



Bright Spots to Action: Leveraging Community Assets to Reduce Opioid Mortality

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[Positive Deviance Collaborative](#)



- “Solutions to intractable problems actually exist. They are already there. They have been devised by the least likely to succeed: The ordinary people without special resources.”
- “Unless you listen...listen...listen, you cannot achieve anything.”
- “Look at the existing solutions, and the people who have them.”

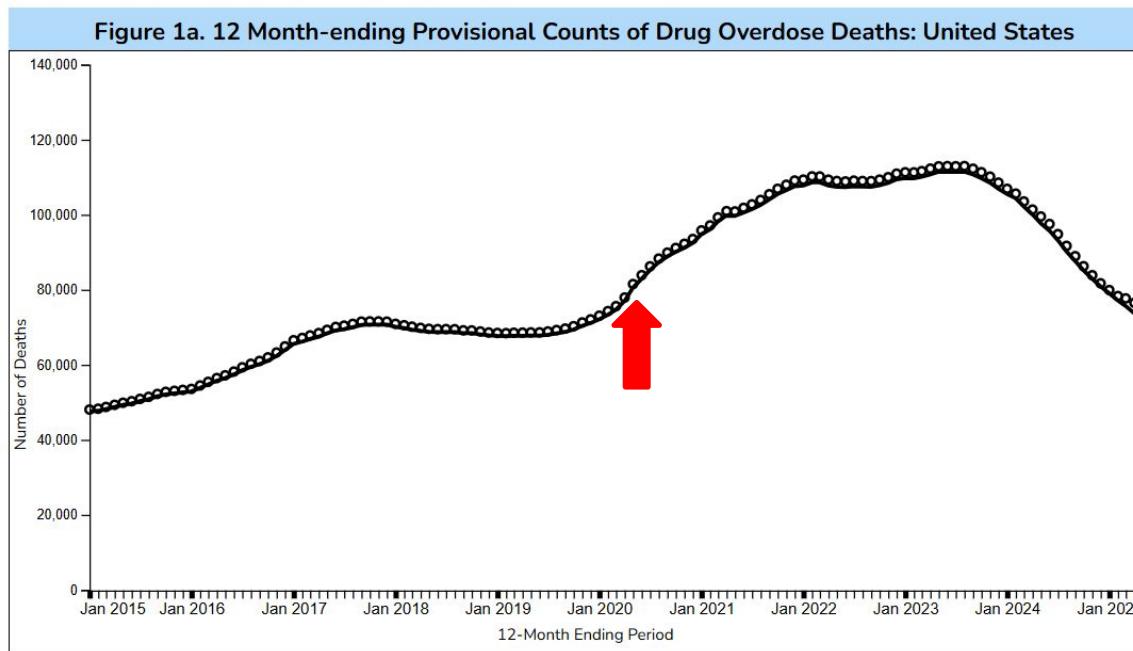
Outline

- I. Identifying Bright Spot communities
- II. Discovering the existing and sustainable solutions
- III. Applying lessons learned from Bright Spot communities more broadly
- I. Partnership with the Opioid Abatement Authority

Disclosures

No disclosures or conflicts of interest

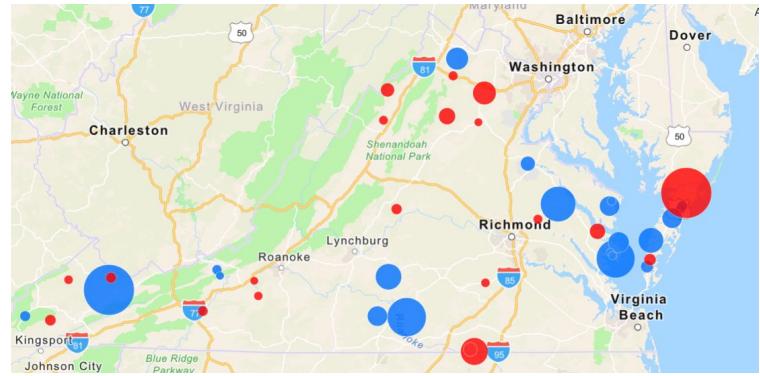
Trends of Fatal Overdose in U.S. 2015-2025



Source: Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2025.
DOI: <https://dx.doi.org/10.15620/cdc/20250305008>

The Virginia Bright Spot Project

- Our team aimed to identify communities with lower-than-predicted opioid mortality
- Created a model to predict mortality based on risk factors, and compare to actual mortality
- Strength-based approach to learn from communities with positive outcomes to apply to other communities



Bright Spot and Community Asset Mapping: Community-Engaged Process



I. How to Identify Bright Spots?

1

Identify factors strongly correlated with opioid mortality

2

Multivariate model to predict opioid mortality in communities (ZCTA)

3

Identify communities with **lower actual opioid mortality than predicted**

Data Sources



AMERICAN
COMMUNITY SURVEY



ALL PAYER CLAIMS
DATABASE

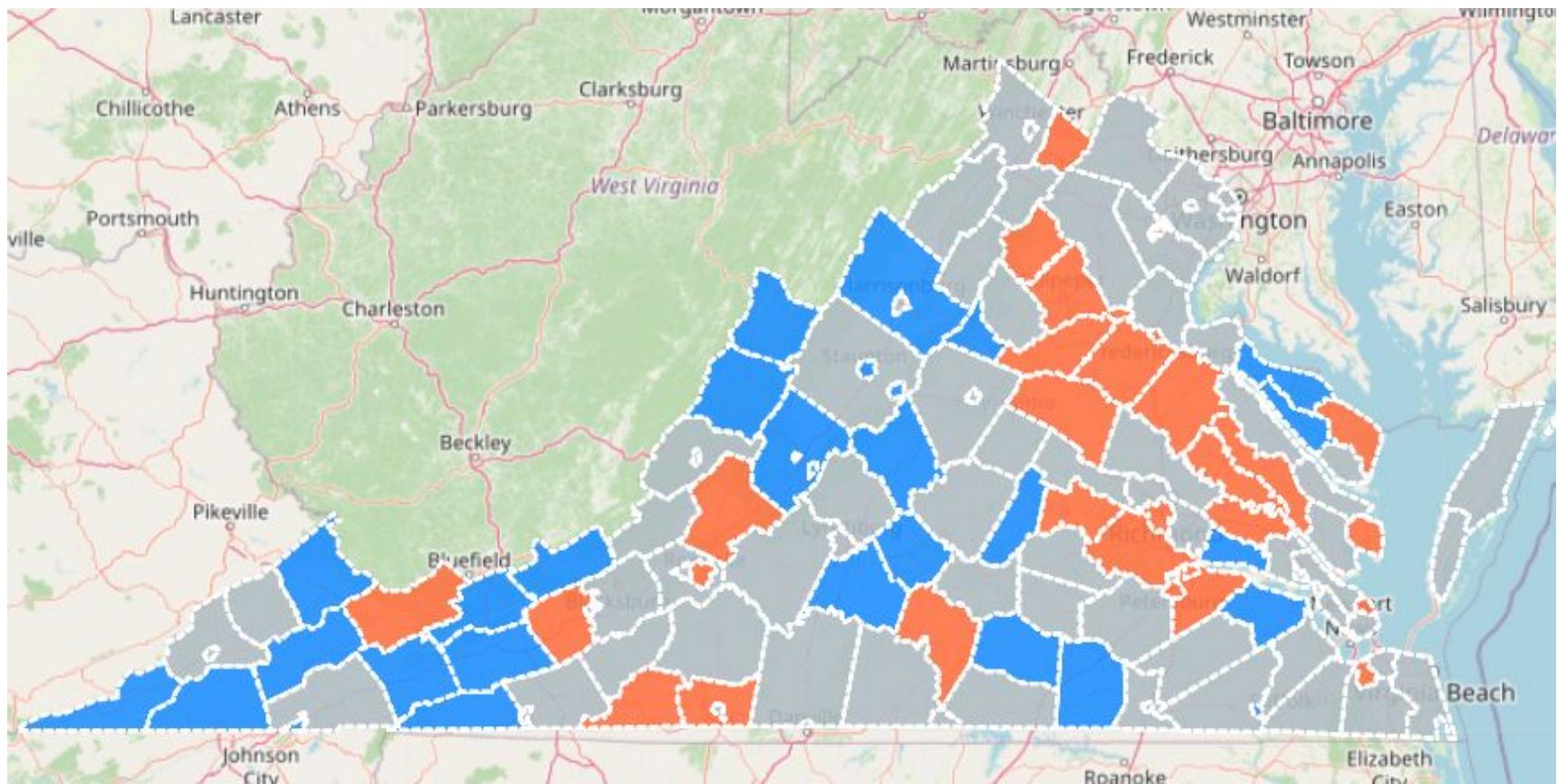


VIRGINIA DEPT. OF
HEALTH, OFFICE OF
THE CHIEF MEDICAL
EXAMINER

Residuals Analysis: Differences between the predicted output from the model and the measured output from the validation data set.

Primary outcome:
Low rates of fatal opioid overdoses

Identifying Bright Spot Communities

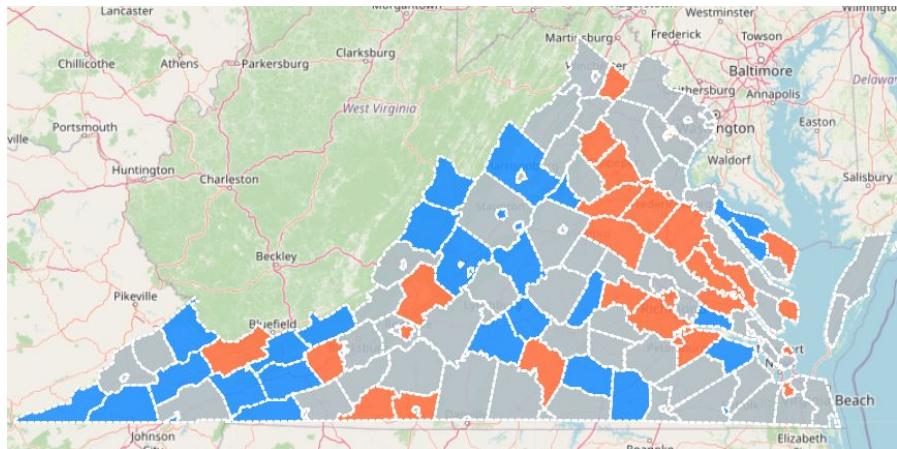


Assessing Communities with Increasing vs. Decreasing Opioid Mortality

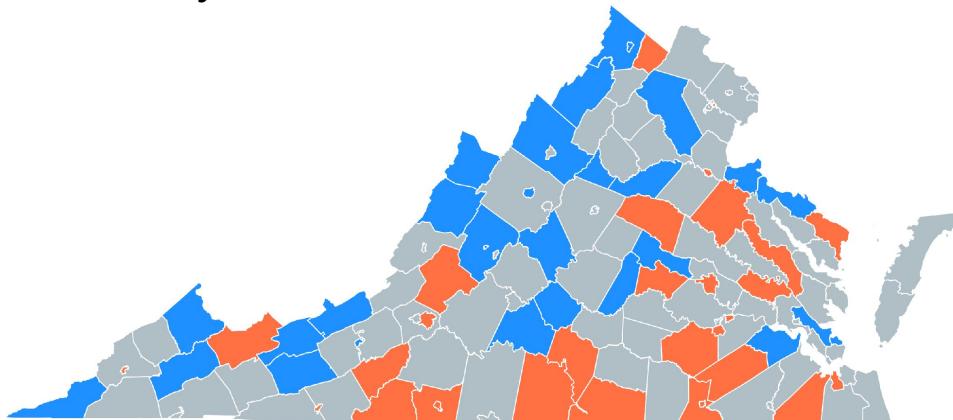


County-Level Change in Opioid Mortality over Time

Bright Spot
Communities

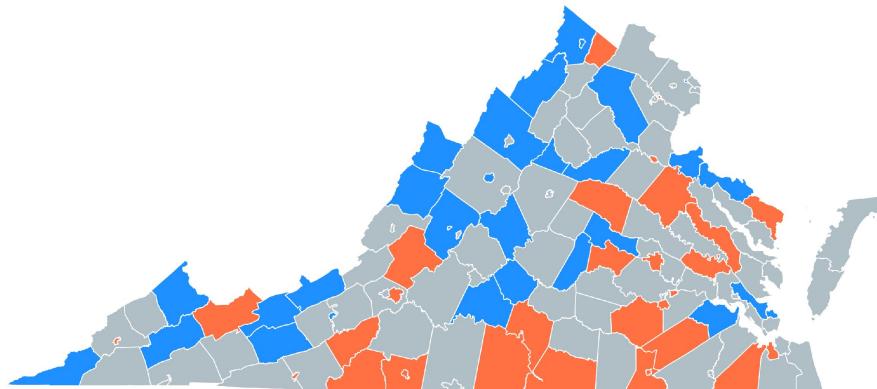


Communities with
Decreased Mortality over 5
years



County-Level Change in Opioid Mortality over Time

Bright Spot communities with successful strategies and solutions may drive decreases in opioid mortality seen over time.



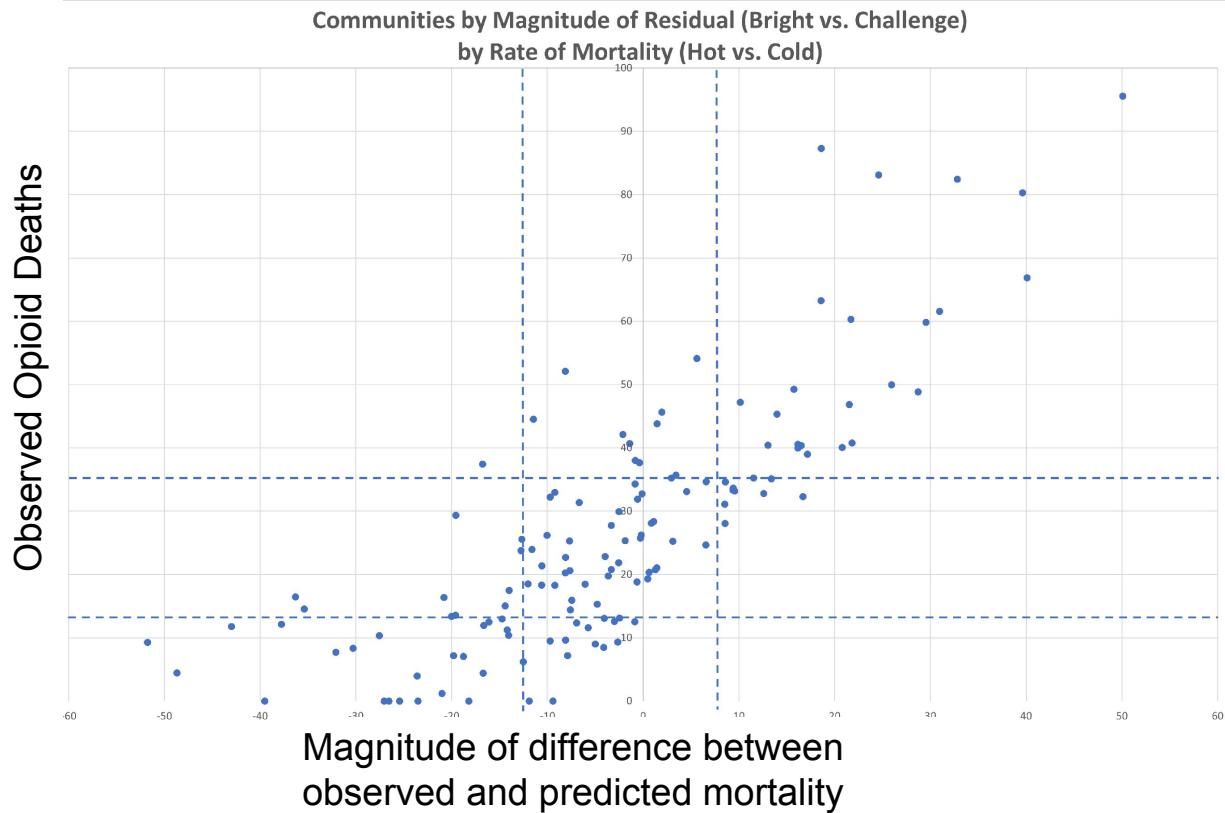
What do we know about these communities?

Community-Level Differences of Bright Spot Communities

Variable	Bright Spots Mean	Challenge Spots Mean
Population	313.4	2252.0
Gini Index*	0.32	0.40
Primary Care Visits Rate	177.4	57.7
Medication for Opioid Use Disorder (MOUD) Prescription Rate	4.2	2.9

*Gini Index is a proxy with inequality, with higher values correlating with higher inequality

Among communities with increasing mortality, we see significant racial disparities.



Lower opioid mortality than predicted
("Bright")

Higher opioid mortality than predicted
("Challenge Spots")

High total opioid mortality ("Hot spots")

Low total opioid mortality ("Cold Spots")

II. Discovering the existing and sustainable solutions

Uncovering Stories Behind the Numbers

- Socioecological data can identify Bright Spots but lacks nuance on community infrastructure and local context
- Weaving data and community stories to understand the people and places behind the numbers

Community Engagement

Community Engagement Methods:

- Surveys
- Over 60 community events and meetings: Community collaboratives, taskforce meetings, town halls, recovery days
- Site visits
- Informational interviews
- OAA Webinars and Regional Events
- Conferences
- Formation of an expert “Topic Team” to review all Bright Spot data and inform qualitative interviews

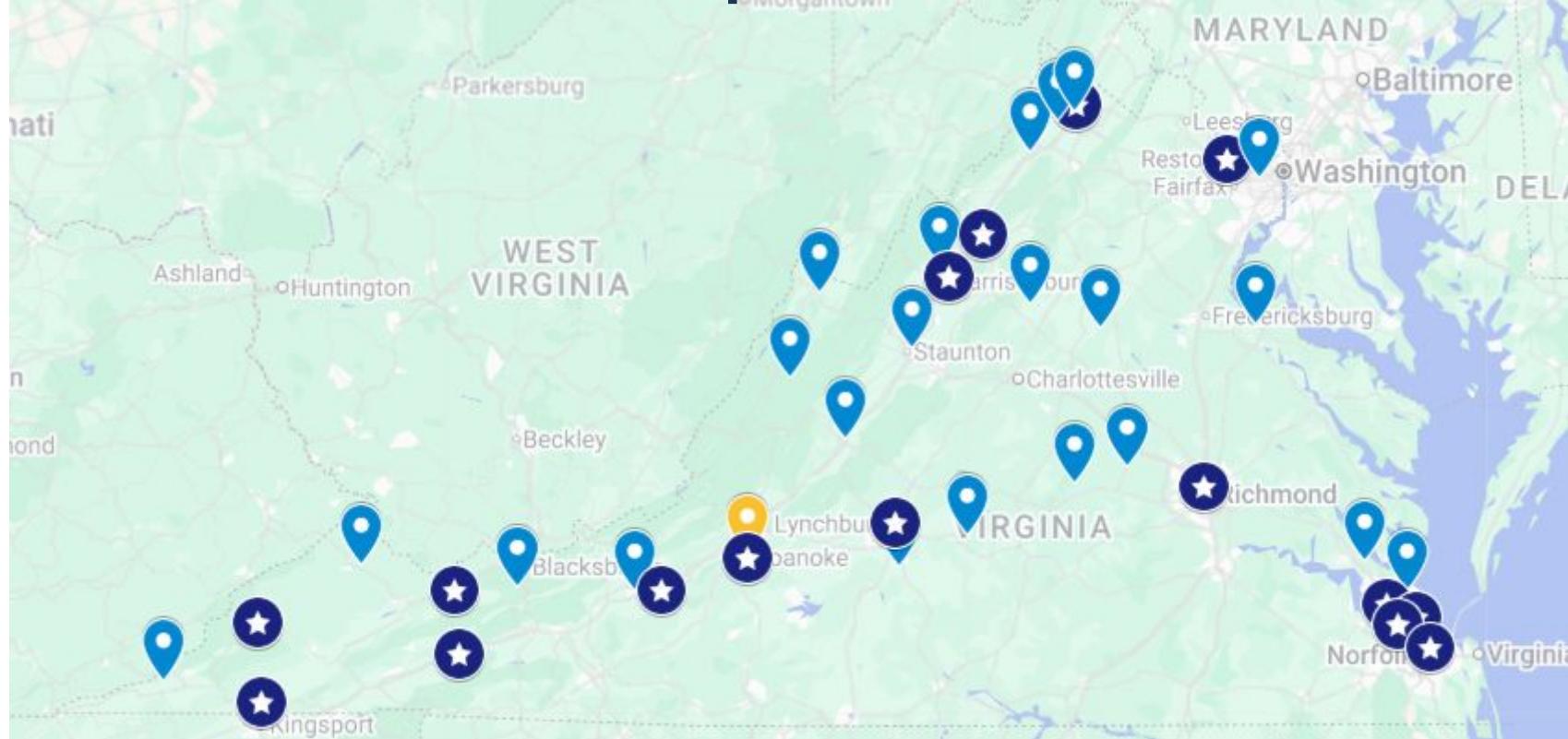
Outreach to over 2500 partners:

- City/county officials, policy officials
- Community partners (community organizations, social services, peers, etc.)
- Individuals with lived experience
- Healthcare professionals
 - Virginia Society for Addiction Medicine
- Jails, law enforcement, court officials
- Teachers
- General public

Bright Spot Communities

1. **Strong Community Services Boards (CSBs) serving as behavioral health hubs with low-barrier access**
2. **Extensive Harm Reduction Programs, including mobile units and peer-led services**
3. **Programs for justice-involved populations**
4. **Regional, cooperative funding**
5. **Social infrastructure and community cohesion promoting cross-sector “whole-person”**

Comprehensive Harm Reduction Map Compared to Bright Spots



 Bright Spot

 VDH Comprehensive Harm Reduction Program

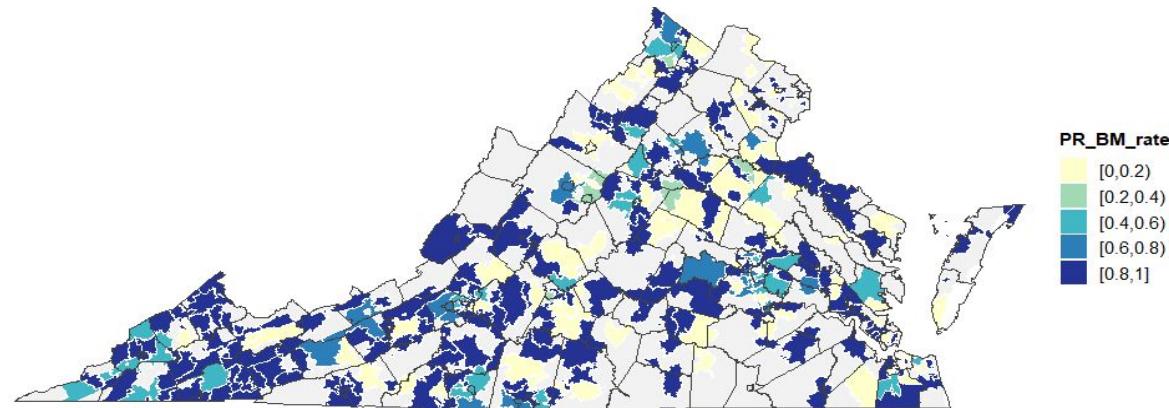
Source
<https://www.vdh.virginia.gov/>

Brunswick County

- High opioid mortality yet lower than predicted
- Early and active engagement with OAA funds
 - 2022 Cooperative planning grant with neighboring localities to conduct a needs assessment and develop an abatement plan
 - 2023 drop in opioid mortality rate
- Southside Behavioral Health (SBH) runs repeated REVIVE! opioid overdose & naloxone trainings
- Peer recovery services
- Partnership with law enforcement
- Resources for justice-involved populations: Lawrenceville Correctional Center
 - Office-Based Opioid Treatment (OBOT) has been offered in jails since 2020
 - Engagement of Recovery Court

Priority Area: Pregnant and Postpartum Women

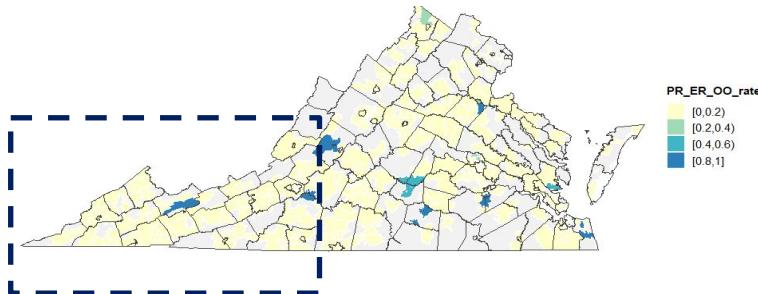
- Wide variation in outcomes for moms and babies
- SW Virginia with high rates of MOUD



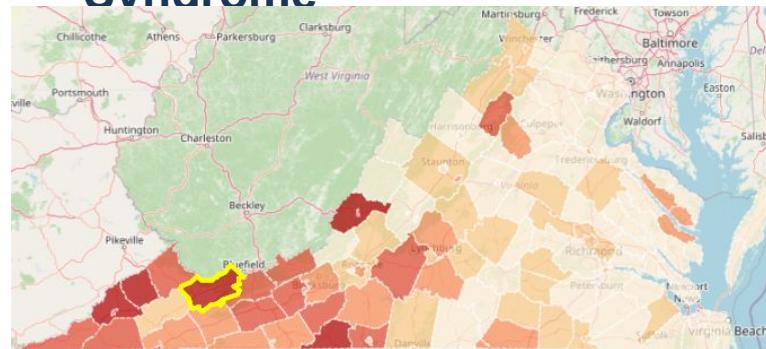
Rate of Medications for Opioid Use Disorder among Pregnant Women

Maternal and Child Health Outcomes

Emergency Room Visits for Opioid Overdose among Pregnant Women



Neonatal Abstinence Syndrome



Pregnant and Postpartum Women

- Increase in medications for opioid use disorder during pregnancy
- However, key gaps after delivery
 - Gap in moms and babies accessing pediatricians
 - Keeping moms engaged in postpartum SUD care
- Barriers to substance use treatment
 - Family-friendly recovery housing
 - Childcare
 - Stigma (fear of CPS)
 - Transportation
- Recovery housing is scarce and often does not allow children
- Learning from successful models and landlords

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- Recovery housing is scarce and often does not allow children
- Learning from successful models and landlords:
 - Financial incentives
 - Better predictions of need and demand to encourage investors

“It makes financial sense and it’s the right thing to do.”

-Landlord providing recovery housing in Virginia

III. Applying lessons learned from Bright Spot communities more broadly

The Opioid Abatement Authority Toolkit

- Collaborative, community-engaged project, **funded by the OAA**
- Evidence-based toolkit for **cities and counties**
- Feature **community-specific** data and resources
- Community engagement to **learn from promising strategies and to apply to communities**

Impact of the OAA Toolkit



Community-engaged process to learn what is working



Provide resources to inform OAA applications



Strategies to inform program development



Facilitating local partnerships, coalitions, and resource sharing



Sharing findings with OAA



Monitoring impact

Community Consultations

STOP! Grants

Petersburg City

Richmond City

Chesterfield County

**Chesterfield/Richmond/Hanover/ Henrico
Planning Grant**

Consultations

Pregnancy and Postpartum Needs Assessment and Gap Analysis

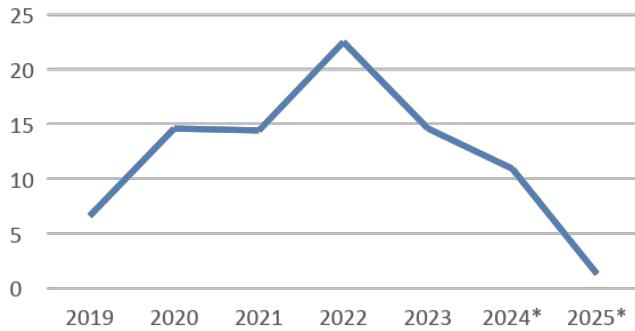
- Planning grant between 4 localities
- Qualitative and quantitative needs assessment of resources for SUD for pregnant and postpartum women
- Barriers across transitions of care, housing, and childcare
- Impact
 - Informed implementation grant
 - Hiring of two liaisons for pregnant and postpartum care

Operation STOP! (Specifically Targeted Overdose Prevention) Awards

- Awarded to 7 localities in VA with the highest increases in fatal overdoses
- Funding to target highest risk populations
- VCU-hosted Learning Collaboratives
 - Share strategies from Bright Spots
 - Recognizing solutions exist within communities
 - Sharing of best practices between communities
 - Facilitate partnerships and shared resources

Roanoke

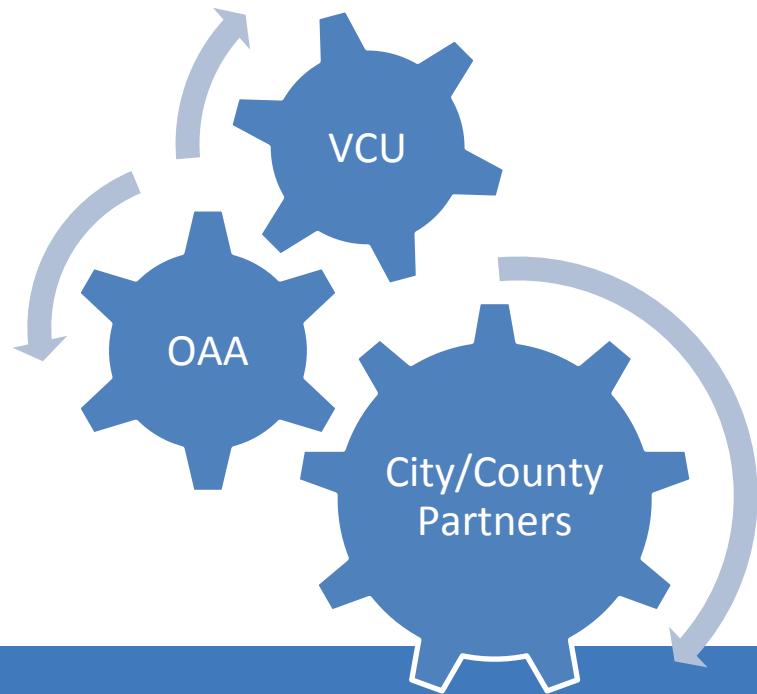
- **Roanoke Valley Collective Response (RVCR):** Cross-sector collaboration across law enforcement, healthcare, government, and community organizations
 - Focus on underlying causes of addiction
 - Evidence-based practices: REVIVE Trainings
 - Peer Recovery Network
 - Community education to reduce stigma
- **ED Bridge to Treatment Program:**
 - Rates of follow-up for ER patients with OUD increased from 10% to 82%
 - Recently awarded \$1.9 million expansion
- **Virginia Harm Reduction Coalition:** Peer-led harm reduction
- **Use of OAA funds to ensure sustainability**



*Incomplete data for 2024 and 2025

Source of original data: Virginia Department of Health

Collaboration between VCU, OAA, and City/County Officials and Partners



Implications for other Health Care and Public Health Challenges

- Applying the Bright Spot model to a range of other health topics:
 - Opioids
 - Primary care access
 - Mental health care
 - Colorectal cancer
 - Cultural arts
 - Adverse childhood events
 - Obesity
- “Topic Team” for each health area with a wide range of community partners
- Resulting data will inform the creation of the Virginia Accountable Health Engagement and Action Dashboard (Va-AHEAD)
 - Co-develop a dashboard that promotes data infrastructure to support the work of community partners (e.g., community organizations, researchers, policy makers) to improve community health
- Wright Center project funded by NIH National Center for Advancing
Translational Sciences

Conclusions

- Solutions to many public health challenges already exist
- Revealing the community strengths behind positive health outcomes can inform strategies for future impact
- This process entails identifying Bright Spot communities, discovering solutions, and adapting solutions more broadly



“Instead of looking for outside help... think shrimps and crabs...and look for solutions that are already right there in front of you” – Monique Sternin

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- Our Community Partners

Questions?

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