

Supporting community-based efforts to address the overdose crisis through funding local health departments in North Carolina

Hillary Chen, Andrea Des Marais, Amy O'Regan, Nidhi Sachdeva: Duke University
Alison Gunn, Alyssa Kitlas, Amy Patel, MegAnn Smith: North Carolina Division of Public Health

13TH ANNUAL CONFERENCE ON THE SCIENCE OF DISSEMINATION AND IMPLEMENTATION IN HEALTH



RESEARCH OBJECTIVE

In 2018, the Injury and Violence Prevention Branch under the NC Division of Public Health (NCDPH), through CDC funding, released a competitive, one-year opioid crisis funding opportunity for local health departments and districts (LHDs) to implement strategies to prevent overdoses, increase access and linkages to care, and build local capacity to respond to the overdose crisis.

This project aimed to **evaluate the role of NCDPH in facilitating local overdose prevention work.**

POPULATION

Individuals involved in this evaluation included local health department representatives, peer support specialists and other program-specific staff, law enforcement officers, emergency medical services (EMS) staff, and NCDPH staff involved in management of the funding mechanism.

STUDY DESIGN

Researchers at Duke University collaborated with NCDPH to conduct a qualitative evaluation of the funding mechanism and LHD programs to prevent overdose and expand syringe access in NC.

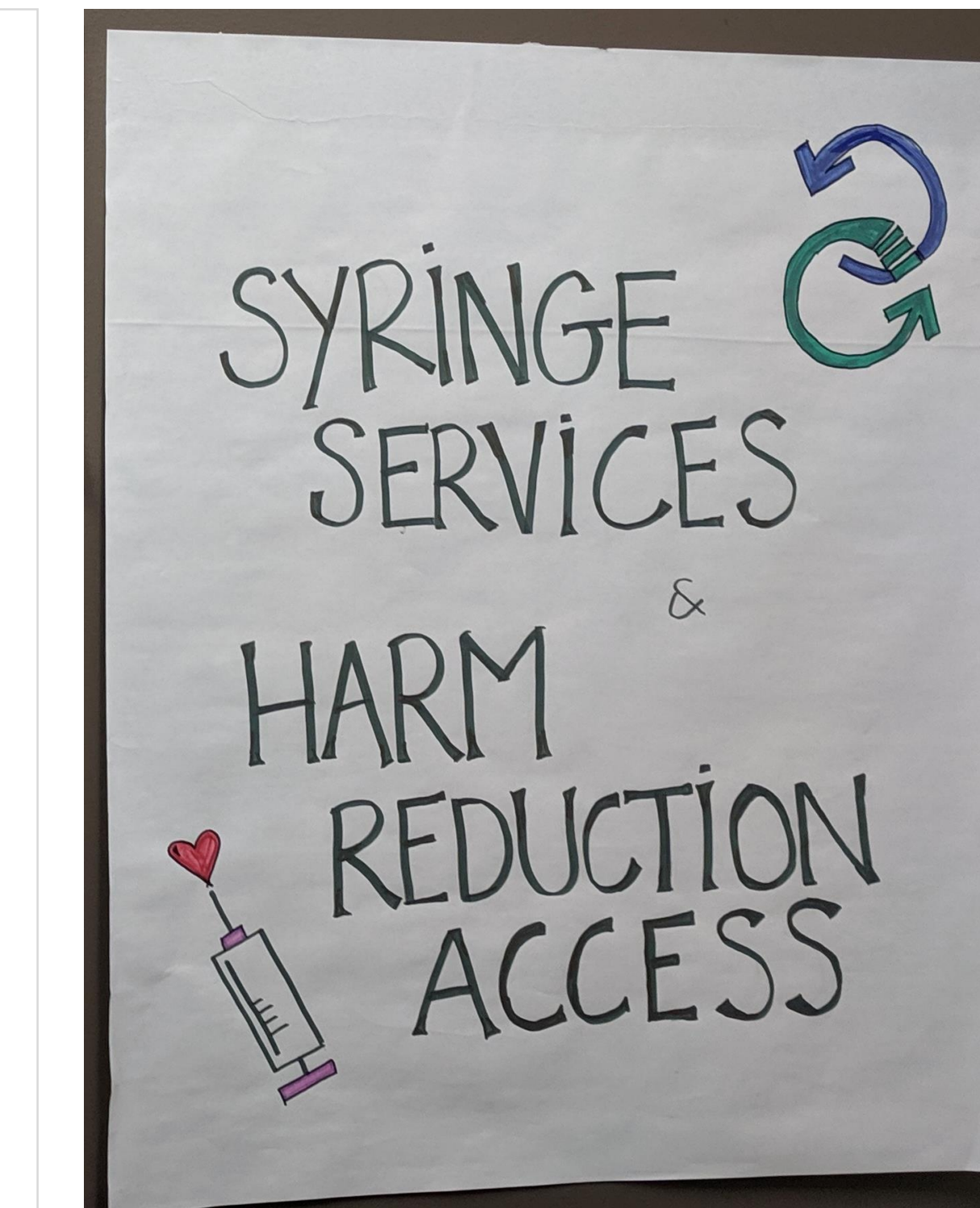
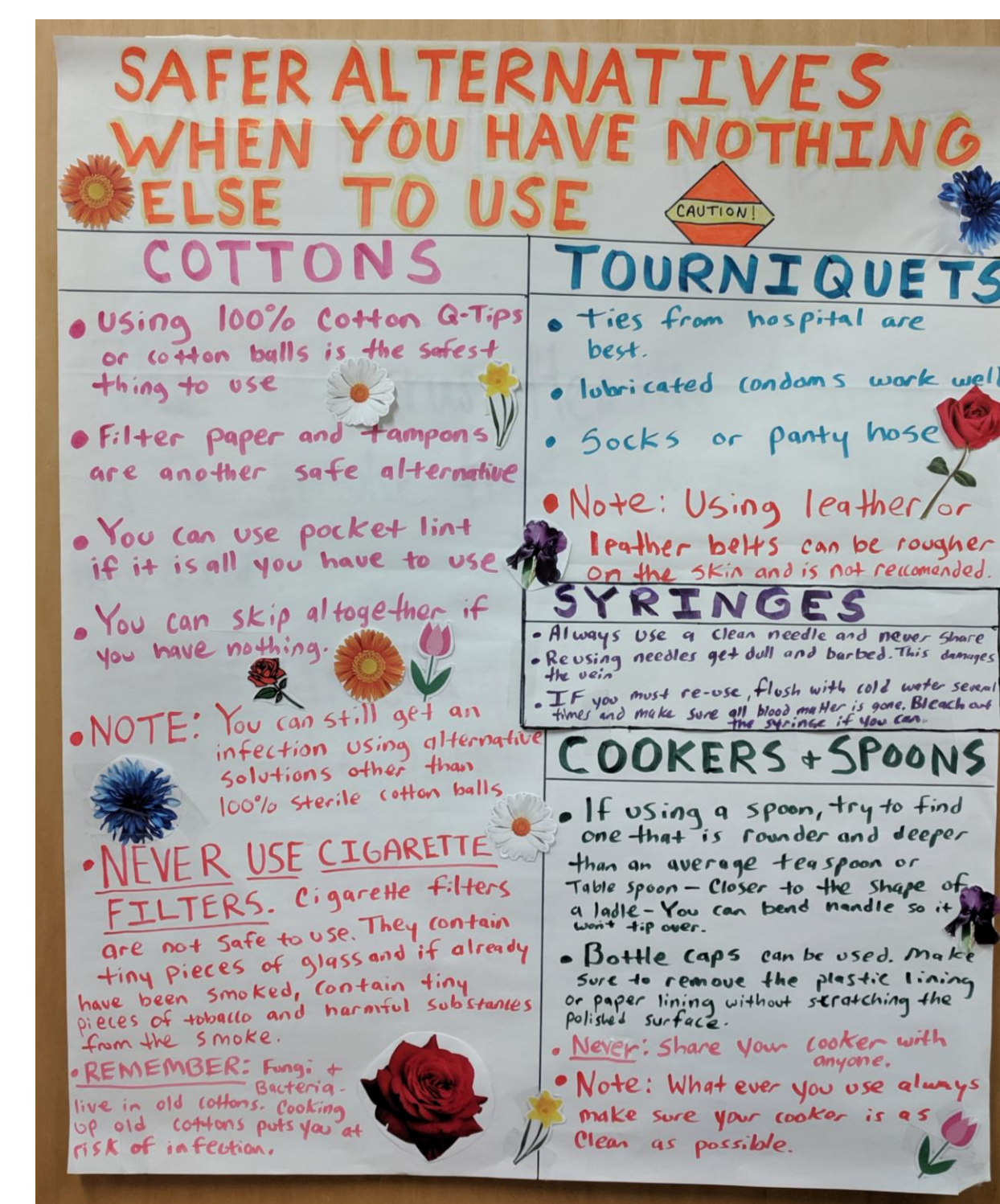
The evaluation team conducted interviews and focus groups with 72 participants in 21 funded counties, and with 3 NCDPH staff.

Interviews were transcribed and coded to identify emergent themes related to the role of NCDPH in facilitating local overdose prevention work.

FINDINGS

Three key themes emerged

1. Creating enabling environments
2. Promoting best practices
3. Building LHD capacity while acknowledging community expertise



Creating enabling environments

NCDPH created an enabling environment through a decade of state-level efforts to support the passing of safe opioid prescribing and harm reduction legislation, adopt an Opioid Action Plan, and build stakeholder buy-in for impactful interventions.

Promoting best practices

NCDPH included interventions that reach populations most vulnerable to overdose. LHDs were encouraged to collaborate with local harm reduction organizations and other community partners with established trust among people who use drugs to ensure interventions were guided by those already engaged in related work locally.

“The community knows their problem. They know how to work with each other. They know what they’re ready to do.”

“We emphasized as much as we could partnering with community-based organizations and hiring and paying people with lived experience.”

Building LHD capacity while acknowledging community expertise

NCDPH aimed to build local capacity by routing funds through LHDs; provided tailored, on-demand technical assistance; and, encouraged LHDs to increase their knowledge of community initiatives and collaborations with partners. LHDs were given flexibility in how they used funding and were not required to adhere to strict reporting requirements, allowing them to determine how best to tailor projects to their community’s specific needs and level of readiness.

“It creates the opportunity to have the conversation to develop the partnerships with people who are in the community already doing the work. We’re not telling health departments how to do the work, but we’re strongly encouraging them to work with grassroots partners like harm reduction.”

IMPLICATIONS FOR POLICY & PRACTICE

The NCDPH Emergency Response funding provides a valuable case study in how state health departments can facilitate the implementation of impactful overdose prevention programming in local communities.

“Recognize that the innovation and the leading edge is in community, [...] move money to where your leading edge is if you’re bold and secure enough to push the envelope.”



CONCLUSION

The manner in which NCDPH provided support to LHDs for overdose prevention could serve as a model for funders for different public health issues. The key principles that they followed attempted to both promote evidence based strategies, honor community expertise, and empower local decision making.

ACKNOWLEDGEMENTS

Thank you to all our local health department colleagues and community partners for your compassionate efforts to prevent overdose in North Carolina; and, for your willingness to share your thoughts, opinions, and experiences with the evaluation team. We are especially grateful to those who have been directly impacted by the deadly war on people who use drugs and have shared their wisdom with us so we can all move towards a world more kind, equitable, and safe for everyone.

CONTACT INFORMATION

Opioid Collaboratory

Department of Population Health Sciences

Duke University School of Medicine

For more information please contact harmreduction@duke.edu