



Southeast (HHS Region 4)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Health Equity Series 3: Equity, Inclusion, & Prevention: A Rural & Appalachian Conversation

December 6, 2023

Presented by

Trent Coffey

Schools Together Allowing No Drugs
(STAND)

Mike Meit

East Tennessee State University
Center for Rural Health Research





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Disclaimer

- This training is 100% supported SAMHSA of the U.S. Department of Health and Human Services (HHS).
- The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

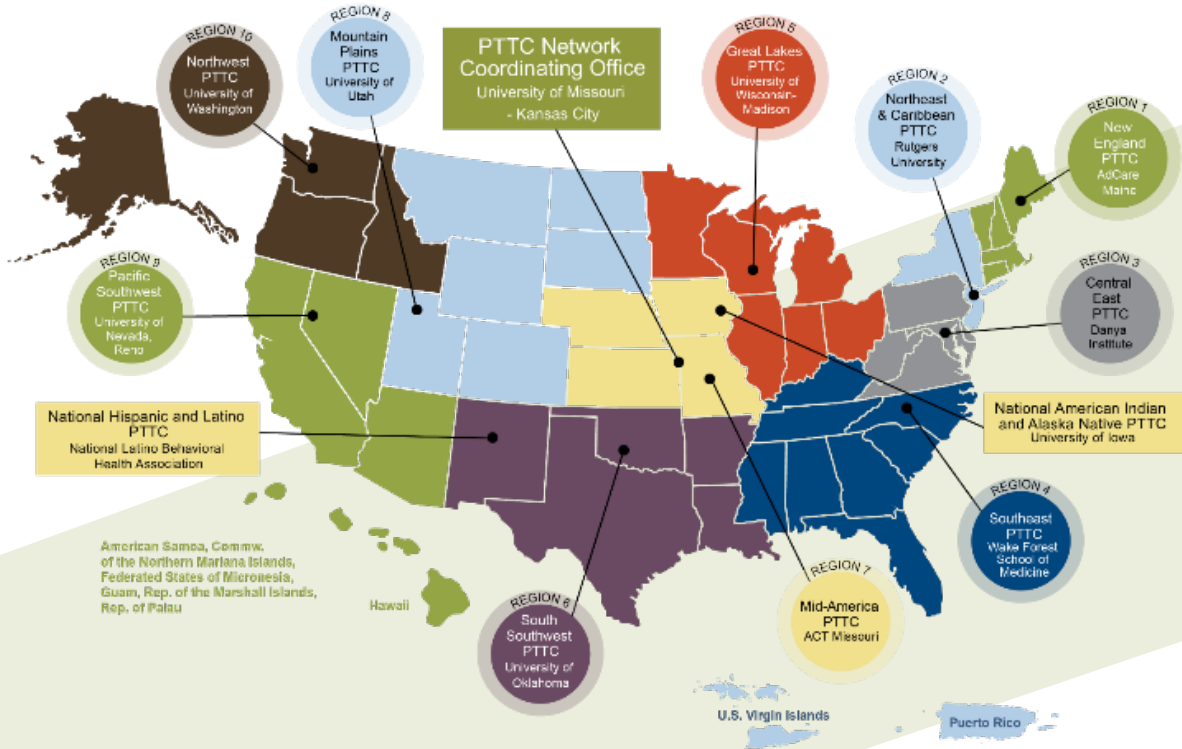
===== **PEOPLE FIRST.** =====

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



PTTC Prevention Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration

PTTC Network



Co-Directors
 Kimberly Wagoner, DrPH, MPH
 and Mark Wolfson, PhD



Wake Forest University
School of Medicine

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TONS of great trainings to share/watch with your coalition members

Upcoming Events

Promoting Prevention by
Understanding the Who, What,
and Why of Psychostimulant Use
with Daryl Shorter, MD

January 24 @ 12pm ET

Advancing Health Equity Through
the SPF, with Region 3 and SPTAC

Feb 5-9, 2024

Today's Presenters



Agenda

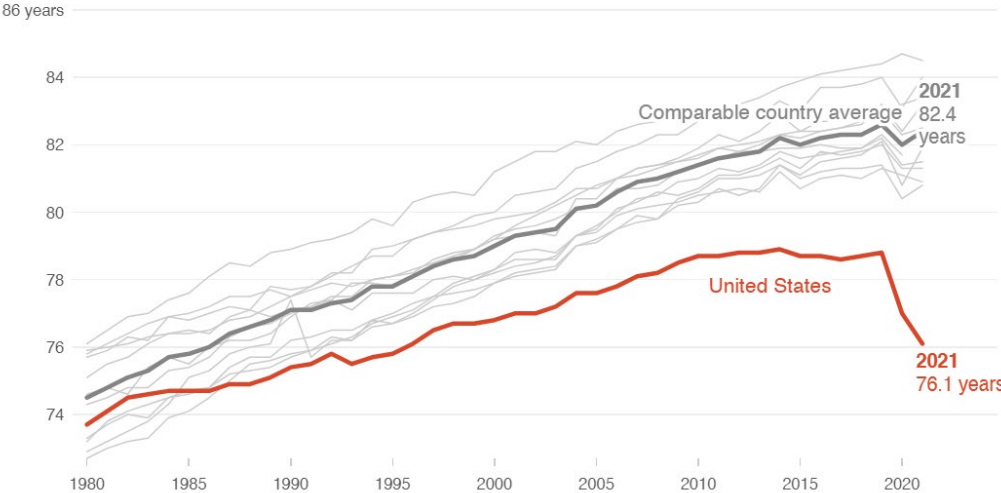
- Rural Health Inequities
 - United States
 - Appalachia
- Impacts of Poverty
 - United States
 - Appalachia
- Rural Resilience
 - Strengths and Assets



Life Expectancy in the US is Declining

Life expectancy continues to decline in the U.S. as it rebounds in other countries

Life expectancy around the world decreased in 2020 due to COVID-19. Most peer countries rebounded by 2021, while the U.S. continued to decline.



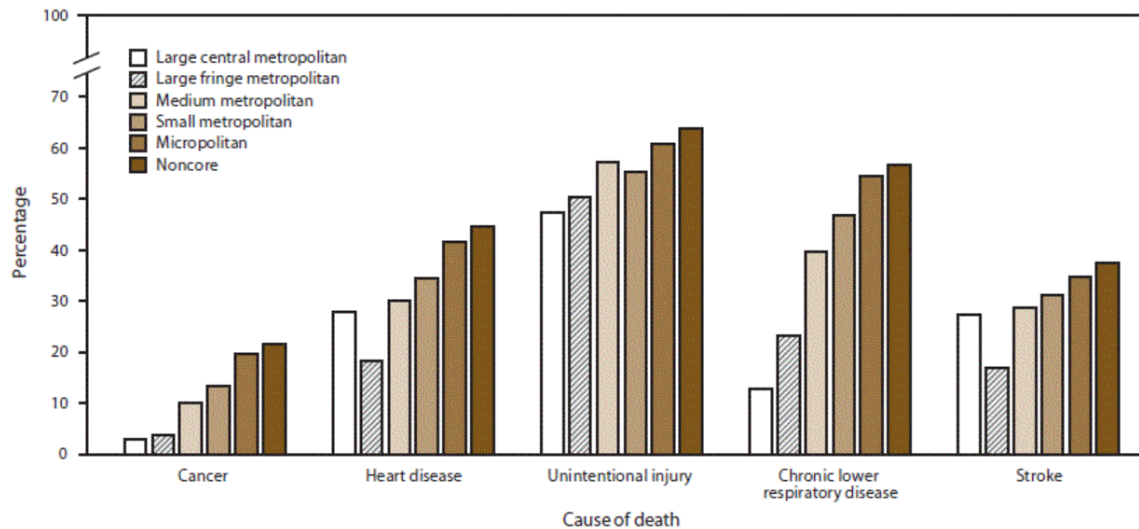
Source: Peterson-KFF Health System Tracker

Credit: Ashley Ahn/NPR



Rural vs. Urban Differences – Leading Causes

FIGURE 6. Percentage of deaths that were potentially excess* among persons aged <80 years from the five leading causes of death, by urban-rural county classification — National Vital Statistics System, United States, 2017



* Potentially excess deaths are defined as deaths among persons aged <80 years in excess of the number that would be expected if death rates for each cause in all states were equivalent to those in the benchmark states (i.e., the three states with the lowest rates).



Select the **State**, **Gender**, and **Year** of interest below:

State/Region
*Appalachia

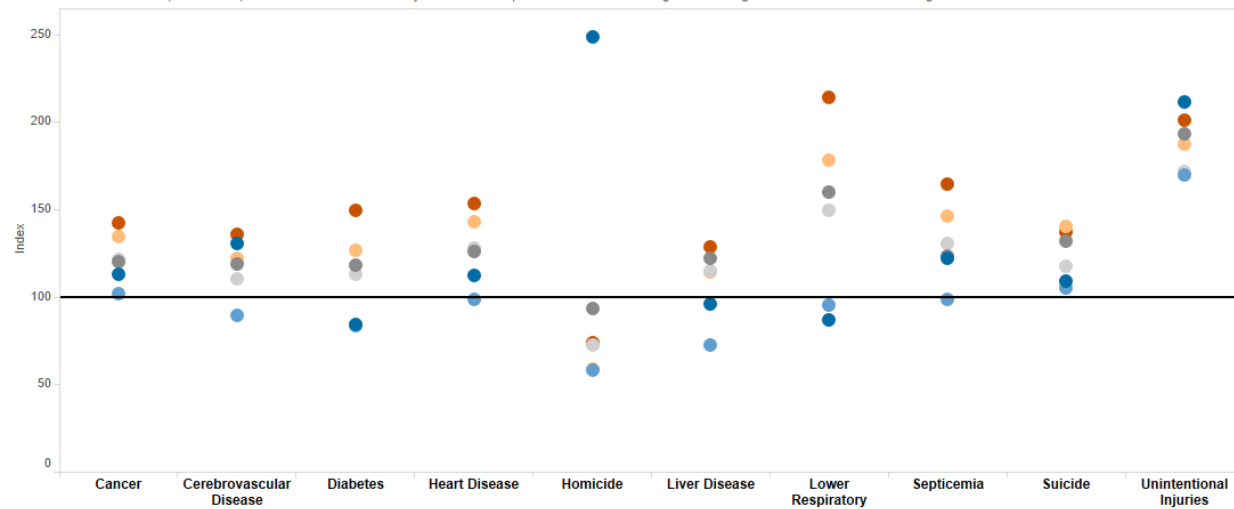
Gender
○ Female
● Male

Year
2015 to 2017

Rural-Urban Status
 ■ Large Central Metro
 ■ Large Fringe Metro
 ■ Medium Metro
 ■ Small Metro
 ■ Micropolitan (Nonmetro)
 ■ NonCore (Nonmetro)

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Males Age 15 to 64, in *Appalachia, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.



NOTES: A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates. See Data Tables and Technical Notes from the main Exploring State Rural and Urban Mortality Differences page for explicit details including explanation of mortality index, age-adjustment, cause of death, etc.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.



Select the **State**, **Gender**, and **Year** of interest below:

State/Region
*Appalachia

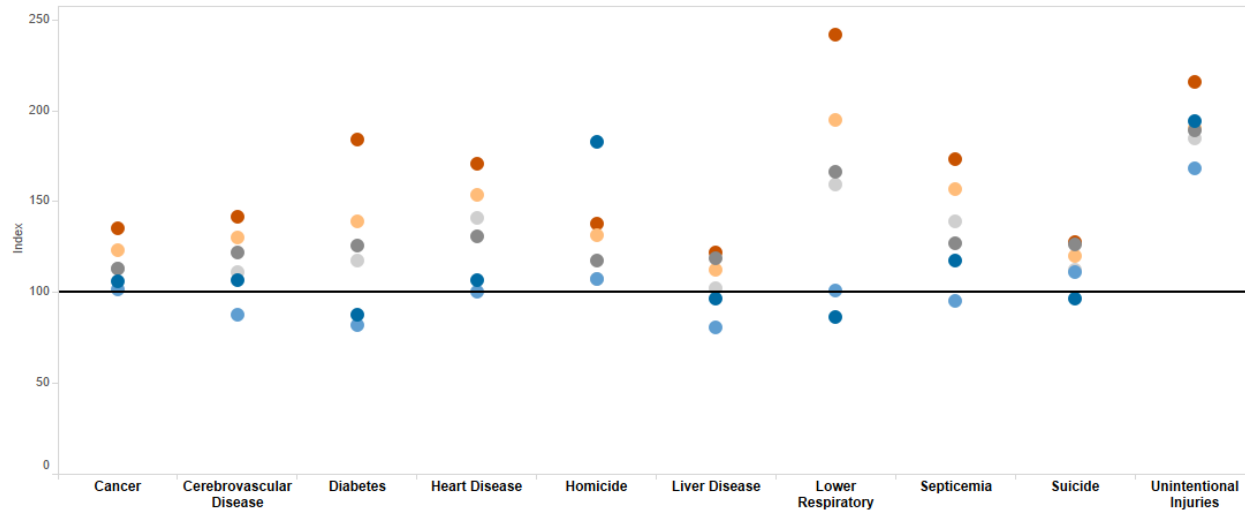
Gender
 Female
 Male

Year
2015 to 2017

Rural-Urban Status
 Large Central Metro
 Large Fringe Metro
 Medium Metro
 Small Metro
 Micropolitan (Nonmetro)
 NonCore (Nonmetro)

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Females Age 15 to 64, in *Appalachia, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.



NOTES: A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates. See Data Tables and Technical Notes from the main Exploring State Rural and Urban Mortality Differences page for explicit details including explanation of mortality index, age-adjustment, cause of death, etc.

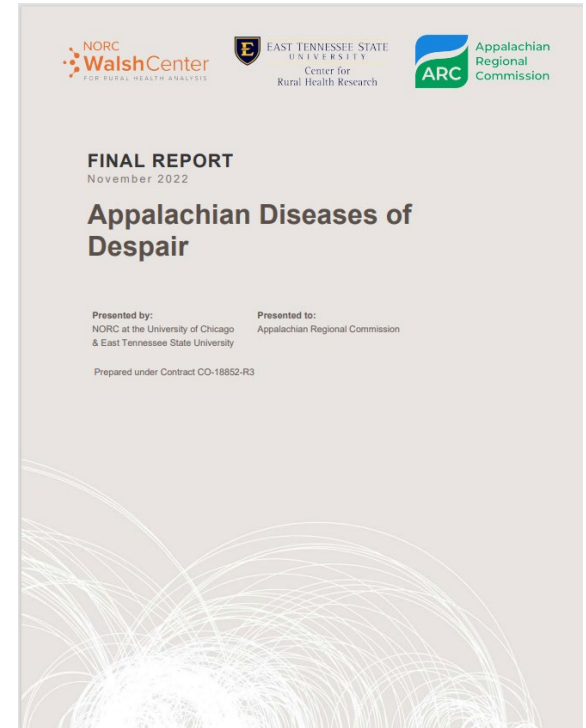
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.



Appalachian Diseases of Despair (Neglect)

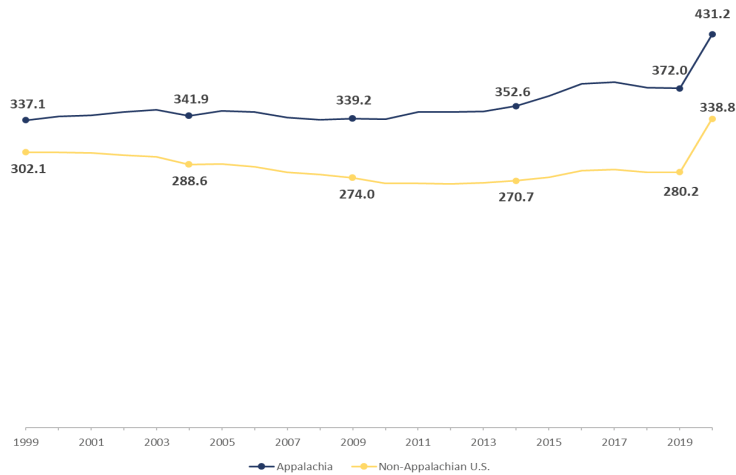
- Update to studies conducted in 2017 using 2015 data and 2020 using 2018 data
- Analysis of 2020 mortality data¹ among individuals ages 15 to 64 for the following causes of death (“diseases of despair”):
 - Overdose (Alcohol poisonings and overdoses of prescription and illegal drugs – accidental and intent-undetermined deaths)
 - Suicide
 - Alcoholic liver disease/cirrhosis

¹CDC National Center for Health Statistics (NCHS)’s National Vital Statistics System (NVSS), accessed at <http://wonder.cdc.gov/mcd-icd10.html>



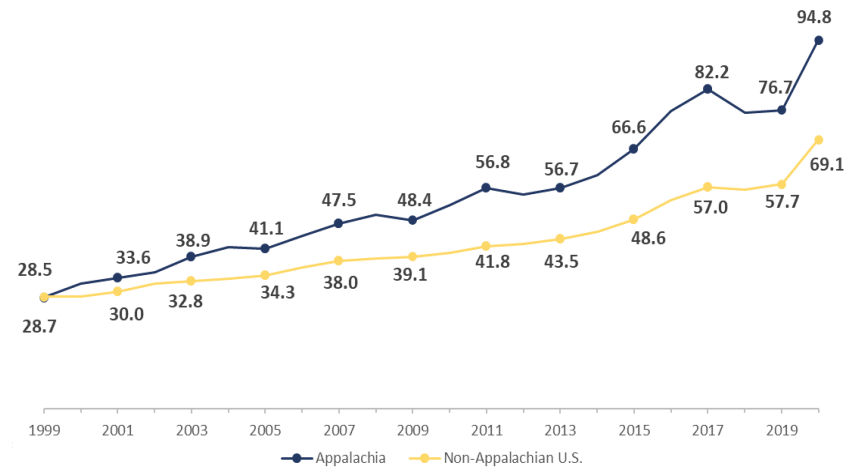
Appalachian Diseases of Despair

All-cause annual mortality rates, ages 15–64, by region (1999–2020)†*



For all years, the Appalachian rate is significantly different from the non-Appalachian U.S. rate, $p \leq 0.05$.
 Source: Mortality Rates and Standard Errors provided by Centers for Disease Control and Prevention, National Center for Health Statistics.
 Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

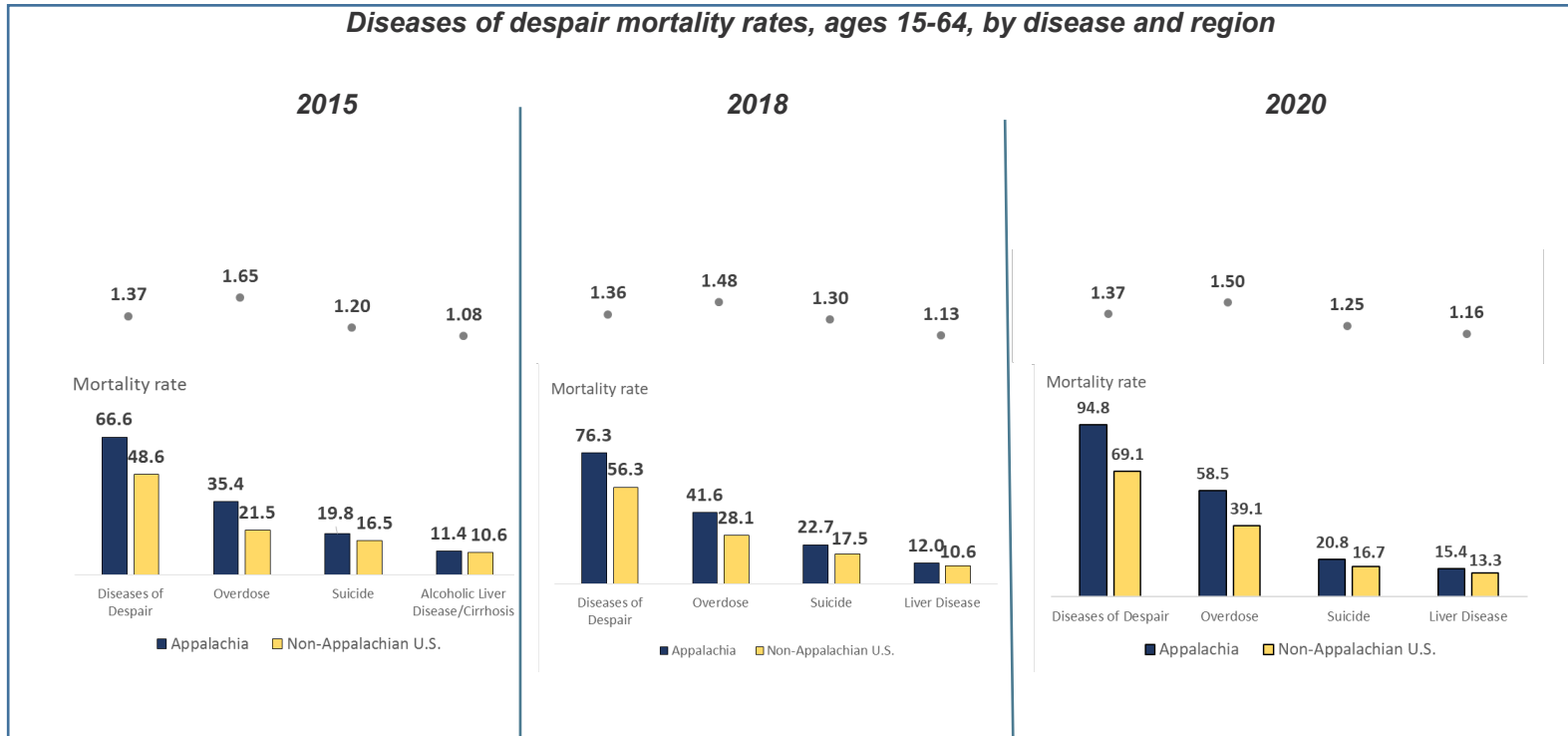
Diseases of despair annual mortality rates, ages 15–64, by region (1999–2020)†*



For all years, the Appalachian rate is significantly different from the non-Appalachian U.S. rate, $p \leq 0.05$.
 Source: Mortality Rates and Standard Errors provided by Centers for Disease Control and Prevention, National Center for Health Statistics.
 Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

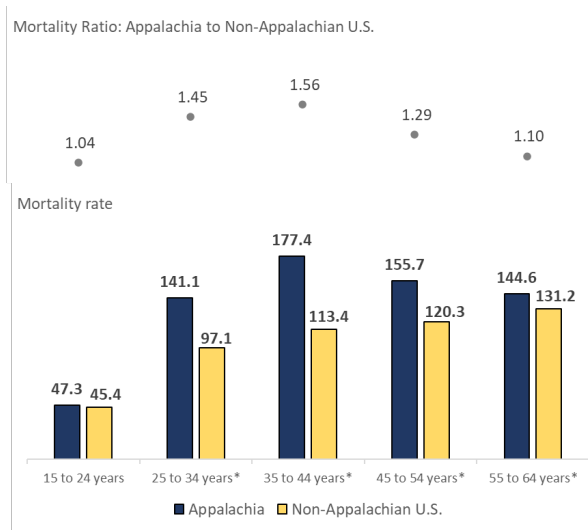
Comparisons Between 2015 and 2018 and 2020

Diseases of despair mortality rates, ages 15-64, by disease and region



Deaths of Despair by Age and Gender

Diseases of despair mortality rates for males, ages 15-64, by age and region (2020)^{†*}



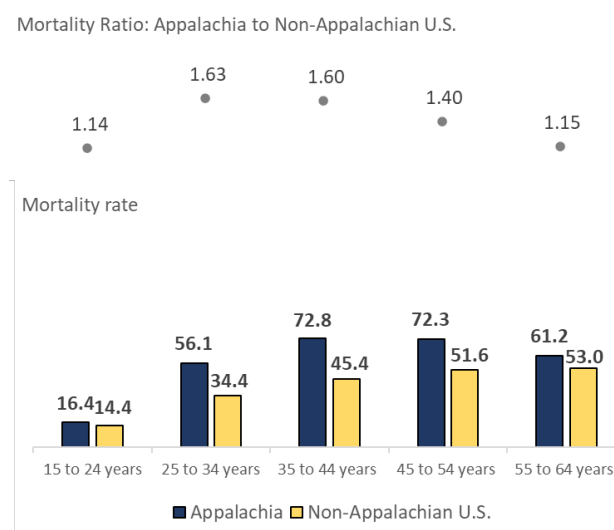
[†] Rates are presented as deaths per 100,000 population. Rates are crude mortality rates for each age group.

* For all age groups, Appalachian rate is significantly different from the non-Appalachian U.S. rate, $p \leq 0.05$.

Source: Mortality Rates and Standard Errors provided by Centers for Disease Control and Prevention, National Center for Health Statistics.

Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

Diseases of despair mortality rates for females, ages 15-64, by age and region (2020)^{†*}



[†] Rates are presented as deaths per 100,000 population. Rates are crude mortality rates for each age group.

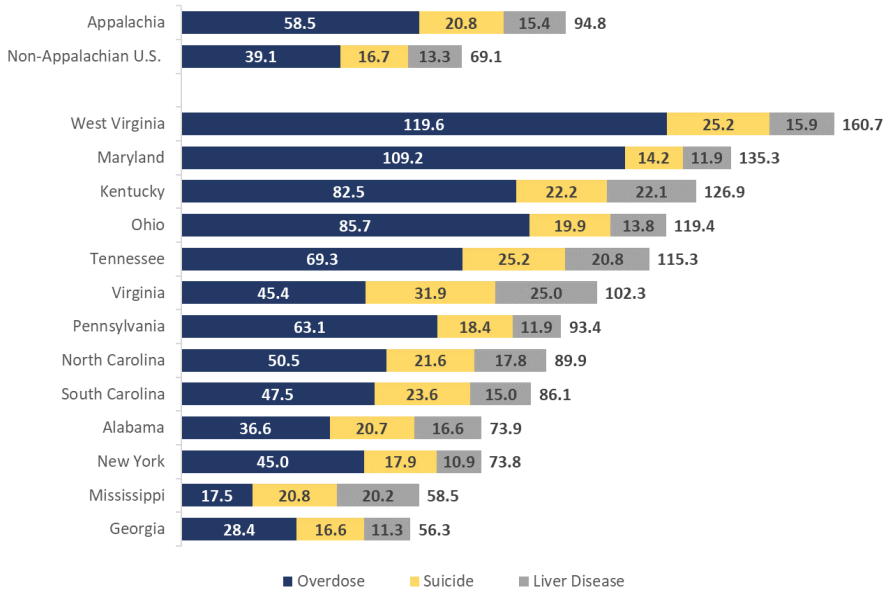
* For all age groups, Appalachian rate is significantly different from the non-Appalachian U.S. rate, $p \leq 0.05$.

Source: Mortality Rates and Standard Errors provided by Centers for Disease Control and Prevention, National Center for Health Statistics.

Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

Deaths of Despair by State

Diseases of despair mortality rates, ages 15-64, by state[^] and disease (2020)[‡]



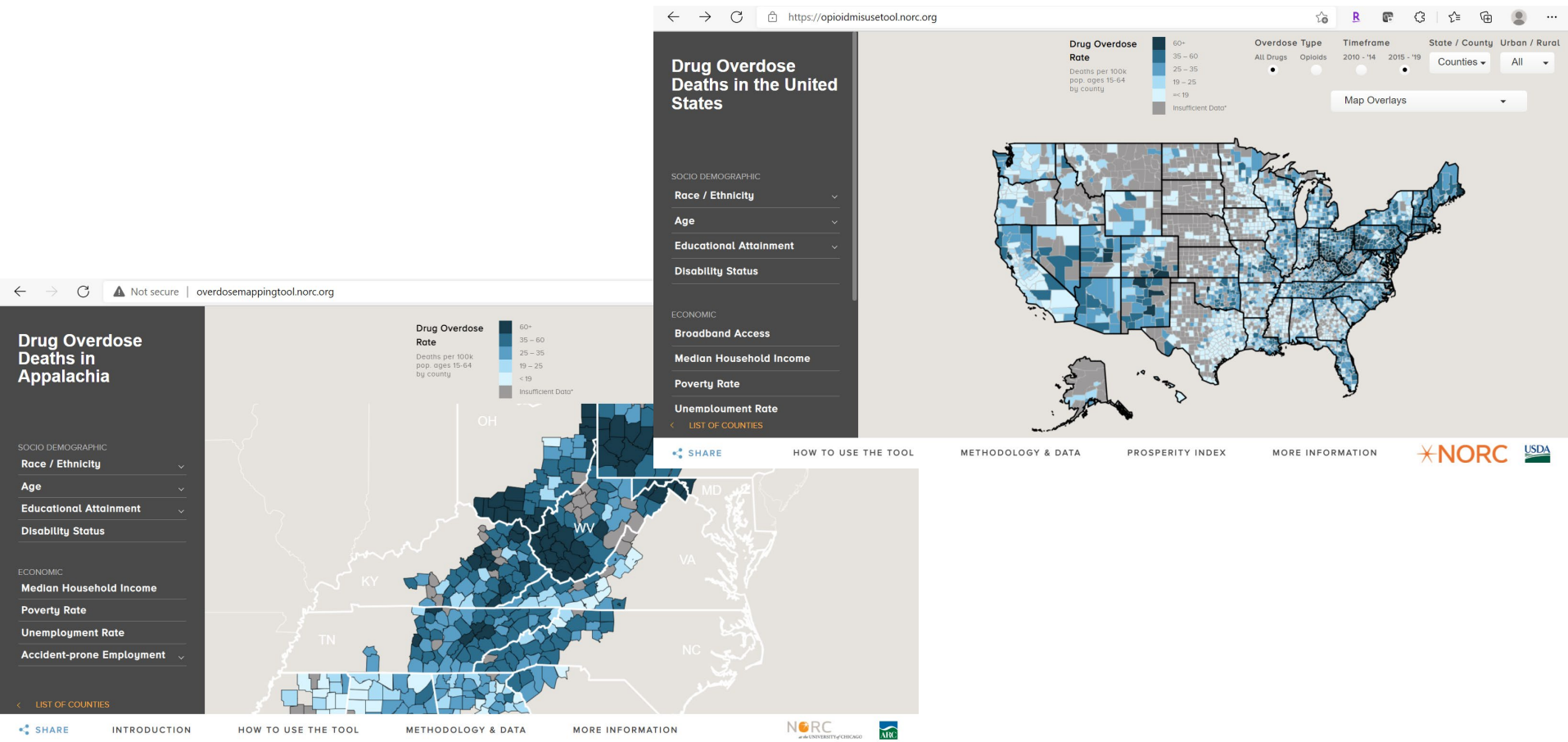
[^] For states within Appalachia, only the mortality rate for the Appalachian counties is shown.

[‡] Rates are presented as deaths per 100,000 population. Rates are age adjusted.

Source: Mortality Rates and Standard Errors provided by Centers for Disease Control and Prevention, National Center for Health Statistics.

Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

Appalachian Overdose Mapping Tool – <https://overdosemappingtool.norc.org>
U.S. Overdose Mapping Tool – <https://opioidmisusetool.norc.org>



Opioid Misuse Community Assessment Tool

County Profile: 2015-2019
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Rowan County, KY

Drug Overdose Mortality Rate

46.4

Deaths per 100k population
(Ages 15-64)

48.5

Kentucky Drug Overdose Mortality Rate

28.7

U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources >](#)

[See Prosperity Index >](#)

28

Total Deaths

24,507

Population

Rural

Urban / Rural

Choose County Profile Data Time Period

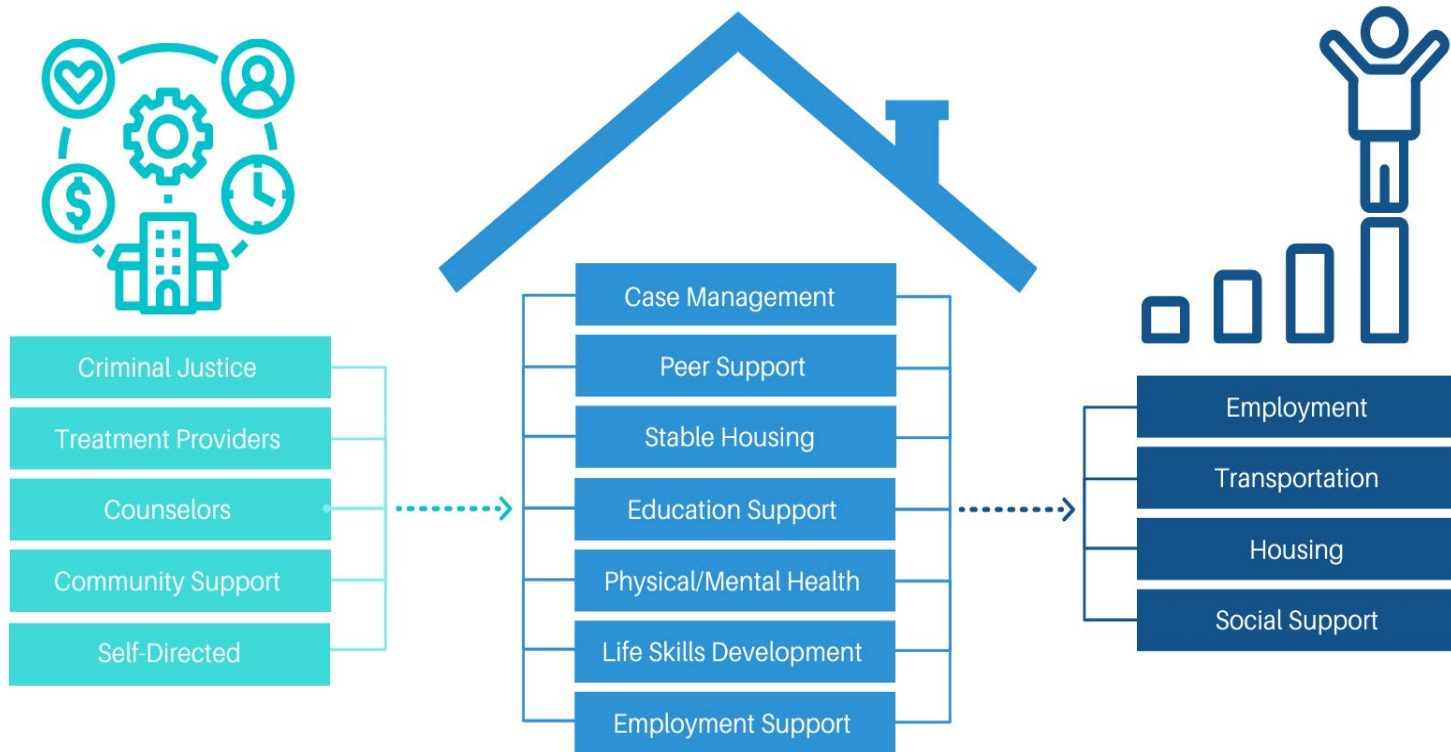
2010-2014

2015-2019

Change from 2010-2014 to 2015-2019

Note: Sociodemographic and economic data are provided to show composition of the total population; they DO NOT reflect the proportions of individuals who died as a result of overdose.

| SOCIO DEMOGRAPHIC | Rowan County | Kentucky | United States |
|---|--------------|----------|---------------|
| Race / Ethnicity | | | |
| White (non-Hispanic) | 94.5% | 84.6% | 60.7% |
| African American (non-Hispanic) | 1.5% | 8.0% | 12.3% |
| Hispanic or Latino | 1.7% | 3.7% | 18.0% |
| Asian (non-Hispanic) | 0.8% | 1.5% | 5.5% |
| Native Hawaiian/Pacific Islander (non-Hispanic) | 0.0% | 0.1% | 0.2% |
| American Indian/Alaska Native (non-Hispanic) | 0.2% | 0.2% | 0.7% |
| Age | | | |
| Under 15 | 15.8% | 18.8% | 18.7% |
| 15-64 | 70.6% | 65.2% | 65.6% |
| 65+ | 13.6% | 16.0% | 15.6% |
| Educational Attainment | | | |
| At least High School Diploma (25-) | 84.2% | 86.3% | 88.0% |
| Bachelor's Degree or more (25-) | 25.1% | 24.2% | 32.1% |
| Disability Status | | | |
| % Residents with a disability (18-64) | 15.4% | 16.0% | 10.3% |
| ECONOMIC | | | |
| Broadband Access (3 or more providers) | | | |
| | 99.0% | 94.3% | 95.3% |
| Median Household Income | | | |
| | \$38,230 | \$50,589 | \$62,843 |
| Poverty Rate | | | |
| | 27.9% | 17.3% | 13.4% |
| Unemployment Rate | | | |
| | 5.0% | 5.6% | 5.3% |
| Injury-prone Employment | | | |
| Construction | 0.4% | 4.2% | 4.8% |
| Mining and Natural Resources | 0.0% | 1.0% | 1.3% |
| Manufacturing | 10.6% | 13.3% | 8.7% |
| Trade, Transportation, & Utilities | 18.6% | 21.1% | 18.9% |



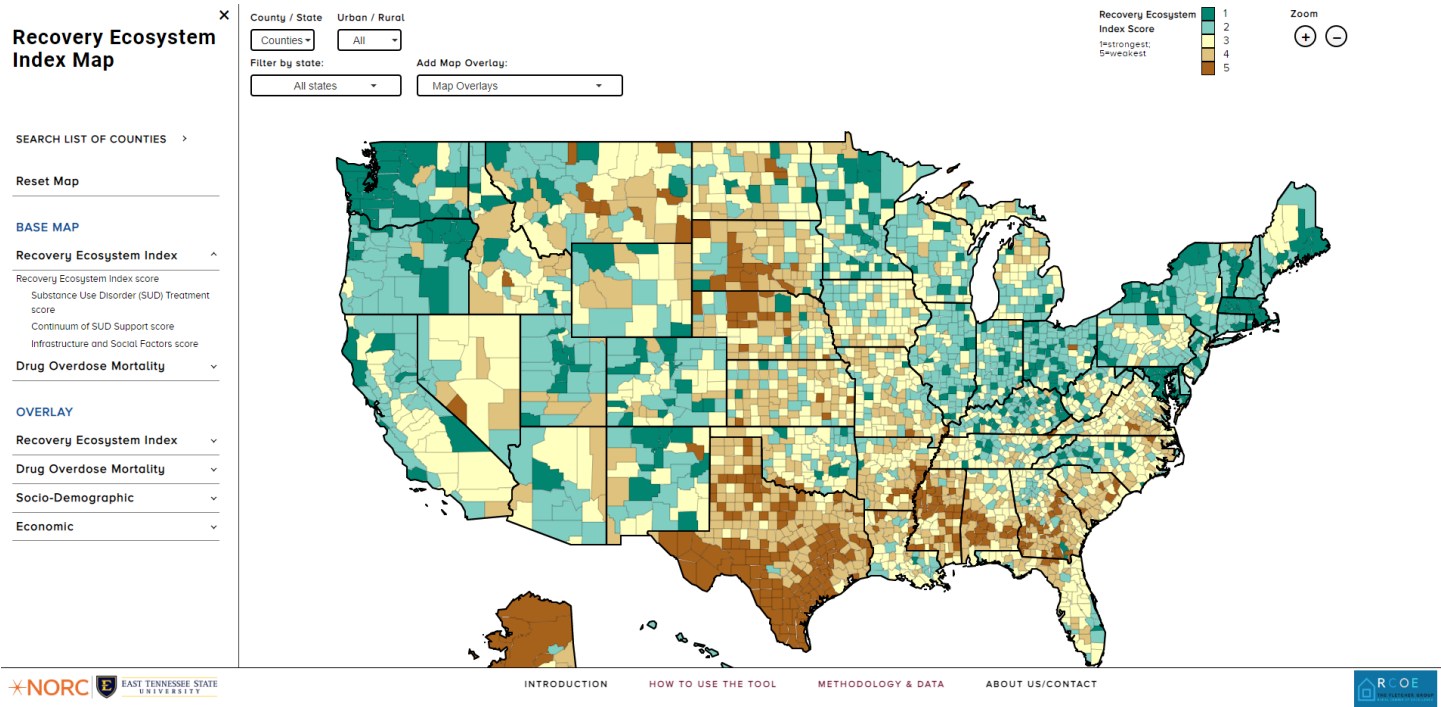
Recovery Ecosystem Index Mapping Tool

<https://rei.norc.org>

| Component/ Domain | Indicator |
|-----------------------------------|---|
| SUD Treatment | Substance Use Treatment Facilities Per Capita |
| | Providers Licensed to Administer Buprenorphine Per Capita |
| | Average Distance to Nearest Medication-Assisted Treatment (MAT) Provider |
| | Mental Health Providers Per Capita |
| Continuum of SUD Support | Recovery Residences Per Capita |
| | Average Distance to Nearest Syringe-Service Program (SSP) |
| | Narcotics Anonymous (NA) or Self-Management and Recovery Training (SMART) Meetings per Capita |
| | Drug Court Presence |
| | Drug-Free Communities Coalition Presence |
| | Policy Environment Score |
| Infrastructure and Social Factors | Vehicle Availability |
| | Severe Housing Cost Burden |
| | Broadband Access |
| | Social Associations Per Capita |

Recovery Ecosystem Index Mapping Tool

<https://rei.norc.org>



Recovery Ecosystem Index Mapping Tool

<https://rei.norc.org>

Pike County, KY

Recovery Ecosystem Index Score

1.0 1=strongest; 5=weakest

58,595 Population (Rural)

Hover over a variable in the data table, and its definition will appear below

Select data table: Recovery Ecosystem Index ▼

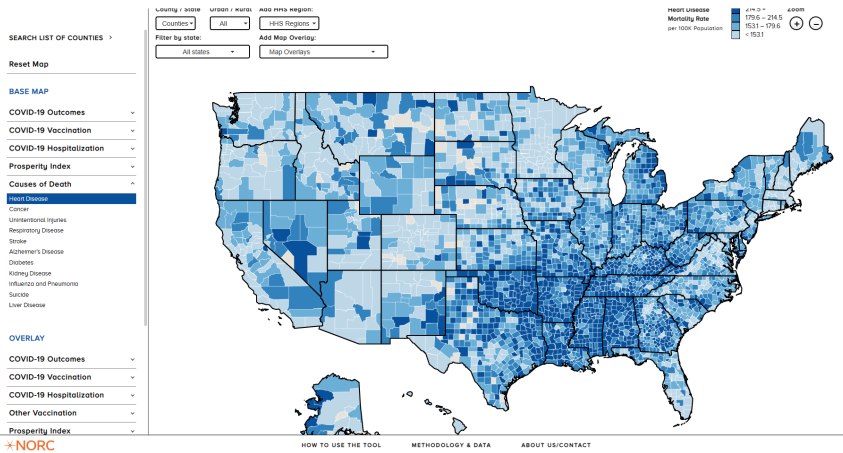
Print Data Tables

| | Component | Score | Sub-Component | Pike County, KY | Kentucky | United States |
|---------------------------|-----------|-------|---|-----------------|----------|---------------|
| SUD Treatment | | 1 | Substance Use Treatment Facilities per 100k | 171 | 10.5 | 4.3 |
| | | | Buprenorphine Providers per 100k | 66.6 | 22.7 | 15.2 |
| | | | Average Distance to Nearest MAT Provider (miles) | 8.7 | N/A | N/A |
| | | | Mental Health Providers per 100k | 121.2 | 258.7 | 284.4 |
| Continuum of SUD Support | | 1 | Recovery Residences per 100k | 3.4 | 2.2 | 1.0 |
| | | | Average Distance to Nearest SSP (miles) | 13.9 | N/A | N/A |
| | | | NA or SMART Meetings per 100k | 20.5 | 8.3 | 8.1 |
| | | | Is there a Drug-Free Communities Coalition? | No | 18.3% | 15.6% |
| | | | Is there a Drug Court? | Yes | 47.5% | 48.2% |
| | | | State SUD Policy Environment Score (10=highest; 0=lowest) | 6.0 | 6.0 | N/A |
| Infrastructure and Social | | 4 | One or More Vehicles | 91.9% | 93.0% | 91.5% |
| | | | Broadband Access | 75.7% | 81.6% | 85.2% |
| | | | Social Associations per 10k | 6.8 | 9.6 | 8.7 |
| | | | Severe Housing Cost Burden | 14.3% | 11.2% | 13.0% |

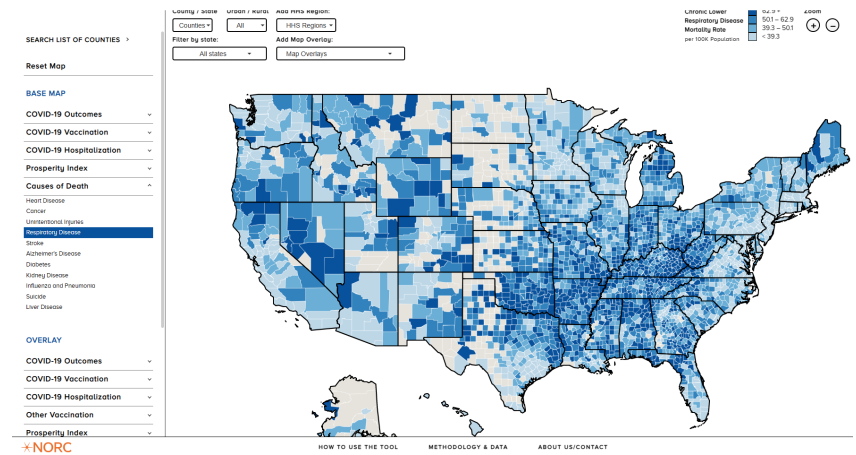
Recovery Health Mapping Tool

<https://ruralhealthmap.norc.org>

Cardiovascular Disease Mortality



Respiratory Disease Mortality



Recovery Health Mapping Tool

<https://ruralhealthmap.norc.org>

CLOSE

Hancock County, TN

% Completed Primary Series Total Population **33.4%**

Population (Rural, Non-core) **6,587**

The mortality rate for counties with 10 to 19 deaths during the time period is considered unreliable and therefore not presented. The mortality rate for counties with fewer than 10 deaths during the time period is suppressed.

Click on a variable in the leftmost column of the data table to see its definition.

Select data table:

Print Data Tables

Causes of Death Data Table

| Causes of Death | Hancock County | Tennessee | United States |
|-------------------------|----------------|-----------|---------------|
| Heart Disease | 313.8 | 253.6 | 205.6 |
| Cancer | 294.9 | 209.2 | 182.8 |
| Unintentional Injuries | 75.6 | 82.0 | 58.2 |
| Stroke | 79.4 | 52.4 | 47.2 |
| Respiratory Disease | 177.7 | 66.2 | 46.4 |
| Alzheimer's Disease | 98.3 | 48.2 | 37.8 |
| Diabetes | 98.3 | 34.4 | 28.7 |
| Kidney Disease | Suppressed | 16.4 | 15.9 |
| Influenza and Pneumonia | Suppressed | 20.9 | 15.5 |
| Liver Disease | Suppressed | 18.1 | 14.8 |
| Suicide | Suppressed | 17.6 | 14.4 |



Impacts of Poverty



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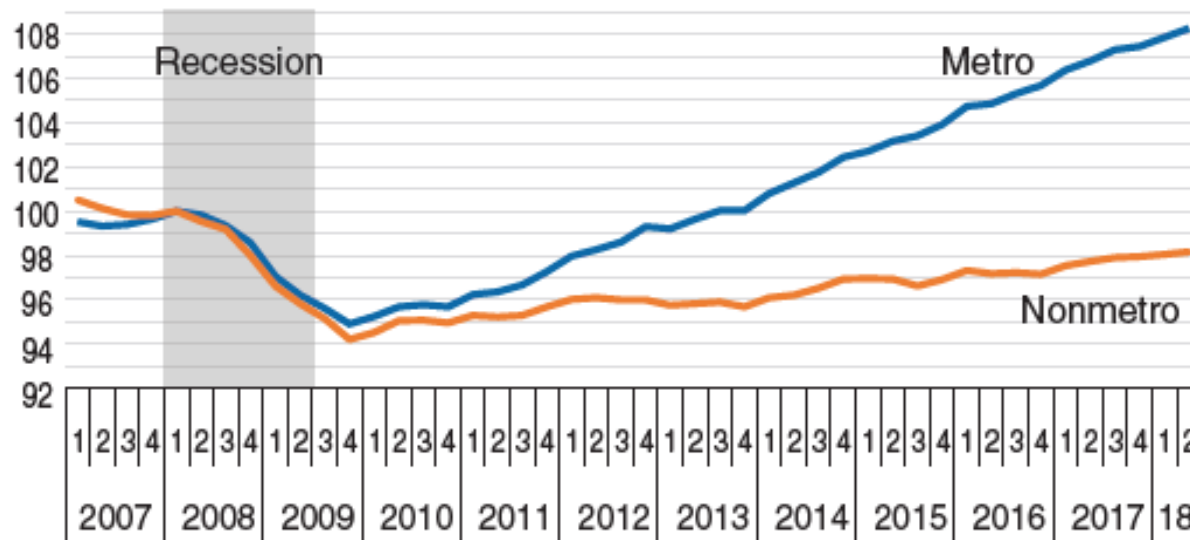
Social Determinants (Drivers) of Health

Social Determinants of Health



Rural Versus Urban Job Growth Since Recession

Employment index (2008 Q1=100)

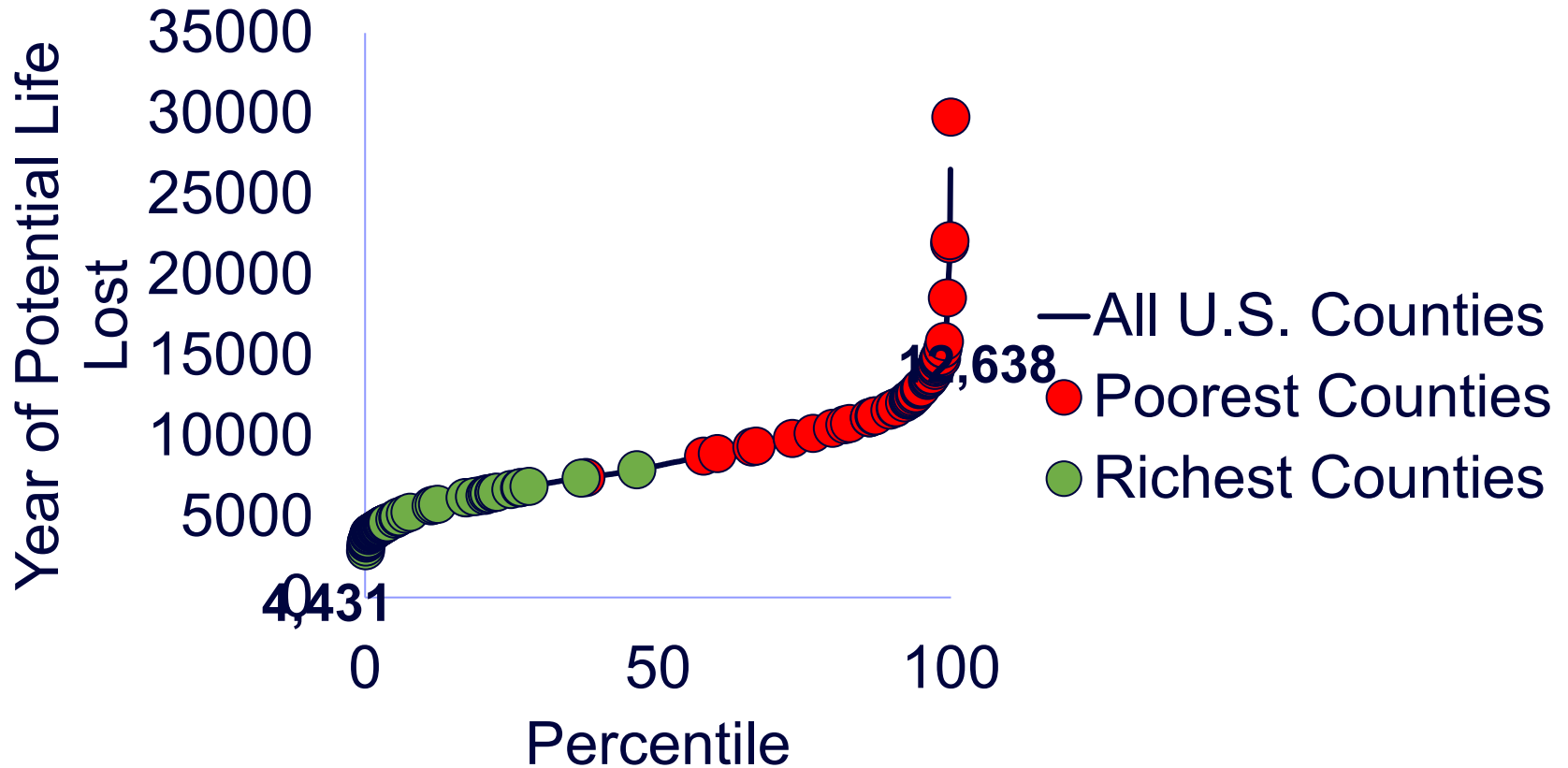


Source: USDA, Economic Research Service using data from the Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS), seasonally adjusted.

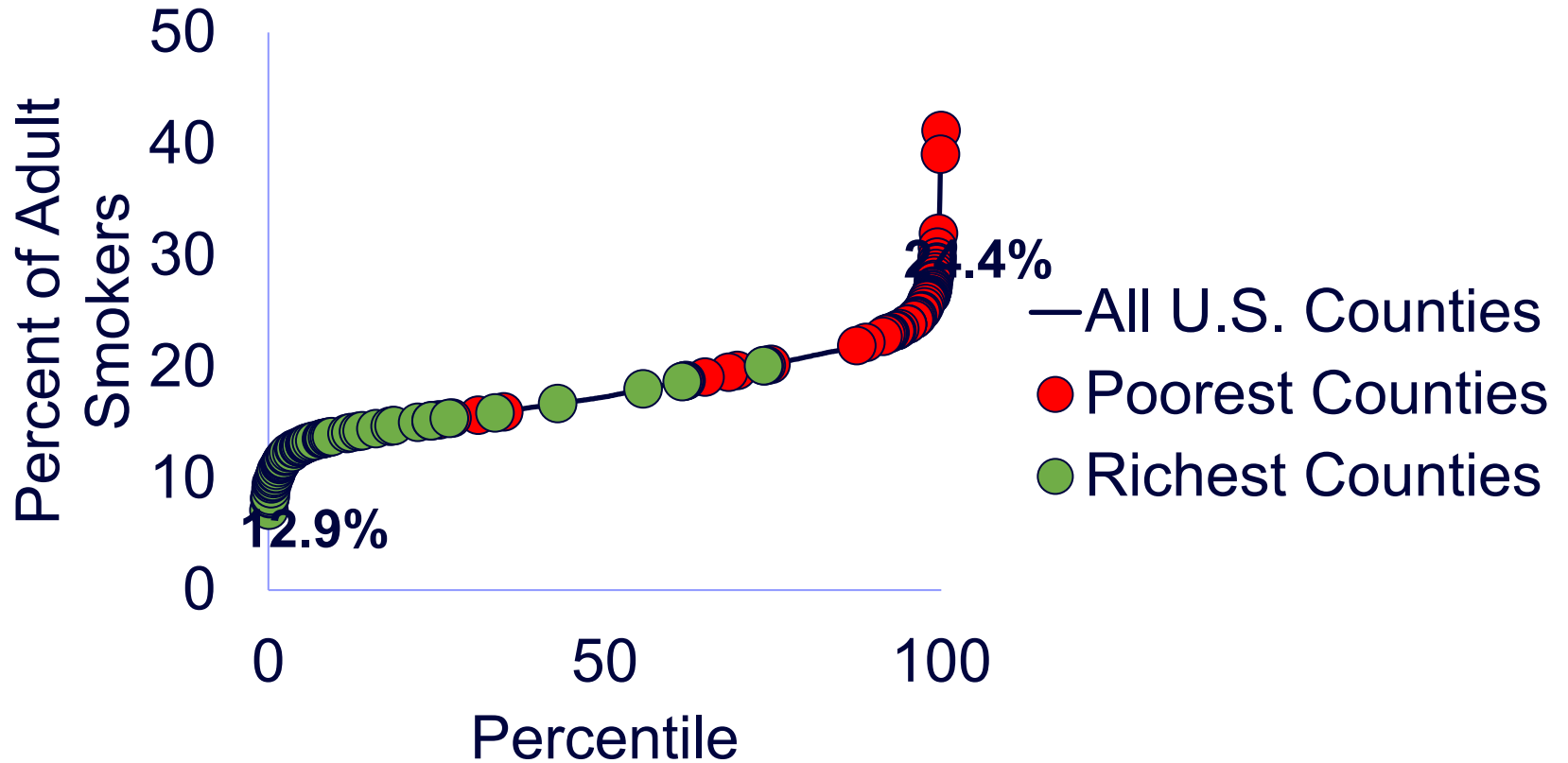


Premature Death(YPLL):

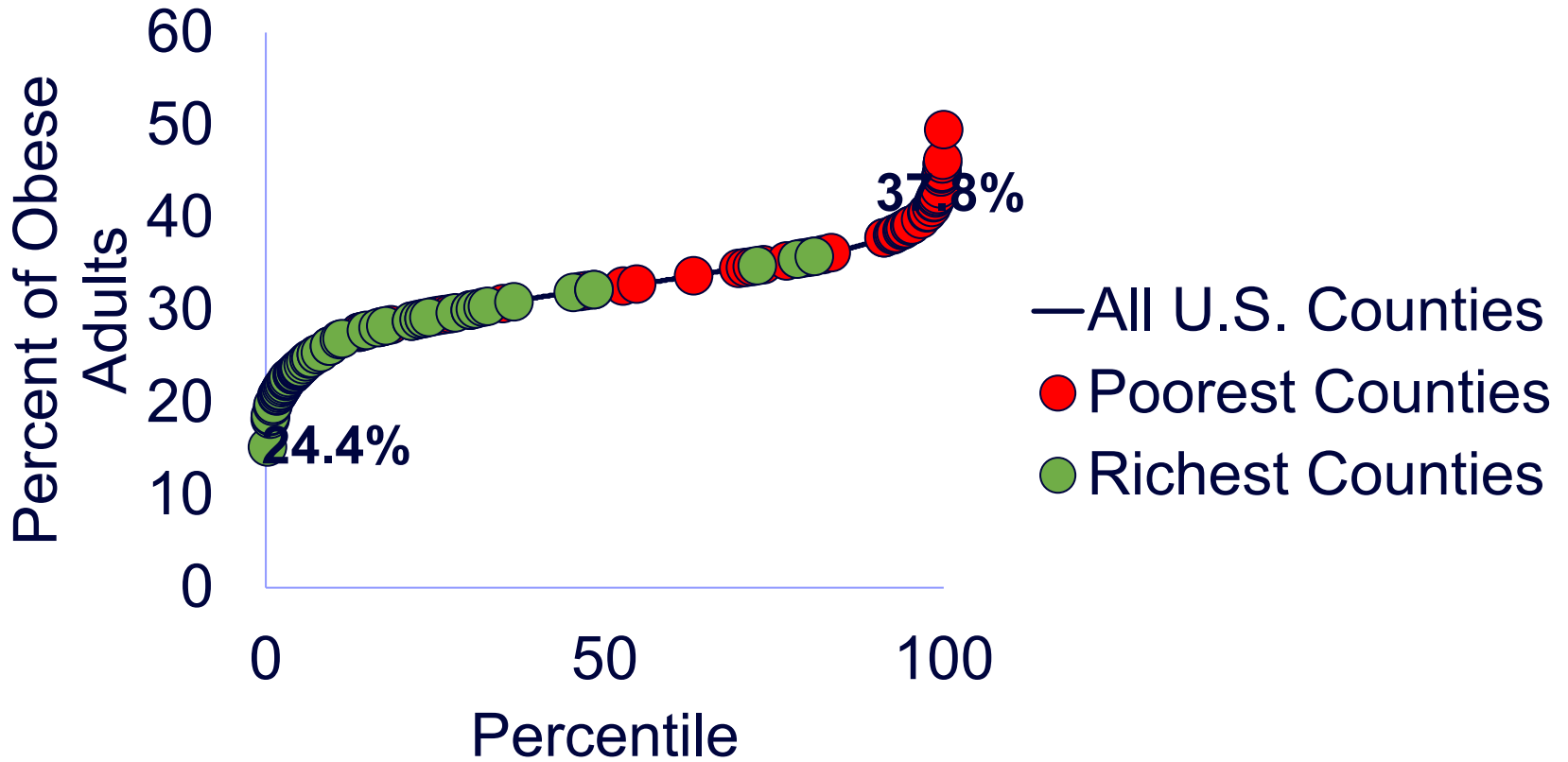
2% Wealthiest Counties vs 2% Poorest Counties



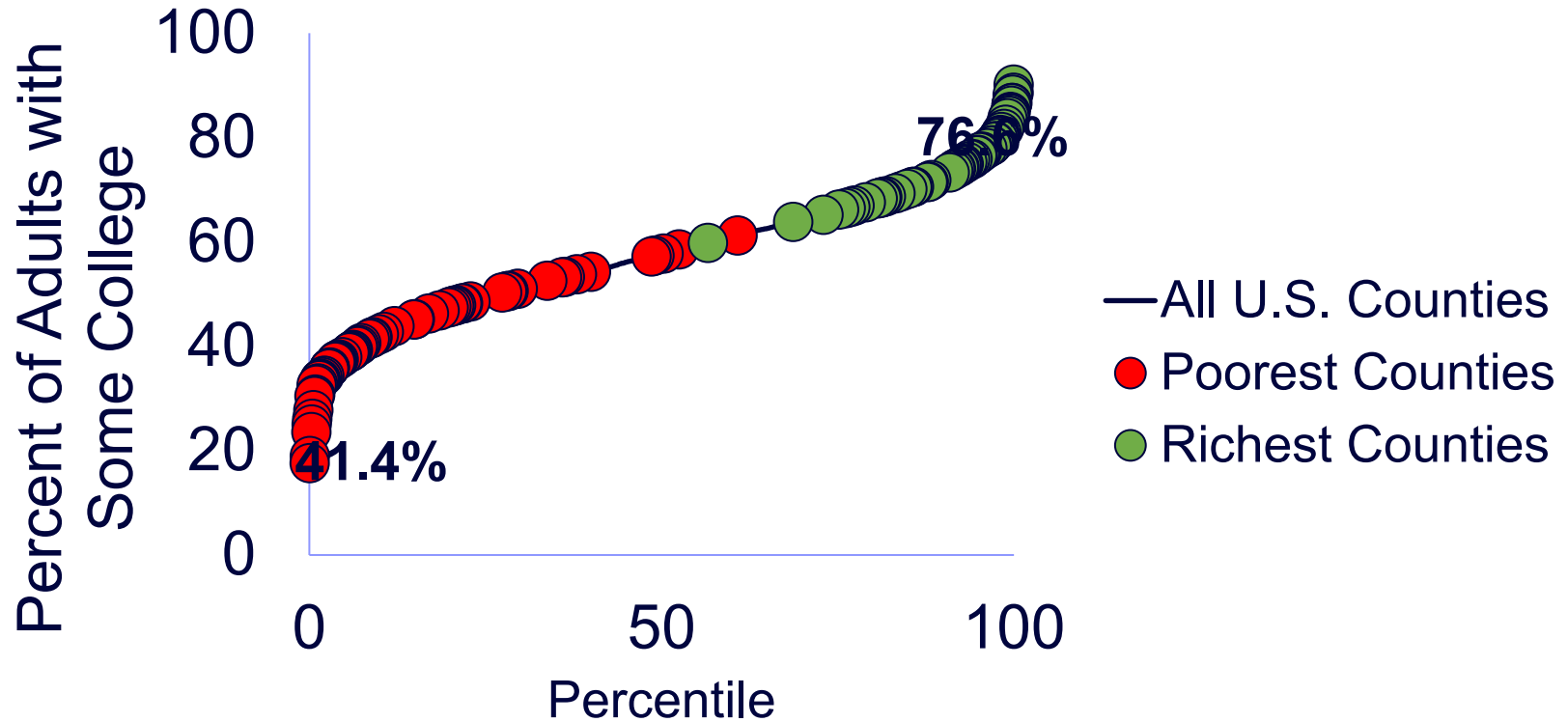
*Adult Smoking Percentage
2% Wealthiest Counties vs 2% Poorest Counties*



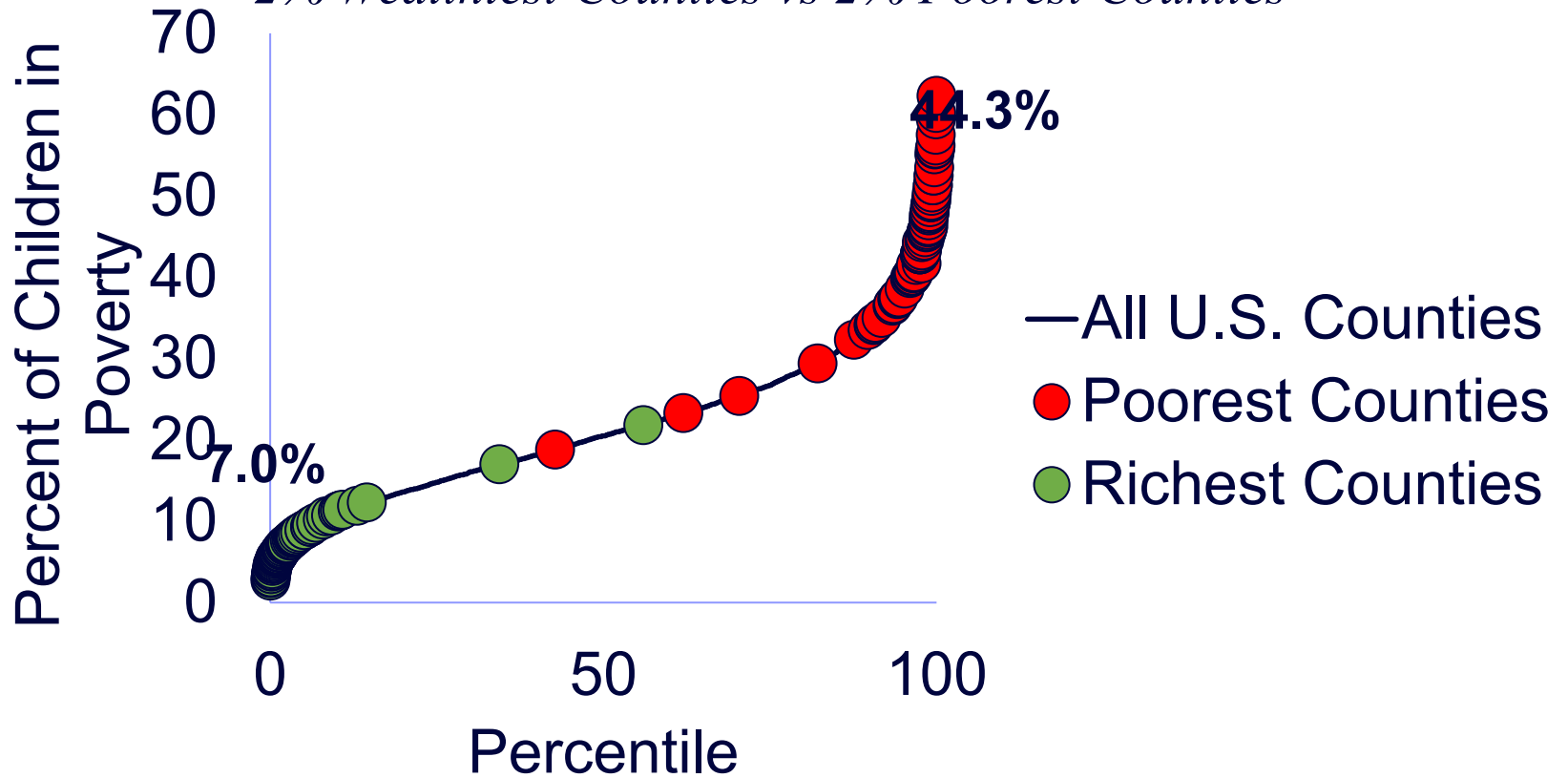
*Adult Obesity Percentage
2% Wealthiest Counties vs 2% Poorest Counties*



*Adults with Some College Percentage
2% Wealthiest Counties vs 2% Poorest Counties*



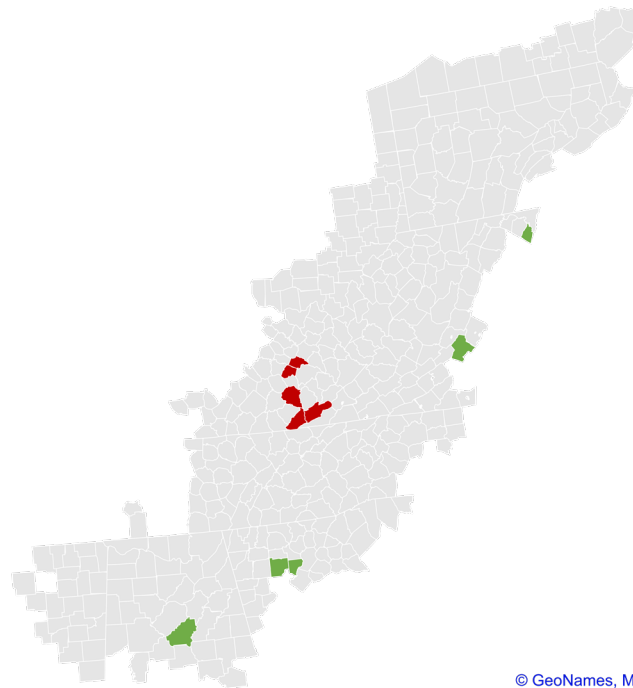
*Children Living in Poverty Percentage
2% Wealthiest Counties vs 2% Poorest Counties*



Richest & Poorest Counties: Appalachia

5 Poorest Counties:

**Clay County, KY
Harlan County, KY
Bell County, KY
Lee County, KY
Wolfe County, KY**



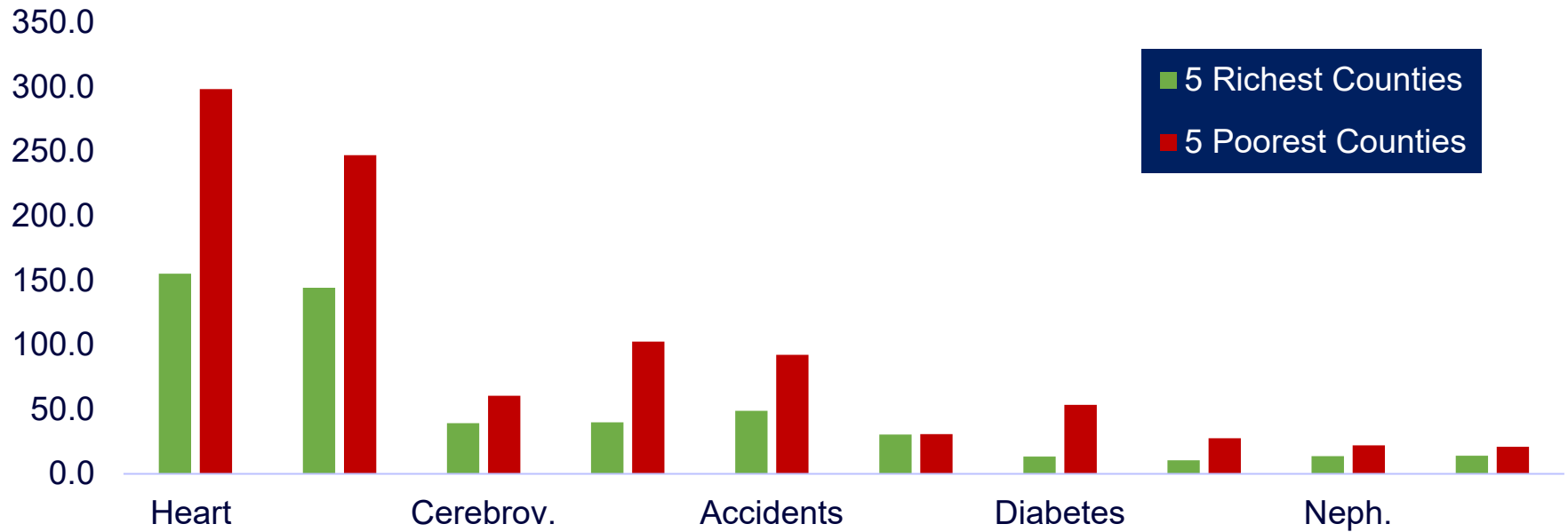
5 Richest Counties:

**Forsyth County, GA
Cherokee County, GA
Jefferson County, WV
Shelby County, AL
Botetourt County, VA**

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Leading Causes of Death: Appalachia



or suppressed





Rural Strengths and Assets

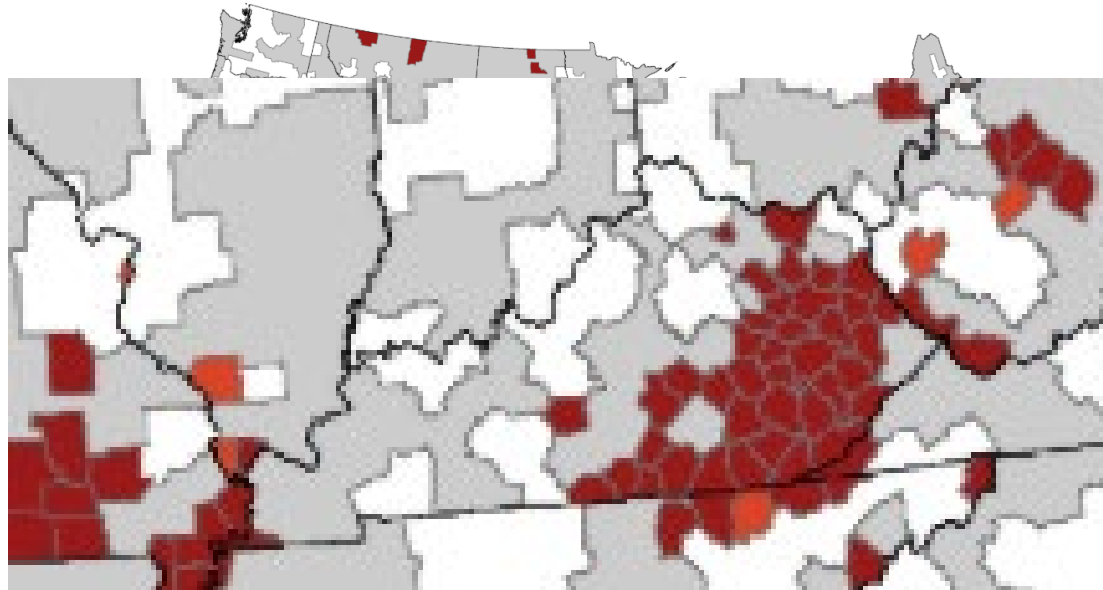


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Leveraging Rural Strengths: A Real-World Example

Persistent poverty counties, 2015 edition

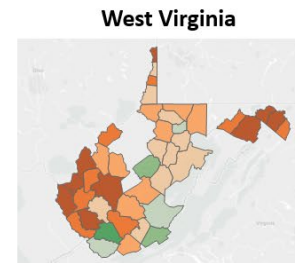
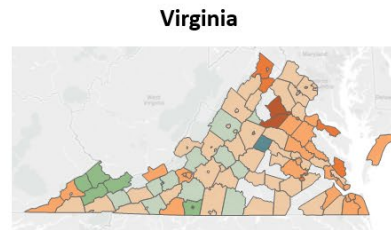
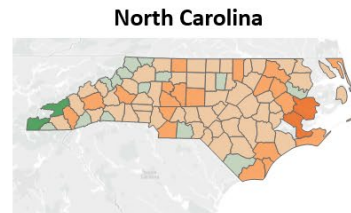
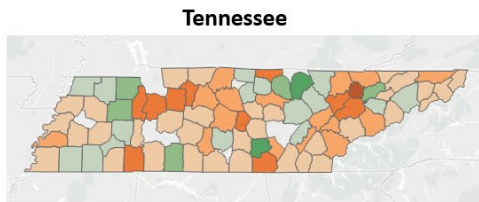
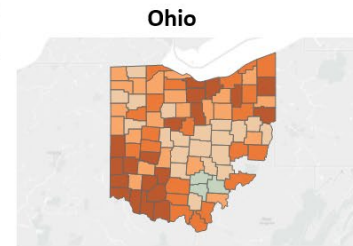
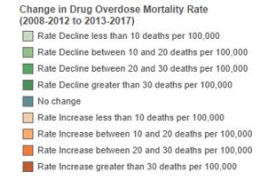
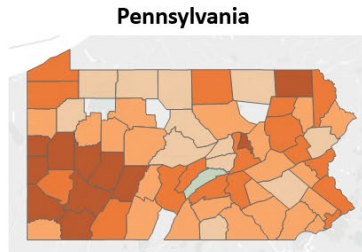
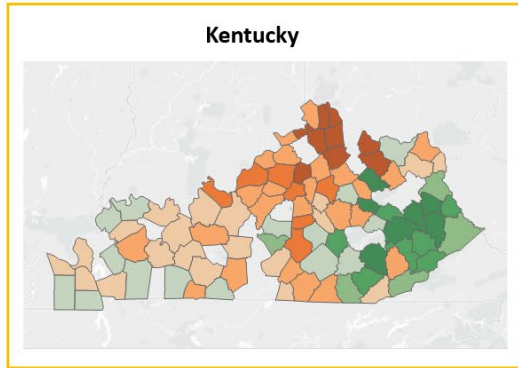


were poor, measured by the 1980, 1990, 2000 censuses, and the 2007-11 American Community Survey.

Note that county boundaries are drawn for the persistent poverty counties only.

Source: USDA, Economic Research Service using data from U.S. Census Bureau.

Leveraging Rural Strengths: A Real-World Example



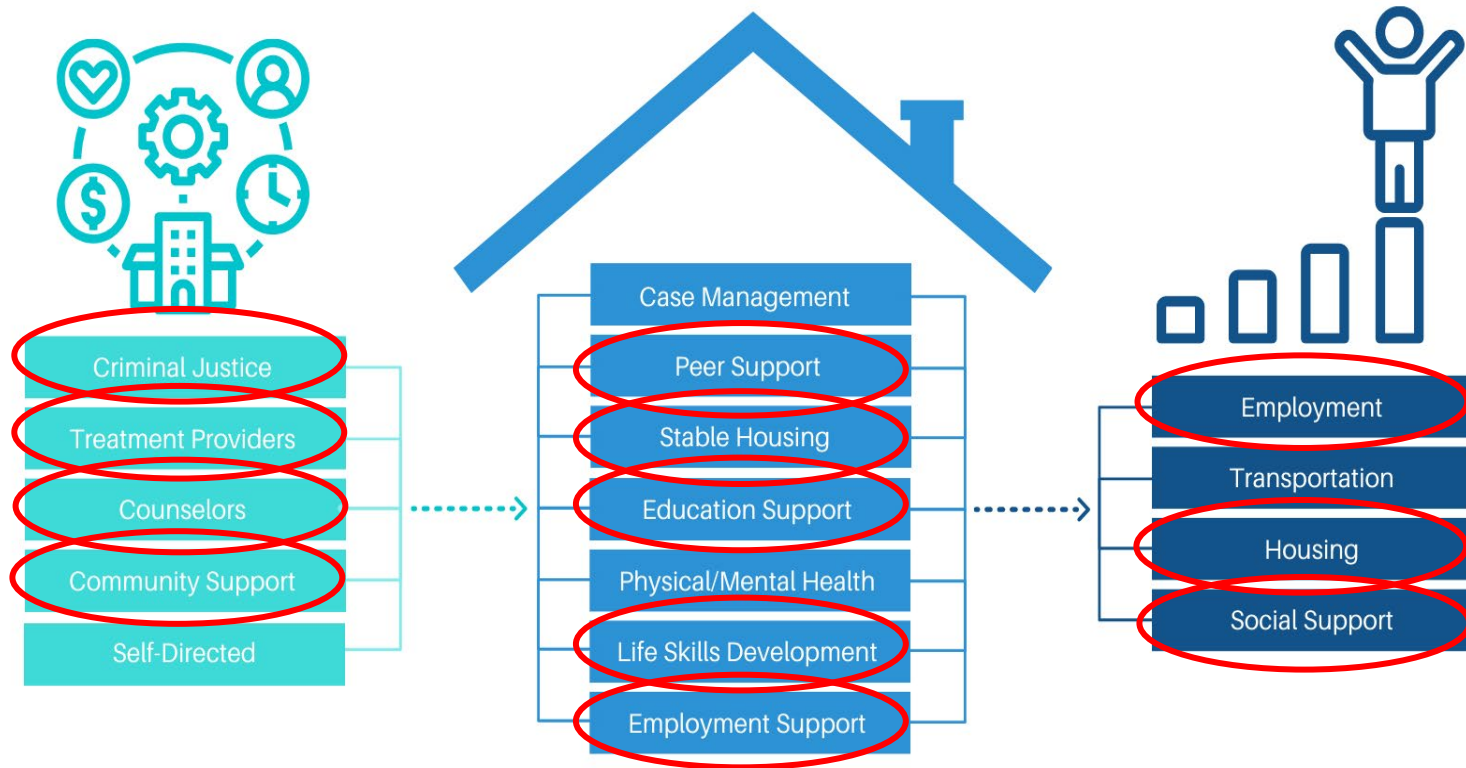
The Walsh Center
for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO

Leveraging Rural Strengths: A Real-World Example

| County | Drug Overdose Mortality Rate (2013-2017)^ | Decline in Drug Overdose Mortality Rate between 2013-2017 and 2008-2012 |
|------------------|---|---|
| Clay County | 29.5 deaths per 100,000 | -52.2 deaths per 100,000 |
| Johnson County | 38.8 deaths per 100,000 | -49.7 deaths per 100,000 |
| Floyd County | 73.8 deaths per 100,000 | -34 deaths per 100,000 |
| Magoffin County | 35.6 deaths per 100,000* | -32.8 deaths per 100,000 |
| Breathitt County | 46.4 deaths per 100,000 | -32 deaths per 100,000 |
| Bath County | 44.2 deaths per 100,000* | -30.7 deaths per 100,000 |
| Powell County | 70.1 deaths per 100,000 | -30.4 deaths per 100,000 |
| Letcher County | 46.3 deaths per 100,000 | -28.8 deaths per 100,000 |

Leveraging Rural Strengths: A Real-World Example

- Themes for why drug overdose mortality is declining in Eastern Kentucky
 - Increased access to treatment
 - Medicaid expansion and Kentucky's enhanced substance use treatment benefits
 - Recovery community and initiatives (i.e., recovery housing, second chance employment)
 - Changing approach of the criminal justice system
 - Harm reduction
 - Reduced stigma
 - Partnerships, community coalitions, and longstanding commitment to addressing substance use
 - Primary prevention and education



Understanding Declining Rates of Drug Overdose Mortality in Eastern Kentucky

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Project Description

With funding from the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO), the NORC Walsh Center for Rural Health Analysis and the University of Kentucky Center of Excellence in Rural Health (UK CERH) conducted this study to understand possible factors associated with declining rates of drug overdose mortality in Eastern Kentucky. Several counties in Eastern Kentucky have seen declines in drug overdose mortality rates over the past decade, even as overdose rates have risen in the state of Kentucky as a whole, as well as in the Appalachian regions of neighboring states such as Pennsylvania, Ohio, and West Virginia. Through an intensive qualitative study, NORC and UK CERH identified policies and strategies that may contribute to the declines, including approaches that could be implemented in other communities.

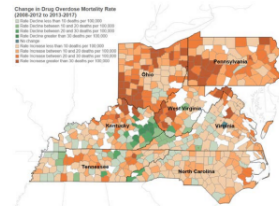
Background

DECLINES IN DRUG OVERDOSE MORTALITY

In October 2018, NORC released an opioid mapping tool (<http://opioidmrisuseebod.norc.org>) which provided county-level drug overdose mortality data for two 5-year time periods. Drug overdose mortality data were obtained from the CDC National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS).¹ Drug overdose mortality was determined using the standard International Classification of Diseases 10th Revision (ICD-10) underlying cause-of death codes used by CDC (X40-X44, X60-X64, X85, and Y10-Y14).

Between 2008-2012 and 2013-2017, 8 counties in Eastern Kentucky were among the 10 counties nationally with the greatest decline in drug overdose mortality, among the population aged 15 to 64 years old. Of the top 20 counties nationally, 14 were in Eastern Kentucky. Even as rates declined in Eastern Kentucky, drug overdose mortality rates in neighboring states increased dramatically, prompting the research team to explore policies and programs that possibly contributed to these observed trends.

Figure 1. Changes in Drug Overdose Mortality from 2008-2012 to 2013-2017



Data Source: Mortality rates provided by Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed at <http://wonder.cdc.gov/mstd-sst10.html>. ICD-10 codes: X40-X44, X60-X64, X85, Y10-Y14.

FINAL REPORT

Understanding Declining Rates of Drug Overdose Mortality in Eastern Kentucky

APRIL 2021



CENTER *for* RURAL HEALTH RESEARCH

EAST TENNESSEE STATE UNIVERSITY

www.etsu.edu/cph/rural-health-research/

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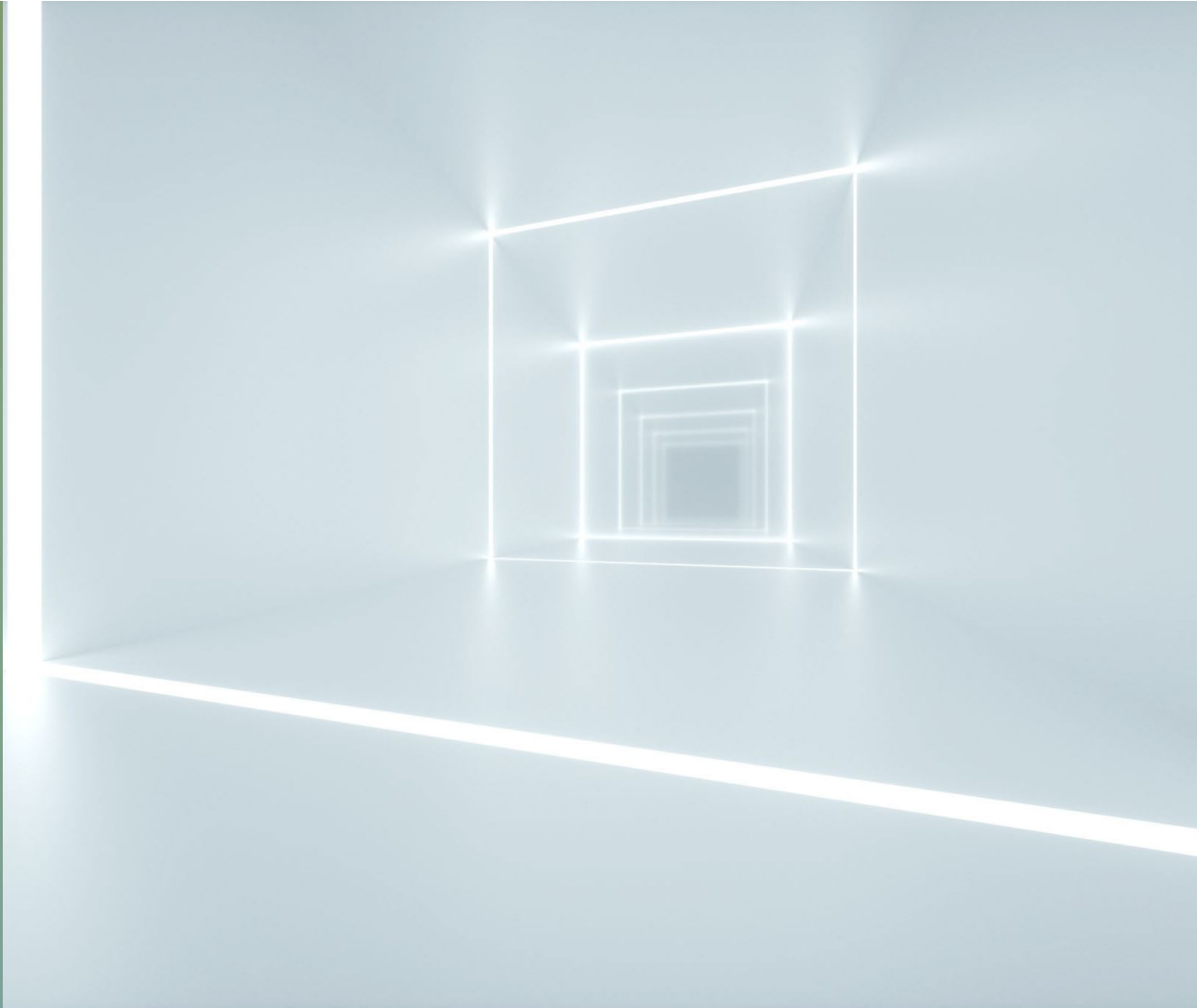


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ENGAGING RURAL
COMMUNITIES

LESSONS LEARNED



"Never erase your past. It shapes who you are today and will help you to be the person you'll be tomorrow."

~ Ziad K. Abdelnour





HAVE
CLEAR
GOALS
BEFORE
ENGAGING



Integrity is the currency of building partnerships.



KNOW THE COMMUNITY



**WHO ARE THE DRIVERS OF
THE COMMUNITY?**



A photograph of a child walking on a paved path during sunset. The child is wearing a striped shirt, tan cargo pants, and grey sneakers. The sun is low on the horizon, creating a warm, golden glow and lens flare effects. The background is blurred, showing trees and foliage.

**ENGAGING THE
COMMUNITY: FIRST STEPS**
(BUILDING CAPACITY)



**KNOW WHAT'S
IMPORTANT**



**ENGAGE THOSE
ON FIRE WITH
PASSION FOR
THE WORK**



BUILDING YOUR DREAM TEAM



**STOP GOING FOR WINS,
REDUCE BURDENS
INSTEAD.**



THERE IS NO LIMIT TO WHAT A MAN
CAN DO OR WHERE HE CAN GO
IF HE DOESN'T MIND WHO GETS THE CREDIT.



EXPERIENCE TRUMPS THEORY



**SMALL
COMMUNITIES
DO HAVE SOME
GREAT
ADVANTAGES**

STRONG FAMILY CONNECTIONS



LIFELONG PEER CONNECTIONS



IMPLEMENTATION
CAN BE EASIER
AMONG SMALLER
POPULATIONS



IF IT AIN'T
BROKE...





Southeast (HHS Region 4)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The purpose of the Prevention Technology Transfer Center (PTTC) Network is to improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field.

Address for the listserv is

<https://lp.constantcontactpages.com/su/OaIT5aj/SignUp>



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