



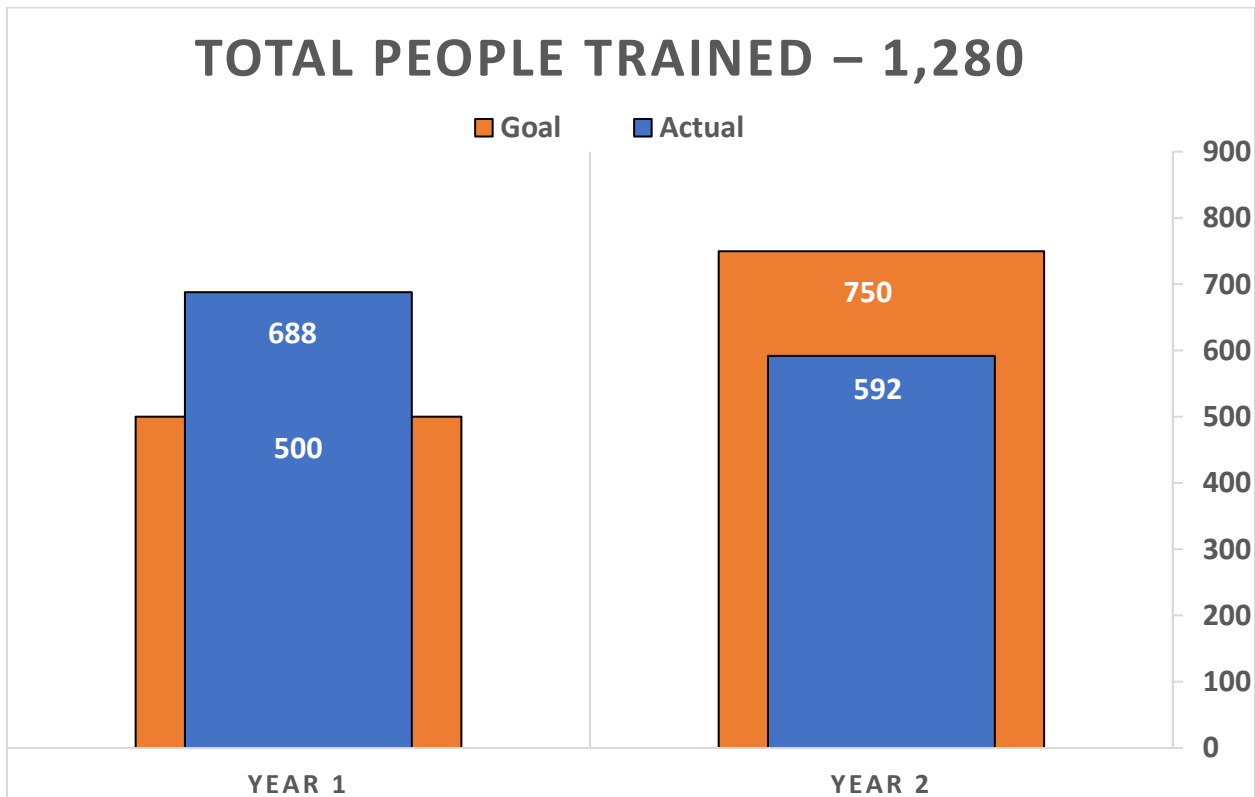
Report on the current state of the ULM HERO

Program and its progress

The following is a summary on the progress of the ULM HERO program as it currently stands at the end of the first quarter of the second fiscal year of activity. This information is intended for the members of the program’s Community Advisory Board (CAB) to refer to and to disseminate to others they believe may have an interest in the activity of this program. We greatly appreciate each members’ participation on the board and their engagement with us to help reach our goals and to serve our community.

Overall Totals:

So far, our program has achieved our target overall numbers of individuals trained. In the first year, we surpassed our year 1 goal by 188 individuals. Now, in our second year, we are once again on track to surpass our yearly total goal. At the end of our first quarter of the year, we are only 158 individuals away from meeting the 750 goal, which we anticipate will be achieved relatively soon. As the graphic below presents, we have trained 1,280 individuals as of our last education session in November.



Breakdown by Goals:

We can see the extent of our progress by breaking down the overall totals by each goal. By the end of year 1, we had reached the highest number of individuals in goal 1 (First Responders). Goal 1 is our primary focus for the purpose of our grant, but also for the reason that we understand that they are at the forefront of the opioid epidemic, and as such, benefit most immediately from these sessions. Our target overall for this goal is to reach 2,000 first responders by the end of the granting period.

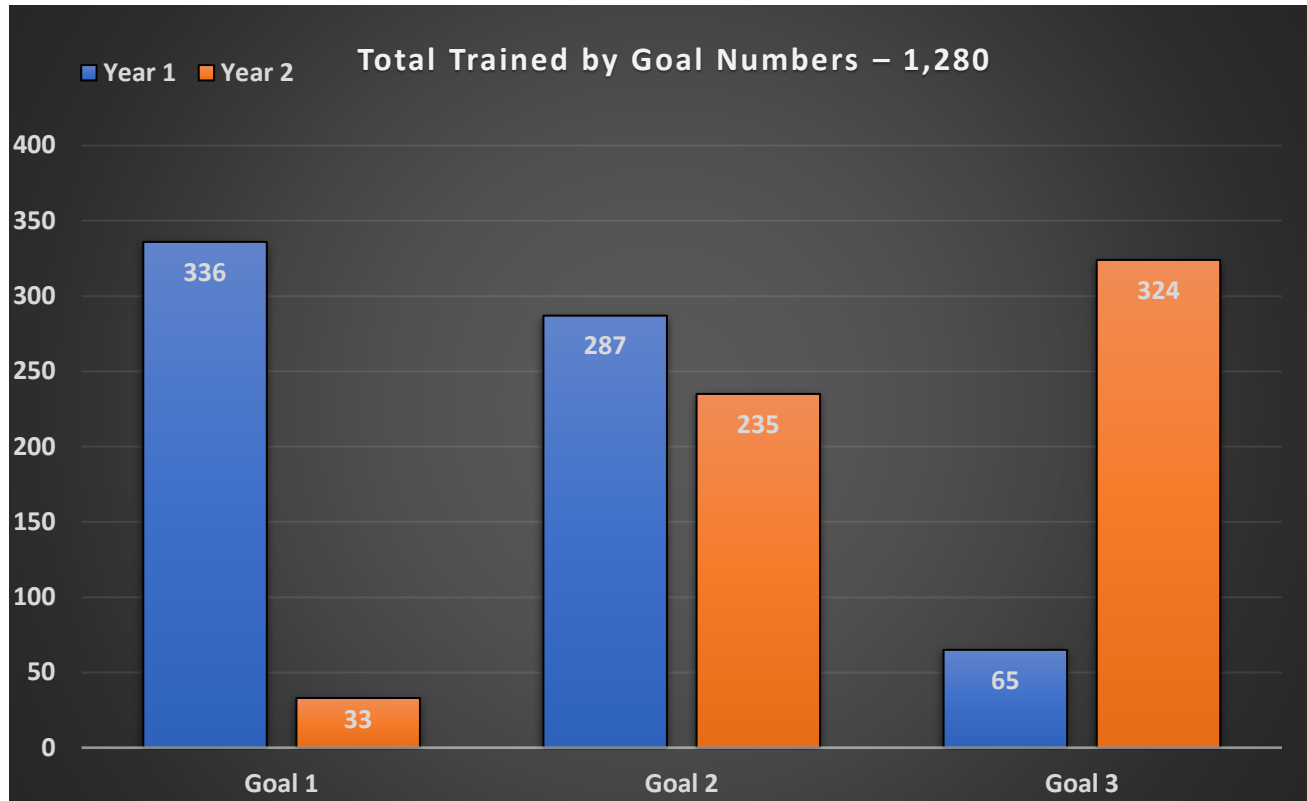
Reaching first responder agencies has, at times, proven difficult, which is usually the case for programs such as ours for a number of reasons. Such reasons include setting our program apart from more basic opioid response trainings such agencies have already engaged with, as well as some hesitancy as to the nature of the content of our education. However, through our outreach, we have made connections with agencies in rural areas that have had rather little opioid response training and have shown interest in harm reduction strategies, which has proven to be an unexpected, yet welcome, surprise. The number for Goal 1 for our second year is much smaller, however we believe this is due in large part to:

- 1.) The first quarter took place during the holiday season, when planning events has been the most difficult and interest is at its lowest
- 2.) We had yet to begin scheduling sessions in the rural parishes of northern Louisiana of our newly expanded catchment.

Once we begin scheduling sessions after the holidays and in our new catchment, we expect that this number will begin to rise. Despite that, it is important to note that first responders remain the most challenging of our three target audiences to reach, and must remain our primary focus.

Goal 2 represents our target for our community events. Our overall target is to participate in 50 community events by the end of the granting period. We have had great success in this area both last year and continuing into this year. We have managed to educate people and pass out 522 kits at 13 events. We expect that this trend will continue, and that more local events will be scheduled as we head into Spring.

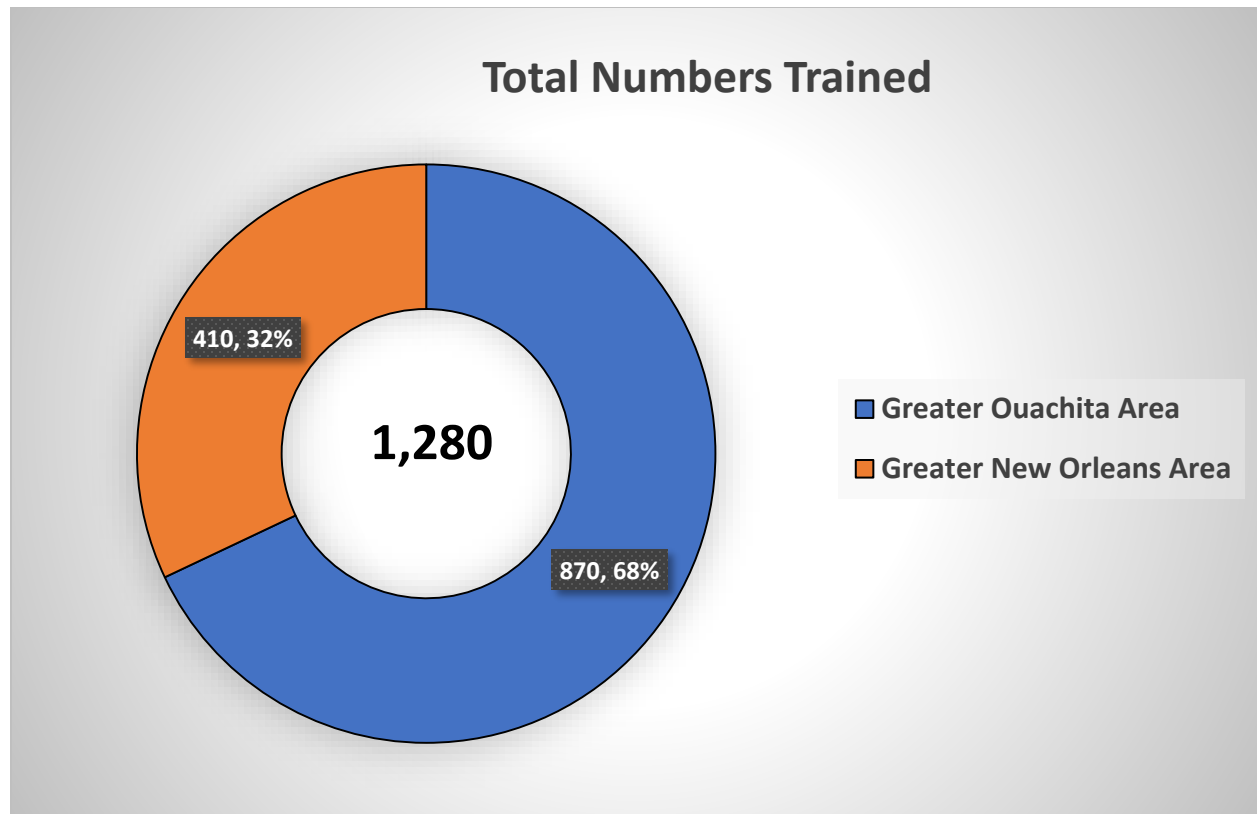
Finally, Goal 3 represents our efforts to reach first-responders-in-training who are in healthcare and public service programs (emergency support services, police officer, firefighters, nursing, dental, medical, pharmacy, etc). We seek to train 250 each year of our grant. Our pilot study was conducted in early 2023, and since then we have modified the material to cater more to the audience it is intended for. As the figure below shows, we have already surpassed 250 individuals in our second year, and we believe that we will continue to have this success in the following years.



Breakdown by Location:

In our original project narrative our population of focus consisted of those residing in the greater New Orleans area and the greater Ouachita area. Since then, we applied for a change in scope amendment which allowed us to expand our catchment to several more rural parishes in northern Louisiana (Union, Morehouse, Richland, Caldwell, Jackson, and Lincoln, Livingston, Ascension, and Lafourche). The figure below shows the numbers we have trained until now, which so far has only included the original catchment of the Ouachita and Orleans areas. Moving forward, we will start to see the numbers in our third area of focus included as well.

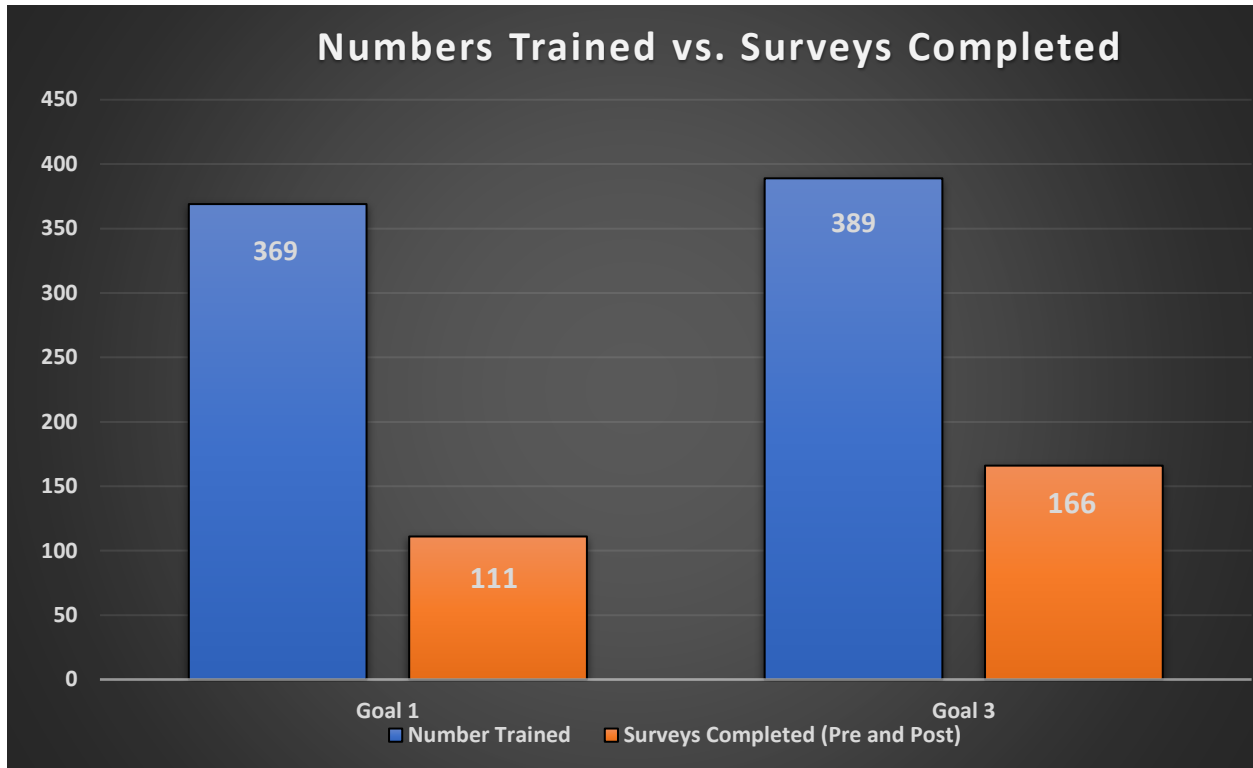
As the figure shows, most of our success has been in the Ouachita area. We believe that this is due to there being fewer opioid response training programs than there are in the Orleans area (as mentioned earlier this is a consistent barrier with first responder agencies in general, however it has been more so in the Orleans area). This is also due to the fact that most of our goal 3 sessions take place in Monroe, where the main campus of ULM is located.



Survey Responses and Discrepancies:

One of our main barriers to success has been the lack of complete survey responses from individuals who participate in our sessions. We consider a complete response to be all or most responses from our Pre- and Post- training surveys to be answered. Specifically, we measure our success for this aspect of the program by how many individuals have responded to all or most of the questions relating to an individual’s Knowledge of and Attitude towards opioid overdose response procedures and harm reduction strategies on *both* the Pre- and Post- training surveys. It is through analyzing these responses in particular that we see exactly what kind of an impact our education sessions are having on audiences. It is also important that we have completed responses so that we may publish the evidence of our program and bring more attention to harm reduction programs such as ours.

While we are always working on improving the quality of the surveys in a variety of ways (such as redesigning the questionnaire to be more compact and to cater more towards specific audiences), the fact remains that, so far, our completion rate has been somewhat low (30% for Goal 1; 43% for Goal 3). However, we have yet to employ some strategies for soliciting more responses in the new year, and so we anticipate these to help improve our overall completion rates moving forward.

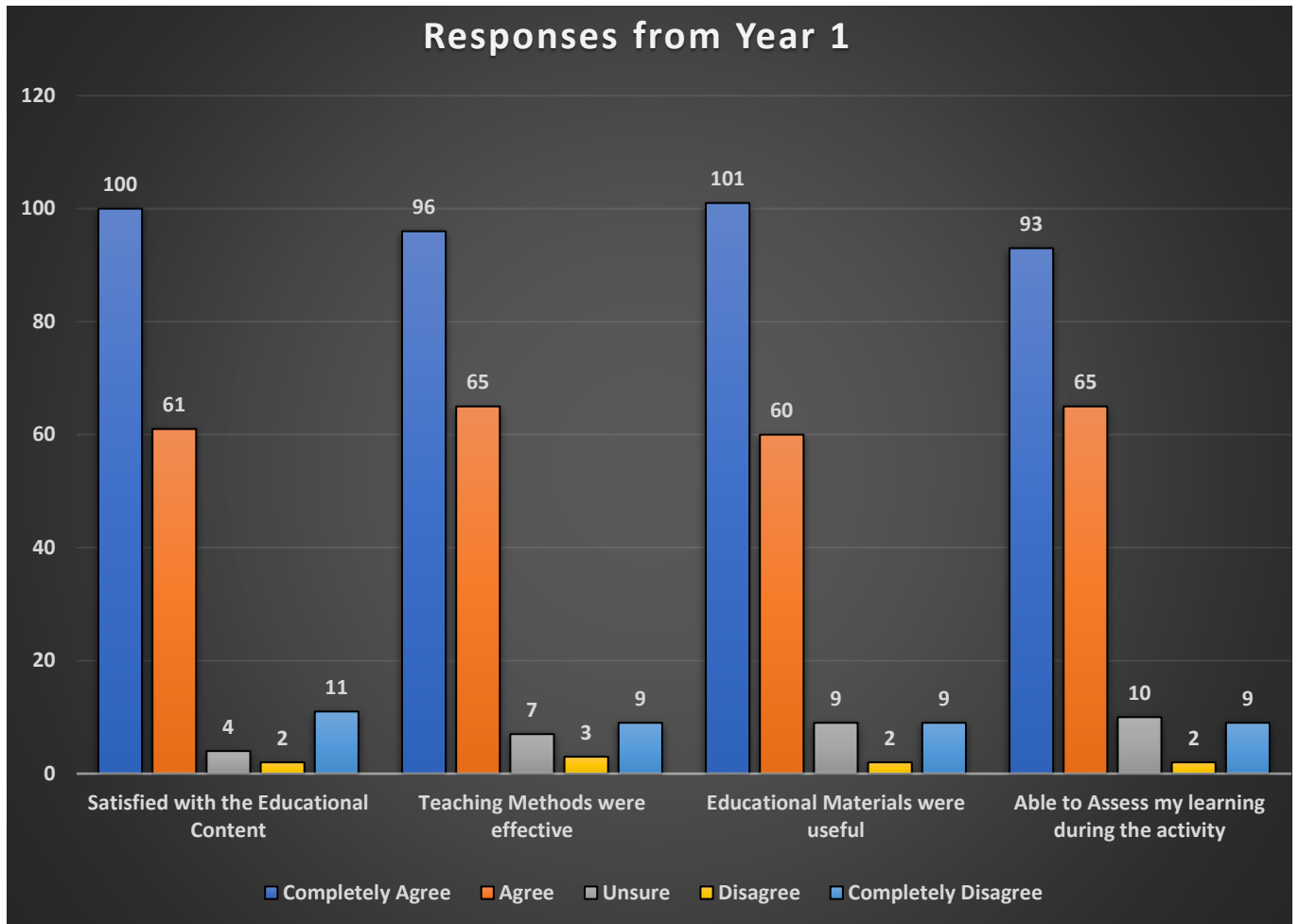


Feedback from Year 1 Respondents

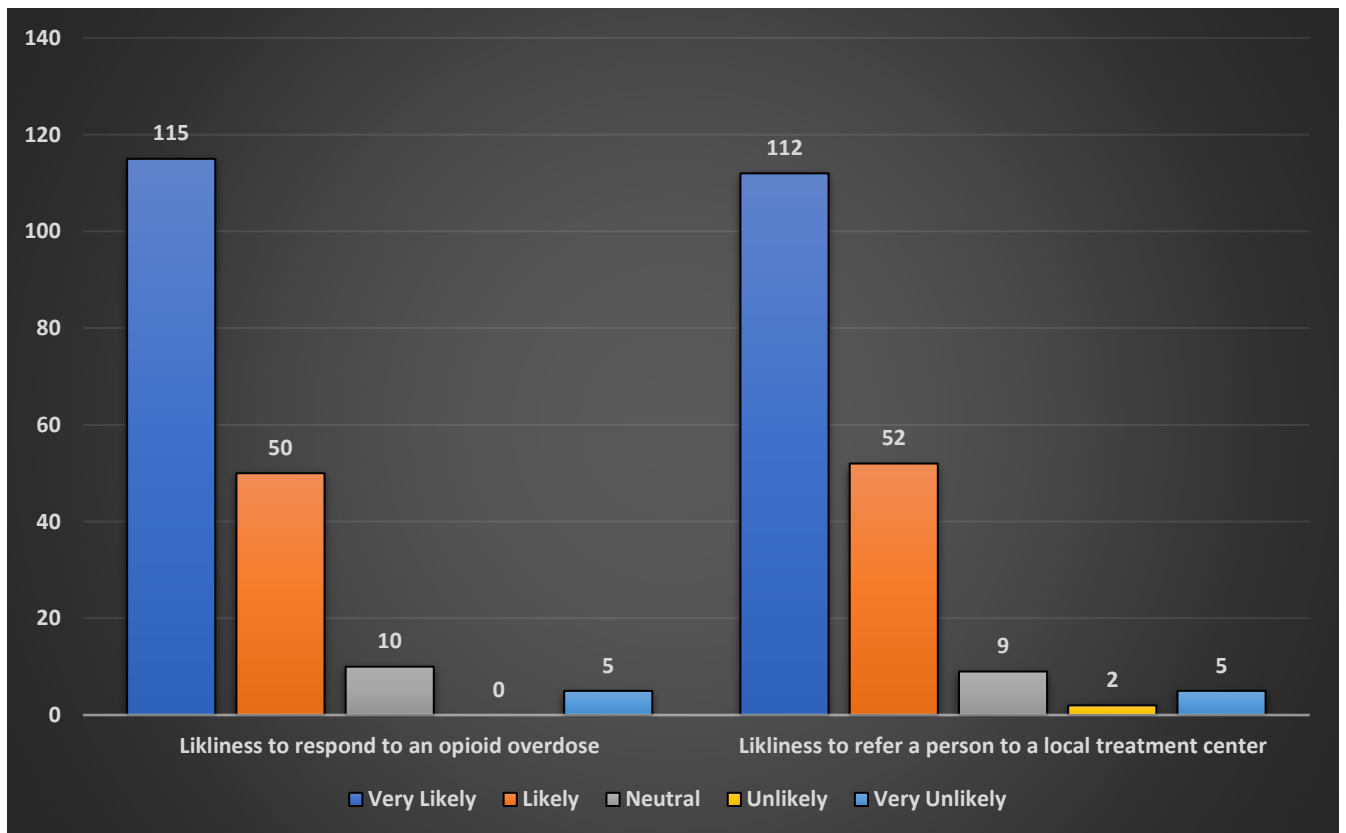
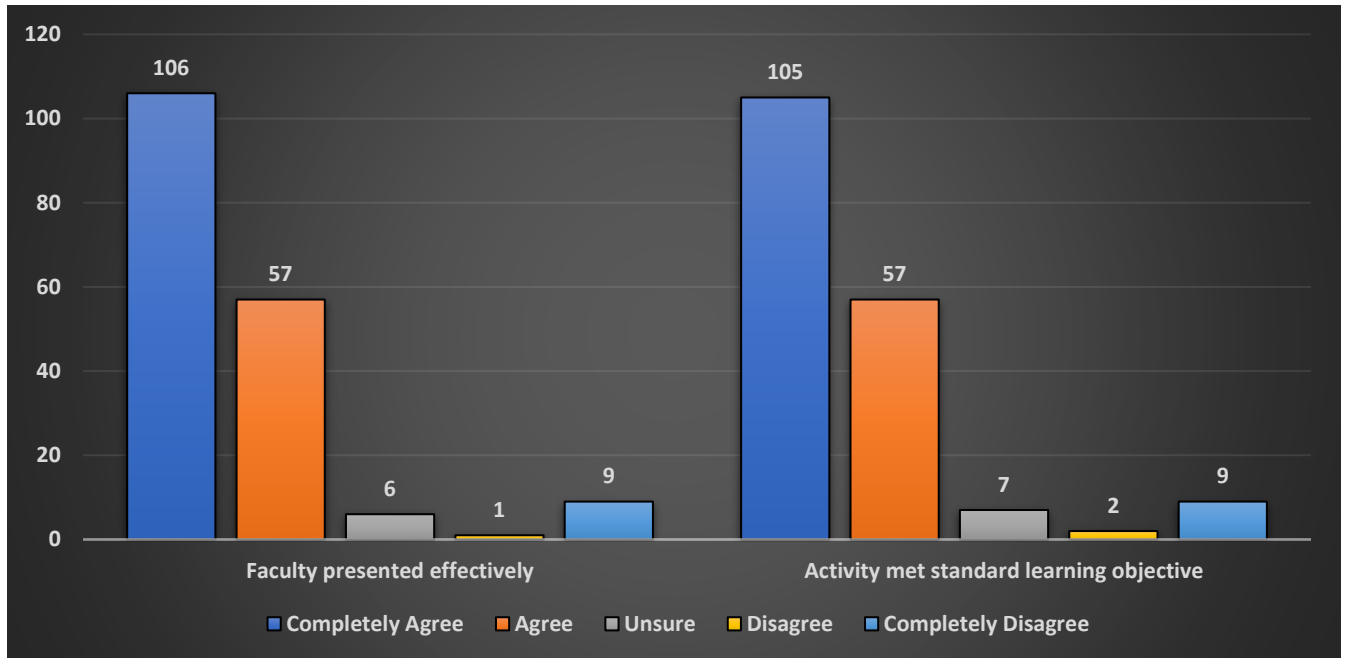
Having covered the issue of survey responses, we can glean helpful information from our first year of surveys about respondents’ attitudes towards the education material. In our Post-training sessions, we ask respondents various yes/no and attitudinal questions about their experience with the program.

	Yes	No
I would recommend this activity to my colleagues	187	4
My educational needs were met	187	4
Was the time spent participating in this activity appropriate?	184	7
I can use naloxone on a person who has overdosed on opioids	189	1
I can assist those seeking treatment to local centers	181	10
Total		191

For the above questions, the overwhelming majority of respondents answered positively to the content of the education sessions. For those that did not, a consistent theme emerged, which will be discussed shortly.



The attitudinal questions were measured on a 5-point Likert scale which ranges from Completely Agree to Completely Disagree. As these figure show, each question is once again answered overwhelmingly positive, with most respondents selecting either “Agree” or “Completely Agree”.

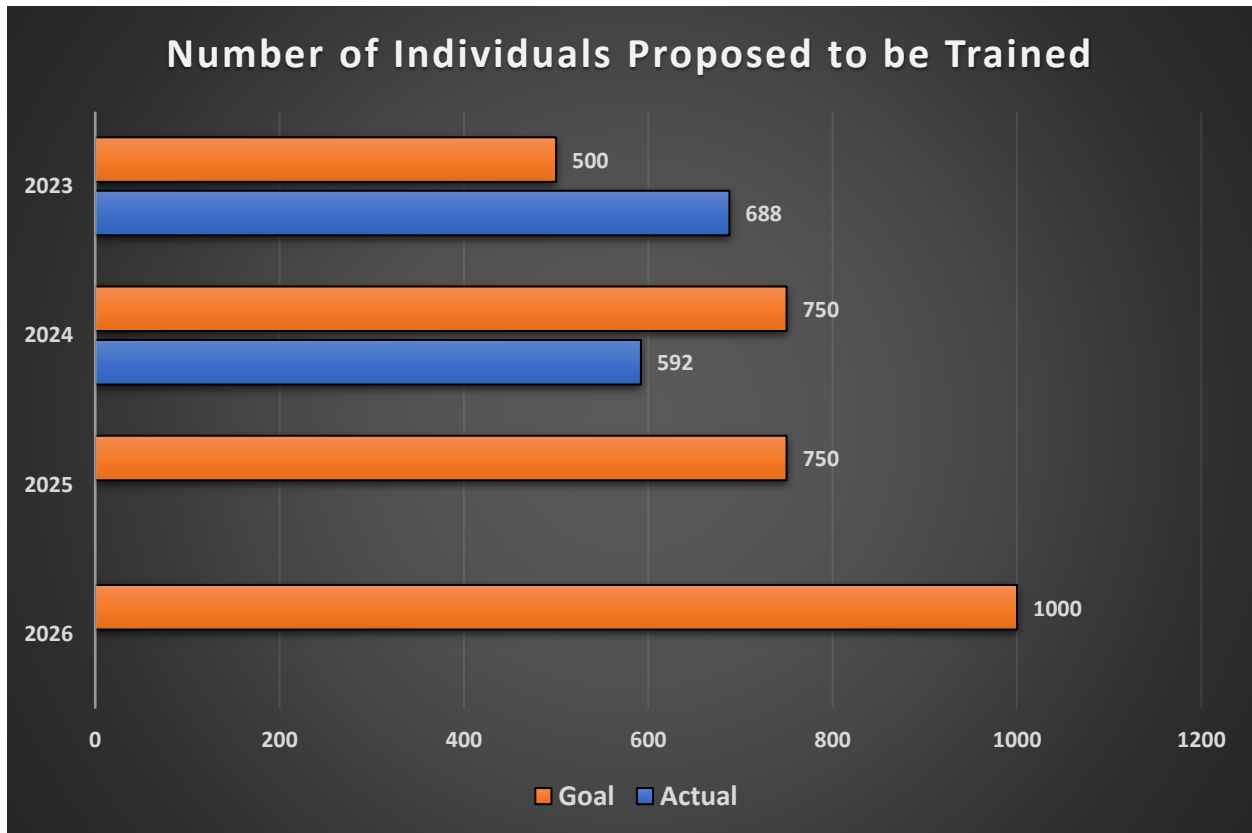


As for the negative responses, we ask respondents to provide feedback if their experience was not ideal. From this feedback a common theme of issues with the content not being applicable to respondents emerged. Specifically, the original questionnaires asked questions that did not apply equally to all audiences. The other primary theme which emerged was the length of

the sessions, either being too short or too long. Again, this varied depending on the audience, and as such we identified ways to improve our approaches to our different audiences. Since then, we have retailored both the educational content and the questionnaires to better suit the audiences they are geared towards. We believe that by the end of this year we will see an improvement in the feedback on this topic.

Conclusion:

To conclude, our program has made great improvements since the beginning of our first year. As we move into our second year, we expect to utilize the strategies developed from the lessons learned in our first year to more effectively reach our goals, while also continuing to evaluate ourselves so that we may identify further improvements. The figure below shows the long view of our granting period, and puts in perspective our progress so far. In spite of barriers faced as mentioned earlier, we have maintained a good pace in meeting our targeted numbers, and employing new strategies will help us to continue to do so for the duration of the program.



Moving forward, we now have a year of feedback to draw from. We have developed ways to improve survey completion rates, an expanded catchment to reach new communities in need, and promising connections to help us achieve all three of our stated goals. We would like to thank you again for your continued interest in the success of our program and any and all feedback which you may provide.