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Title

Opioid Abatement Toolkit: Using Community-Level Data to Address the Spectrum of Needs and Priorities across Virginia's Cities

Priority 1 (Research Category)

Population health and epidemiology

Presenters

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Abstract

Introduction: The opioid epidemic results in over 100,000 deaths annually. Virginia and many other states have received funding from national-level opioid settlements, administered through the Virginia Opioid Abatement Authority (OAA), to help combat this crisis. We are developing an online toolkit to help city and county officials identify and implement evidence-based strategies to address opioid mortality. While many resources already exist, this initiative aims to provide both broad and individualized content to cities and counties to help them prioritize and implement evidence-based activities for the prevention and treatment of opioid use disorder.

Methods: We employ a community-engaged approach to identify community needs, resources, and priorities, and to iteratively review and refine toolkit development. In addition to a statewide survey, we use data from the 2021 American Community Survey and Virginia all-payer claims database for each zip-code tabulation area to understand the impact of community-level factors on opioid mortality and integrate this into our toolkit development. We conduct meetings with community stakeholders to iteratively review survey results and population health data.

Results: Cities and counties across Virginia reported a wide spectrum of needs and priorities, largely related to resource planning and implementation management, identifying and supporting priority

populations, and data tracking and monitoring. On one end of the spectrum, some cities and counties have been allocated abatement funding but have not yet used it due to challenges with planning or prioritization. Other cities and counties have identified priority areas (e.g., opioid use among pregnant and postpartum women), but need population-level data and guidance on selecting evidence-based strategies to guide their efforts. Lastly, others have well-established and defined programs, but need assistance with data tracking, data monitoring, and collecting additional data to support renewal of abatement funding. Additional data on toolkit use will be shared.

Conclusions: The development of a state-level opioid abatement toolkit that integrates local-level socioecological health data and stakeholder feedback through a community-engaged approach can help address the unique spectrum of needs and priorities across cities and counties applying for and using abatement funds. Findings from this work can be used to inform similar abatement efforts in other states.