**DOJ Final Presentation Talking Points**

**Slide 1:**

* At BPHC for 4 years

**Slide 2:**

* HRSA Health Center Program oversees federally qualified health centers, which provide primary health care to underserved populations across the US and its territories
* FQHCs have been at the forefront of several major public health crises, such as maternal health, COVID-19, and the opioid crisis

**Slide 3:**

* Much of the research we found focused on individual level impacts, such as rates of drug use, treatment options, and drug overdose rates
* We wanted to see if there was a way to evaluate the work FQHCs are doing to address the opioid epidemic
  + Been a priority of the Biden-Harris administration
  + March 2024 millions of dollars were committed for treatment and recovery initiates through FQHCs

**Slide 8:**

* Really exciting results
  + Our State Labs Positive for Opioids measure performed better than the drug overdose death rate in all our models. Not only were more of our FQHC variables statistically significant, but our r-squared was better across each of our corresponding models
  + The number of patients receiving medication assisted treatment is our best performing community health measure. It the only one to be statistically significant in both our drug overdose death rate and state labs positive for opioids models, and had the strongest relationship with the dependent variable
  + Finally we found that there is an inverse relationship between the number of patients receiving MAT and state labs positive for opioids in our multi-variate model. This shows the potential for this treatment program to related to fewer traces of opioids within communities. It also had a mitigating effect on our other two FQHC variables, reducing the magnitude of the relationships in our multi-variate model than when those variables were in models alone

**Slide 9:**

* While our results are very positive, there are a few limitations in our study
* We ran into several issues with data quality and availability
  + First, not all the data points were able to be drilled down to specifically target opioid use rather than drug use generally. We had this issue with our UDS variables and the drug overdose rate
  + Second, we had issues with data completeness across several resources. For example, we had hoped to also look at FQHC funding data, but it was too sparse to use due to privacy suppressions. The NFLIS public data is also only limited to the top 60 drugs in a given year, even though the Annual Reports report on all of them
  + Both of these introduce bias into our models
* We also are unable to establish causal linkages in our models
  + Fixed-effects is great for assessing panel data, like we had, but it does not completely eliminate bias
  + The data quality issues also introduced bias and limited our ability to definitively make causal claims