Center on Rural Addiction
UNIVERSITY OF VERMONT
NH CITIZENS HEALTH INITIATIVE
Institute for Health Policy and Practice
University of New Hampshire

New Hampshire Baseline Needs Assessment

uvmcora.org | citizenshealthinitiative.org | COVID-19 Impact on Substance Use and Treatment

Overview

The mission of the University of Vermont Center on Rural Addiction (UVM CORA) is to expand addiction treatment capacity in rural counties in New Hampshire, Vermont, Maine, northern New York, and throughout the country by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and staff. Our New Hampshire baseline needs assessment, conducted in collaboration with the New Hampshire Citizens Health Inititative at the University of New Hampshire Institute for Health Policy and Practice, aimed to identify current and future substance use disorder (SUD) treatment needs and barriers in rural counties with input from practitioners and community stakeholders.

> ***"The advent of 'telemedicine' has actually made it easier for patients to access [medication assisted treatment] care at our clinic."***
> *– Non-Rural Practitioner*
>
> ***"Collaborations between agencies, organizations, providers [have] been essential for our community."***
> *– Rural Community Stakeholder*

This data brief focuses on practitioner and stakeholder baseline needs assessment survey responses related to the impacts of COVID-19 on substance use and treatment in New Hampshire.

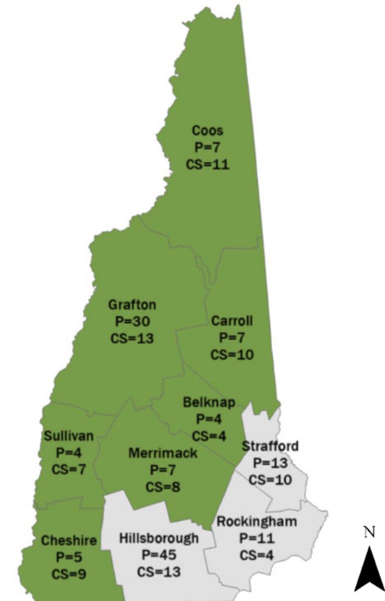

Figure 1. New Hampshire practitioner (P) and community stakeholder (CS) respondents in rural (green) and non-rural (grey) counties. This map excludes 19 practitioners and 12 community stakeholders who reported working in multiple counties.

Methods and Sample

From October 2020 to March 2021, we surveyed practitioners and community stakeholders working across New Hampshire using an online survey. First, we used mailers, social media, and email listservs to disseminate a link to an online screening survey. After verifying that respondents were practitioners or community stakeholders working in New Hampshire, we emailed a link to the baseline needs assessment survey.

Survey respondents included 152 practitioners, 81 of whom reported working in rural counties; and 101 community stakeholders, 74 of whom reported working in rural counties (Figure 1). The majority of practitioner respondents were in nursing and counseling roles (Table 1). Community stakeholder respondents reported working in a variety of settings, including family resource centers/support settings (19%), recovery centers/recovery community organizations (13%), public health settings (13%) and community mental health settings (7%).

Table 1. Professional roles of practitioner respondents

Professional role	#	%
Nurse Practitioner	27	17.8
Counselor	25	16.5
Primary Care Physician	19	12.5
Alcohol and Drug Counselor	19	12.5
Nurse	18	11.8
Recovery Coach	13	8.6
Case Manager	10	6.6
Other	7	4.6
Specialist Physician	5	3.3
Nursing/Medical Assistant	3	2.0
Advanced Practice Nurse[1]	2	1.3
Physician Assistant	1	0.7
Pharmacist	1	0.7
Psychologist	1	0.7
Multiple	1	0.7
Total	152	100

[1] Certified Nurse Specialist, Anesthetist, or Midwife

COVID-19 Impact on Substance Use

A high proportion of practitioners (77%) and community stakeholders (79%) reported that substance use had increased since the start of the COVID-19 pandemic. Two thirds (68%) of practitioners and over half of community stakeholders (57%) believed that opioid use had increased. Very few practitioners (6%) and community stakeholders (6%) believed that access to medications to treat opioid use disorder had increased since the start of the pandemic. These proportions were similar across rural and non-rural respondents.

> ***"There has been an increase in poly-substance use."***
> *– Rural Community Stakeholder*
>
> ***"[Substance use] is more hidden again."***
> *– Rural Community Stakeholder*

Substance Use Disorder Care during COVID-19

Most practitioners reported that they had implemented telehealth appointments to continue treatment for patients with SUD during the COVID-19 pandemic (Figure 2). Some practitioners reported making other changes to their practices, such as changing their prescribing patterns, conducting appointments outdoors, and expanding their hours for SUD treatment. Reported changes were generally similar across rural and non-rural practitioners. However, a greater proportion of rural practitioners than non-rural practitioners reported conducting appointments outdoors (rural=28%, non-rural=13%;) and utilizing telehealth for group sessions (rural=45%, non-rural=18%).

When asked which processes were working and not working for them as they provided SUD treatment services during the COVID-19 pandemic, almost all practitioners reported that reimbursement for telehealth services was working for them (Figure 3). In contrast, a majority of practitioners reported that conducting random pill counts was not working for them. A notable proportion of practitioners reported challenges in other areas of their practice, including patient access to cellular minutes or data for telehealth visits, and care integration and referrals. There were no significant differences in processses identifed as working or not working between rural and non-rural practitioners.

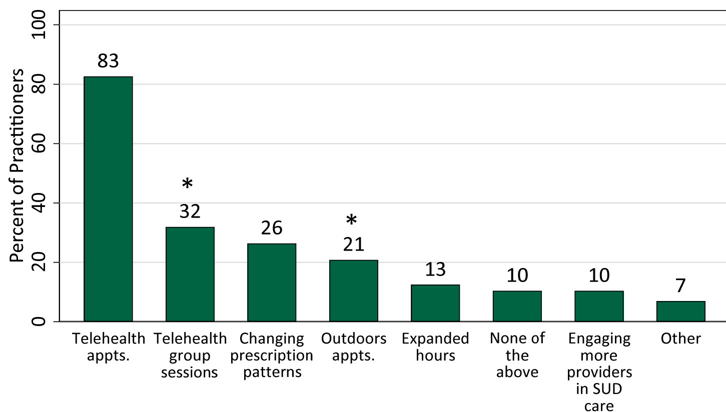

Figure 2. Measures that practitioners (n=152) have taken to ensure continued substance use disorder (SUD) treatment for patients during the COVID-19 pandemic. Asterisk (*) denotes significant differences in responses between rural and non rural practitioners.

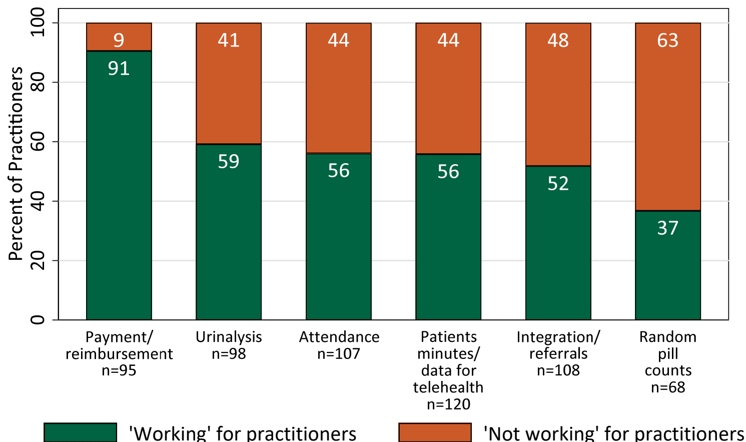

Figure 3. Distribution of practitioner responses to what has been working or not working for them in regards to substance use disorder treatment during the COVID-19 pandemic.

More Information

Please visit uvmcora.org to find more information about our baseline needs assessments in New Hampshire, Vermont, Maine, and northern New York, as well as resources and technical assistance on SUD treatment.

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