

Albert Schweitzer Fellowship- Final Report

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Introduction

Over the past 2018-2019 year, I have been working with the Washtenaw County Health Department (WCHD) and Washtenaw Health Initiative Opioid Project (WHI-OP) to conduct a needs assessment to combat the opioid epidemic that has afflicted Washtenaw County. The full details can be found in the proposed implementation plan dated 5/25/2018. For reference, I have included the objectives below:

Short-term objectives

- Supplement existing qualitative research tools to meet current needs
- Integrate and engage with WCHD colleagues
- Integrate and engage with WHI-OP

Mid-term objectives

- Analyze quantitative and semi-qualitative surveys distributed by WHI-OP
- Conduct in-depth interviews of stakeholders to supplement surveys
- Synthesize findings and communicate to key stakeholders (e.g., WCHD leadership and WHI-OP steering committee)
- Help key stakeholders develop strategic plan based on needs assessment
- Improve upon foundation / infrastructure of WCHD and WHI-OP coalition to better focus their activities to address burgeoning opioid epidemic

- Publish article or blog (either on WHI-OP website, WCHD, or University of Michigan SPH communication newsletter) describing the observations

Review of Plan

In regards to short-term objectives, I met all proposed objectives. I adapted the Opioid Misuse Prevention Program (OMPP) qualitative interview tool to suit the needs of WCHD (although, due to the specific conversations with stakeholder, I used the “Other/comments” section more than I expected). I met and integrated with the WCHD staff directly involved with the Opioid efforts, including our medical director, senior epidemiologist, deputy health officer, and CDC fellow. I also integrated with the WHI staff, including the director, managers, and interns / volunteers. I would state that the integration was quite successful as I felt I was part of the team and was able to make a valuable contribution during our discussions. One simple example of the value of my contribution to the team was that I was trusted and asked by our senior epidemiologist to review and provide comments on a talk that she subsequently delivered to several hundred individuals at a community-wide Opioid Summit held in October 2018. My comments were incorporated into her presentation. In addition, I have also been asked to be part of a three-person, expert panel who will take part in a WCHD/community panel to discuss an Opioid film to be screened in April 2019.

In regards to mid term objectives, I was largely successful in achieving these goals. I analyzed hundreds of quantitative and qualitative surveys that were sent to providers and community organizations. I also worked with our CDC fellow to analyze qualitative feedback from the

November 2018 community opioid summit. To document my work on this project, I authored four reports (ranging in length from 2-3 pages to 20 pages) that have been used by WCHD and WHI-OP as a foundation for subsequent needs assessment discussions. I conducted face-to-face interviews with over thirty stakeholders from various sectors, including multiple levels of government, the county judiciary, law enforcement, the community of individuals in opioid recovery, physicians specializing in addiction medicine, housing groups dealing with several aspects of the opioid crisis, and others. I attended more than one dozen community events, including community meetings, law enforcement events, and Narcotics Anonymous meetings, which provided a rich context to supplement the quantitative and qualitative analyses that we conducted. Because of the knowledge and understanding I gained as a result of this close community contact, I was able to provide meaningful input that was eventually incorporated into the needs assessment and also the strategic plan written by the WHI-OP. Although this was not anticipated when I was setting out my initial objectives, I also advanced the idea to develop a website that will serve as an information repository and navigation tool that will provide information and guidance to the Washtenaw community; I have developed a proposed design for this website for the team. Finally, I published a blog on the Authority Health population health blog describing the current opioid epidemic, and current efforts to address it, in Washtenaw County.

Although my objectives were largely accomplished, if I were to do a similar project again, I may approach it slightly differently. First, I may initiate a partnership with students from the University of Michigan School of Public Health who are interested in opioid outreach. In the

last few months, the WHI-OP has reached out to students from the School of Public Health who are now helping with the design of the proposed website. As I am now observing the students' enthusiasm, ideas, and commitment to this project, I understand that they could have well served other roles in the project. In the future, I will try to partner with an academic institution and engage students in the process, for example, by piloting some of the ideas that arose in some of the early interviews I conducted with stakeholders. Second, now having much more experience presenting data, I would present the results of the quantitative data analysis in a much more digestible way for my audience. Finally, although there are logistical challenges in any project, if timing and scheduling had been possible, I would ensure that I interview the clinical staff at Washtenaw County's methadone treatment provider.

Sustainability

The project, implementation plan, and execution of the plan were all done closely with the key community stakeholders (namely, the WCHD and WHI-OP leadership). As such, there was tremendous support for the needs assessment, strategic plan, and implementation of the plan. Thanks to this support, there is a strong commitment and plan to sustain the project and carry out the strategic plan. This will be done through the continued work of the WCHD and WHI-OP leadership. In addition, because of the strong push by the WCHD leadership and a bit of luck, a CDC fellow/associate was assigned to work with WCHD specifically on the opioid epidemic. The CDC fellow/associate started working at WCHD before I transitioned to my other Preventive Medicine rotations, so I was able to share with her the findings and methodology of my project. Thus, in addition to the commitment by the Washtenaw leadership, there will also be a point

person who will help to carry out that the findings of needs assessment and the strategic plan. I am also fortunate to have some flexibility in my schedule through the end of the academic year and will be able to help further transition the project through monthly teleconferences and other touch points.

In addition to the work in Washtenaw County, I think that the progress we have made in the past year can extend to surrounding counties. Since December I have been rotating at a large health system in Detroit (HS) that serves patients from Wayne, Macomb, Oakland, and Jackson counties. The HS senior leadership are aware of the extent of the opioid epidemic in those counties and have a written commitment to address this issue. Because of my strong involvement with the efforts to understand and help form a strategic plan to address the opioid epidemic in Washtenaw County, at HS I was tasked with providing recommendations for their community health implementation plan. While I do understand that every county is unique, I was able to take many of the lessons learned from our work in Washtenaw County that are in line with national guidelines to provide recommendations for the tri-county region; I presented this work to HS senior leadership and the HS community health department. While I won't be directly involved in the HS implementation plan at the large, I am hopeful that the efforts undertaken in Washtenaw County will not only be sustainable in Washtenaw County, but also taken up by other municipalities, as well.

Community Service and Professional Development High Points

From a community service standpoint, there have been several high points. First off, I have had the privilege of meeting many community stakeholders including those currently using opioids and those in recovery. It is humbling to meet with these community members as they selflessly gave me their time to talk about very tough issues. As a physician, I thought that I had met diverse people, but in terms of diversity, I have learned that I have really only approached the tip of the iceberg. In the community, I have met many more diverse people who have opened my eyes to addiction and to the fact that this disease can affect anyone. I understand that my physician colleagues, particularly those in training, are already overextended, but I think that attending one or two community meetings would give them a new perspective about addiction and allow them to better empathize with their patients who are in chronic pain or suffering from addiction.

A second high point has been the inspirational people I have met through community meetings and individual interviews. For example, a young woman who spoke at the WHI-OP Opioid Summit is an inspiration to all families and those suffering from addiction; she described in great detail some of the experiences she had while using opioids, the challenges in quitting, and the possibilities that have opened up once she was able to quit. I also was inspired when talking to an older gentleman who spend his days reducing harm by passing out naloxone and clean syringes and sharing his experiences with younger people. As he explained, “it takes time to

build trust, so although someone might not be ready to talk to me the first time, I continue to lend a caring ear until they're ready to talk.”

I have also been inspired by all the narcotic anonymous (NA) meetings I've attended. If you (as the reader) have never attended an NA meeting, I encourage you to attend a local meeting. It is one of the most supportive, energetic, and open environments I have ever been part of. It is really a special place where anyone, whether they be a tough young man, a single mother, or an experienced person with decades of sobriety, can openly and candidly describe their fears, frustrations, and joys. I wish that this same energy could be replicated in other settings as I am sure that it would build a great community no matter what setting.

Finally, another high point is to interact with the community organizers, community leaders, and those working in this area to fight the epidemic. They are eternally optimistic and no matter how daunting the challenge or hopeless something may feel, these people I have worked with are an amazing group of people who work through the challenges to find solutions. For example, the leader of the organization Families Against Narcotics (FAN) lost a child to opioids, but rather than shy away from the challenge facing the county, he funneled his energy and passion into starting a chapter to connect with other families battling addiction. Being around such generous and inspiring people makes one think that anything is possible.

From a professional development standpoint, there have also been several highlights. First, I have learned a lot from both my colleagues and the speakers in the monthly fellowship meetings.

I have been greatly impressed with the speakers who have done such outstanding work in many areas of public health, philanthropy, and social entrepreneurship. One of my favorite sessions was the Dale Carnegie public speaking workshop, where we learned some basic, but important and broadly applicable, public speaking skills. I enjoyed not only the didactic portion, but I also enjoyed the opportunity to practice the skills we had learned. I also appreciated the session by Don Vettese for many reasons. First, his honesty was very refreshing. Second, he provided many practical tips, such as whom we might consider as an advisor versus a board member. While I do not expect to use this information tomorrow, it gave me an interesting framework on strategic thinking that I may use in my future entrepreneurial pursuits. I also very much enjoyed the entrepreneurship talk by Derrin Leppek. Again, while I don't have immediate plans to start my own social entrepreneurship, it made me aware of the essentials that must be considered when starting a business.

A second professional development highlight was the opportunity to learn how to analyze quantitative and qualitative data and present findings to diverse, larger groups, as the findings from our qualitative and quantitative analysis were used to set the direction of addressing the opioid efforts in Washtenaw. During my participation in this fellowship, I analyzed over one-hundred physician and organization surveys. Not only did I enhance my statistical analysis skills, but more importantly, I improved my presentations skills, including learning how to create engaging presentations and visualizations, to succinctly summarize important findings from analyses, and to present those findings in a manner that is accessible to the audience. Although I had some experience with this type of analysis in college, it was valuable to relearn how to

analyze text and create higher order groupings. I found it challenging, but as it is a skill I will use in my career as a public health professional, it was beneficial to do this with the support and guidance of Dr. Marshall.

A third professional development highlight was learning how to conduct informational interviews. As a physician, it is common--and an extremely poor habit--to interrupt a patient who is sharing their story. This experience afforded me the opportunity to practice listening, and it also strengthened my skills in conducting informational interviews. In so doing, I gleaned so much more information and insight than I would have otherwise. While it was obviously advantageous to my work on this project, strengthening these listening and interviewing skills has been beneficial for me when working in clinics, in public health rotations, and in most professional--and personal--settings I have encountered.

A fourth highlight of my professional development was learning about the opioid epidemic. As a public health professional, the opioid epidemic was always of interest to me; however, it was not until this year that I was able to really gain insight into the epidemic. Through much reading, in addition to meetings with stakeholders, I learned the statistics surrounding the epidemic, factors fueling the current epidemic. Additionally, I came to understand potential solutions and what it would take for a community to implement those solutions. As a preventive medicine physician, one of the primary epidemics that is afflicting any community I will work with in the future are opioids. Dealing with the current opioid crisis is at the forefront of every local health department leadership's mind. This year has given me the opportunity to work with a highly talented group

of public health, medical provider, community organizations, and community members to gain practical skills and knowledge that I can apply in my next position and beyond. I now have a solid understanding of and insights into the opioid epidemic that I can directly apply to help the community in my next position.

Reflection

As I review my reflections written over the past year, I realize that there have been many challenges, but also victories, both big and small, that have made this experience a gratifying one.

The first thing I am made aware of is the changes in my knowledge and perspectives from month to month. Initially, I had a steep learning curve both in understanding the community landscape and in identifying and making connections with individuals across all stakeholder groups in the community. Once I was able to overcome the initial challenges with navigation and I started to conduct interviews, I learned a lot both about opioids, the needs of different stakeholder groups, and resources available. It was so much information that it was overwhelming at times. In the early stages, however, I also learned valuable lessons about logistical aspects of interviewing stakeholders. For example, I conducted one of my first interviews with a community member in a public library. It was loud and we were often distracted by the activity around us. From that point on, I ensured that my interviews took place in a quiet location that was conducive to a thoughtful interview.

I also learned about challenges associated with competing priorities. Although I was fortunate during my residency rotations to spend several months at Washtenaw County Health Department and to be able to interview stakeholders during this time, when I was not at rotating at WCHD, my other clinical and academic duties made it challenging to meet with stakeholders. However, clear communication with my other preceptors regarding the importance of this project helped out greatly.

Once I had conducted interviews with stakeholders, the next stage was trying to synthesize this information. It was interesting that existing deficits in opioid care were identified both within and across stakeholder groups. Often it wasn't until I understood the full context of opioid care toward the end of my interviews that I understood aspects that were brought up in earlier interviews. Some examples of these were the lack of available medication assisted providers and the role that the justice system played in preventing opioid overdoses.

The next stage was understanding that, in addition to traditional stakeholders such as public health agencies, individuals in recovery, etc., other groups, including the business community, the restaurant/service industry, and religious organizations, also have valuable insights. This experience reinforced the importance not only of thinking outside the box, but also of listening. Although these industries are broadly affected by the opioid epidemic and their contributions to the dialogue were/are important, it was often difficult within this class of stakeholders to identify individuals who were personally affected or could direct me to people who might be. Perhaps because this stakeholder class did not have the same urgency as other stakeholders like

physicians or public health departments, there was a large group of stakeholders in this category that I was never able to reach.

At the time that I began to see recurrent, concrete themes regarding potential needs emerge from my interviews, these gaps were also noted by the WHI-OP and WCHD leadership and were reinforced by quantitative and qualitative survey data. One of the victories of the project was being able to provide face to face information to support and drive the needs assessment. These preliminary needs (or gaps) were shared with the larger WHI organization and Washtenaw community to get feedback. The needs assessment provided the foundation for the current strategic needs planning that we are working on.

At the closing phase, one of the challenges is to ensure that my knowledge and insight is communicated in a meaningful and manageable way to the group who will continue this work. For the major themes that arose as a result of my work, I believe I have done this successfully through reports, presentations, and ongoing communications. I also have other, specific ideas for the strategic plan, such as the design of an online navigation tool and information repository, and I continue to explore ways to provide this input to the team, e.g., by providing prototypes and wireframes.

I am proud of the opportunity to have participated in the 2018-2019 Albert Schweitzer Fellowship and I look forward to continuing as a Fellow for Life.