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Impact Stories Overview

How a community/researcher partnership advanced opioid awareness and treatment infrastructure in rural Colorado.

TIMEFRAME	2016-2020
COMMUNITY	Rural
GEOGRAPHY	Eastern Colorado
FOCUS	Medication assisted treatment for opioid use

	disorder
CORE PRINCIPLES	Co-created, co-equal, Culturally-centered, Trust
COMMUNITY ENGAGEMENT OUTCOMES	Strengthened Partnerships + Alliances Expanded Knowledge Improved Health + Healthcare Programs + Policies Thriving Communities

PROJECT BACKGROUND

Since its inception in 1997, the High Plains Research Network (HPRN) has built a robust geographic network comprising over 50 small physician practices, 16 hospitals, and community organizations in 16 rural and frontier counties in eastern Colorado. In 2015, network members approached the HPRN with an urgent need to address rising rates of opioid addiction. A significant challenge in the U.S. is the lack of medical providers who are certified to prescribe buprenorphine, a highly effective and FDA-approved medication, as part of medication assisted treatment (MAT) for opioid use disorder (OUD). In Colorado, few if any rural primary care practices had providers who could treat addiction or offer MAT. In response, the [IT MATTTTRS Colorado](#) (Implementing Technology and Medication Assisted Treatment and Team Training in Rural Colorado) study was designed and funded by the Agency for Healthcare Research and Quality (AHRQ) in 2016. IT MATTTTRS focused on: 1) training primary care providers to qualify for the required waiver to prescribe buprenorphine as part of MAT; 2) training primary care practice teams to deliver MAT; and 3) building community-level knowledge and awareness of MAT and combating the significant local stigma that prevented individuals from seeking treatment. Project goals were to sign up 40 clinics for team training and to certify 10 providers to prescribe buprenorphine in the first two years of the program.

“

Pre-work is a misnomer. There is no pre-work. Community engagement IS the work.”

Jack Westfall, MD, Founder of HPRN

KEY ENGAGEMENT ACTIVITIES

Invested in pre-project community relationships. Since 2003, Jack Westfall, a family medicine doctor and founder of HPRN, had convened quarterly meetings with the Community Advisory Council (C.A.C.) comprising local farmers, ranchers, teachers, students, small business owners, and retirees. Together, they built a track record of academic-community partnerships and projects, beginning with colon cancer prevention in 2004 and followed by a series of initiatives that included diabetes and mental health—all driven by community priorities. Dr. Westfall highlights that this prior work was key to setting the stage for IT MATTTTRs. “You can’t go in and run a study like IT MATTTTRS cold.”

Supported participatory grant writing. Working with community members, HPRN spent six to nine months co-constructing the grant proposal, ensuring its goals aligned with community and provider priorities. Dr. Westfall notes: “We couldn’t do it without the people in the network. And they really needed our support and expertise as well.”

Developed multi-disciplinary, multi-sector translation teams. Once funded, the HPRN engaged community members from different geographic regions, including the San Luis Valley and its local community advisory group. Together they translated OUD treatment guidelines and messages from jargon-filled medical language into locally-relevant concepts and terms. They used the [Boot Camp Translation](#) process, a community-based participatory research method developed by HPRN for the explicit purpose of making

complex medical terms and concepts easier and more relevant to local groups. The resulting concepts and terms were integrated into the next phase of work—translating national MAT guidelines into a training curriculum, and ensuring that messages for the clinics were parallel to messages to the community. While MAT curriculum and materials were developed by an HPRN-convened group of specialists (including behavioral health, pharmacy, a physician assistant, and a primary care buprenorphine specialist), community perspectives were solicited at multiple points during the development process. “They would go through the curriculum with us and remind us: make sure there’s some piece about how this relates to the patients who are coming from Limon and Sterling and Hugo and Yuma,” recalls Dr. Westfall.

Leveraged a community-driven dissemination strategy. To build awareness and demand for MAT, the C.A.C.s worked with a local graphic designer to develop locally tailored community intervention materials. The HPRN C.A.C. designed the “Have you Met MAT” communication materials; the San Luis Valley C.A.C. developed its “MAT for OUD in the SLV” communication materials. Language and concepts from the Boot Camp Translation effort informed the content. An explicit design goal was to promote conversation about treatment and reduce the stigma of addiction. Local community members distributed the resulting posters, drink coasters, and other materials to local restaurants, bars, churches, community organizations, pharmacies, and schools. Community members also designed a movie trailer for local theaters to play in advance of movies. [Public radio coverage and written summary of the MAT initiative](#) by local station KUNC in 2019 further expanded program reach.

PROJECT OUTCOMES

IT MATTTTRS produced [impact](#) on three levels:

Improved public health. Between 2014-2019, the 24 counties in the study region registered an 87% increase in OUD treatment, compared with 65% in the rest of the state.

Grew the number of MAT prescribers across the region. Training reached 42 practices and 441 practice team members—98 clinicians, 207 clinical support staff, 107 administrative support staff, and 29 others. The number of

certified MAT prescribers in the region increased from three to over 35 during the course of the study. Providers self-reported that their ability to deliver MAT improved significantly, according to a follow-up survey.

Created new awareness and ability in the community. A community survey was distributed throughout the study region before and after the distribution of community intervention materials. Survey results suggest materials successfully reached over half of respondents, which is significant given the geographic spread of the region and the constrained budget for producing community materials. A greater percentage of post-study respondents could identify local treatment sites for OUD resources in their community and reported greater awareness of MAT, primary care, behavioral health, and outpatient treatment resources in their community as compared to baseline.

The team also assembled a [MATerials Resource Toolkit](#) to assist provider practices in treating patients.



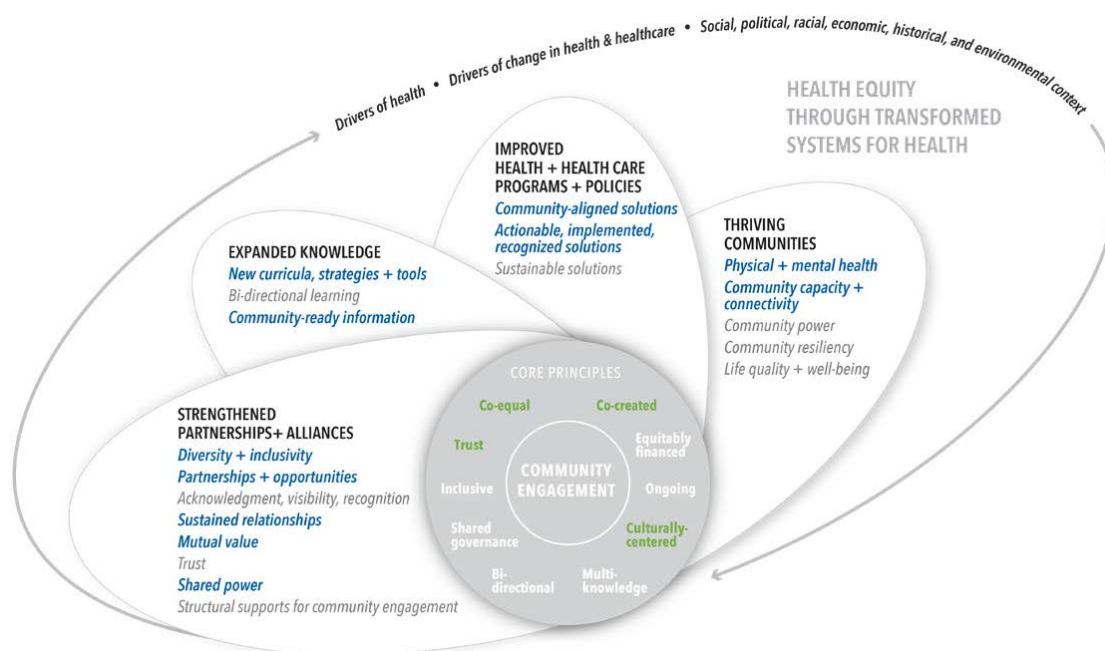
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Listen as C.A.C. member Maret Felzien talks about why community engagement principles are good for everyone.

ASSESSING COMMUNITY ENGAGEMENT OUTCOMES

In this section, we map the ACE conceptual model to the Impact Story. This mapping illustrates how CORE PRINCIPLES of engagement lead to impact across the four OUTCOME domains, and to specific measurable indices within those domains.



The IT MATTTTRS partnership and project began with CORE PRINCIPLES of **trust** (built through years of collaborative work), **co-created** (achieved through a jointly-defined process), **co-equal** partners (evidenced by shared decision-making), and a **culturally-centered** focus (built in Boot Camp Translation).

This approach generated **STRENGTHENED PARTNERSHIPS + ALLIANCES**, including **diversity + inclusivity** (incorporating members from different regions, including individuals with lived experience); **partnerships + opportunities**, **sustained relationships**, and **shared power** (C.A.C. members

continue to identify topics for future contribution and self-identify as willing to help); and **mutual value** (C.A.C. members can see and experience results of their efforts in the community).

The project EXPANDED KNOWLEDGE in the form of **new curricula, strategies + tools** and **community-ready information** (community-tailored MAT provider training and MAT promotional materials).

Collaborating with community members IMPROVED HEALTH + HEALTHCARE PROGRAMS + POLICIES with **community-aligned solutions** (improved provision and patient uptake of MAT) and **actionable, implemented, recognized solutions** (other regions in Colorado are now using the IT MATTTTRS method to address their local OUD needs).

Ultimately, IT MATTTTRS contributed to THRIVING COMMUNITIES through improved **physical + mental health** (as evidenced by significant increases in patients per year with a prescription for buprenorphine from a local provider) and **community capacity + connectivity** (the new capacity among rural practices to treat OUD is all the more important given their central role in rural communities, and community members continue to participate in the C.A.C.s today).

Questions or comments? Assessing community engagement involves the participation of many stakeholders. [Click here](#) to share feedback on these resources, or email leadershipconsortium@nas.edu and include “measure engagement” in the subject line to learn more about the NAM’s Assessing Community Engagement project.

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