



**DCengage**

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# Public Education During an Outbreak Handout

**Inaugural DC Engage**  
**Harm Reduction Conference**  
AUGUST 25, 2022

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

CDC Foundation

Together our impact is greater

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# Overdose Spikes in DC

## Identification and Emergency Response

Ben Turley, MS  
Epidemiologist  
DC Department of Health / CDC Foundation

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DC has the highest all-drug mortality rate of any jurisdiction

Recently updated by CDC's SUDORS Dashboard

Uses data from 2020

Jurisdiction	Age-adjusted rate of deaths per 100,000 persons
DC	74.5
West Virginia	71.9
Kentucky	47.6
Delaware	47.3
Ohio	46.3
Maryland	39.4
Connecticut	37.4
Rhode Island	37.4
Utah	35.9
Arizona	33.9
Massachusetts	33.7
New Jersey	33.6
New Mexico	31.2
Vermont	30.7
Overall	30.4
Nevada	29.5
Michigan	29.3
North Carolina	28.7
New Hampshire	28.3
Virginia	25.5
Alaska	23.9
Oklahoma	20.8
Idaho	17.7
Minnesota	17.6
Georgia	17.0
Mississippi	16.9
Oregon	16.7
Kansas	15.6
Montana	11.9
South Dakota	7.8

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For opioid deaths, DC ranks second

Opioids account for 81% of all overdose deaths in the district (2020)

Jurisdiction	Age-adjusted rate of deaths per 100,000 persons
West Virginia	66.6
DC	61.9
Delaware	44.4
Maryland	41.3
Ohio	40.7
Kentucky	40.7
Connecticut	36.7
Utah	31.9
Rhode Island	31.2
Massachusetts	30.8
New Jersey	29.7
Vermont	27.0
New Hampshire	26.4
Arizona	26.1
Overall	25.4
North Carolina	24.8
Michigan	24.3
New Mexico	24.3
Virginia	23.9
Nevada	18.7
Alaska	15.9
Minnesota	15.7
Idaho	12.7
Georgia	11.8
Mississippi	11.5
Oregon	11.2
Kansas	8.5
Oklahoma	7.8
Montana	7.3
South Dakota	4.3

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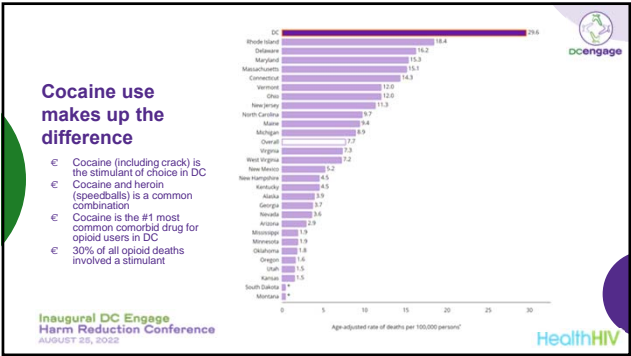
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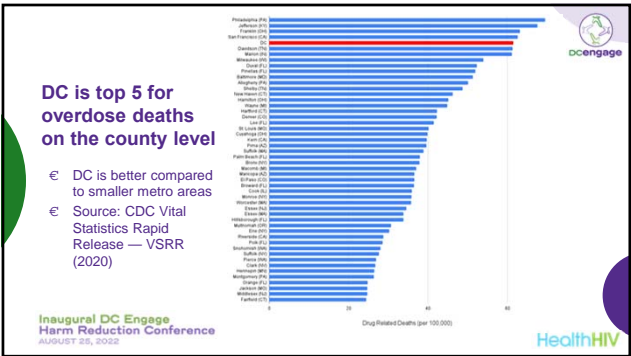
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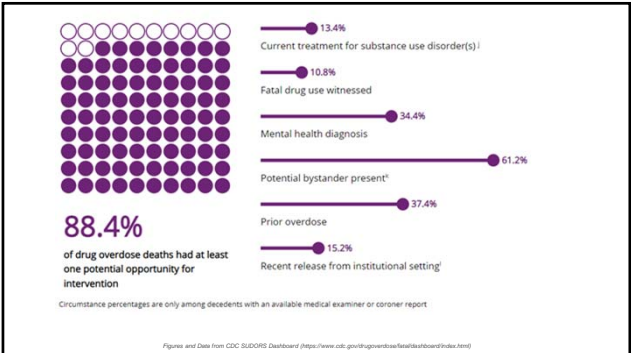
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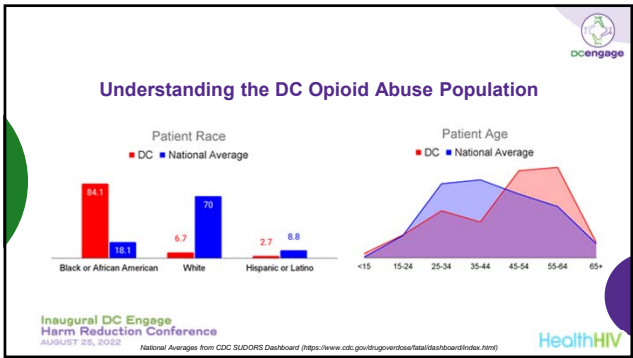
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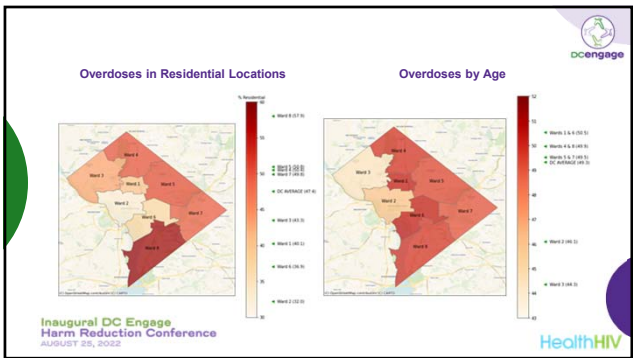
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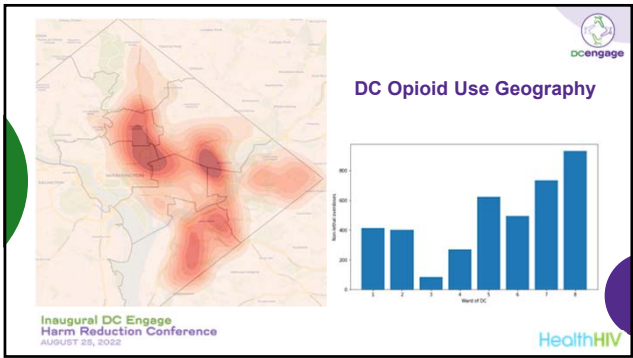
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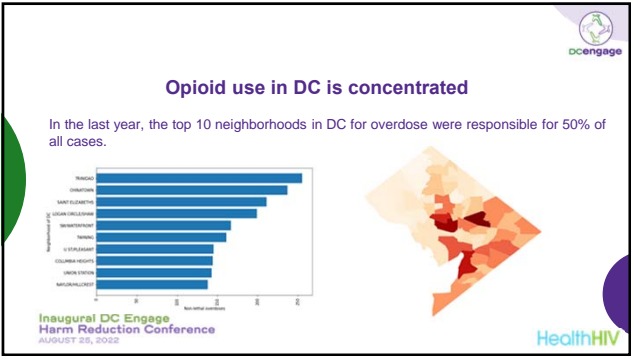
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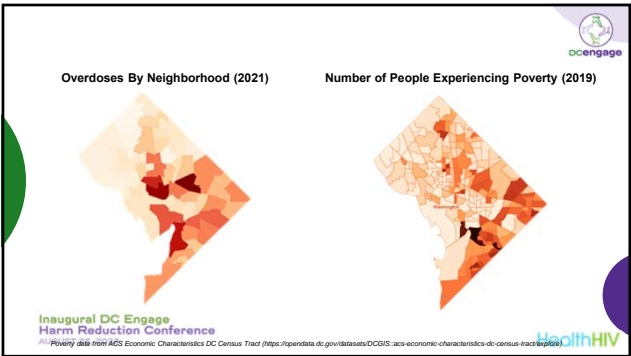
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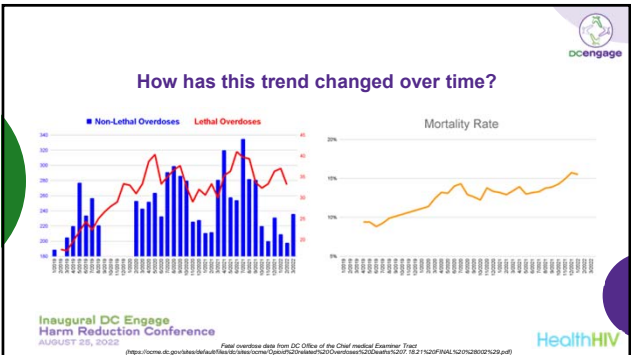
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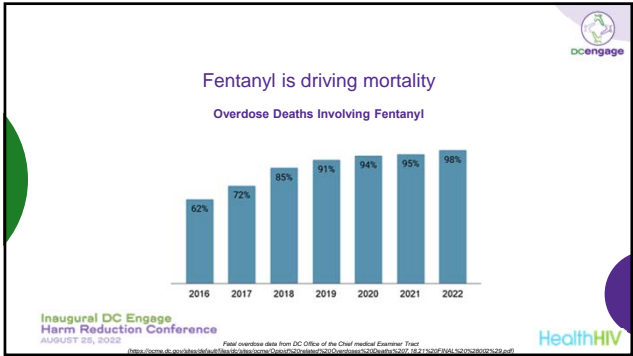
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Quality Data → Quality Response

- Because there are increased overdoses from a **more lethal** contaminant, bad batches will result in groups of overdoses in short periods of time
- I was brought on to the DC Health team to help understand **non-lethal** overdose
- This allows us to get a real time picture of where and when overdoses are occurring
- We use this information to target prevention efforts

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Defining an overdose spike

1. Using raw numbers (e.g. 10 overdoses in 24-hours)
  - Simplest
  - Not good for populations of different sizes (or overdose rate)
  - Not statistically significant
2. Using a curve (e.g. rate 2.5 standard deviations from the mean)
  - Adjusts to overdose rate
  - Not statistically significant
3. Using a statistical test (e.g. Poisson)
  - Complex
  - Adjusts to overdose rate
  - Statistically significant

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### How we respond to spikes



1. DC FEMS responds to an overdose
2. DC Health receives the data and sends it to ODMAP
3. ODMAP tracks the past data and creates a spike alert
4. I see the spike alert and generate a spike report ASAP

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### How we respond to spikes



2 - 4 hour delay

1. DC FEMS responds to an overdose
2. DC Health receives the data and sends it to ODMAP
3. ODMAP tracks the past data and creates a spike alert
4. I see the spike alert and generate a spike report ASAP

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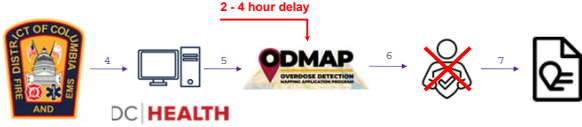
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### How we respond to spikes



1. DC FEMS responds to an overdose
2. DC Health receives the data and sends it to ODMAP
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### Context matters

- € ODMAP only sends out an alert that DC is in a spike
  - o Without understanding what this means or where it's happening, that information is useless
- € I add location information for FEMS and community based response teams to target specific areas
- € We are working on a system to fix the delays and remove myself from the process

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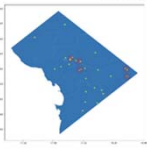
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### Example spike report

**SPIKE REPORT-UPDATED**  
6/8/2022 - 6/30/2022

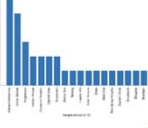


**Streetview and Radius to Report**  
25 radius miles 250 radius 50 radius

100N - 100N STREET NE AND U STREET NW  
100N - 100N STREET NE AND U STREET NE  
100N - 100N PLACE NE AND 10TH STREET NE  
100N - 100N STREET NE AND 10TH PLACE NE  
100N - 100N PLACE NE AND 10TH STREET NE



**Ward**



**Neighborhood**

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### Communicating During a Public Health Emergency

Kimberly M. Henderson, PhD  
August 25, 2022

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**How It All Begins**

- Communications Strategy/Plan
- Outreach Strategy
- Collaborations - Internal and External

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### How Do I Reach Those Who Seem Hard To Reach?

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### Examples

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### Faith in Vaccine

- DC Health began a pilot program, working with churches with predominately African American congregations in Wards 5, 7 & 8
  - Used a touchpoint to get to the target audience without using the existing mass pre-registration system
- This program was expanded to reach Limited English Proficient/Non-English Proficient communities



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### Reaching Youth and Young Adults

- After short discussions, we found youth and young adults wanted the same information that we'd been giving out since the beginning of the vaccine rollout.
- Formed the DC Health COVID-19 Youth and Young Adult Advisory Council to dispel misinformation and disinformation from social media.
  - Participants became credible messengers to their own peers and even their family members.
  - Use feedback from participants to fuel vaccine positive messaging



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Use of Everyday People in Messaging

- People like to see people who look like them in advertising
  - In our testimonial campaigns, we used real District residents to discuss why they were getting the COVID-19 vaccine. As the expansion of vaccine eligibility broadened, so did our messaging and messengers.



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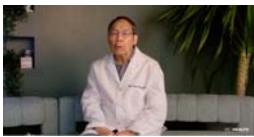
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Culturally Appropriate Materials

- By leveraging our partnerships with our sister agencies, we were able to have a presence in LEP/NEP communities that we find hard to typically reach.
- These partnerships allowed us to find trusted voices in those communities and develop culturally appropriate materials.



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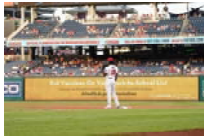
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Be Unexpected

- Traditionally, you'd find DC Health in print newspapers, radio, and mediums accompanying digital platforms, however we were strategic and placed ads in places where residents wouldn't normally see us.
  - Washington National games
  - Movie theaters
  - In grocery stores
  - In 7-Elevens



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