Developing a Call to Action

January 21, 2016
12:00 – 1:30 PM
Housekeeping

- Attendees are in “listen only” mode. Please do not put your phone on hold during the webinar.
- This session will be recorded.
- Slides and recording will be posted on CHCF website within a week - www.chcf.org
- To ask a question: Use the Question/Chat box.
- We value your feedback. Please take a moment at the end of the webinar to complete a short survey.
Developing a Call to Action

Matt Willis, MD, MPH
Public Health Officer
Marin County
“Bipartisan priorities like... prescription drug abuse and heroin abuse.... They’re still the right thing to do. And I won't let up until they get done.”

“This crisis is taking lives. It's destroying families. It's shattering communities all across the country.... It touches everybody -- from celebrities to college students, to soccer moms, to inner city kids. White, black, Hispanic, young, old, rich, poor, urban, suburban, men and women.... It could happen to the doctor who writes the prescription.”
The rising death rates for young white adults make them the first generation since the Vietnam War to experience higher death rates in early adulthood than the generation that preceded it.”

-NY Times, Jan. 16, 2016
Outline

• Why a Call to Action
• Goals of the Call to Action
• Developing the Message with Data
  • Available data
  • Using data to tell the story
• Methods for sharing the story
Why Do We Need a Call to Action?
Coalition [koh-uh-lish-uhn]
noun
1. an alliance for combined action.
From Latin coalitio “to grow together”

*Form* is associated verb. “Bring together parts; or combine to create something.”
An Active Process

- Creating infrastructure that does not yet exist
- Responding to an emerging epidemic
- A coalition is a mechanism for working together in new partnerships
Challenges to Coalition Formation

• Lack of dedicated staff or funding in most sectors or organizations
• Participation is a choice, and frequently voluntary
• Necessary partners may
  • Not view the issue as a priority
  • Not see their potential positive impact
  • Believe that the problem lies outside of scope of responsibility
So was formed the Justice League of America, seven of Earth's greatest heroes joined in a common cause; lo, these many years gone...
• “They realized that only by working together and pooling resources were they able to defeat evil.”
Shared Response
Community Based Prevention Action Team

Data Collection and Monitoring Action Team

Steering Committee: Data, Messaging, Policy
Representatives from: Marin County Office of Education, Marin County Prescription Drug Abuse Task Force, Healthy Marin Partnerships

Law Enforcement Action Team

Intervention, Treatment and Recovery Action Team

Prescribers and Pharmacists Action Team

Backbone Support: HHS
Goals of the Call to Action
Goals of the Call to Action

**INFORM:** raise awareness of epidemic

**INVITE:** participation of broad stakeholders

**ESTABLISH:** coalition as the hub of local knowledge and action
Developing the Message with Data
Goal for Coalition Leadership

1. Decide upon 1-3 data elements (numbers)
   • Available
   • Convey urgency
   • Translate easily to all

2. Craft 2-3 phrases using this data (words)
   • Short
   • Simple
   • Compelling

3. Internalize and share
Question: Fill in the blank with an unacceptable truth

“Did you know that in our community _________________________________?

We’re coming together to fix this, and your voice is important. Come join our coalition.”
What data are potentially available?

• Mortality
• Number of prescriptions
• Emergency department visits
• Treatment admission for dependence or addiction
• Youth substance use rates
• Number of buprenorphine prescribers
• Personal stories
Question:
What data are you using now?

Do you know the overdose mortality for your area?
Do you know the trends in opioid prescribing in your area?
Do you know the emergency room visit data for your area?
Easily Accessible Data Sources

Tutorial 1

• Vital Statistics Query System
  • [http://informaticsportal.cdph.ca.gov/chsi/vsq](http://informaticsportal.cdph.ca.gov/chsi/vsq/)
  • Drug Poisoning Mortality counts and rates by age, sex, or race/ethnicity
  • Use the following ICD-10 codes to get drug poisoning mortality counts for your county:
    • X40-44 (accidental drug poisonings)
    • X60-64 (intentional drug poisonings)
    • Y10-14 (undetermined drug poisonings)
    • Optional: include X85 (homicide due to drug poisoning)
Fill in information for your county

Scroll down in the following box until you see ‘External causes of mortality (V01-Y89)’
Easily Accessible Data Sources Tutorial 2

• Epicenter
  • [http://epicenter.cdph.ca.gov/](http://epicenter.cdph.ca.gov/)
  • Includes county-level non-fatal hospitalization and ED visits associated with alcohol and other drugs
  • Not a good source of information for death
EpiCenter Tutorial

Choose Alcohol/Drug Consequences to obtain information about alcohol and drug non-fatal ED and hospitalization visits.
Other Easily Accessible Data Sources

• Youth: CHKS (http://chks.wested.org/reports/)
  • Includes information about alcohol and other drug use among children and adolescents by county, district, and/or school

• Mortality: Robert Wood Johnson Foundation/University of Wisconsin County Health Rankings (http://www.countyhealthrankings.org/)
  • Accidental drug poisonings
Data Sources: CURES 2.0

• Controlled substance prescriptions by county

• Examples
  • Per capita morphine equivalent dose over time
  • The number of people who received narcotic prescriptions from 4 or more physicians
  • The number of prescribers who prescribe buprenorphine

• Requires data sharing agreement with CURES

• Due in spring 2016
Data tutorials posted

Stay connected!

www.RxSafeMarin.org
Facebook.com/RxSafeMarin
RxSafeMarin@gmail.com
What can we do as a community to prevent prescription drug misuse and abuse and save lives?
Turning Numbers into Stories

- Comparison over time
- Comparison to other places
- Comparison to other known priorities
- Meaningful correlations
- Impact among youth
- Personal stories
Data: Urgency via Trends

Emergency Department Narcotic Related Visits

Number of Non-fatal ED visits

Unintentional Drug Overdose Deaths: Marin County, 2009-2013

Deaths per Year

Source: California Department of Public Health Center for Health Statistics and Informatics
“Did you know that **someone dies every two weeks in Marin from an accidental drug overdose**? We’re coming together to fix this, and your voice is important. Come join our coalition.”
Marin County ranked in the top 5% in:
- Premature death rate
- Adults self reported health
- Mentally unhealthy days
- Adult obesity
- Teen birth rate
- Uninsured adults
- Primary care physicians per capita
- High school graduation
- Unemployment
- Children in poverty
- Physical activity
- Violent crime rate
- High food environment index
- Low number of physically unhealthy days
- Adults without social/emotional support
- Low percent driving alone to work

Ranked in the top 10% in:
- Low percent of adults reporting fair or poor health
- Low average number of mentally unhealthy days
- High access to exercise opportunities
- High dentists per capita
- High mental health providers per capita
- High percent with some college

Ranked in the top 15% in:
- Low rate of preventable hospital stays
- Low violent crime rate
- Low percent of adults who smoke
- Low percent of children in single-parent households
- Low average daily air pollution

Ranked in the top 25% in:
- Low number of physically unhealthy days
- Adults without social/emotional support
- Low percent driving alone to work
Marin County ranked in the bottom 50% in:
- ¹Excessive Drinking
- ²Drug poisoning mortality rate

¹ Data collected from Behavioral Risk Factor Surveillance System 2006-2012 (2005-2010 for social support indicator) and may vary from other local sources used in county health reports and factsheets.
² Drug poisoning deaths was an additional measure and did not contribute to the overall county health rankings.
Marin—A Culture at Odds

Marin County is consistently ranked among the healthiest counties in California. Marin values physical activity, nutrition, high air and water quality, and enjoys long life expectancy. In sharp contrast, Marin stands out for high rates of substance abuse, including excessive alcohol use and a high drug overdose mortality rate. Some attribute this to a “work hard, play hard” culture that has normalized alcohol and prescription drug abuse.

As is seen nationwide, there has been an upward trend in prescribing in Marin. In 2013, Marin health care providers wrote over 400,000 prescriptions for narcotics, sedatives, or stimulants—enough for 60 pills for every adult and child in the county. With these high levels of use come high levels of misuse and abuse. Over the last 15 years, drug-associated emergency room visits and drug-related deaths in Marin County have more than tripled.

In Marin, 2012 and 2013:
- Deaths from motor vehicle accidents: 66
- Deaths from breast cancer: 73
- Deaths from drug overdoses: 76
“Did you know that more people in Marin die from drug overdoses than from car crashes or from breast cancer? We’re coming together to fix this, and your voice is important. Come join our coalition.”
Data: Meaningful Correlations

Emergency Department Narcotic Related Visits

Number of Non-fatal ED visits

2004 104,625
41,518 2006
2007 222
2008 289
2009 300
2010 295
2011 344
2012 471

Narcotic Prescriptions
“Did you know that *narcotic prescriptions have more than doubled in Marin* – and so have ER visits and *overdoses related to their misuse*?

We’re coming together to fix this, and your voice is important. Come join our coalition.”
Data Example: Youth

Non-Medical Use of Pharmaceuticals

Among Marin County 11th Graders

Source: California Healthy Kids Survey, 2009-2012
“Did you know that **one in five Marin teens have taken prescription painkillers that aren’t prescribed to them?**

We’re coming together to fix this, and your voice is important. Come join our coalition.”
Call to Action: Personal Stories

• Families effected may choose to share stories
• Media and others resonate most strongly with personal stories
• RxSafe Marin on YouTube
• The Call to Action never ends
• Stakeholders, once engaged remain involved through meaningful participation
Questions
Using Your Call to Action

Tips From CHCF

Emma Dugas
Senior Communications Officer
California HealthCare Foundation
edugas@chcf.org
Using Your Call to Action

• “RxSafe Marin used their CTA to raise awareness, spur community dialogue, and publicize their coalition — which helped them recruit supporters.”

• Let’s dive deeper . . .
Raise Awareness & Spur Community Dialogue

1. Offer a presentation
   - Put it on their radar
   - Demonstrate leadership

2. Support public education
   - Make it visible
   - Steps you can take

3. Public health advisory
Publicize Your Coalition

• Think of this as your debut!

1. Coalition name
2. Web presence
3. Press release
4. Strategic plan
5. Elevator pitch
Recruit Supporters

• Offer different levels of commitment.

1. Sign-up for email updates
2. Follow us on social media
3. Help us spread the word
4. Attend a meeting
5. Endorse our effort
6. Help develop solutions
Sign-up for Email Updates

Option 1

Email: x@coalition.org
to be added to our list

Maintain spreadsheet

JShireman@chcf.org

Option 2

Subscribe button/form:
Follow Us on Social Media

- Social media can be a great way for you to get your messages out, but you do need to invest some effort in building listeners.

- If you offer this option you must be prepared to (1) contribute content on a regular basis and (2) monitor for comments/concerns.
Help Us Spread the Word

Please help spread the word by:

• Engaging (providers, sheriffs, community leaders) in learning how they can help support ______________

• Sharing the (plan, resource, news) with (what role, what sector), to inform them on the importance of ______________

• Advocating for ______________
Attend a Meeting

**PRESCRIPTION DRUG MISUSE & ABUSE STRATEGIC PLANNING**

**FEBRUARY 5TH, 2014**
**7:15AM - 1:00PM**

**SHERATON FOUR POINTS**
**1010 NORTHGATE DRIVE**
**SAN RAFAEL 94903**

**WELCOME**

What can we do as a community to prevent prescription drug misuse and abuse and save lives?
Endorse Our Effort

- May we borrow your brand?

East Bay Safe Prescribing Coalition

ACCMA
Hospital Council of Northern & Central California
Alameda County Health Care Services Agency
Contra Costa Health Services
Alameda Health Consortium
Help Develop Solutions

East Bay Safe Prescribing Coalition
Enrollment Form

would like to be listed as a member of the East Bay Safe Prescribing Coalition and participate in the following Coalition activities:

- Developing a regional plan for reducing prescription drug abuse in Alameda and Contra Costa Counties (see below for more info)
- Promoting community-wide adoption and awareness of agreed upon Safe Prescribing Guidelines
- Engaging in ongoing collaboration through the coalition to promote safe and appropriate prescribing and curb prescription drug abuse in our community

Representatives: Each organization may determine its representatives as appropriate. Typically, health care organizations (e.g. hospitals, medical groups, clinic, urgent care center, etc.) are represented by a clinical lead (e.g. department director, CMO, etc.) and administrative manager (e.g. nurse manager, CNO, etc.). Other organizations will appoint representative in whatever manner is most appropriate. Contact information will be used to notify individuals of upcoming meetings, resources, and other pertinent data regarding the East Bay Safe Prescribing Coalition. Please list the representatives from your organization.

Name: ___________________________ Title: ___________________________
Email: ___________________________ Phone: ___________________________

Developing a Regional Plan through Participation on Task Forces: Coalition members will be invited to participate in developing a Road Map (regional plan) for reducing prescription drug abuse in Alameda and Contra Costa Counties. The Road Map will represent the cumulative efforts of four Task Forces that will be convened over the next 18 months. Please indicate the task forces on which your organization would like to be represented:

- Clinical Education Task Force: goals include expanding access to clinical training on safe and appropriate pain management practices (including opioid alternatives), developing safe prescribing guidelines for primary care, hosting a symposium on pain management in primary care, promoting effective strategies for helping patients transition from opioid dependence
- Addiction Reduction Task Force: goals include developing local strategies for improving access to medication-assisted treatment (including buprenorphine induction clinics and provider training), evaluating addiction treatment resources and needs in the community, developing guidance on how to have the “difficult conversation” about addiction with patients.
- Overdose Prevention Task Force: goals include developing local strategies for improving naloxone access; expanding availability and awareness of drug take back programs; promoting clinically effective opioid alternatives.
- Information Exchange Task Force: goals include promoting greater utilization of the CURES database; identifying opportunities for improved collaboration between law enforcement and the medical community; evaluating technologies that can improve information exchange.
March is *California Prescription Drug Abuse Awareness month*. Join Drs. Matt Willis (Marin) and Roneet Lev (San Diego) to learn tips about using this month to engage your community: build awareness, pass resolutions, host events with advocates, etc.

Getting prescribers in different organizations to agree on safe prescribing guidelines can prevent “opioid refugees” – people going from doctor to doctor for help. Join Drs. Joel Hyatt (LA Kaiser) and Marshall Kubota (Partnership Health Plan) to learn how to bring different groups together to create a community safe prescribing standard and how to avoid common challenges.
Appendix
The Life of a Pill: Opportunities for Influence

Manufacture → Marketing → Prescribers → Pharmacists → Community → Safe Use → Disposal → Unsafe Use
Frame the Problem

• Epidemic
• Overdose events are symptoms of a complex community-wide problem
• Solutions require new dialogue
• Building “new normal” in multiple sectors
• Everyone has a part to play