



BRISTOL HEALTH EQUITY ZONE

...A Healthier Attitude



Bristol Health Equity Zone – Overdose Prevention Plan Subcommittee Meeting #3 May 21, 2019, 2:00-4:00pm

In attendance: Emily Spence, Craig Pereira, Tricia Driscoll, Scott Panella, Reverend Liz Habecker, Ernie Thivierge, Tommy Joyce, Sarah Bullard, Kayla Martineau, Denise Alves, Madeleine Crowell, Allison Minugh & Susan Janke (Datacorp) via phone

1. Focus Group Report Out (Datacorp)
 - a. 4 groups conducted over the course of a week – REST, EBRC, Bristol Senior Center, Bristol County Medical Center
 - b. most participants were concerned with the nationwide epidemic but some were unaware of the extent of the situation locally
 - c. medical center participants were not initially as aware of a severe local problem but most had had personal experiences with patients who had been affected
 - d. seniors are very concerned about use of pain medications, their own and other seniors
 - e. overall greatest concern is about misuse of pain medication
 - f. perceptions are that attitudes towards those affected by opioid addiction are overwhelmingly negative; stigma is perceived as a real issue and that Bristol is in denial (“a bubble”) about the issues around opioid use and misuse
 - g. not enough NA meetings offered, general knowledge of support services is low across the focus groups
 - h. groups discussed the need for more general mental health services
 - i. medical center participants expressed interest in learning more about recovery support services
 - j. insurance seen as a huge barrier across all groups; also transportation, schedules, child care, workplace stigma, navigating the system
 - k. risks identified – overdose and death; social consequences – legal, employment, relationships. Medical center personnel identified physical risks to health.
 - l. education identified as key to addressing the issue – prevention, reducing stigma, increasing support and compassion
 - m. many different perspectives on where people obtain opiates – out of town (Warren, Providence), family medicine cabinet, school, overprescribing

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- n. top 3 ideas to address the issue – education, awareness (of the problem, impacts, resources), increasing resources/accessibility of resources
 - o. still searching for women with SEN to interview
2. Draft Survey Development Discussion
- a. looked at national surveys (National Survey on Drug Use and Health) and put together a 2-page draft survey, cross-walked with state-provided focus group topics
 - b. suggestions:
 - i. Qs. 2 and 18 – divide 50+ age group into 50-64 years and 65+
 - ii. Q.4 – Do you live, work, or study in Bristol, or none of the above
 - iii. Qs. 5 and 6 – reword/rethink not prescribed or used in excess of a prescription
 - iv. Q.7 – remove the term “physician”, rather “do you think there is a problem with overprescribed addictive pain medications?”
 - v. Q.11 – move question and make it multiple choice: school, place of worship, medical office, community, other
 - ~~vi. Q.14 – timeframe of death?~~
 - vii. Qs. 19, 20, 21 – put options in alphabetical order so as not to lead, remove “by doctors”
 - viii. Q.19 – adding anxiety/stress/depression; peer pressure; lack of adult supervision and guidance;
 - ix. Q.20 – “medical professionals don’t know how to help”
 - x. Q.21 – add provide education on alternatives to medication for pain management/treatment; change “stiffer” to “increase”; alphabetize; add “options” to “provide more treatment”
 - xi. Q.22 – replace “gotten better, gotten worse” with “increased, decreased”
 - xii. add Bristol HEZ logo to survey
 - xiii. add open-ended question to the end of the survey
3. Survey Implementation
- a. hard copies (which include QR code) for town hall, library, community center, senior center; medical center; FB distribution; primary partners to post on their websites; funds available to offer incentives, community meal kick-off event, also for Portuguese translation (which has not been a good use of money in past experience); Madeleine offered Spanish translation; participants can sign up

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separately during the event to be entered into a drawing for incentive prizes.

- b. ideally most people will take the survey electronically
 - c. combine the community dinner with opportunity to take the survey electronically
 - d. incentivize data collection sites as an option
 - e. survey revisions should be done by next week; aim to have survey live by June 10 (and run through June 28th)
 - f. Sarah will get availability for Franklin Court Community Room during the week of June 10 for a kick-off meal event.
4. RIDOH OPP Funding Opportunity
- a. significant funds to be filtered through HEZs from state Opioid Grant (SOR grant) to support existing programming
 - b. up to \$100K to be spent by end of September 2019
 - c. looking to use half of the money for a public awareness campaign
 - d. also funding PD/FD mental health first aid training with specific opioid focus; police youth summer camp/ Narcan for Nalox Boxes/ Narcan kits; Narcan for medical center, training; funding peer recovery training; bus vouchers; funding for youth camp counselors for community center summer camp; Detera bags

Next meeting July 15th 12:00-5:00pm

Meeting adjourned 3:58pm

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