

**Guide for  
SMS - CommEngage - Attendee  
Survey - Wave 2**

# Project Overview

Data pulled on: 2024-12-27 01:02:21

Total number of observations: 1843

All fields are counted among field types below even if they contain no data and/or are omitted from this report

text fields: 72  
radio fields: 61  
descriptive fields: 9  
checkbox fields: 3  
calc fields: 2  
yesno fields: 2  
dropdown fields: 1

Identifier fields: 19

hcs01\_lam10\_phone\_na, hcs01\_lam10\_poc\_fname, hcs01\_lam10\_poc\_lname,  
hcs01\_lam10\_poc\_phone\_1, hcs01\_lam10\_poc\_phone1\_ext, hcs01\_lam10\_poc\_phone\_2,  
hcs01\_lam10\_poc\_phone2\_ext, hcs01\_lam28\_poc\_em, hcs01\_lam10\_address, hcs01\_lam10\_city,  
hcs01\_lam10\_zip, hcs09\_cep12, hcs09\_cep13, hcs09\_cep14, hcs09\_cep15\_address,  
hcs09\_cep15\_address2, hcs09\_cep15\_city, hcs09\_cep15\_state, hcs09\_cep15\_zipcode

Omitted fields (all blank): 42

hcs01\_version, smode\_attend\_17, flag17, smode\_attend\_18, flag18, smode\_attend\_19, flag19,  
smode\_attend\_20, flag20, smode\_attend\_21, flag21, smode\_attend\_22, flag22, smode\_attend\_23,  
flag23, smode\_attend\_24, flag24, smode\_attend\_25, flag25, smode\_attend\_26, flag26,  
smode\_attend\_27, flag27, smode\_attend\_28, flag28, smode\_attend\_29, flag29, smode\_attend\_30,  
flag30, smode\_attend\_31, flag31, smode\_attend\_32, flag32, smode\_attend\_33, flag33,  
smode\_attend\_34, flag34, smode\_attend\_35, flag35, smode\_attend\_36, flag36, hcs09\_cep16b

***Each field in this annotated codebook gets an entry structured like this:***

Field label	Field name	
Field type: (radio, text, etc)		
Observations with this field left blank: #		
Number of unique values: ##		
Branching logic: equation		
Choice value	Label	Frequency
value1	Choice 1 label	#
value2	Choice 2 label	#
value3	Choice 3 label	#

# 1. Instrument: contact\_information

---

<b>Participant ID (text)</b>	<b>participant_id</b>	
Field type: text Observations with this value left blank: 0 Number of unique values: 1295		
<b>CommEngage - Attendee Survey - Wave 2 - CEASW2 - Version # (text)</b>	<b>ceasw2_version</b>	
Field type: text Observations with this value left blank: 1684 Number of unique values: 1		
<b>Organization Name (text)</b>	<b>hcs01_lam10_org_name</b>	
Field type: text Observations with this value left blank: 781 Number of unique values: 647		
<b>Organization Phone (text)</b>	<b>hcs01_lam10_phone</b>	
Field type: text Observations with this value left blank: 1281 Number of unique values: 301		
<b>(radio)</b>	<b>hcs01_lam10_phone_na</b>	
Identifier Field type: radio Observations with this value left blank: 1835 Number of unique values: 1		
Choice value	Label	Frequency
1000000	Not Applicable	8
<b>Org Phone Extension (text)</b>	<b>hcs01_lam10_phone_ext</b>	
Field type: text Observations with this value left blank: 1554 Number of unique values: 9		

---

**First Name (text)****hcs01\_lam10\_poc\_fname**

---

Identifier  
Field type: text  
Observations with this value left blank: 549  
Number of unique values: 639

---

**Last Name (text)****hcs01\_lam10\_poc\_lname**

---

Identifier  
Field type: text  
Observations with this value left blank: 550  
Number of unique values: 1058

---

**Phone (text in matrix hcs01\_lam10\_poc\_phone)****hcs01\_lam10\_poc\_phone\_1**

---

Identifier  
Field type: text  
Observations with this value left blank: 1437  
Number of unique values: 339

---

**(radio)****hcs01\_lam10\_poc\_phone1\_na**

---

Field type: radio  
Observations with this value left blank: 1806  
Number of unique values: 2

---

Choice value	Label	Frequency
8000000	Don't Know	16
1000000	Not Applicable	21

---

---

**Phone Extension (text)****hcs01\_lam10\_poc\_phone1\_ext**

---

Identifier  
Field type: text  
Observations with this value left blank: 1678  
Number of unique values: 47

---

**Alternate Phone (text in matrix****hcs01\_lam10\_poc\_phone\_2**

---

---

**hcs01\_lam10\_poc\_phone)**

---

Identifier  
Field type: text  
Observations with this value left blank: 1823  
Number of unique values: 20

---

**(radio)****hcs01\_lam10\_poc\_phone2\_na**

---

Field type: radio  
Observations with this value left blank: 1722  
Number of unique values: 2

---

Choice value	Label	Frequency
8000000	Don't Know	16
1000000	Not Applicable	105

---

---

**Alternate Phone Extension (text)****hcs01\_lam10\_poc\_phone2\_ext**

---

Identifier  
Field type: text  
Observations with this value left blank: 1724  
Number of unique values: 2

---

**Email (text)****hcs01\_lam28\_poc\_em**

---

Identifier  
Field type: text  
Observations with this value left blank: 595  
Number of unique values: 1218

---

**(radio)****hcs01\_lam10\_poc\_em\_na**

---

Field type: radio  
Observations with this value left blank: 1841  
Number of unique values: 1

---

Choice value	Label	Frequency
1000000	Not Applicable	2

---

---

**Address (text)****hcs01\_lam10\_address**

---

Identifier  
Field type: text  
Observations with this value left blank: 1271  
Number of unique values: 310

---

**City (text)** **hcs01\_lam10\_city**

---

Identifier  
Field type: text  
Observations with this value left blank: 1268  
Number of unique values: 66

---

**Zip Code (text)** **hcs01\_lam10\_zip**

---

Identifier  
Field type: text  
Observations with this value left blank: 1272  
Number of unique values: 90

---

**(radio)** **hcs01\_lam10\_zip\_na**

---

Field type: radio  
Observations with this value left blank: 1840  
Number of unique values: 1

---

Choice value	Label	Frequency
1000000	Not Applicable	3

---

---

**LAM05. Which state's HCS study are you entering data for? (radio)** **hcs01\_lam05**

---

Field type: radio  
Observations with this value left blank: 550  
Number of unique values: 1

---

Choice value	Label	Frequency
1	Kentucky	0
2	Massachusetts	0
3	New York	0
4	Ohio	1,293

---

---

**LAM06. Which HCS community does this facility/asset serve? (radio)**

hcs01\_lam06

Field type: radio

Observations with this value left blank: 551

Number of unique values: 19

---

Choice value	Label	Frequency
1	Bourbon	0
2	Boyd	0
3	Boyle	0
4	Campbell	0
5	Carter	0
6	Clark	0
7	Fayette	0
8	Floyd	0
9	Franklin	0
10	Greenup	0
11	Jefferson	0
12	Jessamine	0
13	Kenton	0
14	Knox	0
15	Madison	0
16	Mason	0
17	North Adams	0
18	Brockton	0
19	Plymouth	0
20	Gloucester	0
21	Lawrence	0
22	Salem	0
23	Holyoke	0
24	Springfield	0
25	Lowell	0
26	Pittsfield	0
27	Weymouth	0
28	Barnstable (Bourne/Sandwich)	0
29	Bristol (Berkeley/Dighton/Freetown)	0
30	Franklin (Greenfield/Montague/Athol/Orange)	0
31	Hampshire (Belchertown/Ware)	0

---

Choice value	Label	Frequency
32	Middlesex (Shirley/Townsend)	0
33	Broome	0
34	Cayuga	0
35	Chautauqua	0
36	Columbia	0
37	Cortland	0
38	Erie	0
39	Genesee	0
40	Greene	0
41	Lewis	0
42	Monroe	0
43	Orange	0
44	Putnam	0
45	Suffolk	0
46	Sullivan	0
47	Ulster	0
48	Yates	0
49	Allen	69
50	Ashtabula	33
51	Athens	32
52	Brown	97
53	Cuyahoga	20
54	Darke	15
55	Franklin	74
56	Greene	44
57	Guernsey	20
58	Hamilton	22
59	Huron	97
60	Jefferson	105
61	Lucas	50
62	Morrow	0
63	Ross	233
64	Scioto	36
65	Stark	184
66	Williams	76

Choice value	Label	Frequency
67	Wyandot	84
4000000	Other	1

---

**Which other HCS community? (text)** **hcs01\_lam06\_other**

---

Field type: text  
 Observations with this value left blank: 1841  
 Number of unique values: 2  
 Branching logic: [hcs01\_lam06] = '4000000'

---

**Participation Status (radio)** **status**

---

Field type: radio  
 Observations with this value left blank: 1842  
 Number of unique values: 1

Choice value	Label	Frequency
1	Active	1
2	Not active	0

---

**Mode of consent (radio)** **consent\_mode**

---

Required  
 Field type: radio  
 Observations with this value left blank: 1459  
 Number of unique values: 1

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	384

---

**Survey mode (radio in matrix smode\_attend)** **smode\_attend\_1**

---

Field type: radio  
 Observations with this value left blank: 1459  
 Number of unique values: 1

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	384

---

**Email Flag - Meeting 1 (text)** **flag1**

---

Field type: text  
Observations with this value left blank: 1467  
Number of unique values: 1

---

**Do Not Send - Mtg 1 (radio)** **donotsend1**

---

Field type: radio  
Observations with this value left blank: 1552  
Number of unique values: 1

Choice value	Label	Frequency
1	Yes	291

---

**Survey mode (radio in matrix smode\_attend)** **smode\_attend\_2**

---

Field type: radio  
Observations with this value left blank: 1595  
Number of unique values: 1  
Branching logic: [attend\_2] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	248

---

**Email Flag - Meeting 2 (text)** **flag2**

---

Field type: text  
Observations with this value left blank: 1599  
Number of unique values: 1  
Branching logic: [attend\_2] <> ""

---

**Do Not Send - Mtg 2 (radio)****donotsend2**

---

Field type: radio  
Observations with this value left blank: 1652  
Number of unique values: 1  
Branching logic: [attend\_2] <> ""

---

Choice value	Label	Frequency
1	Yes	191

---

---

**Survey mode (radio in matrix smode\_attend)****smode\_attend\_3**

---

Field type: radio  
Observations with this value left blank: 1639  
Number of unique values: 1  
Branching logic: [attend\_3] <> ""

---

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	204

---

---

**Email Flag - Meeting 3 (text)****flag3**

---

Field type: text  
Observations with this value left blank: 1643  
Number of unique values: 1  
Branching logic: [attend\_3] <> ""

---

**Do Not Send - Mtg 3 (radio)****donotsend3**

---

Field type: radio  
Observations with this value left blank: 1684  
Number of unique values: 1  
Branching logic: [attend\_3] <> ""

---

Choice value	Label	Frequency
1	Yes	159

---

---

**Survey mode (radio in matrix smode\_attend)****smode\_attend\_4**

---

Field type: radio

Observations with this value left blank: 1670  
Number of unique values: 1  
Branching logic: [attend\_4] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	173

---

**Email Flag - Meeting 4 (text)** **flag4**

---

Field type: text  
Observations with this value left blank: 1677  
Number of unique values: 1  
Branching logic: [attend\_4] <> ""

---

**Do Not Send - Mtg 4 (radio)** **donotsend4**

---

Field type: radio  
Observations with this value left blank: 1720  
Number of unique values: 1  
Branching logic: [attend\_4] <> ""

Choice value	Label	Frequency
1	Yes	123

---

**Survey mode (radio in matrix smode\_attend)** **smode\_attend\_5**

---

Field type: radio  
Observations with this value left blank: 1694  
Number of unique values: 1  
Branching logic: [attend\_5] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	149

---

**Email Flag - Meeting 5 (text)** **flag5**

---

Field type: text

Observations with this value left blank: 1703  
Number of unique values: 1  
Branching logic: [attend\_5] <> ""

---

<b>Do Not Send - Mtg 5 (radio)</b>		<b>donotsend5</b>
Field type: radio		
Observations with this value left blank: 1752		
Number of unique values: 1		
Branching logic: [attend_5] <> ""		
Choice value	Label	Frequency
1	Yes	91

---

---

<b>Survey mode (radio in matrix smode_attend)</b>		<b>smode_attend_6</b>
Field type: radio		
Observations with this value left blank: 1722		
Number of unique values: 1		
Branching logic: [attend_6] <> ""		
Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	121

---

---

<b>Email Flag - Meeting 6 (text)</b>		<b>flag6</b>
Field type: text		
Observations with this value left blank: 1736		
Number of unique values: 1		
Branching logic: [attend_6] <> ""		

---

---

<b>Do Not Send - Mtg 6 (radio)</b>		<b>donotsend6</b>
Field type: radio		
Observations with this value left blank: 1783		
Number of unique values: 1		
Branching logic: [attend_6] <> ""		
Choice value	Label	Frequency
1	Yes	60

---

---

**Survey mode (radio in matrix smode\_attend)                      smode\_attend\_7**

---

Field type: radio  
Observations with this value left blank: 1750  
Number of unique values: 1  
Branching logic: [attend\_7] <> ""

---

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	93

---

---

**Email Flag - Meeting 7 (text)    flag7**

---

Field type: text  
Observations with this value left blank: 1764  
Number of unique values: 1  
Branching logic: [attend\_7] <> ""

---

**Do Not Send - Mtg 7 (radio)    donotsend7**

---

Field type: radio  
Observations with this value left blank: 1815  
Number of unique values: 1  
Branching logic: [attend\_7] <> ""

---

Choice value	Label	Frequency
1	Yes	28

---

---

**Survey mode (radio in matrix smode\_attend)                      smode\_attend\_8**

---

Field type: radio  
Observations with this value left blank: 1769  
Number of unique values: 1  
Branching logic: [attend\_8] <> ""

---

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	74

---

---

**Email Flag - Meeting 8 (text)****flag8**

---

Field type: text  
Observations with this value left blank: 1783  
Number of unique values: 1  
Branching logic: [attend\_8] <> ""

---

**Do Not Send - Mtg 8 (radio)****donotsend8**

---

Field type: radio  
Observations with this value left blank: 1839  
Number of unique values: 1  
Branching logic: [attend\_8] <> ""

---

Choice value	Label	Frequency
1	Yes	4

---

---

**Survey mode (radio in matrix smode\_attend)****smode\_attend\_9**

---

Field type: radio  
Observations with this value left blank: 1784  
Number of unique values: 1  
Branching logic: [attend\_9] <> ""

---

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	59

---

---

**Email Flag - Meeting 9 (text)****flag9**

---

Field type: text  
Observations with this value left blank: 1794  
Number of unique values: 1  
Branching logic: [attend\_9] <> ""

---

**Survey mode (radio in matrix smode\_attend)****smode\_attend\_10**

---

Field type: radio  
Observations with this value left blank: 1792

Number of unique values: 1  
Branching logic: [attend\_10] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	51

---

**Email Flag - Meeting 10 (text)** **flag10**

---

Field type: text  
Observations with this value left blank: 1803  
Number of unique values: 1  
Branching logic: [attend\_10] <> ""

---

**Survey mode (radio in matrix smode\_attend)** **smode\_attend\_11**

---

Field type: radio  
Observations with this value left blank: 1806  
Number of unique values: 1  
Branching logic: [attend\_11] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	37

---

**Email Flag - Meeting 11 (text)** **flag11**

---

Field type: text  
Observations with this value left blank: 1814  
Number of unique values: 1  
Branching logic: [attend\_11] <> ""

---

**Survey mode (radio in matrix smode\_attend)** **smode\_attend\_12**

---

Field type: radio  
Observations with this value left blank: 1814  
Number of unique values: 1  
Branching logic: [attend\_12] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	29

---

**Email Flag - Meeting 12 (text)**
**flag12**

Field type: text  
 Observations with this value left blank: 1825  
 Number of unique values: 1  
 Branching logic: [attend\_12] <> ""

---

**Survey mode (radio in matrix smode\_attend)**
**smode\_attend\_13**

Field type: radio  
 Observations with this value left blank: 1825  
 Number of unique values: 1  
 Branching logic: [attend\_13] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0
3	Web (email link)	18

---

**Email Flag - Meeting 13 (text)**
**flag13**

Field type: text  
 Observations with this value left blank: 1827  
 Number of unique values: 1  
 Branching logic: [attend\_13] <> ""

---

**Survey mode (radio in matrix smode\_attend)**
**smode\_attend\_14**

Field type: radio  
 Observations with this value left blank: 1836  
 Number of unique values: 1  
 Branching logic: [attend\_14] <> ""

Choice value	Label	Frequency
1	Phone	0
2	In person	0



---

**Email Flag - Meeting 16 (text)****flag16**

---

Field type: text

Observations with this value left blank: 1842

Number of unique values: 1

Branching logic: [attend\_16] &lt;&gt; ""

---

**Consent Complete Flag (calc)****consent\_complete\_flag**

---

Field type: calc

Observations with this value left blank: 1787

Number of unique values: 6

---

Choice value	Label	Frequency
		1,787
2	2	8
0	0	13
1	1	31
4	4	1
5	5	1
3	3	2

---

---

**Consent Submitted (calc)****consent\_submitted**

---

Field type: calc

Observations with this value left blank: 1787

Number of unique values: 6

---

Choice value	Label	Frequency
		1,787
2	2	8
0	0	11
1	1	33
4	4	1
5	5	1
3	3	2

---

## 2. Instrument: consent

---

Version # (text)	hcs09_cf_version
Field type: text Observations with this value left blank: 1601 Number of unique values: 1	
<p><b>Online Informed Consent Cost Template</b> <b>Information Sponsor / Study Title: The National Institute on Drug Abuse / "The HEALing Communities Study (HCS)" Principal Investigator: Bridget Freisthler, Ph.D. Telephone: (614) 293-4041(614) 293-8000 (24 Hours) Address: The Ohio State University530 W Spring Street, Suite 275Columbus, OH 43215</b></p> <p><b>KEY INFORMATION</b> We are asking you to choose whether or not to volunteer for the HEALing Communities Study funded by the National Institute on Drug Abuse and conducted by four academic institutions: Boston Medical Center, Columbia University, University of Kentucky, and The Ohio State University. This study uses community engagement as a means to increase the use of evidence-based approaches with the goal of reducing opioid-related mortality by 40% over the course of the research study. As a member of a Community Advisory Board (CAB), Coalition Committee team member, key informant, individual working on the communication campaign or HCS staff member, you will be asked to provide us with information about the information about the type of organization you represent, your role on the coalition, cost of your time and travel to participate in meetings, the time you spend on community engagement activities in general, as well as some basic socio-demographic information. The details below may help you to decide whether or not to participate. If you have questions, the contact information for the study investigator in charge of the study is provided above. <b>PARTICIPATION</b> We anticipate up to 2,010 people will participate in this research study. Participation in this survey should take 5-15 minutes to complete. You will be asked to answer some questions again in the future in order to capture additional costs. These future surveys will either be completed in-person, over the phone, or sent electronically through a secure email link. Your participation is voluntary. You may refuse to participate at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision will not affect your current employment status, future advancement, or your relationship</p>	hcs09_consent1_web

---

with the HEALing Communities Study team.

**COMPENSATION** You will not receive any compensation for completing this survey.

**BENEFITS & RISKS** You will receive no direct benefits from participating in this research. However, your responses may help us learn more about opioid overdose deaths in your community and potential reduction strategies. There are no physical risks to participating in the study. There is a risk that someone could get access to the stored information. Despite the security measures and safeguards we will use, including not storing your name with your information, we cannot guarantee that your identity will never become known. There may be risks that at this time are unknown. As technology advances, there may be new ways of linking information back to you that we cannot foresee now. Having information collected from many people helps researchers identify trends and discover better ways to work with communities to reduce opioid overdoses. After we remove all identifiers, we would like to securely store, use, and share these data for future research without additional informed consent. There may be risks which are unforeseeable.

**IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?** There are no other choices except not to take part in the study.

**WHAT WILL IT COST YOU TO PARTICIPATE?** There is no cost to you for participating in this study.

**CAN YOU CHOOSE TO WITHDRAW FROM THE STUDY EARLY?** If you decide to take part in the study, you still have the right to decide at any time that you no longer want to continue. No one will think badly of you or treat you differently if you decide not to take part in this study. If you choose to leave the study early, data collected until that point will remain in the study database and may not be removed. The study investigator or sponsor can stop your participation at any time without your consent for the following reasons: If you fail to follow directions for participating in the study; If it is discovered that you do not meet the study requirements; If the study is canceled; or For administrative reasons. Any new important information that is discovered during the study that may influence your willingness to continue participation in the study will be communicated to you. If you are an employee, you are under no obligation to participate in this study. You may withdraw from the study at any time and for any reason, and neither your decision to participate in the study, nor any decision on your part to withdraw, will have any effect on your performance appraisal or employment at your place of employment.

**CONFIDENTIALITY** Your survey responses will be securely transmitted and stored on a secure server at the HCS Data Coordinating Center at RTI International in North

---

---

Carolina. Your name and contact information will be linked to the cost information you provide, and this information will be stored in a password-protected database on a secure server with restricted access. We will not share your name and contact information with anyone outside of the research team. Your data will be combined with that of other participants and will only be reported in the aggregate. The study investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. THIS STUDY IS COVERED BY A CERTIFICATE OF CONFIDENTIALITY from the National Institutes of Health. The study investigators with this Certificate may not disclose or use information or documents that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information or documents protected by this Certificate cannot be disclosed to anyone else who is not connected with the study except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or neglect, harm to self or others, or communicable diseases), but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings; if you have consented to the disclosure; or if it is used for other scientific research, as allowed by federal regulations protecting research participants. The Certificate cannot be used to refuse a request for information from personnel of the United States federal or state government agency sponsoring the project that is needed for auditing or program evaluation by National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration, which are funding this project. You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this study. WHOM TO CONTACT ABOUT THIS STUDY During the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact: By mail: Study Participant Adviser Advarra IRB 6940 Columbia Gateway Drive, Suite 110 Columbia, MD 21046 or call toll free: 877-992-4724 or by

---

---

email: [adviser@advarra.com](mailto:adviser@advarra.com) Please reference the following number when contacting the Study Participant Adviser: Pro00038088. A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time. CONSENT I have read and understand this informed consent information. I have had an opportunity to ask questions if needed, and all of my questions have been answered to my satisfaction. I voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by agreeing to this consent information. Once you have read this consent form, if you choose to participate and you are 18 years of age or older, click on I agree to begin the survey. You may print this page for your records. (descriptive)

---

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [contact\_data\_arm\_1][consent\_mode] = '3' and [contact\_data\_arm\_1][hcs01\_lam05] <> '2'

---

**Online Informed Consent Cost Template Information Sponsor / Study Title: The National Institute on Drug Abuse / "The HEALing Communities Study (HCS)" Principal Investigator: Bridget Freisthler, Ph.D. Telephone: (614) 293-4041(614) 293-8000 (24 Hours) Address: The Ohio State University-Pomerene Hall1760 Neil Avenue Suite 380Columbus, OH 43210 KEY INFORMATION We are asking you to choose whether or not to volunteer for the HEALing Communities Study funded by the National Institute on Drug Abuse and conducted by four academic institutions: Boston Medical Center, Columbia University, University of Kentucky, and The Ohio State University. This study uses community engagement as a means to increase the use of evidence-based approaches with the goal of reducing opioid-related mortality by 40% over the course of the research study. As a member of a Community Advisory Board (CAB), Coalition Committee team member, key informant, individual working on the communication campaign or HCS staff member, you will be asked to provide us with information about the information about the type of organization you represent, your role on the coalition, cost of your time and travel to participate in meetings, the time you spend on community engagement activities in general, as well as some basic socio-demographic**

---

hcs09\_consent1\_web\_ma

---

information. The details below may help you to decide whether or not to participate. If you have questions, the contact information for the study investigator in charge of the study is provided above.

**PARTICIPATION** We anticipate up to 2,010 people will participate in this research study. Participation in this survey should take 5-15 minutes to complete. You will be asked to answer some questions again in the future in order to capture additional costs. These future surveys will either be completed in-person, over the phone, or sent electronically through a secure email link. Your participation is voluntary. You may refuse to participate at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision will not affect your current employment status, future advancement, or your relationship with the HEALing Communities Study team.

**COMPENSATION** You will be offered a \$20 gift card the first time you complete a survey. If you are prohibited from accepting a gift card, you will be offered an HCS item (e.g., water bottle, insulated coffee mug) as an incentive. Thereafter, you will be entered into a raffle to receive a \$100 gift card each month that you complete a survey, along with other members of your coalition that also complete the survey that month.

**BENEFITS & RISKS** You will receive no direct benefits from participating in this research. However, your responses may help us learn more about opioid overdose deaths in your community and potential reduction strategies. There are no physical risks to participating in the study. There is a risk that someone could get access to the stored information. Despite the security measures and safeguards we will use, including not storing your name with your information, we cannot guarantee that your identity will never become known. There may be risks that at this time are unknown. As technology advances, there may be new ways of linking information back to you that we cannot foresee now. Having information collected from many people helps researchers identify trends and discover better ways to work with communities to reduce opioid overdoses. After we remove all identifiers, we would like to securely store, use, and share these data for future research without additional informed consent. There may be risks which are unforeseeable.

**IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?** There are no other choices except not to take part in the study.

**WHAT WILL IT COST YOU TO PARTICIPATE?** There is no cost to you for participating in this study.

**CAN YOU CHOOSE TO WITHDRAW FROM THE STUDY EARLY?** If you decide to take part in the study, you still have the right to decide at any time that you no longer want to continue. No one will think badly of you or treat you differently if you decide not to take part in this study. If you choose to leave the study early, data

---

---

collected until that point will remain in the study database and may not be removed. The study investigator or sponsor can stop your participation at any time without your consent for the following reasons: If you fail to follow directions for participating in the study; If it is discovered that you do not meet the study requirements; If the study is canceled; or For administrative reasons. Any new important information that is discovered during the study that may influence your willingness to continue participation in the study will be communicated to you. If you are an employee, you are under no obligation to participate in this study. You may withdraw from the study at any time and for any reason, and neither your decision to participate in the study, nor any decision on your part to withdraw, will have any effect on your performance appraisal or employment at your place of employment. **CONFIDENTIALITY** Your survey responses will be securely transmitted and stored on a secure server at the HCS Data Coordinating Center at RTI International in North Carolina. Your name and contact information will be linked to the cost information you provide, and this information will be stored in a password-protected database on a secure server with restricted access. We will not share your name and contact information with anyone outside of the research team. Your data will be combined with that of other participants and will only be reported in the aggregate. The study investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. **THIS STUDY IS COVERED BY A CERTIFICATE OF CONFIDENTIALITY** from the National Institutes of Health. The study investigators with this Certificate may not disclose or use information or documents that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information or documents protected by this Certificate cannot be disclosed to anyone else who is not connected with the study except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or neglect, harm to self or others, or communicable diseases), but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings; if you have consented to the disclosure; or if it is used for other scientific research, as allowed by federal regulations protecting research participants. The Certificate cannot be used to refuse a request for information from personnel of the United States federal or

---

---

state government agency sponsoring the project that is needed for auditing or program evaluation by National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration, which are funding this project. You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this study. **WHOM TO CONTACT ABOUT THIS STUDY** During the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact: By mail: Study Participant Adviser Advarra IRB 6940 Columbia Gateway Drive, Suite 110 Columbia, MD 21046 or call toll free: 877-992-4724 or by email: [adviser@advarra.com](mailto:adviser@advarra.com) Please reference the following number when contacting the Study Participant Adviser: Pro00038088. A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time. **CONSENT** I have read and understand this informed consent information. I have had an opportunity to ask questions if needed, and all of my questions have been answered to my satisfaction. I voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by agreeing to this consent information. Once you have read this consent form, if you choose to participate and you are 18 years of age or older, click on I agree to begin the survey. You may print this page for your records. (descriptive)

---

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [contact\_data\_arm\_1][consent\_mode] = '3' and [contact\_data\_arm\_1][hcs01\_lam05] = '2'

---

**HEALing Communities Study** Verbal Informed Consent for Cost Template Information Hello. My name is [name] and I work for the HEALing Communities Study in your state. We are working with the National Institute on Drug Abuse (NIDA) and research study sites in four participating states to conduct the HEALing Communities

hcs09\_consent1\_phone

---

---

**Study.** This study uses community engagement as a means to increase the use of evidence-based approaches with the goal of reducing opioid-related mortality by 40% over the course of the research study. As a member of a Community Advisory Board (CAB), Coalition Committee team member, key informant, individual working on the communication campaign or HCS staff member, you will be asked to provide us with information about the type of organization you represent, your role on the coalition, cost of your time and travel to participate in meetings, the time you spend on community engagement activities in general, as well as some basic socio-demographic information. The information you provide will be linked to your name and contact information for analysis purposes but will not be included in any reports or presentations of the findings. This information collection session will last approximately 10-15 minutes. Future surveys with you will take less than 5 minutes and will either be completed in-person, over the phone, or sent electronically through a secure email link. Before we get started, I'm going to give you some background on our discussion and review a few items:

**Participation.** Your participation in this session is voluntary and you can stop participating at any time, without penalty or loss of benefits you are entitled to. This study is for research purposes only, your only alternative is to not participate. If at any time you are uncomfortable with any question, you can choose not to answer.

**Compensation.** There is no cost to you, and you will not receive any compensation for taking part in this session.

**Privacy.** Your name and contact information will be linked to the cost information that you provide, and this information will be stored in a password-protected database on a secure server with restricted access. We will not share your name and contact information with anyone outside of the research team. Your name and any identifying information about you will not be included in any report of our discussions today in any way. The study Investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. This means that absolute confidentiality cannot be guaranteed.

**Benefits & Risks.** You will receive no direct benefits from participating in this study and you will not lose any benefits you are entitled to. However, your responses may help us learn more about opioid overdose deaths in your community and potential reduction strategies. There are no foreseeable physical risks to participating in the study. There is a risk that someone could get access to the stored information. Despite the security measures and safeguards we will use, including not storing your

---

---

name with your information, we cannot guarantee that your identity will never become known. There may be risks that at this time are unknown. As technology advances, there may be new ways of linking information back to you that we cannot foresee now. Reporting. As part of this study, we will write a report summarizing what we learned from these sessions. We will not use your name or any identifying information in the report. This report may be shared with study staff at the HEALing Communities Study research sites, study staff at the HCS Data Coordinating Center at RTI International, and study staff at NIDA. Future Participation: You will be asked to answer some of our questions again in the future in order to capture additional costs. Although your consent today pertains to today's information collection session and to future surveys, you are free to withdraw at any time. Future Research: Having information collected from many people helps researchers identify trends and discover better ways to work with CABs, community coalitions, and other key informants to reduce opioid overdoses. After we remove all identifiers, we plan to securely store, use, and share this data for future research without additional informed consent. If you have questions, concerns or complaints about the study, please ask them now, or contact the study investigator. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact Advarra IRB. The toll-free number is 877-992-4724 and the email address is [adviser@advarra.com](mailto:adviser@advarra.com). Please reference the following number when contacting the Study Participant Adviser: Pro00038088. Do you have any questions before we begin? Are you 18 years of age or older? [if a verbal "yes" then continue] Do I have your consent to participate? [if a verbal "yes" then continue] (descriptive)

---

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [contact\_data\_arm\_1][consent\_mode] = '1' and [contact\_data\_arm\_1][hcs01\_lam05] <> '2'

---

HEALing Communities Study Verbal Informed Consent for Cost Template Information Hello. My name is [name] and I work for the HEALing Communities Study in your state. We are working with the National Institute on Drug Abuse (NIDA) and research study sites in four participating states to conduct the HEALing Communities

---

hcs09\_consent1\_phone\_ma

---

**Study.** This study uses community engagement as a means to increase the use of evidence-based approaches with the goal of reducing opioid-related mortality by 40% over the course of the research study. As a member of a Community Advisory Board (CAB), Coalition Committee team member, key informant, individual working on the communication campaign or HCS staff member, you will be asked to provide us with information about the type of organization you represent, your role on the coalition, cost of your time and travel to participate in meetings, the time you spend on community engagement activities in general, as well as some basic socio-demographic information. The information you provide will be linked to your name and contact information for analysis purposes but will not be included in any reports or presentations of the findings. This information collection session will last approximately 10-15 minutes. Future surveys with you will take less than 5 minutes and will either be completed in-person, over the phone, or sent electronically through a secure email link. Before we get started, I'm going to give you some background on our discussion and review a few items:

**Participation.** Your participation in this session is voluntary and you can stop participating at any time, without penalty or loss of benefits you are entitled to. This study is for research purposes only, your only alternative is to not participate. If at any time you are uncomfortable with any question, you can choose not to answer.

**Compensation.** There is no cost to you for taking part in this study. You will be offered a \$20 gift card the first time you complete a survey. If you are prohibited from accepting a gift card, you will be offered an HCS item (e.g., water bottle, insulated coffee mug) as an incentive. Thereafter, you will be entered into a raffle to receive a \$100 gift card each month that you complete a survey, along with other members of your coalition that also complete the survey that month.

**Privacy.** Your name and contact information will be linked to the cost information that you provide, and this information will be stored in a password-protected database on a secure server with restricted access. We will not share your name and contact information with anyone outside of the research team. Your name and any identifying information about you will not be included in any report of our discussions today in any way. The study Investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. This means that absolute confidentiality cannot be guaranteed.

**Benefits & Risks.** You will receive no direct benefits from participating in this study and you will not lose

---

---

any benefits you are entitled to. However, your responses may help us learn more about opioid overdose deaths in your community and potential reduction strategies. There are no foreseeable physical risks to participating in the study. There is a risk that someone could get access to the stored information. Despite the security measures and safeguards we will use, including not storing your name with your information, we cannot guarantee that your identity will never become known. There may be risks that at this time are unknown. As technology advances, there may be new ways of linking information back to you that we cannot foresee now.

**Reporting.** As part of this study, we will write a report summarizing what we learned from these sessions. We will not use your name or any identifying information in the report. This report may be shared with study staff at the HEALing Communities Study research sites, study staff at the HCS Data Coordinating Center at RTI International, and study staff at NIDA.

**Future Participation:** You will be asked to answer some of our questions again in the future in order to capture additional costs. Although your consent today pertains to today's information collection session and to future surveys, you are free to withdraw at any time.

**Future Research:** Having information collected from many people helps researchers identify trends and discover better ways to work with CABs, community coalitions, and other key informants to reduce opioid overdoses. After we remove all identifiers, we plan to securely store, use, and share this data for future research without additional informed consent.

If you have questions, concerns or complaints about the study, please ask them now, or contact the study investigator. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact Advarra IRB. The toll-free number is 877-992-4724 and the email address is [adviser@advarra.com](mailto:adviser@advarra.com). Please reference the following number when contacting the Study Participant Adviser: Pro00038088.

Do you have any questions before we begin? Are you 18 years of age or older? [if a verbal "yes" then continue] Do I have your consent to participate? [if a verbal "yes" then continue] (descriptive)

---

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [contact\_data\_arm\_1][consent\_mode] = '1' and [contact\_data\_arm\_1][hcs01\_lam05]='2'

---

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**  
**GENERAL CONSENT FOR COMMUNITY ADVISORY BOARD (CAB), KEY STAKEHOLDER AND COMMUNITY COALITION (CC)** Sponsor / Study Title: The National Institute on Drug Abuse / "The HEALing Communities Study (HCS)" Principal Investigator: Bridget Freisthler, Ph.D. Telephone: (614) 293-4041(614) 293-8000 (24 Hours) Address: The Ohio State University-Pomerene Hall 1760 Neil Avenue Suite 380 Columbus, OH 43210

**KEY INFORMATION** We are asking you to choose whether or not to volunteer for the HEALing Communities Study funded by the National Institute on Drug Abuse and conducted by four academic institutions: Boston Medical Center, Columbia University, University of Kentucky, and The Ohio State University. This study uses community engagement as a means to increase the use of evidence-based approaches with the goal of reducing opioid-related mortality by 40% over the course of the research study. We are asking you to participate because you are a member of a community coalition or community advisory board (CAB). This page gives you key information to help you decide whether to participate. We have included detailed information following this page. Ask the research team questions. If you have questions later, the contact information for the study investigator in charge of the study is provided above.

**WHAT IS THE STUDY ABOUT AND HOW LONG WILL IT LAST?** By doing this study, we hope to learn how community coalitions can most effectively respond to the opioid epidemic and reduce opioid-related deaths. The primary study goal is to reduce the number of opioid overdose deaths by at least 40% in 67 selected communities by working with community coalitions. Depending on your role, your participation in this research may require up to 20 hours of your time from now through March 2023. More than likely, this will be during regular business hours or at the time of community coalition, key stakeholder, or community advisory board meetings.

**WHAT ARE KEY REASONS YOU MIGHT CHOOSE TO PARTICIPATE IN THIS STUDY?** By volunteering to participate in this study, you may help to reduce the negative impacts of the opioid epidemic for individuals, families, and communities. For a complete description of benefits, refer to the Detailed Consent.

**WHAT ARE KEY REASONS YOU MIGHT CHOOSE NOT TO PARTICIPATE IN THIS STUDY?** There are no foreseeable physical risks involved with this study. For a description of the potential risks of participation, refer to the Detailed Consent.

**DO YOU HAVE TO TAKE PART IN THE STUDY?** If you decide to take part in the study, it should be because you really want to participate.

---

hcs09\_consent1\_inperson\_oh

---

**You will not lose any services, benefits or rights you would normally have if you choose not to volunteer. Your decision will not affect your relationship with your employer or the HEALing Communities Study research team. WHOM TO CONTACT ABOUT THIS STUDY** During the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact: By mail: Study Participant Adviser Advarra IRB 6940 Columbia Gateway Drive, Suite 110 Columbia, MD 21046 or call toll free: 877-992-4724 or by email: [adviser@advarra.com](mailto:adviser@advarra.com) Please reference the following number when contacting the Study Participant Adviser: Pro00038088. **DETAILED CONSENT WHAT WILL YOU BE ASKED TO DO? A** number of different research activities will be involved during different phases of the study. If you agree to be part of the study, you may be asked to take part in the following activities: **Surveys:** You may be asked to complete surveys (in-person, online, or verbally) that will ask about your community coalition/CAB/agency and your feelings and attitudes in relation to your community coalition/CAB/agency, the services your community/agency provides, how these services might be improved, and your relationship with your partner agencies in providing those services. These surveys may be repeated on a recurring basis. **Interviews:** You may be asked to participate in interviews, which will ideally be conducted in-person but may use web, or telephone. If you agree to participate, these interviews may be recorded and transcribed with your permission. In-person interviews will be conducted at your workplace or at a location of your choosing. These interviews may be repeated on a recurring basis. **Provide your input to the Cost Template:** We will regularly ask you to provide information about the cost of your time and travel to participate in meetings, as well as the time you spend on HCS activities in general. This information will be collected either in-person, online, or verbally. The surveys and interviews will ask about your CAB, community coalition or organization's mission, structure, culture/climate, resources, and procedures for implementing evidence-based interventions related to the opioid epidemic (for example, opioid use disorder treatment, overdose prevention). You will also be asked for your perceptions about community attitudes towards evidence-based practices and your agency's use of evidence-based practices, as

---

---

well as your views of community perceptions of the opioid epidemic. The maximum amount of time that you may be asked to volunteer for this study, depending on your situation, is estimated to be 20 hours from now through March 2023. If this estimate changes, you will be notified of the updated estimate. Even if you agree to participate in the research study now, you may at any time decline to participate in specific activities. Doing so will not affect your current work status, future advancement, or your relationship with the HEALing Communities Study research team.

**WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?** No physical risks are involved with this study. The risk of a breach in confidentiality of your study data is minimized by the procedures in place to protect your privacy. You will not be asked to provide personal information other than basic demographic information. Some survey and interview questions ask for opinions that may seem critical of your organization and its leadership, supervisors and/or coworkers, and the risk of accidental disclosure of your responses may make you uncomfortable. Although we would like you to answer all the study questions asked of you, you may choose not to answer any questions that make you feel uncomfortable, without any negative consequences. There may be risks that are unknown.

**WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?** You will receive no direct benefits from participating in this research study. However, your participation could assist your community coalition or advisory board in examining procedures and improving services for individuals with opioid use disorder or at risk of opioid overdose. Your participation may also help your community coalition or agency by enhancing the interaction and communication among organizations involved.

**IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?** If you do not want to be in the study, there are no other choices except to not take part in the study.

**WHAT WILL IT COST YOU TO PARTICIPATE?** There is no cost to you to participate in the study.

**WHO WILL SEE THE INFORMATION THAT YOU GIVE?** We will make every effort to keep private all research study records that identify you to the extent allowed by law. Study data will be collected, managed, and analyzed by the four research sites and RTI International, the Data Coordinating Center located in North Carolina. Any data that are stored electronically will reside in a password-protected database on a secure server. Research records will be de-identified and stored using a secure participant identification number. These identification numbers will be used for combining data from various surveys and interviews, which will be important for analyzing the data. Your

---

---

information will be combined with information from other people taking part in the study. The study investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. This means that absolute confidentiality cannot be guaranteed. We will publish the results of this study only in the aggregate, and you will not be identified directly or indirectly in study reports and presentations. THIS RESEARCH IS COVERED BY A CERTIFICATE OF CONFIDENTIALITY from the National Institutes of Health. Researchers with this Certificate may not disclose or use information or documents that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented to this use. Information or documents protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or neglect, harm to self or others, or communicable diseases), but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings; if you have consented to the disclosure; or if it is used for other scientific research, as allowed by federal regulations protecting research participants. The Certificate cannot be used to refuse a request for information from the federal agency sponsoring the project that is needed for auditing or program evaluation by the National Institute on Drug Abuse which is funding this project and the Substance Abuse and Mental Health Services Administration., You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. CAN YOU CHOOSE TO WITHDRAW FROM THE STUDY EARLY? If you decide to take part in the study, you still have the right to decide at any time that you no longer want to continue. No one will think badly of you or treat you differently if you decide not to take part in this study. If you choose to leave the study early, data collected from you to that point will remain in the study database and may not be removed. The study investigator or the sponsor can stop your participation at any time without your consent for the following reasons: If you fail to follow directions for participating in the study; If it is discovered that you do not meet the study requirements; If the study is canceled; or For administrative reasons. Any new important information that is discovered during the study that may influence your willingness to continue

---

---

participation in the study will be given to you. If you are an employee, you are under no obligation to participate in this study. You may withdraw from the study at any time and for any reason, and neither your decision to participate in the study, nor any decision on your part to withdraw, will have any effect on your performance appraisal or employment at your place of employment. You may refuse to participate, or you may withdraw from the study at any time, without penalty. **WILL YOU RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?** You will not receive any compensation for taking part in the study. **HOW WILL YOUR PRIVACY AND CONFIDENTIALITY BE PROTECTED?** We will take careful steps to keep your information confidential. All identifiable information (for example, your name) will be removed from the information collected in this study. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key. We will label your information with a code and will store the key separately from the master code list. Only select study staff will have access to the list that links the code to you. All research data will be kept in locked file cabinets. Computer files will be retained, and all electronic data will be password protected, stored on secure servers, and accessible only to the researchers on this study. **WILL YOUR INFORMATION BE STORED AND USED FOR FUTURE RESEARCH?** All identifiable information (for example, your name, employer, and contact information) will be removed from the information collected for this study. After we remove all identifiers, the information you provide during the study may be used for analysis or shared with other researchers without your additional informed consent. The de-identified information will be stored on secure servers at the research sites and the data coordinating center at RTI International during the study. We plan to store and share de-identified data from surveys and interviews for future research. Data collected or transmitted under this study will be maintained for at least 3 years. Having information collected from many people helps researchers identify trends and discover better ways to work with communities to reduce opioid overdoses. Researchers can use the stored information to research additional scientific questions. **WHAT ELSE DO YOU NEED TO KNOW?** If you agree to take part in this study, you will be one of about 2,000 people to do so. The National Institute on Drug Abuse is providing financial support for this study. A description of this clinical trial will be available on <http://www.ClinicalTrials.gov> as required by U.S.

---

---

Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time. CONSENT I have read and understand the information in this informed consent document and agree to participate in the HCS research activities described in this Consent Form, including: surveys (completed online, in-person, or verbally); phone or in-person interviews, and the secure storage of my de-identified information for future research. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I am 18 years of age or older, and voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by signing and dating this consent document. I will receive a copy of this signed and dated consent document. (descriptive)

---

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [contact\_data\_arm\_1][consent\_mode] = '2' and [contact\_data\_arm\_1][hcs01\_lam05] = '4'

---

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**  
**GENERAL CONSENT FOR COMMUNITY COALITION (CC) AND KEY STAKEHOLDERS**  
Sponsor / Study Title: The National Institute on Drug Abuse / "The HEALing Communities Study (HCS)" Principal Investigator: Bridget Freisthler, Ph.D. Telephone: (614) 293-4041(614) 293-8000 (24 Hours) Address: The Ohio State University-Pomerene Hall1760 Neil Avenue Suite 380Columbus, OH 43210  
**WHAT IS THE STUDY ABOUT AND HOW LONG WILL IT LAST?** By doing this study, we hope to learn how community coalitions can most effectively respond to the opioid epidemic and reduce opioid-related deaths. The primary study goal is to reduce the number of opioid overdose deaths by at least 40% in 67 selected communities by working with community coalitions. Depending on your role, your participation in this research may require up to 20 hours of your time from now through March 2023. More than likely, this will be during regular business hours or at the time of community coalition, key stakeholder, or community advisory board meetings.  
**WHAT ARE KEY REASONS YOU MIGHT CHOOSE TO PARTICIPATE IN THIS STUDY?** By volunteering to participate in this study, you may help to reduce the negative impacts of the opioid epidemic for individuals, families, and communities. For a complete description of benefits, refer to the Detailed Consent.  
**WHAT ARE KEY REASONS YOU MIGHT**

---

hcs09\_consent1\_inperson\_ny

---

**CHOOSE NOT TO PARTICIPATE IN THIS STUDY?**

There are no foreseeable physical risks involved with this study. For a description of the potential risks of participation, refer to the Detailed Consent. **DO YOU HAVE TO TAKE PART IN THE STUDY?** If you decide to take part in the study, it should be because you really want to participate. You will not lose any services, benefits or rights you would normally have if you choose not to volunteer. Your decision will not affect your relationship with your employer or the HEALing Communities Study research team. **WHOM TO CONTACT ABOUT THIS STUDY** During the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact: By mail: Study Participant Adviser Advarra IRB 6940 Columbia Gateway Drive, Suite 110 Columbia, MD 21046 or call toll free: 877-992-4724 or by email: [adviser@advarra.com](mailto:adviser@advarra.com) Please reference the following number when contacting the Study Participant Adviser: Pro0038088.

**DETAILED CONSENT WHAT WILL YOU BE ASKED**

**TO DO?** A number of different research activities will be involved during different phases of the study. If you agree to be part of the study, you may be asked to take part in the following activities: Surveys: You may be asked to complete surveys (in-person, online, or verbally) that will ask about your community coalition/agency and your feelings and attitudes in relation to your community coalition/agency, the services your community/agency provides, how these services might be improved, and your relationship with your partner agencies in providing those services. This information may be collected on a recurring basis. Interviews: You may be asked to participate in interviews, which will ideally be conducted in person but may use video conferencing software, web, or telephone. If you agree to participate, these interviews may be recorded and transcribed with your permission. The recording is for the use of the HEALing Communities Study and will not be shared with anyone else outside of the study. Your name and any identifying information about you will not be included nor associated with the study or any report of our discussions today in anyway. The recording will include your name, but it will be removed from the transcribed interview form and a number or code substituted in its place. The audio files and transcriptions will be saved on a secure server at the research site. Audio files will be

---

---

destroyed within 6 months following transcription; transcription files will be kept for up to 3 years following project completion and then destroyed. In-person interviews will be conducted at your workplace or at a location of your choosing. These interviews may be repeated on a recurring basis. Provide your input to the Cost Template: We will regularly ask you to provide information about the cost of your time and travel to participate in meetings, as well as the time you spend on HCS activities in general. This information will be collected either in-person, online, or verbally. >The surveys and interviews will ask about your community coalition or organization's mission, structure, culture/climate, resources, and procedures for implementing evidence-based interventions related to the opioid epidemic (for example, opioid use disorder treatment, overdose prevention). You will also be asked for your perceptions about community attitudes towards evidence-based practices and your agency's use of evidence-based practices, as well as your views of community perceptions of the opioid epidemic. The maximum amount of time that you may be asked to volunteer for this study, depending on your situation, is estimated to be 20 hours from now through March 2023. If this estimate changes, you will be notified of the updated estimate. Even if you agree to participate in the research study now, you may at any time decline to participate in specific activities. Doing so will not affect your current work status, future advancement, or your relationship with the HEALing Communities Study research team.

**WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?** No physical risks are involved with this study. The risk of a breach in confidentiality of your study data is minimized by the procedures in place to protect your privacy. You will not be asked to provide personal information other than basic demographic information. Some survey and interview questions ask for opinions that may seem critical of your organization and its leadership, supervisors and/or coworkers, and the risk of accidental disclosure of your responses may make you uncomfortable. Although we would like you to answer all the study questions asked of you, you may choose not to answer any questions that make you feel uncomfortable, without any negative consequences. There may be risks that are unknown.

**WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?** You will receive no direct benefits from participating in this research study. However, your participation could assist your community coalition or key stakeholders in examining procedures and improving services for individuals with opioid use disorder or at risk of opioid overdose. Your participation may also help your community coalition or agency by enhancing

---

---

the interaction and communication among organizations involved. **IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?** If you do not want to be in the study, there are no other choices except to not take part in the study. **WHAT WILL IT COST YOU TO PARTICIPATE?** There is no cost to you to participate in the study. **WHO WILL SEE THE INFORMATION THAT YOU GIVE?** We will make every effort to keep private all research study records that identify you to the extent allowed by law. Study data will be collected, managed, and analyzed by the four research sites and RTI International, the Data Coordinating Center located in North Carolina. Any data that are stored electronically will reside in a password-protected database on a secure server. Research records will be de-identified and stored using a secure participant identification number. These identification numbers will be used for combining data from various surveys and interviews, which will be important for analyzing the data. Your information will be combined with information from other people taking part in the study. The study investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. This means that absolute confidentiality cannot be guaranteed. We will publish the results of this study only in the aggregate, and you will not be identified directly or indirectly in study reports and presentations. **THIS RESEARCH IS COVERED BY A CERTIFICATE OF CONFIDENTIALITY** from the National Institutes of Health. Researchers with this Certificate may not disclose or use information or documents that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented to this use. Information or documents protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or neglect, harm to self or others, or communicable diseases), but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings; if you have consented to the disclosure; or if it is used for other scientific research, as allowed by federal regulations protecting research participants. The Certificate cannot be used to refuse a request for information from the federal agency sponsoring the project that is needed for auditing or program evaluation by the National Institute on Drug Abuse which is funding this project and the Substance Abuse and

---

---

Mental Health Services Administration., You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. **CAN YOU CHOOSE TO WITHDRAW FROM THE STUDY EARLY?** If you decide to take part in the study, you still have the right to decide at any time that you no longer want to continue. No one will think badly of you or treat you differently if you decide not to take part in this study. If you choose to leave the study early, data collected from you to that point will remain in the study database and may not be removed. The study investigator or the sponsor can stop your participation at any time without your consent for the following reasons: If you fail to follow directions for participating in the study; If it is discovered that you do not meet the study requirements; If the study is canceled; or For administrative reasons. Any new important information that is discovered during the study that may influence your willingness to continue participation in the study will be given to you. If you are an employee, you are under no obligation to participate in this study. You may withdraw from the study at any time and for any reason, and neither your decision to participate in the study, nor any decision on your part to withdraw, will have any effect on your performance appraisal or employment at your place of employment. You may refuse to participate, or you may withdraw from the study at any time, without penalty. **WILL YOU RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?** You will receive \$50.00 for completing some of the study surveys and interviews and will not be compensated for others. Compensation and timing of payment will be discussed with you prior to beginning each study activity. Please note that some state, government and employer regulations/policies do not permit employees to receive compensation to participate in studies. **HOW WILL YOUR PRIVACY AND CONFIDENTIALITY BE PROTECTED?** We will take careful steps to keep your information confidential. All identifiable information (for example, your name) will be removed from the information collected in this study. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key. We will label your information with a code and will store the key separately from the master code list. Only select study staff will have access to the list that links the code to you. All research data will be kept in locked file cabinets. Computer files will be retained, and all electronic data will be password protected, stored on secure servers, and

---

---

accessible only to the researchers on this study. **WILL YOUR INFORMATION BE STORED AND USED FOR FUTURE RESEARCH?** All identifiable information (for example, your name, employer, and contact information) will be removed from the information collected for this study. After we remove all identifiers, the information you provide during the study may be used for analysis or shared with other researchers without your additional informed consent. The deidentified information will be stored on secure servers at the research sites and the data coordinating center at RTI International during the study. We plan to securely store and share deidentified data from surveys and interviews for future research. Data collected or transmitted under this study will be maintained for at least 3 years. Having information collected from many people helps researchers identify trends and discover better ways to work with communities to reduce opioid overdoses. Researchers can use the stored information to research additional scientific questions. There is a risk that someone could get access to the stored information. Despite the security measures and safeguards we will use, including not storing your name with your information, we cannot guarantee that your identity will never become known. There may be risks that at this time are unknown. As technology advances, there may be new ways of linking information back to you that we cannot foresee now. **WHAT ELSE DO YOU NEED TO KNOW?** If you agree to take part in this study, you will be one of about 2,000 people to do so. The National Institute on Drug Abuse is providing financial support for this study. A description of this clinical trial will be available on <http://www.ClinicalTrials.gov> as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time. **CONSENT** I have read and understand the information in this informed consent document and agree to participate in the HCS research activities described in this Consent Form, including: surveys (completed online, in-person, or verbally); phone or in-person interviews, and the secure storage of my deidentified information for future research. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I am 18 years of age or older, and voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by signing and dating this consent document. I will receive a copy of this signed and dated consent document. (descriptive)

---

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [contact\_data\_arm\_1][consent\_mode] = '2' and [contact\_data\_arm\_1][hcs01\_lam05] = '3'

---

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**  
**GENERAL CONSENT FOR COMMUNITY COALITION (CC) AND KEY STAKEHOLDERS**  
Sponsor / Study Title: The National Institute on Drug Abuse / "The HEALing Communities Study (HCS)" Principal Investigator: Bridget Freisthler, Ph.D. Telephone: (614) 293-4041(614) 293-8000 (24 Hours) Address: The Ohio State University-Pomerene Hall1760 Neil Avenue Suite 380Columbus, OH 43210

**WHAT IS THE STUDY ABOUT AND HOW LONG WILL IT LAST?** By doing this study, we hope to learn how community coalitions can most effectively respond to the opioid epidemic and reduce opioid-related deaths. The primary study goal is to reduce the number of opioid overdose deaths by at least 40% in 67 selected communities by working with community coalitions. Depending on your role, your participation in this research may require up to 20 hours of your time from now through March 2023. More than likely, this will be during regular business hours or at the time of community coalition, key stakeholder, or community advisory board meetings.

**WHAT ARE KEY REASONS YOU MIGHT CHOOSE TO PARTICIPATE IN THIS STUDY?** By volunteering to participate in this study, you may help to reduce the negative impacts of the opioid epidemic for individuals, families, and communities. For a complete description of benefits, refer to the Detailed Consent.

**WHAT ARE KEY REASONS YOU MIGHT CHOOSE NOT TO PARTICIPATE IN THIS STUDY?** There are no foreseeable physical risks involved with this study. For a description of the potential risks of participation, refer to the Detailed Consent.

**DO YOU HAVE TO TAKE PART IN THE STUDY?** If you decide to take part in the study, it should be because you really want to participate. You will not lose any services, benefits or rights you would normally have if you choose not to volunteer. Your decision will not affect your relationship with your employer or the HEALing Communities Study research team.

**WHOM TO CONTACT ABOUT THIS STUDY** During the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact: By mail: Study Participant

hcs09\_consent1\_inperson\_ky\_ma

---

Adviser Advarra IRB 6940 Columbia  
Gateway Drive, Suite 110 Columbia, MD 21046  
or call toll free: 877-992-4724 or by  
email: [adviser@advarra.com](mailto:adviser@advarra.com) Please

reference the following number when contacting  
the Study Participant Adviser: Pro00038088.

**DETAILED CONSENT WHAT WILL YOU BE ASKED**

**TO DO?** A number of different research activities will be involved during different phases of the study. If you agree to be part of the study, you may be asked to take part in the following activities: Surveys: You may be asked to complete surveys (in-person, online, or verbally) that will ask about your community coalition/agency and your feelings and attitudes in relation to your community coalition/agency, the services your community/agency provides, how these services might be improved, and your relationship with your partner agencies in providing those services. This information may be collected on a recurring basis. Interviews: You may be asked to participate in interviews, which will ideally be conducted inperson but may use video conferencing software, web, or telephone. If you agree to participate, these interviews may be recorded and transcribed with your permission. In-person interviews will be conducted at your workplace or at a location of your choosing. These interviews may be repeated on a recurring basis. Provide your input to the Cost Template: We will regularly ask you to provide information about the cost of your time and travel to participate in meetings, as well as the time you spend on HCS activities in general. This information will be collected either in-person, online, or verbally.

>The surveys and interviews will ask about your community coalition or organization's mission, structure, culture/climate, resources, and procedures for implementing evidence-based interventions related to the opioid epidemic (for example, opioid use disorder treatment, overdose prevention). You will also be asked for your perceptions about community attitudes towards evidence-based practices and your agency's use of evidence-based practices, as well as your views of community perceptions of the opioid epidemic. The maximum amount of time that you may be asked to volunteer for this study, depending on your situation, is estimated to be 20 hours from now through March 2023. If this estimate changes, you will be notified of the updated estimate. Even if you agree to participate in the research study now, you may at any time decline to participate in specific activities. Doing so will not affect your current work status, future advancement, or your relationship with the HEALing Communities Study research team. **WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?** No physical risks are involved with this study. The risk of a breach in confidentiality of your study data is minimized by

---

---

the procedures in place to protect your privacy. You will not be asked to provide personal information other than basic demographic information. Some survey and interview questions ask for opinions that may seem critical of your organization and its leadership, supervisors and/or coworkers, and the risk of accidental disclosure of your responses may make you uncomfortable. Although we would like you to answer all the study questions asked of you, you may choose not to answer any questions that make you feel uncomfortable, without any negative consequences. There may be risks that are unknown. **WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?** You will receive no direct benefits from participating in this research study. However, your participation could assist your community coalition or key stakeholders in examining procedures and improving services for individuals with opioid use disorder or at risk of opioid overdose. Your participation may also help your community coalition or agency by enhancing the interaction and communication among organizations involved. **IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?** If you do not want to be in the study, there are no other choices except to not take part in the study. **WHAT WILL IT COST YOU TO PARTICIPATE?** There is no cost to you to participate in the study. **WHO WILL SEE THE INFORMATION THAT YOU GIVE?** We will make every effort to keep private all research study records that identify you to the extent allowed by law. Study data will be collected, managed, and analyzed by the four research sites and RTI International, the Data Coordinating Center located in North Carolina. Any data that are stored electronically will reside in a password-protected database on a secure server. Research records will be de-identified and stored using a secure participant identification number. These identification numbers will be used for combining data from various surveys and interviews, which will be important for analyzing the data. Your information will be combined with information from other people taking part in the study. The study investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. This means that absolute confidentiality cannot be guaranteed. We will publish the results of this study only in the aggregate, and you will not be identified directly or indirectly in study reports and presentations. **THIS RESEARCH IS COVERED BY A CERTIFICATE OF CONFIDENTIALITY** from the National Institutes of Health. Researchers with this Certificate may not disclose or use information or documents that

---

---

may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented to this use. Information or documents protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or neglect, harm to self or others, or communicable diseases), but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings; if you have consented to the disclosure; or if it is used for other scientific research, as allowed by federal regulations protecting research participants. The Certificate cannot be used to refuse a request for information from the federal agency sponsoring the project that is needed for auditing or program evaluation by the National Institute on Drug Abuse which is funding this project and the Substance Abuse and Mental Health Services Administration., You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. **CAN YOU CHOOSE TO WITHDRAW FROM THE STUDY EARLY?** If you decide to take part in the study, you still have the right to decide at any time that you no longer want to continue. No one will think badly of you or treat you differently if you decide not to take part in this study. If you choose to leave the study early, data collected from you to that point will remain in the study database and may not be removed. The study investigator or the sponsor can stop your participation at any time without your consent for the following reasons: If you fail to follow directions for participating in the study; If it is discovered that you do not meet the study requirements; If the study is canceled; or For administrative reasons. Any new important information that is discovered during the study that may influence your willingness to continue participation in the study will be given to you. If you are an employee, you are under no obligation to participate in this study. You may withdraw from the study at any time and for any reason, and neither your decision to participate in the study, nor any decision on your part to withdraw, will have any effect on your performance appraisal or employment at your place of employment. You may refuse to participate, or you may withdraw from the study at any time, without penalty. **WILL YOU RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?** You will receive \$50.00 for completing some of the study surveys and interviews and will not be compensated for others. Compensation and timing of payment will be discussed with you prior to beginning each study

---

---

activity. Please note that some state, government and employer regulations/policies do not permit employees to receive compensation to participate in studies. **HOW WILL YOUR PRIVACY AND CONFIDENTIALITY BE PROTECTED?** We will take careful steps to keep your information confidential. All identifiable information (for example, your name) will be removed from the information collected in this study. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key. We will label your information with a code and will store the key separately from the master code list. Only select study staff will have access to the list that links the code to you. All research data will be kept in locked file cabinets. Computer files will be retained, and all electronic data will be password protected, stored on secure servers, and accessible only to the researchers on this study. **WILL YOUR INFORMATION BE STORED AND USED FOR FUTURE RESEARCH?** All identifiable information (for example, your name, employer, and contact information) will be removed from the information collected for this study. After we remove all identifiers, the information you provide during the study may be used for analysis or shared with other researchers without your additional informed consent. The deidentified information will be stored on secure servers at the research sites and the data coordinating center at RTI International during the study. We plan to securely store and share deidentified data from surveys and interviews for future research. Data collected or transmitted under this study will be maintained for at least 3 years. Having information collected from many people helps researchers identify trends and discover better ways to work with communities to reduce opioid overdoses. Researchers can use the stored information to research additional scientific questions. There is a risk that someone could get access to the stored information. Despite the security measures and safeguards we will use, including not storing your name with your information, we cannot guarantee that your identity will never become known. There may be risks that at this time are unknown. As technology advances, there may be new ways of linking information back to you that we cannot foresee now. **WHAT ELSE DO YOU NEED TO KNOW?** If you agree to take part in this study, you will be one of about 2,000 people to do so. The National Institute on Drug Abuse is providing financial support for this study. A description of this clinical trial will be available on <http://www.ClinicalTrials.gov> as required by U.S. Law. This Web site will not include information

---

---

that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time. CONSENT I have read and understand the information in this informed consent document and agree to participate in the HCS research activities described in this Consent Form, including: surveys (completed online, in-person, or verbally); phone or in-person interviews, and the secure storage of my de-identified information for future research. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I am 18 years of age or older, and voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by signing and dating this consent document. I will receive a copy of this signed and dated consent document. (descriptive)

---

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [contact\_data\_arm\_1][consent\_mode] = '2' and ([contact\_data\_arm\_1][hcs01\_lam05] = '1' or [contact\_data\_arm\_1][hcs01\_lam05] = '2')

---

**Do I have your consent to participate? (radio)**

**hcs09\_consent\_answer\_2**

---

Required

Field type: radio

Observations with this value left blank: 1601

Number of unique values: 2

---

Choice value	Label	Frequency
1	I agree to participate	240
0	I do not agree to participate	2

---

### 3. Instrument: attendee\_survey

---

Version # (text)	hcs09_att_version
Field type: text Observations with this value left blank: 1320 Number of unique values: 1	
<b>Thank you for participating in the HEALing Communities Study (HCS). We are collecting data to help us estimate the costs of the Communities that Heal (CTH) intervention. Specifically, your responses to our questions will help us estimate the cost of community coalition meetings and other community engagement activities used to support the Communities that Heal intervention. These cost estimates will help other communities and policymakers to make better decisions about how to combat the opioid epidemic. Again, thank you for your participation. (descriptive)</b>	hcs09_descrpt1
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
<b>CEP09. Is this the first time this community coalition meeting survey is being completed?</b>  <b>(If you are in multiple coalitions and this is your first time filling out the survey for this coalition, please select 'yes')</b> <b>(yesno)</b>	hcs09_cep09
Required Field type: yesno Observations with this value left blank: 1320 Number of unique values: 2	
<b>CEP105. Have you worked on HEALing Communities Study prior to this coalition meeting? (yesno)</b>	hcs09_cep105
Field type: yesno Observations with this value left blank: 1655 Number of unique values: 2 Branching logic: [hcs09_cep09] = '1'	

---

**CEP12. What is your title or role in your organization? (text)** **hcs09\_cep12**

---

Identifier & Required  
Field type: text  
Observations with this value left blank: 1653  
Number of unique values: 135  
Branching logic: [hcs09\_cep09] = '1'

---

**CEP13. What is the name of your organization? (text)** **hcs09\_cep13**

---

Identifier & Required  
Field type: text  
Observations with this value left blank: 1653  
Number of unique values: 150  
Branching logic: [hcs09\_cep09] = '1'

---

**CEP14. What is your occupation? Note: Occupation may or may not be the same as your job title/role within your organization. For example, someone's job title might be "Director" while their occupation is "Social Worker." (text)** **hcs09\_cep14**

---

Identifier & Required  
Field type: text  
Observations with this value left blank: 1653  
Number of unique values: 136  
Branching logic: [hcs09\_cep09] = '1'

---

**CEP15. What is the address of your organization?** **hcs09\_cep15\_address**

---

**Street address: (text)**

---

Identifier & Required  
Field type: text  
Observations with this value left blank: 1653  
Number of unique values: 156  
Branching logic: [hcs09\_cep09] = '1'

---

**Address 2: (text)** **hcs09\_cep15\_address2**

---

Identifier  
Field type: text  
Observations with this value left blank: 1822  
Number of unique values: 17  
Branching logic: [hcs09\_cep09] = '1'

---

**City: (text)****hcs09\_cep15\_city**

---

Identifier &amp; Required

Field type: text

Observations with this value left blank: 1653

Number of unique values: 48

Branching logic: [hcs09\_cep09] = '1'

---

**State: (dropdown)****hcs09\_cep15\_state**

---

Identifier &amp; Required

Field type: dropdown

Observations with this value left blank: 1654

Number of unique values: 1

Branching logic: [hcs09\_cep09] = '1'

---

Choice value	Label	Frequency
1	AL	0
2	AK	0
3	AZ	0
4	AR	0
5	CA	0
6	CO	0
7	CT	0
8	DE	0
9	DC	0
10	FL	0
11	GA	0
12	HI	0
13	ID	0
14	IL	0
15	IN	0
16	IA	0
17	KS	0
18	KY	0
19	LA	0
20	ME	0
21	MD	0
22	MA	0

---

Choice value	Label	Frequency
23	MI	0
24	MN	0
25	MS	0
26	MO	0
27	MT	0
28	NE	0
29	NV	0
30	NH	0
31	NJ	0
32	NM	0
33	NY	0
34	NC	0
35	ND	0
36	OH	189
37	OK	0
38	OR	0
39	PA	0
40	RI	0
41	SC	0
42	SD	0
43	TN	0
44	TX	0
45	UT	0
46	VT	0
47	VA	0
48	WA	0
49	WV	0
50	WI	0
51	WY	0
8000000	Don't Know	0
7000000	Refused	0

**ZIP code: (text)**

**hcs09\_cep15\_zipcode**

Identifier  
Field type: text

Observations with this value left blank: 1657  
 Number of unique values: 52  
 Branching logic: [hcs09\_cep09] = '1'

---

**(radio) hcs09\_cep15\_zipcode\_dk**

---

Field type: radio  
 Observations with this value left blank: 1842  
 Number of unique values: 1  
 Branching logic: [hcs09\_cep09] = '1' and [hcs09\_cep15\_zipcode]="

Choice value	Label	Frequency
8000000	Don't Know	1
7000000	Refused	0

---

**CEPDEM02. What is your age? (radio) hcs09\_cepdem02**

---

Required  
 Field type: radio  
 Observations with this value left blank: 1653  
 Number of unique values: 5  
 Branching logic: [hcs09\_cep09] = '1'

Choice value	Label	Frequency
1	18-34 years	38
2	35-49 years	77
3	50-64 years	52
4	65-74 years	18
5	75 years or older	0
7000000	Refused	5
6000000	Unreadable	0
5000000	Missed	0

---

**CEPDEM03. Are you Hispanic or Latino/a? (radio) hcs09\_cepdem03**

---

Required  
 Field type: radio  
 Observations with this value left blank: 1653  
 Number of unique values: 3  
 Branching logic: [hcs09\_cep09] = '1'

Choice value	Label	Frequency
1	Yes	6
0	No	182
7000000	Refused	2
6000000	Unreadable	0
5000000	Missed	0

---

**CEPDEM04Oth. Please specify your race: (text)**      **hcs09\_cepdem04\_oth**

---

Required  
Field type: text  
Observations with this value left blank: 1841  
Number of unique values: 1  
Branching logic: [hcs09\_cep09] = '1' and [hcs09\_cepdem04(4000000)] = '1'

---

**CEPDEM06. What is your gender? (radio)**      **hcs09\_cepdem06**

---

Required  
Field type: radio  
Observations with this value left blank: 1653  
Number of unique values: 3  
Branching logic: [hcs09\_cep09] = '1'

Choice value	Label	Frequency
1	Male	69
2	Female	120
3	Trans male/trans man	0
4	Trans female/Trans woman	0
5	Genderqueer/Gender non-conforming	1
4000000	Different Identity	0
7000000	Refused	0
6000000	Unreadable	0
5000000	Missed	0

---

**CEPDEM07Oth: Please specify other community sector(s): (text)**      **hcs09\_cepdem07\_oth**

---

Required  
Field type: text  
Observations with this value left blank: 1829  
Number of unique values: 14

Branching logic: [hcs09\_cep09] = '1' and [hcs09\_cepdem07(4000000)] = '1'

---

**CEPDEM08Oth: Please specify other role(s): (text) hcs09\_cepdem08\_oth**

---

Required  
Field type: text  
Observations with this value left blank: 1831  
Number of unique values: 11  
Branching logic: [hcs09\_cep09] = '1' and [hcs09\_cepdem08(4000000)] = '1'

---

**CEP16. Did you stay for the entire meeting? (radio) hcs09\_cep16**

---

Required  
Field type: radio  
Observations with this value left blank: 1333  
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	462
2	No	45
3	No	0
8000000	Don't Know	3
7000000	Refused	0

---

**CEP16a. How much of the meeting did you miss? (text) hcs09\_cep16a**

---

Required  
Field type: text  
Observations with this value left blank: 1798  
Number of unique values: 12  
Branching logic: [hcs09\_cep16]='2'

---

**CEP16c. How did you attend the coalition meeting? (radio) hcs09\_cep16c**

---

Required  
Field type: radio  
Observations with this value left blank: 1333  
Number of unique values: 4

Choice value	Label	Frequency
1	In-person	146

Choice value	Label	Frequency
2	Virtually (e.g.	355
8000000	Don't Know	8
7000000	Refused	1

**CEP17. Did you incur any costs to attend this meeting? Please include things like lodging and transportation in addition to your normal commuting costs, and childcare beyond your normal job-related needs. Do not include personal car mileage. (radio)**

hcs09\_cep17

Required  
 Field type: radio  
 Observations with this value left blank: 1333  
 Number of unique values: 3

Choice value	Label	Frequency
1	Yes	12
0	No	494
8000000	Don't Know	4
7000000	Refused	0

**CEP195. In total, how much did you spend to attend this meeting? (text)**

hcs09\_cep195

Required  
 Field type: text  
 Observations with this value left blank: 1831  
 Number of unique values: 11  
 Branching logic: [hcs09\_cep17] = '1'

**The following questions ask about time you or other staff spent on Community Engagement activities and the Communication Campaign. Please include ALL time spent on these activities even if these activities were part of your current job responsibilities or coalition work. These activities might include sub-group coalition or other break out meetings. These questions also ask about the time spent by non-Community Coalition members that helped you with these Communities that Heal activities (descriptive)**

hcs09\_cep21disp

Field type: descriptive

Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs09\_cep09] = '0'

---

**CEP21b5. Since the last coalition meeting you attended, approximately how many hours in a typical week have you spent on HCS activities OTHER THAN COMMUNICATIONS ACTIVITIES?** hcs06\_cep21b5

Please do NOT include the coalition meeting itself.  
(text)

---

Required  
Field type: text  
Observations with this value left blank: 1523  
Number of unique values: 16  
Branching logic: [hcs09\_cep09] = '0'

---

**CEP21a15. Since the last coalition meeting you attended, approximately how many hours in a typical week did you spend on COMMUNICATION CAMPAIGN activities? Please do NOT include time spent in the coalition meeting itself. (text)** hcs06\_cep21a15

---

Required  
Field type: text  
Observations with this value left blank: 1523  
Number of unique values: 13  
Branching logic: [hcs09\_cep09] = '0'

---

**CEP22a5. Other staff at your organization who are not on the coalition may have helped you work on HCS activities. Since the last coalition meeting you attended, how many individuals worked on HCS with you? (text)** hcs06\_cep22a5

---

Required  
Field type: text  
Observations with this value left blank: 1523  
Number of unique values: 12  
Branching logic: [hcs09\_cep09] = '0'

---

**CEP23a5. On average, since the last coalition meeting you attended what is the total number of hours spent per week by these individuals? (text)** hcs06\_cep23a5

---

Required  
Field type: text  
Observations with this value left blank: 1523

Number of unique values: 16  
Branching logic: [hcs09\_cep09] = '0'