

# PREPARATION ROAD MAP

## COMMUNITIES THAT HEAL PHASE 0



The overarching goal of Phase 0 is to learn about the state of the opioid overdose crisis in your community and prepare to collaborate with local coalitions and other community partners to implement the Communities That HEAL intervention.

This set of Road Maps is designed for individuals working to address the opioid crisis, including community coalition members, treatment providers, recovery support specialists, policymakers, and those with lived and living experience. It aims to support the creation of new coalitions or the reimagining of existing ones to enhance prevention, treatment, harm reduction, and recovery efforts in their communities.

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## Key Terms and Definitions

TERM	DEFINITION
<b>The Communities That HEAL (CTH) Intervention</b>	An intervention that collaborated with community coalitions to develop data-driven plans and implement evidence-based strategies—such as overdose education and naloxone distribution, medications for opioid use disorder, and safer prescribing—to reduce opioid overdose deaths.
<b>Evidence-based strategies</b>	Interventions that have been shown, through research and evaluation, to be effective in changing people’s knowledge, attitudes, and behaviors to improve social and health outcomes.
<b>Intervention</b>	In a research study, an intervention is when researchers introduce or apply a change—such as a treatment, program, or method—to observe how it affects the participants or outcomes.
<a href="#"><u>Medications for opioid use disorder (MOUD)</u></a>	Medications that are U.S. Food and Drug Administration (FDA)-approved for the treatment of opioid use disorder. They are often used in combination with counseling and other behavioral therapies and include buprenorphine, methadone, and naltrexone in different formulations.
<b>Naloxone</b>	A medication that can reverse an opioid-related overdose. It can be given as a nasal spray (Narcan®) or injected into the muscle, under the skin, or into the veins.
<b>Opioid-Overdose Reduction Continuum of Care Approach (ORCCA)</b>	A set of evidence-based strategies aimed at reducing overdose deaths. It is organized into three categories: opioid overdose education and naloxone distribution, MOUD, and safer prescribing practices.
<a href="#"><u>Overdose education and naloxone distribution (OEND)</u></a>	<b>Overdose education</b> programs train and empower people to recognize and administer naloxone to someone who they suspect may be overdosing. Overdose education programs can be coupled with <b>naloxone distribution</b> with the goal of making naloxone more accessible and available in communities.
<b>Safer Disposal</b>	In the ORCCA, safer disposal refers to strategies that encourage proper discarding of unused, expired, or unwanted opioid medications to prevent accidental poisoning. Safer disposal practices include drug take-back events, permanent drug drop kiosks, and take-home disposal mechanisms.
<a href="#"><u>Safer Prescribing</u></a>	In the ORCCA, safer prescribing refers to strategies that promote responsible and effective opioid prescribing practices. These include training prescribers and pharmacists to manage patients with chronic pain safely and providing education on opioid safety to healthcare professionals and patients.



## Overview

# Phase 0 Activities

**Timeline:** 4 to 6 months\*



- Identify or develop community coalitions working to address the overdose crisis.
- Conduct a landscape analysis.
- Review and familiarize coalition members and key staff with community engagement principles and practices.
- Initiate preliminary communications campaigns.

### **Activity 0.1: Identify or Develop Community Coalitions Working to Address the Overdose Crisis**

Coalitions are a critical component of community engagement for the Communities That HEAL intervention. Coalition membership should include people with lived experience, addiction treatment and recovery facilities, behavior health centers, health systems, harm reduction, and criminal legal organizations. Ideally, coalition membership will include those who have influence to advance the selection and adoption of evidence-based strategies. Coalition activities will vary, but coalitions will drive the planning process at the local level.

\* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources.

## Approach

### What is a coalition?

A coalition is an alliance of individuals or organizations working together to achieve a common purpose. When this type of alliance forms to address the needs and concerns of a particular community, it is often referred to as a community coalition. Although community coalitions are inherently collaborative, they can vary in many ways, including in purpose, governance, and procedures.

Mobilize a community coalition to address the overdose crisis. This can be done in three ways:

- Leverage existing coalitions or other established community advisory groups;
- Pull together members from different existing community coalitions and agencies that are impacted or address the opioid overdose crisis; or
- Create a new coalition if no others exist.

*When choosing stakeholders and coalition members, think about:*



**Who is impacted?**



**Who are the key stakeholders?**



**Whose support is critical to the success of the project?**

### Which experts are critical to coalition membership?

Who should be at the table	Example
Person(s) with lived or living experience with opioid use disorder, particularly those who have experience with MOUD as a pathway to remission and recovery	Peer support specialists, attendees of recovery meetings supportive of MOUD, and those identified as key opinion leaders that support harm reduction efforts.
Individuals employed in the criminal legal sector	People employed at local jails, community supervision programs, drug courts, and law enforcement.
Individuals employed by agencies that provide MOUD	Prescribing providers, case workers/care navigators in agencies that provide MOUD.
Individuals familiar with safer opioid prescribing, dispensing, and disposal	Opioid-prescribing MDs, PAs, and APRNs, pharmacists, pharmacy technicians, and members of regulatory or prescription drug-monitoring boards or programs.

Continued

Who should be at the table	Example
Individuals familiar with local challenges and opportunities related to naloxone	Local harm reduction staff, quick response teams, pharmacists, pharmacy technicians, and health department employees.
Individuals who are local opinion leaders and influential in local and organizational decision-making	Local coalition chairs, local governmental leaders, and organizers of local community events and trainings.
Individuals with some connection to the local agency for substance use disorder board	A board coordinator, chairperson, or member of the executive committee.



**Aim for diverse representation on the coalition:**

- Limit representation from the same agency (1-2 people max).
- Weigh technical/professional experience vs. interest/passion/time for the subject.
- Ensure diversity in terms of race, ethnicity, gender, age, and representation from members of other underrepresented groups.



**Roles that coalition members can hold:**

- Participate in a collaborative, data-driven decision-making process:
  - Attend coalition meetings.
  - Select evidence-based strategies.
  - Monitor strategy performance.
- Develop a coalition charter that outlines the goals, organizational structure, voting process, expectations for engagement, communications, and how materials will be shared.
- Serve as a lead for the different tasks related to OEND, MOUD, data, and communications.
- Participate in data collection activities.



**When engaging your community coalition:**

- Brainstorm how to connect with community gate keepers and leaders, key informants, and potential coalition members.
- Manage challenges and identify options for involving the community.
- Identify community members to meet with and get their insights on the complexities and resources unique to the place they live and work. Meeting with coalition members is a major component to engagement that can build genuine relationships.

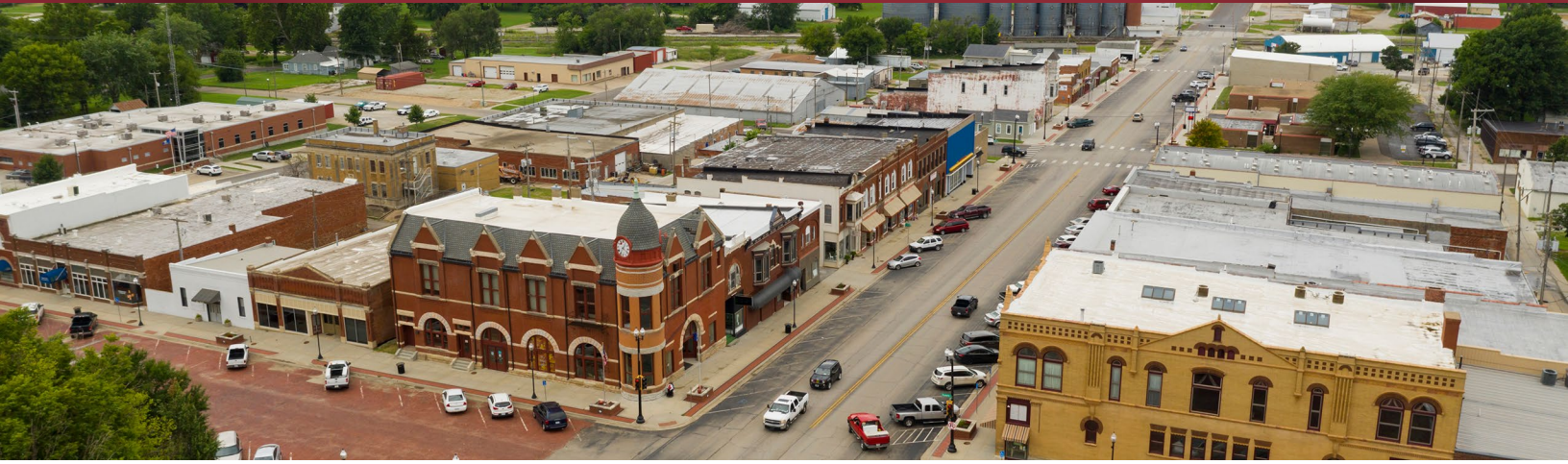
The Coalition Composition Assessment Tool includes a checklist of qualities and experience types you can use to assess representation needs/gaps in your coalition.

For related Phase 0 resources, such as the Coalition Composition Assessment Tool, please refer to <https://hcs.rti.org/communities-that-heal-intervention.html>.

A **charter** is a partnership agreement that outlines how a group will work together, defining roles, responsibilities, decision-making processes, and shared goals. It sets clear expectations for collaboration, communication, and coordination among coalition members and partner organizations, ensuring everyone is aligned and working toward common objectives.

**Tips for Planning Phase 0 Meetings with Communities**

TIP	CONSIDERATION
<p><b>Reach out to coalitions or potential coalition members to collaborate on planning</b></p>	<ul style="list-style-type: none"> <li>• Work together as a coalition to set the time, location, and format for meetings.</li> <li>• Share a brief description of the Communities That HEAL intervention to help the coalition determine how best to incorporate these activities into the agenda.</li> </ul>
<p><b>Review the presentation template and script</b></p>	<ul style="list-style-type: none"> <li>• Develop talking points to support preparation for Phase 0 meetings.</li> <li>• Have sample charters and champion role descriptions on hand to showcase during the presentation, as appropriate.</li> </ul>



## Activity 0.2: Conduct a Landscape Analysis

**Timeline:** 1 to 5 months\*



Conducting a landscape analysis helps to better understand the resources, assets, and barriers that may affect the Communities That HEAL intervention. It will cover prevention, harm reduction, treatment, recovery support services, infrastructure within health care, behavioral health, and the criminal legal system, along with other key community features to better understand community assets and provide insights for implementing the intervention.

This is designed to:

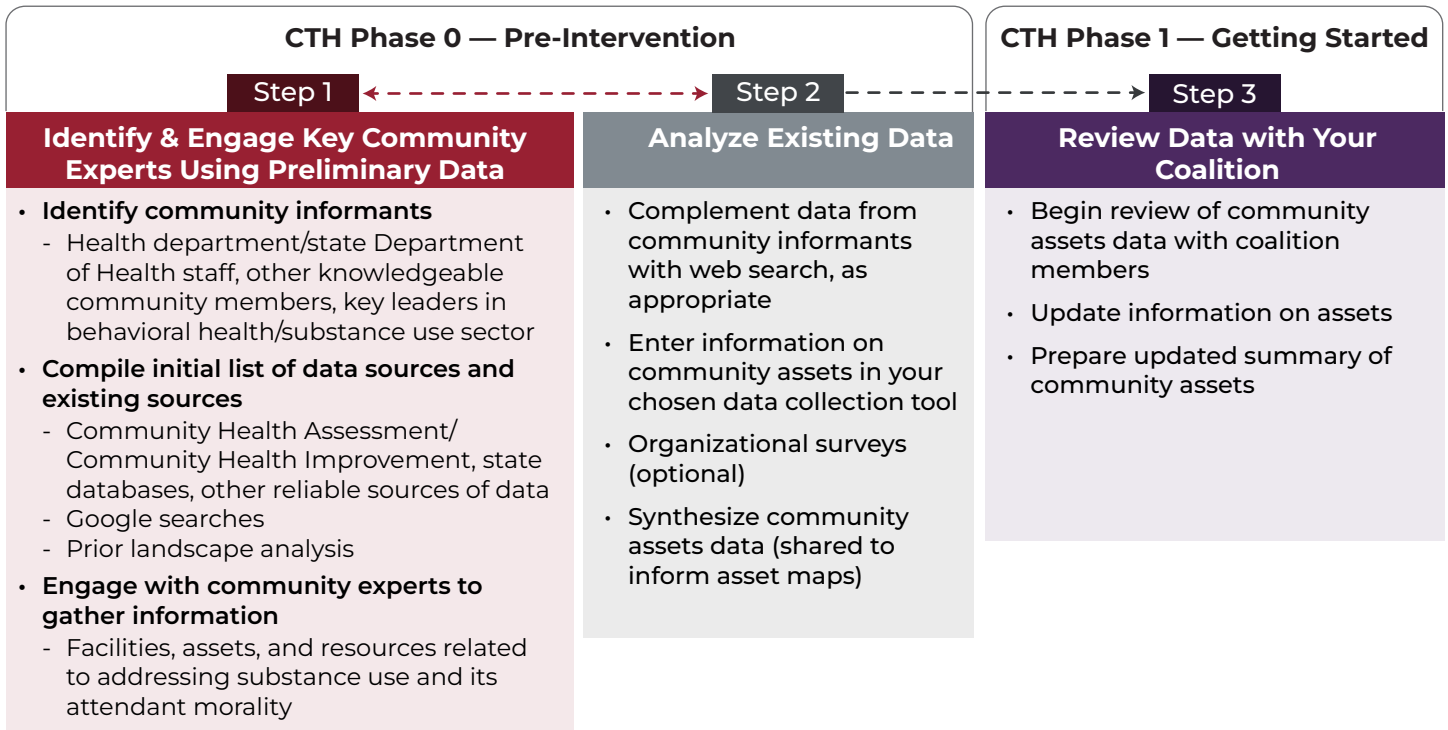
- Describe the assets of and gaps in the community that are relevant to implementing the Communities That HEAL intervention;
- Support coalitions as they decide what types of programs are needed or could be improved in their communities; which organizations or groups should be involved in these efforts;
- Help identify which organizations or groups should be involved in these efforts; and
- Help coalitions generate a list of potential organizations and groups with which to partner.

\* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources.



## Approach

### Landscape Analysis Framework



### Potential Questions to Guide a Landscape Analysis

- What helps and makes it difficult to adopt and implement evidence-based strategies for reducing opioid overdoses in our community?
- How can we explore and implement an array of evidence-based strategies that deliver maximal impact in terms of reduction of opioid-related fatalities?
- What are some of the untapped resources that can support evidence-based strategies that help reduce opioid overdoses?

### The Coalition's Role in Data Collection

- Collecting information that can lead to decision making from coalition members data through polls, surveys, and conversations with coalition members and community partners to:
  - Understand available resources and any gaps;
  - Understand the local opioid landscape, community perceptions, and ongoing initiatives;
  - Measure the cost of implementing the program; and
  - Track implementation progress and evaluate the impact of evidence-based strategies.





## Activity 0.3: Review and Become Familiar with Community Engagement Principles and Practices

**Timeline:** 2 to 3 months\*



Encourage core coalition members and leaders to participate in community engagement trainings to strengthen their ability to collaborate with the community, amplify diverse voices, and drive inclusive, impactful solutions.

Suggested community engagement-related trainings:

- [Doing the Work Together: Authentic Partner Engagement in Prevention](#)
- [Effective Meetings/Group Facilitations](#)

### Approach

At the completion of the trainings, you should have a better understanding of the following:

- Perceived value of community engagement in dissemination and implementation research;
- Introspection and openness;
- Community characteristics;
- Appreciation for stakeholder experience with and attitudes toward research;
- How to prepare the partnership for collaborative decision-making;
- Collaborative planning for the research design and goals, and
- Communication effectiveness.

\* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources.



## Activity 0.4: Begin Initial Preliminary Activities for Communication Campaigns

**Timeline:** 6 to 8 months\*



The CTH intervention also included a series of health communication campaigns developed within the communities themselves, aimed at promoting implementation of evidence-based strategies, increasing demand for OEND and MOUD, and reducing stigma toward people with opioid use disorder.

This activity provides guidance on coordinating a campaign in your community.

Review the HEALing Communities Study [communication campaign materials](#) for your community.

The campaign objectives are to:

- **Reduce stigma.** Make your community a judgment-free zone that supports people with opioid use disorder throughout their recovery.
- **Encourage treatment.** Remove treatment barriers and improve access to care so people can get the help they need.
- **Provide naloxone to reverse opioid overdoses.** Save lives by stocking naloxone at your organization and training staff to use it in the event of an opioid overdose.

\* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources.

## Approach

### Conceptual Model and Level of Coalition Engagement for the Design and Implementation of Communities That HEAL Communication Campaigns

#### ● Prepare

- Review existing research and information
- Talk with people who frequently interact with the media like politicians, public information officers, and community leaders
- Identify key priority groups to focus on, set goals, choose message themes, and create a timeline
- Involve community coalitions to help plan and carry out the campaign



#### ● Plan

- Create and test messages with key priority groups to ensure they resonate
- Work with community partners to design a plan for sharing campaign materials
- Develop and provide key campaign materials to community partners for distribution



#### ● Implement

- Customize images to fit the local community
- Work together as a coalition to roll out the distribution plan
- Collect feedback to understand how well the campaign is working



Lefebvre, R. C., Chandler, R., Helme, D., Kerner, R., Mann, S., Stein, M., Reynolds, J., Slater, M., Anakaraonye, A., Beard, D., Burrus, O., Frkovich, J., Hedrick, H., Lewis, N., & Rodgers, E. (2020). Health communication campaigns to drive demand for evidence-based practices and reduce stigma in the HEALing Communities Study. *Drug and Alcohol Dependence*, 217, 108338. <https://doi.org/10.1016/j.drugalcdep.2020.108338>

### Priority Groups for Communication Campaign

Providers, the community leaders, and people with living or lived experience are the broad priority groups for the communication campaigns.

- Providers include primary care practitioners, nurse prescribers, pharmacists, first responders, emergency department clinicians, and dentists as well as referral sources like Employee Assistance Program staff and jail administrators.
- Community leaders include elected officials like sheriffs, school board members, mayors, city council members, and aldermen as well as opinion leaders from local businesses and religious, civic, and community organizations (e.g., Veterans of Foreign Wars, 4-H, and Rotary Club).
- People with living or lived experience include those with opioid use disorder, their family members and loved ones, and people who are actively using drugs or are in recovery.

### Stigma Targets

The stigma targets for campaigns include the following:

- Opioid use disorder is a medical disease.
- Anyone can develop an opioid use disorder.
- MOUD can be an essential part of someone's recovery from opioid use disorder.
- MOUD improves lives.

### Media Engagement Activities

Using your findings from the landscape analysis (Activity 0.2) and community experts from each community as starting points, coalition members should identify and develop relationships

with the media outlets best suited for the communication campaign. Recommendations for identifying and connecting with media outlets are listed below. Coalitions are encouraged to conduct media engagement activities to refine the campaign distribution plan. Media outlets that reach or attract priority groups—at-risk populations; community and civic leaders; opioid treatment and recovery professionals; public safety professionals; and criminal legal system, corrections, and law enforcement officials—should be prioritized for inclusion in the distribution plan completed with coalitions in Phase 2.

**Recommendations for Identifying and Developing Relationships with Media Outlets**

RECOMMENDATION	DESCRIPTION
<p><b>Assess which media outlets are best suited for the communication campaign</b></p>	<ul style="list-style-type: none"> <li>• Consider which print (newspapers), broadcast (television, radio), and digital media (webcasts, social media sites) cover news or personal stories about the following:                             <ul style="list-style-type: none"> <li>- Identification, treatment, and recovery from opioid use disorder;</li> <li>- Prescription and use of MOUD (doctor and patient perspectives);</li> <li>- Use of naloxone (provider, public safety personnel, and patient perspectives); or</li> <li>- How the community is responding to the opioid crisis.</li> </ul> </li> <li>• Identify large (circulation or followers) or influential (read or listened to by priority groups; known to drive local discussion and debate) media outlets.</li> <li>• Identify people who regularly interact with local media in a professional capacity, including health department Public Information Officers and other types of media relations staff in community organizations.</li> </ul>
<p><b>Reach out to media outlets</b></p>	<ul style="list-style-type: none"> <li>• Email or call a listed contact person for the media outlet and request a half-hour interview with someone from their editorial staff or a reporter who often covers health.</li> <li>• Request interviews with the publisher/owner of websites and locally owned print or radio outlets.</li> </ul>
<p><b>Conduct media engagement activities to help build relationships with media staff</b></p>	<ul style="list-style-type: none"> <li>• Coalitions may use the <a href="#">media gatekeeper interview guide</a> as a starting point to ask about the following:                             <ul style="list-style-type: none"> <li>- The daily/weekly publishing schedule and deadlines for gathering background information,</li> <li>- Past and current coverage of opioid-related issues and how that could be supported and enhanced,</li> <li>- Source materials (i.e., how media staff learn about the technical aspects of the opioid crisis and interventions),</li> <li>- Media staff approaches to finding sources to interview, and</li> <li>- Editorial preferences (i.e., what do they cover, how often, and why).</li> </ul> </li> </ul>

**What’s Next:**

In Phase 1, you will work together as a coalition to create a charter and learn more about the Opioid-Overdose Reduction Continuum of Care Approach (ORCCA).

