2018 Model Practices

Applicant Information

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Select a size:
☐ Small (0-50,000)  ☑ Medium (50,000-499,999)  ☐ Large (500,000+)

Practice Categories

Access to Care  Advocacy and Policy Making  Animal Control  Coalitions and Partnerships  Communications/Public Relations
Community Involvement  Cultural Competence  Emergency Preparedness  Environmental Health  Food Safety
Global Climate Change  Health Equity  HIV/STI  Immunization  Infectious Disease
Informatics  Information Technology  Injury and Violence Prevention  Marketing and Promotion  Maternal-Child and Adolescent Health
Organizational Practices  Other Infrastructure and Systems  Primary Care  Quality Improvement  Research and Evaluation
Tobacco  Vector Control  Water Quality  Workforce  Conference Theme: Unleashing the Power of Local Public Health

Other:
Opioid and Heroin Use and Prevention

Is this practice evidence based, if so please explain:
All data used on this practice website were analyzed and presented adhering to strict epidemiologic standards, including HIPAA restrictions. Kernel density maps are based on guidelines widely used in the geographic information systems community for data display. The website was developed following the World Wide Web Consortium (W3C) standards for web design and applications and ArcGIS development principles.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:
☐ Food Safety  ☐ HIV in the U.S.  ☐ Nutrition, Physical Activity, and Obesity  ☐ Tobacco  ☐ Healthcare-associated Infections
☐ Motor Vehicle Injuries  ☐ Teen Pregnancy  ☐ None

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:
- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum
Tri-County Health Department (TCHD) is the largest local health department in Colorado and serves over 1.5 million people in Adams, Arapahoe and Douglas Counties in the Denver metropolitan area. TCHD’s jurisdiction encompasses urban, suburban and rural areas and includes 26 municipalities and 3 unincorporated areas. The demographic characteristics of the jurisdiction vary and encompass vast extremes wherein one county has one of the highest proportion of Hispanic residents (nearly 40%) and highest rates of childhood poverty in the state, and another is one of the most affluent and least diverse counties in the state. Public Health Issue

On October 26, 2017, the opioid crisis was declared a public health emergency by the Acting Health and Human Services (HHS) Secretary Eric D. Hargan. In recent years, reflecting national trends, areas within TCHD’s jurisdiction experienced a dramatic increase in the number of deaths due to opioid overdose; in one county rising from 10 deaths in 2013 to 60 deaths in 2015. The number of deaths due to heroin overdose within our jurisdiction has also increased with a particularly sharp upward trend starting in 2013, nearly tripling in one county and nearly doubling in another. Data from public health surveillance systems and lived experience from community members converged to heighten awareness of this critical public health problem. In the fall of 2016, public officials in TCHD’s jurisdiction turned to TCHD to illuminate the extent of the problem and to mobilize a comprehensive response. TCHD applied the 10 essential services, starting with monitoring and diagnosing the health problem and informing and educating people about the issues of the opioid crisis. Goals and Objectives

The goal of this practice was to develop a website containing timely and accurate data to identify the scope of the opioid problem and available resources to support community-based efforts to address the crises from various angles. The objectives of this practice were to: 1) geographically display local level prevalence of opioid and heroin deaths over time; 2) display substance abuse and mental health treatment options including contact information and detailed characteristics of each treatment setting; 3) display prevention initiatives including household drug take-back sites and Naloxone retailers; and 4) link viewers to concrete actions items and community and statewide initiates to address the crisis.

Implementation/Activities/Outcomes

1. Determined content for website by reviewing data requests from community members, agency staff, media, elected officials and organizations
2. Opioid overdose deaths by census tract over time
3. Heroin overdose deaths by census tract over time
4. Point locations of substance abuse treatment settings
5. Point locations of mental health centers
6. Point locations of household drug take-back sites and Naloxone retailers
7. Naloxone data
8. Identified appropriate application for data display
9. ArcGIS Open Data site
10. Designed the website
11. Completed October 2016
12. Demonstrated website to agency staff, substance abuse coalitions, experts and refined based on feedback
13. Completed December 2016-January 2017
14. Launched website
15. April 2017

Website: http://opioid-tchdgis.opendata.arcgis.com/

Responsive and Innovation

Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

Is current practice innovative? How so/explain?

What has been done in the past to address the problem?

Statement of the problem/public health issue

What target population is affected by problem (please include relevant demographics)

• What is the target population size?
• What percentage did you reach?

What has been done in the past to address the problem?

Why is the current/prposed practice better?

Is current practice innovative? How so/please?

• Is it a new to the field of public health
• OR
• Is it a creative use of existing tool or practice

What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO’s Toolbox etc.)

• Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)
LHD and Community Collaboration

The LHD should have a role in the practice’s development and implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residences, businesses, healthcare, and academia). If the practice is external to the LHD, it should demonstrate cooperation and participation within the agency (e.g., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
- Steps taken to implement the program
- Any criteria for who was selected to receive the funding (if applicable)
- What was the timeframe for the practice
- Were other stakeholders involved? Was their role in the planning and implementation process?
- What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/budget breakdown.
Goal(s) and objectives of practice The goal of this practice was to develop a website containing timely and accurate data to identify the scope of the opioid problem and available resources to support individual and community efforts to address the crises from various angles. The objectives of this practice were to 1) geographically display the prevalence of opioid and heroin deaths over time; 2) display substance abuse and mental health treatment options including contact information and detailed characteristics of each treatment setting; 3) display prevention initiatives including household drug take-back sites and Naloxone retailers; and 4) link viewers to concrete action items and community and statewide initiatives to address the crisis. Steps taken to implement the practice This practice grew out of interest by community member, media, and elected official’s interest in understanding the opioid crisis on a local level and seeking actions to combat the crisis. Initially, requests for data and information from TCHD were fulfilled and ideas for a website were generated. The TCHD Executive Directors were highly pressures by inquiries from the media and elected officials. Two of the counties in TCHD’s jurisdiction were particularly concerned. In one county, a county commissioner pulled together a task force to address the opioid crisis with various county departments, community mental health centers, and Kaiser Permanente. In another county, a concerned citizen approached the county commissioners who then convened a diverse stakeholder group with government, private and nonprofit partners. In response to this growing concern, TCHD was asked to convene leadership from both of these county’s action groups and to form a coalition to reduce overdose deaths and increase awareness and education of prevention strategies. The third county in TCHD’s jurisdiction has asked to join this effort at a future date. This Coalition was named the Tri-County Opiate Overdose Prevention Partnership (TOCPP). Current membership includes public, private, non-profit partners, law enforcement, treatment providers, hospitals, community mental health centers, youth prevention coalitions, statewide organizations, and private residents. TOCPP desired to be data driven and also wanted to use data in its education efforts. It soon became apparent that a comprehensive central location for data and information which was easily accessible to the public would meet many of these needs. An internal TCHD development team was assembled consisting of two population health epidemiologists, the Manager of Informatics, Epidemiology and Health Planning, the Public Health Prevention and Policy Manager (in charge of tobacco and substance abuse), the Syndromic Surveillance epidemiologist, and the Medical Epidemiologist. This group requested all data that were routinely coming in and the requests for data and data products from TOCPP. The group carefully catalogued all potential data sets and evaluated their utility for inclusion, deciding on the data elements to be included in the site. The group also reviewed the inclusion of other elements for the site. The Senior Population Health Epidemiologist, and GIS expert, explored the functionality of the ESRI ArcGIS Open Data site to use as a platform for sharing the opioid and heroin data. It was determined that the Open Data site would be an adaptable and easy-to-use interface to quickly communicate relevant and accurate information that could be utilized by all the department’s community members. Two population health epidemiologists compiled the data from various organizations and prepared it for the site. The Senior Epidemiologist programmed the site. The team, including TCHD’s Executive Director and the Epidemiologist, Planning, Community, and Action Division Directors, and Community and Commuters and stakeholders. The Executive Directors of the five metro Denver area LPHAs have formed the Metro Denver Partnership for Health to support collaborative public health initiatives across the region. One work group of the Partnership is the Work Group of experts involved in data analysis, epidemiologists and informaticists from each of the five LPHAs. The goal of this group is to build capacity to share data and analytic resources to reduce duplication of effort and enable data-driven collaboration efforts such as policy development. This group provided critical feedback regarding the site and offered specific ideas and suggestions for enhancements. TCHD is fortunate to have myriad active coalitions and community partners and this network was used to review and provide input into the site as well. Specifically the newly formed TOCPP was key in both supporting the development of the site and providing input into the content and feedback regarding the final site. With Mental Health being the focus of TCHD’s Community Health Improvement Plan, various mental health work groups comprised of an array of stakeholders also provided input into the site and suggestions for additions and other refinements. One unanticipated outcome of this was the desire among mental health professionals related to developing a mental health website that would be a professional search tool that was not focused on opioid or mental health. (Although not the focus of this application, the site has been recently developed and can be viewed here: http://mentalhealth-tchdgs.opendata.arcgis.com/) Finally, the site was made live and advertised through various channels including TCHD’s internal newsletter; presentation to TCHD’s Board of Health, email to TCHD’s key stakeholder list, presentations to various coalitions and committees, featured at conferences, and in a blast fax through the state department to all state health department in Colorado. The timeframe to go from practice free to practice live was spring 2016 to Spring of 2017 (site was launched April 1, 2017). Stakeholder involvement As reported above, stakeholders played key roles in all phases of the practice. Much of TCHD’s work is conducted through community partnerships. TCHD carefully nurtures relationships with the medical provider community, mental health and substance abuse providers, the early childhood community, local and county government officials, and more. Because of these strong relationships, TCHD has ready avenues for disseminating information and resources such as this Open Data website. These groups also disseminated the website through their independent networks. Practice costs Most of the costs of the project were covered by a grant and staff resources. As estimated any costs were also required for the practice. Though the software and servers used were already purchased and in use by TCHD, the ArcGIS server had an initial cost of $5,000 and an ongoing maintenance fee of $2,000 per year and SAS software is used to analyze the data. Both the server and software are used for many other projects as a part of the data and information infrastructure of TCHD. The free version of Tableau software was also used for part of the site.

2000 Words Maximum

To please enter the evaluation results of your practice (2000 Words Maximum): *
Describe sustainability plans

Please enter the sustainability of your practice (2000 Words Maximum): *

Lessons learned TCHD reaped the benefits from developing this practice with heavy subject matter expertise and community input. Before using this method, our data products reflected traditional display methods—prevalence graphs, pie charts and the like. These methods have their utility, but we have found that building data products with and for the community engages our partners in a more meaningful way and therefore ensures that data are used. This method requires more time on the front end, but saves time in response to data requests on the back end. Cost/benefit analysis done? No. Stakeholder commitment to sustain the practice The project is self-supporting; however, partner’s interest in the site can only be maintained through regular updating of the data on the site, and by including new datasets and information as it becomes available. For instance, Colorado has a Prescription Drug Monitoring Program and we have been working with partners to mine the data related to opioid prescribing practices and trends. TCHD’s Medical Epidemiologist has partnered with another LPHA to develop a dashboard displaying opioid-related calls to the Rocky Mountain Poison Control Center and we will link this site to and from this practice site in the near future. Sustainability plans As mentioned, we built this practice using hard- and software that are already part of TCHD’s informatics infrastructure. We have skilled staff who can develop these websites using the ArcGIS technology. We are building redundancy for this skill set as well. One outgrowth of this project’s success was the development of our website featuring mental health. This was initiated based on stakeholder request and is currently live. In this case, we were able to capitalize on lessons learned and repurpose much of the code and data for this site. As we go further, our process will become better refined and our skills will increase, making this practice our new way of doing business. We are currently working on developing a site featuring tobacco and one featuring obesity. Due to the interest in the approach among our regional LPHA partners, we will also be able to support their efforts and subsequently learn from them as we grow this practice in our region.

How did you hear about the Model Practices Program: *

- I am a previous Model Practices applicant
- Colleague in my LHD
- Colleague from another public health agency
- E-Mail from NACCHO
- Model Practices Brochure
- NACCHO Connect
- NACCHO Exchange
- NACCHO Exhibit Booth
- NACCHO Website
- Public Health Dispatch
- At a conference