North Carolina SPF-Rx Evaluation Training

April 12, 2022

Training Objectives

- **Objective 1:** Provide opportunities to share updates and successes regarding SPF-Rx implementation and evaluation activities.

- **Objective 2:** Discuss sustainable evaluation tools and approaches relevant to key SPF-Rx interventions.

- **Objective 3:** Discuss ideas for sustaining implementation and evaluation activities beyond the SPF-Rx project.

Agenda

- **Introduction** – 10:00-10:10
- **Group sharing of recent implementation highlights** – 10:10-10:50
- **Highlights from SPF-Rx Evaluation Report** – 10:50-11:10
- **Discussion of evaluation tools and resources** – 11:10-11:35
- **Group sharing: Sustaining implementation and evaluation efforts beyond the SPF-Rx project period** – 11:35-11:55
- **Wrap up** – 11:55-12:00

Group Sharing: Recent Implementation Highlights

Group Sharing: Recent Implementation Highlights

- Please share some recent implementation highlights, such as activities that:
  - Have been particularly successful,
  - Are sustainable, and
  - May be helpful to share as examples with other sites

- What strategies or solutions have helped address any key implementation challenges?
  - Examples working with pharmacists to distribute LYM or other safe storage and disposal materials
  - Examples engaging dentists and other prescribers in prescriber education training
  - Examples meeting implementation challenges posed by the COVID pandemic

SPF-Rx Evaluation Report Highlights

SPF-Rx Evaluation Report Highlights: Interventions

	All SPF-Rx Sites	Columbus	Dare	Mitchell	Nash	Stokes
Lock Your Meds	X	X	X	X	X	X
Other Information Dissemination (e.g., community presentations/Gen Rx/PACT 360, health fairs, social media campaign, Naloxone Saves)	X	X	X	X	X	X
Prescriber Education Training	X	X	X	X	X	X
Dispenser Education Training	X	X	X	X	X	X
Take Back Events			X	X		X
Prevention Education (e.g., PACT 360, G.R.E.A.T)			X			X
Other (e.g., Youth 2 Youth alternative activity, Saving Lives environmental strategy)			X	X		

# SPF-Rx Evaluation Report Highlights: Notable Partnerships and Successes

Columbus	Dare	Mitchell	Nash	Stokes
• Working with the sheriff's department. • Partnering with agencies to distribute relevant information and medication disposal kits. • Expanded use of social media.	• By 2019, all pharmacies in the county were distributing pill disposal bags. • Aired Lock Your Meds video at the local movie theater and, after the onset of the COVID-19 pandemic, through digital media.	• Opioid Prevention Network (OPN) offered weekly information sessions at the hospital on non-pharmacological alternatives to managing chronic pain. • Opioid Prevention Ecumenical Network (OPEN) planned listening sessions at local churches.	• Distributing lock boxes and Lock Your Meds materials to veterinarians. • During FY20, 50 individuals completed the dispenser webinar trainings.	• During the COVID pandemic, local partnerships with the library, food pantry, and non-chain pharmacies were identified as a "hub" to direct community members requesting materials. • Partnered with Boy Scouts troops to help distribute Lock Your Meds materials. • Coordinated with the school system on a policy change to require use of a secure lockbox for field trips.

SPF-Rx Evaluation Report Highlights: Trends in CSRS Data

	SPF Rx				NC Overall		
	2017	2019	% change 2017 to 2019	SPF-Rx counties exceeding NC % decrease	2017	2019	% change 2017 to 2019
Number of unique residents prescribed opioid analgesics	60,078	50,184	-16.5%	Nash -18.4%	2,029,941	1,702,177	-16.1%
Number of opioid analgesic prescriptions	279,709	238,340	-14.8%	Columbus -16.2% Nash -17.0% Dare -19.2%	8,368,641	7,108,941	-15.1%
Number of opioid pills dispensed	19,573,644	15,312,151	-21.8%	Nash −23.5% Columbus −26.1%	540,245,120	426,787,926	-21.0%
Number of high-dose opioid analgesic prescriptions (>90 MME/day)	36,263	24,037	-33.7%	Columbus -46.5%	955,337	630,338	-34.0%
Number of multiple provider episodes (unique patients filling prescriptions from 5+ prescribers and 5+ pharmacies in a 6 month period)	171	80	-53.2%	Mitchell -60.0% Nash -66.7%	9,242	4,294	-53.5%
Average MME/day for all opioid prescriptions dispensed in this period	53.5	50.1	-6.5%	Stokes -10.7% Columbus -11.0%	48.0	44.3	-7.7%
Percentage of patient prescription days with overlapping opioid and benzodiazepine prescriptions	25.2%	18.4%	-27.0%	Stokes -30.6% Columbus -42.0%	21.6%	15.2%	-29.6%

SPF-Rx Evaluation Report Highlights: Mortality Trends for Prescription Opioid-Related Overdoses

Death rate per 100,000 population for overdoses involving commonly prescribed opioids
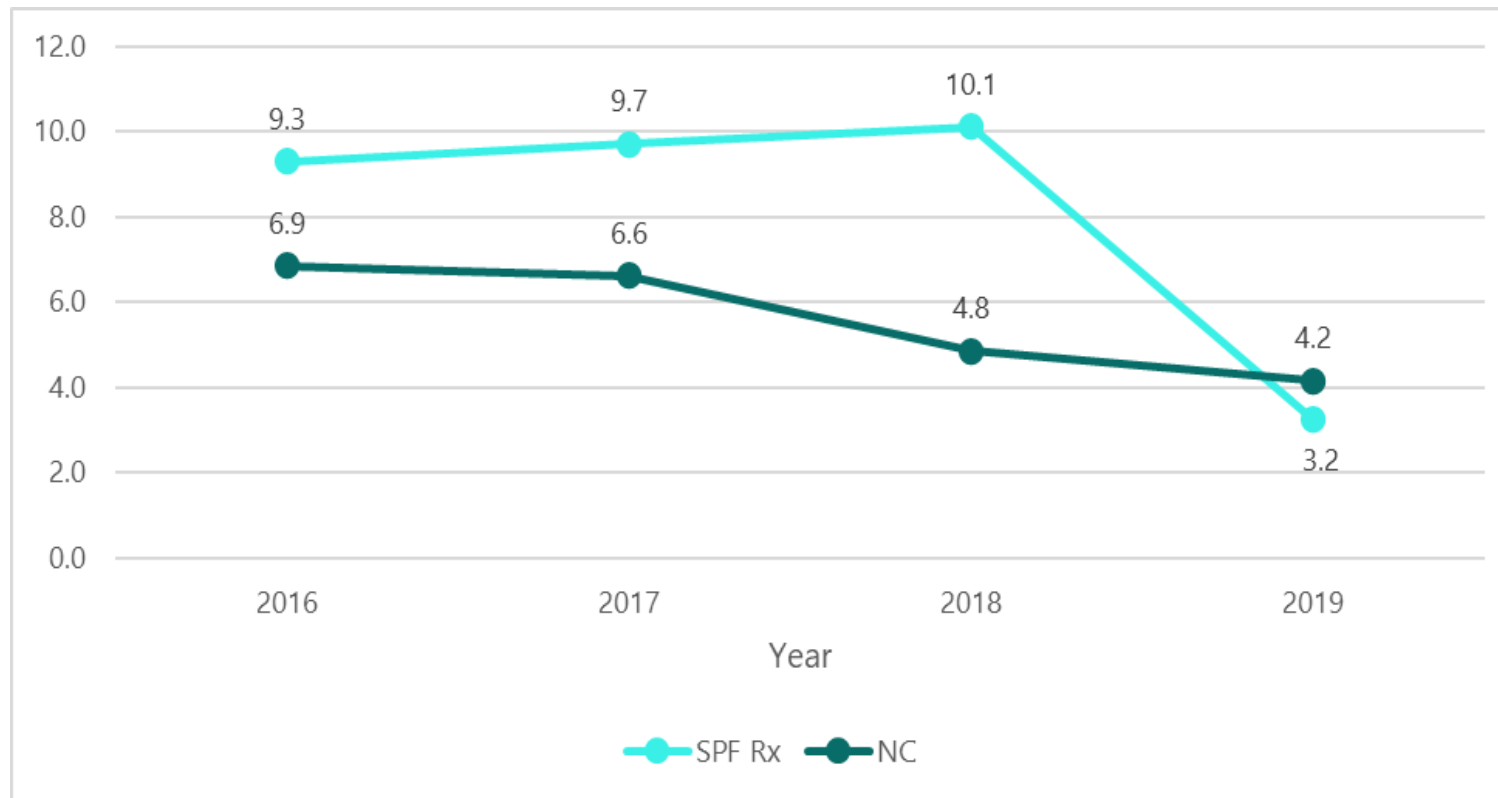
Promoting Health Equity

"Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.

Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible."

SAMHSA's Office of Behavioral Health Equity. https://www.samhsa.gov/behavioral-health-equity

Promoting Health Equity

"Health equity and health disparities are intimately related to each other. **Health equity is the ethical and human rights principle that motivates us to eliminate health disparities,** which are differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. **Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity."**

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017. https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

Promoting Health Equity

Actions for understanding health disparities and promoting health equity include:

- Examining whether health outcomes vary by demographic characteristics and other factors (e.g., housing, insurance status)

- Seeking and providing context for understanding health disparities (e.g., acknowledging social determinants of health/community drivers of health)
  - County Health Rankings & Roadmaps by the University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/app/north-carolina/2021/overview

- Ensuring the fit of interventions to your populations' needs and contexts

- Attending to cultural competence and engaging stakeholders in all areas of prevention work, including in the examination of data
  - The Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (Behavioral Health Guide) (HHS Office of Minority Health [HHS OMH]) (PDF | 409 KB)

Promoting Health Equity

Actions for understanding health disparities and promoting health equity:

- Other examples from your work?

- How have you used PDMP (CSRS) data in your county?

    - Has that information helped understand and address variation in health outcomes in your county?

Additional Health Equity Resources

- Resources & Style Guides for Framing Health Equity & Avoiding Stigmatizing Language
  - https://www.cdc.gov/healthcommunication/Resources.html

- Advancing Health Equity: A Guide to Language, Narrative and Concepts
  - https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf

- Equity, Diversity, and Inclusion. Inclusive Language Guidelines
  - https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf

- Do No Harm Guide. Applying Equity Awareness in Data Visualization.
  - https://www.urban.org/sites/default/files/publication/104296/do-no-harm-guide.pdf

Evaluation Tools and Resources for Ongoing Data Collection and Monitoring

Using Outcomes-Based Planning to Identify Evaluation Questions and Measures

Let's start here

Capacity	Interventions	Risk and Protective Factors/Intervening Variables	Ultimate Outcomes
What capacity building and enhancements are needed to support these changes?	What are the key strategies that will address these issues?	What changes do you expect to see before seeing changes in the ultimate outcomes (e.g., change in social norms, decreased availability or opportunities for misuse)?	What are the ultimate outcomes you hope to achieve (e.g., overdose, lower misuse of prescription drugs)?

Process

How is the implementation going overall (e.g., successes, challenges, possibilities for improvement)?

To what extent are strategies being implemented with fidelity (e.g., dosage, core content and key activities, appropriate and culturally relevant to the population)?

Using Outcomes-Based Planning to Identify Evaluation Questions and Measures

Capacity	Interventions	Risk and Protective Factors/Intervening Variables	Ultimate Outcomes
What capacity building and enhancements are needed to support these changes?	What are the key strategies that will address these issues?	What changes do you expect to see before seeing changes in the ultimate outcomes (e.g., change in social norms, decreased availability or opportunities for misuse)?	What are the ultimate outcomes you hope to achieve (e.g., overdose, lower misuse of prescription drugs)?

Process

How is the implementation going overall (e.g., successes, challenges, possibilities for improvement)?

To what extent are strategies being implemented with fidelity (e.g., dosage, core content and key activities, appropriate and culturally relevant to the population)?

Questions and measures related to intermediate outcomes

Questions and measures related to outcomes

Evaluation Questions	Possible Methods
Process Evaluation	
1. How have the project's strategies and overall activities been implemented?	• Interviews and/or focus groups with project participants and other project stakeholders (e.g., community leaders) • Analysis of data on implementation of strategies (e.g., populations served, numbers and types of intervention activities) • Implementation fidelity (e.g., dosage, core content and key activities, culturally relevant)
Outcome Evaluation	
2. Has substance misuse prevention capacity increased as a result of the project activities?	• Review of project records (e.g., pertaining to capacity enhancements, such as new partnerships, creation of new policies) • Interviews and/or focus groups with project participants and other project stakeholders (e.g., community leaders)
3. Have the factors (e.g., low perceived risk, retail and social access) that contribute to these priority issues changed as a result of the project activities?	• Analysis of survey data, archival data (existing surveillance data, such as CSRS data), and other data on risk factors (e.g., interviews, focus groups, brief community surveys)
4. Have the priority issues (e.g., opioid-related overdose) been reduced as a result of the project activities?	• Analysis of survey data and/or relevant surveillance data that may be accessible (e.g., ED and mortality data)

Capacity	Interventions	Risk and Protective Factors/Intervening Variables	Ultimate Outcomes
What capacity building and enhancements are needed to support these changes?	What are the key strategies that will address these issues?	What changes do you expect to see before seeing changes in the ultimate outcomes (e.g., change in social norms, decreased availability or opportunities for misuse)?	What are the ultimate outcomes you hope to achieve (e.g., overdose, lower misuse of prescription drugs)?

Process

- How is the implementation going overall (e.g., successes, challenges, possibilities for improvement)?

- To what extent are strategies being implemented with fidelity (e.g., dosage, core content and key activities, appropriate and culturally relevant to the population)?

What are some evaluation questions you would like to keep asking about the priority issues and interventions in your county?

Outcome Data: State Sources of Data Relevant to Prescription Opioids

- The North Carolina Opioid and Substance Use Action Plan Data Dashboard

  - https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

- State and county-level data; can examine comparisons of a selected area (e.g., county) to state and other counties' data

- Rate of opioid overdose ED visits per 100,000 residents

- Rate of drug (all types of medications and drugs) overdose deaths per 100,000 residents

- Percent of opioid deaths involving illicit opioids

- Percent of residents receiving dispensed opioid pills

- Additional measures, related to: family, harm reduction, social determinants, law enforcement and justice, and treatment and recovery

Outcome Data: State Sources of Data Relevant to Prescription Opioids

- Injury and Violence Prevention Branch Overdose Data website

    - https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm

- Hospital, ED, and mortality data

- State and county-level data available in various formats (e.g., dashboard/interactive table, reports and fact sheets with graphics, slide sets)

- Snapshots (monthly, annual data) and trends over time

- Can contact the Branch with questions and data requests.

Outcome Data: State Sources of Data Relevant to Prescription Opioids

- NC Opioid Settlement website

  - https://ncopioidsettlement.org

- Opioid-related data dashboards and resources

- Overdose deaths, overdose ED visits, overdose deaths involving illicit drugs, and percent of people prescribed opioids

- State and county-level data available

- Snapshots (annual data), trends over time, and county rankings relative to other counties in the state (quintile – lowest, low, middle, high, highest)

- Community Drivers of Health (e.g., poverty and uninsured rates, suicide rate) indicators also available

Collecting Data on Safe Storage and Disposal Efforts

Collecting Data on Safe Storage and Disposal Efforts

Populations who could provide relevant data and feedback:

Populations	Types of Data and Feedback
• Partners (e.g., pharmacists)	• Distribution of safe storage and disposal resources (e.g., lock boxes, disposal kits)
• Community members	• Use of the resources
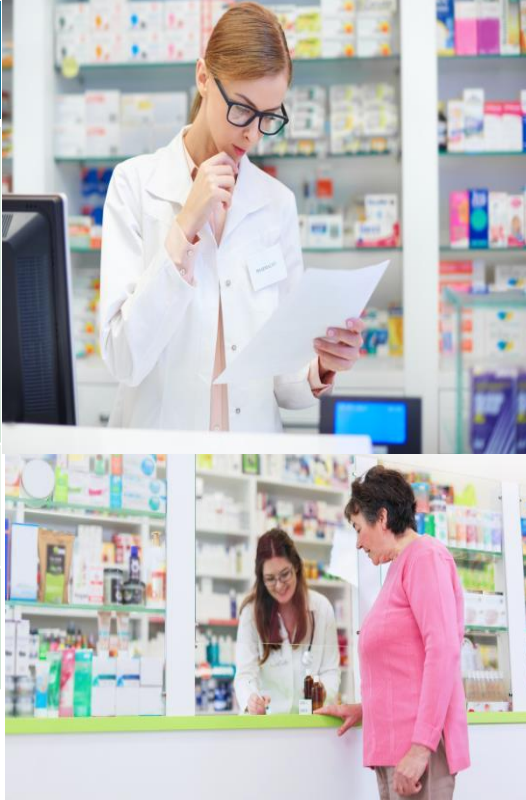
Collecting Data on Safe Storage and Disposal Efforts

Potential Data Collection Methods

- Distributing feedback surveys/forms, along with the lock boxes and disposal kits materials, that can be returned at a later time

- Posting a feedback form/survey on your website

- Sharing a link via your social media or by email to an online feedback survey

- Collecting feedback during community events (e.g., take back events, fairs), including through use of tablets, use of a QR code for taking survey on smartphone, brief on-site paper survey

- Brief interviews with partners (e.g., pharmacists) and community members to gather additional context

Collecting Data From Pharmacists and Other Partners

Population	Types of Data and Feedback
• Pharmacists and other partners	• Number of lock boxes and disposal kits distributed • Types of disposal kits distributed • Whether education is provided at the same time resources are given out
	• Systematic or anecdotal information about community members' reactions and use of the resources (e.g., consistent use of lock box, timely and consistent disposal of expired/unused medications)
	• Frequency of distribution/how quickly the resources are getting into the community and then need to be replenished • Process of maintaining and distributing the resources (e.g., preference for certain kits/products, ease of storage and distribution)

Collecting Data From Community Members

Population	Types of Data and Feedback
• Community members (e.g., at pharmacies; community events; other recipients of safe storage and disposal materials)	• Use of lock boxes and disposal kits (e.g., consistent use of lock box, timely and consistent disposal of expired/unused medications) • Types of disposal kits used • Preference for certain kits/products; ease of use • Whether education (e.g., written materials, verbal) was received along with the safe storage and disposal resources • Other modes of storage and disposal use • Increased knowledge regarding safe storage and disposal

Question	Dimensions the Question Could Ask About
• Please indicate the extent to which you agree or disagree with the following statements (Strongly agree, Agree, Disagree, Strongly disagree, NA):	• The process of distributing lock boxes and disposal kits to community members has worked well at this pharmacy/location. • Community members show interest in receiving lock boxes and disposal kits at this pharmacy location. • Providing lock boxes and disposal kits are improving community members' knowledge and behaviors related to storing and disposing their medications safely.
Alternatively, you could consider asking about these issues in an open-ended format: (depends on the type of information you're seeking; the ease and burden to the respondents; and your plans and resources for data analysis)	• How has the process of distributing lock boxes and disposal kits gone at this location? • How have community members responded to the availability of lock boxes and disposal kits? • To what extent, if any, do you think community members' knowledge and behaviors related to storing and disposing their medications safely are changing? Please describe.
• What challenges have you experienced or know about, regarding: • What suggestions do you have for improving:	• Distribution of lock boxes and disposal kits at this pharmacy/location? • Community members' knowledge and behaviors related to safe storage and disposal of medications?

Question	Possible Response Options
• Where do you and/or your household members usually store prescription medications?	Medication lock box Other locked area (e.g., locked cabinet) In an unlocked area (e.g., drawer, closet, countertop, purse) Other (specify) Not applicable
• Please select the response that best describes the storage of prescription medications in your home:	Prescription medications are stored securely in a medication lock box **consistently** (e.g., store all prescription medications in there; always lock it). Prescription medications are stored securely in a medication lock box **sometimes** (e.g., for some, but not all prescription medications; not always locked). Prescription medications **are not** stored securely in a medication lock box. Other (specify) Not applicable

Question	Possible Response Options

• **In the past 12 months**, how many times, if any, have you used the following to dispose of unused prescription medications:
 	
   A drop box or kiosk at a law enforcement agency/police station, pharmacy, or another location?
 	
   A Take-Back Day or similar community event?
 	
   A disposal kit (deactivation packet)?
 	
   Flushed down toilet or in the sink
 	
   Thrown in trash
	Never
	
	One or more times
	
	Three or more times

• **In the past 12 months**, to what extent, if any, do you think your knowledge and behaviors related to storing and disposing medications safely have changed? Please describe.	Not at all Some extent A moderate extent Great extent

• What challenges have you experienced or know about, regarding:
 	
• What suggestions do you have for improving:
 	
   Obtaining lock boxes and disposal kits?
 	
   Using other secure options for storing and disposing medications?
 	
   Community members' knowledge and behaviors related to safe storage and disposal of medications?	

Group Sharing: Sustainability

Group Sharing: Sustainability

- **Building capacity and sustainable prevention innovations: A sustainability planning model.** Johnson, K., Hays, C., Center, H., & Daley, C. (2004). *Evaluation and Program Planning, 27*(2), 135–149. https://pttcnetwork.org/sites/default/files/2019-08/Sustainability-Planning-Model-Article.pdf

- Note (page 137) that Shediac-Rizkallah and Bone (1998) summarized definitions of sustainability in the literature as addressing the following three categories of issues:

  - "Maintaining benefits achieved through an initial program"

  - "Continuing the program within an organization"

  - "Building the capacity of the recipient community to continue a program"

    Shediac-Rizkallah, M. C., & Bone, L. R. (1998). Planning for the sustainability of community-based health programs: Conceptual framework and future directions for research, practice, and policy. Health Education Research, 13(1), 87–108.

- As such, Johnson et al. (2004) defined sustainability (page 137) as "the process of ensuring an adaptive prevention system and a sustainable innovation that can be integrated into ongoing operations to benefit diverse stakeholders."

Group Sharing: Sustainability

- Which implementation activities do you plan to sustain?

- What is helping to make that possible (e.g., good fit for community; capacities; collaborations and champions; funding opportunities)?

- How are data and other information about your SPF-Rx experiences being used to share your successes and obtain additional stakeholder support and future funding?

- How are you or could you use CSRS data to help with your sustainability efforts?

- **Strategies for Prevention Sustainability. Sustainability Planning Tool.** Published in 2021 by the Northeast & Caribbean Prevention Technology Transfer Center, Center for Prevention Science, School of Social Work, Rutgers University, New Brunswick, NJ.

    https://pttcnetwork.org/sites/default/files/2021-08/Sustainability%20planning%20tool_FINAL.pdf

- For a variety of additional prevention resources, visit the Prevention Technology Transfer Center (PTTC) Network website: https://pttcnetwork.org/centers/global-pttc/products-and-resources

Thank You!

Jessica Edwards

jedwards@pire.org

919-265-2636