

Using the Socioecological Model to Organize the IMPACT WV **Approach to Neonatal Abstinence Syndrome Health Disparities**

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Background

 Rural adults have higher rates of use for tobacco (24.9% vs 14.9% in large metro) and methamphetamines (1.6% vs 0.8% large metro).¹



Organizing the Approach to Neonatal Abstinence Syndrome (NAS)

IMPACT WV provided direct services (service coordination and direct aid), training, and information dissemination across each level of the SEM. Products developed from trainings or by PN's to

- Opioid use has increased in rural towns of every size.
- o Between 2010 and 2017, national rate of opioid-related inpatient stays increased by **76.6%**.²
- Substance use can be difficult to address in rural communities.¹
- o Behavioral health and treatment services are not as readily available.³
- o Treatment choices are clouded by hesitancy due to privacy issues associated with smaller communities.⁴.

- illustrate their services were designed with these levels in mind:
 - Partners of the network viewed the network as moving towards its mission and successful in efforts to meet its goals.
 - Overall, partners attributed growing success to exchanging information, resources and bringing partners together.
 - Most of the respondents shared that the network had either been "somewhat successful", "successful", or "very successful".
 - The program was given overwhelmingly strong support by each respondent group.
 - Equally there was strong support for their patient navigator experience regardless of group type (p=.616).

Gauging Satisfaction with the Program's Structure

Figure 1 compares respondent group evaluations of the program as a whole, noting little differences based on respondent group and all respondents expressing a high satisfaction with the program as a whole.

- Significant differences, if present, across the three groups were important to gauge the impact of the program.
- Patient navigator reports were





- In this study, we applied the Socioecological Model (SEM) to design and implement a program specifically for women and their infants in rural settings of Appalachia.
- Applying this model allowed us to consider more than one generation that may need supports, parallel services, service coordination across levels, and communication channels that could be used as a means of connecting the needs across the levels.

Objectives

- Describe how Patient Navigators (PN) delivered program activities based on the SEM.
- Identify how the SEM was used to organize the approach to Neonatal Abstinence Syndrome (NAS).
- Describe how the PN evaluations were used. Describe how the training component.



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Description of the Program

- IMPACT WV is the second generation of the Rural IMPACT initiative.⁷
- The program operates at a rural state level, addressing substance use issues.
- Patient navigation model guides individuals through substance use research and treatment processes.
- IMPACT WV collaborates with structured partners to enhance effectiveness and support.
- Three demonstration sites serve as the service hub within selected regions.

Methods

- Patient Navigation (PN) Model: Implemented across three demonstration sites.
- Distributed patient navigation model surveys to assess satisfaction and evaluate the perceived value of the implemented model.⁸
- Provided site-specific support.
- Created an online learning portal offering family and provider training.

Findings

| SEM Level | PN Program Activities | Program Goals Met | |
|------------------------------|--|--|--|
| Individual | Provide direct aid for social service needs Assess service challenges and needed resources Assess outcomes at baseline and over time for caregiver and infant | Identify service needs Coordinate services Connect to needed services Identify health disparities Identify educational needs | <list-item><list-item></list-item></list-item> |
| Interpersonal | Incorporate services for any caregiver including foster, kinship, and father as needed Assist with self-advocacy Coordinate family planning and provide educational services | Reduce duplication Help organize individual services Provide support | |
| Community/ Organizational | Share information among service provider team Build provider coalitions Assess community educational supports and training needs Support navigator role within three different settings | Coordinate services across various providers Reduce duplication across providers Increase capacity within community | |
| Society/Policy | Establish regional provider network Disseminate findings, information, and training opportunities to larger network Share national, evidence-based information within network | Increase capacity of service network Reduce stigma and increase accessible services | |



Note. Respondent Coding – 1=family; 2=provider; 3= patient navigator

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and the challenges that may have impeded them from making an impact.

Figure 2 is an example of an item highlighting the particular patient navigator interaction. This feedback was important given that we utilized the patient navigator as the means for connecting the various levels within the SEM and providing that coordination of care that defined the program's mission.

Learning Portal Development to Address SEM Levels

The levels within the SEM were represented by different types of module audiences. In some instances, the content did not change by audience but was modified for complexity and depth of training.

- Over 96 resources were shared o With technincal assistance (TA) being initiated 63 times on the site
- The learning portal launched 14 modules
- 1086 participants registered for the

modules

 535 total modules were completed o 95 family-oriented modules o 440 provider-oriented modules

 The PN model to increase comprehensive services and coordination of services

received strong support. The PN activities were provided across all levels of the SEM.

- Limitations include response rates to the surveys, which were used to gauge the feasibility and initial reaction to this structure.
- Future plans include work on the sustainability of the PN model and structure using billing codes and incorporation of the model into the state's Plan of Self Care.

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