lakes-pttc/statewide-and-large-scale-anti-stigma-campaigns-great-lakes>
- Complete the Anti-stigma Interventions worksheet

Great Lakes Prevention Technology Transfer Center

Session 4

Prior to our meeting on January 21, complete the tasks and **complete** the attached worksheet.

- Read the attached article, “Rural Culture is a Diversity Issue” then consider the following questions that we will discuss during the Zoom session:
 - How does rural culture impact how we address anti-stigma issues for substance use disorders?
 - How does rural culture impact our ability to work with various sectors of the community?
- Go to: <https://pttcnetwork.org/centers/great-lakes-pttc/great-lakes-pttc-products-preventing-and-reducing-stigma> Scroll down the page to “Curriculum Packages.” Click on two of the sectors listed and review the information available on addressing stigma within those two sectors. Be sure to click on the “Download” icon and then open the PowerPoint slides and fact sheet associated with each sector.
- For each sector you review, write two tips on working with that sector that you found helpful and be ready to share those tips with the rest of the group during the Zoom session on January 21.

Session 5

Review the attached surveys on stigma. Consider the following questions and be ready to share with your thoughts with your fellow participants:

- What surveys have you administered in your community regarding stigma? Did they provide useful information? Would you recommend them to the group?
- Of the attached surveys, which would you consider implementing, if any?

Appendix D: Worksheets

These worksheets were used by participants during their preparation for the community of practice sessions.

Session 1: Reading Reflections

Session 2: Types of Stigma




Session 3: Anti-stigma Interventions

Session 1

Reading Reflections

"Evidence for Stigma Change" -- Chapter 2, pages 33-52




After you have completed the reading, answer each of the questions. Be prepared to share your thoughts during the upcoming Community of Practice session.

Questions	Your Reflections
 <p>What are 2 to 4 things that “square” with your beliefs about the reading?</p>	
 <p>What are 3 points you want to remember about the reading?</p>	
 <p>What 1 question is still circling in your mind about the reading?</p>	

Reading Reflections

"Rural Action Community Guide" -- Section 1, pages 13-19

After you have completed the reading, answer each of the questions. Be prepared to share your thoughts during the upcoming Community of Practice session.

Questions	Your Reflections
 <p>What are 2 to 4 things that “square” with your beliefs about the reading?</p>	
 <p>What are 3 points you want to remember about the reading?</p>	
 <p>What 1 question is still circling in your mind about the reading?</p>	



Session 2: Types of Stigma Worksheet

Type/Level of Stigma	Is this type/level of stigma prevalent in your community? If so, what does it look like?	With whom do you need to work to address this type/level of stigma?
<p>Structural Stigma: Institutions</p> <p>Prejudice and discrimination by policies, laws, and constitutional practice (also called institutional stigma)</p> <p>Examples</p> <ul style="list-style-type: none"> • Discrimination in housing, employment opportunities • Legal restrictions (in some states) for jury duty, political office, parental custody rights, marriage, reduced privacy rights • Disparities in treatment, research and policy support, and/or resources 		<p><i>(e.g., policy makers, clinicians, prevention providers, health care providers, criminal justice, law enforcement, educators)</i></p>
<p>Public Stigma: Communities</p> <p>Stereotypes, prejudice, and discrimination endorsed by the general population.</p> <p>Examples</p> <ul style="list-style-type: none"> • Negative stereotypes, attitudes, beliefs and behaviors about mental illness, persons with mental illness, their families, and their providers • Isolation and rejection of these groups • Lack of public support for services, funding 		<p><i>(e.g., the general public with target groups of age, gender, racial/ethnic groups, LGBTQ, rural, poverty)</i></p>

Great Lakes Prevention Technology Transfer Center

<ul style="list-style-type: none">• Support for coercive practices		
<p>Self-Stigma: Individuals</p> <ul style="list-style-type: none">• Shame• Low self-esteem/efficacy• “Why-try” cycle• Lack of engagement in treatment		<i>(e.g., people with behavioral disorders)</i>
<p>Reflecting on what you have written above, what level of stigma do you believe is a priority to address in your community? What sector(s) are a priority to work with in order to address this level of stigma?</p>		



Session 3: Anti-stigma Interventions Worksheet

For each level of stigma, identify at least two interventions you might consider implementing in your community. Use the readings for this Community of Practice session to gather ideas of possible interventions.

Type/Level of Stigma	Interventions I Am Considering
Structural Stigma: Institutions Prejudice and discrimination by policies, laws, and constitutional practice (also called institutional stigma)	1. 2.
Public Stigma: Communities Stereotypes, prejudice, and discrimination endorsed by the general population.	1. 2.
Self-Stigma: Individuals Shame, low self-esteem/efficacy, “why-try” cycle, lack of engagement in treatment	1.

	2.
<p>Reflecting on what you have written above, as well as the discussions from Session 2 of the community of practice, on which level of stigma and what intervention do you want to take further action?</p> <p>Type/Level of Stigma: Intervention:</p> <p>Action step(s) I will commit to taking to move forward with this intervention:</p>	



References

- Educause. 2021. Community of Practice Design Guide: A Step-by-Step Guide for Designing & Cultivating Communities of Practice in Higher Education. <https://library.educause.edu/-/media/files/library/2005/1/nli0531-pdf.pdf>.
- Pyrko, I., Dörfler, V., & Eden, C. (2017). *Thinking together: What makes Communities of Practice work?* 70(4), 389-409. <http://doi.org/10.1177/0018726716661040>.