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## Changing the Story: Evaluation Results of an Opioid Awareness Teach-In

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*Teach-Ins have historically been used as a way for educators to raise knowledge and awareness around an urgent social problem. We report findings from an action evaluation of the Bowling Green State University (BGSU) Opioid Awareness Teach-In, which was designed to (a) make clear that the BGSU community believes we can work to change the story of the opioid epidemic in northwest Ohio and (b) raise awareness of resources available for those struggling with opioid dependence in our community. Campus wide, anonymous questionnaires administered to students, faculty, and staff before (n = 275) and after (n = 140) the Teach-In indicated positive, and statistically significant, changes in knowledge of resources available, treatment options, and the attitude that BGSU is a community that cares about those struggling with opioid addiction. Qualitative feedback suggests that the Teach-In was helpful as a step toward changing the story and inspiring hope. In particular, our work to facilitate communication and awareness around opioid addiction, and reduce the silence and stigma associated with addiction, appears to have resonated strongly with participants.*

*Keywords:* opioid epidemic; teach-in; addiction; program evaluation; university; stigma

### Introduction

In 2017, the United States (US) Department of Health and Human Services declared a national opioid epidemic. As a result of widespread prescription and non-medical use, the opioid crisis has had devastating impact on Ohioans, including college aged adults. As a public university, BGSU is fully committed to serving the public good, with a special focus on improving outcomes in northwest Ohio. Faculty at BGSU who are concerned about the impact of the opioid epidemic in our region worked together to identify ways we could support knowledge and awareness of the opioid epidemic and decided to hold a university-wide Teach-In focused on opioids, “*Changing the Story.*” Teach-Ins were most popular on college campuses in the United States during the Vietnam War (Garfinkle, 1997) as a way to offer structured educational activities on campus beyond the traditional classroom aimed at political protest. Teach-Ins have also been used as a way to increase awareness of a social problem that faculty perceive to be in need of urgent attention. Most recently, Teach-Ins have been hosted to improve dialogue on the Black Lives Matter movement and are seen as a positive form of modeling social justice activism as part of the implicit curriculum on campus (Kuilema, 2019). The event described here was initiated by a core group of faculty at BGSU who wanted to engage the whole campus in dialogue around how our university community might be part of *changing the story* of the opioid epidemic in our region.

Opioids contributed to over 47,000 deaths in the US in 2017 (Felter, 2019). Opioids, typically prescribed as a pain reliever, include prescription opioids such as oxycodone, hydrocodone, morphine, and methadone, as well as fentanyl (synthetic) and the illegal drug, heroin (Centers for Disease Control and Prevention (CDC), 2018). When used in a limited duration and when prescribed by a physician, opioid use is generally safe (National Institutes of Health (NIH), 2019); however, even when used regularly, opioids can be misused, leading to addiction, overdose, and death (NIH, n.d.).

Opioid use disorder (OUD), as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5), is a pattern of opioid use that leads to clinically significant impairment or distress (CDC, n.d.). Diagnosis requires identification of at least two criteria outlined by the DSM-5 within a 12-month period. According to Substance Abuse and Mental Health Services Administration, 11.5 million people over the age of 12 misused opioids and 948,000 used heroin in 2016 in the US (Alexander, Keahey & Dixon, 2018).

In 2017, there were enough opioids being prescribed that each person in the US could have their own prescription (CDC, 2018). The prescribing rate of opioids in 2017 was 58.7 prescriptions per 100 people, although some counties in the US had prescribing rates that were nearly 7 times higher (CDC, 2018). In Ohio, the rate of opioid related deaths tripled from 2010-2016, and Ohio had the second highest rate of opioid related deaths within the US in 2017 (NIH, 2018).

Young adults (18-25 years) have the highest non-medical use of opioids and opioid use disorder often begins during the early to late 20s (Bonnie, Ford & Phillips, 2017). This age range includes college students who may begin using opioids as a result of social pressure and a fear of social consequences (Champion, Lewis & Myers, 2015).

College campuses are an ideal environment to address the current opioid epidemic through primary and secondary prevention efforts. A Teach-In, usually held on a college campus, is a meeting consisting of lectures, debates, and discussions to raise awareness on a social or political issue (Merriam-Webster, n.d.). The first Teach-In, held at the University of Michigan in 1965, aimed to involve students and faculty in the opposition of moral, political, and military consequences; Columbia University followed a few days later (History, 2018). A Teach-In was held at BGSU in 1971, one year after the Kent State shooting. While Teach-In events originated as a participatory response to moral or political challenges, the framework provides an opportunity to address current social and public health concerns, including the opioid crisis.

Drawing on action research, a collaborative and reflective approach to learning (Rossi, Lipsey, & Freeman, 2004) with the potential for widespread impact, a Teach-In was held at BGSU in the Fall Semester of 2018 to address the opioid crisis by delivering education to improve knowledge about opioids and to connect the population with prevention and treatment services. The Teach-In included engagement of faculty, community members, administration, staff, and students to increase knowledge of resources, reduce stigma associated with substance abuse and addiction, promote dialogue around the opioid epidemic, and connect participants with primary and secondary prevention and treatment services. One key component in the development of the Teach-In was the inclusion of program evaluation support, with a particular focus on action evaluation (Rossi, Lipsey, & Freeman, 2004; Rothman, 1997) as a means of supporting program

developers' ability to serve as advocates for change. Action evaluation was chosen because it allows for a highly collaborative approach to gathering information on how well an activity – in this case, the Teach-In – meets stakeholder objectives (Friedman & Rothman, 2015).

### **Teach-In Goals and Objectives**

*To provide a university-wide Teach-In with a focus on the opioid epidemic to improve knowledge related to opioid use disorder prevention, treatment, and resources for BGSU and the local community.* The following guiding objectives and associated action evaluation (Burrows & Harkness, 2016) questions were identified at the outset of the steering committee meetings:

1. By September 25, 2018, a university-wide Teach-In will be held to provide education regarding the opioid epidemic to students, faculty, staff, and the local community.
  - Action Evaluation Question for Objective 1: Was the Teach-In held as planned? Were all stakeholder groups (students, faculty, staff, and local community) represented as active participants?
2. After the Teach-In, at least 50% of participants will report increased knowledge about local resources and topic(s) addressed by the session(s) attended.
  - Action Evaluation Question for Objective 2: Did at least 50% of participants report increased knowledge about local resources and topics covered in the sessions they attended?
3. After the Teach-In, at least 50% of participants would recommend or would attend a future Teach-In.
  - Action Evaluation Question for Objective 3: Did at least 50% of participants report that they would recommend and/or attend a future Teach-In?

### **Teach-In Description**

Teach-Ins have historically been used for a variety of aims, including education, advocacy, political protest, and as a way for faculty to model civil discourse. *Change the Story* was not designed to be any sort of political protest, but developers did see this as an opportunity to educate, advocate, and engage in meaningful – and respectful – dialogue around the very difficult topic of opioid use, abuse, and addiction. All campus and regional community stakeholder groups were invited to participate, and events were scheduled with a range of foci, formats, and timelines in order to maximize involvement. Stakeholders from both the university and local community were involved in the planning process. The Teach-In included 30 speakers and 12 lecture topics (Table 1). A resource fair was also held on campus during the Teach-In to connect the public with local resources for prevention, treatment, and support regarding the opioid epidemic.

As mentioned, the team who developed the Teach-In wanted to create a space for faculty to participate in the ways they felt most comfortable and/or best aligned with their expertise. With this freedom to choose which content to focus on as well as how that content might best be

**Table 1**

*List of Lectures Presented*

- 
1. MAM, is your boy blue? The neurology of addiction
  2. When it touches home: family experiences and addiction
  3. Pathways and setbacks: recovery and addiction
  4. Our lines are open: treatment for addiction
  5. Decreasing probability: prevention matters
  6. Addictions 101
  7. Warning signs and reaching out: starting the conversation
  8. From dispensing to disposing of medications
  9. Across the lifespan: intergenerational addiction
  10. Policy and the opioid crisis
  11. The other side of the coin: healthy approaches to pain control and management
  12. Naloxone training
- 

delivered, a range of activities were created. Specifically, faculty at BGSU also developed an original film, “*Change the Story*” that was presented in the BGSU theater. The film provided an opportunity for discussion and reflection. A second film, “*Chasing Hope: The Documentary*” produced by the Spring Green Educational Foundation was also presented and followed by a reflection and discussion. Viewers were invited to leave notes with their thoughts, personal experiences, or anything they wanted to share based on the film contents. In addition to these original films, faculty developed six modules (Table 2) that were made available in the Canvas Commons, the university’s online learning management system, for import into course shells so that all faculty could support the mission of the Teach-In for their respective courses. Lastly, the Teach-In included opportunities for participants to share how opioids have impacted their life and to communicate support for those impacted by the crisis.

**Table 2**

*List of Canvas Modules Developed<sup>a</sup>*

- 
1. Opioids and Sleep Disorders: Opioid Teach-In 2018 by Dr. Michael Geusz
  2. Opioid Crisis Public Relations Campaigns by Dr. Terry Rentner
  3. Reward Valuation and Drug Addiction by Dr. Howard Cromwell
  4. Introduction to Harm Reduction for Opioid Users by Dr. Harold Rosenberg
  5. Generation Rx - Safe Medication Practices for Life by Joanne Sommers, M.Ed., CHES
  6. Change the Story: The Film and Discussion Guide by Dr. Ken Newbury
- 

<sup>a</sup> Please refer to Appendix A for the detailed Teach-In Program

The Marketing and Communications office created a logo specific to the Teach-In (see Figure 1). This logo was used on all correspondences and developed in the hopes that it could be used for future Teach-Ins on salient topics affecting society. A webpage was also created on the main university website with content that describes what a Teach-In is, the agenda and program for the event, and links on background and resources on the opioid crisis. The URL is: <https://www.bgsu.edu/events/opioid-teach-in.html>.

**Figure 1.**  
*Teach-In Logo*



### **Methods**

Given that the Teach-In was motivated primarily by faculty wishing to act as change agents in support of improved outcomes for all stakeholder groups in the broader BGSU community (e.g., students, faculty, staff, community residents) regarding the opioid epidemic, we centered our evaluation work within the broader frame of action evaluation. Rothman (1997) developed the framework of action evaluation based on his use and application of action research in the context of conflict negotiation. The special utility of action evaluation is that it is a useful way to explore whether or not various stakeholders' goals – which may be difficult to define and measure, especially when the "action" stems from a desire for advocacy and/or social justice – have been heard as well as acted upon (Burrows & Harkness, 2016).

In an effort to provide feedback to Teach-In developers and providers on how the Teach-In was received, we used a multi-method data collection strategy to (1) gauge the effectiveness of Teach-In activities to change knowledge, attitudes, beliefs, and awareness regarding the opioid epidemic (2) demonstrate accountability to proposed goals and objectives of the Teach-In and (3) build institutional capacity for future programs targeted at improving knowledge and resources for faculty, students, and staff at BGSU, and the local community. Each of these three evaluation aims was designed to provide feedback to Teach-In developers (e.g., university faculty, community providers) on how the Teach-In activities were received by participants; given that the overarching goal of the Teach-In was to educate and raise awareness, any reported improvements in knowledge, attitudes, and beliefs would be seen as successes.

Our design involved an unmatched, anonymous questionnaire administered via Qualtrics before (control) and after the Teach-In (intervention) to evaluate changes in university-wide knowledge, attitudes, beliefs, and awareness regarding the opioid epidemic. We specifically prioritized anonymity in responses due to the fact that (a) the focus of the Teach-In was a controversial and sensitive topic, and (b) power dynamics exist between some stakeholder groups. For example, many attendees were students, and the planning committee was made up largely of university faculty. Moreover, although opioid addiction is not a widespread problem on our campus, it would be naïve to believe that none of our respondents have personal experience with opioid addiction and abuse. Data on the prevalence of the problem in our state suggests that all

communities are impacted to some degree. Thus, we wanted to create a way for participants to feel comfortable if they chose to not respond and feel assured that their responses would remain anonymous should they choose to participate. In addition to the online questionnaire, qualitative data, in the form of on-site feedback forms, were collected to (a) complement our understanding of the quantitative responses to the electronic questionnaires, and (b) determine participants' reaction and perceptions of the Teach-In activities. The study was approved by the institution's Institutional Review Board (IRB) prior to data collection.

### **Participants and Data Collection**

An invitation to participate in the anonymous, electronic survey before and after the Teach-In was sent through email to a random, representative sampling frame including 5,181 individuals comprised of undergraduate and graduate students, faculty, staff, and administration at BGSU. This list of email addresses was provided to us by our university's Office of Institutional Research following protocols required by their office with regard to sharing contact information. Three email reminders were sent to non-responders for the control survey and up to four reminders were sent after the Teach-In. We also collected feedback forms on the day of the Teach-In; these forms were available at all sessions, and participants were encouraged to complete as they exited a session.

### **Instrumentation**

The questionnaire used to assess differences in knowledge, attitudes, awareness, and beliefs was pilot tested ( $n = 19$ ) by a sample of current, registered graduate and undergraduate students. The pilot testing included an opportunity to view items and provide feedback about the wording, response options, visual appeal, logical order, and navigation of the online survey. No changes were made based on the pilot feedback as all students reported that the questions were clear, and their interpretation of the questions were aligned with our aims when we wrote the questions. Please see Table 4 for the full list of questionnaire items.

Outcomes assessed included changes in knowledge, attitudes, beliefs, and awareness of resources. Knowledge related questions on the final instrument included "Opioid use disorder is a chronic disease," "I would be able to recognize the signs or symptoms of long-term opioid use," "I know where to reach out for help if I am worried about my own personal substance use or dependency, and "I know where to reach out for help if I am worried about a friend or loved one's substance use or dependency." Attitudes regarding the perceived seriousness of the opioid epidemic were assessed by the following statements, "Opioids are a problem in Ohio" and "Opioids are a problem at BGSU." Beliefs regarding the perceived importance of addressing the opioid epidemic were measured with the following statements: "BGSU is a community that cares about people struggling with opioid addiction," "People in Ohio are working to help address the opioid epidemic," and "It is important that BGSU is taking a stand on opioid use." Finally, awareness of prevention and treatment resources were evaluated with the following statements: "BGSU offers sufficient resources for people struggling with opioid use," "BGSU offers sufficient resources for people who have family or friends struggling with opioid use," "Opioid prevention programs are available in my community," and "Treatment options for opioid

dependency or problematic use are available in my community.” All items included a 5-point Likert Scale, ranging from *strongly disagree* to *strongly agree*.

As described previously, session-specific evaluations were collected the day of the Teach-In to gather feedback from attendees on presentation characteristics (acoustics, visuals, handouts, and elocution) and content. The evaluation included items to determine if the respondent would attend or recommend future Teach-In events. Most items were measured using a 5-point Likert agreement/disagreement scale. Two open-ended items were included to allow the participant to provide qualitative comments about the content of the session attended and the overall Teach-In.

### **Analytic Approach**

Descriptive and inferential statistics were conducted using SPSS, Version 24.0. Mann Whitney U was calculated to evaluate the unmatched, aggregate changes in awareness, knowledge, beliefs, and attitudes. Data for each outcome variable was visually inspected by reviewing each histogram, indicating non-normal distribution. Thus, Mann Whitney U was selected due to the use of ordinal data, independent groups, and non-normal distribution of the outcome variables. The standardized test result was reported and  $p < .05$  was considered significant.

Qualitative comments from the session feedback forms were carefully reviewed and summarized in order to understand participants' reactions to the Teach-In. All qualitative comments were offered in writing and no identifying information was collected (e.g., name, gender, role). Because participants' comments were offered in response to specific sessions, and the majority of these comments were less than three sentences, the task of interpretation was fairly straightforward. The qualitative data were coded by two of the evaluation team members, and three main themes were identified. Our aim for reviewing and summarizing the qualitative comments involved a need to understand whether or not participants found the sessions relevant and meaningful, and how faculty might think about opportunities for continuing education around this topic. Following the basic steps for identifying level 1 codes (Yin, 2016) we worked to see if qualitative comments would/not indicate that participants found the Teach-In sessions to be meaningful and educational. The evaluation team members (two of the authors of this paper) read the qualitative comments independently and then met to discuss and refine our individual summaries of the feedback.

### **Results**

After removing incomplete responses, the control survey (administered before the Teach-In) resulted in 275 responses (5% response rate) and respondents were primarily white, non-Hispanic, females. Overall, 64% of responses were obtained from the student body, 17% from faculty, 15% from staff, and 4% from administration (Table 3). The intervention survey (administered after the Teach-In) had a lower response rate (3%); however, a similar breakdown in respondent characteristics was noted (Table 3).



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**Table 3**

*Stratified Respondent Characteristics for Survey Administered Before and After the Teach-In<sup>a</sup>*

Variable	<i>Students</i>		<i>Employees</i>	
	Control n (%)	Intervention n (%)	Control n (%)	Intervention n (%)
<i>Class Standing</i>				
Freshman	26 (17.8)	10(13.5)	-	-
Sophomore	19 (13)	14(18.9)	-	-
Junior	35 (24)	9(12.2)	-	-
Senior	27 (18.5)	23(31.1)	-	-
Graduate Student	36 (24.7)	17(23.0)	-	-
<i>Gender</i>				
Male	37 (25.3)	14(18.9)	17 (21.5)	12(24)
Female	107 (73.3)	54(75)	55 (69.6)	38(76)
<i>Race and Ethnicity</i>				
White	123 (84.8)	61(84.7)	65 (81.3)	45(90)
Black or African American	9 (6.2)	3(4.2)	5 (6.3)	2(4)
American Indian or Alaska Native	0 (0)	0(0)	0 (0)	0 (0)
Asian	1 (.7)	0(0)	1 (1.3)	0 (0)
Native Hawaiian or Pacific Islander	1 (.7)	0(0)	0 (0)	0 (0)
Other	8 (5.5)	8(11.1)	1 (1.3)	3(6)
Hispanic	4 (2.9)	3(4.5)	1 (1.3)	3(6.4)
Non-Hispanic	125 (91.2)	57(86.4)	65 (86.7)	43(91.5)
<i>Faculty Position / Rank</i>				
Instructor	-	-	11 (25)	4(12.5)
Lecturer	-	-	3 (6.8)	6(18.8)
Senior Lecturer	-	-	2 (4.5)	0(0)
Assistant Professor	-	-	8 (18.2)	5(15.6)
Associate Professor	-	-	9 (20.5)	8(25)
Professor	-	-	5 (11.4)	2(6.3)
<i>College Affiliation</i>				
Arts and Sciences	-	-	13 (31)	11(35.5)
Business	-	-	2 (4.8)	2(6.5)
Education and Human Development	-	-	8 (19)	4(12.9)
Health and Human Services	-	-	11 (26.2)	7(22.6)
Musical Arts	-	-	5 (11.9)	2(6.5)
Tech., Arch., and Applied Engineering	-	-	2 (4.8)	1(3.2)
Graduate Studies	-	-	1 (2.4)	2(6.5)
<i>Number of Years Employed</i>				
Less than 1	-	-	9 (11.3)	2(4.1)
1-4	-	-	28 (35)	17(34.7)
5-9	-	-	15 (18.8)	9(18.4)
10-14	-	-	11 (13.8)	6(12.2)
15-19	-	-	8 (11.3)	7(14.3)
20+	-	-	9 (11.3)	8(16.3)

<sup>a</sup>Percentage (%) is based on the valid percentage – totals may not add to 100%

## Quantitative Results

Control data collected before the Teach-In indicated that the majority of respondents agreed that opioid use disorder is a chronic disease, opioids are a problem in Ohio, and it was important for the university to take a stand on opioid use; however, approximately more than 60% were unsure if opioids were a concern at the college (Table 4). Similar levels of indifference were demonstrated for awareness of campus resources for student and employee respondents; however, a higher proportion of students and employees believed that treatment and prevention options were available in their community. Before the Teach-In, approximately a third of student and employee respondents disagreed that they would be able to recognize signs or symptoms of opioid use. More than half of each subsample reported that they would know where to get help for a personal concern with substance use or to help a family or friend. Students most commonly indicated that they would recommend the university's counseling services to take action, while employee respondents indicated that they would discuss a concern about substance use or dependency with their program chair/supervisor.

The aggregate outcome evaluation (Table 5) demonstrated a higher level of agreement after the Teach-In regarding knowledge about treatment options ( $p = .001$ ) and prevention programs ( $p < .001$ ) being available in the community, knowledge about where to reach out for a personal concern ( $p = .01$ ), and knowledge about where to get help for a friend or loved one ( $p = .004$ ). We also observed a significant difference in the attitude that BGSU is a community that cares about those struggling with opioid addiction ( $p = .001$ ).

At least 46 faculty members required attendance at the Teach-In, resulting in at least 1,318 students who signed in and attended the event for a course. Session specific feedback was collected from 447 evaluations. The Teach-In was attended primarily by undergraduate students; however, session evaluations were also collected from graduate students, faculty, staff, administrators, and community members.

Feedback forms from the event indicated that most heard about the event from a faculty member (90.8%) or email (19.5%). Respondents agreed that the speaker was knowledgeable (98.1%) and able to respond to questions (95.3%). The majority agreed that the presentation aligned with the topic or description (95.1%), the teaching methods were appropriate (94.2%), and that the session topic was important to address on a college campus (97.7%). Encouragingly, 60% or more of respondents indicated a strong level of agreement that their knowledge on the subject and resources available increased and that the session provided ideas that could be used to understand or impact the opioid crisis. The majority (84.5%) indicated that they would attend another Teach-In and 87.8% would recommend future events to friends or colleagues.

**Table 4**

*Control (n = 275) and Intervention (n = 140) Survey Response Frequencies Stratified by Student and Employee Respondents at a Midwest, Public University where a Teach-In focused on Opioids was held in 2018<sup>a</sup>*

	Student Respondents						Employee Respondents					
	Control n (%)			Intervention n (%)			Control n (%)			Intervention n (%)		
	Disagree	Neither	Agree	Disagree	Neither	Agree	Disagree	Neither	Agree	Disagree	Neither	Agree
Opioid use disorder is a chronic disease	17 (11.8)	12 (8.3)	115 (79.8)	9 (12.6)	11 (15.5)	51 (71.8)	12 (14.8)	6 (7.4)	63 (77.8)	9 (18)	5 (10)	36 (72)
Opioids are a problem in Ohio	6 (4.1)	9 (6.2)	131 (89.7)	1 (1.4)	3 (4.2)	67 (94.4)	3 (3.7)	1 (1.2)	77 (95.0)	1 (2)	0 (0)	49 (98)
Opioids are a problem at BGSU	28 (19.2)	95 (65.1)	23 (15.7)	12 (16.9)	45 (63.4)	14 (19.7)	8 (9.8)	51 (63.0)	22 (27.2)	8 (16)	22 (44)	20 (40)
BGSU offers sufficient resources for people struggling with opioid addiction	21 (14.3)	82 (55.8)	44 (29.9)	9 (12.8)	33 (47.1)	28 (40)	13 (16.0)	53 (65.4)	15 (18.5)	9 (18)	24 (48)	17 (34)
BGSU offers sufficient resources for people who have a loved one who is struggling with opioid addiction	23 (15.6)	72 (49)	52 (35.4)	11 (15.7)	31 (44.3)	28 (40)	17 (20.9)	54 (66.7)	10 (12.3)	10 (20)	26 (52)	14 (28)
Treatment options for opioid dependency or problematic use are available in my community	22 (14.9)	55 (37.4)	70 (47.7)	7 (10)	19 (27.1)	44 (62.8)	9 (11.1)	18 (22.2)	54 (66.6)	1 (2)	7 (14)	42 (84)
Opioid prevention programs are available in my community	37 (25.3)	48 (32.9)	61 (51.8)	11 (15.7)	17 (24.3)	42 (60)	12 (14.8)	23 (28.4)	46 (56.8)	1 (2)	12 (24)	37 (74)

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Table 4 continued...

	Student Respondents						Employee Respondents					
	Control n (%)			Intervention n (%)			Control n (%)			Intervention n (%)		
	Disagree	Neither	Agree	Disagree	Neither	Agree	Disagree	Neither	Agree	Disagree	Neither	Agree
I know where to reach out for help if I am worried about my own personal substance use or dependency	53 (36)	15 (10.2)	79 (53.8)	15 (21.4)	4 (5.7)	51 (72.9)	15 (18.8)	13 (16.3)	52 (65)	6 (12)	8 (16)	36 (72)
I know where to reach out for help if I am worried about a friend or loved one's substance use or dependency	59 (40.4)	16 (11.0)	71 (48.6)	15 (21.4)	6 (8.6)	49 (70)	19 (23.5)	12 (14.8)	50 (61.7)	7 (14)	8 (16)	35 (70)
I would be able to recognize the signs or symptoms of long-term opioid use	53 (36.1)	18 (12.2)	76 (51.7)	16 (22.8)	8 (11.4)	46 (65.7)	28 (34.5)	16 (19.8)	37 (45.7)	16 (32)	5 (10)	29 (58)
BGSU is a community that cares about people struggling with opioid addiction	18 (12.2)	50 (34.0)	79 (53.7)	4 (5.7)	17 (24.3)	49 (70.2)	3 (3.7)	27 (33.3)	51 (63)	2 (4)	7 (14)	41 (82)
People in Ohio are working to help address the opioid epidemic	26 (17.7)	20 (13.6)	101 (68.7)	12 (17.2)	9 (12.9)	49 (70)	3 (3.7)	10 (12.3)	68 (83.9)	4 (8)	2 (4)	44 (88)
It is important that BGSU is taking a stand on opioid use	4 (2.7)	8 (5.4)	135 (91.8)	1 (1.4)	4 (5.7)	65 (92.8)	3 (3.7)	6 (7.4)	72 (88.9)	2 (4)	3 (6)	45 (90)

<sup>a</sup>Combined strongly disagree/disagree and strongly agree/agree responses

**Table 5**

*Aggregate Changes in Knowledge, Attitudes, Beliefs, and Awareness of Resources Regarding the Opioid Epidemic*

	Mann Whitney U <sup>a</sup>	p value
Opioid use disorder is a chronic disease.	-.78	.44
Opioids are a problem in Ohio.	-.54	.59
Opioids are a problem at BGSU.	1.23	.22
BGSU offers sufficient resources for people struggling with opioid use.	1.79	.07
BGSU offers sufficient resources for people who have family or friends struggling with opioid use.	1.04	.30
<b>Treatment options for opioid dependency or problematic use are available in my community.</b>	<b>3.21</b>	<b>.001</b>
<b>Opioid prevention programs are available in my community.</b>	<b>3.73</b>	<b>&lt;.001</b>
<b>I know where to reach out for help if I am worried about my own personal substance use or dependency.</b>	<b>2.50</b>	<b>.01</b>
<b>I know where to reach out for help if I am worried about a friend or loved one's substance use or dependency.</b>	<b>2.87</b>	<b>.004</b>
I would be able to recognize the signs or symptoms of long-term opioid use.	1.80	.07
<b>BGSU is a community that cares about people with opioid use disorder.</b>	<b>3.19</b>	<b>.001</b>
People in Ohio are working to help address the opioid crisis.	1.09	.28
It is important that BGSU is taking a stand on opioid use.	.93	.36

<sup>a</sup>Grouping variable: control and intervention (derived from anonymous, electronic survey administered before and after the Teach-In, respectively)

### Qualitative Results

Qualitative comments from the Teach-In session evaluations were reviewed with the feedback being overwhelmingly positive. Attendees emphasized the benefit of including real-life experiences and application in the sessions and activities. Attendees also reported the importance of the topic and the benefit of addressing the opioid epidemic on a college campus. Importantly, respondents identified the value in being able to *Change the Story*. Three primary themes across responses were: (1) real-life experiences being valued, (2) the importance of this topic, and (3) belief that we can *change the story*. The real-life experiences valued theme captured participants'

awareness that there are persons in their communities affected by the opioid crisis and the impact extends beyond just the person who is struggling with addiction. The second theme is related to the importance of the opioid crisis by noting how participants were made aware of this topic through a variety of approaches from panels to videos. The belief that we can *change the story* theme addresses participants' knowledge to identify when a person is misusing opioids and where to turn for help. As previously mentioned, the majority of qualitative comments were short (one to three sentences in length) and participants' messages were fairly straightforward, lending to interpretation. The following responses illustrate the themes that emerged from our analysis of the qualitative feedback.

(1) Real-Life Experience Valued

*I really loved the aspect of parents sharing their own children's stories. It brings it into a whole new perspective on how it affects families and friends. I give a great deal of credit for the 4 individuals who were able to talk about their stories.*

*Very powerful, made an impact on the importance of being informed about the opioid epidemic. Made it known that it is real, very important and informative. It was so good.*

*It really brought my attention to it and informed me of how it affects everyone, not just the victim.*

*The stories really help you understand what people go through and the hardships families and users go through.*

(2) Importance of the Subject

*Very powerful! An exceptional way to portray this very important subject. I have lots to think about!*

*I felt it was very informative. I am from Dayton, so I felt it was very knowledgeable. Thank you for bringing this to campus!*

*Thank-you for putting this together! I wish every class on campus would have cancelled classes and gotten involved in this! Wish the video would have involved people in high school that were teens and how they got involved in drugs/pills.*

*Very knowledgeable and effective in presenting relevant information on such a large topic and relatable experiences that could affect the common college students.*

*I am very glad we had this because opioids are such an issue now and we don't know a lot about them.*

*This is an important topic that needs to be discussed. Thank-you for providing this opportunity. Such a great idea, very important.*

(3) Being able to *Change the Story*

*Was clear about how much drug overdoses affect other people more than just the person who is now dead. People need to step up and try their hardest to help other people not just watch it happen.*

*I learned a lot in this session. I know what to look for in someone as signs.*

*This film touched me deeply because of friends being addicted and I am currently trying to get them help.*

*I learned it is very important to talk to your children about these things. I learned a lot from this session that I never knew before. I also learned you can do things that is age appropriate for the children in your classroom about prevention/addiction.*

### **Discussion**

We developed and delivered this Teach-In so that we, as a group of concerned faculty and community members, might inspire stakeholder groups (e.g., students, faculty, PK-12 educators in our region) to come together and take action in order to *change the story* of the opioid epidemic in our region. As we make edits to this manuscript, the COVID-19 pandemic has only made this work more urgent. We see increases in substance abuse/misuse as well as mental health problems as a result of the pandemic. In a region that was already hard-hit by the opioid epidemic, we likely face even more downstream and long-term declines in social, health, and financial wellbeing as a result of the pandemic. In hindsight, our work to deliver the Teach-In may be more important – from institutional and community perspectives – than we realized when planning. Currently, Teach-Ins are being conducted to raise awareness and inspire advocacy for the Black Lives Matter movement. As we work to heal from the pandemic and move forward, Teach-Ins may be an appealing option for university faculty to come together and advocate for policy changes (e.g., increased supports for mental health and well-being; improving public discourse on other controversial topics such as hate speech vs. free speech). Although we have not seen instances of virtual Teach-Ins, we see this as an area that would be exciting to explore in the future. One of the primary reasons we looked to publish this manuscript in the *Mid-Western Educational Researcher* is that we believe faculty in other mid-west universities may see the potential usefulness for a Teach-In in their own communities. Sharing our experience in this forum will hopefully allow for even stronger Teach-Ins in our region moving forward.

From the pre-and post-evaluation, we see that the majority of respondents identified opioid use as a chronic disease and national problem; however, respondents were less familiar with local issues and university resources prior to the event. More than 60% of attendees reported an increase in knowledge regarding available resources after going to at least one session. The Teach-In was well accepted as the majority of attendees indicated that they would attend another Teach-In and would recommend future events. These findings demonstrate that the Teach-In can help provide widespread information; however, more work is needed.

The findings from the evaluation demonstrate that the Teach-In was successful in meeting the pre-determined educational goals and objectives for the Teach-In. BGSU's *Change the Story* Teach-In was effective in a number of ways: (1) engaging the public and community

organizations to bring awareness regarding the opioid epidemic (2) connecting community members (e.g., Wood County, OH) and the BGSU community to resources and education about opioids (3) the sessions were well attended by a variety of participants and (4) improved knowledge about the subject, awareness of resources in the community, and ways to address or understand the opioid epidemic.

### **Limitations**

We learned several lessons as part of this project. First, if we were to conduct this action evaluation again, we would work to recruit more members for the evaluation team early on. For a project this size, the number of people working on evaluation activities was too small. This work was part of what is considered “service” work for faculty on the evaluation team, so all evaluation efforts had to be managed over and above other teaching and research responsibilities. As the Teach-In was an isolated activity, the steering/planning committee was an ad-hoc group and members engaged as an “extra” in their service work. In the future, we might explore ways for faculty to have temporary release from other ongoing committee responsibilities so that the time required for planning a community-wide event may be a bit more manageable. We would also advocate for the inclusion of focus groups with various participants (e.g., faculty who chose to create course modules, community members who chose to attend the Teach-In, and students who attended the Teach-In with their classmates) as an additional data collection opportunity for any future Teach-Ins.

The evaluation results are subject to concerns with self-reported responses, which may have been influenced by social desirability bias and educational content. While the evaluation plan did include a pre- and post-evaluation design, the low response rate and anonymous nature of the survey design limits the interpretations that can be made. Given the sensitivity of the topic, at the time, we elected to use an anonymous survey; however, we might use a more purposive sampling strategy if we repeated this evaluation. For example, multiple faculty members required students to attend the Teach-In in place of coming to class for the day; it is possible that those faculty would have been willing to share the link to the *Qualtrics* questionnaire with their classes both before and after the Teach-In which would have allowed us to collect pre- and post- data from stable groups.

### **Conclusion**

Despite these limitations, the findings reinforce the benefit of collaborative efforts between institutions of higher education and community agencies to address the opioid epidemic. The Teach-In was an effective method to engage the community, stakeholders, and increase awareness and knowledge on such a sensitive and powerful topic. The Teach-In was conducted with a relatively modest budget, relying primarily on in-kind time of faculty, staff, and community members. Since 2018, the university has held two additional Teach-In events to raise awareness on other social issues.

Finally, we would like to underscore that in undertaking this work, the members of the steering committee sought to make a collective statement about the opioid crisis in northwest Ohio; we aimed to make clear our belief that BGSU can – and should – work to *change the story*.



Universities have the potential to help communities achieve healthier outcomes in many domains. As a public university working to contribute to the public good, we believe efforts designed to raise awareness, facilitate communication, provide information on resources available, and challenge the stigma around the opioid epidemic are necessary. The results from this action evaluation provide support for this position and reinforce that the Teach-In was useful at a local level and may well be useful for other communities.

### Author Notes

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## Appendix A

## Acknowledgement of Steering Committee Members

The Co-Chairs of the Steering Committee for the Teach-In were Drs. Burek and Newberry. Listed below are the primary faculty, staff, and student (\*) members of the various subcommittees of the Steering Committee and descriptions.

<b>Table A1.</b> <i>Teach-In Steering Subcommittees</i>	<b>Members</b>
Logistics – coordinates and designates where speakers, events, activities, resources will be held	Jolie Sheffer Elizabeth Brownlow V Rosser Paul Valdez Brandon Peebles
Publicity – works with M&C to create publicity materials, webpages, and work with social media and traditional media outlets	Jerry Schnepf Cynthia Roberts Chris Cavera
Volunteer – recruits and organizes volunteers driven by event needs	Paul Valdez V Rosser
Research & Evaluation – Develops and administers data collection instruments related to the event and its activities. Analyzes data and writes a report.	Kristina LaVenia Kerri Knippen
Providers, Resources, and Presenters – Invites presenters and providers, determines and organizes resources for the event	Laura Fullenkamp Sharon Schaeffer Nancy Orel Kate Hudson
Curriculum – develops or finds university faculty to create educational modules from a variety of subject areas for faculty to use in their classes	Susan Carlton Jon Sprague Heath Diehl Savilla Banister Harold Rosenberg Samantha Hughes
Student Groups and Activity Committee – Student representatives provide input and help plan while recruiting student groups to host activities or displays and this committee plans simulations, role plays, Falcon Angels, and similar	Tiffany Burchett Ann Darke Megan Hartzog Catherine Pape Reagan Shull Lexie Sigsworth