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.

National Call to Action:
2016 State of the Union

"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."
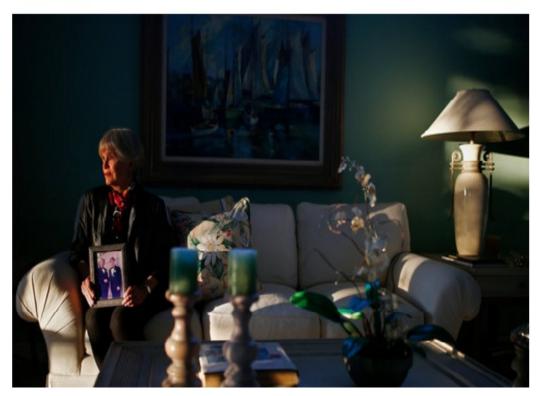
The New York Times

Health
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Drug Overdoses Propel Rise in Mortality Rates of Young Whites

757

"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

Rx SAFE MARIN

MARIN COUNTY PRESCRIPTION DRUG MISUSE AND ABUSE INITIATIVE

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
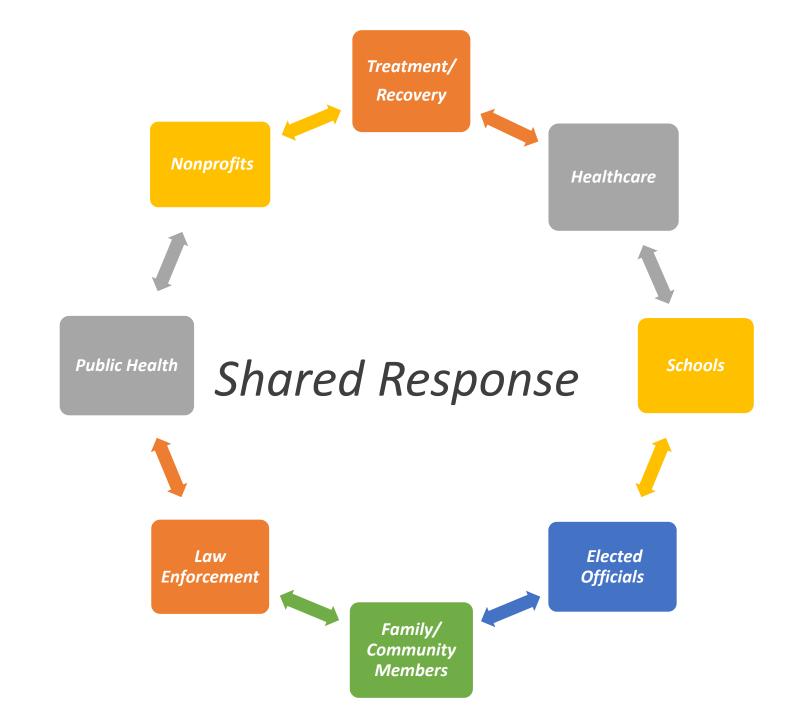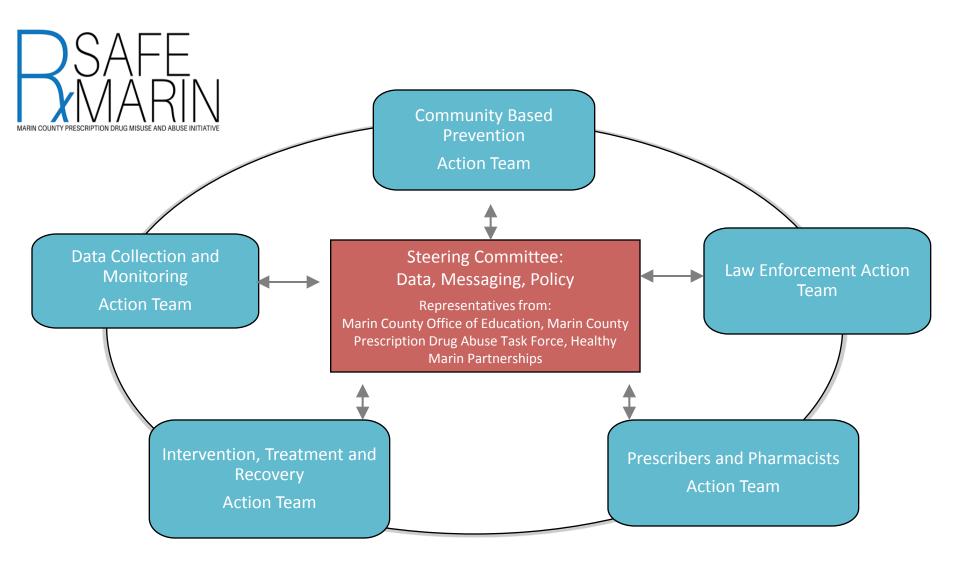- A coalition is a mechanism for working together in new partnerships

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

- "They realized that only by working together and pooling resources were they able to defeat evil."

Shared Response

Treatment/Recovery — Healthcare — Schools — Elected Officials — Family/Community Members — Law Enforcement — Public Health — Nonprofits

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

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/vsqs/
  - 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)
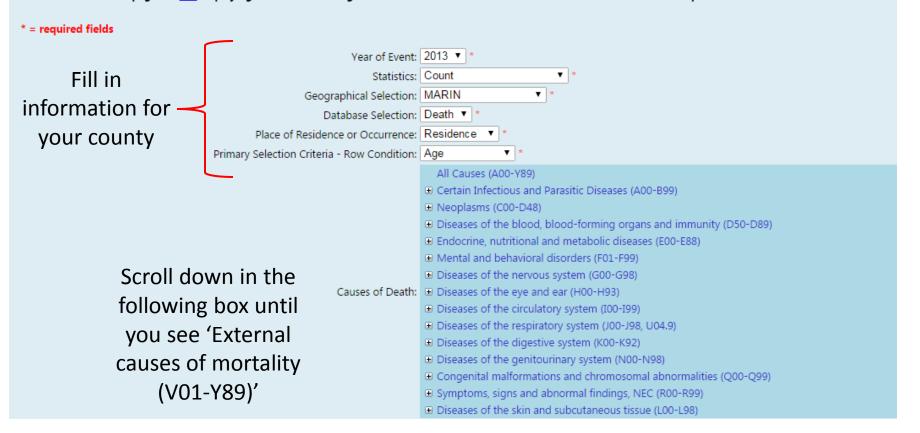
CA-VITAL STATISTICS QUERY (CA-VSQ)

CA-VSQ MAIN PAGE

Main Page	About	Help

The CA-Vital Statistics Query (CA-VSQ) System has been developed to provide an interactive Internet interface to obtain summaries and statistical reports from California's birth and death databases. The selection process is broken down into four levels.

1. Identifies the year of the event and statistical selection
2. Allows the choice of an individual county or the entire state
3. Choose the primary selection criteria (row condition)
4. Allows the query to be tailored to a specific result (column condition)

Definitions of fields and terms can be reached by selecting "Field Definitions" from the "About" menu.

At the bottom of this page is a List displaying California's leading causes of death for 2013. Included in the List are links to earlier reports for each of the individual causes of

* = required fields

Fill in information for your county

Year of Event:	2013 ▼ *
Statistics:	Count ▼ *
Geographical Selection:	MARIN ▼ *
Database Selection:	Death ▼ *
Place of Residence or Occurrence:	Residence ▼ *
Primary Selection Criteria - Row Condition:	Age ▼ *

Scroll down in the following box until you see 'External causes of mortality (V01-Y89)'

Causes of Death:

- All Causes (A00-Y89)
- ⊞ Certain Infectious and Parasitic Diseases (A00-B99)
- ⊞ Neoplasms (C00-D48)
- ⊞ Diseases of the blood, blood-forming organs and immunity (D50-D89)
- ⊞ Endocrine, nutritional and metabolic diseases (E00-E88)
- ⊞ Mental and behavioral disorders (F01-F99)
- ⊞ Diseases of the nervous system (G00-G98)
- ⊞ Diseases of the eye and ear (H00-H93)
- ⊞ Diseases of the circulatory system (I00-I99)
- ⊞ Diseases of the respiratory system (J00-J98, U04.9)
- ⊞ Diseases of the digestive system (K00-K92)
- ⊞ Diseases of the genitourinary system (N00-N98)
- ⊞ Congenital malformations and chromosomal abnormalities (Q00-Q99)
- ⊞ Symptoms, signs and abnormal findings, NEC (R00-R99)
- ⊞ Diseases of the skin and subcutaneous tissue (L00-L98)

Easily Accessible Data Sources Tutorial 2

- Epicenter
  - 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

COMMUNITIES IN ACTION

Data tutorials posted

Stay connected!

www.RxSafeMarin.org

Facebook.com/RxSafeMarin
RxSafeMarin@gmail.com

PRESCRIPTION DRUG MISUSE & ABUSE STRATEGIC PLANNING
HOSTED BY THE MARIN COUNTY HEALTH & HUMAN SERVICES PREVENTION HUB

FEBRUARY 5TH, 2014
7:15AM – 1:00PM

WELCOME

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

SHERATON FOUR POINTS
1010 NORTHGATE DRIVE
SAN RAFAEL 94903
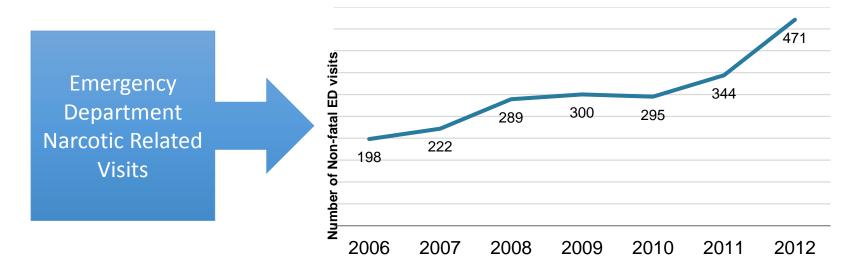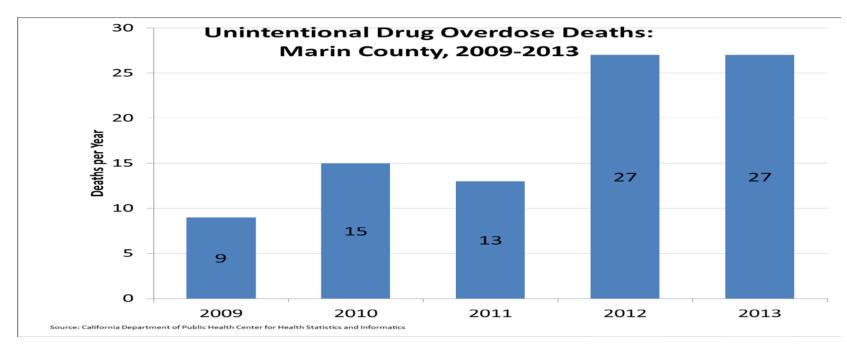
Turning Numbers into Stories

- 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

- 198 (2006)
- 222 (2007)
- 289 (2008)
- 300 (2009)
- 295 (2010)
- 344 (2011)
- 471 (2012)

Unintentional Drug Overdose Deaths: Marin County, 2009-2013

Deaths per Year:
- 9 (2009)
- 15 (2010)
- 13 (2011)
- 27 (2012)
- 27 (2013)

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."

Data: Comparison to Other Places

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 rate of preventable hospital stays
- Low violent crime rate

Ranked in the top 25% in:
- 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 percent of adults who smoke
- Low percent of children in single-parent households
- Low average daily air pollution

County Health Rankings & Roadmaps
A Healthier Nation, County by County

Marin County ranked in the bottom 50% in:

- [1]Excessive Drinking
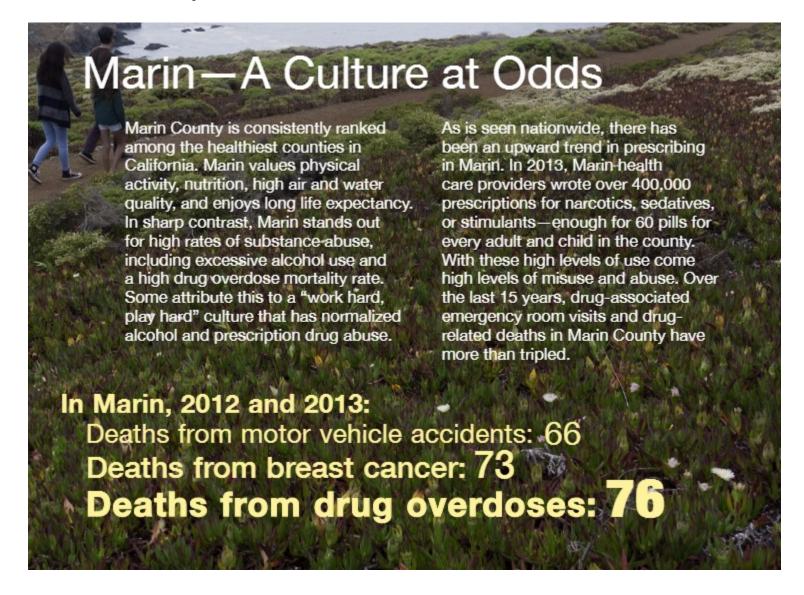
-[2]Drug poisoning mortality rate

County Health
Rankings & Roadmaps
A Healthier Nation, County by County

Data: Comparison to Known Priorities

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
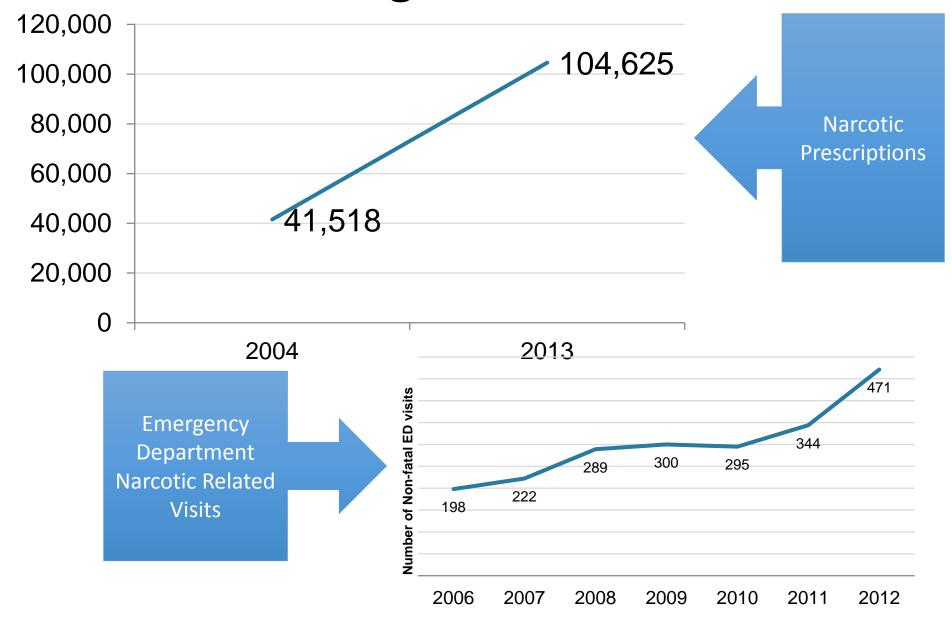Deaths from breast cancer: 73
Deaths from drug overdoses: 76

"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

"Did you know that ***narcotic prescriptions have more than doubled in Marin – and so have ER visits and overdoses related to their misuse?***
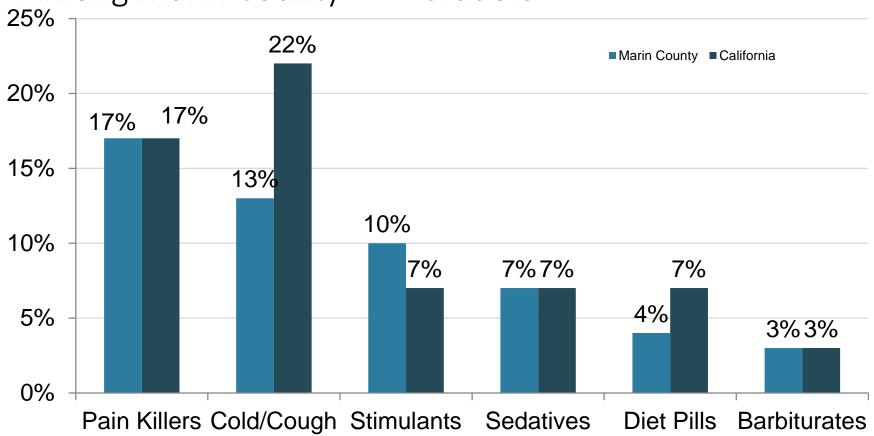
We're coming together to fix this, and your voice is important. Come join our coalition."

Rx SAFE MARIN

MARIN COUNTY PRESCRIPTION DRUG MISUSE AND ABUSE INITIATIVE

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

Endorse Our Effort

- May we borrow your brand?

Help Develop Solutions

East Bay Safe Prescribing Coalition
Enrollment Form

_____

(Organization Name)

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. hospital, medical group, 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 addicti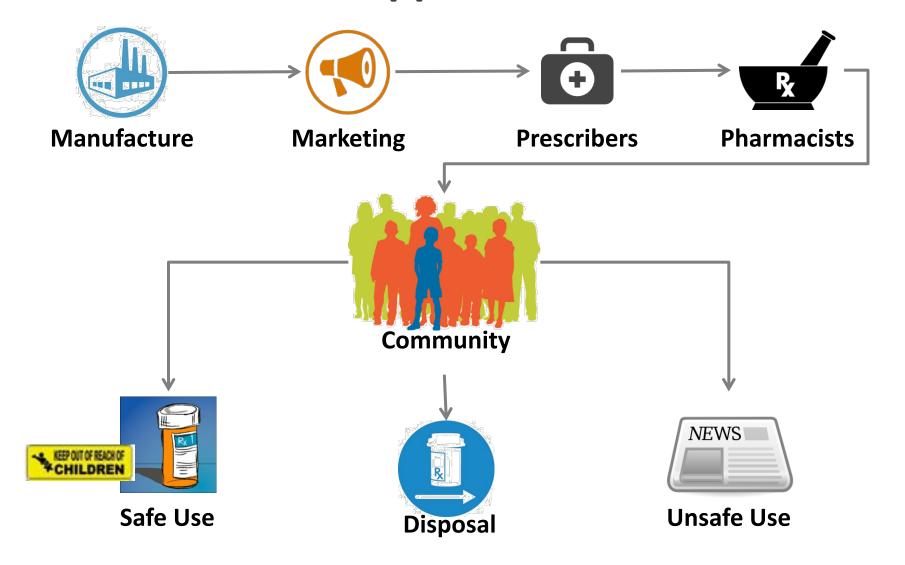on treatment resources and needs in the community; developing guidance on how to have the "difficult conversation" about addiction with patients.

❏ **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.

Upcoming Office Hours

February 3, 8:00 - 9:00 AM

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.

February 17, 12:30 - 1:30 PM

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*