

**University of Minnesota Clinical and Translational Science Institute**

**Office of Community Engagement to Advance Research and Community Health  
(CEARCH)**

The 'U' is for You: Supporting Community Engagement with the UMN

NIH Clinical and Translational Science Award at the University of Minnesota: UL1 TR002494

To: Office of Community Engagement to Advance Research and Community Health

From:

Re: Summary Report

The project entitled **“Shifting the Opioid Conversation from Stigma to Strengths: Opportunities for Using MyStrengths+MyHealth Data in Communities” was funding 2018-2019.** The purpose was to 1.) provide data from the community to the community, including strengths as well as needs, 2.) engage in meaningful community conversations 3.) bring to light previously private conversations regarding who is using opioids and how they get them 4.) leverage community strengths to address the opioid crisis. This foundational work is a critical first step in building a research trajectory that will advance knowledge of a new way to understand the whole picture of health (not just disease) from the consumer's perspective.

### **Background**

Abusing and overdosing on opioids—the “opioid epidemic” —is perceived as a stigmatizing “war on drugs” in underrepresented communities, while a health issue when affecting the majority (for the underrepresented, opioid addiction is seen as a crime, not a health problem). At Hue-MAN we seek to improve health and healthcare for racial and ethnic minority communities that experience significant disparities. We need better information in order to have meaningful dialogue about opioids and the health of our community. We need to know the facts about how opioids are affecting the lives of individuals within our community. We also need to understand more about the whole picture of health so that we can begin to address what's happening. We have community members who are ready to engage and partner with the University to get information to help us plan strategies to address the opioid issues and stigma that go hand-in-hand.

In May 2017, community members led by Hue-MAN, faculty and staff from the University of Minnesota, Minnesota government representatives, as well as representatives from Minnesota HMOs gathered at the Center for Changing Lives to discuss opioid use in the community. A second community meeting in November 2017, with a presentation by Prime Therapeutics, and community partnerships continued the discussion. In February 2018 leaders from Hue-MAN Board of Directors and researchers Karen Monsen and Robin Austin from the School of Nursing met to discuss possible collaboration. We agreed that there are opportunities that could be planned together with communities around getting better information and leveraging community strengths to address the opioid crisis. From these conversations, we understand the need to engage in meaningful community conversations on this topic using real data from communities; bringing to light a previously private conversation because of who is using opioids and how they get them.

This funding allowed us to partner with several community organizations to conduct research about the health and wellbeing of regional communities of color. Our partners—the Hue-MAN Partnership, Parents in Community Action (PICA), Hawthorne Neighborhood Council, and MN Headstart. These partners were and are committed to ensuring that we will reach and engage participants from under-represented communities.

Health disparities, or unfair differences in health status due to social stigma and structural bias, are acknowledged as a critical challenge facing our communities (Olson, 2018). Communities of color often face multiple levels of mutually reinforcing structural disadvantage that contribute to poor health. Efforts to address structural disadvantage are critical but insufficient as long as perceptions of communities of color are seen as a crime rather than whole-persons and communities.

Whole-person health focuses on the whole individual, family, or community, including environmental, psychosocial, and physiological health and health-related behaviors (Martin, 2005). In our research, we focus on strengths as an important component of whole-person health.

Strengths are defined as skills, capacities, actions, talents, potential, and gifts in each individual, each family member, each team member, the family as a whole, and the community (Rotegaard, 2012 ;Miles, 2006). Using their strengths (resilience), many people are able to adapt to the challenges of life and maintain mental health and wellbeing despite exposure to adversity (Chmitorz, 2018). In today's data-driven world, strengths data are rare or non-existent. It is essential to provide a better health data resource to our communities, so that clinicians can connect with communities around understanding social and behavioral determinants of health such as housing, welfare, and poverty, in addition to health problems. Furthermore, such data are critical if we are to answer questions about regional and community-based health disparities. We need to know the whole-person perspective for Minnesotans who are at risk of low literacy and poor health outcomes and who are under-represented in our research. We focus on the perspectives of community members and resilience in our efforts to understand regional health outcomes to avoid the threat of reliance on social determinants understood according to context and not how the individual negotiates such challenges; thereby ensuring that we are not transferring contextual deficiencies onto individuals.

## **Methods**

We engaged with community members at lunch-and-learns, conferences, health fairs, community meetings, and other meetings over the course of a year. At these meetings we invited participants to share information and ideas about ways to address the opioid crisis from the community's perspective. We used a 5-item opioid survey for community members to understand opioid-related information from the community perspective and the MyStrengths+MyHealth application to self-report strengths, challenges, and needs.

## **Outcomes**

From June 1, 2018 – May 31, 2019, the research team conducted 11 community presentations. Participants at these events completed 350 Opioid Community Surveys. Approximately half of the participants had someone affected by opioids misuse or overdose (48.4%). The most common opioids involved were oxycodone (OxyContin, Oxaydo) (35.8%), heroin (smack) (31.2%), and oxycodone and acetaminophen (Percocet, Roxicet) (26.7%). Top resources readily available in the community include Community clinics (41.3%), Twelve-step programs (37%), and Family counseling (36.4%). Full results Table 1.

Participants reported community education (78%), healthcare provider education (66.7%), media campaign (47.7%), first responders (fire and police) carry Narcan (46.2%), access to Narcan (41.9%), and other (16%) resources that would help to reduce opioid misuse and overdose in the community. Other responses included parent resources, Narcan, first aid training, sharing experiences with community, broader understanding of impacts of trauma, activities for kids, hope, living wage jobs.

An open-ended question and community conversations provided additional insights into needs of the community. A consistent theme included the need for common language related to “opioid” terms. Additional community needs included resources specific to opioids to help individuals and families and it was suggested to start early conversations with children, rather than wait until high school, specific education that is tailored, individualized and culturally competent, opportunities to connect and build networks with community clinics and health resources, and more or different treatment approaches. Lastly, there is a need to improve transparency and communication between health providers, the community, and available resources.

The MyStrengths+MyHealth strengths-based assessment showed community members were able to use MSMH, and have more strengths than challenges and needs. The most common strengths were within our communities, in the places and people who live there. The most common challenge was in the realm of mental health – a common challenge across many communities.

### **Discussion, Next Steps, and Implications**

Our community conversations around opioids formed new partnerships and gathered new data about opioids from the community perspective. We found differences by community in opioids concerns and resources as well as in strengths, challenges, and needs. Based on these findings we revised the MSMH app with funding from the UMN Department of Family Medicine, and conducted a community focus group to validate Omaha System plain language terms with funding from the University of Minnesota Foundation. Further research is planned to test MSMH with medical providers to evaluate utility and usefulness of MSMH in moving beyond a deficit perspective in primary care, toward understanding of whole-person health including strengths.

Opioid use and abuse is of great concern in our communities. Using community-specific data to address opioid crisis holds promise. Future research with our community partners will leverage MSMH and community strengths to reduce stigma and improve health and health care for our community.

Impact

### ***Invited Presentations***

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2018). Parents in Community Action “Lunch and Learn” Opioids. PICA Minneapolis. October 19, 2018

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M.. (2018). Parents in Community Action “Lunch and Learn” Opioids. PICA Parent Advisory Group. Minneapolis. November 8, 2018

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2018), Northside Coalition, Hawthorne Neighborhood Council. Minneapolis, MN. November 16, 2018

Monsen, K.A. Austin, R.R., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2019). Minnesota Fathers & Families Network 16th Annual Fatherhood & Family Summit. St. Cloud Conference January 2019

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2018). Parents in Community Action “Lunch and Learn” Opioids. PICA Parent Advisory Group. Minneapolis. March 15, 2019

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2019). Minnesota Head Start Conference. Home Visitors. Minnesota Head Start Parent Conference. Brainerd, MN April 9, 2019

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2019). Minnesota Head Start Conference. Home Visitors. Minnesota Head Start Parent Conference. Brainerd, MN April 9, 2019

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2018). Parents in Community Action and Minneapolis Public Schools Summit. April 14, 2019 Swedish Institute, Minneapolis, MN

Jones, R.C. (2018). A Voice from the Community. Omaha System International Conference. April 4, 2019. Eagan, MN

### ***Poster Presentations***

Austin, R.R. Monsen, K.A., Oghumah, I., Ondara, C., Jones, R.C., Eder, M. (2019). Leveraging Community Strengths to Address the Opioid Crisis. 2019 Power of Partnerships Poster Session

Ondara, C., Austin, R.R. Monsen, K.A., Oghumah, I., Jones, R.C., Eder, M. (2019). Leveraging Community Strengths to Address the Opioid Crisis. Omaha System International Conference. April 4-5, 2019.

### ***Publications***

Michalowski, M., Austin, R.R., Mathiason, M., Schorr, E., Monsen, K.A. (under review). Understanding Health (In)Equity and Outcomes: A Data-Driven Consequentialist Informatics Approach.

### ***Grants/Funding***

This research was focused to understand whole-person health of our communities, including strengths as well as challenges and needs. This is important because most research is conducted from a deficit perspective, and that perspective permeates our views of society in general which focuses on symptomology and disease. Future research will focus on transforming cultural and clinical norms using a whole person perspective that incorporates structured data to augment the dominant paradigm regarding communities of color to incorporate resilience. We anticipate downstream consequences of this work to be improved therapeutic relationships, better health, empowered communities, and public policy changes. This research provides the necessity of having whole-person data to counteract stigma and its adverse health consequences at the population-level and to address the persistent problem of structural bias and of health disparities. This novel work begins to provide personalized education for communities to address the growing concern of opioid misuse and abuse. A long-

term goal of this research is to build a better—community friendly—health data that will incorporate strengths data alongside usual healthcare data.

### ***Lessons Learned***

Lessons learned as a result of this research is communities are interested in working together to solve the opioid crisis that includes community organizations, public school educators, law enforcement, fire and first responders, and community activists. Including the voice of the community is essential to understand difference perspectives, develop and provide personalized interventions, and inform needed policy changes. Future work will include applying for additional funding to develop personalized interventions and identified needed resources based on community responses. This work will be compiled into a publication for broad dissemination.

Table 1. Opioid Survey Results

Questions	TOTALS	%
<b>Have you or someone you care about been affected by opioid misuse or overdose?</b>	327	
Yes, very much	61	18.7%
Yes	97	29.7%
Somewhat	40	12.2%
Not very much	28	8.6%
Not at all	93	28.4%
 <b>What opioids were involved?</b>		
oxycodone (OxyContin, Oxaydo)	117	35.8%
heroin (smack)	102	31.2%
oxycodone and acetaminophen (Percocet, Roxicet)	87	26.6%
codeine (only available in generic form)	72	22.0%
hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)	63	19.3%
methadone (Dolophine, Methadose)	51	15.6%
hydrocodone (Hysingla ER, Zohydro ER)	50	15.3%
fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis)	47	14.4%
morphine (Kadian, MS Contin, Morphabond)	33	10.1%
oxycodone and naloxone	33	10.1%
other: meth, crack, cocaine, cocaine w/opiates, unsure	23	7.0%
hydromorphone (Dilaudid, Exalgo)	11	3.4%
meperidine (Demerol)	11	3.4%
 <b>What resources are readily available?</b>		
Community clinic that helps diagnose, treat, and educate about opioid-related concerns	135	41.3%
Twelve Step Groups	121	37.0%

Family counseling	119	36.4%
Recovery housing	106	32.4%
Detoxification programs	102	31.2%
Community outreach	89	27.2%
Emergency nurse call line	72	22.0%
Prescription drug drop boxes	59	18.0%
Quick Response Teams	44	13.5%
Medication Assisted Treatment (MAT)	41	12.5%
Screening, Brief Intervention, Referral to Treatment (SBIRT)	39	11.9%
Other: Treatment/Rule 25, hospitalization, 911, pain clinic, unsure	19	5.8%
Alternative Sentencing Centers	25	7.6%

**Which of the following would help reduce opioid misuse and overdose in your community (pick all that apply)**

Community education	255	78.0%
Healthcare provider education	218	66.7%
Media campaign	156	47.7%
Have first responders (fire and police) carry Narcan	151	46.2%
Access to Narcan	137	41.9%
Other: parent resources, narcan, first aid training, share experiences with community, broader understanding of impacts of trauma, none of the above, activities for kids, hope, living wage jobs	52	15.9%

---