



MOMs in REcovery (MORE) Study Newsletter

May 2022

Volume 7 | Number 1

Study Updates:

We are excited to share our May newsletter with you! The team has been continuing our work with recruitment efforts, collecting survey data, and conducting interviews with study participants. We recently completed some of our milestones for the PCORI MORE Study and the COVID supplement enhancement study, *Parenting and Recovery during COVID (PARC)*.

We are also excited to share that one of our SAC members, Farrah Sheehan, has transitioned from being a community advisor to join our study as an official team member! In her new role, Farrah will use her extensive experience as a nurse educator to help foster relationships with our sites and boost recruitment.

Milestone 1: MORE Study

- Goal of 32 patient interviews has been completed!

Milestone 2: PARC Study

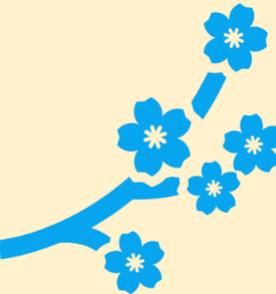
- Goal of 128 stakeholder surveys has been completed!
- Goal of 60 stakeholder interviews has been completed!

Featured Study Advisory Committee (SAC) Member: Jordan Brown

Meet Jordan, our newest Study Advisory Committee Member! Check out what she has to say below:



My name is Jordan Brown and I have lived in the NH Seacoast area for the majority of my life, and my parents were born and raised here as well. Growing up my mother struggled with mental health and substance use and eventually I did as well. Getting pregnant with my son was my wake-up call and with the help of many community services (including the prenatal team at Families First and Safe Harbor Recovery Center) I was able to find recovery. 3 years into recovery and I now have found my passion and purpose working at Safe Harbor Recovery Center and will be a licensed Recovery Coach this summer. I understand the struggles of the individuals we are trying to help and that not everyone has as easy as a road to recovery as I had. Which is why I joined the SAC team, to first understand the bigger picture and then hopefully affect positive change for pregnant individuals and families with SUD.



In this Issue:

- Study Updates
- Featured SAC Member
- A Note from the Principal Investigators
- Study Milestones
- Semi-annual SAC Meeting Recap
- Resources

Contact us:
Deborah Johnson,
MHA
Project Director
(603)-646-7063
Deborah.J.Johnson@dartmouth.edu

Find us on Facebook:
@ MORE Project Community Connect

Check out our website:
www.morestudy.org

Reach out to us by phone at:
(802)-332-3644

A Note from Our Principal Investigators

Dear Friends and Colleagues-

Two years ago, the world was sheltering in place, unsure what would come next as we experienced the first wave of the COVID pandemic. Certainly, the following years have brought significant changes to our daily lives and global community, and to the ways we interact with healthcare systems. We are grateful for supplement funding from PCORI which enabled us to study these changes locally and thrilled to have completed data collection for our COVID enhancement study, *Parenting and Recovery during COVID (PARC)*.

Through surveys and qualitative interviews of patients and providers, we have learned about how changes caused by the pandemic have become opportunities to expand access to care through alternate delivery models, including telehealth. Our efforts also highlighted disparities. Specifically, while the rapid transition to telehealth has proven to be beneficial to many, there remain inequities in access to the technologies required. In today's healthcare world, simply owning a smartphone with an adequate data plan can make the difference between having access to critical healthcare services, or not. The potential impact, especially for pregnant and postpartum people is significant. We hope that our findings will contribute to practice and policy initiatives for public health programs striving to address disparities in access and outcomes for maternal health.

The beauty of community engaged research is the ability to understand the implications of research findings on communities as part of the research process - and to partner with community members to develop solutions. Our mixed methods approach has enabled us to explore what is working well, and also where vulnerabilities exist. We look forward to working with you - our community partners and other stakeholders - to disseminate these findings widely and to further inform our ongoing regional discussion about health equity for pregnant and parenting people in recovery.

With great appreciation,

Daisy Goodman and Sarah Lord

April 2022 Semi-Annual Study Advisory Committee Meeting:

This past month we held our Semi-Annual Study Advisory Committee meeting where we were able to present preliminary data from the PCORI MORE Study as well as the COVID Enhancement Study with our advisory committee members. Below is a summary of what was presented and the current study progression according to each study aim.

MORE Study Updates:

- ⇒ **Aim 1:** To use clinical record data to evaluate the comparative effectiveness of Integrated and Referral-Based MAT care models on maternal and neonatal outcomes.
 - A total of 1451 medical charts have been abstracted and data entered from 2015-2019 and we continue to abstract and enter new records.
 - New Hampshire: 931
 - Maine: 486
 - Vermont: 34
- ⇒ **Aim 2:** To use patient reported data to evaluate the comparative effectiveness of Integrated and Referral -Based care models on patient-centered outcomes.
 - A total of 403 participants have been enrolled to date:
 - New Hampshire: 286
 - Maine: 71
 - Vermont: 46

COVID Enhancement Study Updates:

- ⇒ **Aim 2:** How has the COVID pandemic changed the experiences of maternity care and substance use treatment and related care for pregnant and parenting women with substance use conditions in the primarily rural northern New England region?
 - Surveys (n=220)
 - Most participants reported using some form of telehealth for their recovery support, mental health, prenatal care, or other form of healthcare during the COVID pandemic. Audio-only phone and videoconferencing were the most frequently used telehealth approaches.
 - While most participants preferred in-person services for substance use recovery, mental health, and perinatal services, approximately 1 out of 3 preferred to receive these services via telehealth.
 - A majority of participants reported benefits to telehealth, including not having to seek out transportation or childcare, and increased comfort in disclosing personal information to providers.
 - Approximately one third of participants reported lack of reliable phone and wifi and internet access as barriers to using telehealth.
 - Interviews (n=50)
 - Participant interviews provided more detailed overview of various experiences during COVID and utilization of telehealth to complement survey results

- Preliminary key themes emerging from interviews were:
 - COVID Experiences- Participants described experiencing a range of COVID experiences from good (e.g. more time with family), bad (e.g. loss of job/housing), and neutral (e.g. no major lifestyle changes)
 - Telehealth Experiences- Overall preference for telehealth varied depending on the type of health care they were receiving (e.g. prenatal, mental health, recovery support, and other healthcare)
 - Multiple benefits and barriers of telehealth were identified that helped explain participant's preference for telehealth versus in-person services
 - Perceived benefits to telehealth include not having to seek out transportation or childcare for appointments, flexible and convenient around busy schedules, and it allowed women to continue to receive treatment if they are not able to attend in-person
 - Perceived barriers to telehealth were lack of reliable internet and technology, technical issues with different virtual platforms, increased distractions at home, and lack of privacy
 - Community Resources- Participants utilized key resources available for their recovery support (e.g. insurance-provided transportation) and general support (e.g. stimulus checks) to help navigate challenges created by the pandemic

Meeting Ideaboard Results:

- ⇒ During our SAC Meeting we utilized an *Ideaboard* where members were able to share comments, feedback, or questions based on our presentation. We are answering and sharing some of the questions that were posed to us.
- ⇒ Questions
 - Of the (MORE Study) participants receiving medication treatment, what is the percentage breakdown of those receiving buprenorphine, methadone, naltrexone, etc?
 - Buprenorphine = 81%
 - Methadone = 16%
 - Naltrexone = 1%
 - Other = 2%
 - What are some of the barriers to recruitment?
 - COVID restrictions within prenatal care clinics and treatment centers have prevented study personnel from recruiting participants in-person
 - High staff turnover had made it difficult to maintain communication and recruitment efforts within certain partner locations
 - Increased access to treatment across the state has resulted in potentially eligible patients seeking treatment in further and smaller, lesser-known clinics and therefore harder to access
 - Lack of reliable technology makes it difficult to contact potentially eligible patients to go through the consent/enrollment process

~WE WANT TO HEAR FROM YOU~

We want to hear what is important to you and your community and are interested in hearing your thoughts on specific findings. We are happy to share results and engage with our community as we explore these findings even further. Please [click here](#) to share thoughts and inquiries about the study.

Study Recruitment: Thank you for your help - and we're not quite done yet!

The MOMs in REcovery (MORE) Study has been active for three years now. Over the last two years, COVID presented some unexpected challenges which really hindered our recruitment milestone of enrolling 523 women with opioid use disorder (OUD).

In the past few months we have partnered with new sites throughout our three states to help spread the word about our study. As we enter the final stretch of our study, we are working hard to boost recruitment numbers to meet our recruitment milestone! Thank you to all of our practices for continuing to help with recruitment.

In January of this year, we were able to increase the incentive for women to participate from \$125 to \$375 for completing all three surveys. This seems to have boosted recruitment a bit. Women from practices who previously completed all three surveys, were contacted and offered the \$100 bonus for completing all three surveys.

As you see from our recruitment numbers below, we would like to see an increase in representation from Maine and Vermont during these last couple of months. Please continue to refer eligible participants to the study!

- New Hampshire = 286
- Maine = 71
- Vermont = 46

We hope every potentially eligible woman has an opportunity to receive a study flyer! As a reminder, our recruitment protocol is listed below:

Step 1: Identify women who:

- Are at least 16 years of age;
- Entering or in the third trimester of pregnancy as of June 1st, or up to one-week postpartum;
- Have attended at least one prenatal care appointment with a partner practice in VT, NH or ME;
- Have used or received treatment for using heroin, fentanyl, or prescription pain killers in the past 12 months.

Step 2: Provide study flyer/information to eligible patient and get verbal permission from patient to send their name and phone number to study project director to be contacted to learn more about the study.

Step 3: Inform the patient that someone from the Study Team will be calling or texting them soon.

Step 4: Send contact information to: Deborah.J.Johnson@dartmouth.edu or call/text the study phone: 802-332-3644.

If you need more recruitment flyers/handouts, just send an e-mail to Deborah at the above e-mail address or call/text the study phone.

Our Featured Resources for May:

Our featured resource for May is the [Bethany Christian Services](#) organization, which is an international organization dedicated to serving vulnerable children, refugees, and strengthening families for over 75 years.

Here are a couple of ways in which this organization helped and had a great impact on the community:

- Over 114,000 individuals in the U.S. recently utilized this resource through pregnancy support, adoption, family counseling, foster care, training, education, and more
- Launched the Recovering Mothers with Newborns (ReNew) in two states serving pregnant and parenting mothers with substance use disorders
- Pregnancy counselors accompanied pregnant mothers as they gave birth and aided in making informed decisions for their babies
- Helped refugees and immigrants transition to new communities and resources throughout the pandemic via virtual platforms

" They provided my children with a SAFE environment for the weekend so I could rest and be the best mom I could be for them when they came home as my mental health was better. "

There are two locations in northern New England located within New Hampshire and Vermont.

- For the Vermont location, please call 802-877-6500.

P.O. Box 233
Barre, VT 05641

- For the New Hampshire location, please call 603-483-2886.

183 High St
P.O. Box 320
Candia, NH 03034

For more information or to learn how to volunteer, you can visit their website at <https://bethany.org/help-a-child/emergency-care/safe-families>. You can also reach out to Cindy Thomas at CThomas@bethany.org.