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SHIFTING THE OPIOID CONVERSATION FROM STIGMA TO STRENGTHS: OPPORTUNITIES FOR COMMUNITY-ACADEMIC PARTNERSHIPS

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Abstract

Background: Opioid misuse and abuse is a longstanding concern, particularly in underserved communities. Community-level data is needed to understand how to best address the opioid crisis. A strengths-based whole-person approach can offset challenges in working to maximize individual health.

Objectives: Project objectives included acquiring and providing data to the community to engage members in meaningful conversations about opioid misuse and abuse and gather insights to shape a response to the opioid crisis.

Methods: University of Minnesota School of Nursing faculty collaborated with community partner Hue-MAN Partnership, to develop and implement a Community Opioid Survey at neighborhood meetings. The MyStrengths+MyHealth assessment was used to identify strengths of community members. Community meetings included introductions by the Hue-MAN Partnership, presentation of the survey data, and facilitated discussion to involve community members in data interpretation and solution development.

Results: Data was collected at 11 community meetings between June 2018 and May 2019. Approximately half of respondents had been affected by opioid misuse or overdose; oxycodone was the most frequent opioid involved; community clinics were the most available resource; and community education was identified as a needed resource to reduce misuse and overdose. Communities perceived and used language differently in talking about opioids.

Conclusion: The community-academic- partnership enabled collection of community-specific data that may have been inaccessible to researchers working alone. Access to community-specific data holds promise for increasing research relevance and for engaging community knowledge and needs.

Key Words: Community-based participatory research; Opioids; Resilience; Community-academic partnership

Opioid misuse and abuse is a major health issue across the United States (US), particularly in underrepresented communities (Centers for Disease Control and Prevention, 2017). How we talk about this issue, including the actual words we use, is also of great importance as we work collaboratively with our community partners, the Hue-MAN Partnership. The term "opioid" has dominated researchers' and health professionals' dialogue, to label a specific group of drugs; however, this term may not be well known or may be used differently by the general population (Kelly et al., 2016; Kennedy-Hendricks et al., 2017). Community-academic partnerships can facilitate shared understanding of language that is the foundation of meaningful dialogue (Thomas & McDonagh, 2013), and enhance the collection of community-specific data, providing a more accurate picture of the strengths, needs, and challenges of individuals within communities (DeSalvo et al., 2017). Unfortunately, data representing strengths, needs, and challenges for whole-person health is unavailable for many communities, complicating attempts to adopt a holistic view of community health problems and devise strategies to improve health (Carter et al., 2015; Sminkey, 2015). The purpose of this project was to develop a community-academic partnership by demonstrating our capacity to collaborate in the collection of community-level data, to recognize and build on community strengths to address the opioid crisis, and to engage the community in meaningful conversations about the data gathered in their own community.

BACKGROUND

According to the CDC, the unprecedented increase in opioid consumption for pain relief has resulted in the "worst drug overdose epidemic in [U.S.] history" (CDC, 2017). The US consumes 80% of the world's prescription opioids; prescription opioid drugs contribute to 40% of all U.S. opioid overdose deaths (Levy et al., 2015). From 1999 to

2011, consumption of hydrocodone more than doubled and consumption of oxycodone increased almost 500% (Kolodny et al., 2015; Levy et al., 2015; Volkow & Collins, 2017). In some U.S. communities, opioid abuse and overdoses have been stigmatized as a "war on drugs," while in other U.S. communities opioid abuse is seen as a health issue or epidemic (Kennedy-Hendricks et al., 2017). To unravel the interconnectedness of opioid use within underrepresented populations, we planned to work with the community to obtain and interpret community-specific data.

Systemic barriers to health are associated with disparate health outcomes. Examples of systemic barriers include social segmentation (racial or ethnic group); religion; socioeconomic status; sexual orientation or gender identity; age; mental health; and other characteristics historically linked to discrimination or exclusion (Office of Disease Prevention and Health Promotion, 2019). Eliminating or reducing health disparities is a national goal for health-care systems and communities (Mahajan et al., 2021). One current challenge is that most health research focuses on a single disparity or health outcome. This singular focus discourages consideration of other factors that influence the overall health of individuals and the community. Our preliminary research suggests that adopting a whole-person approach to health in communities can produce benefits including enhanced communication and improved clinical outcomes.

Whole-person health focuses on how individuals, family units, and communities interact within the built and natural environment, and addresses psychosocial needs, physiological function, and health-related behaviors (Martin, 2005). Whole-person health highlights strengths, such as skills, capacities, actions, talents, potential, and gifts in each individual, family member, team member, the family as a whole, and the community (Carter et al., 2015; Sminkey, 2015). Previous research has shown the concept of strengths as an essential component to understanding a whole-person perspective (Monsen et al., 2014, 2017; Ponnuswami et al., 2012). Using their strengths (e.g., resilience), community members are able to adapt to the challenges of life, maintain physical and mental health, and wellbeing despite adversity (Chmitorz et al.,

2018). The lack of data describing individual and community strengths too often results in an incomplete picture and may hinder access to evidence-based decisions (Monsen et al., 2015). It is essential to collect data about strengths so that clinicians can integrate information about individual and community strengths into shared responses to social and behavioral determinants of health (e.g., housing, welfare, and poverty). For example, if an individual reports a need for housing or food access, clinicians can provide resources. Likewise, if an individual reports a strength in their faith-based community, this could be leveraged to mitigate challenges or needs.

DEVELOPMENT OF A COMMUNITY-ACADEMIC PARTNERSHIP

A community-academic partnership was initiated between the Hue-MAN Partnership (http://huemanpartnership.org) and the University of Minnesota School of Nursing. Hue-MAN Partnership is focused on improving health for all men, families, and communities. The partnership identified a mutual interest: identifying perspectives shared among community members and engaging them in facing local issues of opioid use (Clark et al., 2014; Hue-MAN Partnership, 2019). Our partnership organized a series of meetings to present survey results, discuss, and facilitate collection of additional information that was aggregated into subsequent reports. Table 1 presents the partnership's timeline.

Table 1. Partnership Development Timeline

Meeting date	Purpose
Meeting 1: May 2017	Community members, in partnership with the community organization, faculty and staff from the University, Minnesota government representatives, and e representatives from Minnesota health maintenance organizations, gathered at the Center for Changing Lives in Minneapolis, MN to discuss opioid use in the community.
Meeting 2: November 2017	New stakeholders and community partners participate in the ongoing discussion of opioid use in the community.
Meeting 3: February 2018	Leaders from Hue-MAN Partnership's board of directors and faculty from the School of Nursing (RA and KM) met and committed to organizing a collaborative project on opioid use in the community.

As a result of these meetings, the Hue-MAN Partnership and the University of Minnesota School of Nursing agreed to explore opportunities for collaborating with other community groups (e.g. Hawthorne Neighborhood Council in Minneapolis, MN) to gather better health information. The partners identified objectives: 1) provide data from the community to the community, including strengths as well as needs; 2) bring to light previously private conversations about who is using opioids and how they get them; 3) leverage community strengths to address the opioid crisis; and 4) engage in meaningful community conversations. The group also intended to build a long-standing community-academic partnership committed to benefitting community health.

METHODS

From the beginning, the relationship with the community partner helped the academic partner develop a Community Opioid Survey, gain access to community members, hold discussions that would not otherwise have been possible, and participate in manuscript preparation. This project engaged individuals who considered themselves community members due to their sense of connection to a geographical area. The School of Nursing faculty (RA and KM) interacted with community members at lunch-and-learns, conferences, health fairs, community meetings, and other community events over the course of a year.

Data collection occurred at community meetings using the Community Opioid Survey within the metropolitan area and cities in outstate Minnesota. After the first community meeting, community members and partner feedback suggested revising the survey by adding drug names for specific opioids. See Figure 1.

Figure 1. Community Opioid Survey

Community Opioid Survey

1. Have you or someone you care about been affected by opioid misuse or overdose?
   Yes, very much Yes Somewhat Not very much Not at all
2. What opioids were involved?
____codeine (only available in generic form)
____fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis)
____heroin (smack)
____hydrocodone (Hysingla ER, Zohydro ER)
____hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)
____hydromorphone (Dilaudid, Exalgo)
____meperidine (Demerol)
____methadone (Dolophine, Methadose)
____morphine (Kadian, MS Contin, Morphabond)
____oxycodone (OxyContin, Oxaydo)
____oxycodone and acetaminophen (Percocet, Roxicet)
____oxycodone and naloxone
____other _____
3. What resources are readily available? Pick all that apply
____Community clinic that helps diagnose, treat, and educate about opioid-related concerns
____Family counseling
____Twelve Step Groups
____Emergency nurse call line
____Prescription drug drop boxes
____Screening, Brief Intervention, Referral to Treatment (SBIRT)
____Detoxification programs
____Recovery housing
____Quick Response Teams
____Community outreach
____Alternative Sentencing Centers
____Medication Assisted Treatment (MAT)
other _____
4. Which of the following would help reduce opioid misuse and overdose in your community (pick all that apply)
____Community education
____Media campaign
____Healthcare provider education
____Access to Narcan
____ Have first responders (fire and police) carry Narcan
other _____
5. What do you recommend should be done regarding opioids in the community?

In addition to the survey, community members were given an opportunity to use the MyStrengths+MyHealth (MSMH) app (Austin, 2018). MSMH was developed by University

of Minnesota School of Nursing faculty (RA and KM) using the validated Simplified Omaha System Terms (SOST) to enable real-time assessment and integration of structured consumer-generated health data on social determinants of health, individual strengths (assets), and overall well-being (Austin et al., 2022; Martin, 2005). See Figure 2.

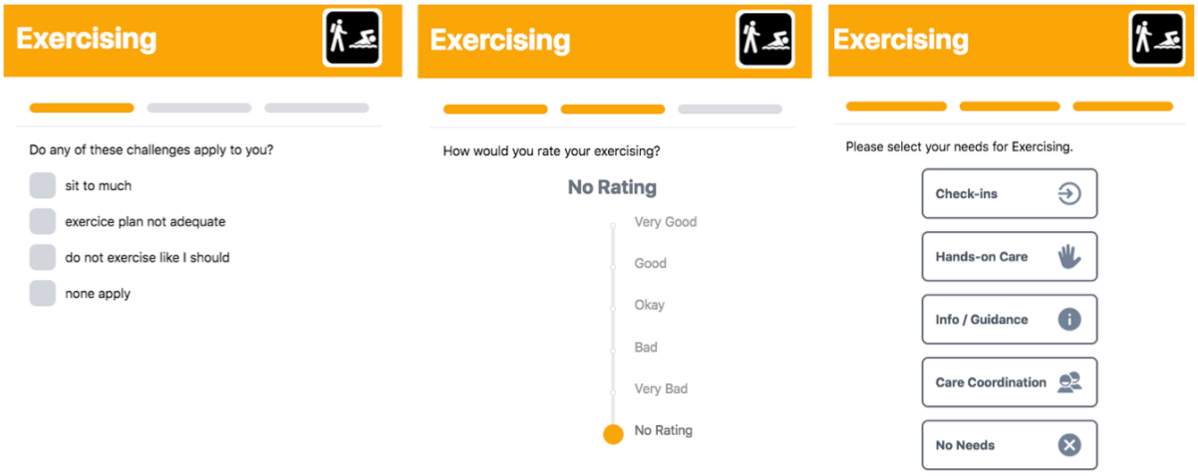
Figure 2. Simplified Omaha System Terms

My Living	My Mind & Networks	My Body		My Self-care
Income	Connecting	Hearing	Breathing	Nutrition
Cleaning	Socializing	Vision	Circulation	Sleeping
Home	Role change	Speech and language	Digestion	Exercising
Safe at home and work	Relationships	Oral health	Bowel function	Personal care
	Spirituality or faith	Thinking	Kidneys or bladder	Substance use
	Grief or loss	Pain	Reproductive health	Family planning
	Emotions	Consciousness	Pregnancy	Health care
	Sexuality	Skin	Postpartum	Medications
	Caretaking	Moving	Infections	
	Neglect			
	Abuse			
	Growth and development			

Source: Austin et al., 2021

The MSMH app would help collect data related to the perceived strengths of community members. Figure 3 shows a screenshot of MSMH and the Exercising concept.

Figure 3. MyStrengths+MyHealth Exercising Concept Example (Austin, 2018)



The community partners served as meeting hosts, providing introductions, explaining the project, and encouraging participants to engage in conversation and share information and ideas to address the opioid crisis in their community. University of Minnesota School of Nursing faculty (RA and KM) presented the survey responses gathered from previous community meetings to the group, answered questions about the data, and facilitated open dialogue. The community meetings strengthened the partnership and engaged an increasing number of community members in meaningful conversations around opioid misuse and abuse.

RESULTS

From June 2018 to May 2019, the partnership hosted 11 community meetings featuring presentations of previously collected data. Community members attending meetings completed the Community Opioid Survey.

Survey Results

Responses to the survey (n=336) showed that a majority of respondents or someone they care about have been affected by opioid misuse or overdose (48.4%). The most common opioids involved were oxycodone (OxyContin, Oxaydo; 35.8%), heroin (smack;31.2%), and oxycodone and acetaminophen (Percocet, Roxicet;26.7%). Top resources readily available in the community to address opioid use problems included community clinics (41.3%), twelve-step programs (37%), and family counseling (36.4%). Survey respondents also pointed to community education (78%), health-care provider education (66.7%), and media campaigns (47.7%), as resources they thought would help reduce opioid misuse and overdose in the community.

MyStrengths+MyHealth Results

The community meetings did not provide enough time for many to complete the MSMH assessment. Those who did complete it (n=11) showed that community members have

more strengths than challenges and needs. The most common strengths were within our communities, in the places and people who live there. For example, responses included “Safe at home and work” and “Home”. The most common challenge stated was in the realm of mental health. Participants reported liking being able to answer questions about their own health and to include strengths. The use of MSMH at the community events enabled the partners to reassess how best to use this tool in the future.

Community members expressed an interested in working together to solve the opioid crisis. They recognized and recommended involving community-based assets such as organizations, public school educators, law enforcement, firefighters and first responders, and activists, to create solutions. One consistent theme was a need for a shared language about opioids; people often used the street names of particular drugs rather than talking about opioids as a general category. The conversations identified specific needs and responses, including resources to help individuals and families, and talking with young children (waiting until high school is too late). Further suggestions included tailored, individualized, culturally sensitive education; connecting community education and community health clinics into a network with more and/or different treatment approaches; and improving transparency of communication among clinic staff and the community about available resources.

DISCUSSION

The partnership with the community organization was instrumental in engaging community members in both gathering and interpreting data, using the Community Opioid Survey. Conversations about previously collected survey results created continuous feedback and a process for developing a coherent social narrative about misuse and abuse of various drugs, and led the research team to recognize differences between professional and community ways to talk about “opioids.” Including community voices contributed to community-informed perspectives on local interventions and policy changes. Using community-level data provided common ground

for community members and School of Nursing faculty (RA and KM) to discuss drug use and misuse in the communities. Taking time to explain and discuss survey results facilitated meaningful conversations about the current state of the opioid epidemic.

LESSONS LEARNED

Community members knew about drugs or narcotics but didn't associate names of some narcotics with the general term "opioid;" the potential for misinterpretation or misunderstanding is due in part to different perspectives, conditioned by different social experiences. A narrative about the war on drugs suggests that the broader society does not want to be implicated or involved (Kennedy-Hendricks et al., 2017). Alternatively, a narrative describing an epidemic characterizes the situation as a societal problem (Collins et al., 2018). Recognizing differences in perspective and the partnership's interest in collecting data specific to our local communities resulted in the inclusion of street names for drugs in our revised Community Opioid Survey. Sensitivity to language also helped us move toward developing shared meanings that are critical to collaboration (Thomas & McDonagh, 2013).

University of Minnesota School of Nursing faculty (RA and KM) developed MSMH as a way to obtain self-reported data on strengths as well as challenges and needs. Introducing MSMH into this project allowed us to begin to assess the distribution of strengths within communities and counterbalance common deficit thinking about minority communities that reinforces a focus on disease (Gao et al., 2016; Monsen et al., 2014, 2015). Future research with our community partners will leverage use of MSMH and community strengths with the expectation of adopting a whole-person health approach to improving health and health care.

IMPLICATIONS AND CONTRIBUTIONS

The community-academic partnership revealed how the general population may understand and talk about problems such as opioid misuse and abuse differently than professionals. The differences have implications for clinical practice, health education, and future research. This project demonstrates the importance of shared language for talking to each other about the world. A long-term goal of this research is to build community-friendly health data that will incorporate strengths and further our ability to understand and foster whole-person health. Because of the non-random, non-controlled convenience sample for data collection, we cannot claim that responses are representative of how members of the communities talk about opioids.

CONCLUSION

Opioid use and abuse is a growing concern in our society. However, some community members, particularly those in minority and underserved populations, have struggled with the problem for decades. Overall, the partnership met its stated project objectives: The community-academic partnership collected and returned data to our local community; we fostered public conversations about opioids among community members; we identified strengths that can be organized into solutions; and we used language in ways that were meaningful to community participants. This project also allowed us to leverage community perspectives on strengths as the basis for improving health and health care in local communities and to build the foundation for a long-term partnership. Furthermore, this project highlighted the importance of incorporating the perspectives of those affected by a problem in developing solutions.

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