



NIH
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HEALing Communities Study

Part III. Evaluating and Sustaining Communications Campaigns

Building Effective Public Health Communications Campaigns Webinar Series

July 31, 2025 | 1:00 - 2:30 pm EST



NIH HEAL Initiative and Helping to End Addiction Long-term are service marks of the U.S. Department of Health and Human Services.

Agenda

Welcome & Introductions	Braeden Kelly	1:00 - 1:10 pm
Campaign Evaluation	Jennifer Reynolds	1:10 - 1:30 pm
HCS Evaluation Publications	Jamie Luster	1:30 - 1:40 pm
HCS-NY Approach to Sustainability	Emma Rodgers	1:40 - 1:50 pm
HCS-MA Sustainability: Addressing Stigma in Franklin County and North Quabbin Region, MA	Karen Carmona	1:50 - 2:05 pm
HCS Lessons Learned	Dacia Beard	2:05 - 2:15 pm
Q&A Panel Discussion	Braeden Kelly	2:15 - 2:25 pm
Closing Remarks	Braeden Kelly	2:25 - 2:30 pm

Meet our panelists...



Jennifer Reynolds, MPH

Senior Manager of the Health Communication, Marketing, and Promotion Program

Oak Ridge Associated Universities (ORAU)



Jamie Luster, MPH

Research Communications Senior Writer

HEALing Communities Study-Ohio, The Ohio State University



Emma Rodgers, MS

Former Director of Community Engagement

Columbia University



Karen Carmona

Program Associate

Opioid Task Force of Franklin County and the North Quabbin Region



Dacia Beard, MPH, MBA

Former Associate Director, Communications Core

HEALing Communities Study – Massachusetts, Boston University

Campaign Evaluation



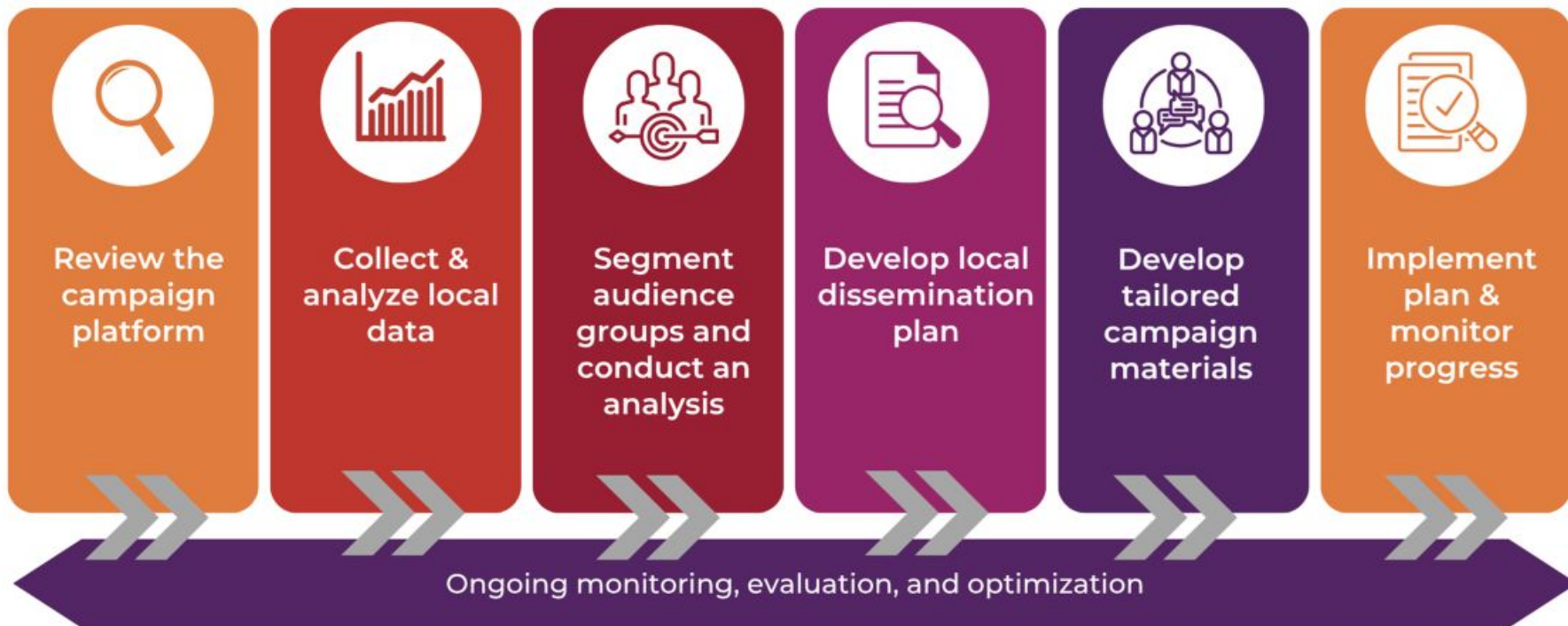
Jennifer Reynolds, MPH

*Senior Manager of the Health
Communication, Marketing, and
Promotion Program*

Oak Ridge Associated
Universities (ORAU)

Integrated Marketing Communications Approach

Creating data-informed, local campaign dissemination plans and audience-tailored materials



Stephens, K. (2020). Integrated Marketing Communications Planning Guide. *Last updated Aug 2022.*

Stephens, K. (2022, August 25). *How to plan for, implement, and evaluate integrated marketing communications campaigns* [PowerPoint Presentation]. HCS-NY Communications Community of Practice Office Hours, Zoom.

Do Health Communications Campaigns Work?

It depends.

- Behavior change affects are typically modest; affects on knowledge, attitudes, and beliefs are stronger.
- Campaign affects vary significantly across topics and behavioral contexts.
 - Nature of the behavior (e.g., one-off vs. ongoing), level of enforcement support (e.g., road safety vs. sunscreen use), priority in resource allocation (e.g., tobacco vs. rare disease prevention), etc.

It depends, cont.

- Successful campaigns generally
 - Based on behavioral science frameworks (Health Belief Model, Social Cognitive Theory, Theory of Planned Behavior) to address psychological and social determinants of behavior.
 - Disseminate via multi-channel approach, combining mass media, digital platforms, and community-based initiatives to reach diverse audiences.
 - Use messages tailored to specific audiences based on demographic factors such as age, gender, ethnicity, and socio-economic status.

Muddy waters...

- 'Real-world setting' makes it very challenging to implement highly controlled research designs
- Lack of studies on local and regional campaigns
- Weak study designs; inconsistent measures across studies
- Largely focused on process measures; outcome evaluation is often overlooked
- Campaign intensity, duration, cost, and exposure rarely reported; demographic analyses rarely performed
- Need more studies examining digital media affects

Dissemination Trifecta



The
Rule
of

7

INCREASE

reach
repetition
recall
action

Formative – establish need
and inform design
[is it needed, how do we do it?]

- Needs assessment
- Logic model
- Stakeholder engagement
- Audience research

Process – how the campaign
was implemented
[what did we do?]

- Document activities
- Media exposure (“dose”)
- Fidelity/message delivery
- Stakeholder and audience feedback

Outcome – immediate effects
[what did the audience do or
intend to do?]

- Webpage traffic
- Social media engagement
- Changes in knowledge, attitudes, beliefs, and behavior intentions

Impact – long-term effects
[what happened as a result,
over time]

- Behavior change
- Health outcomes
- Sustainability

Data Collection Methods



- Campaign dissemination tracker
- Qualitative analysis form
- Success stories



- HEAL website dashboard*



- Paid media vendor metrics

HCS Campaign Evaluation Questionnaire (CEQ), Community-Led Paid Media*

** not included in this summary report*



Campaign Dissemination “Placker”



SMART Campaign Dissemination

Objectives

SMART Objectives

What communities are expected to achieve at the end of campaign implementation.

By the end of the campaign, [community] will have disseminated **at least 20 unpaid posts or publications** (e.g., social media posts, e-newsletters, articles) on our owned channels.

By the end of the campaign, [community], with the guidance of the TTA team, will have implemented a **paid campaign** for a minimum of 4 weeks within the geographical market.

By the end of the campaign, [community] will have published **one press release** and sent/published at least **2 media alerts, articles, or interviews** to local media outlets.

By the end of the campaign, [community] will conduct or participate in at least **2 educational events** (e.g., training presentations, town halls, educational booths at local events).

By the end of the campaign, [community] will have disseminated the campaign toolkit/materials to at least **5 local partners**.



Develop Community- Tailored Campaign Plan

Campaign Priority Audience Group

Priority Audience Segment

Tactic

Channel/Location

Partner

Campaign Material

Language

Customization (imagery, size)

Key performance indicators (KPIs)

Tactic implemented as planned?

Modifications made?

Improvement actions



Play 8:
Communications 101:
Navigating the Fundamentals
Post-HCS

TABLE 2: EXAMPLE KEY PERFORMANCE INDICATORS

Tactic	Key Performance Indicators (KPIs)
Social Media	
Facebook posts	Number of <ul style="list-style-type: none"> impressions post likes post comments post shares post link clicks
Twitter posts	Number of <ul style="list-style-type: none"> impressions tweet likes retweets link clicks
Digital	
Websites	Number of <ul style="list-style-type: none"> website visitors unique visitors Average time on page, Bounce rate
e-Newsletters	Number of <ul style="list-style-type: none"> distribution lists email opens link clicks Bounce rate
Print	
In-person events	Number of <ul style="list-style-type: none"> attendees materials distributed Types of materials distributed
Print displays	Number of <ul style="list-style-type: none"> materials printed materials disseminated to partners materials displayed
Media	
Press releases	Number of clicks
Media alerts	Number of <ul style="list-style-type: none"> media alerts sent articles published or interviews secured as a result
Op-Eds	Number of <ul style="list-style-type: none"> op-eds submitted articles placed
Mentions	Number of mentions in the media Sentiment/tone

Step 7: Evaluate the Dissemination Strategy

Activity 6.1 Record KPI results

Recommendation: Based on feedback from wave 1 communities, we recommend recording dissemination KPI results daily or at least once a week.

Activity 6.2 Answer evaluation questions

Table 4: Evaluation Questions
Was this tactic implemented as planned? Yes/No
Describe any modifications you made to implementation. If there weren't any, state 'None.'
Provide reasons as to why changes were made. If there weren't any, state 'None.'
Indicate any improvements needed to improve results of similar dissemination tactics.

Qualitative Assessment Form

HCS QUALITATIVE ASSESSMENT FORM

Wave 2

Wave 2 Campaign: **Campaign 1 – OEND and Fentanyl Awareness** | 10/1/22 – 2/28/2023

Community Name:

Community contact information (Name, email address):

DEADLINE:

Friday March 10th, 2023

SUBMISSION: Submit the completed report to:

Jennifer Reynolds – Jennifer.Reynolds@orau.org.

CONSIDERING BOTH PROCESS AND OUTCOMES, WHAT DISSEMINATION TACTICS OR COMMUNICATION ACTIVITIES WORKED WELL AND WHY?

Paid Media —Anything that involves a paid placement, such as billboards, transit ads, paid newspaper ads, and digital ads (including social media, digital display, connected TV, etc.):

The social media ads/videos on Facebook and Instagram were by far the most successful of Campaign 1. We also had good engagement on Snapchat and the connected TV platforms. We were told Bourbon County was very “Facebookie” early on and that certainly appears to be the case. We also had several coalition members helping to push out content through their personal and agency social media pages which increased engagement.

The billboard and Sky Box ads on the front page of the Bourbon County Citizen definitely increased visibility of the HCS in Bourbon County and we received positive feedback. They both had some engagement with QR scans as well. The HCS article in the Paris-Bourbon County Chamber of Commerce’s first annual magazine, *Let’s Talk*

Qualitative Assessment Form


- What dissemination tactics or activities worked well? Why? Owned, Earned, Paid
- What dissemination tactics or activities did not work well? Why? Owned, Earned, Paid
- What resources were most helpful? Why?
- What resources were least helpful? Recommendations for improvement?
- What other materials and resources would have helped?

Qualitative Assessment, cont.

- **Technical Assistance:** What additional technical assistance or training would have helped you plan, implement, and evaluate the campaign?
- **Lessons Learned:** What would you want other communities to know before launching a similar campaign?
- **Additional Comments:** What else would you like us to know that could help improve processes, resources, and dissemination of future HCS campaigns?



HEALing Communities Web Page Visits Paid Media Vendor Metrics

► Digit Health. 2024 Nov 15;10:20552076241291682. doi: [10.1177/20552076241291682](https://doi.org/10.1177/20552076241291682) 

An approach to evaluation of digital data in public health campaigns

[Alan R Teo](#)^{1,2,✉}, [Sean P M Rice](#)³, [Elizabeth Meyer](#)⁴, [Elizabeth Karras-Pilato](#)^{5,6}, [Susan Strickland](#)⁷, [Steven K Dobscha](#)^{1,2}

► Author information ► Article notes ► Copyright and License information

PMCID: PMC11565621 PMID: [39553283](https://pubmed.ncbi.nlm.nih.gov/39553283/)

Abstract

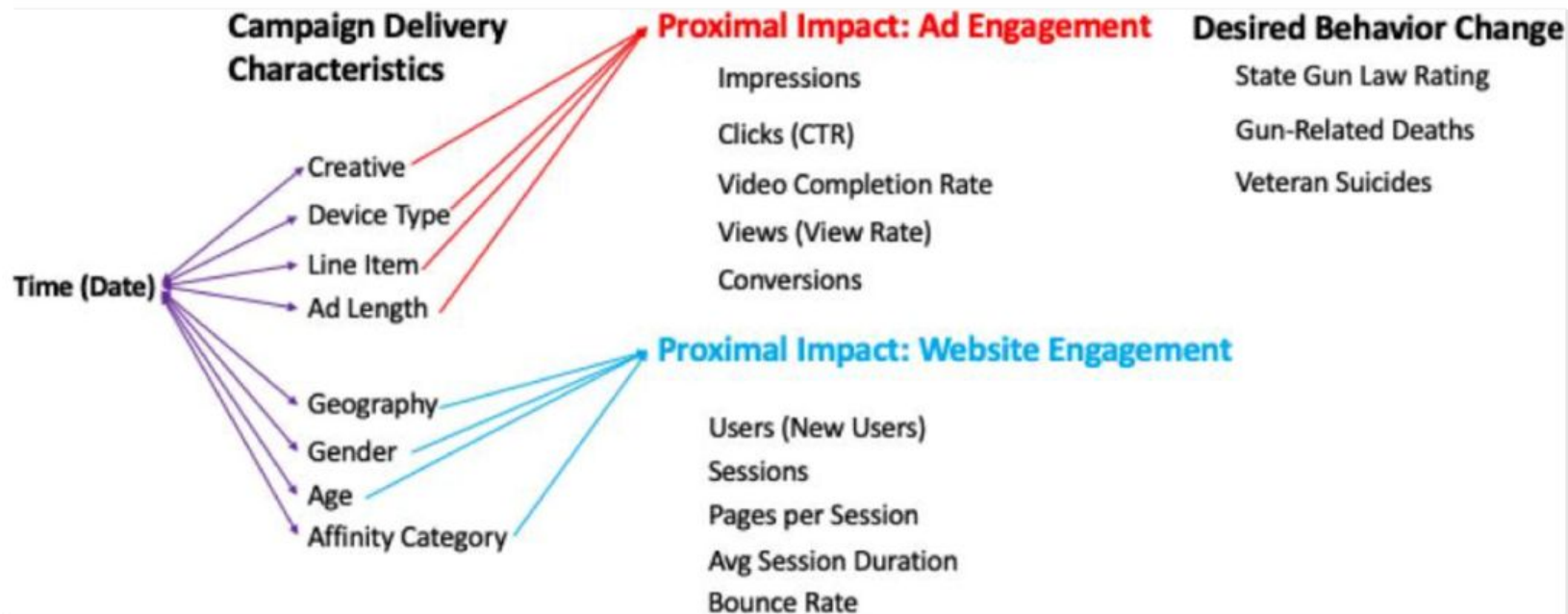
Mass media campaigns for public health often rely heavily on digital media and advertising

Table 1.

Common terms and definitions used in paid media digital campaigns.

Term	Definition
Ad serving	A reference to the process of delivering or presenting ads to viewers or users of digital platform.
Ad spend	The amount of money spent on a paid media campaign.
Bounce rate	The percentage of visitors to a website who navigate away from the site after viewing only one page.
Clicks	The number of times a user clicks on the presented ad, sending them to the campaign landing page.
Click-through rate	The total number of clicks on an ad divided by the total number of impressions.
Conversion rate	The percentage of visitors to a website who take a desired action, such as making a purchase or signing up for a newsletter.
Conversions	The number of desired actions taken by users who clicked on an ad. This is an indicator of behavioral engagement with the website or landing page after interaction with an ad.

Cost per thousand	The amount of money a campaign pays paid per thousand impressions. Also known as “Cost per mille.”
Creative	The visual and textual elements of a paid media ad, including any images and copy (text). Common types of creative include video and display ads. Also known as “Asset.”
Digital proxy	An online action that can indicate whether a user is more likely to take an offline action.
Flight	A period of time or phase during which a campaign is running.
Impressions	The number of times an ad appears on a user's screen.
Line item	Groups of individuals identified by various platforms whose platform and other usage suggest a common characteristic, such as age, gender, and interests. Targets are developed by individual platforms, but the campaign team decides which targets to use. Also known as “Audience targeting.”
Reach	Number of unique users who see an ad at least once, as distinguished from “Impressions” which can occur multiple times for each unique user.
Session duration	The total time a website is being viewed continuously by an individual. Also known as (or very similar to) to “Time on Site.”
Views of video ads	The number of times a video ad is played, regardless of whether or not the viewer watches the entire ad.
Website traffic	The number of visitors to a website.



Source: Teo AR, Rice SPM, Meyer E, Karras-Pilato E, Strickland S, Dobscha SK. An approach to evaluation of digital data in public health campaigns. Digit Health. 2024 Nov 15;10:20552076241291682. doi: 10.1177/20552076241291682. PMID: 39553283; PMCID: PMC11565621.



Success Stories

HCS Evaluation Publications



Jamie Luster, MPH

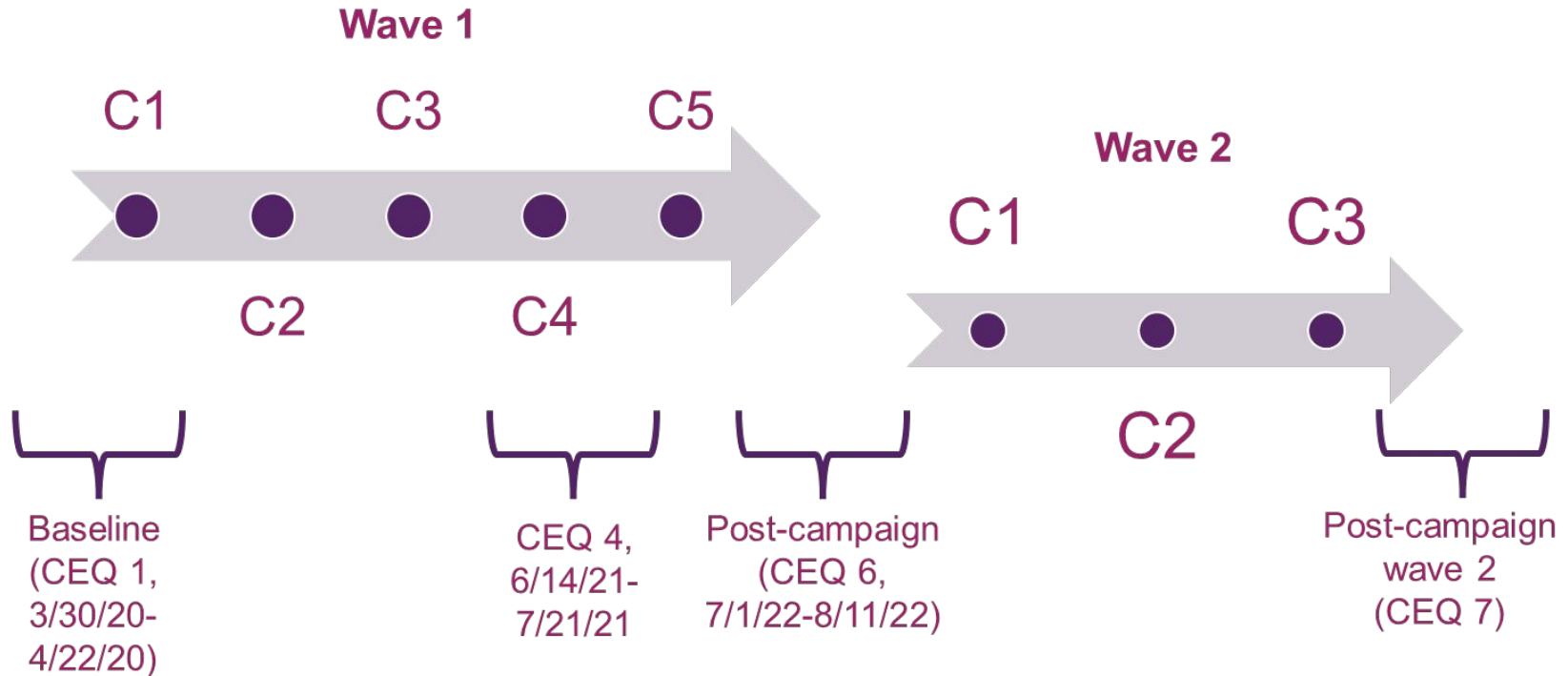
*Research Communications Senior
Writer*

HEALing Communities
Study-Ohio, The Ohio State
University

CEQ

- CEQ = Campaign Evaluation Questionnaire
- Cross sectional surveys in n=67 intervention and control communities from March 2020 - early 2024
- Recruitment through Facebook and Instagram
- Collected information about demographics, perceived community attitudes toward OUD, experience with OUD, and campaign message assessment

CEQ Sampling



CEQ limitations

- Sampling and message selection issues
- CEQ sample \neq target audience for campaigns
- Demographics of sample not representative of communities

Intervention vs. control communities

- No evidence of significant differences between intervention and control communities in the change in outcomes between CEQ1 and CEQ6
- Significant improvements in overall awareness of OUD treatment, MOUD, naloxone distribution, and recovery services within waves, and reported awareness of the HCS increased in control communities
- Significant increases in self-reported behaviors across both sets of communities including a willingness to carry naloxone in public, discuss opioid addiction/OUD with others, make efforts to learn more about MOUD, and suggest treatment to someone with OUD

Stigma and efficacy beliefs

- Advertisement recognition was not significantly different between CEQ participants in intervention and control communities
- Among CEQ participants in intervention communities only, naloxone advertisement recognition was associated with less opioid use disorder stigma and more willingness to carry naloxone

Campaign acceptability and influence

- HCS naloxone messages had higher acceptability and influence scores than statewide naloxone campaign messages
- Comparing HCS naloxone, MOUD stigma, and MOUD awareness campaigns, the naloxone campaign had both the highest acceptability and influence scores

Digital advertising impact

- Effects of different paid digital advertising strategies and message content factors on engagement metrics:
 - Social media posts were more effective and efficient in stimulating responses to opioid-related messages than banner/display ads, but there were state-to-state variations.
 - Local spokespersons outperformed stock spokespersons in the advertisements.
 - CTR and CPC are key criterion variables when the desired outcome is to drive targeted audiences to act by visiting a website landing page.

HCS-NY Approach to Sustainability



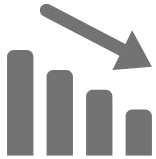
Emma Rodgers, MS

*Former Director of Community
Engagement*

Columbia University

SUSTAINABLE OVERDOSE COMMUNICATIONS

Purpose



Continue to reduce opioid overdose deaths in your community



Inspire other communities to join the effort to increase opioid prevention, treatment, harm reduction, and recovery education across the nation.

**SUSTAINABLE OVERDOSE
COMMUNICATIONS**

is NOT



Continuing to implement the same communication campaign and dissemination plans and materials repeatedly

SUSTAINABLE OVERDOSE COMMUNICATIONS *Planning Steps*

1. Secure leadership buy-in & support
2. Reinforce communications infrastructure
3. Seek and secure funding
4. Identify SMART communications objective
5. Choose an existing new campaign
6. Establish communications resources
7. Reinforce earned media relationships

1. Secure Leadership Buy-In & Support

- Focus communication efforts on **evidence-based practices**, following and expanding upon the model set by HCS or other campaigns or studies
- **Share key performance indicators and analyzed metrics** that could demonstrate the importance of and inform future communication efforts
- Use **lessons learned** from past campaigns to maximize the impact of future communication efforts

2. Reinforce Communications Infrastructure

- Do you need to restructure or create a new communications workgroup/team?
- Do you need to recruit additional partner organizations or representatives?
- Does your communications workgroup need additional technical assistance or training to support their work?



3. Seek & Secure Funding



- Make sure that any broader grant or funding request written by coalition partners includes funding for communications
- Work within your coalition partners/state agencies to identify other funding opportunities
- Develop proposals for new funding

FUNDING RESOURCES:

- [SAMHSA Grants](#)
- [NY OASAS Grants](#)

TRAINING RESOURCES:

- [SAMHSA Grant Writing](#)
- [Non-Profit Quarterly](#)

4. Identify SMART Communication Objective

- What SMART communication objective is needed to increase awareness and drive adoption of each evidenced based practices (EBP) of your coalition, organization, etc.?

S.M.A.R.T.

Specific. Measurable. Achievable. Realistic. Timely.

SAMPLE EBP:

Opioid overdose prevention education and naloxone distribution (OEND) in high-risk populations

SAMPLE COMMS OBJ:

From April - May 2024, plan for, disseminate, and evaluate a revised version of the HCS Naloxone-Fentanyl Education campaign to increase knowledge of what naloxone is and where it is available locally by 5% among those at highest risk of overdose in ABC county.

5. Choose Existing Campaign or Create New Campaign

- Could you **reuse an existing campaign** to support adoption of the selected EBP? **Consider the priority audience groups for those campaigns**

YES!



1. Follow steps in IMC planning guide to draft a tailored dissemination plan and customized materials intended to reach a **NEW** audience segment

NO!



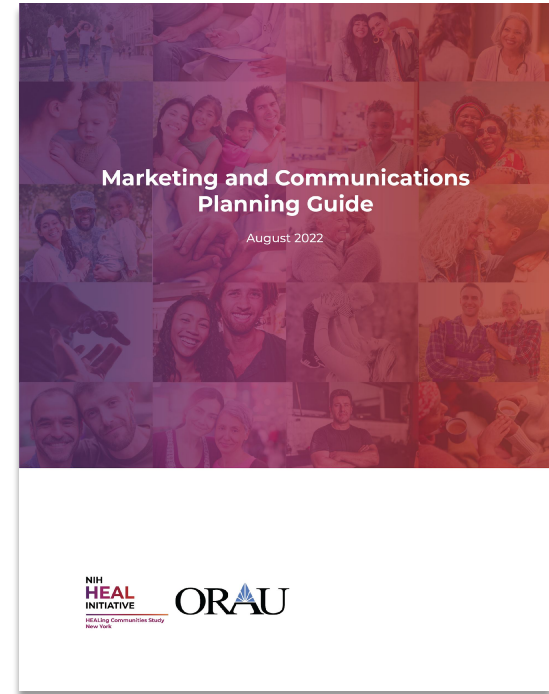
1. Follow **campaign development** steps
2. Follow steps in IMC planning guide to **draft a tailored dissemination plan**

NEW CAMPAIGN *Development*



IMC Planning

- Step 1: Understand campaign objectives
- Step 2: Analyze your community's overdose data
- Step 3: Identify a **NEW** audience segment(s) conduct an audience analysis
- Step 4: Understand the campaign messaging platform
- Step 5: Develop a dissemination plan
- Step 6: Create tailored campaign materials
- Step 7: Evaluate your dissemination plan



6. Establish Communications Resources

Local Website

LEARN MORE



- Include messaging and content to support the campaign topic

Dissemination Channels

- How does the intended audience segment prefer to receive information?
- Prepare these channels prior to campaign launch, including social media

7. Reinforce Earned Media Relationships

Secure a media expert

- Find a coalition member, intern, or volunteer who can maintain and identify new media relationships and has some past media skills
- Provide a stipend if not funded to this work by

Update your media list

- Radio, television, newspaper, and social media


Connect with local media frequently

- Don't wait until new campaigns launch
- Share news stories, updates about the work, etc.

Resource

- Playbook 1: How to Build Relationships with Your Local Media

Resource



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Play 7:
Building Sustainable Opioid
Overdose Communications
Beyond HCS



HCS-MA Sustainability: Addressing Stigma in Franklin County and North Quabbin Region, Massachusetts



Karen Carmona

Program Associate

Opioid Task Force of Franklin
County and the North Quabbin
Region

Seven Types of Stigma

TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6	TYPE 7
Public Stigma This happens when the public endorses negative stereotypes and prejudices, resulting in discrimination against people with mental health conditions.	Self Stigma Self-stigma happens when a person with mental illness or substance-use disorder internalizes public stigma.	Perceived Stigma Perceived stigma is the belief that others have negative beliefs about people with mental illness.	Label Avoidance This is when a person chooses not to seek mental health treatment to avoid being assigned a stigmatizing label. Label avoidance is one of the most harmful forms of stigma.	Stigma by Association Stigma by association occurs when the effects of stigma are extended to someone linked to a person with mental health difficulties. This type of stigma is also known as "courtesy stigma" and "associative stigma."	Structural Stigma Institutional policies or other societal structures that result in decreased opportunities for people with mental illness are considered structural stigma.	Health Practitioner Stigma This takes place any time a health professional allows stereotypes and prejudices about mental illness to negatively affect a patient's care.

"This is hard work. There is consistent acknowledgement that stigma is a big problem but identifying what will affect change when it comes to community level stigma and internal stigma is a challenge. So, we are building on what we started and deepening what we are already doing."

Source: Overcoming Stigma | NAMI: National Alliance on Mental Illness www.nami.org › Blogs › NAMI-Blog › October-2018



Opioid use disorder is not a choice.
Commit to End Stigma.



Dismantling Stigma with HCS Support

Naloxone Distribution

Addiction Consult
Service

Recovery Coaching

Nurse with Lived
Experience

Locally Tailored
Resources

Communications
Campaigns

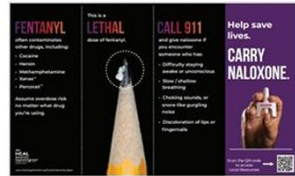
- Addressing multiple types of stigma and barriers to care
- Countering bias in healthcare, clinical, and treatment settings
- Opportunities for provider and patient/client education
- Non-stigmatized treatment experiences from the moment you walk through the door
- Warm handoffs to wraparound services

Our Legacy Work

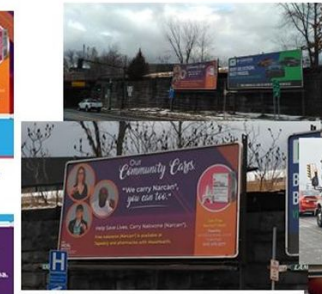
Posters and Flyers



QR code scans to the CONNECT community resource packet



Billboards, Buses and Shelter Signage



Community Connections: Start the Conversation

Out in the Community

Second Chances:
Building Recovery-Friendly Workplaces in
Franklin County and the North Quabbin Region
Friday, June 9, 2023, 10 AM - 12 Noon
Greenfield Community College Dining Commons
Sponsored by the Opioid Task Force, Franklin County & the North Quabbin Region and The 9000 Initiative



River Rat Race



Screening at GCC



Sustaining the Legacy Work

Inroads for Changing Attitudes and Beliefs about Stigma

- Incorporate stigma materials into existing outreach opportunities
 - CONNECT Mobile Outreach Van
 - Be where people already gather (community events, food pantries, housing)
- Leverage the bidirectional relationship between stigma and resilience
 - Pair stigma with resilience-building efforts: Distribute items with positive messaging, items for youth, journals by age group
- Normalize SUD resources by integrating with other community resources (food, housing, health, legal)



Sustaining the Legacy Work

Potential Inroads for Changing Attitudes and Beliefs about Stigma

Generate ideas and gain multiple perspectives for stigma campaign through engagement with community partners:

- Community survey with persons with lived and living experience
- Early childhood providers to reach parents
- Staff trainings at treatment and wellness centers
- Volunteer trainings at warming and cooling shelters
- Recovery-ready, recovery-friendly employers
- Patients in emergency room settings

Continue Using What Works Most Distributed Resource: Words Matter Flyer

- Shares how to address people without stigma
- Encourages use of person-first language
- Appears in a friendly, engaging format
- Features local and state resources



When we talk about addiction,

WORDS MATTER.

Commit to changing your language and help to end the stigma associated with opioid use disorder (OUD) and medications for OUD.

Use these terms to reduce stigma when talking about OUD.

Instead of...	Use...	Why...
Addict User Substance or drug abuser Junkie Former addict Reformed addict	Person with opioid use disorder (OUD) or person with opioid addiction Person in recovery or long-term recovery	Person-first language. The change shows that a person "has" a problem, rather than "is" the problem.

Learn More Here:

- naacc.org/resource-directory
- recoveryanswers.org
- tapestryhealth.org/say-it-nicer/
- mass.gov/info-details/supporting-a-state-without-stigma
- Learn to Cope: www.learn2cope.org | 508-738-5148

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Tackling Stigma through Multiple Touchpoints

Working It into the Tapestry of the Community

- **Employers**
 - Engagement with recovery-friendly employers
- **Intersectionality Between Sex Exploitation/Trafficking and Substance Use Disorders**
 - Implementation of survivor-centered and trauma-informed approaches
- **Youth Engagement**
 - Local charter school
 - Student-initiated documentary on recovery
 - Naloxone training, distribution, and inclusion in health curriculum
 - High school youth leadership program supported by local government council

Align efforts where there's already energy in the community.

Using Insights from What We Learned to Sustain Our Work

Lessons Learned

- OBAT Nurse: “Having the communications in spaces where people already feel safe and supported has been really effective. Placement is everything.”
- VP and Chief Nursing Office, Local Health Organization: “The billboards and placement of them reached populations that we’ve never been able to reach before.”
- To create materials that people can relate to and use, shape the work with the insights of those with living and lived experience. Listen to people who are actively engaged with the community, then create materials that reflect that collective knowledge.
- Slow down to arrive at consensus when varying perspectives are at the table. The final product was always vastly better than where it started.

Informing Sustained Work

- Utilize the structure that was already in place and obtain a fresh commitment from leadership.
- Continue building relationships in our existing coalition, increase partner engagement, and expand in new areas.
- Utilize the strong protective factors that have contributed to success; we already *worked* together vs. just knowing each other.
- Use low- and no-cost dissemination among our partner networks, in response to current challenges and decrease in funding.
- Earned and owned media continue to be employed to disseminate information (newsletters, social media, resource networks).
- Focus locally. Keep going.

HCS Lessons Learned



Dacia Beard, MPH, MBA

*Former Associate Director,
Communications Core*

HEALing Communities Study –
Massachusetts, Boston University

HCS Lessons Learned

**BUILD
COMMUNICATION
PLANS**

**DEVELOP
PARTNERSHIPS**

**SECURE
FUNDING**

**CUSTOMIZE
MATERIALS**

**NAVIGATE
COMMUNICATION
BARRIERS**

MAKE IT EASY

**ENGAGE WITH
EXCITEMENT**

BUY SMART

**CHOOSE
LEADERSHIP
WISELY**

**IDENTIFY
TRAINING NEEDS**

**PROMOTE
EFFECTIVE
TOOLS**

**BUILD
SUSTAINABILITY**

Build Communications Plans

- Integrate communications planning into community interventions from the beginning.



1 Naloxone

2 Anti-Stigma

3 MOUD

4 Stay in MOUD Tx

5 Naloxone & Fentanyl



Objectives

Increase knowledge of naloxone
Increase demand for naloxone
Increase access to/availability of naloxone

Reduce OUD and MOUD stigma

Increase knowledge of MOUD
Increase demand for MOUD
Increase MOUD prescribing

Reduce OUD and MOUD stigma

Increase knowledge of fentanyl
Increase knowledge of how naloxone works



Priority Audience Groups

People with living experience
Community leaders
Providers

People with living experience
Community leaders
Providers

People with living experience
Community leaders
Providers

People with opioid use disorder
Needed supporters

People who use drugs who do and do not
know about and seek fentanyl

Develop Partnerships

- Engage community partners early and throughout the planning and delivery of communication activities.



“The best recovery is the one that works for you.”

There are three **FDA-approved medications** to treat opioid use disorder. These medications are available in a variety of forms and can be taken **either monthly or daily**.

Talk to your doctor, or call or visit a location below, to discover which medication is right for you.

FDA-approved medications

- Methadone**
• Daily liquid
- Buprenorphine (Suboxone®, Sublocade®)**
• Daily film under the tongue or tablet
• Monthly shot
- Naltrexone (Vivitrol®)**
• Daily pill or a monthly shot (shot is recommended)


Addison Gilbert Hospital Emergency Department
(978) 283-4001, ext. 201
298 Washington Street
Gloucester, MA 01930
Medication Available: Buprenorphine bridge prescriptions, Suboxone®

Beth Israel Lahey Behavioral Services
(978) 283-0296
298 Washington Street
Gloucester, MA 01930
Medication Available: Methadone, Buprenorphine (Suboxone®, Sublocade®), Naltrexone (Vivitrol®)

Gloucester Family Health Center (North Shore Community Health)
(978) 282-8899
302 Washington Street
Gloucester, MA 01930
Medication Available: Buprenorphine (Suboxone®), Naltrexone (Vivitrol®)

Middlesex Recovery
(978) 515-7664
61 Prospect Street
Gloucester, MA 01930
Medication Available: Buprenorphine (Suboxone®, Sublocade®), Naltrexone (Vivitrol®)

Learn more: www.capeannhrftweebly.com



I WANT OUR PEOPLE PREPARED. NALOXONE SAVES LIVES.

Shameka Parrish-Wright
VOCAL-KY

Save a life.
CARRY NALOXONE
also known as Narcan®

HealTogetherKY.org/Jefferson

NIH HEAL INITIATIVE
Naloxone Saves Lives Daily

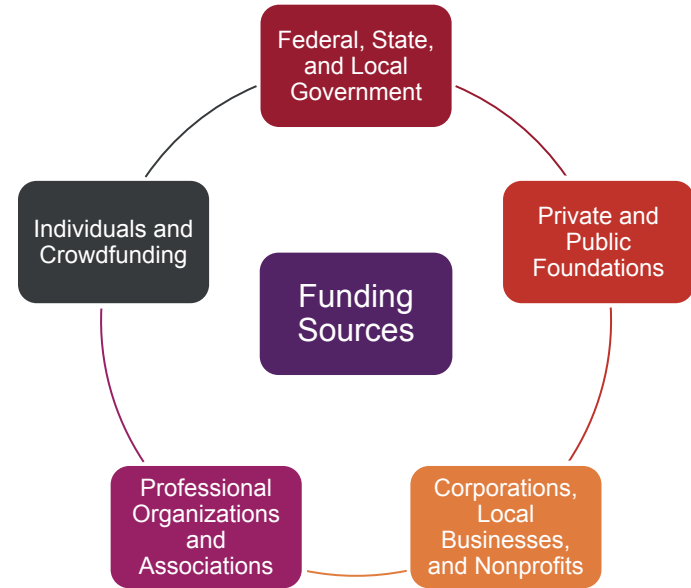
hotshot COFFEE SLEEVES

Glue Area
This area is not visible on finished sleeve but artwork should still bleed into this area

• Machine cut
• Machine crease
• Glueless

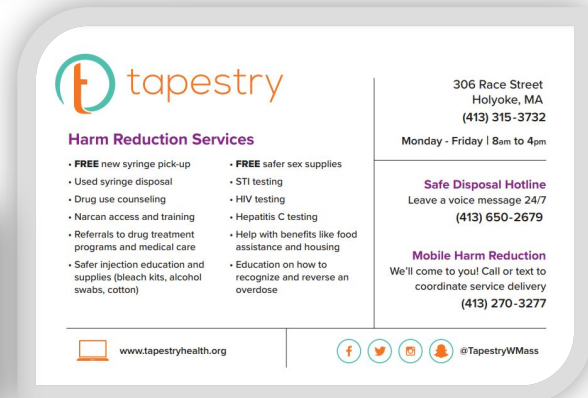
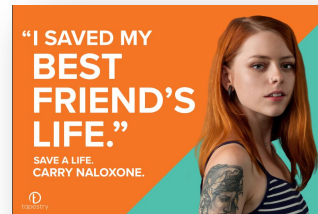
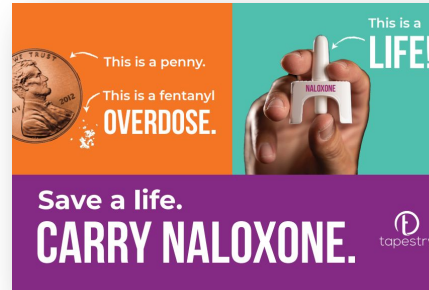
Secure Funding

- Include communications activities in grant and contract proposals related to opioid overdose community interventions.



Customize Materials

- Effective campaigns depend on customized, data-based, localized materials that consider equity.



Navigate Communication Barriers

- Gain an understanding of local stigma, cultural norms, and language nuances.



WHAT IS
STIGMA?

Make It Easy

- Create platforms and systems that make it easy for coalition members to serve as active agents for dissemination of campaign materials.



State House Photovoice Exhibit



Fortaleciendo La Familia Radio Interview



Goodwill Fayette County, KY Tabling



With 'fentanyl everywhere' and Black deaths soaring, advocates in Brockton test ways to save lives

WBUR News Coverage

Engage with Excitement

- Leverage communications campaigns to engage and activate communities, including social media posts from coalitions and local outreach.



The Monroe County Coalition shares workgroup updates during their monthly coalition meeting and engages attendees in ideas sharing and decision-making.



Uplift Irondequoit, Hello Health, Rochester Police Department, Hope Dealers Anonymous, Catholic Ministries, and members of the Monroe County Coalition, work together during Drug Take Back Day in Rochester.



Monthly community naloxone training where community members were invited to become part of the coalition.



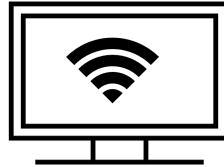
Local event hosted by the Monroe County Coalition at a library in Rochester to provide Naloxone education and trainings and information on overdose awareness and the dangers of fentanyl in the community.



HCS-KY staff at the State Capitol for Overdose Awareness Day in Franklin County, Kentucky

Buy Smart

- Cultivate long-term relationships with communications vendors, such as advertising, graphic design, and media buying agencies, to receive discounted prices.



Facebook and Instagram:

Parents and community members

Ages 36–65+

5 :30-sec testimonial videos
(1920x1080)

Snapchat:

People who use drugs

Ages 18–34

:30-sec videos (1080x1920)

Premium OTT Channels: Parents and loved ones

Free OTT Channels: People who use drugs

Ages 18–55

Contextual targeting for terms related to drugs, treatment, and recovery
:30-sec videos (1920x1080)

Display Banners and Splay In-App Video

Geo-targeting high-risk overdose locations

1920x1080 static ad and :30-sec videos (1920x1080)

**Knox County, KY Wave 2, Campaign 1
Naloxone-Fentanyl Media Buy: \$2,260.16**

Choose Leadership Wisely

- Clearly define the skills needed and process for hiring communications champions who will lead the outreach effort.



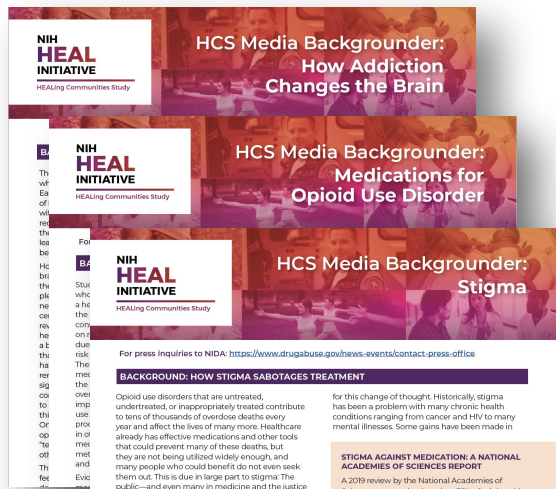
Identify Training Needs

- Coalition members and communication partners will have training needs that should be identified and addressed as soon as possible.



Promote Effective Tools

- Encourage the use of playbooks, backgrounders, and toolkits for coalitions that may lack resources or expertise to develop and implement communications and marketing plans.



Campaign
Toolbox

Campaign
Distribution
Toolkit

Organizational
Toolkit

Playbook

Message
Guidance
Document

Backgrounder

Case Study

Tip Sheet

Media
Engagement
Pitch Letter

Distribution
Planner and
Tracker

Qualitative
Assessment
Form

Social Media
Calendar

Build Sustainability

- Consider sustainability strategies at the beginning of the study, continue throughout, and implement them when the study ends.

Sustainability: Communications

The objectives of HEALing Communities Study communications campaigns were to increase awareness, access, and availability of naloxone and medication for opioid use disorder (MOUD); reduce stigma for MOUD; and emphasize the importance of staying in MOUD treatment.

People



Does the coalition plan to continue after the HEALing Communities Study is complete? If so, is there an active communications champion? Communications subgroup? Are they able to continue in their roles?

Are communications materials tailored to the demographics of the community, such as age, gender, race/ethnicity, occupation, sexual orientation, and language?

Do communications activities meet the diverse needs of the community, considering languages spoken, literacy, numeracy, stigma, and places where people live and congregate?

Has the community identified populations at high risk of overdose and the channels to reach them?

Support

What, if any, training and/or technical assistance is needed to support communications efforts?

Funding

Has funding been identified and set aside to sustain communications activities?

Has funding been identified to sustain advertising and promotion of EBP strategies in the community?



Content



Is there a plan in place to identify which communications materials and activities to sustain?

Has a location been identified to host and house the communications resources, campaign assets, toolkits, and training and technical assistance resources?

Is there a plan in place to transition the website content from the study—including community resource map, community webpage content, and "About OUD" pages—to a community-based partner organization or coalition-owned website?

Is there a plan in place to sustain the social media channel(s) and newsletter(s) owned and managed by the coalition, as applicable?

Connections



Has the community, coalition, and/or communications subgroup been engaged in communications planning, and is there a plan to continuously seek their input?

Are you aware of the community's gatekeepers, and do you have relationships with them?

Has the media in your community been engaged, and is there a plan to sustain that engagement?

Data Collection



Are there systems in place to track the reach of the communications activities beyond the study period?

Bonus: Value Local



“ I am a father and a teacher.
Life-saving medications
for opioid use disorder were
the path to my recovery. ”



Lowell General Hospital
Bridge Clinic
(978) 934-8494



Lowell CHC Office Based
Addiction Treatment
(978) 322-8848



www.HealTogetherMA.org/Lowell

Local Images and Stock Images Represented Community's Demographics (e.g., age, gender, race/ethnicity, industry/occupation)

Local Landmarks, Iconic Places, and Municipal Buildings

Local Data Informing Audience Segmentation, Material Customization, Communications Channels, and Placements

Local Vendors for Media Buys, Media Engagement, Photography, Videography, and Printing

Local Coalition, Champions, and Partners Engaged

Local Organizations, Programs, and Services Featured



Questions & Answers **Panel Discussion**

Thank you for attending!

HEAL Connections is a center that is jointly run by Duke Clinical Research Institute and George Mason University and funded by the National Institutes of Health (NIH) through the Helping to End Addiction Long-term® Initiative, or NIH HEAL Initiative®. HEAL Connections is aimed at supporting widespread dissemination and implementation of HEAL-funded research. HEAL Connections is funded by the NIH HEAL Initiative under OTA numbers: 1OT20D034479 and 1OT20D034481.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.