

# How Local Public Health is Tackling the Opioid Crisis

Lunch Webinar

August 24, 2016



Bio-Defense  
Network



welcome



Bio-Defense  
Network



# The Opioid Epidemic & Leveraging Community Partners



**Jack Moran, Senior Quality Advisor  
Public Health Foundation**

**How bad is the epidemic? Over 1.9 million addicted to  
prescription pain relievers and nearly 20,000  
overdose deaths a year.**

## *PHF Mission*

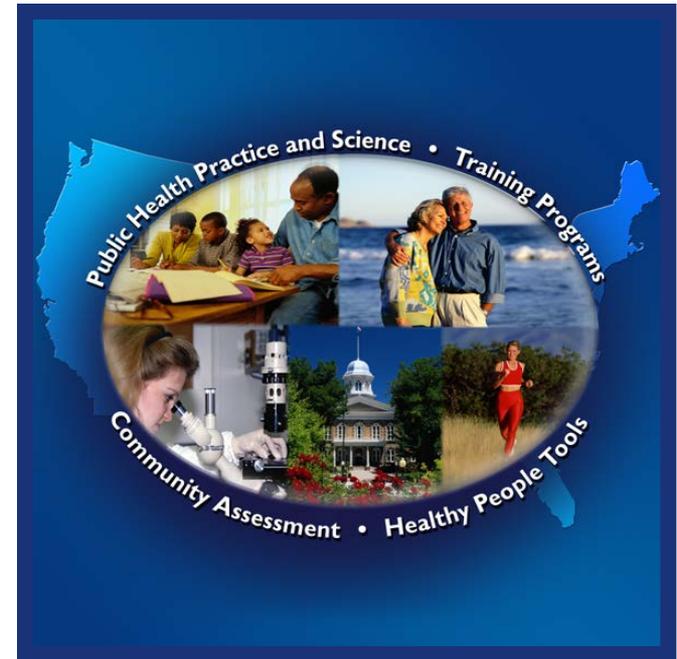
**We improve the public's health by strengthening the quality and performance of public health practice**

*Experts in Quality Improvement,  
Performance Management, and  
Workforce Development*

**Jack Moran, Ph.D., MBA**

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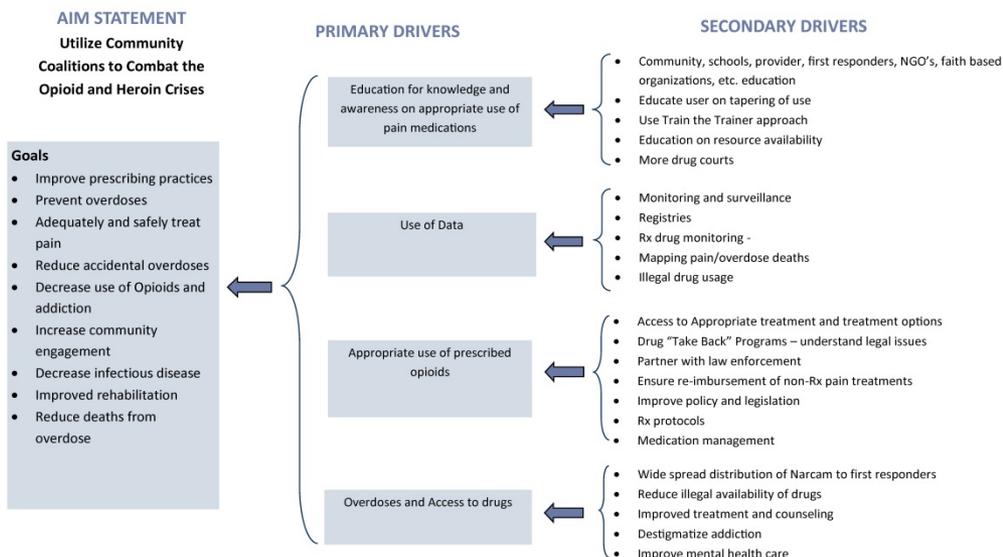
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# Using the Population Health Driver Diagram tool to address the problem



## Population Health Driver Diagram for Combating the Opioid and Heroin Crises



This tool was used at the Practical Playbook Conference in May to start the development of an approach to combat the epidemic.

# Driver Diagram Overview

**Outcome:** Aim Statement needs to be clear and concise

**Primary Drivers:** A set of factors or improvement areas that we believe must be addressed to achieve the desired outcome.

**Secondary Drivers:** Specific areas where we plan changes or interventions. Each secondary driver will contribute to at least one primary driver.

# Aim and Drivers for Improvement—template





# Public Health's Role in Antibiotic Stewardship

Efforts to promote optimal antibiotic use should employ both the public health and healthcare systems. While some drivers of antibiotic resistance fall outside the direct control of public health (e.g., use of antibiotics in livestock food supplies), others highlighted here sit squarely within the focus of public health organizations.

This diagram outlines primary and secondary drivers of optimal antibiotic use. It compliments a driver diagram being piloted in eight hospitals by the Institute for Healthcare Improvement (IHI). PHF is actively seeking comments on the driver diagram from healthcare and public health organizations already engaged in efforts to address antibiotic resistance.

**AIM**  
**Promote Optimal Antibiotic Use**

**Goals**

- Preserve antibiotics for the future
- Decrease demand by the public for inappropriate use
- Reduce the spread of antibiotic resistance
- Decrease adverse events associated with inappropriate antibiotic use
- Decrease costs associated with antibiotic use

## Driver Diagram

### PRIMARY DRIVERS

Appropriate Use of Antibiotics

Data Monitoring, Transparency, and Stewardship Infrastructure

Knowledge, Awareness, and Perception of the Importance of Appropriate Antibiotic Use

### SECONDARY DRIVERS

#### Partnerships, Communication, Reimbursement, & Stewardship

- Provide information on which antibiotics are most effective within your community at a certain point in time
- Provide information on which diseases are prevalent within a community at a point in time
- Develop policies that create incentives for appropriate antibiotic use
- Develop appropriate policies for daycare, work, and school on appropriate attendance during illness (staying away and going back)

#### Surveillance, Analysis, Feedback, Triage, & Leveraging Resources

- Leverage existing infrastructure to promote better antibiotic use
- Use local resistance data to inform antibiotic choice
- Explore ways to gather use and prescribing data

#### Share Evidence Broadly, Provide Education, Create Urgency, & Empower Alternative Action

- Develop intervention plans for segmented target audiences (consumers, providers, insurers, policy makers, etc.)
- Change attitudes and perceptions about what constitutes appropriate antibiotic use
- Educate health departments and public health professionals
- Incorporate antibiotic usage into community assessment and improvement plans

**Policy, Communication, Education, Incentives, Partnerships, and Facilitation**

*This model was developed collaboratively by public health professionals with expertise in antimicrobial resistance and quality improvement. This work was funded through a collaborative agreement between the Public Health Foundation and the U.S. Centers for Disease Control and Prevention.*

March 2013 | Version 1.1

# 17 Step Process To Develop and Implement Population Health Driver Diagram

# Process To Develop and Implement Population Health Driver Diagram

## “Start Small, Think Big and Scale Fast”

- ✓ Come up with the right:
  - ✓ metrics to be used
  - ✓ baseline
  - ✓ improvement goals
  - ✓ timeline
  
- ✓ Then think forward about the mid to long-term about what you want to fundamentally change and where you want to get to.
  
- ✓ Once you've got clear objectives, strategy-led initiatives can develop and progress quickly.



# Process To Develop and Implement Population Health Driver Diagram

1. Pre-Work
2. Define the AIM of the community health issue
3. Identify a series of guiding principles for the initiative (Optional)
4. Development of an Inventory of Current Activities – What is in my Backyard
5. Understanding the Cost of The Population Health Issue
6. Identify the goals of the AIM
7. Identify Primary and Secondary Drivers
8. Appoint Primary Driver Team Leads and Team Members
9. Develop Partner Contracts and Commitments (Optional)
10. Refine Each Primary and Secondary Driver using a Agree/Add/Change Matrix and Group Round Robin Input Process
11. Develop Action Areas of Secondary Drivers
12. Analyze Action Areas (AA) for overlap to other secondary drivers using a matrix diagram
13. Develop Action Area Groupings To Implement
14. Measurement
15. Trial Implementation
16. Finalize the Change Package
17. Sustain the coalition



# Population Health Driver Diagram for Combating the Opioid and Heroin Crises

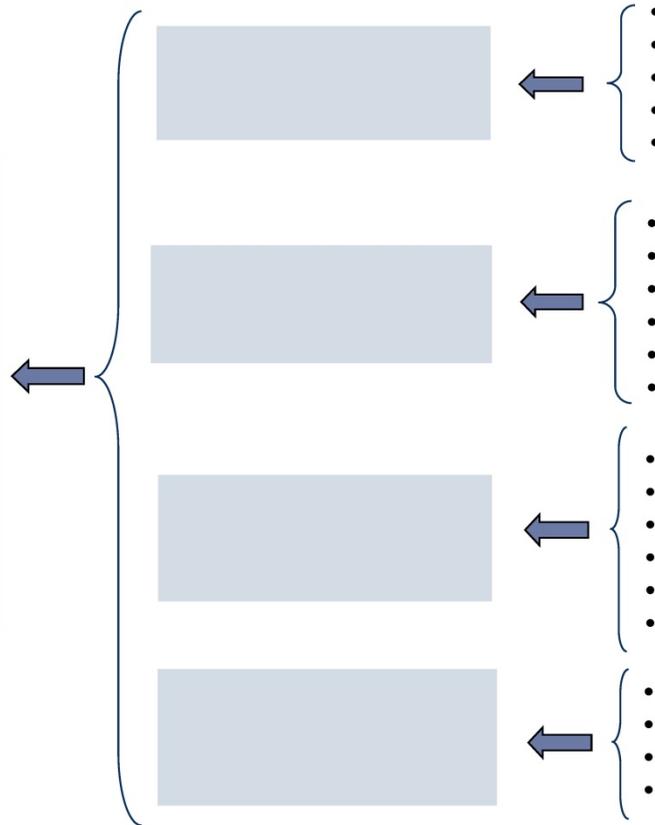
## AIM STATEMENT

**Utilize Community Coalitions to Combat the Opioid and Heroin Crises**

**Goals**

- 

## PRIMARY DRIVERS



## SECONDARY DRIVERS

## Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time among Children



### Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (Task Force) recommends behavioral interventions to reduce recreational sedentary screen time among children aged 13 years and younger based on strong evidence of effectiveness.

### Facts about Screen Time and Children

Approximately 17% of all US children and adolescents aged 2-19 years are obese.<sup>1</sup>

Sedentary time spent with screen media, especially TV viewing, is associated with obesity among children and adolescents.<sup>2</sup>

The American Academy of Pediatrics (AAP) recommends no more than 2 hours per day of screen time for children 2 years and older and none for children younger than 2 years.<sup>3</sup>

### What are Behavioral Screen Time Interventions?

Behavioral screen time interventions aim to reduce recreational, not school-related or work-related, sedentary screen time by teaching behavioral self-management skills to initiate or maintain behavior change.

There are two types of behavioral screen time interventions

1. Screen-time-only interventions, which only focus on reducing recreational sedentary screen time.
2. Screen-time-plus interventions, which focus on reducing recreational sedentary screen time and increasing physical activity and/or improving diet.

Both screen-time-only and screen-time-plus interventions teach behavioral self-management skills through one or more of the following components: classroom-based education, tracking and monitoring, coaching or counseling sessions, and family-based or peer social support.

### Major Findings

Behavioral screen time interventions are effective at improving or maintaining children's weight. In addition, there were small improvements in diet and increasing physical activity.

When screen-time-only interventions were used, screen time decreased by a median of 82.2 minutes per day.

For screen-time-plus interventions, screen time decreased by a median of 21.6 minutes per day.

### Learn More

Summary of Evidence and Task Force Finding  
[www.thecommunityguide.org/obesity/behavioral.html](http://www.thecommunityguide.org/obesity/behavioral.html)

CDC, Childhood Overweight and Obesity  
[www.cdc.gov/obesity/childhood/index.html](http://www.cdc.gov/obesity/childhood/index.html)

Mobilizing Funding Support to Battle Overweight and Obesity  
[www.thecommunityguide.org/CG-in-Action/Obesity-MD.pdf](http://www.thecommunityguide.org/CG-in-Action/Obesity-MD.pdf)

The Community Preventive Services Task Force (Task Force) is an independent, nonfederal, unpaid body of public health and prevention experts. It is congressionally mandated to identify community preventive programs, services, and policies that save American lives and dollars, increase longevity, and improve quality of life. The Community Guide is a collection of all the evidence-based findings and recommendations of this Task Force. Find more information at [www.thecommunityguide.org](http://www.thecommunityguide.org). The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

1) Ogden CL, Carroll MD, Kozlowski BK, Flaxman KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*. 2014;311(8):805-14.  
2) Tremblay MS, LeBlanc AG, Kho ME, Saunders TJ, Larouche R, Colley RC, et al. Systematic review of sedentary behaviour and health indicators in school-aged children and youth. *International Journal of Behavioral Nutrition & Physical Activity*. 2011;8:98.  
3) American Academy of Pediatrics. Children, adolescents, and television. *Pediatrics*. 2001;107(2):423-6.



# Population Health Driver Diagram for Combating the Opioid and Heroin Crises

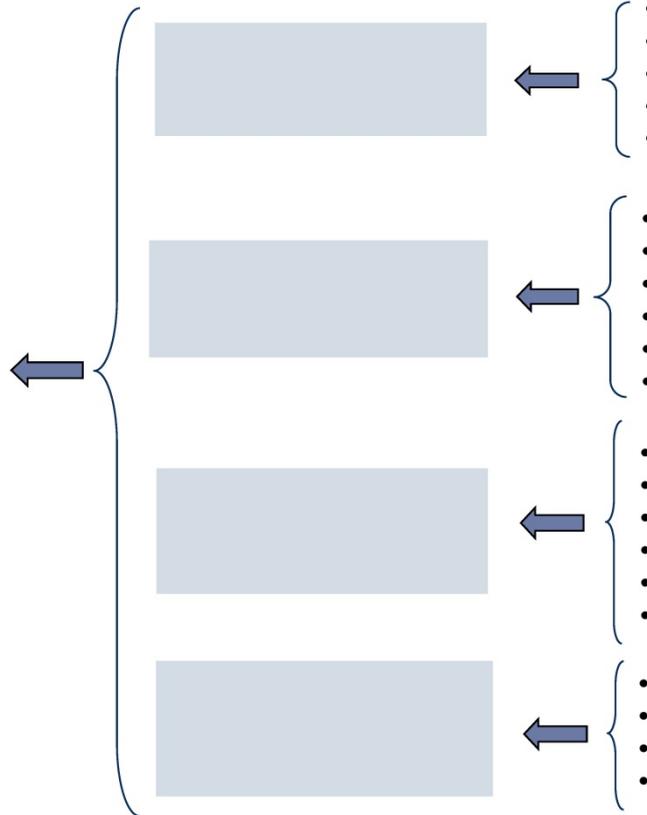
## AIM STATEMENT

Utilize Community Coalitions to Combat the Opioid and Heroin Crises

### Goals

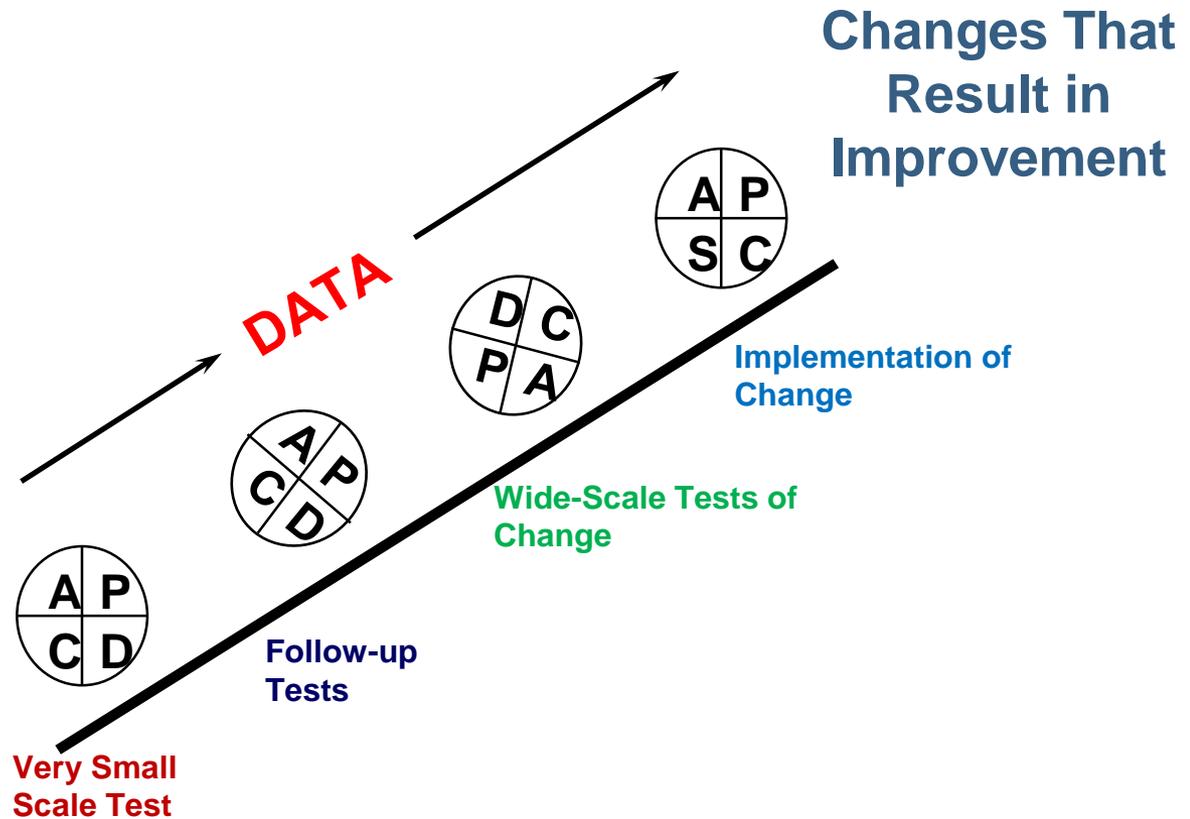
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## PRIMARY DRIVERS



## SECONDARY DRIVERS

Hunches,  
Theories,  
Ideas





# Population Health Driver Diagram for Combating the Opioid and Heroin Crises

## AIM STATEMENT

**Utilize Community Coalitions to Combat the Opioid and Heroin Crises**

### Goals

- Improve prescribing practices
- Prevent overdoses
- Adequately and safely treat pain
- Reduce accidental overdoses
- Decrease use of Opioids and addiction
- Increase community engagement
- Decrease infectious disease
- Improved rehabilitation
- Reduce deaths from overdose

## PRIMARY DRIVERS

Education for knowledge and awareness on appropriate use of pain medications

Use of Data

Appropriate use of prescribed opioids

Overdoses and Access to drugs

## SECONDARY DRIVERS

- Community, schools, provider, first responders, NGO's, faith based organizations, etc. education
- Educate user on tapering of use
- Use Train the Trainer approach
- Education on resource availability
- More drug courts

- Monitoring and surveillance
- Registries
- Rx drug monitoring -
- Mapping pain/overdose deaths
- Illegal drug usage

- Access to Appropriate treatment and treatment options
- Drug "Take Back" Programs – understand legal issues
- Partner with law enforcement
- Ensure re-imburement of non-Rx pain treatments
- Improve policy and legislation
- Rx protocols
- Medication management

- Wide spread distribution of Narcan to first responders
- Reduce illegal availability of drugs
- Improved treatment and counseling
- Destigmatize addiction
- Improve mental health care

# Summary

- Remember Population Health Driver Diagrams are “living” documents.
- They can and should be modified as you test your theories of improvement and learn what drivers and interventions are important for achieving your desired results.
- As a Population Health Driver Diagram evolves, it helps to capture the learning that the participants have uncovered about the initiative.

# Summary

- Population health improvement projects can lose momentum or derail because transformation at the community levels requires navigating often difficult economic, social, cultural, and political terrain.
- Population Health Driver Diagrams help overcome these hurdles to progress that can be entrenched or unpredictable in any project since we can test and retest theories of improvement.
- The Population Health Driver Diagram lets everyone in the community to have the opportunity to be involved, have their ideas of change considered, and possibly tested to determine the impact to the issue.

# Discussion

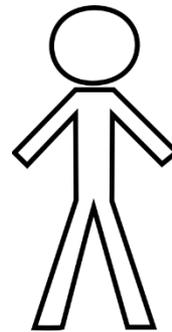
- A big part of the equation to the opioid and heroin crisis in our community is the individual community members.
- As public health and health care professionals we need to understand the whole person and the impact culture, society, and the environment have on a person's health journey.
- In our community how do we get the individuals to make the necessary changes in their lifestyle to help reduce/eliminate the opioid and heroin Crisis we are targeting?

# How Do We Educate and Motivate the Individual with a Chronic Disease To Take Action?



## Prevention Education

- Opportunistic Screening
- Lifestyle Education
- Eating Habits – cooking classes
- Family Support
- Understand your disease
- Available Resources
- Navigators
- Referrals



Incentives??



- Culture
- Habits
- Family Environment
- Motivation

# Public Health Foundation

Strengthening the Quality and Performance of Public Health Practice



## PERFORMANCE IMPROVEMENT TECHNICAL ASSISTANCE & TRAINING

Performance management, quality improvement, and workforce development services facilitated on-site by PHF's experts

- Customized workshops and retreats
- Accreditation preparation and support, leadership and change management, and strategic planning
- Population health improvement solutions

[www.phf.org/piservices](http://www.phf.org/piservices)

## TRAIN LEARNING NETWORK

A national learning network for professionals who protect and improve the public's health

- Over ONE MILLION registered learners
- Thousands of training opportunities

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## PERFORMANCE MANAGEMENT & QUALITY IMPROVEMENT

Activates tools and techniques to achieve impact and outcomes in population health improvement

- Toolkits, case examples, articles, and papers
- Resources supporting performance improvement

[www.phf.org/improvement](http://www.phf.org/improvement)

[www.phf.org/PMtoolkit](http://www.phf.org/PMtoolkit)



## LEARNING RESOURCE CENTER

Where public health, healthcare, and other professionals find resources to help improve individual and organizational performance

- Comprehensive immunization information in *Epidemiology and Prevention of Vaccine-Preventable Diseases*, "The Pink Book"
- 75 quality improvement tools in *The Public Health Quality Improvement Encyclopedia*

<http://bookstore.phf.org>



## ACADEMIC PRACTICE LINKAGES

Furthering academic/practice collaboration to assure a well-trained, competent workforce and strong, evidence-based public health infrastructure

- Council on Linkages Between Academia and Public Health Practice
- Core Competencies for Public Health Professionals
- Academic Health Department Learning Community

[www.phf.org/councilonlinkages](http://www.phf.org/councilonlinkages)

[www.phf.org/corecompetencies](http://www.phf.org/corecompetencies)

[www.phf.org](http://www.phf.org)

For questions or to implement this in your community, contact PHF.



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# How Local Public Health Departments are Dealing with the Opioid Crisis

Maria Wood, Public Health – Seattle & King County  
Jeff Ketchel, Snohomish Health District

Bio-defense Network Webinar  
August 24, 2016

# Community Health Concerns

## Prevent Poisonings and Deaths



#1 cause of unintentional injury deaths in Snohomish County

Common cause of poisonings/ER visits, especially for kids and seniors

## Reduce Availability for Misuse



73% of teens say it's easy to get prescription drugs from parents' medicine cabinets

Many teens think prescription drugs are safer to use than street drugs

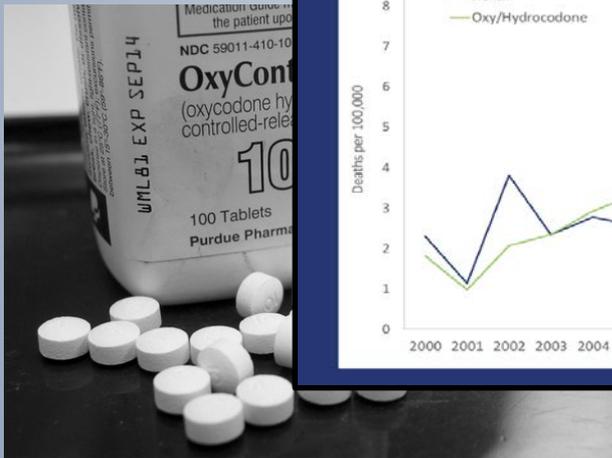
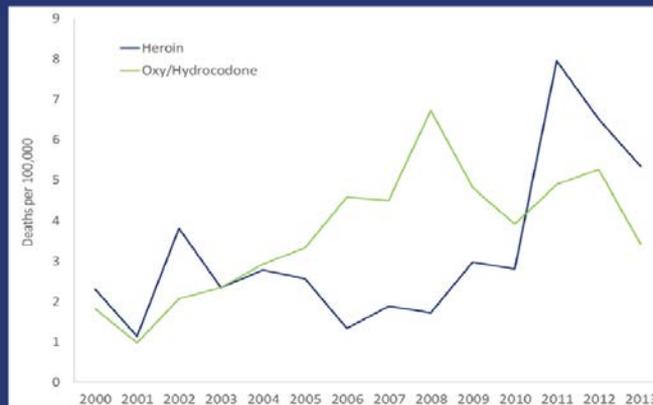


# Epidemic of Opioid & Heroin Abuse

**SHD data:** 91% of people injecting heroin that were surveyed had abused prescription drugs first. Opioids or Amphetamines.

**National data:** 45% of heroin users are also addicted to prescription opioid painkillers.

Overdose Mortality Due to Heroin and/or Oxycodone/Hydrocodone  
Snohomish County, 2000-2013





# National Drug Control Strategy: Prescription Drug Abuse

- Educate health providers and the public
- Expand prescription monitoring programs
- **Provide safe drug disposal – increase return/take-back and disposal programs**
- Focus on enforcement to address “pill mills” and “doctor shopping”

# Environmental Health Concerns

- Improper disposal contributes to pollution
- Medicines are dangerous/ hazardous waste
- No treatment by septic/wastewater systems
- Trash cans are not secure
- Pharmaceuticals not accepted in solid waste code



# About 1/3 of Medicines Sold to Households Go Unused

## For many reasons:

- Over prescribing
- Over purchasing
- Patient doesn't finish
- Changes in medications
- “Use As Needed” medicines expire before used
- Lots of medicines needed during serious illness, and patient recovery
- Lots of medicines, including strong pain relievers, needed for end-of-life care





# History of Secure Medicine Return in Washington State

- Several failed attempts to enact a statewide product stewardship approach for medicine take back in the legislature
- Active statewide Take Back Your Meds Coalition created a diverse stakeholder voice in support of both state and local efforts
- In 2012, the King County Local Hazardous Waste Management Program requested the Board of Health to consider creation of a local policy
- Human health impact of overdoses from medicine as well as the environmental impact justified action by the Board of Health
- Many other counties in Washington began exploring similar action

# Public Health – Seattle & King County



- 2.1 million residents
- Department of King County government
- King County Board of Health – 11 member board comprised of three health professionals and eight elected officials.
  - Provides regulatory authority for Public Health – Seattle & King County to issue permits, collect fees, and provide enforcement of health protection activities

# Public Health – Seattle & King County

## Policy Development Process:

- 10 Subcommittee meetings over one year (May 2012-May 2013) in two phases:
  - Hearing from interested stakeholders both pro and con
  - Policy discussion and proposals
- Draft Rule & Regulation taken forward for 2 public hearings and vote by full Board of Health, approved June 2013



# Public Health – Seattle & King County

## Implementation:

- Late 2013, lawsuit filed by pharmaceutical industry; eventually dropped in June, 2015 following a Supreme Court decision related to a similar program in Alameda County, California
- A stewardship plan was approved in March 2016
- Implementation is underway with drop-box installation beginning throughout the county at participating locations this summer
- Drop-boxes will be widely available by the end of the year



# Snohomish Health District



**SNOHOMISH**  
HEALTH DISTRICT  
[WWW.SNOHD.ORG](http://WWW.SNOHD.ORG)



- 760,000 Residents
- Independent agency responsible for public health in Snohomish County
- Overseen by 15-member Board of Health comprised of county and city elected officials

# Snohomish County Partnership for Secure Medicine Disposal

## Safely Dispose of Unwanted Medicine



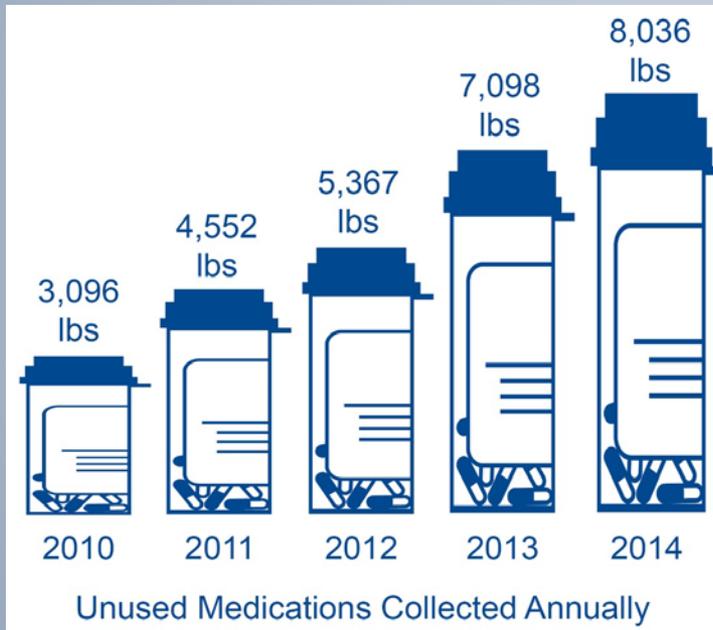
Unused medications pose a risk to our families, communities and the environment. Don't store them, flush them or throw them in the trash. Safely dispose of your unused medications for free at most law enforcement locations in Snohomish County or at participating pharmacies.

See details, locations and hours at [www.snoco.org](http://www.snoco.org), search "pharmaceuticals" or call 425-388-3199.

Snohomish County Partnership for Secure Medicine Disposal



# Snohomish County Partnership for Secure Medicine Disposal: Pounds Collected



Per Capita Comparison in 2014

Snohomish County  
0.0108 lbs per capita

British Columbia  
Stewardship Program  
0.0461 lbs per capita

France Stewardship Program  
0.4037 lbs per capita



## Current Snohomish Partnership Medicine Take-back Model Was Not Sustainable

- **Staffing burden** on the Health District and local law enforcement
- **No resources** to spend on program promotion and education
- **No resources** to increase collection sites to pharmacies and hospitals
- **No capacity** to collect more uncaptured drug waste



# Snohomish Timeline

**February 12:** BOH Steering Committee Meets

**May 10:** Board of Health First Reading

**June 14:** Board of Health Second Reading and Vote

**July 14:** Ordinance takes effect

**August:** Each medicine producer must notify SHD of their intent to participate in a stewardship plan; retailers with a store label drug must notify SHD that their manufacturer intends to participate.

**October:** Producers must notify SHD of name/contact for their stewardship plan operator.

**October:** Producers/stewardship organizations must notify all authorized collectors of opportunity to participate as collector.

**December:** Producers must submit a proposed stewardship plan for SHD review.

**3 months after approval:** Stewardship plan(s) must begin operations.

# Contact Information

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# **MARION COUNTY PUBLIC HEALTH DEPARTMENT (MCPHD)**

## **SUBSTANCE USE OUTREACH SERVICES PROGRAM (SUOS)**

PRESENTATION BY:  
DEBRA BUCKNER, LCSW, LCAC  
PROGRAM DIRECTOR

# THE OPIOID EPIDEMIC IN MARION COUNTY

## The local heroin epidemic is growing at an alarming rate

- Marion County had more overdose deaths during 2011-2014 than any other county in Indiana, accounting for one of every five that occurred
- The rate of fatal drug overdoses in Marion County during 2014 was more than seven times the rate in 2000 (23.9 deaths per 100,000 residents versus 3.3)
- Last year, 213 Marion County residents died of a drug overdose
  - Most were Caucasian (82%) and male (62%)
  - More than half involved an opioid

# RESPONSE TO THE OPIOID EPIDEMIC: PREVENTION STRATEGIES

**SUOS prevention strategies include providing the community with:**

- Substance use case management services
- Community-based social services
- Substance use disorder treatment resources
- Support services for families struggling with a loved one's addiction
- Quarterly Lunch & Learn sessions
- Distribution of tool kits
- Increased community based Naloxone distribution

# RESPONSE TO THE OPIOID EPIDEMIC: CASE MANAGEMENT SERVICES

## SUOS combats the opioid epidemic in Marion County by providing case management services:

- SUOS entered into a contractual agreement with the Salvation Army Harbor Light Center (SAHL) to provide substance use disorder treatment and care services including:
  - Detoxification and Residential treatment
    - Clients remain at SAHL for 30-45 days, on average
  - Transitional housing
  - Intensive outpatient (IOP) classes
- SUOS and SAHL staff assist clients with employment and housing resources which are the two priority needs of the clientele

# **RESPONSE TO THE OPIOID EPIDEMIC: COMMUNITY-BASED SOCIAL SERVICES**

**SUOS combats the opioid epidemic in Marion County by providing, or referring clients to, social services such as:**

- Pre-Employment Services
- Transitional and Pre-Release Services
- Job Development and Placement
- Treatment & Addictions Support Services
- Care Coordination and Case Management
- Housing Assistance
- HIV/STD and Hepatitis Testing and Education

# RESPONSE TO THE OPIOID EPIDEMIC: TRAINING

**The local response has been strengthened by receiving training**

- SUOS partnered with Indianapolis Emergency Medical Services to obtain opioid overdose education and intra-nasal naloxone training for:
  - SUOS staff
  - Health, Education, Promotion, & Training staff (HEPT)
  - Community Based Care (CBC) nursing staff

# RESPONSE TO THE OPIOID EPIDEMIC: TRAINING

## The local response has been strengthened by training others

- SUOS, HEPT, and CBC staff will train potential bystanders to administer naloxone when opioid overdose is suspected; in addition to taking other action (e.g., rescue breathing, calling 9-1-1)
- After training, each participant is eligible to receive tools including:
  - An overdose prevention kit including a nasal atomization delivery device
  - Substance use disorder resource and referral information and information about SUOS services

# RESPONSE TO THE OPIOID EPIDEMIC: STATE SUPPORT

## The local response has been strengthened by the Indiana State Department of Health (ISDH)

- ISDH is working to expand participation in naloxone kit programs and distribution of Opioid Rescue Kits among local health departments for distribution throughout the community

# RESPONSE TO THE OPIOID EPIDEMIC: COMMUNITY PARTNERS

**Local response is strengthened by collaboration with community partners such as:**

- Indianapolis Public Schools
- Salvation Army Harbor Light
- Wheeler Mission
- Volunteers of America
- Fairbanks Treatment Center
- Father's Resource Program
- Sanders Temple & Praise
- Eastern Star Church
- Northside New Era Church
- Mexican Consulate
- ACTION Health Center
- IUPUI
- Ivy Tech State College
- Bell Flower Clinic's Commercial Sex Worker Program

# RESPONSE TO THE OPIOID EPIDEMIC: COMMUNITY PARTNERS

**Local response is strengthened by collaboration with community partners such as:**

- Public Advocates In Community Re-Entry (PACE Indy)
- Indiana Minority Health Coalition
- Minority Health Coalition of Marion County
- Eskenazi Health Multi-Cultural Affairs Program
- Indianapolis Urban League
- Drug Free Marion County
- MCPHD Covering Kids and Families
- Martin Luther King Center
- Forest Manor Multi-Service Center
- Ryan White HIV Services Program
- Indianapolis Treatment Center

# RESPONSE TO THE OPIOID EPIDEMIC: RECENT SUOS SUCCESS

## **SUOS has successfully reduced opioid dependence in Marion County**

- During 2015, SUOS funded substance abuse treatment services for 73 residents
- During 2016 (as of July), SUOS funded substance abuse treatment services for 58 residents and identified 101 hepatitis C positive individuals (conducted 308 screenings)

# THANK YOU

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Program Director

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