

# Shine a Light on Stigma Podcast

## Transcript - Episode 10: Building a Holistic, Community-Based Approach to Treating Substance Use Disorder

*Note: The Shine a Light on Stigma Podcast is produced for the ear and designed to be heard. This transcript is intended to augment the recording.*

*This podcast is part of a series that explores ways to eliminate stigma and help people with substance use disorders access the medical care they need. Produced by Superior Health Quality Alliance and Telligen, Quality Innovation Network-Quality Improvement Organizations under contract with the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services.*

**Mia Croyle:** Hello and welcome back to the Stigma Podcast. In this podcast, where we talk about ways that stigma impacts people living with substance use disorder, we aim to inspire and empower our listeners to shift away from that culture of stigma toward one that promotes healing and recovery in a supportive and respectful way. I'm Mia, and I'm here with Brittany, and we are delighted to have brought back our guest, Sara Jesse, who you probably heard on the previous episode. If you haven't listened to that episode, I'm going to encourage you to pause this episode now and go back and listen to the episode before this one just so you can get a great introduction to Sara Jesse, and to hear a little bit all about what she's about. And we were just so pleased with our conversation that we want to continue it with a little bit of a shift of focus to some of the things she's doing in her community and how we could think about those.

**Mia:** So before we go back, before we jump in, I just want to remind you, we love, love, love feedback. So any feedback you have, ideas for future episodes, things you'd like to hear us talk about, questions, comments, things you'd like us to pass on to any of our guests, you can reach us at stigma podcast@telligen.org. And then just a reminder, you can find us at your favorite podcast streaming service, and if you subscribe, you won't miss an episode from us from, so just by way of reminder, Sara Jesse is the community health manager for public health Sauk County in Wisconsin. She helped found and directs several of their substance use-related programs, and we're going to detail some of those in our conversation. And she also in addition to this whole suite of programs, she also works on community health assessments, plans for other health focus areas with a special interest in health equity, social determinants of health, suicide prevention and adverse childhood experiences. Having lost her sister to opioid overdose in 2007, Sara Jesse is a passionate advocate for harm reduction and primary prevention services. So welcome back, Sara.

**Sara Jesse:** Thank you. Happy to be here.

**Brittany Rodriguez:** Yeah, I'm definitely excited to have Sara back. I told her it was one of my favorite episodes. It was just such an impactful message, really, and so many good things to catch. So I'm really excited you're back with us. And really, I want to hear more about your work. I have the privilege of being able to know that truly the community you're living in is practicing just the best practices when it comes to substance use disorder, the resources needed, just really setting the environment for people in recovery. And we want to exemplify that to anyone that's listening, whether they're wanting to replicate that in their area or

really just knowing what can I be doing, whether they're a clinician or someone that's in the community or even a family member. And so I would love to hear more about all the things that you have going, kind of how you did it or what advice you would have for someone since you guys really have it pretty well established.

**Sara:** Well, thank you. And I need to say I'm just one person here in Sauk County that's putting this work together. I have a team behind me. I have shoulders of giants to stand on and stand next to in all this work. And I think what makes Sauk County a bit unusual in this space is that we are a rural community. So if you've been to Wisconsin Dells, it's the waterpark capital of the world. We're a community of 64,000 residents, but we get four and a half million visitors per year. So it's an interesting place to live. I moved here in 2005, so I've been here for quite a while, and I didn't know about how much our community was struggling with substance use until I started working for the health department in 2017. And at that time when I was hired to start the first rural health department Narcan training and distribution program in the state of Wisconsin, I was like, all right, let's get into this.

**Sara:** Let's see the data. So one thing we do in public health is we're keepers of data. And I realized that that time that we had a very high rate of overdose death. We had a high rate of non-fatal overdoses, and our prescription rates for opioids were through the roof in 2017. It was astounding. We were one of the highest rates of opioid prescribing in Wisconsin. So I knew we had a lot of work to do and that we were already as a community, doing quite a lot. My colleagues in human services had gotten a grant in, I believe it was 2015 to start really expanding medication assisted treatment in our area, did an amazing job of that. So Sauk County really began with that treatment focus, but in my mind, I'm one of those big picture people. Don't ask me to remember small details. I might not notice when you get your hair cut, but I can think in really big ways about things like this, and that's what excites me.

**Sara:** So I think when I was interviewed for the position, I was like, okay, great. Narcan, yes, let's save lives. Let's make sure that everybody has another chance to live and recover because dead people don't ever recover. So let's do that. But my first question after that was what are we doing for prevention? What else are we doing to encourage people to get into treatment? And it was like, well, one thing at a time, but I don't work so well with one thing at a time. So I think within six months we had started two other programs, and that's kind of how we got started. It is one thing at a time, but it's also like, hey, we need to be in this space where we're promoting harm reduction. No one else in our community was doing that in a kind of brick-and-mortar way. We had a van that came around with harm reduction supplies. No one else was doing prevention work. So really public health is such a broad area. It kind of encapsulates all that. So I felt like all that was our job that we started taking on one thing at a time.

**Mia:** I will say that having worked had some projects and having had the opportunity to work alongside you, one of the things that I find really remarkable about the leadership team there at Sauk County is how well they listen to the community and how when the community identifies an area of interest or a need, they take that really seriously and that often is the impetus for the next thing. So it definitely has been a giant snowball effect, and I just think that's great.

**Brittany:** I was just going to say, you're exactly right of the snowball effect of starting one project, but it sounds like most of the projects that you started really complemented each other. And so while it was maybe overwhelming at the time, and I'd love to hear if you could speak to that of really just logistically, how did you do that with maybe a small group? Was it just one committee? Did you split people off and let them be in charge of different projects? But I would imagine these are things that really did complement each other. That one kind of led to the other.

**Sara:** Yes. Wow. So many good questions in there. To start with your comment, Mia, first I just want to say thank you because that's the highest compliment we can receive a public health department, is that we listen and that we truly want to engage the community. And that is very true. In my experience. We all, as public health departments do community health assessments every three to five years or so. And we ask the community to really vulnerably share what's going well, what isn't going well, and we listen to them. And some of their stories are absolutely heartbreaking. And to not do anything about that just feels unconscionable to keep asking and not acting. So we really take it to heart that we want to be people of action. And I think that that action, everyone wants to be on a moving train. So the fact that we are moving does attract more people.

**Sara:** It's like, oh, I want to be at a meeting where things are done, where it's not just what could have been in an email, like a progress update. It's actually asking and listening to my feedback on creating this program with you, because people really will own what they build. So if you come with the solution like, Hey, we have a problem. We have a solution, here you go. People are like, okay, what do you need me for? I'm like, guess you're good. Go do all that. But if you come and say, we have a problem, this is what I know about it. What do you know about it? And we all contribute that way, and we do that assessment and then we say, well, what really do we want to focus on here? Let's prioritize one issue. Let's really dive down into it, and what solutions do you have in mind?

**Sara:** Let's think about this from a policy perspective. Let's think about it from a sharing information perspective, all these different avenues. Then people are like, oh yeah, this is something that is scientific is going to make a real difference in our community, and it's something I want to be part of. So there's a lot of behind the scenes work about how to facilitate an effective meeting. I never want to host a meeting that could have been an email. It's so sad that you're making this offering to people of come, give me your time, give me your thoughts and your energy, and maybe even travel. And we're in a rural community, so maybe you've traveled kind of far and to do all that and not use their input or even ask for it. It is a shame. And I see that happen sometimes in meetings and it gives meetings a bad name. So that is one take home thing to look carefully at your meetings and structure them in a way that really invites maximum feedback. And I'm not saying that we always get that right. I know that there are meetings that I didn't elicit or solicit enough from certain people around the table, et cetera, but it's something we strive for.

**Mia:** Yeah. Yeah. No meetings that could be emails. That's a good take home for sure. So I wonder if we can just get a little more concrete and talk about some of the programs that are actually in place in Sauk County. So you talked about Narcan distribution, and can you talk about all the different ways EMS leave behind? There's the work you're doing in the jails. Can you just give us an overview of all the different ways that you're trying to get this rescue medication out into the community?

**Sara:** Absolutely. So we started with our Narcan training program. Again, it was 2017. We're the first rural health department that's distributing Narcan in Wisconsin. We were grant funded to do this work. So we were breaking new territory. The first thing we did was partner closely with law enforcement because among our various law enforcement agencies here in Sauk County, our police departments, only one of the departments in our county was allowing officers to carry Narcan at the time. So we worked with them to get policies in place that would allow their officers to carry Narcan, and we trained them. So I think in my first year or so as a Narcan trainer, I trained a thousand people here in Sauk County. I was running every which way every other day, and that was pre-pandemic. So everybody did everything in person. We didn't do the Zoom stuff very much. So yeah, we got

**Mia:** Started. That's amazing. A thousand people now. Yeah, now able to save a life. A thousand people.

**Sara:** Thank you. Yes. And it's amazing. People came out, people were hungry for it. They were like, yes, our community's being affected. People are dying. What can I do? And at that time too that I was made aware of quite a lot of stigma around Narcan, quite a lot of hurt feelings of this isn't the solution. And I would say, you're right; it isn't one little part of the solution. We're keeping people alive. But yes, we have to do so much more than that. So I really took that as a call to do more. But this has morphed and changed, and I think as new partners have come in, it's been made really a clear path of like, okay, now we do this, and now we do that. For example, we started working with EMS on response teams in 2021. And these are teams that go out after an EMS incident that involves substance use.

**Sara:** So it could be a non-fatal overdose. It could be drinking too much and having stomach pains from that. It could be an intentional overdose, a suicide attempt. Anything that involves substances should be referred to our Sauk County response teams by EMS for a follow-up home visit. So that means there's a team of peer support and EMS that go out, knock on the door, say, hey, you were seen earlier by EMS. We're here to see how you're doing. How's your health? We're following up with you. Can we get you connected to any services? Here's a peer recovery coach. This is their story of substance use recovery, and let's get you all the help that you might need. So out of that program, it was, oh, we're not reaching enough people because sometimes you knock on that door and nobody opens it because of fear or because it's the wrong address or because they gave the wrong address to EMS because of fear or no one's home because people have lives.

**Sara:** So the EMS leadership came to me and said, we want to just give them Narcan at the scene of that incident. Can we do that? And was like, oh, yeah, we can. No problem. So now EMS has a supply of Narcan that they give out. Law enforcement said, hey, we have people who work the night shift who can't take your training that's live. Can you offer it a different way? So we partnered with MetaStar to do an online at your own pace Narcan training where you can just read about how to administer Narcan. You can also watch some short videos if you'd like, and learn how to use this very simple lifesaving medication. So it's kind of like one thing leads to another, leads to another, and we just say yes as much as we possibly can to everyone's ideas, because as long as we can fund it and do it, we should be. Why not? Yes,

**Mia:** Yes. And I love that sort of chain of we did this and then we found out we need to also, we had a gap, and here's how we filled that gap and here's how we filled that gap. Can you talk a little bit about what's a relatively new coalition in your community, which is the SUPER coalition. How that came together?

**Sara:** Sure. So SUPER is Support People and Empower Recovery. It's the best acronym ever, I think I love, we're super and definitely works to combat stigma just in its name, doesn't it? So the way this coalition was formed actually grew out of our prevention coalition because this is maybe a nice story to illustrate. It's not always a straight point from A to B. There's lots of wiggles and detours along the way. So when we started a prevention coalition, it was initially the Sauk County Partnership for Prevention and Recovery. We wanted to do it all. We wanted to prevent youth use. We wanted to also help people who are in recovery to really stabilize their recovery and empower them in the community, make the community a better place to recover in. So we tried to do all of that. At that time, it was just me working on all these programs and we tried to get these action teams started.

**Sara:** It was too much. We overextended ourselves. So we had to pull back, I think it was about a year and a half into that coalition's development where we said, this is too much. We're going to just pull back and be the partnership for prevention focus on Youth substance use prevention. We then got a Drug Free communities grant, and that program is often running, but in the back of our minds we're like, we really want to do something for recovery as well. So what we did is got more staff and that was great, and also got

grant funding to truly support this work. So then we were able to launch a recovery focused coalition, which includes, I would say at least half the membership of that coalition are people in recovery themselves. All of the leadership positions are filled by people in recovery right now. So it's truly for people in recovery by people in recovery and public health just facilitates, holds that space, does the agendas and types up notes and things like that. But it's really for the people who live in this community who want to make it a better place.

**Brittany:** I love that you guys have really taken a holistic, well-rounded approach to solving this in your community, and it truly is inspiring, and I think there's so many things that people can pull from this on ideas on really how to plug in and ways to impact the substance use disorder within their community. So thank you for sharing and taking the time out of your very busy schedules, we've now heard to really tell us about all of these things, and it's important to us that we're showcasing and that we're really using this platform for good and that we're using it to share best practices. So I really appreciate that. But with that being said, we are at the mark for today and we want to wrap up and just make sure that everyone has all the information and ways to reach us and things that you need to know as we're heading off today. So please don't forget to reach out to us on [stigmaodcast@telligen.com](mailto:stigmaodcast@telligen.com). We love to hear feedback and we will try to link if that's possible. Sara may be able to let us know if we can link to your coalition if you happen to be local. And if not, we're happy to share contact information. If you would like to reach out to Sara, just send an email to that Stigma podcast and we'll make sure that you get in contact. But thank you for joining today, and we'll talk with you soon.

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