The topic of opioid misuse and overdose has been, and will remain, one of the top priorities for state leaders across the country. This priority is now a little easier to track with the help of a new tool created by the NORC Walsh Center for Rural Health Analysis at the University of Chicago, in partnership with the U.S. Department of Agriculture.

The National Opioid Misuse Community Assessment Tool helps utilize and visualize existing county-by-county opioid data. The heatmap and county-by-county comparison were created using Center for Disease Control mortality rate data, and the demographic overlays of the tool were created using data from the Census Bureau and the Bureau of Labor Statistics.

Michael Meit, a senior fellow at the NORC Walsh Center for Rural Health Analysis, is responsible for projects that fall in the categories of rural health and opioid overdose, among others. “The tool was developed with state and local policy makers in mind, so we wanted to be able to have a tool that operated for both,” Meit said.

Meit specified a few patterns and preliminary conclusions that can be drawn from the National Opioid Misuse Community Assessment Tool:

- There is a strong association of disability status and higher overdose rates
- There is a strong association of accident-prone employment (like mining and natural resources) and overdose rates.
- There is a reduction in opioid overdose deaths in eastern Kentucky, while there has largely been an increase of opioid overdose everywhere else in the nation (Of the ten counties in the nation with the...
These preliminary conclusions have led to ongoing research in how and why these five counties have experienced such a steep decrease. Researchers are attempting to answer two questions: what policies have been implemented or changed, and what intervention programs have been put in place that could be affecting these rates?

“We are currently continuing to build this out for The United States Department of Agriculture to add additional overlays to the tool,” Meit said. “We have integrated resource packs so that when you pull up your county or state it is not just data, it is federal funding resources and best practice information.”

Additional overlays and aspects that policy makers can expect from the next version of the tool will include:

**Broadband Access**

The counties in the western side of the country with high overdose rates have almost no broadband access, which negatively affects access to telemedicine and tele-treatment. The Council of State Governments Healthy States National Task Force, a two-year process of bringing together subject matter experts and policy makers in health policy, includes a subcommittee focused on telemedicine and telehealth. Read more about The Healthy States Task Force and their work at this link: [http://knowledgecenter.csg.org/kc/content/csg-hosts-first-national-task-force-meetings-kentucky](http://knowledgecenter.csg.org/kc/content/csg-hosts-first-national-task-force-meetings-kentucky)

**Transportation Systems**

Looking into transportation systems including highways and railways, this data shows that the pockets of overdose deaths are near the highway system, which further indicates how opioids and drug overdose rates “follow the highway systems.”

**Additional Resources**

Future versions of the tool will include health resources and services administration data, substance abuse and mental health services administration data and a list of community health centers, substance use facilities and mental health resources.

**Project Tracking of Current Federally Funded Projects**

A future version of the tool will include an overlay of all the Rural Community Opioid Response Program grantees. This allows federal funders a visual aid to see how their investments are lining up with the opioid epidemic, and the area of focus of each of the grantees. Selecting a grantee will also open a profile of that grantee with details on what is being done and what the project entails, as well as a full summary of the grantee’s work to create a community of knowledge.

When asked where policy makers should begin when working with the tool, Meit said, “Start with the state view and look at how your state ranks in comparison to the national average. From there, begin to work down to your individual district level and then begin making those comparisons to the state and national averages to determine areas of need and ways to improve policy.”

To explore the tool for yourself, visit: [opioidmisusetool.norc.org](http://opioidmisusetool.norc.org).

To read more information about the tool from the original press release, visit: [norc.org/NewsEventsPublications/PressReleases/Pages/new-communit-](http://norc.org/NewsEventsPublications/PressReleases/Pages/new-communit-).
Check out the Prevention and Treatment of Substance Abuse Disorders Evidence Based Toolkit at: ruralhealthinfo.org/toolkits/substance-abuse.

For questions or requests for more information, call Michael Meit at (301) 634-9324 or email meit-michael@norc.org.

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