

OD2A Recipient Health Equity Needs Assessment Overview

Introduction

ASTHO, in consultation with CDC, created a tool to assess the needs and capacity of recipients of [CDC's Overdose Data to Action \(OD2A\) cooperative agreement](#) to incorporate health equity into its overdose prevention and surveillance efforts. The OD2A Health Equity Needs Assessment is designed to assess the support, technical assistance, and training that state, local, and territorial health agencies need to move health equity forward within their OD2A programs.

Methods and Data Collection

ASTHO designed the OD2A Recipient Health Equity Needs Assessment to collect data among 66 OD2A-funded jurisdictions within four domains: 1) health department capacity and readiness to incorporate health equity into their work; 2) identification of staff knowledge and gaps; 3) program planning and development; and 4) partner engagement. Both qualitative and quantitative data were captured. ASTHO received 52 responses at the close of the needs assessment, a response rate of 78.8%. A qualitative analysis of open-ended responses to questions was coded manually to identify promising practices, facilitators, barriers, and technical assistance needs related to health equity. This was accomplished by grouping similar responses by words used and topics of the responses to identify key themes within each individual qualitative question.

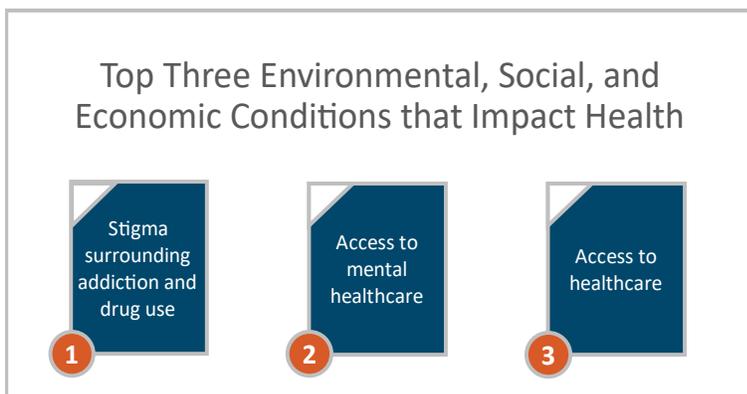
Key Results

Health Agency Health Equity Capacity

Out of 52 respondents, 46 indicated that their jurisdiction has a **formal health equity lead** in place or in progress (**88%**) and an additional three indicated that their jurisdiction has an **informal health equity lead** in place or in progress (**6%**). Additionally, 34 respondents indicated that their jurisdiction **incorporates or is in the process of incorporating health equity principles in their strategic plans related to overdose** (**65%**). **96% of respondent jurisdictions reported being extremely, very, or moderately committed to addressing health equity.** Please see **Table 1.1: Key Findings: Overdose Prevention and Surveillance Health Equity Facilitators, Barriers, and Technical Assistance Needs** for additional data findings.



OD2A Program Health Equity Capacity

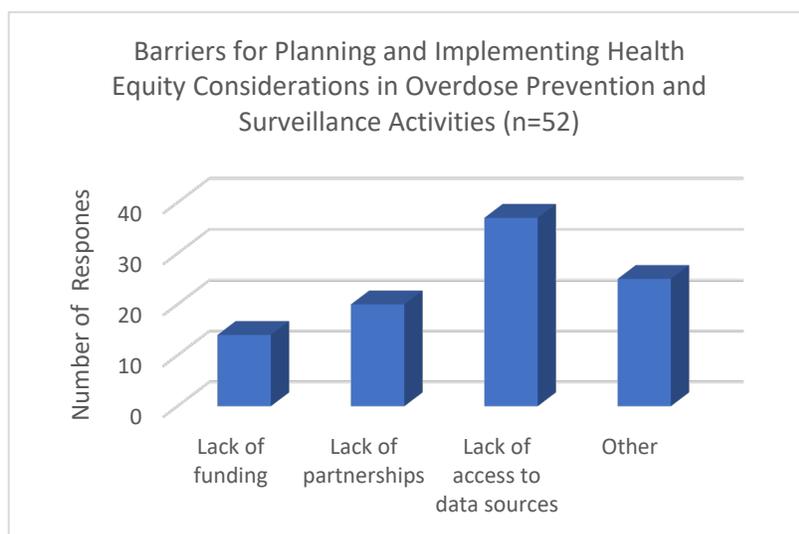


Respondents indicated **stigma surrounding addiction and drug use**, **access to mental healthcare**, and **access to healthcare** as the top three most important environmental, social, and economic conditions that impact health among the populations the jurisdiction's OD2A program serves. Respondents described **utilizing harm reduction principles, focusing on vulnerable populations, and translating resources/ communication**

materials into multiple languages as examples of OD2A activities that focus on addressing health inequities in overdose prevention and/or surveillance.

OD2A Staff Health Equity Capacity

Respondents noted that OD2A programs consider health equity in overdose prevention or surveillance activities by **addressing high burden areas and populations, conducting vulnerability assessments, and tracking health equity data, conducting ongoing evaluations, and creating strategic partnerships.** Respondents also mentioned the ways in which health equity/inequity literature, research, and evidence are integrated into overdose surveillance and prevention policies, programs, and practices as **providing health equity training, developing formal plans, creating campaigns and initiatives, and utilizing data to target efforts.**



Respondents saw **gaps in available data, lack of training and education, and workforce capacity** as the key barriers to integrating health equity principles in overdose surveillance and prevention policies, program, and practices. Respondents also listed the key barriers to building cultural competency capacity for OD2A program staff as **lack of dedicated staff and high levels of staff turnover, lack of training and dedicated time for staff to attend trainings, and lack of diversity amongst staff and experience**

working with different cultures. Finally, respondents identified **lack of access to data sources** as the top barrier for planning and implementing health equity considerations in overdose prevention and surveillance activities.

Engaging Partners

According to respondents, **community-based organizations, academic institutions, and harm reduction organizations** are the top three partners jurisdictions have paid contracts with to advance health equity. Respondents chose **during partner meetings, excluding community planning meetings** as the top way that community members' perspectives are collected in their jurisdiction. Respondents selected **slow contracting processes** as the top organizational barrier for community engagement in health equity activities within the OD2A program.



Discussion and Next Steps

Data received from the OD2A Health Equity Needs Assessment will be used by ASTHO and other OD2A technical assistance partners to tailor programs and support to improve the capacity of OD2A recipients to increase equity in overdose surveillance and prevention efforts. Results highlight that many jurisdictions have strong plans and efforts to incorporate health equity principles in overdose surveillance, prevention, and evaluation work. However, there are still areas where support is needed to increase capacity.

ASTHO plans to utilize the results to provide health equity-focused activities to OD2A recipients such as individualized technical assistance, a health equity mentorship program for OD2A staff, trainings for health agency and OD2A staff related to health equity in overdose topics, and increased opportunities for peer exchange and sharing of success stories related to increasing health equity in overdose prevention activities.

Table 1.1 Key Findings: Overdose Prevention and Surveillance Health Equity Facilitators, Barriers, and Technical Assistance Needs (n=52)

Table 1.1 includes quantitative and qualitative results on factors that are facilitating or challenging implementation of health equity into overdose surveillance and prevention efforts and technical assistance identified by respondents that could support these efforts.

OD2A Recipient Health Equity Facilitators	Percent Reported	Question Type
Formal health equity lead in place or in progress at health agency.	88%	Multiple Choice
Formal or informal health equity lead collaborates with the OD2A program.	75%	Multiple Choice
Jurisdiction is extremely, very, or moderately committed to addressing health equity.	96%	Likert Scale
Health agency incorporates or is in the process of incorporating health equity principles in their strategic plans related to overdose.	65%	Multiple Choice
Health equity related principles incorporated into health agency strategic plans as reported by respondents, key themes from analysis.	Using data to identify and focus on disproportionately impacted/ historically marginalized populations. Creating culturally competent social marketing related to overdose. Addressing social determinants of health. Engaging diverse community partners.	Open Ended
OD2A Recipient Health Equity Barriers		
Top organizational barrier to community engagement in health equity activities within the OD2A program.	Slow contracting processes (71%)	Multiple Choice
Top OD2A program's barrier to incorporating health equity into overdose surveillance and prevention efforts data collection, planning, and implementation activities.	Lack of access to data sources (71%)	Multiple Choice
Barriers to integrating health equity/inequity literature, research, and evidence into overdose policies,	Gaps in available data. Lack of training and education among staff.	Open Ended

<p>programs, and practices as reported by respondents as key themes.</p>	<p>Lack of workforce capacity and resources.</p>	
<p>OD2A Recipient Health Equity Technical Assistance Needs</p>		
<p>Technical assistance needs identified by respondents.</p>	<p>Best practices and examples of incorporating health equity into overdose prevention and surveillance strategies from other OD2A jurisdictions.</p> <p>Training on identifying health equity data fields and variables in available overdose data.</p> <p>Training on the implementation of health equity principles into overdose prevention and surveillance efforts.</p> <p>Information, trainings, and practical toolkits on implicit bias.</p> <p>Breaking down health equity data initiatives and programs that have been implemented into OD2A programming, organized by simpler interventions to more complex, systems level changes for implementation.</p>	<p>Open Ended</p>