

Plenary Session 1: Using Data to Understand Community Context

Moderator: Mallory O'Brien, Johns Hopkins University

Panelists

- DJ Gering, Centers for Disease Control and Prevention (CDC) Foundation, Kansas
- Sonia Berdahl, CDC
- Josh Eyer, Southern Regional Drug Data Research Center, Institute of Data & Analytics, Culverhouse College of Business, University of Alabama
- Laura Kollar, CDC

Bridging the Gap: Social Determinants in Overdose Fatality Review

2024 National Forum on Overdose Fatality Review



Funded by the Office of National Drug Control Policy and
the Centers for Disease Control and Prevention



COLLABORATE • SHARE • INFORM & HELP

Federal Acknowledgement

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What Is the Overdose Response Strategy (ORS)?

The Overdose Response Strategy is an unprecedented and unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence, and innovative strategies.



Visit us at
[ORSprogram.org!](https://ORSprogram.org)



ORS Mission Statement

The mission of the Overdose Response Strategy is to help communities reduce fatal and nonfatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.



> Overdose Fatality Review (OFR)



Expected Outcomes by Adding Social Determinants of Health and Equity Information

- Learn which social determinants of health indicators contribute to the risks of a fatal overdose
- Address a lack of access to treatment and recovery support systems
- Provide necessary data to justify decisions and allocate appropriate resources
- Identify upstream needs to prevent overdose





Overdose Fatality Review Equity Tool

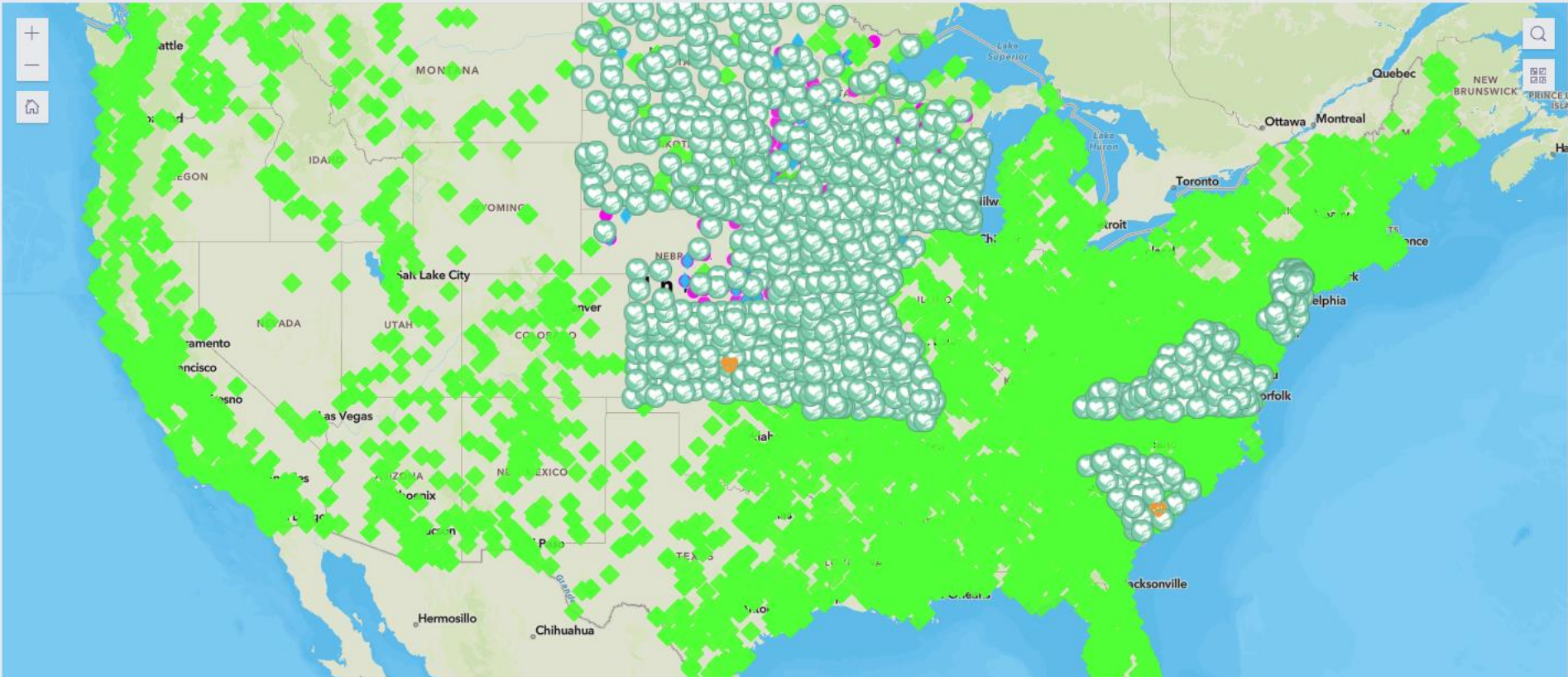


- Home Page
- Add Sites to the Map
- Resources
- Notes

- Legend
- Nearby
- Infographics
- Add Data
- Analysis
- Draw
- Print

Map Layer Selection

- MAT Providers
- Health Departments
- Federally Qualified Health Centers
- Free Naloxone Sites
- Substance Use Treatment and Resources
- Mental Health Services
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- ACS Poverty Status Variables - Boundaries
- ACS Internet Connectivity Variables - Boundaries
- State Legislative Districts - Lower Houses
- State Legislative Districts - Upper Houses





Overdose Fatality Review Equity Tool



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Legend



Nearby



Infographics



Add Data



Analysis



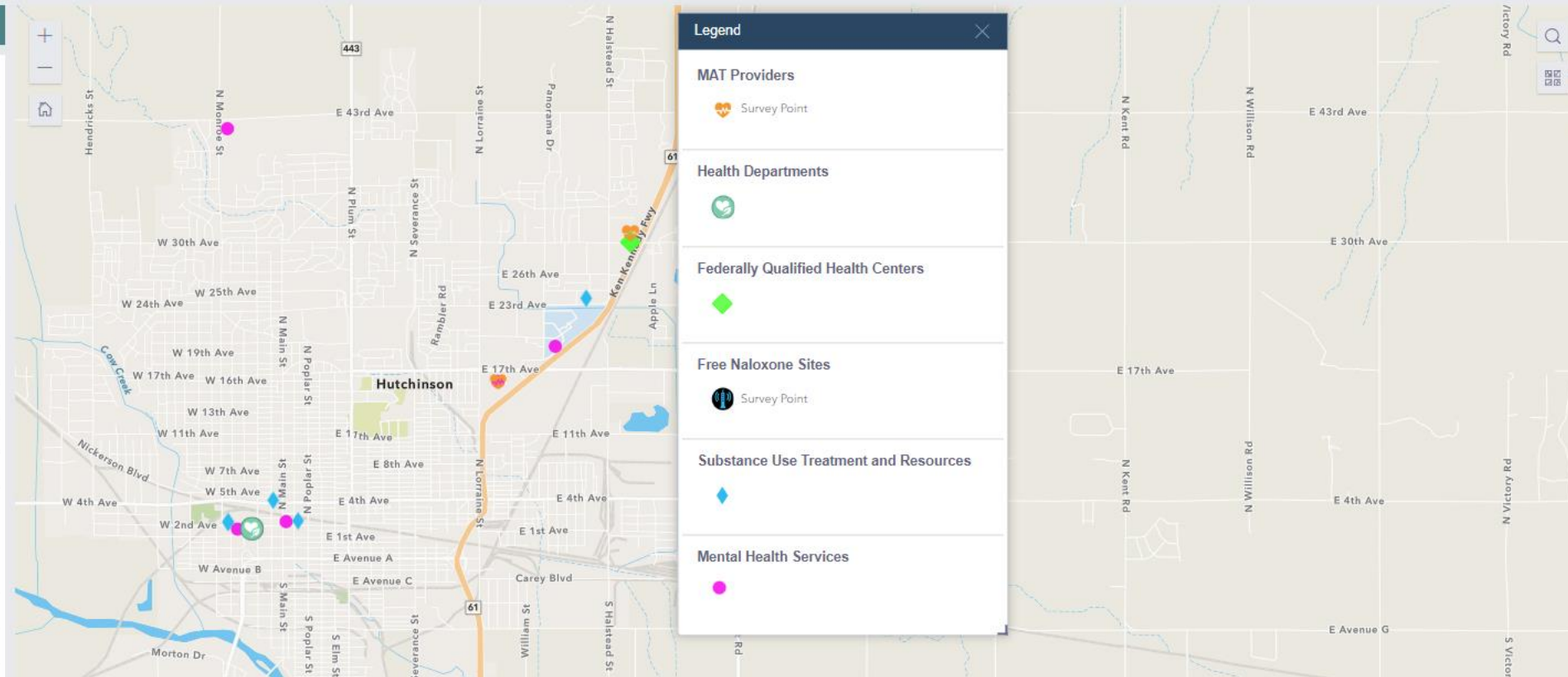
Draw



Print

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Overdose Fatality Review Equity Tool

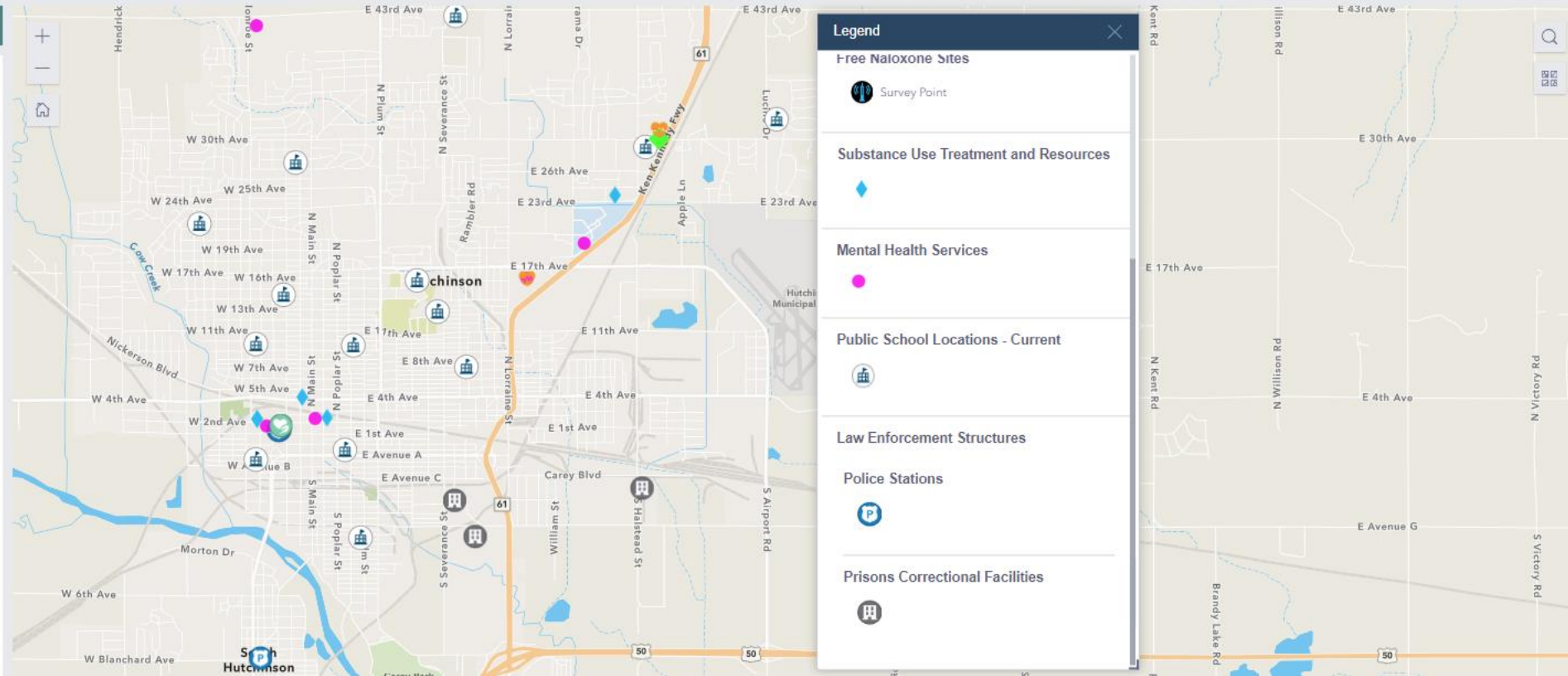


Home Page Add Sites to the Map Resources Notes

Legend Nearby Infographics Add Data Analysis Draw Print

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Overdose Fatality Review Equity Tool




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MAT Providers for OFR Tool

Adding MAT providers through this survey will make the provider's location visible on the Overdose Fatality Review tool's map.

To import in bulk, contact DJ Gering at dgering@cdcfoundation.org



Provider First Name

Provider Last Name

Organization's Name


Provider's Address*

Harm Reduction Sites

This survey is to add locations of free harm reduction supplies to the Overdose Fatality Review Tool map.

Provide the necessary information below to add the sites for inclusion to the naloxone layer.

If you need to bulk import, contact DJ Gering at dgering@cdcfoundation.org for more information.



Name of Organization*

Type of Harm Reduction Supplies Provided
Select all that apply

- Condoms
- Fentanyl Test Strips



Overdose Fatality Review Equity Tool



Home Page

Add Sites to the Map

Resources

Notes



OFR Tools

Source for toolkits, resources, webinars, and more. Managed by the Institute for Intergovernmental Research (IIR).

Open



Overdose Response Strategy (ORS)

Find your local ORS team and resources for public health and public safety collaboration.

Open



Public Health and Safety Team (PHAST)

Toolkit and resources to help you build a public health and safety team.

Open





Overdose Fatality Review Equity Tool



Home Page

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Legend



Nearby



Infographics



Add Data



Analysis



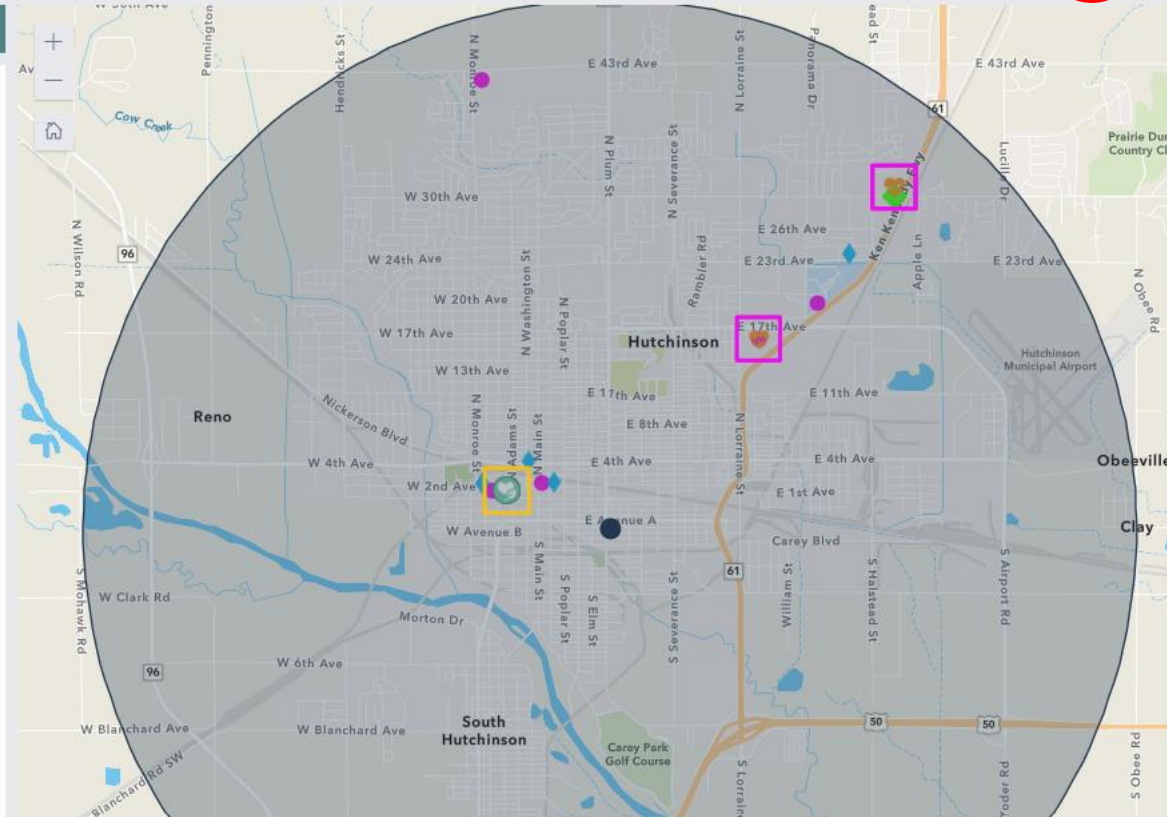
Draw



Print

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Nearby

4 Miles

Closest Address
510 E Avenue B, Hutchinson, Kansas, 67501

MAT Providers	3
Horizons	1.83 mi >
PrairieStar Health System	3.37 mi >
PrairieStar Health System	3.37 mi >
Kansas Health Department Locations	1
Reno County Health Department	0.84 mi >
Federally Qualified Health Centers	2 >
Free Naloxone Sites	1 >
Substance Use Treatment and Resources	5 >
Mental Health Services	5 >





Overdose Fatality Review Equity Tool

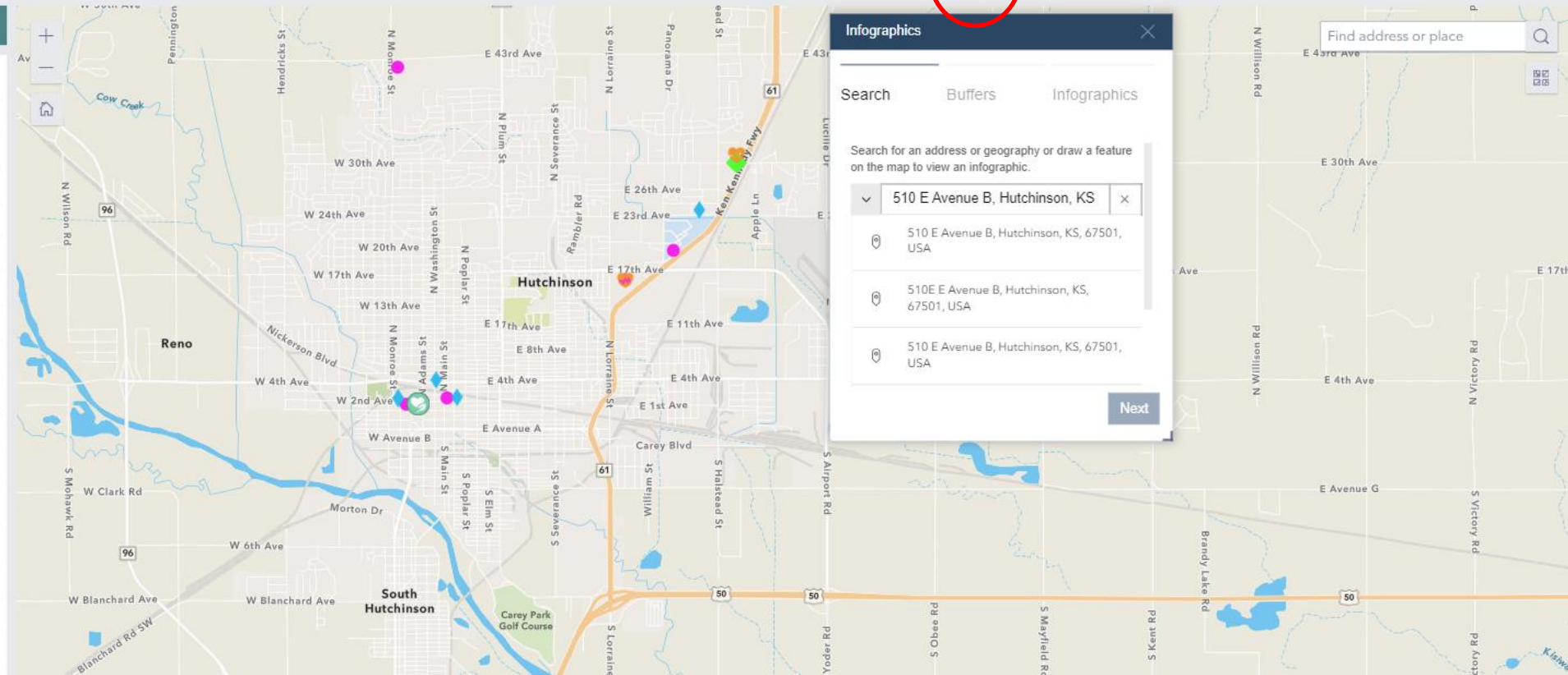


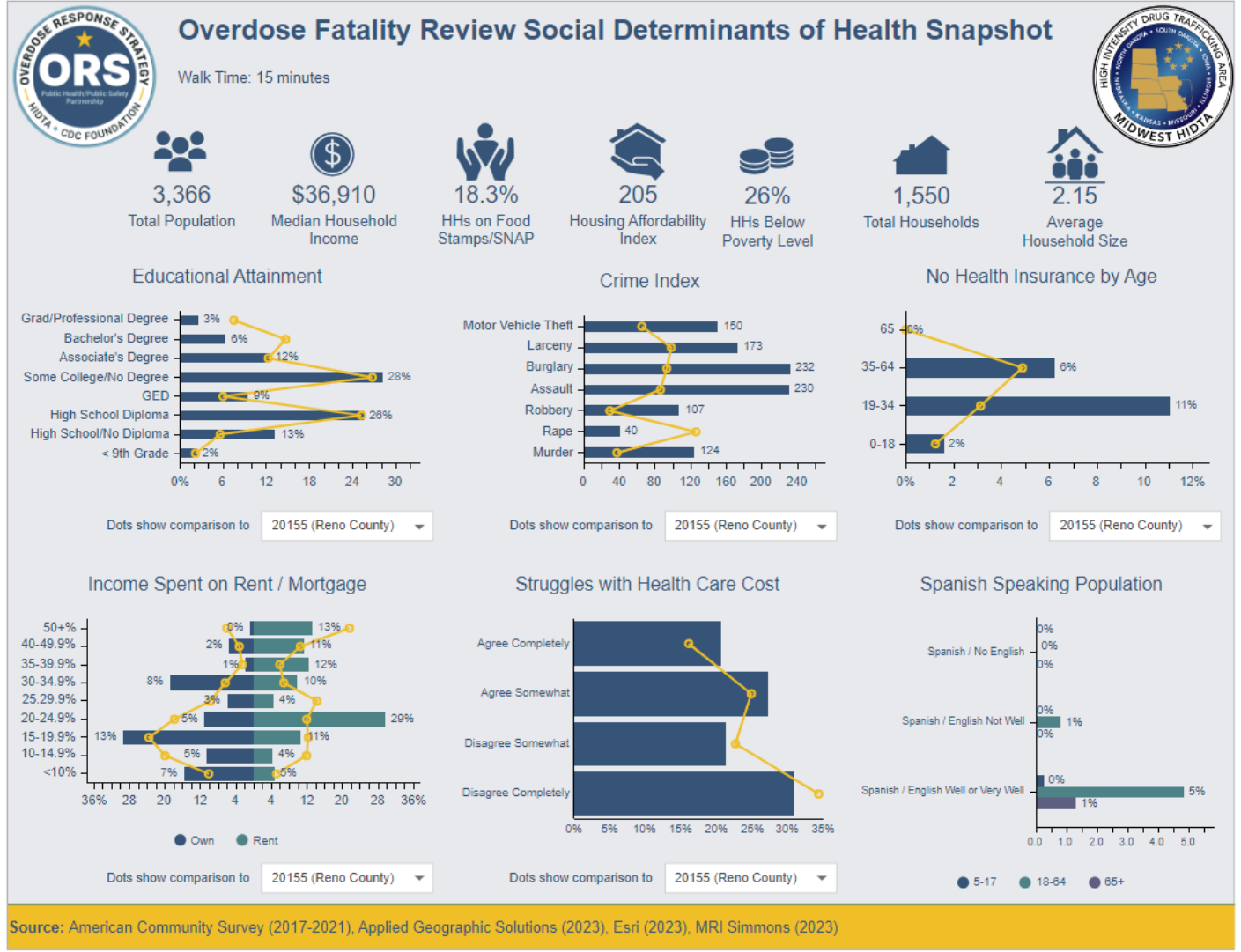
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Legend Nearby **Infographics** Add Data Analysis Draw Print

Map Layer Selection

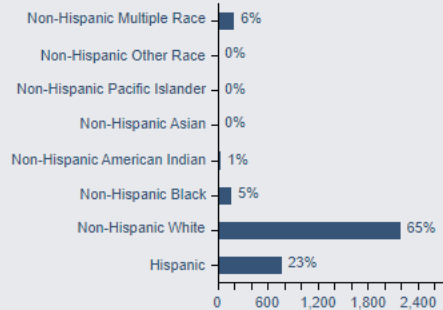
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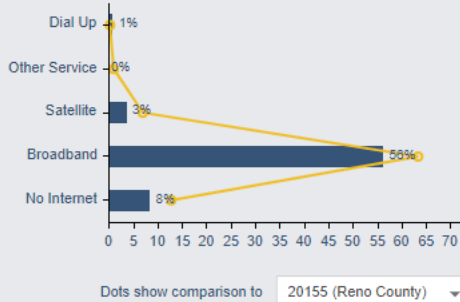




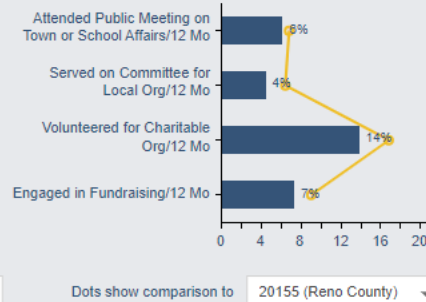
Population by Race/Ethnicity



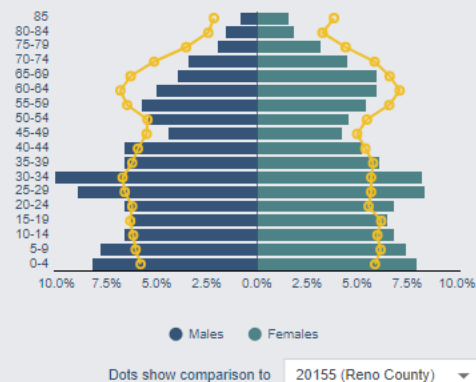
Internet Access



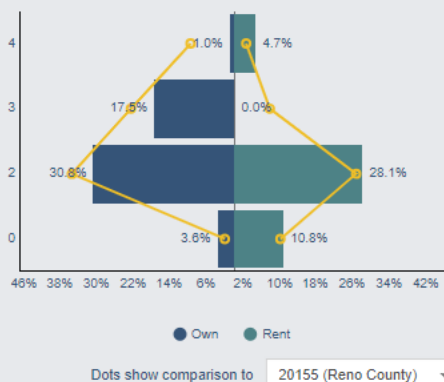
Civic Engagement



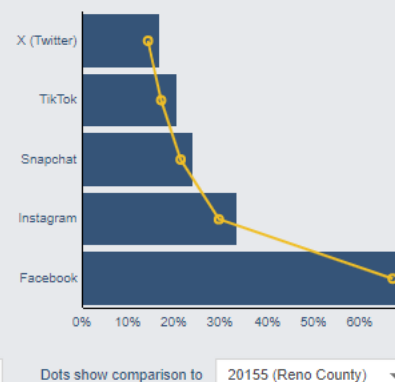
Age Pyramid



Number of Vehicles by Household Type



Social Media Use in Last 30 Days



Notes

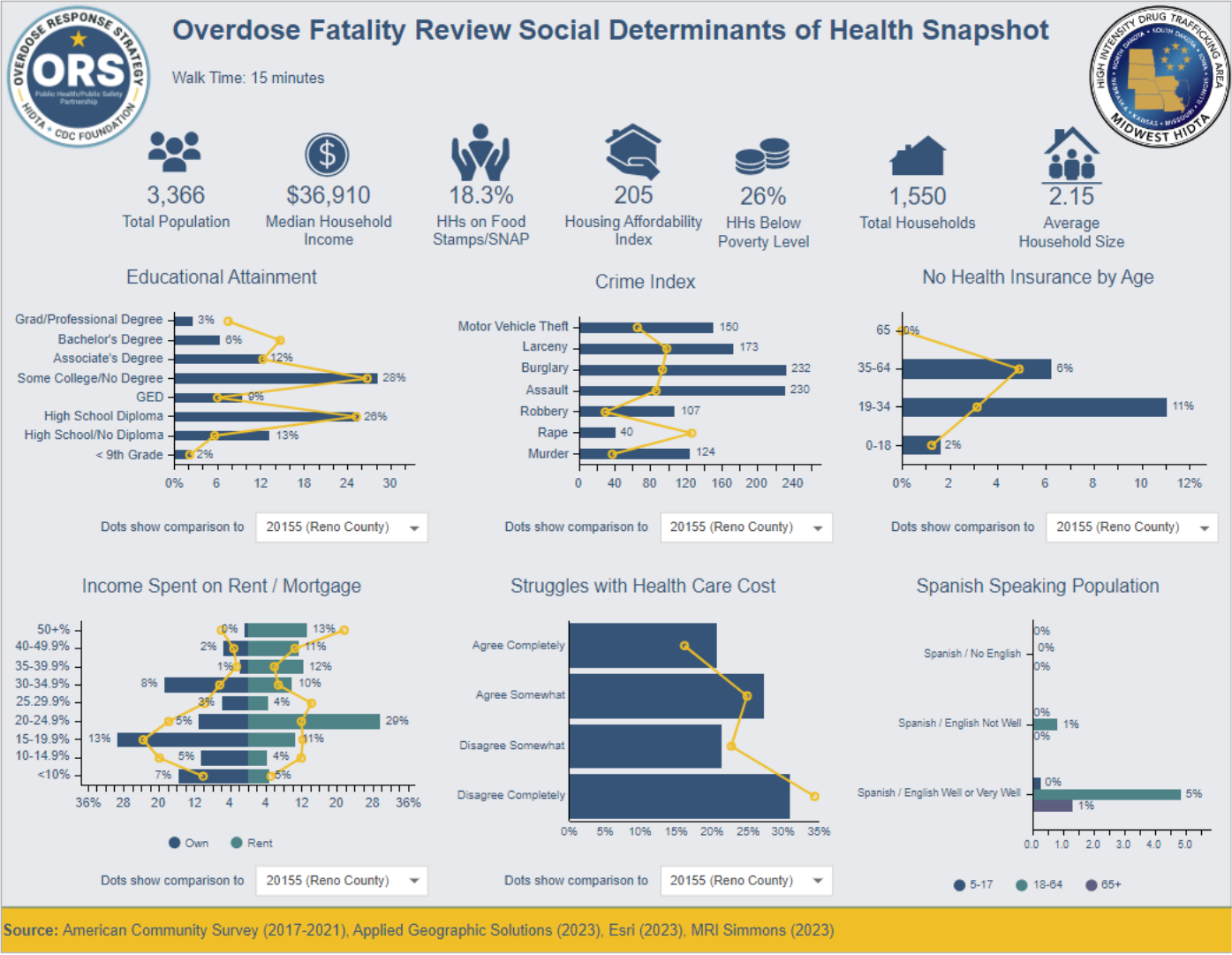
Crime Index: A score of 100 is the United States average. A score above 100 is above the U.S. average and below 100 is below the U.S. average.

Percentages: Percentages may not equal 100 due to rounding.

This infographic was created by the Kansas Overdose Response Strategy Team.

Source: American Community Survey (2017-2021), Applied Geographic Solutions (2023), Esri (2023), MRI Simmons (2023)





OFR Infographic 15 minute walk Fit page Page 1

Overdose Fatality Review Social Determinants of Health Snapshot

Walk Time: 15 minutes

3,366
Total Population

\$36,910
Median Household Income

18.3%
HHs on Food Stamp/SNAP

205
Housing Affordability Index

26%
HHs Below Poverty Level

1,550
Total Households

2.15
Average Household Size

Educational Attainment

Grad/Professional Degree	3%
Bachelor's Degree	8%
Associate's Degree	12%
Some College/No Degree	25%
GED	9%
High School Diploma	25%
High School/No Diploma	13%
< 9th Grade	2%

Details show comparison to 20155 (Reno County)

No Health Insurance by Age

65+	2%
35-64	6%
15-34	11%
0-14	2%

Details show comparison to 20155 (Reno County)

Income Spent on Rent / Mortgage

50+%	9%	13%
40-49%	2%	11%
35-39%	1%	12%
30-34%	8%	10%
25-29%	3%	4%
20-24%	6%	20%
15-19%	13%	11%
10-14%	7%	4%
<10%	4%	2%

Details show comparison to 20155 (Reno County)

Agree/Disagree

Agree Somewhat	25%
Disagree Somewhat	20%
Disagree Completely	15%

Details show comparison to 20155 (Reno County)

Spanish Speaking Population

Spanish / No English	0%
Spanish / English Not Well	1%
Spanish / English Well or Very Well	5%

Details show comparison to 20155 (Reno County)

Source: American Community Survey (2017-2021), Applied Geographic Solutions (2023), Esri (2023), MRI Simmons (2023)

Export infographic

Export as

- Image
- Image**
- PDF
- Excel
- Dynamic HTML

Include interactive panels in export

Cancel Create Image



Overdose Fatality Review Equity Tool



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The map displays a street grid in Reno, NV, with several colored markers (green, pink, blue) indicating data points. A 'Add Data' dialog box is open, showing a search bar and a list of data sources. The dialog box has a search bar with the text 'Find address or place' and a search icon. Below the search bar, there are three tabs: 'Add data', 'Search', 'URL', and 'File'. The 'Add data' tab is selected, and it shows a list of data sources with a search bar and a search icon. The list includes:

- ArcGIS Online
- Environmentally Threatened Communities
- DCRAOpenData
- CDC Social Vulnerability Index
- rebecca.bankard
- Katastar_zelenila_grafika
- mpalcic
- S2G - Orange County 100 Year Flood Event
- usace_geospatial_s2g





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Add Data

There is currently no added data.

[+ Click to add data](#)

Add data

Search URL File

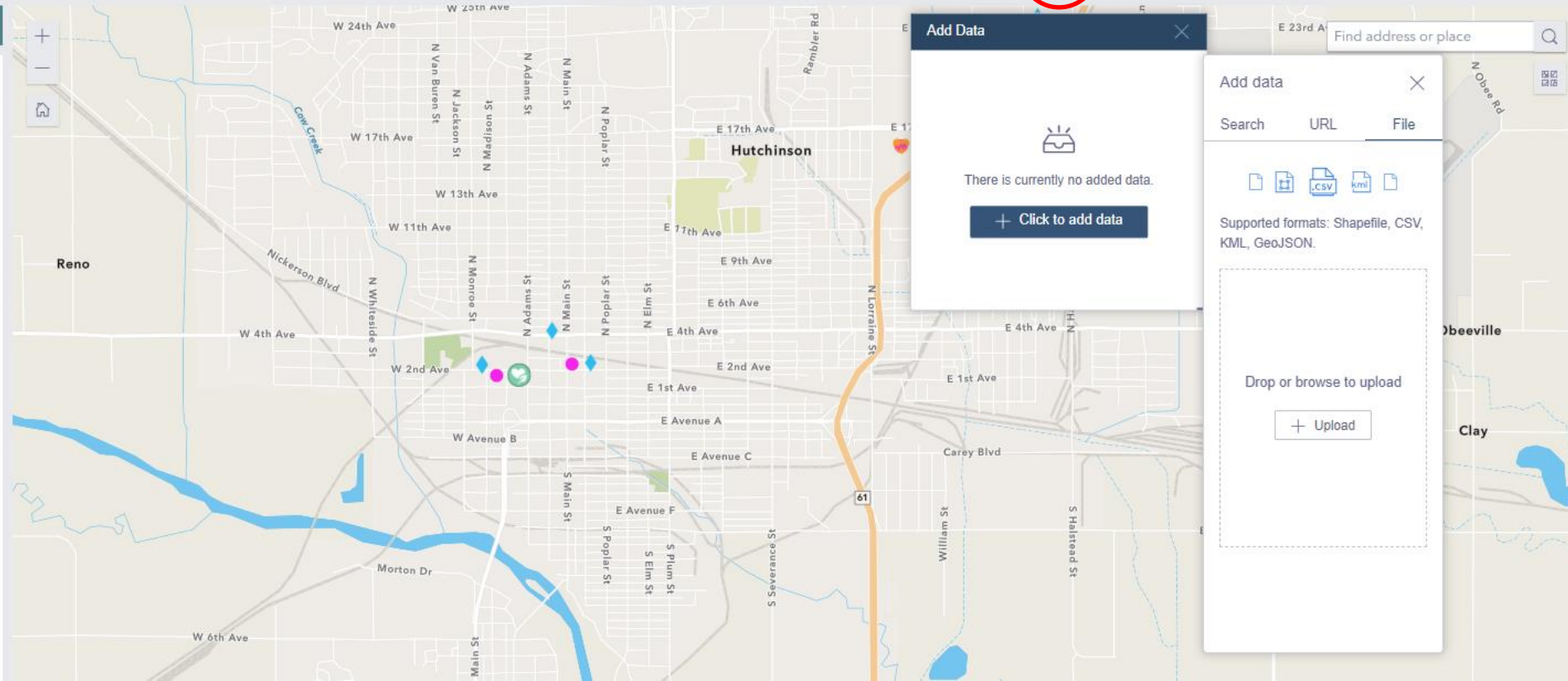
Supported formats: Shapefile, CSV, KML, GeoJSON.

Drop or browse to upload

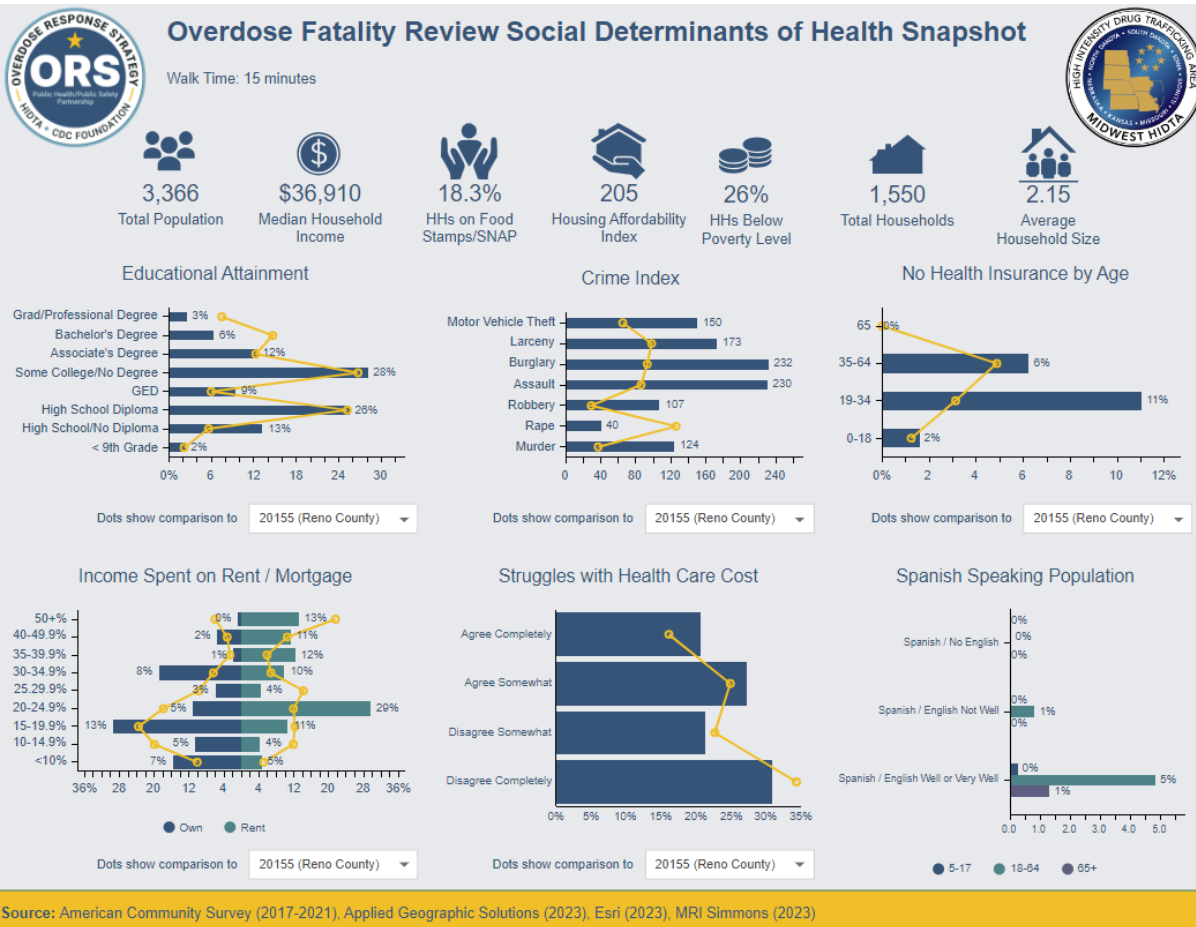
[+ Upload](#)

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Cumulative View



Resources:

- Medication Assisted Treatment (MAT) Provider: 1.84 miles
- Health Department: 0.84 mile
- Federally Qualified Health Center: 3.32 miles
- Naloxone: 0.84 mile
- Substance Use Resources: 0.56 mile
- Mental Health: 0.94 mile

Within a 15-minute walk:

- Residential Treatment (male only)

Additional resources within a 20-minute walk:

- Mental Health
- Health Department



What System Changes Are Needed?

- More upstream approaches
 - Neighborhood-based programming that is culturally relevant to the area
- Addressing root causes
 - Uplifting individuals by navigating the environmental factors that increase the risk of substance use and overdose
- Engagement
 - Empowering disadvantaged communities through the civic engagement process to advocate for policy changes



Limitations on Use

- The infographic feature requires an ArcGIS Community Analyst or Business Analyst subscription
 - Working on a census tract-level infographic for communities that do not have ArcGIS tools
- Analysis function requires an ArcGIS Online or Pro account



Contact Information



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Public Health Analyst
CDC Foundation
dgering@midwest-hidta.gov



LinkedIn





Establishing a Shared Understanding Across Sectors to Prevent Overdose

Sonia Berdahl



DEVELOPING A SHARED UNDERSTANDING

Overdose Topics

Community
Context

Partners



COLLABORATIVE DATA SHARING AND USE

Community Context

Fatal and non-fatal overdose rates

Available harm reduction services

Number of treatment beds available and clinicians who prescribe MOUD

Social determinants of health

Good Samaritan policies

Tourism or major local events

Substance-use related 911 calls and EMS responses

Community naloxone saturation

Deflection & diversion programs

Emerging drug supply trends

- **Overdose indicators and risk factors**
- **Policies**
- **Services and gaps**
- **Other**

PHAST Data Inventory Table

Key Investigation Question	How is this information typically used?	Who (name/agency) has the data to answer this question?	If data are available	If data are unavailable		Additional questions	Possible data sources to consider
			How will this data be shared with PHAST?	List potential data sources to explore	Current status or updates		
What is the opioid-involved overdose death rate in our jurisdiction?	To track cases of overdose death longitudinally	<i>Example: Chief Lee from City Fire Department</i>	<i>Example: Chief Lee will present annual and monthly data at each PHAST meeting using simple data presentation.</i>			<i>Example: Is it possible to examine data by age group?</i>	<p>Confirmed: State Unintentional Drug Overdose Reporting System (SUDORS), which captures detailed information on toxicology, death scene investigations, route of administration, and other risk factors that may be associated with a fatal overdose</p> <p>Local and state health departments</p> <p>Provisional: National Vital Statistics System (provisional counts for drug overdose deaths occurring within the 50 states and the District of Columbia.) The counts represent the number of reported deaths due to drug overdose occurring in the 12-month period ending in the month indicated.</p>

Indicator	Number of Overdose- (or Drug-) Related Emergency Medical Service (EMS) Dispatches and/or 911 Calls
Key Investigation Question	2,3
Stratification	Geography (county, zip code, or census tract)
	Demographics (age, race, ethnicity, and sex)
	Transport vs. Refusal to transport
Definition	Number of overdose- or drug-related dispatches (can be a percent of all EMS dispatches)
Suggested Use	This can be used as an indicator of where, when, and among whom overdoses have occurred in a community.
Reporting Frequency	Weekly or monthly
Rationale or Why We Care about this Data	This is an indicator of 1) the worsening or improvement of the crisis during a designated time period, and 2) how first responders are engaged in preventing fatal overdoses.
	If available, transports to the hospital and the disposition of the individuals in emergency situations can also be reported to communicate the number of lives saved. This may assist in the development of more timely emergency response interventions.
Suggestions for Securing Data	Partner with local first responder agencies (fire department, police department, and EMS) or a local or state government agency that manages EMS.
	ODMAP (Overdose Detection Mapping Application Program) provides near real-time suspected overdose surveillance data for jurisdictions. Go to http://www.odmap.org/#agency to see if there is a participating agency in your jurisdiction.
Possible Data Sources	Municipal EMS, police, and fire departments
	Local state/health departments that may have an existing relationship with EMS agencies or other state agencies that have provided this data
Data Owners	Municipal EMS agencies
	Local or state health department
Suggestions & Limitations in Interpreting this Data	Not all drug-related EMS dispatches/911 calls will be related to opioid overdoses. However, they can be a good approximation of where, when, and among whom overdoses have occurred. Sometimes there is available disposition data or notes from the scene that may be useful for epidemiological or prevention purposes (i.e., person thought he/she was using cocaine but it was laced with fentanyl, person was arrested upon EMS arrival or after transport to the hospital, or naloxone was used as a way to rule-out an opioid overdose.)
	Certain demographics may not be included, such as race and ethnicity

PHAST Supplemental Resource: Basic Drug Use Epidemiology Guide

The Epi Guide provides an overview of key overdose and substance-use indicators; key data investigation questions; suggestions on how to secure, analyze, and stratify data; possible data sources; examples; and references.

[Designed PHAST-Epi-Guide 9.22.2022.pdf](#)

CDC and CDC Foundation Overdose Prevention Indicators Project

This project aims to:

1. Identify indicators to evaluate the impact of overdose prevention work in a standardized way.
2. Develop a toolkit that includes resources and training materials to support users' ability to collect, monitor, and evaluate overdose indicators and use the data for program improvement.

Which of the following data sources does your health department currently have access to?

(State and local combined, N=85)

Most common

- Coroner or medical examiner data (80%)
- Emergency Department surveillance data (75%)
- Vital records (74%)
- Naloxone dispensing or distribution data (73%)

Least common

- Electronic health record data (30%)
- Other survey data (27%)
- Court system data (21%)
- Jail or prison recovery programs data (20%)



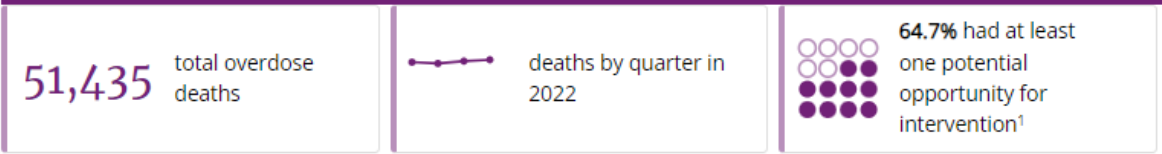
EXISTING DATA RESOURCES

Publicly available national data sets to consider while developing community context

CDC: Nonfatal and Fatal Overdose Dashboards

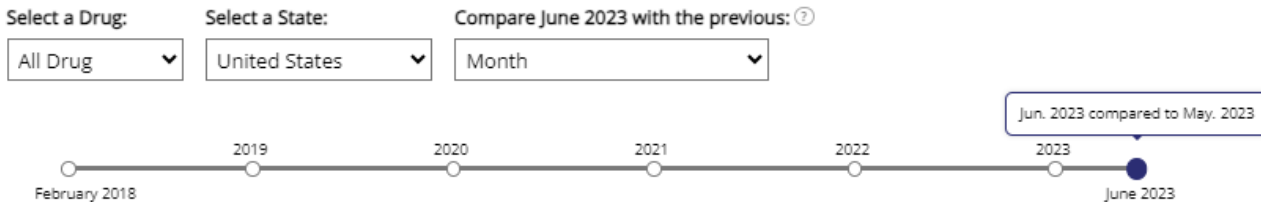
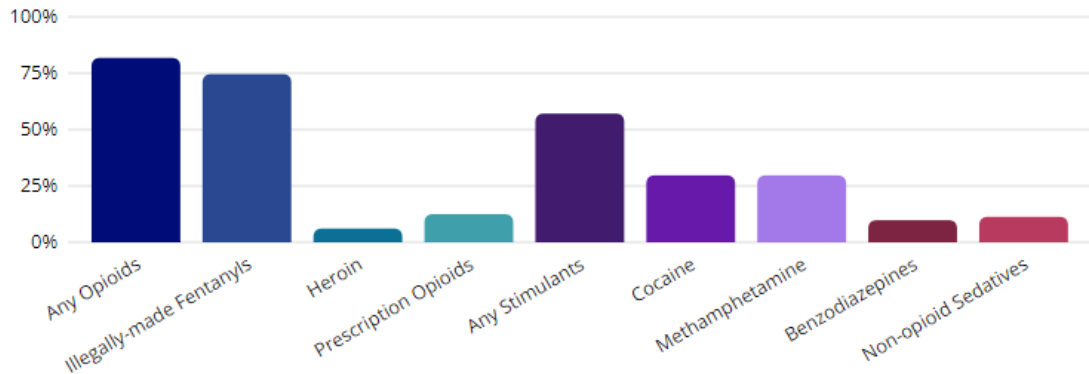
DOSE & SUDORS

2022 Data Summary at a Glance, Overall (30 jurisdictions)

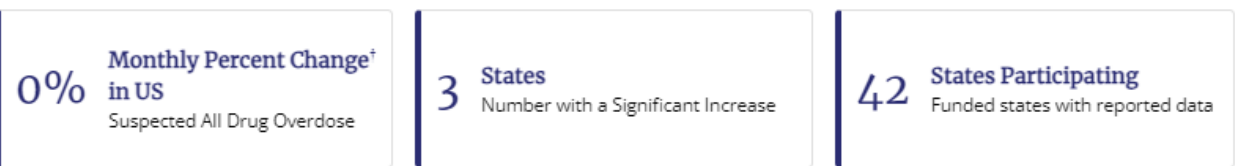


Percentages⁹ of overdose deaths involving select drugs and drug classes in 2022, Overall (30 jurisdictions)

81.8% of deaths involved at least one opioid and 57.1% involved at least one stimulant. Illegally-made fentanyl was the most commonly involved opioids. The most common stimulant involved in overdose deaths was cocaine.

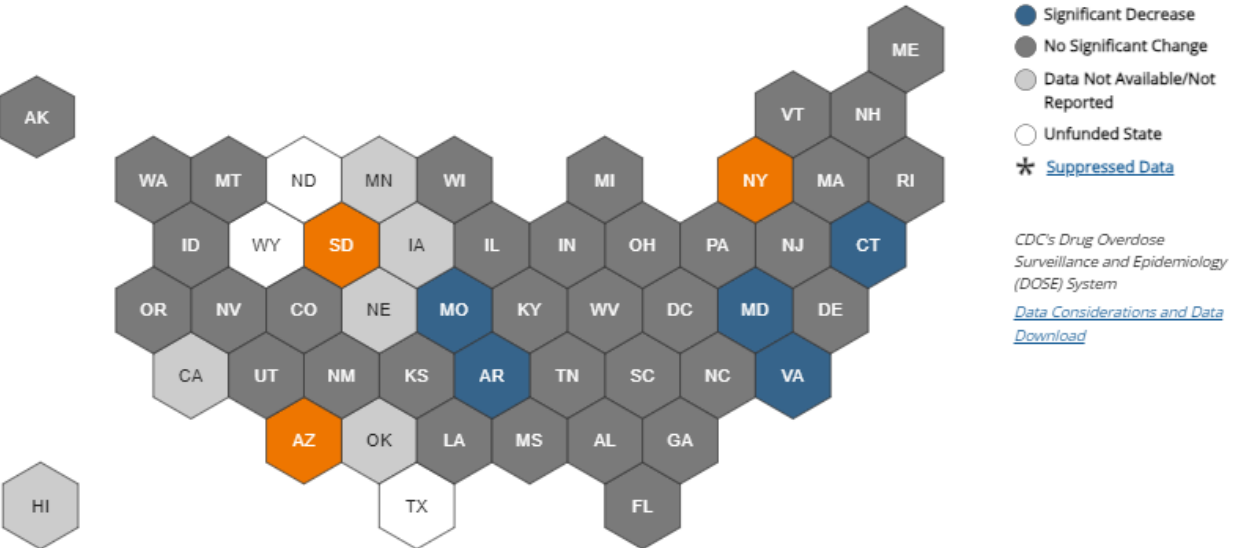


Trends in Emergency Department (ED) Visits Suspected All Drug Overdoses



Monthly percent change in ED visit rates[†] of suspected All Drug overdoses

Click on a state to see more.



CDC's Drug Overdose Surveillance and Epidemiology (DOSE) System

[Data Considerations and Data Download](#)

National Association of State EMS Data



Nonfatal Drug Overdose Surveillance Dashboard

February 5, 2023 – February 4, 2024

EMS Data Updated On: February 16, 2024



Nonfatal Any/All Overdoses Involved in Motor Vehicle Crashes 4,855

Select Time Period: Select Jurisdiction: Select Level of Geographic Detail: Select Suspected Drug Involvement: Select a Measure:

Average EMS Time to Patient 12.6 minutes (+0.4%)	Number of Nonfatal Overdoses 513,668 (-7.3%)	Rate of Nonfatal Overdose 160.7 (-7.3%)	Number of Naloxone Administrations 223,841 (-5.4%)	Percent of Patients Receiving Naloxone 43.6% (+2.1%)	Patients Not Transported 21.6% (+7.5%)
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Top Jurisdictions

Rate of Nonfatal Overdose per 100k Population

District of Columbia

Oregon

Vermont

Connecticut

Nevada

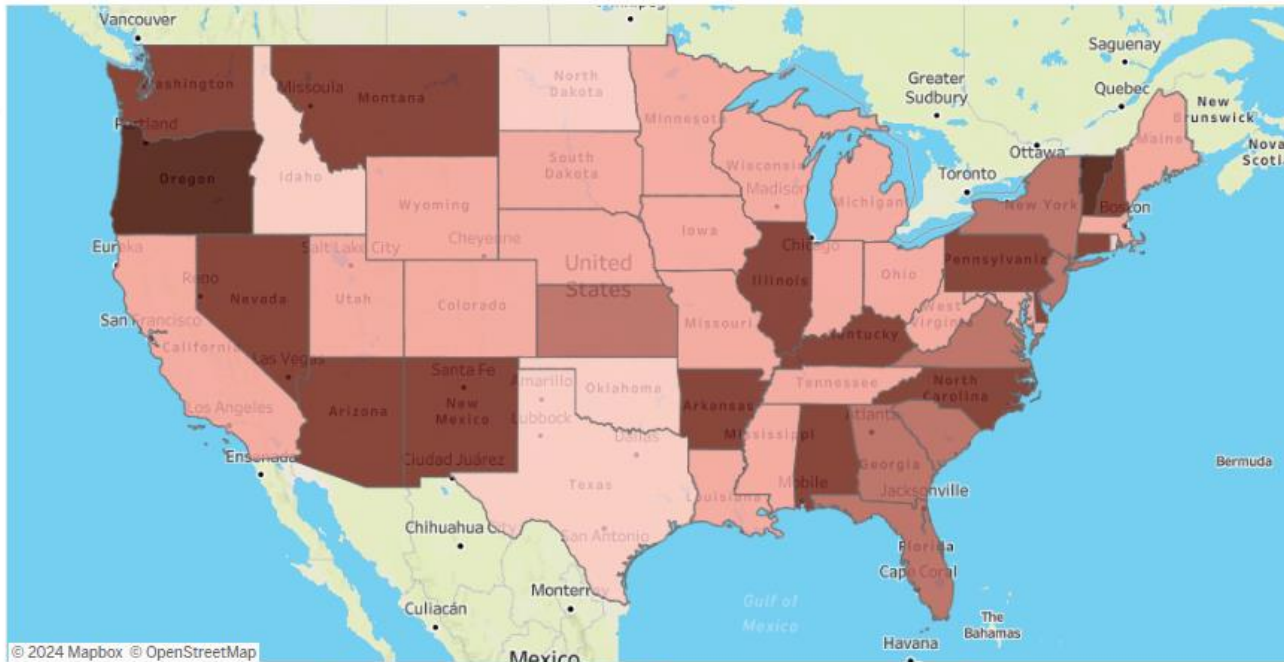
New Mexico

New Hampshire

Arkansas

North Carolina

Alabama



© 2024 Mapbox © OpenStreetMap



Top Counties

Rate of Nonfatal Overdose per 100k Population

Bradley, Arkansas

Galax city, Virginia

Menominee, Wisconsin

Swain, North Carolina

McKinley, New Mexico

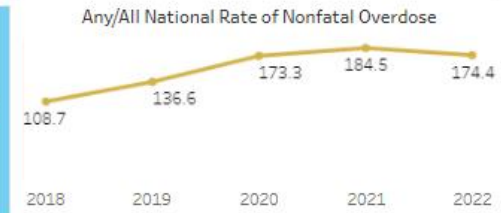
Mahnomen, Minnesota

Martinsville city, Virginia

District of Columbia, District of Columbia

Multnomah, Oregon

Surry, North Carolina



Naloxone Finder Databases

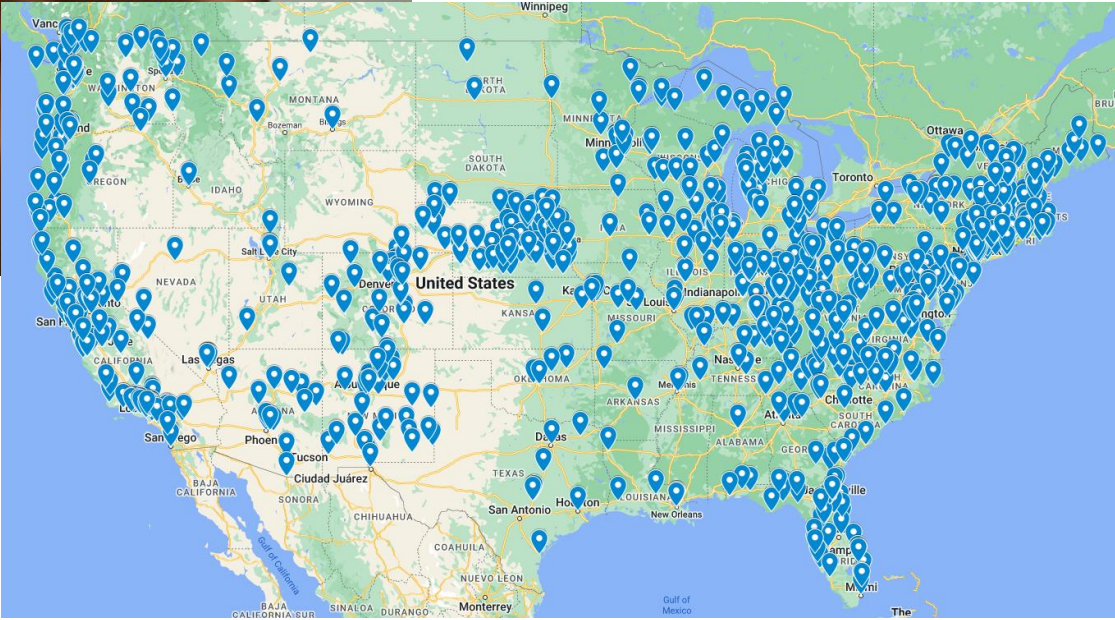
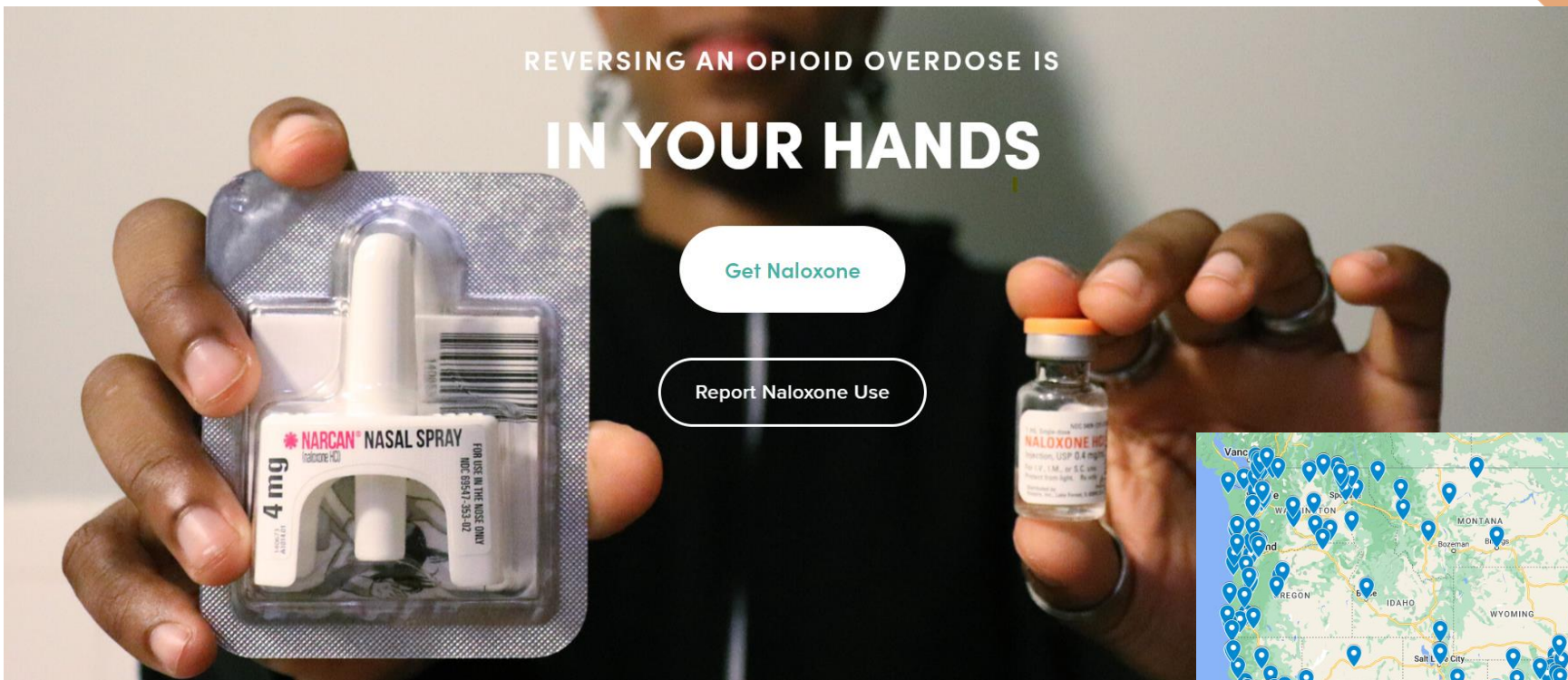
REVERSING AN OPIOID OVERDOSE IS

IN YOUR HANDS

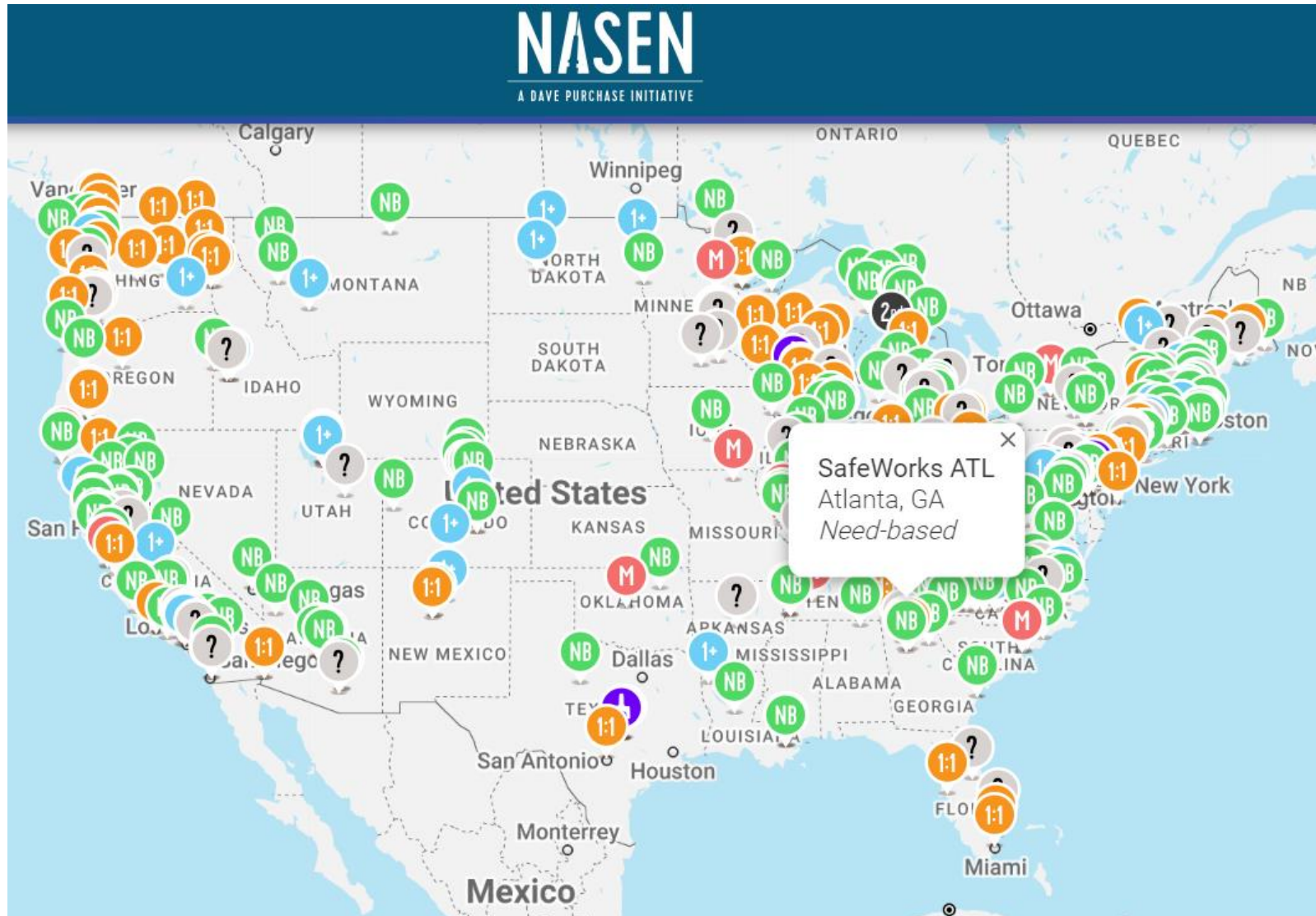
Get Naloxone

Report Naloxone Use

**NATIONAL
HARM REDUCTION
COALITION**

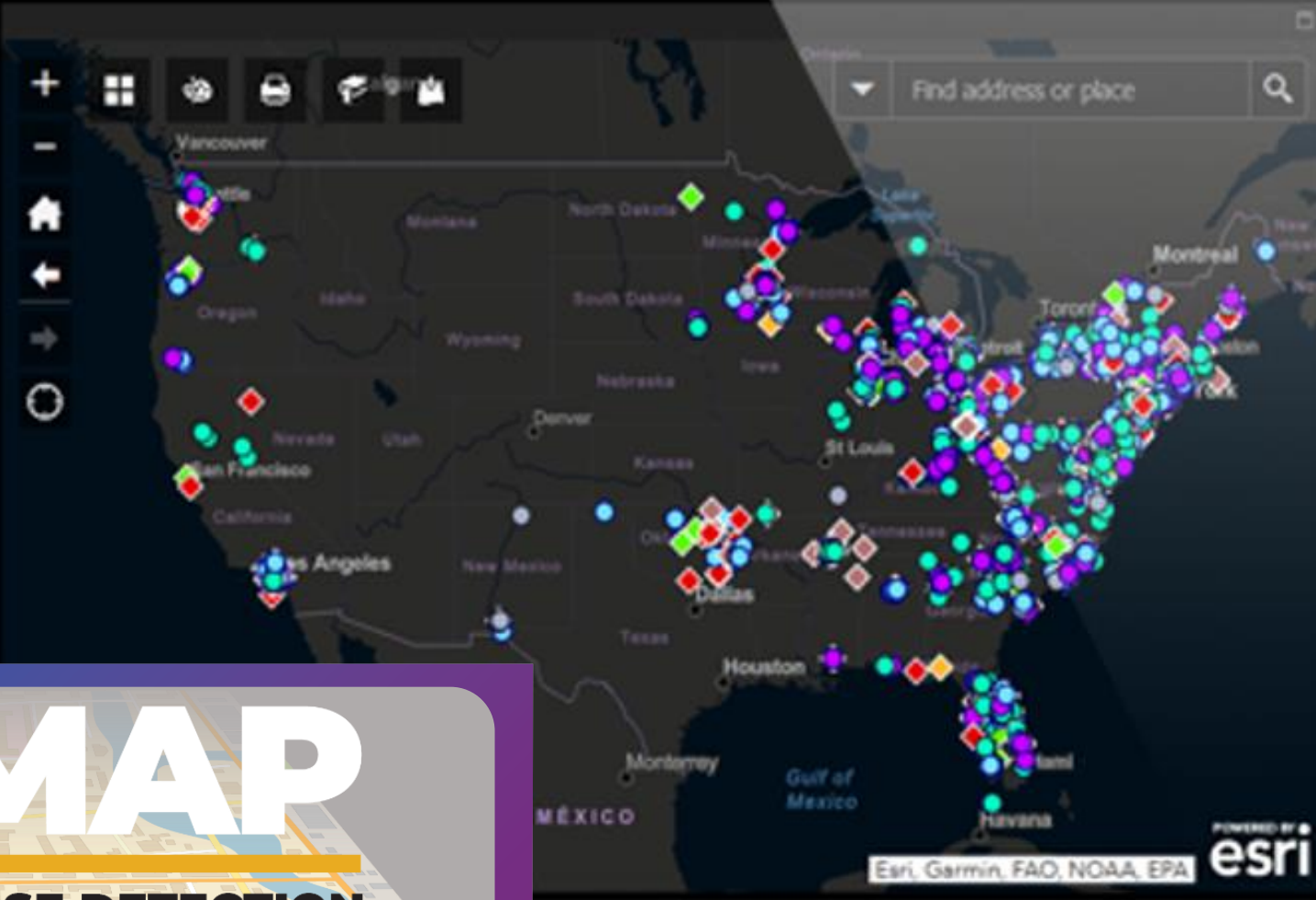


North American Syringe Exchange Network



Legend Layer List

- ### Suspected Overdoses
- Fatal: No Naloxone
 - Fatal: Single Dose Naloxone
 - Fatal: Multiple Doses Naloxone
 - Fatal: Naloxone Unknown
 - Non-Fatal: No Naloxone
 - Non-Fatal: Single Dose Naloxone
 - Non-Fatal: Multiple Doses Naloxone
 - Non-Fatal: Naloxone Unknown
 - Unknown



Filters

Suspected Overdoses

Select States
0 selected
Select a state or multiple states from the drop-down list

Select Counties
0 selected
Selecting a state first will limit this list to just the counties in the selected state that have data submitted!

Incident Date and Time is between
[] and []

Incident Date and Time is in
this quarter

Fatal?
 Both Fatal and Non-Fatal
 Show only Fatal
 Show only Non-Fatal

Naloxone Administered?
 Show All Naloxone Incident Types
 Yes

ODMAP

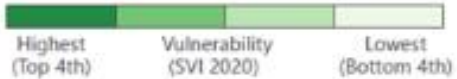
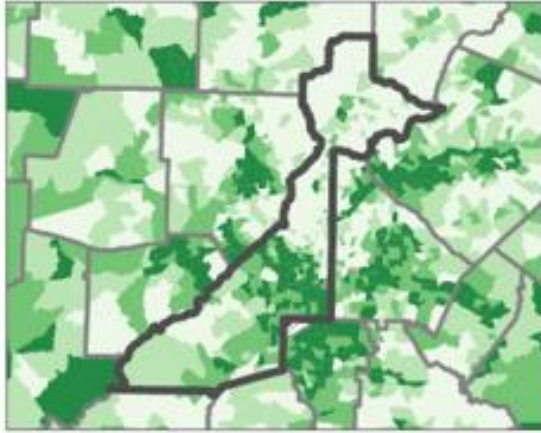
OVERDOSE DETECTION
MAPPING APPLICATION PROGRAM

Fatal	Naloxone
1,020	6,109

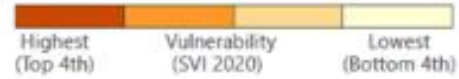


CDC/ATSDR SVI Themes

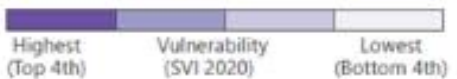
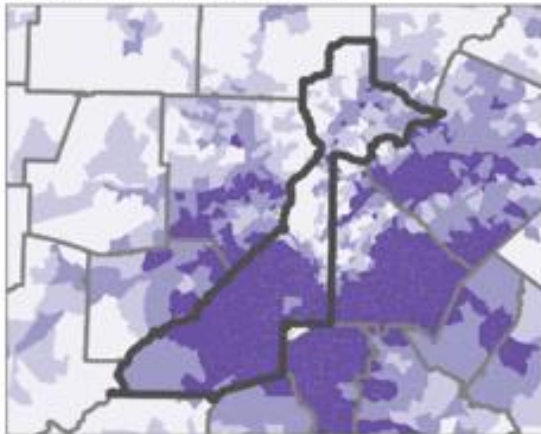
Socioeconomic Status



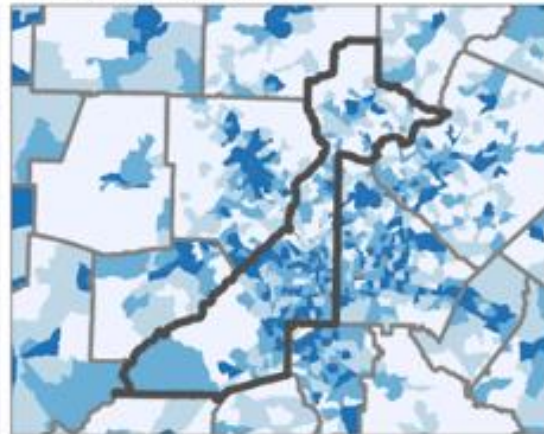
Household Characteristics



Racial and Ethnic Minority Status

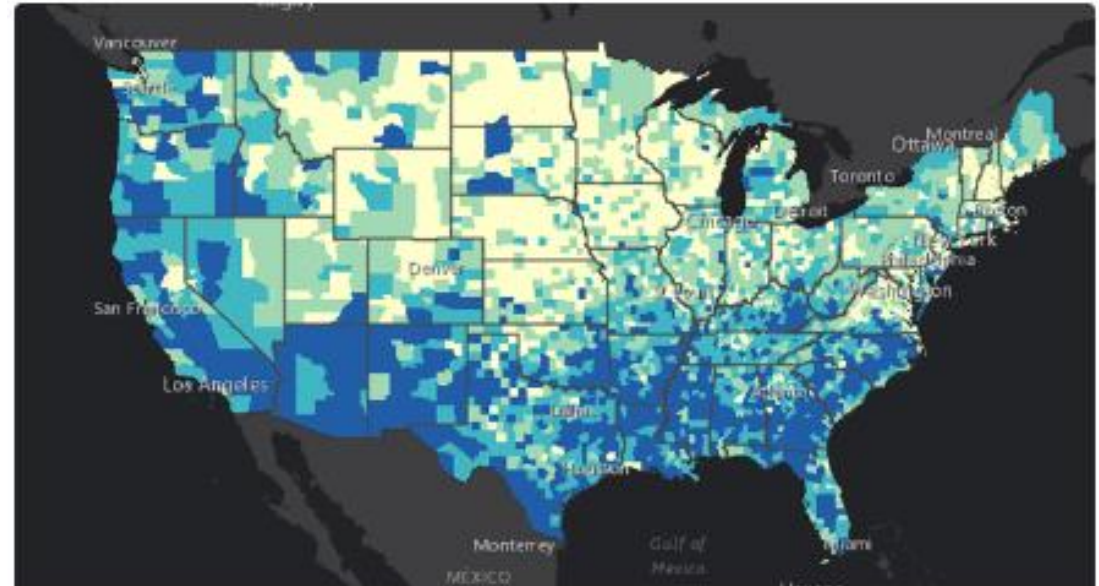


Housing Type/Transportation



Maps show the range of vulnerability in Fulton County, Georgia for the four themes

Social Vulnerability Index



Explore the CDC/ATSDR SVI Interactive Map

[CDC/ATSDR Social Vulnerability Index \(SVI\)](#)



Existing Services and Gaps

Voices of lived and living experiences are critical to developing a shared understanding

PHAST Supplemental Resource: Participatory Methods Matrix & Activity

STORYTELLING

COMMUNITY
MAPPING

CAPACITY
INVENTORIES

COMMUNITY
CONVERSATIONS

RISK RANKING

Participatory Method Name	Level of Complexity	Facilitation Considerations	Description of Participatory Method	Examples of Public Health and Safety-Specific Objectives this Method Could Address	Participatory Features	Resources Required
Participatory Methods for Data Gathering						
Overarching User Objective for Method: Understanding Personal Perspectives and Experiences of Members of Affected Communities						
Storytelling	Low	This is an accessible, low-tech, and easy to implement exercise. Moderators should be careful to keep the discussion at an impersonal level and focused on photos or visual prompts.	Storytelling is a tool that can be used to understand how people think about and understand a certain topic without getting into their personal stories. Photos may be used as prompts to guide the discussion. Participants are asked to tell a story about what is happening in the photo or other visual prompt, as well as to share other reactions.	<ol style="list-style-type: none"> 1. Understand typical beliefs, norms, or stigmas surrounding drug use among a community. 2. Understand attitudes towards public health or public safety personnel. 3. Identify the language used to describe various beliefs or processes. 	Storytelling is an interactive process that can engage community members in dialogue and data gathering efforts, as it is fairly unstructured. It centers the knowledge and understanding of community voices.	<ul style="list-style-type: none"> • People with lived experience/ members of affected communities • Moderator • Facilitation guide/ script • Visual prompts • Note-takers or resources to record and transcribe conversations

Key Takeaways

- Shared understanding is developed through learning about overdose, our community, and our partners.
- Community context is made up of many factors; incorporate any data that is relevant to your community.
- There are some national data sets that I shared, but there is much more nuanced data available at the state and local level through your partners.
 - Reach out to Overdose Response Team in your state. [ORS-Teams \(orsprogram.org\)](https://orsprogram.org)
- Consider participatory methods of data collection that are more interactive and engage people with lived experience.



The image shows the front of a white ambulance. The word "AMBULANCE" is visible on the hood in a stylized font. The vehicle's headlights and grille are prominent. The image is overlaid with a semi-transparent blue and orange graphic consisting of several overlapping shapes, including a large orange shape at the top right and a blue shape at the bottom left. The overall lighting is dim, suggesting an indoor or nighttime setting.

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Institute of Data
and Analytics

SRDDRC Southern Regional Drug Data
Research Center (DDRC)

Introduction & Overview Regional Drug Intelligence

March 5, 2024

Dr. Joshua C. Eyer
Director, SR-DDRC
Institute of Data & Analytics
Culverhouse College of Business
University of Alabama

Site Information

- **County:** Tuscaloosa
- **City, state:** Tuscaloosa, Alabama
- **Year started:** 2022
- **Estimated number of overdose deaths per year:** 43,820
- **Size of jurisdiction:** 17 states
- **Funding sources:** Bureau of Justice Assistance

Recommendation

- Greater access to improved drug-data intelligence for a broad group of stakeholders, particularly public safety and public health decision makers
- When recommendation was identified: 2022
- When recommendation was implemented: 2022 and in progress

Principle Investigators



Jason Parton, PhD
Associate Professor &
IDA Director



Matthew Hudnall, PhD
Associate Professor & IDA
Deputy Director



Dwight Lewis, PhD
Associate Professor &
IDA Associate Director



Jim Cochran, PhD
Professor

Key Personnel



Joshua Eyer, PhD
DDRC Director



Hailah Said, MPA
DDRC Manager



Trent Gooden, MS
IDA Director of
Systems & Data
Engineering



Zach Cannon, BS
IDA Director of
Data Management



Amanda Cox, PhD
Data Scientist



Institute of Data and Analytics

Key National Problem: Data Disconnection

- Opioid response efforts must be data-driven
- But opioid data is often:
 - Siloed in different locations
 - Difficult to access
 - Difficult to interconnect
 - Restricted in detail/information
- As a result, limited in value for use



Funding

Funding Opportunity (FO) Purpose:

- Develop a drug data research center serving a region of the USA
- Make it accessible
- Teach people how to use it and replicate it



The screenshot shows the top navigation bar of the Bureau of Justice Assistance (BJA) website. The BJA logo is on the left, and the navigation menu includes 'About', 'News', 'Topics', 'Programs & Initiatives', 'Funding & Awards' (which is highlighted), 'Library & Multimedia', and 'Events'. A search bar is located on the right. Below the navigation, the breadcrumb trail reads 'Home / Funding & Awards'. The main heading is 'FY 2022 Drug Data Research Center to Combat the Opioid Crisis'. The opportunity details are as follows:

- Opportunity ID:** O-BJA-2022-171350
- Solicitation Status:** Closed
- Fiscal Year:** 2022
- Closing Date:** July 18, 2022
- Posting Date:** May 19, 2022
- Solicitation Type:** Competitive
- Grants.gov Deadline:** July 12, 2022, 8:59 pm Eastern
- Application JustGrants Deadline:** July 18, 2022, 8:59 pm Eastern

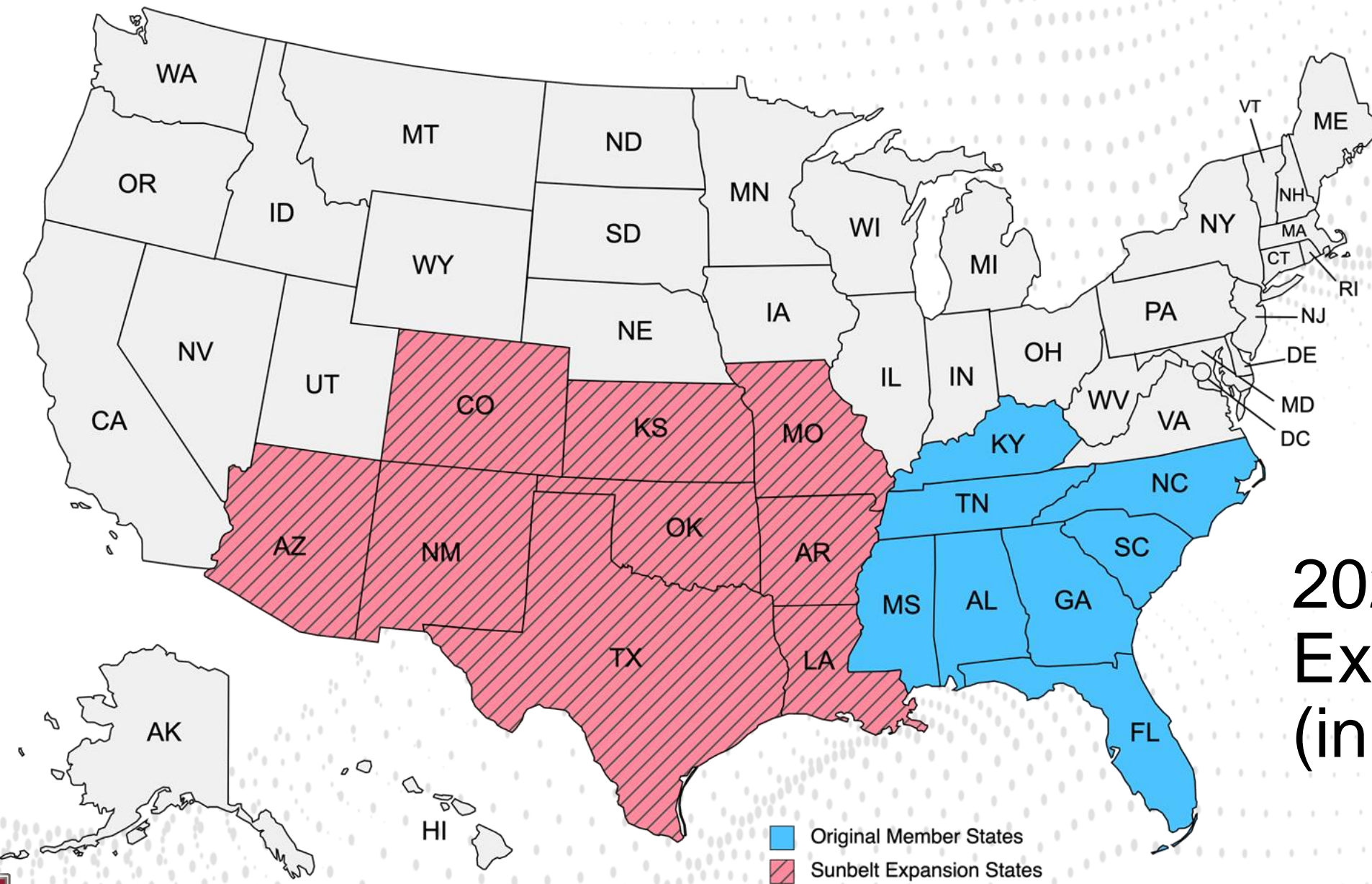
On the right side of the page, there is a vertical list of links: 'Available Funding', 'Past Funding', 'Funding Awards', 'Successful Applications', 'NEPA Guidance', and 'Performance Measures'.

SRDDRC Overview

The Institute of Data Analytics (IDA) has been tasked with developing an extensible data framework to assist with drug misuse in the Southeast Region of the United States. To do so, we initially established the Southeast Regional Drug Data Research Center (SR-DDRC).

- **Funding Agency:** United States Department of Justice, Bureau of Justice Assistance
- **Award Amount:** \$3,536,058
- **Initial Service Area:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee





2023 Expansion (in red)

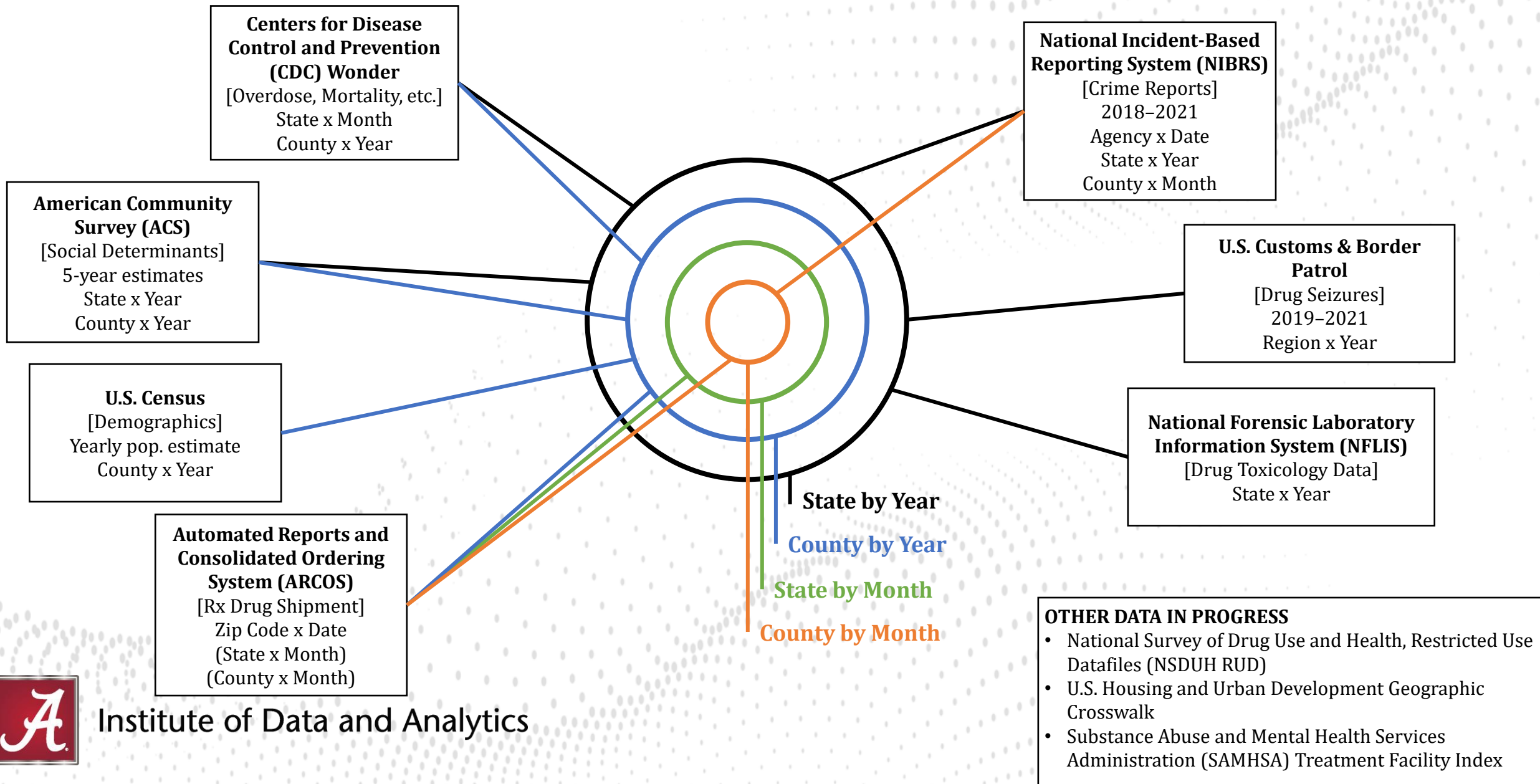


Primary Objectives

1. **Establish a drug data repository** that includes data from the key member states of **AL, FL, GA, KY, MS, NC, SC,** and **TN** to produce and disseminate web-based, real-time, actionable multisector drug data.
2. **Develop resources for other regions** proactively wanting to build field knowledge and capacity in drug misuse and abuse by creating a regional DDRC.
3. **Promote the analytic human capital among stakeholders** in the government workforce, community, and other sectors involved in investigations to combat drug misuse and abuse.
4. **Develop and implement a systemic research protocol** for SR-DDRC so that research scholars can conduct policy-relevant analyses using stakeholder data to assist in combating drug misuse and abuse.



DDRC Public Data Structure



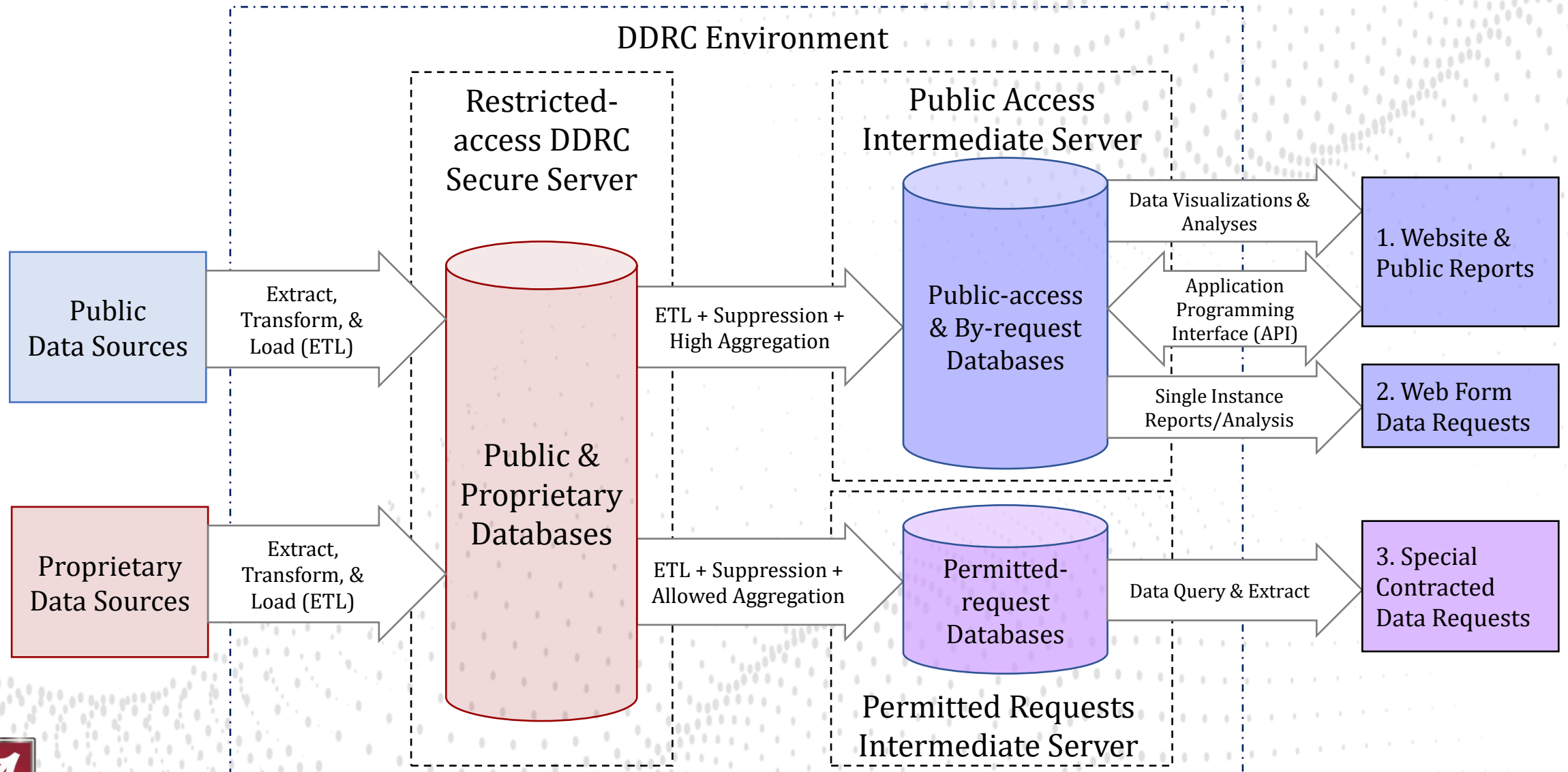
Targeted Factors and Variables

Sources: CDC, National Emergency Medical Services Information System (NEMSIS), Uniform Crime Report (UCR)/National Incident-Based Reporting System (NIBRS), Census, American Community Survey (ACS), etc.

1. Demographic Factors (e.g., sex, gender, geographic location)
2. Sociodemographic Factors (e.g., education, income)
3. Drug-related Medical Data (e.g., relevant diagnoses, treatments)
4. Crime Data (e.g., arrests, seizures)
5. Health Outcomes (e.g., overdose mortality, documented health events)
6. Social Determinants of Health Data (e.g., housing insufficiency, food insufficiency)
7. Risk & Protective Factors (e.g., household size, marital status, health insurance)
8. Comorbid Health Conditions (e.g., BMI, blood pressure, mental health diagnoses)
9. Economic Data (e.g., health care costs, street prices)



SOUTHERN REGIONAL DDRC DATA FLOW DIAGRAM



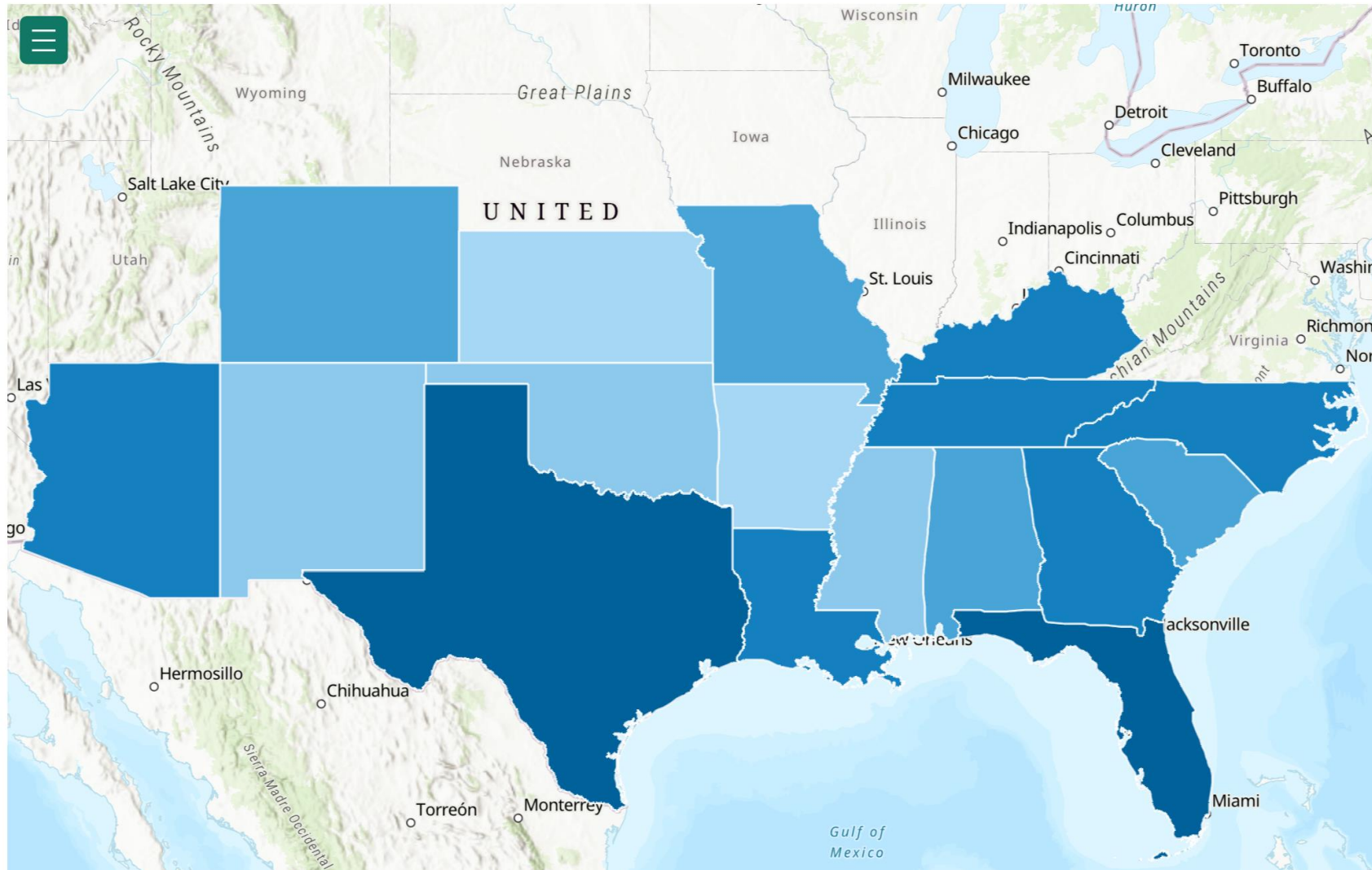
Levels of Access

1. Publicly accessible dashboard and data tables
(rigorously deidentified and aggregated)
2. DDRC-generated analyses and data tables
3. Restricted access datasets (permissions required)

Special Data: Needs analysis and evaluation



DDRC State Dashboard



Metric

- All Drug Overdose Deaths Total
- All Drug Overdose Deaths Rate
- Opioid Dispensed Rate
- Opioid-Related Drug Overdose Deaths ...
- Opioid-Related Drug Overdose Deaths ...

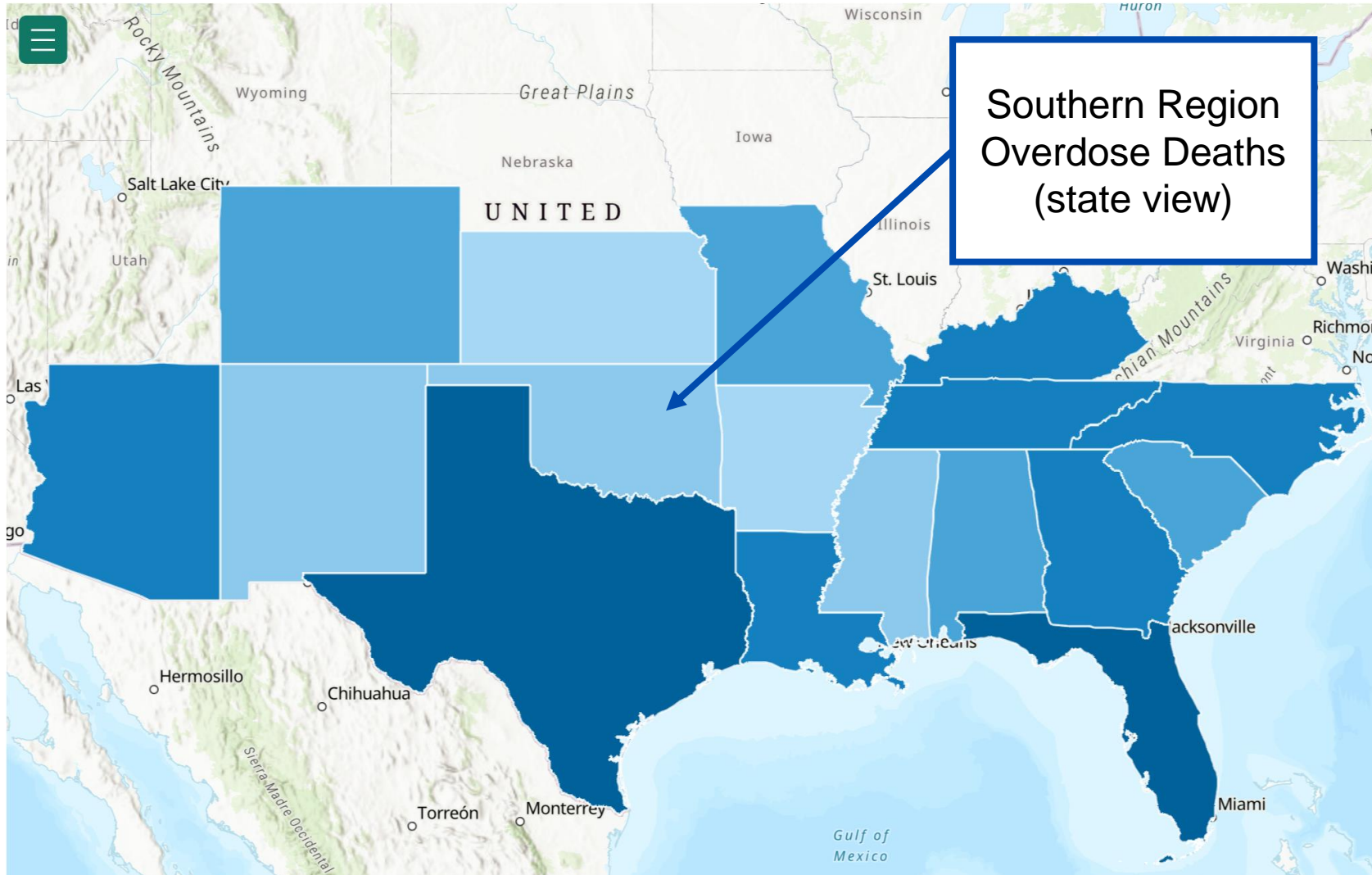
Arkansas	Louisiana	South Carolina
Colorado	Mississippi	Tennessee
Florida	Missouri	Texas
Georgia	New Mexico	

County

All



DDRC State Dashboard



Metric
All Drug Overdose Deaths Total

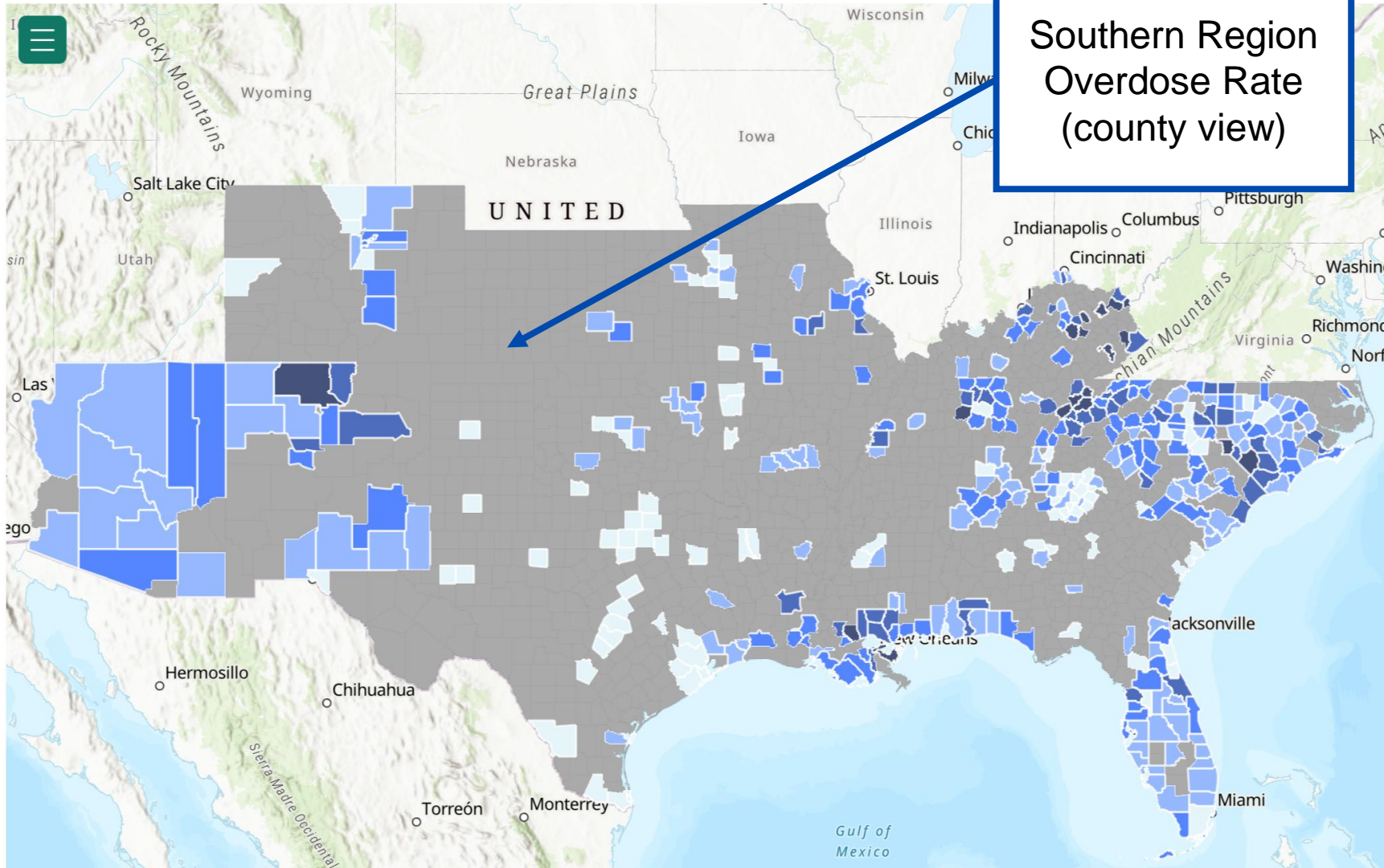
Year
2021

State

Alabama	Kansas	North Carolina
Arizona	Kentucky	Oklahoma
Arkansas	Louisiana	South Carolina
Colorado	Mississippi	Tennessee
Florida	Missouri	Texas
Georgia	New Mexico	

County
All





Southern Region
Overdose Rate
(county view)

Metric

All Drug Overdose Deaths Rate

- All Drug Overdose Deaths Rate
- All Drug Overdose Deaths Total
- Opioid Dispensed Rate
- Opioid-Related Drug Overdose Death...
- Opioid-Related Drug Overdose Death...

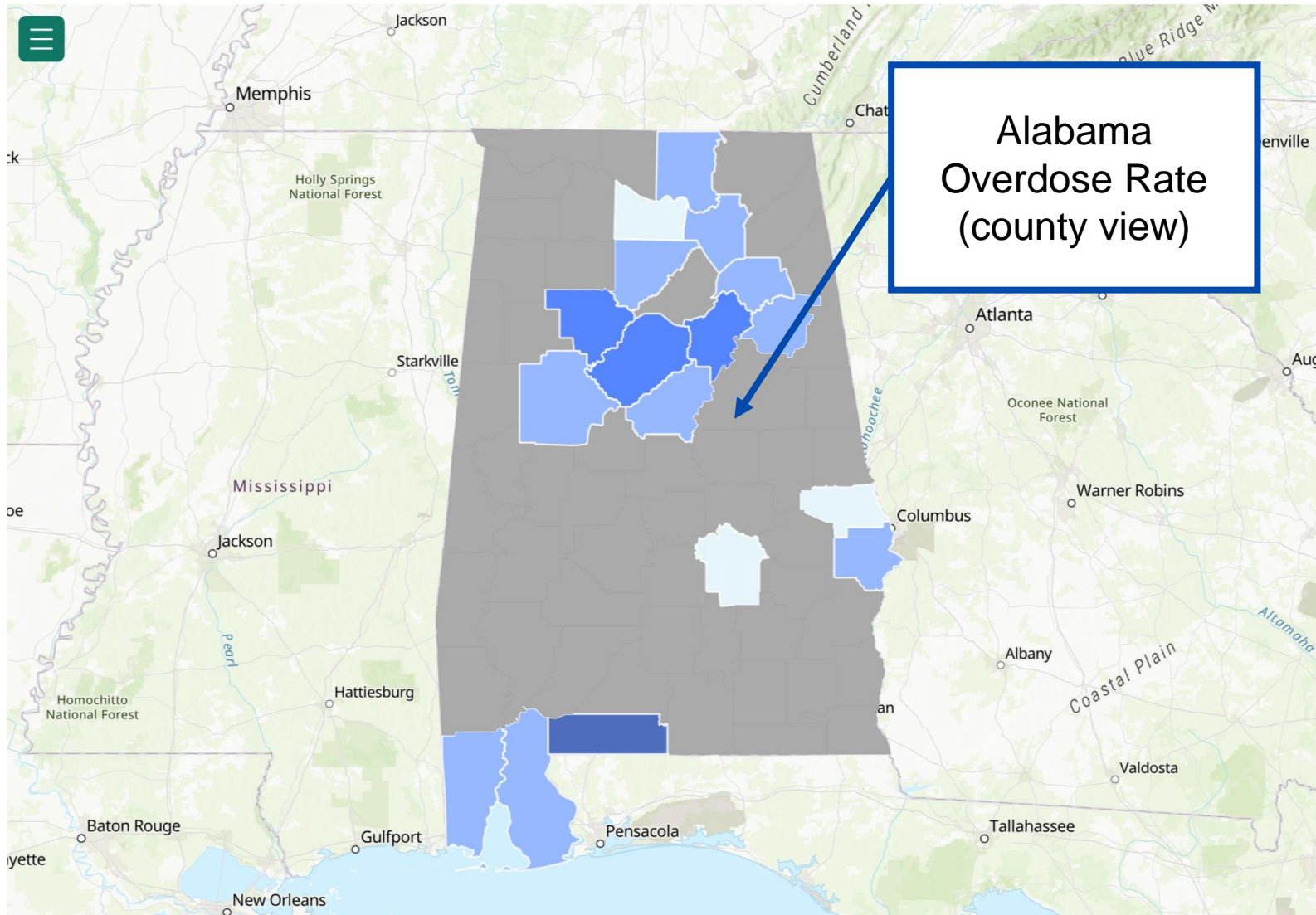
Arkansas	Louisiana	South Carolina
Colorado	Mississippi	Tennessee
Florida	Missouri	Texas
Georgia	New Mexico	

County

All



DDRC State Dashboard



Metric

All Drug Overdose Deaths Rate

Year

2021

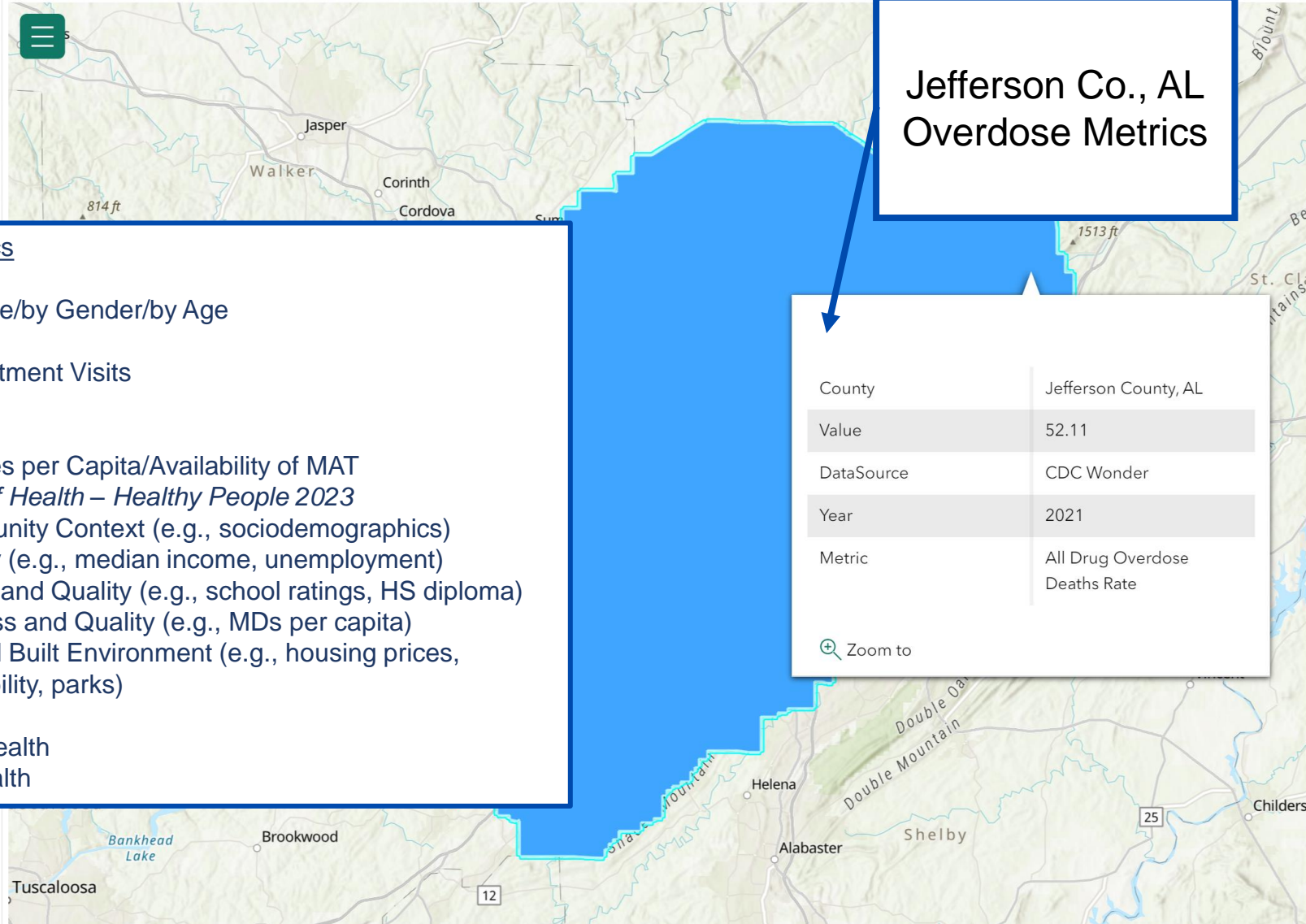
State

Alabama	Kansas	North Carolina
Arizona	Kentucky	Oklahoma
Arkansas	Louisiana	South Carolina
Colorado	Mississippi	Tennessee
Florida	Missouri	Texas
Georgia	New Mexico	

County

All





Jefferson Co., AL
Overdose Metrics

Metric

All Drug Overdose Deaths Rate

Year

2021

State

Alabama

County

Jefferson County, AL

- Other Proposed Metrics
- Demographics*
- Population/by Race/by Gender/by Age
- Opioid Metrics*
- Emergency Department Visits
 - Hospitalizations
 - Prescriptions
 - Treatment Facilities per Capita/Availability of MAT
- Social Determinants of Health – Healthy People 2023*
- Social and Community Context (e.g., sociodemographics)
 - Economic Stability (e.g., median income, unemployment)
 - Education Access and Quality (e.g., school ratings, HS diploma)
 - Health Care Access and Quality (e.g., MDs per capita)
 - Neighborhood and Built Environment (e.g., housing prices, availability, walkability, parks)
- Health*
- Global Physical Health
 - Global Mental Health



Impact

- Unprecedented access to comprehensive data center
- High-value interconnection of multifactor datasets
- New capacity to visualize multistate regions and patterns
- Increased insight through regional data-driven intelligence
- High-level regional strategy network for public sector responses
- Special research opportunities
- Stronger relationships with regional groups and leaders
- New resources for creation of data centers



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Thank you for your attention!

For more information, contact:

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Hailah Said, DDRC Manager: hsaid@ua.edu

Dr. Amanda Cox, DDRC Data Scientist: acox33@cba.ua.edu



Laura Kollar

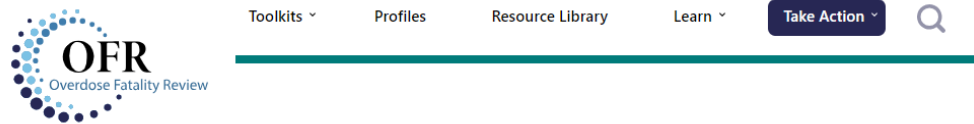
Health Equity Officer/Senior Health Scientist, Division of Overdose Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Additional Support Available!



OFR Email Exchange

- Great way to network with your peers!



OFR Message Exchange Sign-Up

The OFR message exchange is a platform for those involved in Overdose Fatality Reviews to engage with one another. Enrollment in this message exchange is by permission only, and the [terms of use](#) apply.

The fields marked with the * are required.

First Name*

Last Name*



Training and Technical Assistance (TTA) Request

- Expertise is available to support your OFR efforts
- We are here to help you troubleshoot day-to-day challenges as they arise



Training and Technical Assistance Request

Regardless of funding source, anyone can request OFR training and technical assistance. Expertise is available to support the expansion and development of overdose fatality review (teams) through a variety of formats, including but not limited to:

- Host one-on-one calls to troubleshoot day-to-day challenges
- Identify available resources and materials
- Connect TTA requestor to peers in the field
- Present to team or meeting attendees
- Convene professionals to address a need
- Facilitate virtual meetings and workshops



OFR Mentor Site Opportunities



- The purpose of the Overdose Fatality Review (OFR) Mentor Program is to elevate, communicate, and leverage OFR promising practices while building bridges between nascent teams and those with demonstrated success. The OFR Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers
- Interested sites can apply here

A flyer titled "Overdose Fatality Review Peer Mentor Site Opportunities". It includes a description of the program's purpose, a list of activities in a typical OFR mentee experience, and a QR code for application. The flyer also features the OFR logo and the BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program logo.

Overdose Fatality Review

Peer Mentor Site Opportunities

The purpose of the Overdose Fatality Review (OFR) Peer Mentor Program is to elevate, communicate, and leverage OFR best promising practices, while building bridges between nascent teams and those with demonstrated success. The OFR Peer Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers.

OFR Peer Mentee Application

OFR peer mentor participants are matched to an experienced mentor site program that provides consultation and support through direct communication and a virtual* OFR site visit, to see first-hand how OFRs work in practice.

A typical OFR mentee experience will include:

- One-hour introductory call at least one week before the OFR virtual site visit
- Two-hour OFR observation
- One-hour post review discussion call at least one week after the OFR virtual site visit
- Facilitated discussions with one or two OFR members as requested by peer mentee
- Feedback to IIR by both mentor and mentee about their experience

(*Note: In-person virtual site visits are on hold during the COVID-19 response.)

Request a virtual site visit by completing this online form. (http://s.ilr.com/OFRSite_Visit)

OFR
Overdose Fatality Review

BJA's
Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program