

KyOD2A Happenings

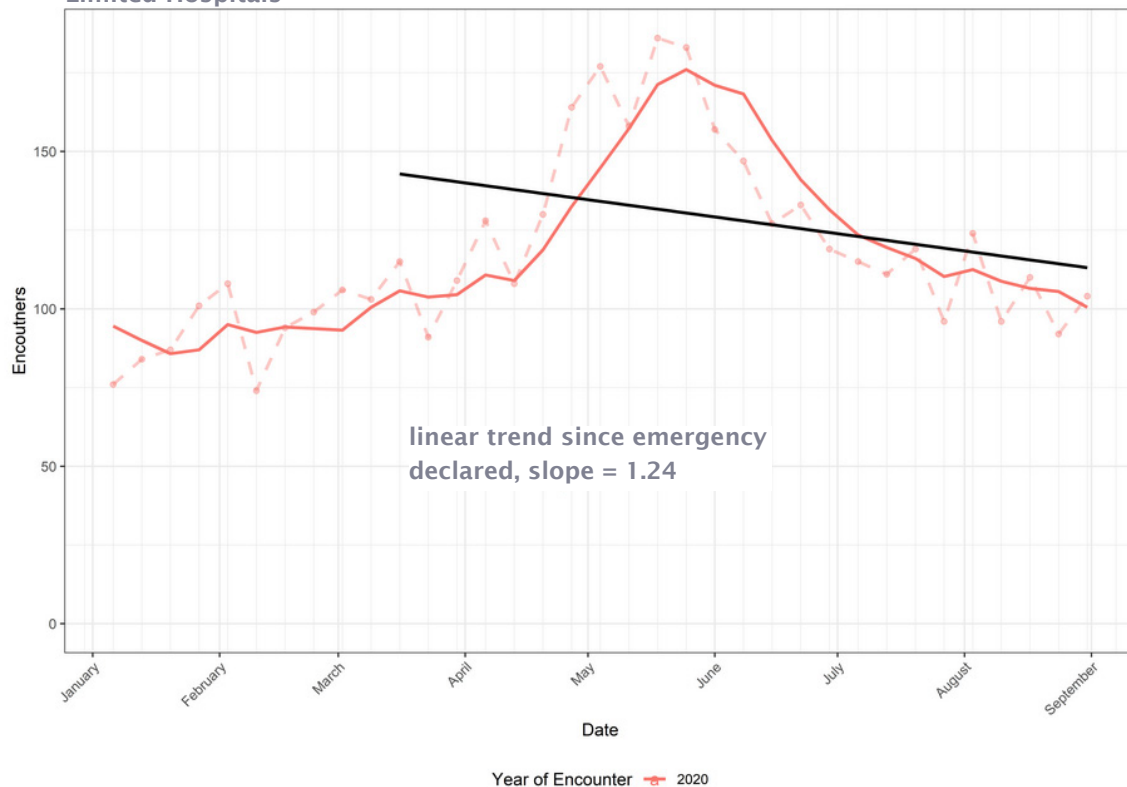
USING DATA TO REDUCE THE BURDEN OF DRUG USE AND OVERDOSES IN KENTUCKY

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STATEWIDE OPIOID OVERDOSES TREATED IN EMERGENCY DEPARTMENTS TRENDING DOWNWARD

SyS Opioid Overdose-Related Encounters, Aggregated by Week, Limited Hospitals*



Solid lines represent 4-week rolling average of Opioid Overdose SyS Encounters. Points and dashed lines represent raw counts of records.

*Hospitals limited to those facilities connected in January 2020; new facilities onboarding influence counts.

After an initial spike that began soon after the start of the COVID-19 pandemic shutdown in Kentucky, statewide opioid overdoses are beginning to trend downward and are nearly back to pre-pandemic levels. This trend should be interpreted with care since the syndromic (SyS) data feed lacked full statewide coverage. Additionally, conditions at the local level may be masked in the state-level data aggregation.

Even with the return to pre-pandemic levels, the average daily count of opioid overdoses in 2020 is still higher than in previous years. Trends at the community level are available, subject to data suppression for small counts, by making a request to kiprc_data_request@l.uky.edu.

Produced by the OD2A program at the Kentucky Injury Prevention and Research Center (KIPRC), as bona fide agent for the Kentucky Department for Public Health, September

2020. This report was supported by Cooperative Agreement Number NU17CE924971-02-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

HOW DATA CAN HELP BRING COMMUNITY RESOURCES TO COMBAT DRUG OVERDOSE IN KENTUCKY

By Meghan Steele, KIPRC Epidemiologist

Data available through OD2A's Drug Overdose Technical Assistance Core (DOTAC) at KIPRC can be used to assess the burden of several health conditions within a community and to track the changes that coincide with the funding of federal grants. Recently, DOTAC provided several organizations with the data reports needed to ensure continuing funding through the Rural Communities Opioid Response Program (RCORP), created by the federal Health Resources and Services Administration. The goal of RCORP is to reduce the morbidity and mortality associated with opioid use disorder as well as the incidence of neonatal abstinence syndrome (NAS). The organizations participating in RCORP aim to achieve these goals using a variety of programs and services including the jail education programs, syringe exchanges, targeted naloxone distribution, improved access to medication-assisted therapy, and expanded case management services.

DOTAC provided these organizations with counts of emergency department admissions, inpatient hospitalizations, and deaths involving an opioid overdose as well as births involving NAS among residents of the counties in service areas covered by the grants.

Any organization with a mission to improve community health can submit a data request to the OD2A's DOTAC. If your organization needs summarized data related to drug overdoses among residents of the Commonwealth, contact our team at kiprc_data_request@L.uky.edu with the specifics of your request and our data team will be happy to assist you.

Sample community-level data report from DOTAC

Drug Overdose Events among Residents of Powell County, Ky., 2019

Event Type	Count
Nonfatal Drug Overdose, Emergency Department Visits*	45
Nonfatal Drug Overdose, Inpatient Hospitalizations**	14
Drug Overdose Deaths***	5

A nonfatal drug overdose was defined as an event with any diagnosis code that fell within the range of T36-T50. A drug overdose death was defined as an event that included an underlying cause of death code falling within the following ranges: X40-X44, X60-X64, X85, Y10-Y14.

Data sources: *Kentucky Outpatient Services Database, Office of Health Data and Analytics, Cabinet for Health and Family Services. **Kentucky Inpatient Hospitalization Claims Files, Office of Health Data and Analytics, Cabinet for Health and Family Services. ***Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. Data are provisional and subject to change.

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KyOD2A Happenings is produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. To comment on the content of this newsletter, or to subscribe or unsubscribe, contact KIPRCinfo@uky.edu.

Co-Principal Investigators

Terry Bunn, PhD, KIPRC Director
Dana Quesinberry, JD, KIPRC Research Core Director

Community Overdose Prevention and Outreach Staff

Genia McKee
Robert McCool
Ron Clatos



IMPROVING QUALITY OF CARE FOR BABIES BORN WITH NEONATAL ABSTINENCE SYNDROME

By Jonathan Greene, KIPRC Content Manager

Kentucky, along with many other states, faces a significant substance use disorder (SUD) problem that has led to an increase in infants hospitalized for neonatal abstinence syndrome (NAS).

NAS has increased over 20-fold since 2001, from 0.9/1,000 live births to a peak of 24.3/1,000 in 2015. While there has been a slight decline in recent years, the Kentucky Department for Public Health (KDPH) reported that in 2017, 1,114 babies were born in Kentucky with NAS—a rate of 22.35 NAS infants per 1,000 live births.

According to Dr. Henrietta Bada, Division Director of Maternal and Child Health at KDPH, in Kentucky the prevalence of NAS varies from one county to the other.

“We find twice or three times the statewide rate in the southeastern districts of Kentucky,” Bada says.

To help improve the quality of care during pregnancy, delivery, and throughout the first year of life, a statewide collaborative of healthcare providers, delivery hospitals, insurers, advocacy groups, national organizations, and other stakeholders has been established.

The Kentucky Perinatal Quality Collaborative (KyPQC), funded through OD2A, was launched on October 22, 2019. Nearly 80% of the state’s birthing hospitals were represented at the launch, and KyPQC has since grown to include 375 partners and stakeholders.

“The launch of the KyPQC was a huge success and was well attended with representation from national and statewide partners and stakeholders dedicated to improving maternal and infant health throughout the Common-

wealth,” says Monica Clouse, MPH, Program Manager for KyPQC.

Clouse says the vision of KyPQC is to make Kentucky a great place for every woman to have a baby and a great place for every baby to be born.

The Kentucky Perinatal Quality Collaborative has three workgroups—Obstetrics, Neonatology, and Data & Analytics.

The Obstetrics workgroup is developing an initiative to establish protocols for effectively managing pain for pregnant patients with treated

collection methods.

Bada says experiences from other states show that the length of hospital stay of infants with NAS decreased when hospitals adapt similar protocols for treatment.

“KyPQC is an initiative that hopefully will result in the buy-in of birthing hospitals in Kentucky; a collaborative effort is necessary and important to address a public health problem such as NAS,” she says.

A second Kentucky Perinatal Quality Collaborative meeting will occur Oct. 27–28 in a virtual setting.



or untreated opioid use disorder during labor, delivery, and the postpartum period.

The Neonatology workgroup is developing an initiative to standardize required reporting of NAS cases to KDPH. Both the Obstetrics and Neonatology initiatives are in the planning phase and data collection tools are being developed to obtain baseline data.

The Data & Analytics workgroup works with the other two workgroups to develop quality improvement initiatives and assist with data

More information about the meeting and how to register should be released in the near future.

For more information on the Kentucky Perinatal Quality Collaborative or the upcoming meeting, please contact program manager Monica Clouse at mclouse@ky.gov.

OD2A MINI-GRANT TO PROVIDE NALOXONE TRAINING IN NORTHERN KENTUCKY

By Robert McCool, KIPRC Program Manager

The Northern Kentucky District Health Department (NKDHD) serves more than 400,000 residents in Boone, Campbell, Grant and Kenton counties. These counties, which are part of the Cincinnati, Ohio, metro area, have been among the Kentucky counties hardest hit by the opioid epidemic. The northern Kentucky region has one of the highest overdose death rates in the nation as well as increasing rates of co-morbid conditions,

using the funds primarily to expand naloxone education; since naloxone cannot be provided with CDC funds, individuals who complete naloxone use training are provided with naloxone funded by other sources. In addition to training individuals who use opioids and members of the community, NKDHD provides training for emergency responders such as firefighters and police officers.

The goals for NKDHD's three-year project are to provide naloxone education for at least 1,600 community members, 2,400 opioid users who

substance users.

Despite the limitations imposed by the COVID-19 pandemic, NKDHD has made impressive progress toward achieving those goals. They have trained 364 community members and 36 emergency responders, primarily through online training sessions. Training has also been provided to 118 individuals at six substance use disorder treatment centers. Staff members provide naloxone training to the approximately 130 clients per week who visit their three SSP locations, as well as to staff and residents of substance use treatment facilities and senior living facilities, school staff, and others. The department has received reports of 590 successful uses of naloxone.

NKDHD staff also will be providing prescriber education to approximately 200 physicians from Saint Elizabeth Healthcare in early December. The participating physicians will learn about the importance of prescribing naloxone to patients who receive even short-term opioid prescriptions. The department is working with the Boone County Detention Center, which has a program to provide naloxone education and naloxone to individuals being released from incarceration. NKDHD also provides technical assistance to the four county drug prevention coalitions and participates actively in regional substance use prevention projects.

such as HIV and hepatitis C infections, associated with injecting substances. The department has been providing harm reduction programs for several years in an effort to reduce fatalities and illness related to substance use.

In 2019, NKDHD became one of six successful applicants for drug overdose prevention grant funds provided by the Centers for Disease Control and Prevention (CDC) and awarded to the Kentucky Injury Prevention and Research Center at the University of Kentucky. NKDHD is

visit the department's syringe service program (SSP) sites, and at least 32 emergency responders; provide training in CDC's opioid prescribing guidelines to all of the primary health care providers in the health district; provide naloxone education to all of the substance use disorder treatment facilities in the district and in at least three correctional facilities; link high-risk SSP clients to treatment for opioid use disorder; and promote the Northern Kentucky Helpline that provides treatment information to



For more information about NKDHD's overdose prevention and substance use reduction efforts, contact Marsha Bach at (859) 363-2095 or Marsha.Bach@nkyhealth.org.

2020 KENTUCKY HARM REDUCTION SUMMIT— ENDING THE EPIDEMICS

by Jim House, Program Administrator, and Kyndall Raburn, Public Health Associate, Kentucky Department for Public Health

More than 685 professionals from across Kentucky and 14 other states virtually gathered to participate in the 2020 Kentucky Harm Reduction Summit held Aug. 19–20 to learn about harm reduction programs and disease prevention strategies. The virtual summit, partially funded by OD2A, brought together professionals from over 25

education specialist, and registered environmental health specialist/registered sanitarian.

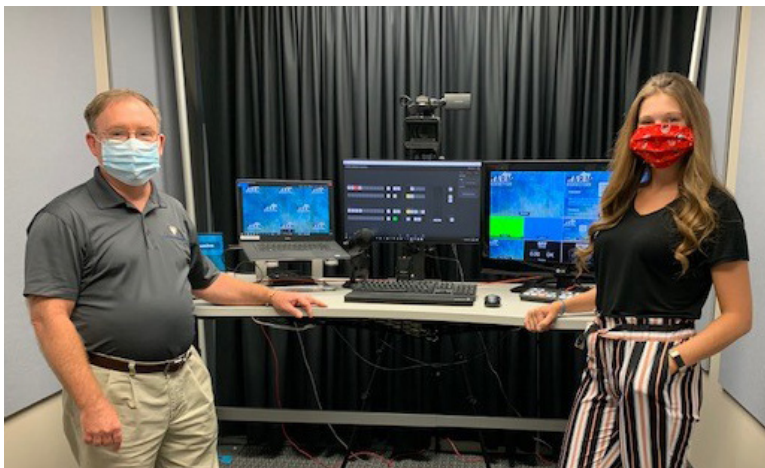
The two-day event featured two keynote sessions, 16 breakout sessions, and two panel discussions that focused on harm reduction programs, disease prevention strategies, drug overdose trends, foster care, suicide prevention, human trafficking, and available community resources.

Jennifer Twyman, health educator with Louisville Metro Public Health and Wellness, served as a moderator and facilitated the first

the Kentucky Income Reinvestment Program, the Department for Behavioral Health, Developmental and Intellectual Disabilities, New Vista, CECentral, the University of Kentucky, the Cabinet for Health and Family Service’s Office of Public Affairs, and the Kentucky Department for Public Health.

The event was conducted via Zoom and hosted by UK HealthCare CECentral (www.ccentral.com), the continuing education office for the University of Kentucky College of Medicine and College of Pharmacy. Throughout the summit, six persons served at a command center within CECentral’s offices to manage registration and assist all attendees. A team of IT and multimedia professionals continuously monitored all presentations to resolve any technical difficulties experienced by speakers, moderators, or attendees. Managing the event from a command center greatly contributed to the overall success of the 2020 Kentucky Harm Reduction Summit. As one attendee stated, “I was glad it was offered via Zoom, because otherwise, even if we were not in the middle of a pandemic, I would not have been able to attend with my caseload and work schedule.”

To conclude the Harm Reduction Summit, Deputy Commissioner for the Kentucky Department for Public Health Connie White, MD, MPH, encouraged all attendees to incorporate the lessons learned and best practices into their own profession and community.



Jim House and Kyndall Raburn with the Department for Public Health man the Harm Reduction command center at CECentral.

different disciplines including education, emergency medical services, healthcare, law enforcement, public health, social work, and state and local officials. In addition, individuals from 93 of Kentucky’s 120 counties attended the virtual conference, resulting in a 78% county participation rate.

The theme for the summit, “Ending the Epidemics,” encouraged presenters to focus on the current epidemics of opioid use disorder, other substance use disorders, neonatal abstinence syndrome, hepatitis C, and foster care placement. Attendees were given the opportunity to receive continuing education credits for nursing, medicine, social work, certified health

panel discussion titled, “Speaking the Truth: A Personal Perspective on Drug Use.” This interactive discussion featured two panelists who shared their personal perspectives on drug use, harm reduction services, and the impact of COVID-19, which led to thought-provoking conversations that allowed attendees to experience a rare insight from people who use drugs. One attendee commented, “Loved the guest speaker Jennifer Twyman. Very knowledgeable and compassionate.”

Planning for this event began Oct. 11, 2019, with a team of professionals from the Lake Cumberland District Health Department, KIPRC,

Check the next edition of *KyOD2A Happenings* for links to videos of the Kentucky Harm Reduction Summit presentations.

UPCOMING EVENTS

Kentucky Chamber Workforce Center Workforce Recovery Program for Business Webinar Series

R U OK?, Tuesday, Oct. 20, 10:00–11:30 AM EST

Explore mental health for employers. The training will assist in how to name, normalize, and navigate mental health in the workplace. [REGISTER HERE.](#)

TO DISCLOSE OR NOT TO DISCLOSE, Thursday, Oct. 29, 10:00–11:30 AM EST

Provides a baseline knowledge of tools your company can use during difficult conversations and actions you can take to reduce the stigma surrounding substance use disorder and mental health. [REGISTER HERE.](#)

NEW REPORTS

Lancaster KE, Cooper HLF, Browning CR, Malvestutto CD, Bridges JFP, and Young, AM. Syringe Service Program Utilization, Barriers, and Preferences for Design in Rural Appalachia: Differences between Men and Women Who Inject Drugs, *Substance Use & Misuse*, DOI: 10.1080/10826084.2020.1800741.

[State Strategies To Improve the Use of Prescription Drug Monitoring Programs To Address Opioid and Other Substance Use Disorders: A National Governors Association Toolkit.](#)

Czeisler MÉ, Lane RI, Petrosky E, et al. [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020.](#) *Morbidity and Mortality Weekly Report.*

OPEN POSITIONS

[Associate or Professor in Injury Prevention and/or Occupational Health, Department of Preventive Medicine and Environmental Health, University of Kentucky.](#) The Department of Preventive Medicine and Environmental Health is seeking an Associate or Professor to develop or continue his or her own area of research in occupational health and/or injury prevention and engage in collaborative research with other faculty from departments within the college and university. The selected candidate will serve on appropriate committees and professional organizations on a regional or national level and appropriate College of Public Health, university, and department committees. This position will also have an administrative appointment as Associate Director of the Kentucky Injury Prevention and Research Center. In coordination with the College of Public Health's Dean, the Kentucky Commissioner for Public Health, and the KIPRC Director, the KIPRC Associate Director faculty member will support the multidisciplinary and interdisciplinary injury surveillance and prevention research and practice efforts at the University of Kentucky. These initiatives include epidemiological, social, and economic research related to the prevention and control of unintentional and intentional injuries.

[Data Management Specialist Sr., KIPRC, University of Kentucky.](#) This grant-funded position will manage the data needs for overdose surveillance by preparing data launches and providing maintenance of data capture and support in the preparation of deliverables for the reporting requirements. The successful applicant will support the project by maintaining documentation, identifying data processes, and helping to coordinate multiple data products. Attention to detail, processes, and best practices for data management are required. **Deadline to apply: Oct. 20, 2020**