

**Implementing Project Lazarus in North Carolina:
Lessons Learned From the
Project Lazarus Model**


**A Two-Part Webinar on Lessons Learned from Implementing Project Lazarus in
North Carolina - A Clinical and Community Based Intervention to Prevent
Prescription Drug Overdose**

**Dates: May 11 and June 29, 2015
Time: 2:00-3:30 PM Eastern Time**

Meeting Orientation Slide

- If you are having any technical problems with the webinar please contact the Adobe Connect hotline at 1-800-416-7640 or type it into the Q&A box.
- For audio, listen through computer speakers or call into the phone line at 866-835-7973.
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www.ChildrenSafetyNetwork.org 2



Part 1: THE COMMUNITY-BASED (“BOTTOM-UP”) COMPONENTS OF THE PROJECT LAZARUS MODEL

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LESSONS LEARNED from Project Lazarus

HOSTS

- UNC Injury Prevention Research Center (IPRC)
- Society for Advancement of Violence and Injury Research (SAVIR)
- SOUTH TO SOUTHWEST, S2SW Injury Prevention Network
- Child Safety Network (CSN)

SPONSORS

- Centers for Disease Control and Prevention (CDC)
- Kate B. Reynolds Charitable Trust
- NC Office of Rural Health and Community Care
- Community Care of North Carolina (CCNC)

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4



Kate B. Reynolds Charitable Trust



"...Mrs. Reynolds was interested in the community and played an active role in addressing issues that affect quality of life for all..."

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Our Commitment to Rural Communities



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Why Project Lazarus?

- Better coordination
- Multi-player approach is key
- Track record working with community members



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Centers for Disease Control and Prevention

- **Karin Mack, PhD**
Science Advisor



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9

Webinar Goals – Part 1

1. Review of the **Project Lazarus model**
2. Rationale for presenting a **“lessons learned”** webinar
3. Examples of lessons learned from the community-based (bottom-up public health) components of Project Lazarus
 1. **What worked**
 2. **What didn't work**
 3. **Solutions or alternative approaches**
4. Discussion among webinar participants as to how to implement components of Project Lazarus elsewhere

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UNC Injury Prevention Research Center

- **Christopher Ringwalt, DrPH**
Senior Scientist



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THE PROJECT LAZARUS MODEL

THE HUB (bottom-up):
mandatory, prerequisite components supporting all other activities

THE SPOKES (top-down):
optional areas of evidence-based and innovative prevention activities that communities can select



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12

THE HUB – Public Awareness

Public Awareness is particularly important because there are widespread misconceptions about the risks of prescription medication misuse and abuse. It is crucial to build public identification of prescription medication overdose as a community issue, as overdose is common in the community among all population groups, and that we can prevent, intervene and treat this issue.

"Prescription medication: take correctly, store securely, dispose properly, and never share."

Determined best success was to initiate and inform community stakeholders, presumably the ones who know their community best.

- Health Department, LE, Faith, Medical, Schools, Human Service, etc.

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16

THE HUB – Public Awareness

- **Obtain their acceptance of the reality of the issue;** their buy-in for the Project Lazarus Model and openness to allow their "people" to engage in community actions.
- Present, teach, and train community sectors for **developing strategies and action plans specific to their sector/group/organization.**
- **LESSONS LEARNED: Coalitions formed primarily with only stakeholders as Steering Committee members slowed process and implementation.** Important for coalitions to have broad based representation without the encumbrance of strictly organizational representation.

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17

THE HUB – Public Awareness

- **Local Data is one key factor in order to drive awareness:**
 - Local data **defines the reality.**
 - Provides the **scope of the problem** for the community to make direct connection to the issues.
 - Allows for **focused prevention, intervention and treatment.**
 - The magnitude of the problem has raised the awareness from the early days of 2004-2007, and this has assisted in mobilizing communities. **Personal connection that relationally resonates.**

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THE HUB – Public Awareness

- The public usually becomes more engaged if there is a personal connection/affect from the issue. Lesson learned was to provide to individual and/or organization representative of a community sector the answers to:
 - Why am I/we needed?
 - What do I/we need to know?
 - What do I/we need to do...what needs to be done?

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THE HUB – Public Awareness

- Early in the expansion process, lack of initiative in community was indicated:
 - "People have talked about doing something, but so far there isn't anyone who has really taken charge. There may be a few concerned people, but they are not influential (Health Director survey, IPRC)."
 - Leadership change issues have proven to be a hindrance within local communities and investment in their training, along with other steering committee leadership, provides for more shared responsibilities and builds in transition capabilities.
 - For every unit increase in county leadership there is a 2.7-fold increase in the odds of having community forums & workshops, after accounting for other prevention efforts and resources.
 - Community champions are essential and not provided from the "outside."
 - Well rounded and balanced action plans for prevention, intervention and treatment address the scope of the model.

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THE HUB – Public Awareness

- Community Differentiation
 - Community: rural, urban, vacation land, Military and Tribal Groups
 - Model design implementation needs to be formatted to individual community:
 - ✓ Culture
 - ✓ Environment
 - Approaches need to be strategized in order to overcome obstacles of:
 - ✓ Prejudices
 - ✓ Stigmas
 - ✓ Beliefs
 - ✓ Behaviors
 - Decisions made collectively by community coalition representation

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THE HUB – Public Awareness

- Presentation and education within a comprehensive public health approach such as Project Lazarus assists in broader acceptance of controversial methods of prevention, intervention and treatment such as naloxone and medication assisted treatment (MAT).

Local methadone clinic helps reduce Rx deaths

Journal Patriot, Wilkes County 3/12/2014 Jule Hubbard
http://www.journalpatriot.com/news/article_dbd0f6e8-aa0c-11e3-8435-001a4bcf6878.html

NC Medical Board 2008: The Board therefore encourages its licensees to abide by the protocols employed by Project Lazarus and to cooperate with the program's efforts to make naloxone available to persons at risk of suffering drug overdose."

The Fort Bragg Program

In conjunction with Project Lazarus, the Womack Army Medical Center at Ft. Bragg has initiated a multi-faceted program to address opiate dependence and to reduce potential overdoses. The program, Operation OpioidSAFE, introduces buprenorphine and naloxone.

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22

The HUB - Coalition Building/Action

- **SPEAKER:** Anne Thomas, BSN, MPA
- **BACKGROUND:** Former Health Director, Dare County, NC
- **AFFILIATION WITH PROJECT LAZARUS:** CCNC-Project Lazarus Regional Consultant

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Rural Eastern North Carolina



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Description of Rural Eastern North Carolina

- **Rural, diverse and underserved**
- Similarities:
 - Geographically large
 - Small population base
 - High poverty with limited economic opportunities
 - Pervasive and persistent health disparities
- **Each community is different in terms of:**
 - resources available
 - infrastructure
 - political environment
 - relationships and
 - community engagement
- Portal of entry to form a coalition is different in each community
- Finding one entity to establish the infrastructure of Project Lazarus Coalitions across the state has not worked

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Creating SA Coalitions in Counties- why Health Departments?

- Prescription drug misuse and overdose is a Public Health epidemic
- **Public Health mission is to protect and promote the community's health**
- Track record of community engagement and collaboration to address community health issues
- Knowledge of community resources and gaps

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Coalition Building: Money Often Drives Decision Making

Despite recognition of importance of misuse/ abuse of prescription pain medication, rural health departments and community coalitions

- Struggle with limited staffing and funding;
- Juggle competing priorities and emerging health issues
- NC Division of Public Health requires LHDs to conduct community health assessments and to implement evidence-based strategies to address health priorities
 - **Project Lazarus helps LHDs meet these requirements**

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Capacity Building in non-LHD Coalitions

- Seek out established and relevant community coalitions with good track record, credibility and key stakeholder engagement
- Identify community champion/key stakeholder as advocate
- Existing coalitions are often seen as a community service agency rather than a community change agent, so need to expand membership and mission to:
 - Reach entire community including at-risk populations, and;
 - Focus on being a catalyst for community and social change

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What Does Project Lazarus Offer SA Coalitions?

- Grant funding
- Technical assistance in capacity building and strategic planning
- Community based and sector training
- Public awareness tools
- Policies and protocols
- Data and evaluation

These resources make the decision to move forward an easier one for communities.

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Community Engagement and Strategic Planning

ORDER IS IMPORTANT

- Convene stakeholder meeting to secure buy-in from key leaders and decision makers to commit resources (people, time, funds)
- Conduct community forum to raise awareness and mobilize community
- Then develop strategic plans

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Strategic Planning- Selecting Interventions in Rural Communities

- Rural communities often have significant health challenges and less capacity to address them.
- Lacking are resources, training opportunities and support systems to begin and sustain a coalition.
- Greatest needs for training are around policy, environmental and systems change in contrast to more traditional programs and services.

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Data Needs for Planning and Evaluation

- Coalitions want and need timely data to:
 - build awareness
 - track progress
 - sustain funding
- Project Lazarus, DPH and UNC Injury Prevention Research Center provide data on deaths, ED visits, hospitalizations and opioid prescribing profiles

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Provider Education

- Prescribers and pharmacist's need for education on safe use of pain medicine and available resources is critical.
- CCNC and Governor's Institute on Substance Abuse provide training on safe opioid prescribing practices and effective chronic pain management.

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The HUB -- Coalition Sustainability

- **SPEAKER:** Jenni Irwin
- **BACKGROUND:** Director, Drug Free Community Coalition for a Safe and Drug Free Cherokee County
- **AFFILIATION WITH PROJECT LAZARUS:** Initially a volunteer who has obtained multiple funding sources, including Project Lazarus

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Sustainability -- What Worked in...

- Maintaining constant **leadership**
- Maintaining **funding**
- **Keeping things going** with no money

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Sustainability -- Constant Leadership

- **Purposeful recruitment**
 - Identifying and engaging members
- **Change in leadership periodically**
 - Change in leadership roles are healthy
- **Short amounts of time per project**
 - Set up subcommittees
 - One project goal at a time

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Sustainability -- Maintaining Funding

Other agency grants – you don't have to write them!!!!

*Example: Governors Crime Commission – through the Sheriff's Office and Health Department

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Sustainability -- Keeping Things Going with No Money

- Institutionalizing efforts – environmental strategies
- Developing relationships and partnerships – meeting needs of both
- Using what others have – *example toolkits

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The HUB -- Program Evaluation and Data

- **SPEAKER:** Nabarun Dasgupta, MPH, PhD
- **BACKGROUND:** Co-founder of Project Lazarus; epidemiologist at UNC Injury Prevention Research Center; Chief Data Scientist and Co-Founder, Epidemico
- **AFFILIATION WITH PROJECT LAZARUS:** Scientific Lead at UNC-IPRC for the Evaluation of Project Lazarus in North Carolina

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Outcome Data, Dependent Variable

- **Mortality (vital statistics)**
 - (+) publicly available, universal coverage, wide interest
 - (-) slow, no formulation specificity (ICD-10), no medical history, idiosyncratic, power
- **Hospital emergency department**
 - (+) syndromic surveillance meaningful use, rapidly available
 - (-) idiosyncratic coding (ICD-9), no denominator, consistency
- **Prescription monitoring program**
 - (+) measures drug exposure, complete coverage, rapidly available
 - (-) privacy, computing power, messy coding, missing data, limited confounder and no diagnosis
- **Substance abuse treatment centers**
 - (+) details: all substances, injection, addiction severity, crime, pregnancy, Tx modality
 - (-) privacy, no denominator, limited private clinic coverage
- **Contextual data**
 - (+) publicly available, free, wide range of topics
 - (-) slow, geographic and temporal specificity

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Exposure Data, Independent Variable

- **Process data**
 - **Training attendance, pill collection records, referrals**
 - (+) already being collected, essential to the analysis
 - (-) standardization, credibility, format
- **Surveys**
 - **Health directors, care coordinators, community coalitions**
 - (+) customizable, rapid
 - (-) overhead, limited evidence base, education/literacy levels
- **Substance abuse treatment utilization**

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The Matrix: Bringing it All Together

- **Minimum person-time unit: county-month**
- **Time units**
 - Repeated measurements: collapse
 - Sparse data: interpolate (assume linearity?)
- **Geographic units**
 - County of residence
- **Output: a large, locked, de-identified dataset**
- **Limitation: inter-level bias**

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Lessons Learned

- Data use agreements
- Maintaining relationships with data providers
- Keeping abreast of methods changes
- Staff turnover
- Recording metadata
- **Nothing about us without us**

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43



DISCUSSION

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44

Evaluation

- <https://www.surveymonkey.com/r/TGHDZZ6>
