Polk and McDowell Counties: Project Lazarus

Aiming for Sustainability through "Total Community Buy-In"

Focus Area: Unintentional Poisoning, or Opioid Overdose

Burden: 21 deaths in Polk County and 16 deaths in McDowell County (2008-2012)

Target Population: People at risk for opioid overdose

Approach: Community Coalition

Overview

This case study focuses on McDowell and Polk counties' approaches to the community piece of Project Lazarus. Developed in Wilkes County, Project Lazarus takes a two-pronged approach to address the opioid overdose epidemic: (1) working with health care providers and systems around prescribing practices and chronic pain management, and (2) involving broad community coalitions. Coalition members collaborate across sectors to spread prevention messages and host activities tailored to communities' needs. McDowell County's and Polk County's coalition members come from local business, government, media, law enforcement, EMS, school systems, faith communities, colleges, district HD, health care, early childhood programs, Rotary Club and hospice. The goal of the coalition is "total community buy-in."

Selection and Development

In 2011, rural McDowell County became a pilot site for Project Lazarus in part, says Eric Christian, because of its reputation for collaboration. Mr. Christian, CCWNC's Behavioral Health Manager and Chronic Pain Coordinator, works primarily on the health care systems side. He kicked the project off with a health care provider forum. The community took it from there.

Implementation

Rutherford Polk McDowell District Health Director, Jimmy Hines, has a background in health education/promotion and substance abuse treatment center administration. He says Local Health Departments (LDH) contribute a particular set of skills. Their staff know how to practice prevention and how to engage stakeholders while respecting people's different lenses, priorities and approaches.

The coalition coordinator connects a network of stakeholders

In 2013, Community Care of North Carolina received statewide grants from the Kate B. Reynolds Charitable Trust and ORH. This provided funds for experienced coordinators like Marjorie Vestal. Ms. Vestal brought 20 years' dedication to community public health practice and an appreciation for area residents' strong religious ties, individualism and generosity. She knew these assets could propel Project Lazarus forward. After Polk County's kick-off forum, the hospital set up provider education, and a businessman stepped up as a local champion.





Population: 20,411 (Polk), 44,961 (McDowell)

Median Income: \$42,762 (Polk), \$36,388 (McDowell)



Kay Partners: Rutherford Polk McDowell District Health Department, Community Care of Western North Carolina, and multi-sector coalitions

Funding Sources: Kate B. Reynolds Charitable Trust, N.C. Office of Rural Health (ORH) through Community Care of North Carolina Chronic Pain Initiative

Community-members tailor Project Lazarus to serve their communities best.

Michael Gage laughed when referred to as a local champion. "I'm just someone that cares ... If you're capable of doing something to help, then you need to step up and do it ... Make it non-political." Mr. Gage works in the construction industry, served four years on the Columbus Town Council, and has been a Polk County Commissioner since 2012. Appointed to represent the commissioners on the Mental Health Advisory Board, the opioid problem was already on his radar. He works with a team of coalition members on plans for *Lock it or Drop it*, which aims to help elders lock medications conveniently, and to take mobile medication drops to local events. Their focus is to educate as many in the community as possible.

The shape the project will take in these two counties will grow directly from the communities' specific interests and needs. Ms. Vestal says McDowell County, for example, is talking to local partners about a peer-to-peer youth empowerment program. In Polk County, Mr. Gage might invite Chambers of Commerce to communicate Project Lazarus's messages to employees and customers. The balance of prevention, treatment, aftercare and harm-reduction strategies will be different in different places.

Evaluation

Mr. Hines points out an impact that is not easily measured: relationships built during coalition work. Thus far, coalitions have focused on hosting medication take-back events and community awareness. They aim to saturate the communities with their four key messages, "Take correctly, store securely, dispose properly, NEVER SHARE." Media coverage of the Polk County forum spread their messages to thousands of people.

A formal evaluation of Project Lazarus is under way by UNC's Injury Prevention Research Center. County level outcome data are only part of what's needed in evaluation. Mr. Christian explains that evaluation can inspire ongoing commitment by including indicators of tangible achievements, and short-term outcomes of interest to local coalition members' organizations, showing people and organizations that they are making a difference.

Keys to Success

Sustainable programs and an active coalition encourage participation in future efforts.

McDowell and Polk counties' experiences highlight several important lessons for other communities:

- Recognize and build on community strengths so local people can do the work *they* know needs to be done. Teach coalition members effective media advocacy strategies.
- Encourage local government to commit recurrent funding to a dynamic coalition coordinator who can convince people why being involved is good for the whole community and good for them individually.
- Remember sustainability is not all about funding, and policies need not be government-level. Local
 pharmacies can adopt protocols requiring patient education whenever opioids are dispensed. Establish
 permanent drop-boxes for unused pills.
- Encourage buy-in and provide hope. Make evaluation results available and salient to local organizations and the community at large.

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