

TO PRESCRIBE OR NOT TO PRESCRIBE: COLLABORATIVE PROBLEM SOLVING FOR THE TRILLION DOLLAR OPIOID CRISIS IN THE UNITED STATES

HARC – Changes to opioid prescribing are already occurring. However, some patients who use opioids for chronic or acute pain continue to develop opioid use disorder (OUD). The issue then evolves to be addicted use, misuse, the transition to illicit opioids, and overdoses, which remain high despite a recent decline in prescribed volumes.

Dr. William Swann coauthored a HARC research brief to highlight the differences in rural-urban counties' collaboration activity for opioid response¹. HARC sought faculty and expert insights and opinions on this issue and how Dr. Swann's research addresses this crisis. This perspective documents the reflections and insights from the following faculty and experts:

- Dr. Cyrus Dioun, Ph.D., Assistant Professor of Management at the CU Denver Business School. Dr. Dioun's research covers several new and contested industries, ranging from legal cannabis markets to the do-it-yourself maker field.
- Lisa VanRaemdonck, MPH, MSW, Executive Director of the School of Public Affairs Institute at CU Denver and adjunct instructor at the Colorado School of Public Health. Before joining CU Denver, VanRaemdonck was the Executive Director of the Colorado Association of Local Public Health Officials.
- Lorie Lopez, Health Promotion Specialist in the Pueblo Department of Public Health and Environment in Colorado.
- Kristin Carpenter, Director, Communities that Care, Otero County Public Health in Colorado.

The insights from the faculty and experts are categorized into three areas as follows.

Informative Insights

Dr. Dioun commented that the United States is politically and culturally polarized, leading many to view stratification primarily through this lens. These findings qualify this viewpoint, suggesting that it is not the urban vs. rural or liberal vs. conservative divide that drives differences in inter-organizational collaboration but resources. While the issue is overdetermined in that it is hard to disentangle resource capacity from geographic differences in resources and political differences in the preference for how organizations acquire those resources, it is vital to see that there is little difference in the degree of collaboration once resources are taken into account.

Director VanRaemdonck opines that such research has multiple implications, such as:

- **For the local public health department leader**
 - The information that an organizational budget is significantly related to public health partnerships on opioid misuse will not likely be a surprise. From the vantage point of these experienced practitioners, funding is a typical driver and prioritizing factor of agency activity.
 - Especially in rural agencies serving small populations, both overall budgets and the scale of programs are smaller, reflecting the population served. This means that funding and funding sources more directly dictate the number of full- and part-time employees and therefore directly influence the overall capacity and time for partnership maintenance and development.
 - For example, one program's grant funding may only support a portion of one employee's salary, so full-time (and even part-time) individual employees have a wide variety of responsibilities directed by specific grant deliverables and funder requirements. This can sometimes leave little time for otherwise unfunded partnership development. The NACCHO Profile 2019 report (p. 57) provides a valuable description of this in a "staffing patterns" analysis².

¹ Swann WL, Schreiber TL. Differences in rural-urban counties' collaboration activity for opioid response: A cross-sectional survey. Health Administration Research Consortium Research Brief, University of Colorado Denver. 2021;3(1):1-6.

² National Association of County and City Health Officials. *National Profile of Local Health Departments*. 2019. https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf. Accessed March 17, 2021.

- It may help these leaders have research findings that re-enforce this knowledge if they work with decision-makers who value and practice evidence-based decision-making.
- **For a student of public health without experience in the field**
 - The impact of funding on activities may be a new perspective and essential to understanding. Many new public health students come to the field needing a more system-level view of the structure, governance, funding, and activities of governmental public health. Since preventing and treating opioid misuse is a common public health initiative these days, these findings provide a relevant example of the importance of understanding the system to understand service and activity priorities.
- **For researchers of public health services, public health collaborations, and rural public health**
 - These findings may help confirm an element of the complex decision-making and inner-workings of public health agency capacity and activities.

As experienced practitioners who work in rural opioid response, Lopez and Carpenter see implications for policy and practice. Lopez points out that collaboration is very important to maintaining successful responses to opioid and substance use disorders in different communities. The challenge comes with community and partner buy-in and funding as two significant obstacles to policy and practice. To move beyond these obstacles, there should be more of a humanistic approach to funding and less strict guidelines about every little thing that has to be done. Carpenter believes this research helps those in leadership positions, but finding the right messenger in local communities is key to conveying the information and making it actionable. Lopez agrees that when decision-makers have people of the same group telling them something, they are more likely to believe them, and the message carries more weight, and therefore possible changes maybe are more likely down the road.

Recommendations for Policymakers

Dioun believes the findings suggest that rural agencies will be more likely to collaborate provided that they have the resources and that state and federal authorities (as well as well-resourced foundations) are interested in closing the urban-rural gap in tackling the opioid epidemic take the lead in providing the resources for these collaborations.

Carpenter points out, however, that even when rural communities receive financial resources, they often lack the staffing capacity to administer and oversee the activities funded. From a policy standpoint, Carpenter recommends more funding of peer-based programs and interventions that do not necessitate staff with bachelor's or master's degrees to be successful. Lopez agrees that having more flexibility with funders is essential and that public outreach work, particularly in public health, needs to be valued financially in society, which could be addressed at the policy level.

VanRaemdonck provides several recommendations for policymakers, including:

- **A more precise definition and framing of rurality.** There are currently a variety of definitions used across research and practice. These varied definitions of “rural” have caused challenges at many levels, including with federal funding distributions. In states like Colorado, there is a difference between rural and small populations served. In most cases, NACCHO considers an LHD serving fewer than 50,000 people as “small.” By this definition, 79% of the 53 local health departments in Colorado are small. This broad brush is not always helpful in describing the varying environments across our state.
- Especially in states like Colorado, Washington, and North Carolina, the distance and ease of travel to a metropolitan or micropolitan area are of great importance. One should never look at Colorado's flat map as it does not say much about the accessibility of a place in our state that contains vast plains and mountains with seasonal roads. In past public health systems research in Colorado, we found the United States Department of Agriculture Rural-Urban Commuting Area Codes (RUCA codes)³ to help account for the nuances of geography and ability to travel throughout

³ United States Department of Agriculture. Rural-urban commuting area codes. 2020. <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>. Accessed March 17, 2021.

a jurisdiction. While perhaps less relevant in activities like data sharing, it is imperative to develop in-person relationships in collaboration.

- In addition to the fundamental definitional issue, we often talk about rural communities and rural public health systems from a deficit lens and focus on the needs rather than the assets. This framing of rurality is problematic as it can reinforce blame and the urban-rural competition for resources. It is imperative to consider assets in partnership work wherein the smallest communities partners are also family, neighbors, life-long friends (or rivals), and groups that have worked together for many years. We should take great care when communicating about findings related to rural communities and public health departments.
- **Understand the role of structure and governance.** As the brief names, differing state laws certainly impact the legality and availability of public health services and activities related to opioid misuse. More proximally, local structures and governance likely also play a role.
 - The structure and governance of local public health vary across and within states. Nearly all of the states chosen for this study have a largely decentralized relationship between the state and local health districts (LHDs). Pennsylvania, however, has a mixed governance model with only ten independent LHDs⁴ ⁵. These relationship structures change the governance, decision-making, funding flow, and, in some cases, the ability to partner.
 - In addition to the state-local relationships, the local board of health (LBOH) structure, role, and membership matter in the case of opioid misuse activities. The states in this sample have varying LBOH models from the many LBOH options in North Carolina (including health and human services boards) to the primary, elected county commissioner boards of health in Colorado⁶. LBOHs are not a well-researched area of public health systems. However, we can observe that they have the legal power to allow or disallow local governmental public health services and funding in their jurisdictions⁷. LBOHs with members that prioritize political or personal views over evidence-based programs and public needs can make decisions that limit access to life-saving services. Public administration theory and research approaches would help further understand this governance structure's impact.
- **Address structural stigma.** Personal and public stigma in opioid and other drug misuse is well documented. Less commonly known but vital to the question of local government activities is the concept of structural stigma. Tsai, et al, define structural stigma as “the totality of ways in which societies constrain those with stigmatized identities through mutually reinforcing institutions, norms, policies, and resources.”⁸ In opioid use, structural stigma could manifest through the lack of certain services or prevention and treatment approaches sanctioned or supported by local public health decision-makers such as LBOHs. Structural stigma could also show up in other opioid services decisions by sheriffs, judges, and human services professionals. A multi-disciplinary research approach looking at the structural stigma, decision-making, and governance could explore the impacts on public health services, activities, and outcomes.
- **Better understand the funding landscape.** It seems crucial to acknowledge and include the nuances of the current funding streams included in this study. Funding is yet another component of the challenging landscape of public health systems research. State and local health departments have consistently found it difficult to report funding sources in analyzable ways for national studies, such as the NACCHO Profile and the Public Health Uniform National Data Set

⁴ Assoc. of State and Territorial Health Officials. *State Public Health Agency Classification: Understanding the Relationship Between State and Local Public Health*. 2012. <https://www.astho.org/Research/Major-Publications/ASTHO-NORC-Governance-Classification-Report>. Accessed March 17, 2021.

⁵ Pennsylvania Department of Health. County and municipal health departments. <https://www.health.pa.gov/About/Pages/County-Municipal-Health-Depts.aspx>. Accessed March 17, 2021.

⁶ Shah GH, Sotnikov S, Leep CJ, Ye J, Van Wave TW. Creating a taxonomy of local boards of health based on local health departments' perspectives. *Am J Public Health*. 2017;107(1):72-80.

⁷ Newman SJ, Leep CJ. A look at local public health governance: Findings from the 2015 local board of health national profile. *J Public Health Manag Pract*. 2016;22(6):609-611.

⁸ Tsai AC, Kiang MV, Barnett ML, et al. Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLoS Med*. 2019;16(11):e1002969.

(PHUND\$)⁹. Many small, rural public health departments are not eligible for direct federal funds, and states do not always flow as many federal dollars through to locals as they could. Small, rural agencies with a community and leaders that limited value government may not seek other ways of funding public health such as taxes and fees.

- Washington State has had a long-term, participatory research effort to understand the categorization and use of local public health agencies' funding¹⁰. Ohio has also led public health funding and financing research among its local public health agencies in the past. There may be some mutual learnings between this opioid work and research on local public health funding. This could help further explain the use of funding for community partnerships' foundational capability and put a finer point on the need for collaboration funding to support opioid misuse prevention and treatment.
- Ultimately, simply asking policymakers for more funding is not often successful or leads to highly restricted funding streams. A better understanding of the funding landscape could lead to different access to and use of existing funds.

The Directions for Pedagogy and Learning

- Lopez suggests having mandatory volunteer hours to graduate at the high school, and university levels would help get students to see what it is like in the real world for, hopefully, paid or at least college-credit experience. Real-world experience working in the populations that students are studying is essential for developing a more competent workforce to tackle public health crises like the opioid epidemic.
- Carpenter brought up the importance of developing a “grow-your-own” mentality, investing in the young people who live in the area, and encouraging more gender diversity in rural public health. Building an infrastructure where civic responsibility starts at a young age may help break down some of the gender norms in the field, where helping fields are not just for women.
- VanRaemdonck mentioned the findings re-confirm that students headed into an increasingly complex field of public health must be prepared to use their skills to work on complex and adaptive, rather than complicated and technical, problems¹¹. We need professionals who can use systems thinking to see patterns and find holistic solutions. Pattern recognition and systems thinking can help observe situations like the fractal nature of governmental public health funding. New professionals also must be able to look past funding issues into the evidence-informed and community-guided prioritization of public health activities.
- Dioun suggests that these findings help show that it is not just institutions that shape inter-organizational processes but also the economic resources underlying those institutions. This provides a more unified framework for thinking through socio-political aspects of inter-organizational collaboration, which can be taught in the classroom and worked into curriculums for management and organizational studies.

Concluding Remarks

Along with the clinical issues relevant to improving access to treatment and recovery services, promoting overdose-reversing drugs and strengthening our understanding of the epidemic through better public health surveillance is essential in managing the opioid issue. Dioun pointed out a possible chicken-and-egg problem when promoting new institutions' development, for example, the routinization of inter-organizational collaboration. As this paper suggests, financial resources help make those collaborations more likely. However, having a wide network of interorganizational collaborations makes it easier to acquire resources because organizations in central network positions have easier access to information and capital. Thus, stratification

⁹ Meit M, Knudson A, Dickman I, Brown A, Hernandez N, and Kronstadt, J. *An Examination of Public Health Financing in the United States*. Prepared by NORC at the University of Chicago. 2013. Washington, DC: The Office of the Assistant Secretary for Planning and Evaluation. <https://www.norc.org/PDFs/PH%20Financing%20Report%20-%20Final.pdf>. Accessed March 17, 2021.

¹⁰ Bekemeier B, Marlowe J, Squires LS, Tebaldi J, Park S. Perceived need versus current spending: Gaps in providing foundational public health services in communities. *J Public Health Manag Pract*. 2018;24(3):271-280.

¹¹ Heifitz R. *Leadership Without Easy Answers*. Cambridge, MA: Harvard University Press; 1994.

between the haves and have nots concerning economic capital and inter-organizational capital based on network position seems to be self-reinforcing with positive feedback effects. Research on institutions suggests that endogenous change to these dynamics is rare. Instead, there often needs to be an exogenous shock (often through public legislation/policy) that alters this dynamic by changing either the resource base or network position of organizations/agencies that would otherwise fall further and further behind.

To make progress, Lopez mentioned that there needs to be more stability in rural opioid response, so their local communities need to invest in the people who live there. From a policy standpoint, Carpenter discussed the problem of limited-term funding through grants and looking into opportunities for stretching out funds and making them a line item in the community budget to achieve financial and collaborative sustainability.

Indeed, a collaborative and more holistic approach is needed to solve this silent pandemic spreading across the United States.

