

# STEP: Stretching To EmPower

## Project Summary

*(Excerpted from project Narrative submitted as part of April, 2017 grant application to the Office on Women's Health)*

### **Executive Summary** (verbatim, from grant):

This project seeks to serve female public-housing residents in three communities of Allegany County, Md., forging a sustainable program that educates, motivates and strengthens women, arming them intellectually, psychologically and physically against the risks and ravages of opioid misuse. Led by a fully trained and culturally competent Community Health Worker (CHW), participants will take part in weekly events that will feature an educational component addressing general and female-related opioid use, followed by an evidence-based yoga program to develop mind, body and spirit as the ultimate defense against substance misuse.

**Stretching To EmPower (STEP)** will draw residents out and draw them together, fostering socialization and developing the interpersonal connections which, together with the curricular elements of the program, will deter opioid misuse and provide support for those who have or develop habits of misuse. Program participants will be invited to complete a Screening, Brief Intervention, and Referral to Treatment (SBIRT) questionnaire that will allow for early intervention and treatment for participants with substance use disorders and those at risk of developing these disorders. In initiating such referrals, the program CHW will serve as a bridge between the participant and provider, encouraging mutual communication and understanding, and promoting shared, patient-centered decision making.

Through pursuit of the program **Goal** to prevent opioid misuse among the underserved population of women across the lifespan who reside in public housing, and to intervene on behalf of those in need of counseling or treatment, the project will meet the following **Objectives**:

**Objective (Strategy) 1:** Plan, recruit for, implement, and evaluate two 10-week Stretching To EmPower (STEP) programs per year for at least 20 women per class at five public housing sites in Frostburg, Cumberland, and Westernport (for a total of 200 women reached per year), incorporating education on issues relating to opioid use and coping strategies, particularly mind-body yoga practice; and increased connectedness for participants with other residents of public housing and the health care system.

**Objective (Strategy) 2:** Train one Community Health Worker to conduct STEP interventions using culturally competent best practices.

**Objective (Strategy) 3:** Develop a system to screen program participants using the SBIRT screening protocol and, when a need is indicated, foster patient-centered, shared decision making between health providers and participants, regarding prevention and/or treatment.

The STEP program will help prevent opioid misuse by producing the following **Outcomes**:

- Increased awareness among participants of opioid misuse risks and dangers;
- Enhanced health and wellbeing of participants;

- Improved communications and interactions between participants and healthcare providers;
- Increased connectedness of participants with other housing authority residents;
- Replicable program developed and disseminated, with lessons learned.

As part of STEP, the Program Manager will produce educational materials and social-media products addressing females and opiate use/misuse, including the impact of chronic pain, past trauma and caretaking roles. The project will also create a new women-oriented opioid web page to be developed for the county Health Department.

Partners in this grant are the applicant agency AHEC West, the Allegany County Health Department, the county's three public housing agencies, Tri State Community Health Center, Allegany College of Maryland and its faculty certified by the Center for Mind/Body Medicine, and the three law enforcement agencies serving the targeted communities.

## Background

**Problem Statement:** Women are overdosing on opioids in Allegany County, Maryland. Mothers and daughters, sisters and grandmothers are increasingly falling victim to the opioid epidemic sweeping the nation, the state, and the community. Most recover, some die.

In Maryland opioid and heroin-related deaths tripled from 2011 to 2015, increasing from 247 to 748, according to the Maryland Department of Health and Mental Hygiene. More recent data from the state health department shows that 317 state residents died of overdoses related to prescription opioids from January through September of 2016, up 41 percent compared to the same period in 2010. Another 918 heroin-related deaths occurred in Maryland during the first three-quarters of last year, more than four times the number for the same period in 2010. A *Washington Post* poll from March 2017 found fully one-third of Marylanders have a family member or close friend addicted to prescription pain pills or heroin.

Allegany County has been an epicenter of the statewide epidemic, with the county seat of Cumberland attracting dealers from urban areas and serving as a regional hub for opioid and heroin distribution throughout the surrounding rural, tri-state region. Overdose deaths in the county increased nearly three-fold from 2014-2015. (*Source: Maryland Department of Health and Mental Hygiene, Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2015*).

According to the Cumberland City Police, the economically distressed city of 20,500 is now second only to Baltimore City in per-capita opioid overdoses and deaths in the state.

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**This local epidemic disproportionately impacts women.** Although females account for 48 percent of Allegany County's 75,000 residents, 55 percent of the 2015 overdose cases at the regional hospital were women, according to the Western Maryland Health System (WMHS). Evidence abounds of the tragic fallout from opioid misuse. According to the Allegany County Task Force on Child Abuse and Neglect, 18 children in Allegany County were removed from their homes in the first three weeks of 2017 as a result of parental neglect, for an average of one child per day. Overall, the number of child abuse and neglect cases rose 15 percent over the past two years, from 467 in 2015 to 539 last year. Christine Ujcic, coordinator of the child abuse task

force, laid the blame squarely on the opioid epidemic. "Those parents that are overdosing, those are the parents that are losing (children)," she said. (*Cumberland Times-News, March 13, 2017*) Viewed from any vantage point, in any context, regional overdose and opioid-related statistics are uniformly dire. When considered in light of the critical caregiver role women play in the family and wider community, however, the above figures for female overdoses and the related impact on neglected children are truly alarming.

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## **Program/Project Plan**

***Proposed Program or Strategy:*** The STEP program aims to serve low-income women and teens through a combination of educational and physical programming designed to deter misuse of opioids, increase connectedness, and strengthen clients physically and mentally to resist the deadly siren song of opioids. Those found to be at risk of misuse or addiction will be identified through screening and referred for appropriate treatment.

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The targeted population is underserved, consisting of low-income residents of public housing agencies in Allegany County who lack the means to access the kind of programming that STEP will offer. They are also at greater risk of opioid misuse due to socioeconomic, racial, and geographic factors that add to their vulnerability, beyond gender-related issues that leave all women at risk of addiction, including susceptibility to chronic pain, prevalence of past trauma, and the pressures of the caregiver role.

STEP will consist of 10 weekly sessions of approximately 90 minutes in length, with 30 minutes for educational content and 60 minutes for yoga and mindfulness. Held twice a year, the 10-week sessions will be conducted at five different public housing sites: One apiece in Frostburg and Westernport and three in Cumberland.

**Intervening sessions** between the STEP classes will be offered in chronic pain management, through the 6-week Stanford Chronic Pain Self-Management program. Allegany College of Maryland faculty certified in the evidence-based trainings of the Center for Mind/Body Medicine (CMBM) will also offer a 6-8 week intersession program on self-care. The CMBM's relationship-centered approach to building community wellness and individual resilience focuses on the use of mind/body skills to address the historical trauma of poverty, and provide tools for health and wellbeing. **These intersession activities are designed to maintain group members' connections** between the twice-a-year 10-week education/yoga programs, nurturing the interpersonal connections that can play a vital role in deterring opioid misuse.

STEP participants will not be charged for any activity or service provided through the program.

## **Why yoga?**

STEP's yoga component will be built around the Trauma Center, Trauma-Sensitive Yoga (TC-TSY) program, listed under SAMHSA's National Registry of Evidence Based Programs and Practices. Based on the hatha style of yoga, the TC-TSY program is a psychosocial group intervention for adults affected by traumatic stress. Elements of traditional hatha yoga are modified to maximize tolerance, build experiences of empowerment, and cultivate a more

positive relationship to one's body. TC-TSY is designed to be delivered in 10, 1-hour group sessions, which are carried out weekly and follow an established protocol.

The TC-TSY program will be modified to fit the STEP audience, in consultation with Allegany College of Maryland faculty certified by the Center for Mind/Body Medicine to foster relationship-centered approaches that build individual resilience.

It is helpful to think of the STEP approach to yoga in terms of trying to get a child to eat healthy food. In this context, yoga is the "dessert" that draws participants to the program "meal," which will also feature healthy "vegetables," i.e. the program's educational components. Thus, they will come for the yoga, and stay for the message, because the educational component of the program will be offered first, followed by yoga and mindfulness exercises provided by a certified instructor. It must be noted, however, that yoga is in no way an unhealthy "treat" like the double-fudge chocolate ice cream conjured in the above analogy. Yoga builds both physical and mental, and in some cases, spiritual strength and resolve, all of which contribute mightily to the program goal of strengthening participants in mind and body against the allure of opioids.

"The purpose of yoga is to create strength, awareness and harmony in both the mind and body," says Dr. Natalie Nevins of the American Osteopathic Association, a board-certified osteopathic family physician and Kundalini Yoga instructor. "The relaxation techniques incorporated in yoga can lessen chronic pain, such as lower back pain, arthritis, headaches and carpal tunnel."

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Yoga is also appropriate for the target audience, which consists of women of all ages, from teens to 99-years young. According to a 2012 *Yoga Journal* report, 83 percent of U.S. yoga participants are women. It is an activity that appeals to women across the lifespan and across socioeconomic groups, and one that is readily adaptable to all ages and experience levels. A representative of the Cumberland Housing Authority reported that a previous stand-alone yoga program offered at the housing complex was very popular among residents.

The population we seek to serve generally cannot take advantage of the benefits yoga offers, mainly due to a lack of resources. Residents of public housing, these women simply do not have the disposable income to pay for yoga sessions at the local Y – individual monthly membership at the Cumberland YMCA is \$39 -- nor in many cases do they have transportation to get there.

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**Connectedness:** As part of this strengthening in mind and body against the risk of opioid misuse and addiction, STEP will also seek to instill and promote a sense of connection among participants and their communities. Many residents of public housing are socially isolated, either by limited circumstance, caregiver responsibilities or life experiences such as divorce, separation or the loss of loved ones that can especially leave older women alone and without support. As the Surgeon General noted in his report *Facing Addiction in America*, such connectedness can help prevent substance abuse and addiction. "Strong positive family ties, social connections, emotional health, and feelings of control help people avoid substance misuse," the report said.

In the report *Neurobiological Advances from the Brain Disease Model of Addiction*, (New England Journal of Medicine, January, 2016) the authors note that awareness of social risk factors like isolation contribute to more effective addiction-prevention programs. “According to research related to the brain disease model of addiction, preventive interventions should be designed to enhance social skills and improve self-regulation. Also important are ... the provision of social opportunities for personal educational and emotional development.” Thus, STEP will strengthen participants against the risks of opioid misuse simply by drawing them out of their residences and drawing them together, fostering socialization that will promote the interpersonal connections that can help prevent destructive behavior such as opioid misuse. As for **STEP’s educational component**, the “vegetables” in the yoga-as-dessert analogy, the instructional elements would be crafted to be meaningful, relevant, and beneficial, in other words “tasty” and appealing in and of themselves.

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The goal in training, including the knowledge-growth that will occur through experience in guiding the program, will be legitimacy. If the content is legitimate, it will not have to be force-fed, nor will it be pushed aside or consumed only reluctantly; it will be embraced as a fulfilling, integral part of the “meal.” As a grant sub-recipient the Behavioral Health/Addictions unit of the Allegany County Health Department will play a central role in developing **course curriculum**. They are the experts; they are partners in this grant and the program coordinator will lean heavily on them for meaningful course content.

**Possible subject areas include, but are not limited to:**

- General education on opioids, physical and psychological effects
- Chronic pain management
- How to talk to your children about pills and attendant hazards
- Health literacy, information on trusted medical web sites
- “Food as medicine”
- Review of services and policies: Health Department/Tri State Community Health Center
- Risks of youth taking opioids to speed recovery from sports related injuries
- Patient advocacy and how to communicate effectively with healthcare professionals
- Stigmatization, including fear of criminalization and stigma associated with opioid abuse
- Single mother/caregiver issues and stress-coping mechanisms
- Naloxone certification

As staff at the Health Department noted, the program’s focus on prevention requires an approach dedicated to: “Front end, front end, front end.”

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**SBIRT:** A central element of STEP will be the Screening, Brief Intervention and Referral to Treatment (SBIRT) screening program, defined by SAMHSA as “a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance abuse disorders.”

SBIRT is premised on detecting problems early, allowing for intervention before misuse occurs, or before misuse evolves to addiction. As the Surgeon General notes in *Facing Addiction in*

*America*, “It is critical to prevent substance misuse from starting and to identify those who have already begun to misuse substances and intervene early. Evidence based prevention interventions, carried out before the need for treatment, are critical because they can delay early use and stop the progression from use to problematic use or to a substance use disorder (including its severest form, addiction)....”

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### **Community Health Worker**

Just as vital as STEP’s education components is the person who will administer the program. Which begs the question: **Why a Community Health Worker?**

STEP will hire one Community Health Worker as part of an evidence-based practice modeled in part on “Kentucky Homeplace,” a longstanding, nationally recognized program targeting rural, impoverished populations in Eastern Kentucky. The program bills itself as a “Community Health Worker initiative” and describes on its website (<http://ruralhealth.med.uky.edu/about-kentucky-homeplace>) the vital role CHWs play in health-promotion efforts. Cultural competency -- being able to relate to their clients and the issues they face-- is central to the program’ success: “Homeplace CHWs are selected from the communities in which they live, usually being born and reared there. CHWs know their community and, because of this trust, develop and assure cultural sensitivity to the health disparities and special needs of the clients they serve and the values of health providers with whom they coordinate services.”

CHWs are being increasingly employed nationwide and in Western Maryland as part of an evolving, inter-professional workforce built around a team approach to healthcare. As a culturally competent member of the care team, the STEP CHW would be uniquely equipped to help address issues related distinctly to women’s health and opioid misuse, including the prevalence of chronic pain in older women, the influence of past trauma, and the pressures of women’s caregiver role. As SAMHSA notes on its web site in discussing effective strategies to prevent substance abuse: “The prevention workforce must also have the cultural competency to effectively engage with the individuals or communities they are targeting.”

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**Sustainability** will ultimately depend on the success of the program itself, as measured through participant surveys and feedback provided through evaluation measures. From its earliest stages of assessment and planning through operational evolution over the course of the three-year grant, **STEP will be built for sustainability, with a vision to root the four meeting groups – one each in Frostburg and Westernport, two in Cumberland – for continuation independent of the program itself.** For example, members will be encouraged to form book clubs within the housing complexes, to help sustain the interpersonal connections that are so vital to personal health and deterrence of opioid misuse.

In addition to completing surveys measuring the program’s progress towards its goals and targeted outcomes, participants will also be encouraged to report personal accomplishments achieved through the STEP program. These could be as simple as pushing back against a

confining comfort zone to knock on the door of a neighbor newly met at the STEP meeting. Or it could be a trip up a set of steps which, thanks to yoga, no longer leaves the participant winded and out of breath. These little and not-so-little victories will be solicited as part of group discussion, and cataloged to qualitatively demonstrate the success of the program.

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## **Governance Plan**

***Project Management:*** Ultimate responsibility for governance of the STEP program will rest with the project Governing Board, with implementation of Board directives the responsibility of the Project Director, who is the Executive Director of the applicant agency, AHEC West. The Governing Board will consist of a representative from key partnering entities: Allegany County Health Department, Tri-State Community Health Center, Allegany College of Maryland, the housing authorities of Allegany County, Cumberland and Frostburg, and AHEC West. Project members will serve on the Governing Board as individuals and as representatives of their organizations. Each has an equal role and responsibility in decision making for the project. While member agencies may have varied roles in the project, each will take part in guiding its direction and achieving sustainability. All decisions regarding the project will be made by consensus or majority vote among the Governing Board members. The applicant agency will not make unilateral decisions regarding the overall project.

Members of the Governing Board will attend **quarterly meetings**, serve on committees tasked with completing specific activities as needed, and support project activities in ways to be determined during Board meetings. AHEC West will be responsible for producing written or electronic materials and will ensure that financial decisions made by the Board can be carried out according to grant regulations and budget requirements.

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## **Target Population**

The target population for the STEP program comprises the female residents of public housing agencies serving the communities of Cumberland, Frostburg and Westernport in Allegany County, Md.

The Cumberland Housing Authority owns and manages five developments built between 1952 and 2011 and has been providing public housing to the low income residents of the city of Cumberland since the first units were completed in 1952. Of approximately 425 occupied units, 66 percent feature female heads of households. Of those units, 83 percent are occupied by Whites and 16 percent by Blacks. The 2015 U.S. Census population for Cumberland is 20,130.

The Frostburg Housing Authority owns and manages the 100-unit Frost Village complex serving 177 elderly, disabled and low-income residents of Frostburg, including individuals and families. Of the 100 units, 71 percent feature a female head of household. Ninety-five percent of the units are occupied by a White head of household. The complex currently features 61 individual residences and 38 for families. The 2015 Census population estimate for Frostburg is 8,667.

The housing needs of low-income residents of Westernport are provided through the Housing Authority of Allegany County. The Grande View Apartments in Westernport is a 35-unit apartment building consisting of efficiency one- and two-bedroom units. As with the Cumberland and Frostburg complexes, the population at Grande View is overwhelmingly White. Sixty-one percent of its units are occupied by female heads of household. The population of Westernport is approximately 1,800.

The female residents of public housing agencies in Allegany County, Md. were chosen as the target population for the STEP program based on their vulnerability to opioid misuse due to income, race and geographic factors, their limited ability to access services that can help deter opioid misuse, and the concentrated, defined nature of the population, which aids in delivery of program services.

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**Project Resources:** Partner agencies will provide the following resources for STEP.

**AHEC West:** Applicant agency will hire the Community Health Worker who will conduct the program, and dedicate its Grant Coordinator to oversight and reporting duties (10 percent FTE), with the Executive Director serving as Project Director (in-kind, no salary) and assuming ultimate Project responsibility. AHEC West will also provide all required administrative support services, including recording and dissemination of Governing Board meeting meetings and production of handouts and other program materials. AHEC West will host all Governing Board meetings, as well as other organizational meetings as needed. AHEC West will also provide one designated voting member for the Governing Board.

**The Allegany County Health Department:** The Behavioral Health Unit of the Allegany County Health Department will provide staff expertise in development of the educational program curriculum, as well as oversight on appropriate messaging related to opioid prevention. The Health Department will also coordinate the training of the CHW, to ensure complete subject knowledge prior to the program's start. Finally, the Health Department will work with the CHW to coordinate intervention, counseling or treatment for program participants identified through SBIRT screening as demonstrating opioid misuse or at risk of doing so. A Health Department employee will serve on the Governing Board as in-kind contribution.

**Allegany College of Maryland** faculty certified by the Center for Mind/Body Medicine (CMBM) will help craft educational and yoga curriculum in accord with CMBM's internationally recognized, evidence-based model of personal and community renewal. In an effort to keep participants engaged and connected year-round, ACM staff will also host an "inter-session" 6-8 week CMBM program on self-help. An ACM representative will serve on STEP's Governing Board as in-kind support.

**Tri State Community Health Center**, which serves approximately 20,000 primarily low-income area residents and likely many of the program participants, will work with the program's CHW to provide care-managed patient-centered primary and OB/GYN care, enhance provider-patient communication, and ensure a continuum of needed comprehensive care and services. A Tri State employee will serve on the Governing Board as in-kind contribution.



**The three partnering public housing agencies** will provide host sites for the weekly program sessions and will work with the CHW to market and advertise the program to residents, and to facilitate communication between participants and the CHW. A representative of each housing agency will serve on the Governing Board as in-kind contribution.

**The three partnering law enforcement agencies** will provide support for STEP through their endorsement, with their credibility within the community lending credence to the program. Additionally, each agency will provide a law enforcement speaker to address issues of stigmatization, specifically the fear of criminalization.