

# COMMUNITY PROFILES AND DATA DASHBOARDS ROAD MAP

## COMMUNITIES THAT HEAL PHASE 3



Phase 3 focuses on collaborative development of a community-tailored profile and data dashboard. The data collected in Phase 3 will inform community action planning. This Road Map defines the process for developing and implementing both the profiles and dashboards.

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="#">Medications for opioid use disorder (MOUD)</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, medications for opioid use disorder, and safer prescribing practices.
<a href="#">Overdose education and naloxone distribution (OEND)</a>	<b>Overdose education programs</b> 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>Safe 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="#">Safer Prescribing</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 3 Activities

- Create community profiles.
- Create data dashboards.
- Map the existing services and programs to the ORCCA.
- Engage coalitions on data visualizations.
- Implement communications campaign in partnership with coalitions.

#### Activity 3.1: Create Community Profiles

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



The community profile provides an overview of opioid overdose trends, available resources, and factors that may impact the success of interventions in your area. It is developed using local data and a comprehensive analysis of the resources and barriers in your community related to opioid overdose prevention.

#### Approach

The first step in developing a community profile is to think about the types of data the coalition needs to guide strategy selection and how to get the data. The coalition may already have access to some data from community needs assessments, health department surveys, or the landscape analysis data gathered in Phase 0. In some cases, the coalition may need to collect data. Table 1 provides examples of the types of data coalitions may find useful for guiding strategy selection along with potential data sources.

\* 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.

**Table 1. Example Data and Related Sources**

<b>TYPES OF DATA</b>	<b>USEFULNESS</b>	<b>DATA SOURCE</b>
<b>Historical overdose rates</b>	Tracks trends over time, helping identify areas with increasing opioid-related incidents.	National Vital Statistics System (NVSS), State Health Departments
<b>EMS/hospital surveillance data</b>	Provides real-time information on non-fatal overdoses and response rates.	National Emergency Medical Services Information System (NEMSIS), Hospital Discharge Data Systems
<b>MOUD update and retention</b>	Tracks treatment access and retention to assess gaps.	Substance Abuse and Mental Health Services Administration (SAMHSA), Prescription Drug Monitoring Programs (PDMPs)
<b>Naloxone distribution</b>	Monitors the availability and distribution of naloxone.	Department of Health and Human Services (HHS), Local/State Health Departments
<b>Substance use disorder treatment and recovery facilities</b>	Identifies local treatment options and capacity for addressing opioid use disorder.	SAMHSA Behavioral Health Treatment Services Locator, State Substance Use Agencies
<b>Harm reduction programs (e.g., syringe services)</b>	Tracks availability and variety of harm reduction services.	U.S. Centers for Disease Control and Prevention (CDC), Local Non-Governmental Organizations (NGOs)
<b>Local health or social service departments</b>	Provides insight into the support services available to individuals with substance use disorder.	State/Local Government Health and Human Services Websites
<b>Emergency departments</b>	Serves as a critical touchpoint for overdose incidents, offering data on acute opioid-related health emergencies.	American College of Emergency Physicians (ACEP), State Hospital Associations
<b>Emergency response (police, fire, ambulance departments)</b>	Offers data on the first response to overdoses, highlighting patterns in crisis intervention.	Local Police, Fire, and EMS Data, FBI Uniform Crime Reporting (UCR) System
<b>Other community-based organizations</b>	Maps additional community resources that support recovery and prevention efforts.	Community Health Improvement Plans (CHIPs), Local Coalition and Task Force Reports
<b>Geospatial data on the distribution of drug-related crime, opioid overdoses, overall death rates, and accessibility of services that draw from Census data</b>	Helps understand the geographical distribution of overdoses, treatment facilities, and service accessibility in relation to population needs.	U.S. Census Bureau's American Community Survey (ACS), CDC WONDER, National Institute of Justice (NIJ) Crime Mapping and Analysis Program

### Additional Data Sources for Community Profiles

Primary data collection may include conducting surveys, interviews, or observations to gather data related to the opioid crisis, but it is important to acknowledge that these methods require significant resources, expertise, and time. Coalitions may need access to trained personnel, financial support, and the capacity to manage the logistical challenges, all while balancing these efforts with existing community responsibilities. This includes gathering information on community conditions, such as provider availability, the number and types of services across the opioid use disorder continuum of care, the strength of organizational networks addressing the opioid crisis, and community stigma levels.

It is also important to examine non-traditional healthcare organizations, such as religious organizations, cultural centers, and other organizations that address the unique needs of individuals with limited engagement in traditional health care.

### Draft the Profile

Once data sources are identified, coalitions can draft a community profile, guided by one or more data champions who lead discussions with key community stakeholders and ensure the profile is comprehensive and reflective of the community’s needs.

### Example Community Profile Summary

Community Profile Summary							
							Coalition: _____
ORCCA Interventions	Existing Interventions	Providers of Existing Interventions	High-Risk Populations*	Existing Programmatic Collaborations	Areas of Opportunity to Improve Existing Services	Sustainability	Community Narratives
<b>Objective 1: Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND)</b>							
Required OEND							
Optional OEND							
Naloxone Administration (optional)							
<b>Objective 2: Outreach and Delivery of Medications for Opioid Use Disorder (MOUD) to High-Risk Populations*</b>							
Expand MOUD Treatment (required)							
Linkage to MOUD (required)							
Engagement and Retention (required)							
<b>Objective 3: Improve Prescription Opioid Safety</b>							
Safer Prescribing/Dispensing (required)							
Safer Disposal Practices (optional)							

Community profiles should include the following core elements:

- Description of data sources
- Community population characteristics
- Community opioid overdose indicators
- Populations most at risk across three required ORCCA objectives: overdose education and naloxone distribution, medications for opioid use disorder, safer prescribing
- Summary of community assets across three required ORCCA objectives: OEND, MOUD, and safer prescribing and disposal
- Media campaigns (optional)



## Activity 3.2: Create Data Dashboards

**Timeline:** 1 to 3 months\*



Community-tailored dashboards are powerful tools that support community engagement and decision-making by providing public health surveillance, early detection of emerging health threats, and facilitating efficient resource allocation. These customizable platforms communicate critical information through interactive formats like charts, graphs, and maps, making them accessible to policymakers, stakeholders, and the public. Many states and jurisdictions have utilized dashboards to identify trends, evaluate policies, and develop targeted interventions for the substance use disorder and overdose crisis. Like the community profiles, you may work on data dashboards before Phase 3 as well.

It should be noted that the development of dashboards can be resource intensive. Communities should be encouraged to adapt this activity as feasible given available resources. Some communities may only be able to share a PDF of the profile on Google Drive or another shared workspace. It is also worth noting that university or government agency partners may be able to assist with this task.

### Approach

Coalitions should adopt a targeted approach when developing data dashboards for their community, focusing on key visualizations that highlight critical opioid-related metrics. These dashboards should display data on opioid overdose deaths, community-level naloxone distribution, the number of individuals receiving MOUD, and those prescribed high-risk opioids, providing a comprehensive view of the crisis and aiding in data-driven decision-making.

\* 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 required to start a coalition.



## Identifying Data Sources

Begin by reviewing the data sources identified during Activity 3.1 when a community profile was developed. These sources are vital for developing a robust data dashboard.

The data dashboard can include the following standardized metrics:

- Fatal overdose data sourced from death certificates
- Non-fatal overdose data from emergency departments, hospital discharge records, and syndromic surveillance systems
- Naloxone distribution data provided by state public health departments
- Naloxone dispensing information from retail pharmacies
- Naloxone administration reports from emergency medical services
- MOUD data from prescription drug monitoring programs and Medicaid claims

## Ownership and Access

Before incorporating data into your dashboard, it's crucial to identify who owns the data you need and how you can gain access to it. Data ownership can vary between public health departments, healthcare facilities, pharmacies, or government agencies. Understanding these relationships will help streamline the acquisition process and ensure proper communication with data providers.

- **Who owns the data?** Determine the data owner (e.g., state public health departments, hospitals, or pharmacies). Different entities may control different types of data.
- **Data access:** Some owners may give you direct access to their databases, while others may require you to specify the data you need and the format in which you'd like to receive it.
- **Data Use Agreement:** You will likely need to sign a Data Use Agreement (DUA) outlining how you will protect confidentiality and ensure proper reporting. This agreement will cover terms like data security, sharing limitations, and legal obligations.
- **How often are the data updated?** This can vary by data type. Syndromic surveillance and emergency department data may be updated in near real time or on a daily/weekly basis. Death data from certificates or Medicaid claims may take longer—consider the typical delays. Understanding these lags is essential for setting realistic expectations on the timeliness of the data you will display in your dashboard.
- **Handling confidentiality:** For small data points, consider suppressing the data or aggregating it to protect privacy and comply with legal or ethical standards.

To build an effective opioid overdose prevention dashboard, it's essential to identify key data sources, navigate ownership and access agreements, account for update frequencies, and handle reporting lags and confidentiality requirements. By carefully planning and managing the intricacies of data acquisition, you'll be better equipped to create a data dashboard that is both accurate and impactful for guiding the implementation of the evidence-based strategies you select.





### Activity 3.3: Map the Existing Services and Programs to the Opioid-Overdose Reduction Continuum of Care Approach (ORCCA)

**Timeline:** 1 to 4 months\*



The community coalitions will collaborate to review the community profile and map existing resources and services for individuals at high risk of opioid overdose. They will align these resources with the three required evidence-based strategies of ORCCA (such as OEND, MOUD, and safer prescribing practices) and identify any gaps in data and services.

#### Approach

Coalitions will begin to map the community's inventory of existing resources and services for individuals at high risk for opioid overdose to the three ORCCA-required evidence-based strategies. This process will enable coalitions to identify the current capacity and gaps in services that address overdose prevention, treatment, and recovery.

While completing the inventory, coalition members should determine what, if any, additional information is needed to gain a comprehensive understanding of available community services and service gaps. This may involve identifying local data sources that supplement the data included in the community profile and considering whether there is a need to collect new information. Gathering input from stakeholders, including service providers, law enforcement, and individuals with lived experience, can provide valuable insights into service delivery gaps, opportunities for improvement, and areas where resources may be underutilized or inaccessible.

Additionally, this mapping should assess how well current services align with the ORCCA framework's focus on prevention, overdose reversal, and long-term recovery support. Identifying gaps will help inform strategies to fill those gaps with new services, collaborations, or targeted interventions aimed at improving outcomes for those most at risk.

\* 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.

Completing a strengths, challenges, opportunities, and risks analysis, or other information distilling and generating tools and techniques, list and visualize available community services that address the three ORCCA-related objectives. Maps may be generated that overlay the location of service providers with community demographics to gauge ORCCA-related services gaps among Black, Hispanic, Indigenous, and other people of color, and other groups experiencing fatal opioid overdose-related inequities.

The following figure provides an example gap analysis worksheet designed to assess and identify gaps in OEND services within a community.

**Figure: Example gap analysis worksheet for overdose education and naloxone distribution**

### Gap Analysis Worksheet

Existing Strategies to Increase Opioid Overdose Prevention Education and Naloxone Distribution (OEND)

	Existing Service/ Venue	Strengths to Preserve	Weaknesses to Overcome	Opportunities to Enhance	Threats to Prevent	Gaps in OEND Services
a) Active OEND (at least one required) For at-risk individuals At high-risk venues						
b) Passive OEND (optional) By referral By self-request In overdose hotspots						
c) Naloxone administration (optional) First responder capacity						
d) Other?						



## Activity 3.4: Engage Coalitions on Data Visualizations

**Timeline:** 1 to 4 months\*



At this stage, coalition members should engage organizations that are likely to deliver evidence-based strategies to share and provide knowledge-sharing discussions on the data dashboards. If resources for developing dashboards are unavailable, coalitions can use community profiles as an alternative, ensuring they still capture and review critical data to inform their efforts. Additionally, coalitions should gather feedback from key stakeholders regarding the visualization resources and develop or improve data-sharing relationships across community organizations.

### Approach

The data champion will play a crucial role in bridging the gap between data insights and community action by engaging stakeholders in meaningful dialog around the dashboards. These discussions will not only gather feedback on the existing data but also explore which additional data sources are critical for accurately profiling the opioid crisis in their specific community.

The data champion(s) should help to ensure that coalition members and potential partner organizations understand how to:

- Interpret data in the profile and dashboard;
- Navigate the dashboard and generate meaningful reports and graphs; and
- Use the profile and dashboard effectively to support goal setting, action planning, and implementation monitoring.

\* 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.



By incorporating the perspectives of key stakeholders, the coalition ensures that the knowledge-sharing discussions and subsequent action plan development are guided by the expertise and needs of those most directly involved in addressing opioid-related challenges. This collaborative approach, supported by data champions, strengthens the coalition’s ability to create data-driven, community-specific strategies. To further this goal, the knowledge-sharing discussions on community profiles and data dashboards should involve identifying target audiences, developing tailored materials, and delivering the sessions effectively. Crucially, this should be both prior to and concurrently with the development of the community action plan, ensuring that coalition members are equipped to interpret and apply the data throughout the planning and implementation process.

The following table outlines key activities that are designed to equip coalition members and partner organizations with the knowledge and skills needed to effectively interpret and utilize data for decision-making.

**Table 2. Community Profile and Data Dashboard Training Activities**

Activity	Description
<p><b>Identify the key stakeholders who should be engaged in the discussion</b></p>	<p>Intended participants may include:</p> <ul style="list-style-type: none"> <li>Coalition members, potential partner organizations, and other stakeholders who are the primary intended users of the community profiles.</li> <li>Healthcare providers, public health agencies, or community organizations who might be eventual end users of the data dashboards to monitor the implementation of evidence-based strategies over time.</li> </ul>
<p><b>Develop resource materials</b></p>	<ul style="list-style-type: none"> <li>The coalition’s data champion(s) will develop or review resource materials for the profiles and dashboards.</li> </ul>
<p><b>Organize and host knowledge-sharing discussions</b></p>	<ul style="list-style-type: none"> <li>Discussions will cover key concepts for data interpretation (e.g., rates vs. raw counts, potential biases, and data limitations).</li> </ul>



## Activity 3.5: Implement [Communications Campaign in Partnership with Coalitions](#)

**Timeline:** 3 to 4 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 implementing this in your community.

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

Communities will implement and monitor the communications campaign distribution plans drafted in Phase 2.

### Approach

To successfully implement the communications campaign in partnership with coalitions, communities should start by implementing the distribution plans developed during Phase 2. Communities should tailor campaign materials to align with their local priorities and conditions, while tracking the distribution of these materials and monitoring communication activities.

As communities implement the communications campaign, several valuable resources are available to guide and support them in delivering effective and consistent messages. These resources can assist you in implementing your campaign effectively and help ensure its success.

\* 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.

## Media Backgrounders

Media backgrounders are essential tools designed to equip coalition members, spokespersons, and other stakeholders with accurate, consistent, and evidence-based messages to use when communicating about the campaign with media outlets. They serve as reference documents, providing a clear summary of key campaign topics, research findings, and responses to potential questions. These backgrounders ensure that everyone involved speaks with a unified voice, reducing the chance of miscommunication or contradictory messaging. Additionally, they can be updated as the campaign progresses, incorporating new data or addressing emerging community concerns, helping maintain relevancy and credibility with the media and the public.

## Campaign Playbooks

The campaign playbooks are comprehensive guides covering all aspects of campaign implementation. This set of eight playbooks provides step-by-step instructions and practical advice on critical campaign areas, including media planning, distribution strategies, and long-term sustainability. These playbooks are highly adaptable, allowing communities to customize their strategies, measure progress, and make informed adjustments. They serve as a reference throughout the campaign, helping organizers navigate challenges and leverage best practices to achieve lasting impact.

For instance, [Campaign Playbook 4](#) focuses on using a campaign calendar to organize your community's activities. By mapping out key dates, themes, and events, the calendar helps communities strategically align their message distribution with local, regional, or national observances, maximizing reach and engagement. For example, communities might use the calendar to plan targeted messages around relevant observances, such as National Recovery Month, Mental Health Awareness Week, or other pertinent dates. This organized approach keeps the campaign dynamic and responsive, fostering continuous engagement and impact over time. Each of these resources provides structure, clarity, and consistency, empowering communities to execute a communications campaign that resonates, adapts to local priorities, and ultimately achieves greater reach and sustainability.

To explore these resources, visit

[Communications Campaigns: Planning and Implementation Materials](#).

## What's Next:

In Phase 4, you will begin to set clear goals related to reducing opioid overdoses and select ORCCA strategies that advance these goals.

