

Title: Indiana Addiction & Recovery Information Program

Summary

In 2015, a small rural town in Southern Indiana saw an outbreak of over 200 cases of HIV among people who had an opioid use disorder. In his book, [*Canary in the Coal Mine: A Forgotten Rural Town, a Hidden Epidemic, and a lone Doctor Battling for the Life, Health, and Soul of the People*](#), Dr. William Cooke, the local physician treating those cases, chronicles his story and the experiences of the people battling their addictions.

The Network of the National Library of Medicine (NNLM) will sponsor Dr. William Cooke as a subject expert on the topic of substance use, addiction and recovery, and the social determinants of health. His one-hour talk will be followed by a moderated Q&A.

Prior to the event, NNLM will purchase copies of Dr. Cooke's book for small reading group discussion and distribute MedlinePlus and other trustworthy health information.

Objectives

The program aligns with the NNLM mission to advance access, use, and understanding of health information while aiming to meet the following objectives:

- Reduce health misinformation and the stigma associated with Mental Health and Substance Use Disorder
 - Offer facts about substance use and addiction disorders
 - Introduce the social and environmental determinants of health that impact or exacerbate mental health and substance use
 - Provide understanding for the prevalence of mental illness. For example, In a faith community of just 100 people:ⁱ
 - Twenty people (one in five) have a mental illness
 - In 2017, only eight of those 20 individuals received any mental health services (almost 40%), which means 12 individuals (60%) did not
- Raise Awareness of MedlinePlus and NIH National Library of Medicine as a trusted health information resource
 - Introduce the NNLM program and its resources
 - Distribute handouts for MedlinePlus and ABCs of Trusted Health Information FactSheet
 - Demonstrate MedlinePlus
- Introduce addiction and recovery community information resources and toolkits to help build sustained capacity for combating substance abuse use and HIV/AIDS
 - Partner with local organizations to exhibit or distribute health information

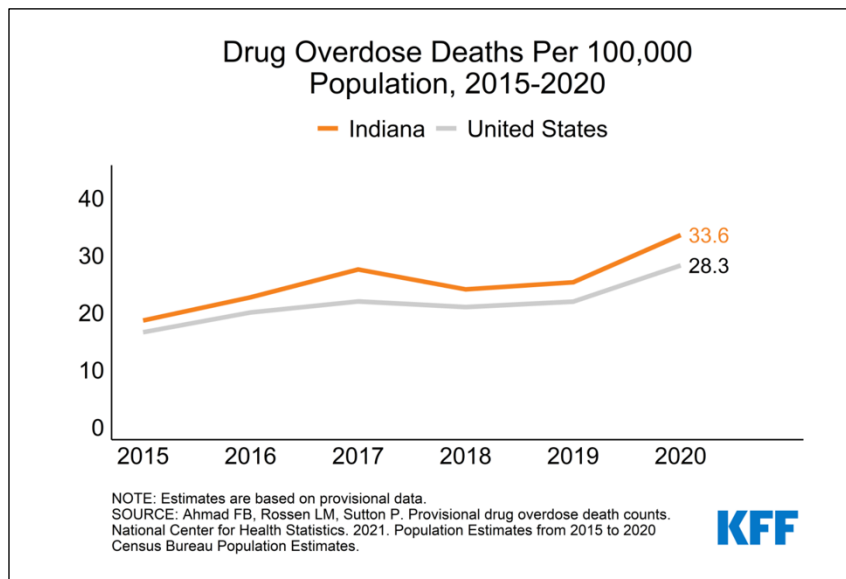
Evidence of Needⁱⁱ

Substance use disorder is using illicit drugs or meeting criteria for alcohol dependence or abuse, defined based on a person reporting a “pattern of substance use leading to clinically significant impairment or distress.” There has been increased concern around substance use during the pandemic. In September 2020, 15.1% of U.S. adults reported new or increased substance use due to pandemic-related stress. Deaths due to drug overdose also increased from over 72,000 deaths nationally in 2019 to over 93,000 deaths in 2020. The recent uptick in substance use and related deaths disproportionately affected many people of color, although White people continue to account for the largest share of deaths due to drug overdose per year. ”

Opioid overdoses have been a primary driver of the fivefold increase in deaths due to drug overdose in the U.S. between 2000 and 2020. The national opioid epidemic began with an increase in deaths from opioid prescriptions through the early 2000s, followed ten years later by a steep increase in deaths from heroin overdose, and shortly thereafter an even sharper increase in deaths from synthetic opioid overdose. The U.S. saw some improvement in opioid-related death rates from 2017 to 2018, before increases began again and sharply accelerated in light of the pandemic.

For Indiana, statistics show a higher number of opioid overdose deaths as well as a disproportionate shortage of mental health providers.

In 2020, there were 1,828 opioid overdose deaths in Indiana, which accounted for 80.6% of all drug overdose deaths in the state.



As shown in the figure below, deaths due to drug overdose have increased in Indiana from 18.6 per 100,000 in 2015 to 33.6 per 100,000 in 2020. Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.html>

The percent of need for mental health professionals met in Indiana is 35.8%, compared to the national percent of need met (28.1%).

Mental health professionals include psychiatrists, psychologists, psychiatric nurses, addiction counselors, and mental health or family and marriage counselors. Many people in need of mental health care or substance use treatment are unable to access it in a timely manner due to provider shortages, particularly in rural areas.

Health Professional Shortage Area (HPSA) designations are used to identify areas that are experiencing a shortage of health professionals. Mental health HPSA designations are primarily based on the number of psychiatrists relative to the population.

Mental Health Care Health Professional Shortage Areas (HPSAs), September 2021		
	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Indiana	35.8%	197
United States	28.1%	6,559

SOURCE: Bureau of Health Workforce, Health Resources and Services Administration, [Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary](#), as of September 30, 2021.

Beneficiaries

As part of its Indiana Stakeholder Advisory Group (SAG) health information outreach, the Region 6 NNLM program aims to build capacity for sustained efforts to combat substance abuse use and prevent HIV/AIDS transmission.

For this program, the NNLM Region 6 references [The Center for Faith-based and Neighborhood Partnerships](#) (U.S. Department of Health and Human Services) in its effort to engage religious organizations.

One in four individuals who seek help for mental illness turn to faith leaders before they seek help from clinical professionals.ⁱⁱⁱ

According to a 2014 Pew Research Center [Religious Landscape Study](#), the majority of adults who attend services weekly in Indiana:

- Are persons who are White (81%)
- Have a household income of less than \$30K (39%) or between 50K-100K (31%)
- Have a High School degree or less (41%) or Some College (30%)
- Believe standards for right and wrong depend on the situation (52%)

- View government aid to the poor as doing more harm than good (62%) and view smaller government and fewer services (60%)

It is relevant to partner with churches. However, different faith traditions may approach matters of mental illness from different perspectives. The purpose of this program is not to disregard such faiths or beliefs. Rather, for faith communities that accept the value of medicine, or those uncertain about how faith and medicine can interact, will have a better understanding of the complex interaction of biological, psychological, and environmental factors that impact mental health and substance use.

Being an informed community can be a first step toward becoming a more compassionate community.¹

As faith communities and leaders, together with many others in the community, provide support and encouragement to people with mental illness, there are opportunities to share that story with the community at large.

Faith communities can be places that elevate the voice of people with mental illness and their caregivers so that more people can understand their experiences, their challenges, and their stories. This can be a powerful way to change the story in your faith community, but also your larger community.

Faith communities can advocate changes to the mental health system based on what they learn from walking alongside individuals with mental illness and their caregivers. The system of laws and services can be complex and challenging, but promoting change makes a difference for individuals who experience mental illness and their caregivers.¹

Evangelical Protestants (31%) represent the largest segment of faith-based worshipers with the largest subgroup being Southern Baptists. “Next are the non-denominational evangelicals, whose suburban megachurches have in many ways become the icon of the movement.”^{iv}

Expert Speaker

Dr. William Cooke has worked 20 years as a physician to increase access to health, hope, and opportunity to all people, regardless of their social status. He is the founder of Foundations Family Medicine and a fellow of the American Academy of Family Medicine and the American Society of Addiction Medicine. His work has received national recognition including being named Physician of the Year by the American Academy of Family Physicians, joining the ranks of two U.S. surgeons general by receiving the Ryan White Distinguished Leadership Award, and becoming the first physician in the nation to be awarded the Pillar of Excellence by Addiction Policy Forum. He lives with his wife and six kids in his home town of New Albany, Indiana.

Book

Cooke's book doesn't just outline what led to Austin's deadly dance with the opioid crisis, generational poverty or the inevitability of the HIV crisis. It also describes the healing and hope that emerged as the town united and persevered. Along the way, Cooke explores how he learned to release his own biases in order to better serve populations that needed him the most.

"I discovered by showing empathy and compassion to people living desperate lives, the strange and frightening sense of 'other' melted away, and I stopped seeing my patients as 'addicts,' 'people in need,' 'the homeless,' 'sex workers' or even 'the least of these,'" he said. "Listening to and learning from the lived experiences of my patients changed me, and I began to recognize them as people no different than me -- someone who has made mistakes, who has been broken and who wants to do better."

Cooke hopes "Canary in the Coal Mine" will help people reflect on how they treat others, especially marginalized populations, and teach them more about the harms that can arise from adverse health and socioeconomic disparities.'

[Canary in the Coal Mine: A Forgotten Rural Community, a Hidden Epidemic, and a Lone Doctor Battling for the Life, Health, and Soul of the People](#) | Dr. William Cooke and Laura Ungar | Tyndale Refresh | 2023 | 320 pages | 978-1496446497 | \$17.99 softcover

To learn more about the background story of Dr. Cooke and the HIV/Hepatitis C outbreak in Austin, Indiana:

- [A Lecture with Dr. Will Cooke & People with Lived Experience \(HIV, Hepatitis C, Opioids, Addiction\) YouTube: HIV Modernization Movement, November 12, 2021](#)
- [Indiana Races to Fight H.I.V. Surge Tied to Drug Abuse by Abby Goodnough. *The New York Times*. April 30, 2015](#)
- [Foundations Family Medicine's HIV, HCV, Opioid and Substance Use Disorder. RHHub: Project Examples](#). Retrieved September 25, 2022
- [A Q&A with Dr. William Cooke, Author of 'Canary in the Coal Mine' by Scott Reker. *Leoweekly.com*. June 23, 2021](#)
- ['Canary in the Mine' Book Trailer. YouTube: Will Cooke, MD, FAAFP, AAHIVS](#) Retrieved September 25, 2022
- [Foundations Family Medicine](#)

Implementation & Timeline

Develop Promotional Material:

October 2022

Promote program to churches:

November 2022

Schedule Minimum of 3 programs:

December 2022

Program Period:

May 1, 2023 – April 30, 2024

Confirmed Events:
SEE EVENT PLANNING SPREADSHEET

Presenters:

Darlene Kaskie, NNLM, Region 6 Community Engagement Coordinator – Moderator
Dr. William Cooke (Foundations Family Medicine) – Expert Speaker
Panel Guests: Billy and Dana Snowden (H2O Church Co-Pastors), Jerrica Hall [Cooksey], Peer Recovery Coach Cole Boyt, Peer Recovery Coach (TENTATIVE)

Potential Community Partners:

Minimum of three NNLM network partners (e.g., public library, community- or faith-based located within counties with high percentage of drug overdose deaths according to

<https://opioidmisusetool.norc.org/>:

Blackford; Delaware; Fayette; Floyd; Howard; Jay; Jennings; Randolph; Scott; Starke; Union; Wayne

NAMI Indiana – [NAMI FaithNet](#)

<https://www.pathways2promise.org/>

<https://thebluedovefoundation.org/>

Sandra Eskenazi Mental Health Center

IU Indiana Prevention Resource Center

Local Public Libraries

POP or SAG members

Evaluation

- Participant numbers and zip codes as part of the NNLM Activity Report
- No identifying information will be collected from participants
- Optional National Evaluation Center Redcap Participant Activity Survey (PAS) including questions such as:
 - Did you learn about MedlinePlus?
 - How likely will you use MedlinePlus?
 - Did you learn about the National Library of Medicine (NLM)?
 - What follow-up health information could you use?
 - Finding trusted health information
 - Understanding health information
 - Finding doctors, dentists, and other health providers
 - Enrolling in health insurance plans

Program Handouts

- A Practical Toolkit for Preventing Drug Overdose and Supporting Recovery in Faith and Community Settings [[PDF](#)]

- Compassion in Action: A Guide for Faith Communities Serving People Experiencing Mental Illness and Their Caregivers. July 2020. [PDF]
- A-B-C for Finding Trusted Health Information [PDF]
- ‘Canary in the Coal Mine’ books and discussion guide [PDF]

Resources in support of this program

<https://www.in.gov/fssa/dmha/>

<https://www.in.gov/bewellindiana/resources/mental-health-resources/>

<https://www.in.gov/bewellindiana/resources/substance-use-disorder-resources/>

<https://youtu.be/q5b6-PQ8Wno> Peer Recovery Specialists (Living with Addiction)

https://www.samhsa.gov/data/sites/default/files/reports/rpt32831/Indiana-BH-Barometer_Volume6.pdf

<https://landmarkrecovery.com/indiana-counties-with-worst-drug-problems/>

[https://landmarkrecovery.com/indiana-documentary-explores-drug-addiction-in-rural-towns/The Addict’s Wake: A Story of Addiction in Brown County](https://landmarkrecovery.com/indiana-documentary-explores-drug-addiction-in-rural-towns/TheAddictsWake:AStoryofAddictioninBrownCounty)

<https://www.rcorp-ta.org/>

<https://www.ruralhealthinfo.org/toolkits/hiv-aids/2/manage/one-stop-shop>

<https://www.ruralhealthinfo.org/topics/opioids>

<https://opioidmisusetool.norc.org/>

<https://skywoodrecovery.com/when-it-comes-to-mental-health-and-addiction-are-churches-helping-or-hurting/>

<https://www.umcjustice.org/news-and-stories/the-church-s-public-witness-tackling-alcohol-and-drug-addiction-498>

<https://erlc.com/resource-library/articles/the-challenges-of-a-church-based-addiction-ministry/>

<https://www.samhsa.gov/faith-based-initiatives>

<https://www.indytc.com/mychurch>

<https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/recovery/addressing-social-factors>

ⁱ Data included in these statistics are gathered from [NIMH](#) and [Centers for Disease Control](#). These numbers do not control for any factors related to specific faith communities and those who likely participate in faith communities. These statistics take national level data and apply them to a hypothetical selection of 100 people. The purpose of this translation is to help faith leaders understand the prevalence of mental illness by putting to a manageable framework at the community level.

ⁱⁱ [Mental Health and Substance Use States Fact Sheets: Mental Health in Indiana. KFF.org](#). Retrieved September 26, 2022.

ⁱⁱⁱ P.S.Wang, P.A.Berglund, & R.C. Kessler, “Patterns and correlates of contacting clergy for mental disorders in the United States,” *Health Services Research*, 38(2), 647- 673. www.ncbi.nlm.nih.gov/pubmed/12785566.

^{iv} [Top 5 religious groups in Indiana now include those who chose ‘none of the above’ by Robert King. Indystar.com. November 25, 2015](#)

^v [Alumnus writes book about being the only doctor in a small town during opioid crisis by April Toler. News at IU: Health and Wellness. April 23, 2021](#)