HCS Community Health Campaigns – Shifting from Engagement to Action
3rd Annual NIH HEAL Initiative Investigator Meeting

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Acknowledgments – HCS Communication Work Group

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- Dacia Beard
- Jenny Eriksen Leary
- Abbigayle (Abbi) Monsen
- Monica Nouvong
- David Rosenbloom
- Michael Stein

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- Kailen Gore
- Haley Hedrick
- Renee Kennedy
- Mark Koyanagi
- Deborah Kulik
- Shari Lambert
- Stephen Levin

SAMHSA

- Carter Roeber
Communities That Heal (CTH) Intervention Framework

**Evidence-Based Practices**
- Overdose education and naloxone distribution
- Effective delivery of MOUD
- Safer opioid prescribing and dispensing

**Community Engagement**
- Coalition-driven, community change process
- Data-informed decision-making using dashboards

**Community Campaigns**
- Increase demand for EBPs
- Reduce stigma

**Communities That Heal (CTH) Intervention Framework**

NIH HEAL INIITIATIVE
HEALing Communities Study
Gloucester, MA: Provider on the Pier
Gloucester, MA: Problem and Solution

Fishing community is an underserved high-risk population

24% of opioid overdose fatalities among Gloucester residents from Jan 2017 - Jun 2021 were employed in the fishing industry

Lack of insurance due to seasonal work

“Provider on the Pier” – a basic medical clinic, specializing in MOUD and OEND, to serve the fishing community
Part of the fishing industry? If so, you may want to check out:

Gloucester Addiction Coalition's
Provider on the Pier

MEDICAL CLINIC

- Basic medical evaluations
- Connections to primary care providers
- Enrollment in medication for opioid use disorder
- HIV/Hep C/STI testing
- Naloxone/harm reduction services
- Insurance enrollment
- Connection to wraparound services

Brought right to you every Friday at the Harbormaster's Office from 10am-2pm
19 Harbor Loop #2
Gloucester, MA

Made possible by:

NIH HEAL INITIATIVE
HEALing Communities Study
EBP Promotion

- **Focus:** Fishing community
- **Strategy:** Sublocade® promotion
  - CATA bus ads
  - Flyers in Harbormaster’s office and pier
  - Local images including providers participating in Provider on the Pier
From Awareness and Information to Changes in the Community

Develop a cohesive set of communication objectives, priority groups, strategies and tactics that can be applied across all communities in the HCS.

Integrate approaches to reduce stigma.

Provide message guidance documents and sample assets that can be tailored to unique characteristics of each community.

Enhance community engagement and the adoption of evidence-based practices (EBPs) in each community.

HCS Campaigns

1. Naloxone
2. Stigma
3. Seek MOUD Tx
4. Stay in MOUD Tx and Recovery
HCS Community Evaluation Questionnaire (CEQ) Overview

• Recruitment through Facebook advertising in HCS communities.

• The preliminary results reported here are aggregated across all Wave 1 communities for more reliable estimates and an overall sense of campaign impacts on CEQ variables.

• Because only residents in Wave 1 communities who responded to survey recruitment advertisements are represented in the CEQ, these results should not be considered as generalizable to all residents across HCS communities.
<table>
<thead>
<tr>
<th>Survey Item</th>
<th>CEQ Wave</th>
<th>No</th>
<th>Yes</th>
<th>Pvalue</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past month, have you considered carrying (or begun to carry) naloxone (more commonly known as Narcan), the medication that can reverse an opioid overdose, when out in public?</td>
<td>1</td>
<td>927 (80.7%)</td>
<td>222 (19.3%)</td>
<td>0.0721</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>341 (76.6%)</td>
<td>104 (23.4%)</td>
<td></td>
</tr>
<tr>
<td>In the past month, have you made an effort to learn more about medications for treating opioid use disorder (methadone, buprenorphine (Suboxone®), or naltrexone (Vivitrol®))?</td>
<td>1</td>
<td>942 (82.1%)</td>
<td>206 (17.9%)</td>
<td>0.0819</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>345 (78.2%)</td>
<td>96 (21.8%)</td>
<td></td>
</tr>
<tr>
<td>In the past month, have you suggested to someone that they or their loved one seek treatment for opioid addiction/opioid use disorder?</td>
<td>1</td>
<td>918 (79.8%)</td>
<td>232 (20.2%)</td>
<td>0.0099*</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>328 (73.9%)</td>
<td>116 (26.1%)</td>
<td></td>
</tr>
</tbody>
</table>
## CEQ Knowledge of Resources

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>CEQ Wave</th>
<th>Definitely Yes</th>
<th>Probably Yes</th>
<th>Probably Not</th>
<th>Definitely Not</th>
<th>Pvalue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know where to find treatment for opioid addiction/opioid use disorder?</td>
<td>1</td>
<td>338 (29.3%)</td>
<td>442 (38.4%)</td>
<td>251 (21.8%)</td>
<td>121 (10.5%)</td>
<td>0.0078**</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>164 (36.6%)</td>
<td>159 (35.5%)</td>
<td>72 (16.1%)</td>
<td>53 (11.8%)</td>
<td></td>
</tr>
<tr>
<td>Do you know where to find a healthcare provider of medications for the treatment of opioid addiction/opioid use disorder, such as methadone, buprenorphine, or naltrexone?</td>
<td>1</td>
<td>304 (26.4%)</td>
<td>411 (35.6%)</td>
<td>274 (23.8%)</td>
<td>164 (14.2%)</td>
<td>0.0669</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>146 (32.6%)</td>
<td>136 (30.4%)</td>
<td>104 (23.2%)</td>
<td>62 (13.8%)</td>
<td></td>
</tr>
</tbody>
</table>
### Selected CEQ Stigma Items

<table>
<thead>
<tr>
<th>Survey Item Label [NOTE: 1 = Strongly Disagree, 7 = Strongly Agree]</th>
<th>CEQ Wave</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Pvalue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once you have an opioid addiction/opioid use disorder there is not much you can do about it.</td>
<td>1</td>
<td>1155</td>
<td>4.52</td>
<td>0.74</td>
<td>0.0346*</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>447</td>
<td>4.43</td>
<td>0.82</td>
<td></td>
</tr>
<tr>
<td>Most people in my community believe that it is better to offer drug treatment as an alternative to incarceration for people with opioid use disorder who are charged with non-violent crimes.</td>
<td>1</td>
<td>1152</td>
<td>4.83</td>
<td>1.51</td>
<td>0.0152*</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>447</td>
<td>5.03</td>
<td>1.49</td>
<td></td>
</tr>
<tr>
<td>Most people in my community think less of a person who has been in treatment for substance use.</td>
<td>1</td>
<td>1154</td>
<td>4.89</td>
<td>1.43</td>
<td>0.4184</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>448</td>
<td>4.82</td>
<td>1.48</td>
<td></td>
</tr>
<tr>
<td>Most people in my community believe that medications for opioid use disorder such as methadone and buprenorphine are just replacement drugs and not real treatment.</td>
<td>1</td>
<td>1149</td>
<td>4.52</td>
<td>1.44</td>
<td>0.5469</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>446</td>
<td>4.57</td>
<td>1.59</td>
<td></td>
</tr>
</tbody>
</table>
Conclusions

• Communication campaigns can reduce stigma and support EBP adoption and use
• Build communication planning into community interventions from the beginning
• The importance of customized, localized materials that consider equity
• Understand local cultural stigma and barriers

"Science is global, but solutions are local"

— Ellen Kullman