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# What Do Extension and Public Health Educators Need to Address Substance Misuse?

Lisa Washburn
*University of Missouri Extension*, Lwashburn@missouri.edu

Karen Franck
*University of Tennessee Extension*, kfranck@utk.edu

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LISA WASHBURN[1] AND KAREN FRANCK[2]

AUTHORS: [1]University of Missouri. [2]University of Tennesee.

**Abstract**. Limited organizational capacity has hindered Extension's ability to address substance misuse in communities. To inform capacity-building efforts, we obtained Extension educator and health educator feedback on opportunities, challenges and resource needs using the Delphi technique. Opportunities included collaboration and partnerships with local entities. Stigma, inadequate resources, and limited knowledge and skills of educators were challenges. Top resource needs were updated youth curricula, funding, and clear guidance on what educators can do and what should be referred externally. Findings provide insights to educator perceptions and suggest additional training and resources needed to implement evidence-based approaches to address substance misuse.

## INTRODUCTION

Cooperative Extension is recognized as a valued partner in addressing substance misuse (Office of National Drug Control Policy, n.d.), but limited organizational capacity has hindered engagement and active involvement through educational and outreach efforts. A national survey of Extension leaders showed more than two-thirds agreed Extension should play a role in reducing opioid misuse in their respective states, but only 23.7% agreed that their Extension system had capacity to do so (Extension Opioid Crisis Response Workgroup, 2018). Limited capacity includes gaps in Extension professionals' expertise, insufficient training availability, and challenges like burnout and high turnover (Brennan et al., 2018). In addition, Extension educators report feeling unprepared to address substance abuse (Hill & Parker, 2005). Focused professional development is needed to help Extension professionals address substance misuse in their communities (Brennan et al., 2018). However, few states employ state-level behavioral health specialists who could provide support and training for community-based Extension professionals, who commonly have academic backgrounds in agriculture and family and consumer sciences and lack prevention or behavioral health experience (Spoth et al., 2021).

Constructs of the socioecological model (SEM) underpin this study. SEM posits that people's behavior cannot be understood in isolation from external influences at the family, community, and societal level (Bronfenbrenner, 1992). SEM contends that complex societal issues like substance use disorder (SUD) need to be addressed at multiple levels (Salihu et al., 2015). While knowledge alone is not sufficient to change behavior, a recent assessment of county Extension agents' level of understanding about opioids and substance misuse indicates that training and resources to bolster baseline knowledge is a necessary starting point to influence change in communities. For Extension to address substance misuse, county and community-based employees must be prepared to engage with clientele around the issue. Additionally, community partners from health-serving organizations, such as county health departments and health councils, require additional and specialized information and resources.

## PURPOSE

To address the substance misuse crisis and bolster capacity for engagement, [University] Extension created a training program entitled Preventing Rural Opioid Misuse through Partnerships and Training (PROMPT). In partnership with the state Department of Health, the goal of PROMPT was to increase capacity for county Extension educators and health educators to address substance misuse, including the opioid epidemic. As a first step, we formed an advisory committee of county-based Extension agents and health educators. The

purpose of the advisory committee was to provide county perspectives about training and resources needed at the community level to help address substance misuse.

Advisory committee members were invited to participate in a Delphi study to identify opportunities and challenges in addressing substance misuse and help determine resource needs. In this paper, we share insights gleaned through the Delphi technique.

## METHODS

### DELPHI METHOD

The Delphi technique is a method for soliciting input from an expert group through a series of questionnaires to generate ideas and explore solutions to issues like how to address substance misuse in communities (Turoff & Hiltz, 1996). The Delphi technique has been widely used by Extension and other agencies to gain feedback on program needs (Gamon, 1991; Hsu & Standford, 2007). Other strengths of this method include the ability to obtain quantitative and qualitative feedback confidentially, allowing participants to provide input and reactions not skewed or swayed by dominant personalities or agendas (Lorenzo et al., 2003).

In most Delphi studies, experts provide feedback in a series of surveys about a topic—usually three or more rounds are completed. In the first round, panel members answer several open-ended questions about a topic. Researchers review and code the responses to identify themes. In the second round, panel members rate or rank the identified themes in order of importance. In the third round, panelists review the ratings from the second round and indicate their level of agreement. Additional rounds are conducted until unanimous or majority consensus is reached. For this study, three survey rounds were administered using a web-based survey platform—a method outlined in other Delphi studies (Donohoe et al., 2012).

### EXPERT PANEL

PROMPT advisory committee members served as the expert panel for this Delphi study. Extension and state Department of Health administrators were asked to nominate Extension agents and health educators to serve on the advisory committee. Nominations were based on years of experience working in their respective roles, experience working with community groups, including groups working on substance misuse issues, and capacity to serve on the committee for one year. We selected six Extension agents and seven health educators based on location to represent different perspectives throughout the state, including urban and rural communities. The panel of 13 people falls within the recommended number of experts for Delphi studies (Okoli & Pawlowski, 2004). Advisory committee members were not compensated for their participation on the committee or with this study.

### SURVEYS

We used the QuestionPro online survey platform to collect data from the panelists. In Round one, we asked the following open-ended questions:

1. What challenges do [state] Department of Health or Extension employees face in addressing substance use disorders in their communities?

2. What opportunities exist for Department of Health or Extension employees to address substance use disorders in their communities?

3. What types of resources do you need to address substance use disorders in your work?

We received responses from 12 panel members for the first round. Two researchers used an open-coding approach to code the data and identify themes (Creswell, 1998). The researchers discussed any discrepancies to come to consensus. Through this process, we identified a list of 15 challenges, 13 opportunities, and 18 needed resources.

Round two survey questions were based on round one responses. We asked panelists to rate the level of importance for each challenge and opportunity on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). They also rated relative importance of resource needs on a 5-point Likert scale (1 = not at all important to 5 = extremely important). Twelve panelists completed the round two survey.

Round three survey questions included open-ended questions clarifying feedback from the two prior rounds. Panelist were asked to identify knowledge and skills that health and Extension educators need to educate the community about regarding substance misuse and to identify youth curricula needs. Eleven panelists completed the round three survey.

## RESULTS

Panelists identified challenges, opportunities and resource needs related to addressing substance misuse issues in their communities. We identified major themes based on individual responses.

### CHALLENGES

Panelists had 15 unique responses to the question about challenges faced in addressing SUD that were categorized into four themes: lack of resources, stigma associated with substance use disorders (SUD), lack of effective educational programs, and working collectively to address the issue (Table 1). Panelists agreed that lack of resources and stigma

**Table 1.** Themes and example quotes related to challenges and opportunities facing Department of Health and Extension employees in addressing substance use disorders

| Question | Theme | Example Quote |
|---|---|---|
| What challenges do Department of Health or Extension employees face in addressing substance use disorders in their communities? | Lack of resources | "Lack of county resources to connect community members to." |
| | Stigma | "A lot of the time, individuals who are not directly impacted by substance abuse brush the issues off as something that people they view as beneath them—someone on the fringe of society—struggle with rather than an issue affecting all walks of life and do not want to challenge that thinking." |
| | Lack of effective educational programs | "I feel as if curriculums (sic) that have been provided so far are not made for today's age kids." |
| | Working collaboratively | "Everyone works in a silo. This is one of the main problems that I see daily. Everyone has their own agenda and they, of course, work towards that agenda." |
| What opportunities exist for Department of Health or Extension to address substance use disorders in communities? | Partnerships | "We do have a strong coalition. The interest is there. We just have to utilize that interest and passion in a meaningful way." |
| | Education | "Lessons in the schools would be the best way to address substance use disorders." |

were the top challenges that impeded effective collaborative responses to SUD.

Inadequate resources included limited and restricted funding, lack of local services, and limited knowledge and skills of Extension and health educators. Panelists indicated that the narrow focus of federal and state funding often disallowed use for pressing needs, as they were described as limited resources "to spend on things immediately needed, such as transportation, temporary housing, clothing, etc." Panelists also described not having enough county resources to support community members dealing with SUD. Others cited the lack of training for Extension and health educators— as one panelist stated, "We lack the knowledge and skills to educate in a safe, non-judgmental way." They also identified the lack of up-to-date, evidence-based curriculum that would be relevant and engaging for youth audiences.

Panelists described the challenge of the stigma surrounding SUD. As described by one panelist, lack of interaction with individuals with SUD may promote unwillingness for people to recognize the issue until "they have personal experience themselves or through a family member or friend." Panelists noted that stigma can be a barrier for educational outreach efforts—as one panelist noted, "Even teaching substance misuse and abuse dangers and warning signs at community events and high schools is often met with adversity."

Panelists also identified challenges of working collectively to address SUD. Despite strong consensus for the positive aspects of collaboration, some expressed dissatisfaction with local coalition functioning; this included comments about the

difficulties of working together, having few active members, and a sense of futility about the issue. One panelist described this: "While you have organizations that are willing to come to meetings and participate to address what needs to be done, very few are willing to do the actual work. This is likely due to the fact that the job seems so big and there seems like so much to do that no one really thinks that anything can really be done so they don't think their contribution really would make a difference." Another panelist noted that "everyone works in a silo . . . everyone has their own agenda and they, of course, work towards that agenda. It is VERY hard to get people to work collaboratively even when you come together as a coalition and talk about how to work together—actually working together rarely, if ever, actually happens."

## OPPORTUNITIES

Panelists had 13 unique responses to the question about opportunities to address SUD in their communities. Responses were categorized into two main themes: partnerships and education (Table 1). Collaborations with diverse community partners included opportunities to work with schools, faith-based organizations, and mental health organizations to address SUD. Panelists also recognized opportunities to work with coalitions and community groups that specifically address SUD, such as anti-drug and drug prevention coalitions.

Panelists commented on these partnerships providing opportunities for education and outreach about SUD. These included providing educational programs in schools, as well as for community members, about warning signs and how to

**Table 2.** Mean scores and standard deviations for identified resource needs

| Statement | Mean *(SD)* | Range |
|---|---|---|
| Up-to-date curriculum | 4.73 *(.45)* | 4–5 |
| Funding | 4.64 *(.48)* | 4–5 |
| Clear guidance for educators on role | 4.45 *(.50)* | 4–5 |
| Connections with partner organizations | 4.27 *(.75)* | 4–5 |
| School programs with fewer sessions | 4.18 *(.94)* | 2–5 |
| Pathway to reach schools | 4.18 *(.72)* | 3–5 |
| List of approved curricula and activities | 4.09 *(.80)* | 3–5 |
| Packaged presentations for community group talks | 3.91 *(.90)* | 2–5 |
| Social media graphics and tools | 3.82 *(.83)* | 2–5 |
| Strategy for outreach to community organizations | 3.64 *(1.12)* | 1–5 |
| Handouts and fact sheets | 3.64 *(1.07)* | 2–5 |
| Additional staffing | 2.73 *(1.21)* | 1–5 |

provide support. One panelist described the opportunity to reduce stigma and stated, "I think programs that Extension can deliver to their communities and groups would be so beneficial, with the straightforward facts."

## RESOURCES

Panelists identified 18 resources needed to address SUD in round one. These resources centered on concrete needs like funding, curricula, and informational resources, as well as skill-building—e.g., how to work with partners and role clarification. In round two, they rated the importance of each resource on a 5-point Likert scale, with 1 being not at all important and 5 being extremely important (Table 2). The top-rated resources focused on curricula, funding, educator guidance, partnerships, and working in school settings.

Related to specific educational programs to address prevention for youth, panelists suggested topics related to specific substances such as talking with youth about marijuana, vaping, and prescription medicines. They also wanted programs that could be updated quickly to address emerging trends, such as new types of vaping devices. Suggestions included specific skills related to helping youth refuse substances and strengthen positive decision-making. Content that is "factual and to the point" as well as attention-getting were also noted. Panelists also wanted engaging methods that would appeal to youth, like through interactive materials and digital media resources. Suggestions for implementation included the need to integrate information across grade levels and throughout the school year instead of teaching a few lessons sporadically. Additional comments

related to curricula that would address how to help children recognize potential substance misuse at home and how to get help from trusted adults.

## DISCUSSION AND IMPLICATIONS

Study findings provide insights to educator perceptions to help inform priorities for increasing capacity through training and resource development. In addition, panelist responses indicate the need to clearly define expectations for Extension educator roles in addressing SUD in their communities. Panelist responses indicated their commitment to providing educational programs to help prevent substance misuse, but they also identified the importance of collectively dealing with this issue at the community level through partnerships and coalitions.

Panelist responses suggest additional training and resource development areas (Chilenski et al., 2020). Some comments regarding desired characteristics of educational programs suggest the need for training on evidence-based prevention approaches, which is a documented knowledge gap (Sellers et al., 2017). For example, comments that youth curriculum should emphasize "educational facts and information on substance abuse itself" conflicts with prevention science strategies that recommend enhancing protective factors and reducing risk factors (Haggerty & Shapiro, 2013). Panelists also desired youth curricula with fewer sessions, which could result from educators' competing time commitments when prevention work is one of many aspects of expected programming. Furthermore, requests for shorter programs with fewer lessons may be driven by perceptions that decreasing required time may improve access. School districts may limit access for health and Extension educators to deliver substance misuse prevention by prioritizing other curricular requirements or trying to avoid tension from potentially controversial topics. Challenges suggest an issue of larger scope: the need for a comprehensive systems-level approach to in-school prevention programs involving state agency partnerships and school district buy-in. This complex issue is worthy of consideration as Extension scales up prevention efforts. Furthermore, Extension programs that target parents and guardians also need to be developed and implemented—for example, how caregivers can effectively limit youth access to household prescriptions.

Few Extension educators have prior experience or training in prevention or behavioral health approaches and Extension specialists who provide professional development have been uncertain about the role Extension professionals should play in addressing substance misuse (Steen et al., 2021). A related issue to define Extension's role in addressing the opioid epidemic continues to be of national interest (Brennan et al., 2018). Ambiguity regarding Extension's role

may invite hesitance in pursuing prevention work. Parisi (2020) suggested a "scope of practice" for Extension health programming that, if produced to guide Extension's work to address SUD, could increase educator confidence. Parisi's (2020) scope of practice is described as a common set of guidelines providing expectations for educators and partner organizations, and structure for measures of success for Extension educators within the broader healthcare system. Similar guidelines could benefit Extension educators who focus on substance misuse issues and may expand Extension educators' potential range of opioid response strategies. For example, a scope of practice delineating application of community-based and public health strategies as part of the educator's role may promote the use of such approaches in program development and implementation at the community level. A scope of practice may also highlight areas where training is needed to support adoption of strategies beyond direct education.

These guidelines could include how Extension educators can promote initiatives seeking to inform policies and shape other environmental supports to address root causes of substance misuse in communities, such as the CDC's Drug-Free Communities Program (cdc.gov/drugoverdose/drug-free-communities/index.html). Panelists identified the importance of partnerships and collaborations in addressing substance misuse but also identified barriers to working collectively. Training and technical assistance related to building and maintaining coalitions as well as dealing with common issues like lack of involvement and burnout could support these efforts and build efficacy for Extension agents who are interested in leading coalition-based approaches. Furthermore, continued support from Extension leadership to devote time and resources to these efforts, in addition to educational program delivery, could help expand Extension's role and influence in dealing with these issues.

A key recommendation of the Extension Opioid Crisis Response Workgroup is to strengthen capacity by delivering existing and/or developing new evidence-based programs (Extension Opioid Crisis Response Workgroup, 2018). However, educators may perceive evidence-based programs as impractical or inappropriate for implementation (Spoth et al., 2015). Educators need access to effective prevention programs, but these programs often require rigor and resources beyond what is locally available (Hill & Parker, 2005; Spoth et al., 2021). Presence of state-level infrastructure and leadership for behavioral health is a prerequisite to institutionalizing effective programs, in addition to needs for increased knowledge and clear expectations for addressing substance misuse and implementing prevention programs (Chilenski et al., 2020). This includes the need for state-level Extension specialists and faculty who are trained in behavioral health and substance misuse issues and who can provide training and support to community-based educators.

This response should also focus on ways to expand Extension educators' response to substance misuse by developing programs that deal with prevention.

## EXTENSION EDUCATOR TRAINING RECOMMENDATIONS

Based on the findings, several training needs were identified that could help Extension educators increase their knowledge and skills related to dealing with substance misuse issues facing their communities. Training should consider the needs and level of understanding of Extension educators. For example, basic knowledge related to substance misuse would be helpful for Extension educators who have a limited background and experience in working with SUD. Effective training would include information about how to deal with stigma and misinformation, as well as how to identify and implement effective educational programs. In addition, training that includes engaging coalitions and community members in policies and systems changes would help Extension educators expand their skills for working with partners.

## LIMITATIONS

This exploratory study used the Delphi technique, which is structured to solicit expert feedback on a defined topic. The goal of this study was to inform development of a training program and resources in one state. While results cannot be generalized to a larger sample, findings may be useful for Extension leadership in other states seeking to enhance support for addressing substance misuse. Educators nominated for the advisory committee were likely interested in addressing substance misuse in their communities and may have been more knowledgeable about the issue than their peers. Their responses may not be representative of educators with little interest in the issue.

## CONCLUSION

This Delphi study illuminated knowledge and resource gaps described by an advisory committee of Extension and public health educators related to addressing substance misuse in communities. Participants identified stigma, inadequate resources, and limited knowledge and skills for educators as challenges, and local partnerships and collaborations were identified as opportunities to effectively address substance misuse issues. Top resource needs were updated youth curricula, funding, and clear guidance about educator expectations related to substance misuse efforts. Understanding the relative importance of needed resources has helped to shape priorities for this capacity-building project and can inform other Extension programs focused

on addressing substance misuse. Findings also increase understanding of challenges and opportunities within the Extension system as we collectively seek to positively impact the opioid epidemic and support community resilience. As the substance misuse epidemic continues to impact communities across the country, it is critical that Cooperative Extension continues to seek opportunities to address this issue through effective prevention and educational programs (Chilenski et al, 2020; Spoth et al., 2021). However, as this study also indicates, community Extension educators and state Extension specialists need to work together to move beyond delivering educational programs and information to establish community and state-level partnerships that work collectively to find effective solutions.

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