



Overdose Data to Action: Utilizing Partnerships and Flexibility to Support Policy Change

Report Summary: Successful policy interventions aimed at reducing overdose often require collaboration among health departments, partner agencies, and community organizations. This report highlights the actions taken by two states — Hawai'i and Iowa — to put engagement and flexibility at the forefront as they pursue policy change to support people and communities impacted by overdose.

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This project and publication were supported by the cooperative agreement number, NU38PW000018, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Introduction

While the rates of fatal and nonfatal overdoses in the United States have [begun trending downward](#), there is still a need to implement evidence-based, promising [overdose prevention](#) and surveillance policies/programs. State, territorial, and local health departments engage in multifaceted activities to reduce overdose-related harms and support people and communities affected by overdose. By understanding and addressing the specific challenges and landscape of their communities, public health practitioners can develop and implement interventions to reduce overdose risk.

Hawai'i: Supporting Partnerships to Collect and Use Data for Overdose Prevention

Hawai'i faces unique challenges due to its geographic isolation and island-based structure, and [drug overdose trends](#) in the state continue to fluctuate. Meanwhile, fentanyl-related deaths have [increased significantly](#) in the state since 2018, and the number of methamphetamine-related overdose deaths have grown as well. By investing in and enhancing partnerships, data collection practices, and the disbursement of opioid settlement funds, Hawai'i is creating sustainable policies to reduce drug overdose deaths.

Opioid Settlement Funds

Hawai'i is currently projected to receive more than [\\$100 million in opioid settlement funds through 2038](#) as part of a master settlement agreement between pharmaceutical companies and states. These funds are designated to enhance prevention initiatives, expand access to treatment and recovery programs, and support strategies such as free naloxone distribution and [workforce development](#). Currently, the Hawai'i Department of Health is the primary distributor of the funds, with [85% managed by the state and 15% by the state's five counties](#). In addition, a unique policy component of the Hawai'i settlement funding allocation is that the state must spend [15% on non-opioid substance use prevention and treatment](#). This flexibility allows Hawai'i to [consider methamphetamine and other substance-related activities](#) as part of its settlement fund proposals.

Promoting Partnerships

The Department of Health acknowledges the need for robust partnerships throughout the state to implement critical evidence-based and promising strategies. While formal policy interventions are crucial in pursuing overdose prevention strategies, relationships with government partners, communities, and other interested parties help the Department of Health identify challenges and opportunities for advancing overdose response policy and help the agency to facilitate and sustain meaningful change.

To make the best use of opioid settlement dollars, the state created the Hawai'i [Opioid Settlement Advisory Committee](#). The Advisory Committee, which guides overdose prevention work and ensures funds are used to effectively address opioid-related risks, consists of designees from each of the state's four main counties, the Department of Health, the Department of Corrections and Rehabilitation, the Department of Education, and the University of Hawai'i Medical School.

The committee uses guidance from experts in related areas such as opioid remediation, addiction, and pain management as it makes decisions on the allocation of funds. To facilitate access to lifesaving measures, Hawai'i works with community partners to support distribution, availability, and easy access to naloxone across the state. This includes efforts by the Department of Health partnering with the Hawai'i Health and Harm Reduction Center to [install naloxone vending machines](#) purchased under the first Overdose Data to Action (OD2A) cooperative agreement from CDC (2019-2023) and place [naloxone newspaper boxes](#) purchased using opioid settlement funds in public spaces.

The Department of Health is also building partnerships with public safety and first responder agencies, including county-level police departments, the Hawai'i High Intensity Drug Trafficking Area, the state Department of Law Enforcement, and emergency medical services. Public safety officials are crucial given their role as first responders with unique insights into overdose response, and as a source of data on overdoses in their communities. Partnerships between public health and public safety allow both groups to coordinate their efforts to reduce both the demand and the supply of illicit substances. In addition, the Hawai'i Overdose Initiative (HOI), which launched in January 2025, aims to address the full spectrum of substance use issues, from opioids to the rising prevalence of fentanyl, psychostimulants, and co-occurring mental health conditions. HOI serves as a key coordinating unit for the state's overdose prevention efforts. This initiative brings together public health, public safety, community organizations, and people with lived experience to align strategies and promote a cohesive statewide response. HOI supports data-informed planning and ensures integration of local perspectives from across the islands.

Under the current Overdose Data to Action in States (OD2A-S) cooperative agreement, the Department of Health has also developed and strengthened community partnerships, including working with the Queen's Medical Center to establish an emergency department post overdose response team (PORT). Following a drug overdose or when at risk, patients in the Queen's Emergency Department are connected with a PORT Patient Navigator. The PORT Patient Navigator helps with case management, linkage to treatment, warm handoffs, and support based on the patient's needs for up to 90 days. They can help reduce drug overdose risk, provide lifesaving naloxone, and help find solutions to other needs such as access to health care, housing, and financial support.

The Department of Health also partners with community-based organizations like [Palama Settlement](#), a nonprofit, community-based social service agency serving the Kalihi and Palama neighborhoods on Oahu. Palama Settlement plays a critical role in overdose prevention by addressing the root causes of substance use among Native Hawaiian and Micronesian youth. Through culturally grounded programs aimed at preventing adverse childhood experiences, Palama Settlement helps reduce long-term risk factors associated with substance misuse and overdose. Their work complements broader OD2A-S goals by building resilience and strengthening protective factors in high-risk communities.

Data Collection and Utilization

Hawai'i has invested in partnerships to enhance data collection and utilization, which ultimately improves overdose response statewide. As part of its overdose prevention efforts, the Department of Health launched the [Hawai'i Opioid Settlement Website](#) in January 2025. It includes three data dashboards: the [Opioid Overdose Data Dashboard](#), the [Opioid Settlement Fund Data Dashboard](#), and the [Naloxone Statewide Distributions Data Dashboard](#). The website and dashboards provide information about the state's opioid initiatives, including how the state's opioid settlement funds are allocated to prevent overdoses. Data transparency can enhance partnerships with groups and individuals outside of public health by disclosing what overdose prevention and treatment activities are funded by settlement dollars and ensuring that funds are used ["responsibly, strategically and expeditiously,"](#) according to the Department of Health Director Kenneth Fink in a February press release.

However, the state still has several data gaps that it hopes to fill with support from partners. Like many states, Hawai'i has a goal of reaching naloxone saturation (defined as the number of naloxone kits distributed per 100,000 people per month) to reduce overdose deaths. In pursuing this goal, Hawai'i needs to understand how much naloxone is being deployed and where it is going. Specifically, Hawai'i is hoping to improve their naloxone saturation numbers through better tracking of how and when naloxone is administered, especially by first responders. This includes streamlining reporting for law enforcement who respond to overdose in the field, and tracking several other factors, including the number of naloxone kits used by public safety responders or distributed to other groups, how much naloxone was used while responding to an overdose, and whether the reversal was successful.

Conclusion

OD2A funded recipients like Hawai'i have made considerable progress pursuing overdose-related programs and policies by effectively using resources, gathering data, and enhancing partnerships. Hawai'i has shown that partnership development and investment and enhanced data collection are interventions that support improved outcomes for their state's population.



Iowa: Expanding Naloxone Access by Navigating Shifting Structures, Policy, and Funding Priorities

Predicted overdose deaths in Iowa [align with national trends, decreasing from 2023 to 2024](#). However, a significant number of deaths [resulted from synthetic opioids in 2022](#) and an increasing number of fatal overdoses involved stimulants in 2023. The Iowa Department of Health and Human Services (Iowa HHS) coordinates overdose surveillance and prevention efforts to address these trends. Although Iowa HHS underwent [significant restructuring](#) in 2023, the agency is prioritizing partnerships and flexibility within their public health response as it manages organizational change to advance policies that will reduce overdoses in the state.

Building Partnerships During Times of Change

In July 2022, the Iowa [legislature consolidated](#) the separate departments of Public Health and Human Services into a single entity now known as the [Iowa Department of Health and Human Services \(Iowa HHS\)](#). The merger aims to streamline health and human services operations across the state and promote [continued alignment](#) of health and social service priorities. Following the merger, public health staff working on overdose prevention and response transitioned from a public health agency of fewer than 500 staff into a behavioral health-focused organizational structure with thousands of employees within a large umbrella agency. As the state pursues its [restructuring goals](#) while maintaining funding priorities, agency staff are focusing on flexibility and developing new relationships. This shared learning can incorporate public health practice and policy into a new overdose response framework.

Iowa HHS has also taken steps to support both internal and external partnerships, increasing overall data and workforce capacity to inform its overdose response policies. Knowledge gained through the state's participation in the [OD2A cooperative agreement](#) and additional overdose-related priorities from the state's epidemiologists identified challenges and opportunities through a new lens. Iowa HHS pursued a new partnership with the state's local health departments as part of its OD2A program this year with the goal of understanding local needs, conditions, and assets related to data and empowering the local departments to determine future policy and programmatic priorities. Iowa HHS aims to use these additional connections and data sources to inform future decisions related to overdose.

Increasing Naloxone Access

Over the past several years, Iowa health agency staff have focused on reducing the number of overdose deaths from synthetic opioids through increased naloxone availability. Though Iowa utilized [standing orders](#) to facilitate naloxone access, state law limited the dispensing of naloxone to certain eligible individuals, like family members and other persons in a position to assist someone at risk of an overdose, and did not allow secondary distribution, which is one intervention that may [reduce overdose deaths](#).

Secondary distribution is the practice of dispensing naloxone to individuals or entities for the purpose of passing on that naloxone to organizations or entities in the community who may be able to reach individuals at risk of an overdose. In 2023, Iowa [enacted legislation](#) authorizing secondary distribution of naloxone. This change allowed schools, state and local health departments, health care providers, and public safety partners to receive and distribute naloxone. As of 2025, Iowa HHS operates two [different programs](#), an administration initiative and a distribution initiative, that support the movement of naloxone into the community. These programs support both [active and passive distribution](#) efforts and require applicants to meet certain training and reporting requirements to ensure overall compliance. Staff must report on data for these initiatives, including the number of naloxone administration trainings conducted, individuals trained on naloxone administration, naloxone kits distributed, and community naloxone administrations reported (and if known, outcomes). The [community-based pharmacy initiative](#) allows pharmacists to distribute no-cost naloxone to community members without a prescription. The state also provides a [map of free naloxone distribution sites](#) to help community members access this life-saving medication quickly.

Implementing naloxone access policy requires building relationships and ongoing engagement with a variety of partners. Iowa HHS has taken intentional steps to promote naloxone availability throughout the state by engaging with key partners, including public safety and health care provider organizations. For example, in 2021, the health agency worked with law enforcement associations and other state partners to develop a [survey of perceptions and policies about naloxone](#). They found that while availability generally was not a barrier to administration, almost half of the respondents had not been trained on its use in the last year. Iowa HHS subsequently worked with a national law enforcement association to develop a [naloxone toolkit](#) for first responders, which includes educational materials, frequently asked questions relevant to public safety professionals, and a sample naloxone policy for agencies. The state then worked with [Overdose Response Strategy](#) partners and relevant state associations to promote the toolkit, including delivering hard copies of the toolkit to state law enforcement agencies. Finally, Iowa HHS continues to work with pharmacy partners, including the [state pharmacy association](#) and [board of pharmacy](#), to [educate pharmacists](#) on the changes to state law that support expanded distribution, as well as the impact of [over-the-counter naloxone](#) on state programs.

Planning Through Resource Uncertainty

Iowa expects to receive more than \$300 million in opioid settlement funding, with half earmarked for the state and the other half for cities and counties. While a limited amount of [state-specific money was spent](#) in recent years, approximately [\\$55 million is still awaiting distribution](#) from the state's [opioid settlement fund](#). The legislature created this fund within the state treasurer's office in 2022 to manage the state's share of funding and requires the legislature to appropriate funds in ways that will abate the opioid crisis. To date, there is limited agreement on how these funds should be spent. These funding limitations do not extend to local governments, which received and [distributed their money directly](#) to fund community programs that provide peer support and lifesaving supplies.

While the balance in the state's settlement fund grew, several bills proposed to [amend the fund's operation](#) or [allocate funding](#) failed to advance. However, the Iowa legislature passed a bill in spring 2025 that would [appropriate and govern the allocation](#) and requirements for state-specific funding between Iowa HHS and the Attorney General's Office. As a result, Iowa HHS will have additional options to utilize this funding in support of the state's overdose prevention and response policy goals.

Conclusion

OD2A funded recipients have made considerable progress pursuing overdose-related programs and policies by effectively using resources, gathering data, and enhancing partnerships. Iowa's actions show how health agencies can implement and enhance multifaceted interventions to reduce overdose-related risk through formal policy change and continued collaboration/engagement with interested parties.

