

**Guide for**

**SMS - Baseline Qualitative**

**Demographics 12 Month Update**

# Project Overview

Data pulled on: 2024-12-27 00:57:51

Total number of observations: 77

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

descriptive fields: 26

text fields: 14

radio fields: 11

yesno fields: 5

checkbox fields: 1

Identifier fields: 15

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\_la1\_wave, hcs22\_qualconsent1, hcs22\_qualconsent2,  
hcs22\_qualconsent3, hcs22\_qualconsent4, hcs\_22\_demographics\_needed,  
hcs22\_interview\_complete, hcs22\_interview\_partial

Omitted fields (all blank): 8

hcs01\_version, hcs01\_lam10\_poc\_phone1\_na, hcs01\_lam10\_poc\_phone2\_na,  
hcs01\_lam10\_poc\_phone2\_ext, hcs01\_lam10\_poc\_em\_na, hcs01\_lam06\_other,  
hcs22\_dem05\_oth\_12m, hcs22\_interview\_partial

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

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Field label	Field name
Field type: (radio, text, etc)	
Observations with this field left blank: #	
Number of unique values: ##	
Branching logic: equation	

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Choice value	Label	Frequency
value1	Choice 1 label	#
value2	Choice 2 label	#
value3	Choice 3 label	#

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# 1. Instrument: landscape\_data

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<b>Participant ID (text)</b>	<b>participant_id</b>
Field type: text Observations with this value left blank: 0 Number of unique values: 77	

  

<b>Organization Name (text)</b>	<b>hcs01_lam10_org_name</b>
Field type: text Observations with this value left blank: 1 Number of unique values: 75	

  

<b>First Name (text)</b>	<b>hcs01_lam10_poc_fname</b>
Identifier Field type: text Observations with this value left blank: 0 Number of unique values: 73	

  

<b>Last Name (text)</b>	<b>hcs01_lam10_poc_lname</b>
Identifier Field type: text Observations with this value left blank: 0 Number of unique values: 75	

  

<b>Phone (text in matrix hcs01_lam10_poc_phone)</b>	<b>hcs01_lam10_poc_phone_1</b>
Identifier Field type: text Observations with this value left blank: 37 Number of unique values: 40	

  

<b>Phone Extension (text)</b>	<b>hcs01_lam10_poc_phone1_ext</b>
Identifier Field type: text Observations with this value left blank: 70 Number of unique values: 7	

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

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Identifier  
Field type: text  
Observations with this value left blank: 75  
Number of unique values: 2

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

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Identifier  
Field type: text  
Observations with this value left blank: 2  
Number of unique values: 75

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

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Field type: radio  
Observations with this value left blank: 0  
Number of unique values: 1

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Choice value	Label	Frequency
1	Kentucky	0
2	Massachusetts	0
3	New York	0
4	Ohio	77

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**LAM06. Which HCS community does this  
facility/asset serve? (radio)****hcs01\_lam06**

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Required  
Field type: radio  
Observations with this value left blank: 0  
Number of unique values: 18

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Choice value	Label	Frequency
1	Bourbon	0
2	Boyd	0
3	Boyle	0
4	Campbell	0
5	Carter	0

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Choice value	Label	Frequency
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
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

Choice value	Label	Frequency
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	4
50	Ashtabula	5
51	Athens	4
52	Brown	4
53	Cuyahoga	6
54	Darke	5
55	Franklin (Ohio)	4
56	Greene (Ohio)	5
57	Guernsey	4
58	Hamilton	5
59	Huron	3
60	Jefferson (Ohio)	4
61	Lucas	5
62	Morrow	0
63	Ross	4
64	Scioto	5
65	Stark	4
66	Williams	2
67	Wyandot	4
4000000	Other	0

**Which wave is this case (based on community)?  
(radio)**

**hcs01\_la1\_wave**

Identifier & Required

Field type: radio

Observations with this value left blank: 0

Number of unique values: 2

Choice value	Label	Frequency
1	Wave 1	44
2	Wave 2	33
1000000	Not Applicable	0

## 2. Instrument: hcs22\_12m\_qualitative\_demographics

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<b>Version # (text)</b>	<b>hcs22_version_12m</b>
Field type: text Observations with this value left blank: 0 Number of unique values: 1	
<b>Interviewee Information[hcs01_lam10_poc_fname] [hcs01_lam10_poc_lname] [hcs01_lam06] County (descriptive)</b>	<b>hcs_22_interview_info_pipe</b>
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
<b>Allen County Information Wave 2 Coalition: Activate Allen County Mission: influence and improve the culture of health and well-being in Allen County A priority one area is the improvement of mental health and substance abuse Action steps for 2018-2019 include Medicaid funded behavioral health services in junior/high schools, operationalize pro-social afterschool activities, and provide early intervention services in schools Established the Opiate Community Action Commission which focuses on increasing MAT, adding detox bed, increasing medication drop box locations, Narcan/Naloxone education, addressing first responder fatigue, and prevention. Population: 102,663 Density: Predominantly rural but also includes Lima Unintentional Drug Overdose Rate: 22.5/100,000 persons (descriptive)</b>	<b>hcs_22_alleninfo_2</b>
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0 Branching logic: [hcs01_lam06] = '49'	
<b>Ashtabula County Information Wave 1 Coalition: HEALing Workgroup of the Ashtabula County Substance Abuse Leadership Team (SALT) SALT formed to address opioid use, misuse, abuse, and overdose deaths as well as gather information for coordinated responses to all substance abuse problems in the county Work includes reducing number of drug overdoses,</b>	<b>hcs_22_ashtabulainfo_1</b>

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increasing public safety, increasing public education and information, and improving a coordinated response to promote prevention, intervention, treatment, and recovery support efforts Programs include “Your Life Matters” brochures for first responders, hospitals, persons who have experienced a drug overdose, and community members that provide information about overdose emergency and treatment resources as well as education videos around addiction and its secondary trauma, expanding treatment options, increasing recovery support (i.e., employment, housing), target reduction of unused prescription medication, distribute Naloxone, enhance prevention efforts, and support activities that build social connections within the community Population: 97,493 Density: Predominantly rural Unintentional Drug Overdose Rate: 31.0/100,000 persons HCS Champions: Tina Stasiewski (media), Miriam Walton (ORCCA), Patricia Wagner (data) (descriptive)

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '50'

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**Athens County Information Wave 1**  
Coalition: Athens County HCS Coalition, a subgroup of Athens Halting Opioid Abuse through Prevention and Education (HOPE) Mission is to support education and advocacy to prevention substance misuse Programs include male and female recovery houses Coalition subcommittees: Executive, Community Building and Education, Community Building and Education, Policy and Advocacy, and Service Coordination  
Population: 65,818 Density: Rural (1.4% urban) – heart of Appalachia Unintentional Drug Overdose Rate: 13.6/100,000 persons HCS Champions: Svea Maxwell (media), Rebecca Robison-Miller (media), Ellen Martin (ORCCA), Dr. James Gaskell (data) (descriptive)

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hcs\_22\_athensinfo\_1

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '51'

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**Brown County InformationWave**  
2Coalition: Coalition for a Drug Free Brown County Mission is to develop and maintain coordinated substance abuse prevention and

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hcs\_22\_browninfo\_2

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**resources (possible focus on youth) Goals: decrease availability of illicit drugs, reduce deaths and incidences of infectious disease related to drug use, increase funding for prevention, increase access to treatment, expand health care/treatment/after care, provide drug education, increase youth prevention, develop and implement community-based initiatives that promote healthy behaviors and that support successful recovery**  
<http://www.bcmhas.org/wp-content/uploads/2018/03/Brown-County-Plan.pdf> Population: 43,602  
Density: Rural (1/10 of 1% urban) Unintentional Drug Overdose Rate: 54.6/100,000 persons (descriptive)

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '52'

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**Cuyahoga County InformationWave 1**  
Coalition: Opiate Task Force Mission: serve Cuyahoga County by actively working to raise public awareness, promote community action, and provide education related to the dangers and devastating effects of drug abuse Action Plan includes prevention and education, healthcare policy, law enforcement, and treatment Also a Project DAWN (Deaths Avoided With Naloxone) location Education includes prevention education consulting, staff in-service and training for grades K-12, community awareness presentations, and environmental prevention strategies (i.e., Operation Medicine Cabinet).  
Population: 1,243,857  
Density: Predominantly urban (1% rural)  
Unintentional Drug Overdose Rate: 34.5/100,000 persons HCS Champions: April Vince (media), Beth Zietlow-DeJesus (media), Bethany Friedrichsen (former data champion), Laura Oinonen (ORCCA), Paola Saroufim (ORCCA), Stephanie Shorts (ORCCA) (descriptive)

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hcs\_22\_cuyainfo\_1

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '53'

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**Darke County InformationWave 1**  
Coalition: Coalition for a Healthy Darke County This is a not-for-profit organization Areas of focus: Elder Care and Services, Mental and Behavioral Health, Physical Health, Safety, Spiritual Health, Substance Abuse, Wellness, and

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hcs\_22\_darkeinfo\_1

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**Youth Education and Prevention Purpose of the coalition is to understand and promote community decision making, collaboration and ownership among different organizations through joint action Substance abuse programs include a vivitrol program, a buprenorphine program, the XChange Clinic which provides a needle exchange program, and support groups Population: 51,323 Density: Predominantly rural (1.3% urban) Unintentional Drug Overdose Rate: 37.0/100,000 persons HCS Champions: Diane Ewing (media), Laurie White (ORCCA), Dr. Terrence Holman (data) (descriptive)**

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '54'

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**Franklin County InformationWave 2 Coalition: Columbus-Franklin County Addiction Plan Also known as The Franklin County Opiate Action Plan Four overarching goals: prevent opiate abuse and addiction, reduce the number of opiate-related deaths, expand access and decrease wait for treatment, and improve the safety of our community Different areas include: prevention and community education, healthcare and risk reduction, treatment and supports, first responders and law enforcement, and community groups Population: 1,310,300 Density: Urban Unintentional Drug Overdose Rate: 28.3/100,000 persons (descriptive)**

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hcs\_22\_franklininfo\_2

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '55'

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**Greene County InformationWave 1 Coalition: Greene County Drug-Free Coalition Workgroups: prevention, treatment, recovery and support, and data Population: 167,995 Density: Predominantly rural (4% urban) Unintentional Drug Overdose Rate: 30.5/100,000 persons HCS Champions: Amy Pulver (media, ORCCA-recovery), Amanda Castro (data), Brent Lewis (ORCCA-recovery), Kaleb Barrows (media, ORCCA - treatment), Kirsten Bean (data), Melody Kingsley (ORCCA - recovery), Dan Zweisler (ORCCA - recovery), Lynn Oliver (ORCCA - treatment), Shannon Webster (media), Brianna Wilson (media) (descriptive)**

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hcs\_22\_greeneinfo\_1

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '56'

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### **Guernsey County InformationWave 1**

**Coalition: CHOICES Coalition Community, Hope, Opportunity, Independence, Change, Empowerment, Success (CHOICES) Anti-drug and alcohol addiction coalition Mission is to develop a community wide collaborative for innovation and sustainable resources Goal is a healthy, safe, drug-free community Sub committees: public awareness and resources, the community, recovery and support, and the youth subcommittee**

hcs\_22\_guerninfo\_1

**<https://www.daily-jeff.com/news/20191201/choices-looks-to-regain-momentum-in-community-fight-against-drugs> Population: 39,022 Density: Predominantly rural (1% urban) – Appalachia Unintentional Drug Overdose Rate: 29.1/100,000 persons HCS Champions: Karen Wiggins (ORCCA), Rainy Oliver (ORCCA), Joel Blue (data), Amber Henderson (media) (descriptive)**

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '57'

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### **Hamilton County InformationWave 1**

**Coalition: Hamilton County Addiction Response Coalition Steering Committee Programs focus on removing drugs from the community, preventing secondary harms of intravenous drug use, access to treatment, and prevention for future generations Programs include: response teams, expanding community treatment access, adopting protocols in the hospital, distribution of naloxone, harm reduction vans, prevention in schools, creation of a task force, distribution of a toolkit for faith leaders, educational programs for employers, and a pre-arrest diversion program Areas: prevention, treatment, harm reduction, law enforcement, and first responders Population: 816,684 Density: Urban; Cincinnati is Ohio's second largest city Unintentional Drug Overdose Rate: 43.4/100,000 persons HCS Champions: Meagan Gosney (media), Pat Tribbe (ORCCA), Dr. Rick Ryan (ORCCA), Dr. Shawn Ryan (ORCCA), Erik Stewart (data) (descriptive)**

hcs\_22\_hamiltoninfo\_1

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Field type: descriptive  
Observations with this value left blank: 0

Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '58'

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**Huron County InformationWave 2 Coalition: Huron County Health Partners Facilitated by staff from Huron County Public Health Goal is to promote individual responsibility and community commitment to create a safe, healthy, and positive culture through education, involvement, collaboration, and combined resources Priority areas for 2017-2020: injury and prevention, mental health and addiction, and physical health Population: 59,504 Density: Predominantly rural (2% urban) Unintentional Drug Overdose Rate: 34.8/100,000 persons (descriptive)**

hcs\_22\_huroninfo\_2

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '59'

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**Jefferson County InformationWave 2 Coalition: United Prevention Partnership (UPP) Goal is to prevent and reduce youth and adult substance abuse while promoting healthy lifestyles and choices Population: 65,767 Density: Predominantly rural (1.5% urban) Unintentional Drug Overdose Rate: 39.6/100,000 persons (descriptive)**

hcs\_22\_jeffersoninfo\_2

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '60'

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**Lucas County InformationWave 1 Coalition: HCS Subcommittee of the Lucas County Opiate Coalition Goals: create a collaborative environment to address the opioid epidemic, increase education about naloxone and its distribution, explore strategies for reducing overdose deaths and, improve image of Lucas County Vision: reduce the number of overdoses, and overdose deaths through education, research and, policy change Population: 429,899 Density: Urban (Toledo) Unintentional Drug Overdose Rate: 38.3/100,000 persons HCS Champions: Zakariya Reed (data), Phillip Stone (data), Mahjida Steffin (media), Danielle Farnan (media, formerly ORCCA), Mary J Gombash (ORCCA), Ashley Kopaniasz (ORCCA), Walter**

hcs\_22\_lucasinfo\_1

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**Wehenkel (ORCCA), Greg Kramp (ORCCA), Ginger Berrie (ORCCA) (descriptive)**

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '61'

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**Ross County InformationWave 2 Coalition: Hope Partnership Project (previously known as Heroin Partnership Project) Goal is to develop a comprehensive community wide strategy that treats opiate addiction as a public health crisis and effectively reduce opiate addiction related to criminal activity Project initiatives include DAWN, Vivitrol treatment, and Start Talking (early prevention through education) Mission: Work to elevate awareness around substance abuse disorder and implement a comprehensive response to the epidemic. This response includes prevention, early intervention, treatment services, recovery, and criminal justice reform Population: 76,931 Density: Predominantly rural (1.3% urban) Unintentional Drug Overdose Rate: 47.0/100,000 persons (descriptive)**

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hcs\_22\_rossinfo\_2

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '63'

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**Scioto County InformationWave 1 Coalition: Scioto County Collaborative Opioid Consortium Scioto Connect; Ohio SCCOCC (other names) A collaborative of agencies, organizations, and community members working to comprehensively address opioid and substance use in Scioto County Works closely with the health department Priorities: prevention, harm reduction, improve outcomes, and treatment Population: 75,502 Density: Rural (1.6% urban); part of Appalachia Unintentional Drug Overdose Rate: 36.9/100,000 persons HCS Champions: Abby Spears (data, media, coalition lead), Lisa Roberts (data, ORCCA, media), Belinda Leslie (media), Andrew McManus (media), Wirty Penix (media), Mike Fraulini (ORCCA), Michael Martin (ORCCA) (descriptive)**

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hcs\_22\_sciotoinfo\_1

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '64'

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**Stark County InformationWave 2 Coalition: Opiate Task Force of Stark County** Focused primarily on advocacy, education, community partnerships, innovation, and data Projects include opiate symposium continuing education trainings for medical professionals, counselors, social workers, and criminal justice, collaborate with community partners for Stark County's Drug Take Back Days, and distribute Naloxone overdose kits to the community Population: 371,574 Density: Predominantly rural (5% urban) Unintentional Drug Overdose Rate: 24.0/100,000 persons (descriptive)

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hcs\_22\_starkinfo\_2

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '65'

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**Williams County InformationWave 2 Coalition: ECHO Substance Abuse Prevention Coalition Educating Community on Healthy Opportunities (ECHO)** Goals: increased community awareness about substance abuse, initiate a prevention campaign using messages to prevent substance use Have Deterra drug deactivation bags available. Pharmaceuticals are placed into the pouch with warm water. The activated carbon is released, dissolves the pills, and draws the drugs out of patches. Population: 36,804 Density: Predominantly rural (1% urban) Unintentional Drug Overdose Rate: 15.4/100,000 persons (descriptive)

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hcs\_22\_williamsinfo\_2

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '66'

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**Wyandot County InformationWave 2 Coalition: Wyandot County Health Alliance** Overall goal of improving health and quality of life in Wyandot County Formed to review data to clarify/understand general health status, identify gaps in services and unmet needs, and identify and focus on priority areas Current priorities: obesity, mental health, substance abuse, and injury prevention Population: 21,935 Density: Predominantly rural (4% urban) Unintentional Drug Overdose Rate: 15.4/100,000 persons (descriptive)

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hcs\_22\_wyandotinfo\_2

Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_lam06] = '67'

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**Consent (descriptive)****hcs22\_consentlabel**

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0

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**Wave 1 Consent Hello. My name is [name] and I work for the HEALing Communities Study (HCS) in your state. The HCS's primary goal is to reduce opioid overdose deaths in high-burden communities. We are working with the National Institute on Drug Abuse (NIDA) and research sites in four states: Kentucky, Massachusetts, New York, and Ohio. We are conducting qualitative interviews, a semi-structured conversation, to learn more about your community and activities currently underway to address the opioid epidemic. We are interested in learning about your experiences with the HCS and how your community may have changed over the past year. If you decide to participate, we will conduct an interview with you that will last up to an hour. Once a year we will contact you about participating in a follow-up interview to learn about changes in your community over time. We anticipate a total of 2 follow-up interviews. Before we begin, I would like to review a few items:**

- **Participation.** Your participation in this interview is voluntary and you can stop participating at any time, without penalty or loss of benefits to which you are otherwise entitled. If at any time you are uncomfortable with any question, you can choose not to answer. This study is for research purposes only, so your only alternative is not to participate.
- **Compensation.** There is no cost to you. You will not be compensated for completing the interview.
- **Privacy.** We will not share your name and contact information with anyone outside the research team. The study investigator, the sponsor, NIDA, or persons working on behalf of NIDA, 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 not receive direct benefits from participating in this study. However, your responses may help us learn more about opioid overdose deaths in your community and potential

**hcs22\_wave1\_consent\_oh**

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reduction strategies. There are no physical risks to participating in the study. You will not be asked to provide personal information other than basic demographics, and we will protect your confidentiality. 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 are unknown at this time. As technology advances, there may be new ways of linking information back to you that we cannot foresee. • **Audio Recording.** We will audio record these interviews, including our discussion today, to make sure we capture everything that is said. This recording is for the use of the HCS and will not be shared with anyone outside the study team. Your name and any other identifying information shared during our discussion today will not be associated with the study or included in any study report. • **Reporting.** As part of this study, we will write a report summarizing what we learned from these interviews. We will not use your name or any identifying information in the report. This report may be shared with study staff at the HCS study sites, study staff at the HCS Data Coordinating Center at RTI International, and study staff at NIDA. • **Future Research.** Collecting information 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. 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? (descriptive)

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_la1\_wave] = '1'

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your state. The HCS's primary goal is to reduce opioid overdose deaths in high-burden communities. We are working with the National Institute on Drug Abuse (NIDA) and research sites in four states: Kentucky, Massachusetts, New York, and Ohio. We are conducting qualitative interviews, a semi-structured conversation, to learn more about your community and activities currently underway to address the opioid epidemic. We are interested in learning about how your community perceives the opioid crisis and how your community may have changed over the past year. If you decide to participate, we will conduct an interview with you that will last up to an hour. Once a year we will contact you about participating in a follow-up interview to learn about changes in your community over time. We anticipate a total of 2 follow-up interviews. Before we begin, I would like to review a few items:

- **Participation.** Your participation in this interview is voluntary and you can stop participating at any time, without penalty or loss of benefits to which you are otherwise entitled. If at any time you are uncomfortable with any question, you can choose not to answer. This study is for research purposes only, so your only alternative is not to participate.
- **Compensation.** There is no cost to you. You will not be compensated for completing the interview.
- **Privacy.** We will not share your name and contact information with anyone outside the research team. The study investigator, the sponsor, NIDA, or persons working on behalf of NIDA, 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 not receive direct benefits from participating in this study. 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. You will not be asked to provide personal information other than basic demographics, and we will protect your confidentiality. 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 are unknown at this time. As technology advances, there may be new ways of linking information back to you that we cannot foresee.
- **Audio Recording.** We will audio record these interviews, including our discussion today, to make sure we capture everything that is said. This recording is for the use of the HCS and will not be shared with anyone outside the study team. Your name and any other identifying information shared

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during our discussion today will not be associated with the study or included in any study report. Reporting. As part of this study, we will write a report summarizing what we learned from these interviews. We will not use your name or any identifying information in the report. This report may be shared with study staff at the HCS study sites, study staff at the HCS Data Coordinating Center at RTI International, and study staff at NIDA. Future Research. Collecting information 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. 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? (descriptive)

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_la1\_wave] = '2'

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<b>Are you 18 years of age or older? (yesno)</b>	<b>hcs22_qualconsent1</b>
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Identifier & Required  
Field type: yesno  
Observations with this value left blank: 0  
Number of unique values: 2

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<b>Do I have your consent to participate? (yesno)</b>	<b>hcs22_qualconsent2</b>
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Identifier & Required  
Field type: yesno  
Observations with this value left blank: 0  
Number of unique values: 1

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<b>Do I have your consent to re-contact you for future</b>	<b>hcs22_qualconsent3</b>
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**interviews? We will conduct interviews annually over the next two years. [if a verbal "yes" then continue] [if not, continue, but do not recontact] (yesno)**

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Identifier & Required  
Field type: yesno  
Observations with this value left blank: 0  
Number of unique values: 1

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**We are recording this conversation so that I can give you my full attention and do not have to take a lot of notes. Do I have your consent to audio record? [if a verbal "yes" then record] [if no, do not conduct the interview] (yesno)** **hcs22\_qualconsent4**

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Identifier & Required  
Field type: yesno  
Observations with this value left blank: 0  
Number of unique values: 1

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**Demographics (descriptive)** **hcs22\_demographics\_label**

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0

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**Does this participant already have demographic information on file? (yesno)** **hcs\_22\_demographics\_needed**

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Identifier  
Field type: yesno  
Observations with this value left blank: 0  
Number of unique values: 1

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**What is your age? (radio)** **hcs22\_dem03\_12m**

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Required  
Field type: radio  
Observations with this value left blank: 0  
Number of unique values: 7  
Branching logic: [hcs\_22\_demographics\_needed] = '0'

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Choice value	Label	Frequency
1	18-34 years	9
2	35-49 years	25

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Choice value	Label	Frequency
3	50-64 years	32
4	65-74 years	8
5	75 years or older	1
7000000	Refused	1
6000000	Unreadable	0
5000000	Missed	1

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**Are you Hispanic or Latino/a? (radio)**
**hcs22\_dem04\_12m**

Required  
Field type: radio  
Observations with this value left blank: 0  
Number of unique values: 3  
Branching logic: [hcs\_22\_demographics\_needed] = '0'

Choice value	Label	Frequency
1	Yes	1
0	No	75
7000000	Refused	0
6000000	Unreadable	0
5000000	Missed	1

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**What is your gender? (radio)**
**hcs22\_dem06\_12m**

Required  
Field type: radio  
Observations with this value left blank: 0  
Number of unique values: 3  
Branching logic: [hcs\_22\_demographics\_needed] = '0'

Choice value	Label	Frequency
1	Male	29
2	Female	47
3	Trans male/Trans man	0
4	Trans female/Trans woman	0
5	Genderqueer/Gender non-conforming	0
4000000	Different Identity	0
7000000	Refused	0

Choice value	Label	Frequency
6000000	Unreadable	0
5000000	Missed	1

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**What is the highest degree or level of school you have completed? (radio)** hcs22\_dem07\_12m

Required  
 Field type: radio  
 Observations with this value left blank: 0  
 Number of unique values: 8  
 Branching logic: [hcs\_22\_demographics\_needed] = '0'

Choice value	Label	Frequency
1	Less than a high school diploma	0
2	High school degree or equivalent (e.g. GED)	2
3	Some college	4
4	Associate degree (e.g. AA	4
5	Bachelor's degree (e.g. BA	25
6	Master's degree (e.g. MA	34
7	Professional degree (e.g. MD	2
8	Doctorate (e.g. PhD	5
7000000	Refused	0
6000000	Unreadable	0
5000000	Missed	1

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**Interview START RECORDING NOW (descriptive)** hcs22\_guideslabel

Field type: descriptive  
 Observations with this value left blank: 0  
 Number of unique values: 0

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**Interview Guide for Wave 1 Counties**  
 Brief introduction to be read to interviewee:  
**First, THANK YOU for agreeing to participate in this interview. As background, these interviews are being conducted with members of different community coalitions who have been involved in the HEALing Communities Study (HCS) over the past year. The goals of today's interview are to learn about your experiences with the study so far,**

hcs\_22\_wave\_1\_guide

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how the opioid use problem is evolving in your community, and changes in your community's response to the opioid epidemic in the past year. Some questions may be related to your work in the HCS coalition. If something is not relevant, please let me know and we can move on. You may have participated in an interview last year, but throughout this interview, please assume that we are not familiar with your coalition.

**Internal Context**

**1. Let us discuss your community coalition. By community coalition, I mean [coalition name] in [name of county]. Please describe your role in this community coalition. Probes:**

- o What specific experiences or perspectives do you bring to this coalition?
- o How would you describe your level of involvement in [coalition name] activities?
- o How, if at all, has your role in this coalition changed since the start of the HEALing Communities Study in early 2020?

**(Interviewer: Ask this question only if the interviewee has been targeted for the interview as a champion.) How would you describe your role of being a [OEND/MOUD/Safer Prescribing/Communication/Data] champion in this coalition?**

**2. Please tell me about how your coalition has changed over the past year. Probes:**

- o Which new groups or new people have started participating in the HCS coalition over the past year?
- o How has the process of organizations or individuals becoming part of your coalition changed during the past year?
- o Who is missing in the coalition, in terms of organizations, sectors, or types of people?
- o How has the structure of the coalition changed over the past year?
- o How have the priorities or focus of the coalition changed over the past year, if at all? If there have been changes, what do you think are the reasons?

**3. Tell me about the decision-making process within the [coalition name]. Probes:**

- o How, if at all, has the decision-making process changed over the past year?

**Intervention & Implementation**

**A major component of the HCS is the Opioid-overdose Reduction Continuum of Care Approach, or ORCCA—these are the three menus about overdose education and naloxone distribution (OEND), medication for opioid use disorder (MOUD), and safer prescribing.**

**4. If you know about your coalition's selected strategies from Menu 1 on overdose education and naloxone distribution/OEND, please tell me why they were selected and how they are being implemented.**

**5. If you know about the selected strategies from Menu 2 on medications for opioid use disorder/MOUD, please tell me why they were selected and how they will be implemented.**

**6. If you know about the selected strategies from Menu 3 on Safer Prescribing, please tell me why they were selected and how they will be implemented.**

**7. Please tell me about any important strategies that you think could help to reduce opioid overdose deaths in [county name] over the next year that may be**

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missing from your coalition's selection. Why do you think these strategies were not selected to be implemented? 8. Please describe the decision-making process your coalition used to select strategies from the three menus in the ORCCA for implementation. Probes: o Thinking about that process, what worked well? o What was more challenging? o How did the use of data inform the coalition's decision-making about which strategies to implement? 9. What progress do you believe has been made in implementing these ORCCA strategies from the three menus so far? Probes: o Can you give me some examples? o What factors are helping with implementation? o What have been the barriers to implementation? o What is needed to overcome the barriers? o What resources (e.g. financial, staff, technical assistance) does your coalition or the representative agencies have or lack to support the implementation of the selected ORCCA interventions? o What kinds of changes, if any, do you think will be needed to make the selected ORCCA strategies work in your community? 10. The HEALing Communities Study has a communication campaign, which includes three campaigns: one focused on naloxone, one on stigma, and a third on medication for opioid use disorder. Please tell me a little about what you remember about these campaigns. Probes: o How do you think the communication campaign on naloxone has influenced naloxone access and demand in your community? o How do you think the two communication campaigns on stigma and medication for opioid use disorder/MOUD has influenced community perceptions of MOUD? 11. The HEALing Communities Study team and your coalition have been working together for the past year. In general, what have been the strengths of that partnership? What have been the weaknesses? Probes: o How do you think being part of the HEALing Communities Study has hindered or helped your coalition? Other Coalition Activities 12. To what extent does the [coalition name] work with other coalitions or community groups that are working to address the opioid epidemic? Probes: o Please share some examples. o How has the HEALing Communities Study impacted how you work with other coalitions or community groups? External Context 13. Now, let's shift gears to discuss [county name] more generally. Please describe how the opioid use problem has changed in your community over the past year. Probes: o In your community, what do you believe is the general perception about people who use opioids? • In what ways has that perception changed or not changed in the past year? o In what ways do you believe the opioid epidemic has impacted racial or ethnic groups differently? 14. Thinking about opioid overdose prevention, what changes, if any, have occurred in

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the past year in the types of opioid education and naloxone distribution/OEND services that are available in your community? Probes: o What has led to these changes?o How aware is the community of these changes?o What overdose prevention services are still missing or still need to be expanded in [county name]?o How has the funding environment or funding streams for prevention services changed in the past year?15. Thinking about treatment for opioid use disorder, what changes, if any, have occurred in the past year in services related to medication for opioid use disorder/MOUD treatment in your community? Please describe services related to availability of MOUD treatment and linking people to, and retaining them in, treatment. Probes:o What has led to these changes?o How aware is the community of these changes?o What MOUD treatment services are still missing or still need to be expanded in [county name]?o How has the funding environment for MOUD changed in the past year?16. How do you believe systemic racism has contributed to the opioid crisis in your community? By systemic racism, I mean systems and structures that perpetuate racial injustice and inequality.17. How do you believe activism in your community has influenced solutions to the opioid crisis? By activism, I mean demonstrations, protests, or group activities that call attention to racial injustice and inequality.18. I am interested in understanding the impact of COVID-19 on your community and your HEALing Communities Study (HCS) coalition. Probes:o How has COVID-19 changed or affected access to opioid use disorder prevention and treatment services in your community?o How has COVID-19 affected the operations of the [coalition name]'s work?19. Is there anything else we should know about your HCS coalition and its work in your community to address the opioid epidemic? Probes:o Do you have any additional suggestions, feedback, or lessons learned from the past year?THANK YOU so much for your time and perspectives. This interview has been extremely helpful. (descriptive)

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Field type: descriptive  
Observations with this value left blank: 0  
Number of unique values: 0  
Branching logic: [hcs01\_la1\_wave] = '1'

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Interview Guide for Wave 2 CountiesFirst, THANK YOU for agreeing to participate in this interview.As background, these interviews are being conducted with [coalition name] to learn how the opioid use problem is evolving in your community and changes in your community's response to the opioid epidemic in the past year. Some questions

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hcs\_22\_wave\_2\_guide

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may be relevant to your work in the coalition, and some may not. If something is not relevant, please let me know and we can move on. You may have participated in an interview last year, but throughout this interview, please assume we are not familiar with your coalition. Internal Context 1. Let us discuss your community coalition. By community coalition, I mean [coalition name] in [county name]. Please describe your role in this community coalition. Probes: o What specific experiences or perspectives do you bring to this coalition? o How would you describe your level of involvement in [coalition name] activities? o How, if at all, has your role in this coalition shifted since early 2020? 2. Please tell me about how [coalition name] has changed over the past year. Probes: o Which new groups or new people have started participating in [coalition name] over the past year? o How has the process of organizations or individuals becoming part of your coalition changed during the past year? o Who is missing in the coalition, in terms of organizations, sectors, or types of people? o How has the structure of the coalition changed over the past year? o How have the priorities or focus of the coalition changed over the past year, if at all? If there have been changes, what do you think the reasons for this are? 3. Tell me about the decision-making process within [coalition name]. Probes: o How, if at all, has the decision-making process changed in the past year? Other Coalition Activities 4. How does [coalition name] work with other coalitions or community groups that are working to address the opioid epidemic? 5. How, if at all, do you anticipate being part of the HEALing Communities Study will change your coalition? Probes: o In what ways do you think that being part of HCS study will impact the work your coalition is doing? o What do you hope your coalition will achieve by being part of HCS? External Context 6. Now, let us shift gears to discuss [county name] more generally. Please describe how the opioid use problem has changed in your community over the past year. Probes: o In your community, what do you believe is the general perception about people who use opioids? • In what ways have those perceptions changed or not changed in the past year? o In what ways do you believe the opioid epidemic has impacted racial or ethnic groups differently? 7. Thinking about opioid overdose prevention, what changes, if any, have occurred in the past year in the types of opioid education and naloxone distribution/OEND services that are available in your community? Probes: o What has led to these changes? o How aware is the community of these changes? o What overdose prevention services are still missing or still need to be expanded in [county name]? o How has the funding environment or funding streams for prevention services changed in the past year? 8. Thinking

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about treatment for opioid use disorder, what changes, if any, have occurred in the past year in services related to medication for opioid use disorder/MOUD treatment in your community? Please describe services related to availability of MOUD treatment, as well as linking people to, and retaining them in, treatment. Probes:
 

- o What has led to these changes?
- o How aware is the community of these changes?
- o What MOUD treatment services are still missing or still need to be expanded in [county name]?
- o How has the funding environment for MOUD changed in the past year?

 9. How do you believe systemic racism has contributed to the opioid crisis in your community? By systemic racism, I mean systems and structures that perpetuate racial injustice and inequality.
 10. How do you believe activism in your community has influenced solutions to the opioid crisis? By activism, I mean demonstrations, protests, or group activities that call attention to racial injustice and inequality.
 11. I am interested in understanding the impact of COVID-19 on your community and your HEALing Communities Study coalition. Probes:
 

- o How has COVID-19 changed or affected access to opioid use disorder prevention and treatment services, in your community?
- o How has COVID-19 affected the operations of [coalition name]'s work?

 12. Is there anything else we should know about your coalition and its work in your community to address the opioid epidemic?
 THANK YOU so much for your time and perspectives. This interview has been extremely helpful. (descriptive)

Field type: descriptive  
 Observations with this value left blank: 0  
 Number of unique values: 0  
 Branching logic: [hcs01\_la1\_wave] = '2'

**Was this interview completed? (radio)**

**hcs22\_interview\_complete**

Identifier & Required  
 Field type: radio  
 Observations with this value left blank: 0  
 Number of unique values: 1

Choice value	Label	Frequency
1	Yes	77
2	No	0
3	Partial Completion	0