



**NIH**  
**HEAL**  
**INITIATIVE**

HEALing Communities Study

## Play 2: How-to Create Your Communication Campaign's Distribution Plan

# Get Started

## » WHAT?

A **distribution plan**, also known as a promotion plan, speaks to how you'll get campaign messages in front of the people you care about most, as often (frequency) and as long (dosage) as you possibly can, across a variety of key touch points.

The distribution plan will be a “living document” that should be referenced, reviewed, and revised regularly throughout the campaign and after the campaign is complete to help capture lessons learned.

## » WHO?

The preparation of the distribution plan will be a collaborative effort between research site staff, coalitions, and the communities engaged. The number of coalition members engaged will vary based on coalition interest and availability to engage at this time and phase of the intervention. Because of time constraints, only a coalition's communication champion may be involved for this first campaign.

When considering who to involve from the coalition, it's better to be inclusive with who you involve, rather than exclusive—and the more diverse the experiences, expertise, and perspectives, the better. **Identify people** to help decide for your community what recommendations will be included in the draft distribution plan. Ideally, seek a mix of community and coalition members with support from your community champion, community engagement facilitator, and your community coordinator.

## » WHEN?

The sooner you start, the better. **Distribution plans for the first campaign must be finalized by March 16, 2020.**

## » WHY?

The distribution plan gives you a compass for where to spend your time, resources, and energies—making your efforts that much more effective.

We want coalition members and stakeholders to be aware of the messages being deployed in the first campaign and to be *actively* involved in decision making and implementing their dissemination in each Wave 1 community.

## » HOW?

This playbook serves as a resource for coalitions and outlines a set of approaches that can be used to guide the development of their community's distribution plan.

To support coalitions in their distribution planning, research sites may select an approach for each coalition, based on several factors like whether a communication champion has been identified and the availability of coalition members to engage in the process with research site staff before March 16.

Once distribution plans are submitted, collaboration between research site staff and the coalition will continue as needed to best support the plan's implementation.

## STEP 1: PREPARE FOR DISTRIBUTION PLANNING

- Understand the communication campaign's goals, objectives, and three priority groups.
- Review the first communication campaign messages and available creative materials.

### CAMPAIGN BACKGROUND

This **first** communication campaign was informed by market research that included a scan of what messages are being used nationwide to address the opioid epidemic. Broad messaging gaps and opportunities were identified and constructed into the first campaign's goal and objectives. Initial campaign concepts were tested with members of the three priority audiences (people with lived experience, community leaders, and providers) in the Wave 1 communities in each of the four research sites (Kentucky, Ohio, Massachusetts, and New York).

### COMMUNITIES THAT HEAL CAMPAIGN GOAL

- Reduce stigma, and increase demand for medication for opioid use disorder (MOUD) and naloxone

### COMMUNITIES THAT HEAL CAMPAIGN OBJECTIVES

- Increase availability and prescribing of MOUD
- Increase access to and availability of naloxone
- Reduce high-risk prescribing

### COMMUNITIES THAT HEAL STIGMA TARGETS

- OUD is a disease
- People with OUD deserve the best medical care possible
- Anyone could develop an OUD

### COMMUNITIES THAT HEAL CAMPAIGN AUDIENCES

1. People with Lived Experience:
  - a. People with OUD
  - b. Family Members
  - c. People in Recovery
2. Community Leaders
  - a. Elected officials (e.g., sheriff, school board supervisors, mayor, city council members, sheriff, aldermen)
  - b. Opinion leaders (e.g., faith-based leaders, civic leaders, employers)
3. Providers
  - a. Primary care practitioners
  - b. Nurse prescribers
  - c. Pharmacists
  - d. First responders
  - e. Emergency departments
  - f. Dentists
  - g. Referral sources (e.g., Employee Assistance Programs, jail, administrators)

### YOUR TURN! QUESTIONS TO CONSIDER

Ask yourself and fellow distribution planning comrades about how to implement the campaign and distribute campaign messages and materials in your community.

1. For your community, how you would prioritize campaign objectives?
2. For your community, which audience is most important to reach? Consider how you would describe this group more (who they are, where can you find them, and why they would be interested in the campaign).

## STEP 2: COLLABORATE TO DEVELOP YOUR COMMUNITY'S DISTRIBUTION PLAN

There are many approaches a coalition can take for distribution planning, and your research site may provide you specific guidance on how your coalition can best support distribution planning efforts. Many communities may also be unable to engage in distribution planning at this point in time. In these cases, your research site may develop a draft distribution plan based on ideas gathered through landscape analysis, media gatekeeper interviews, message testing interviews, conversations with paid media buyers, and individual calls with coalition members and related stakeholders. Draft plans will be sent to all coalition members and presented at coalition and workgroup meetings for input/refinement as described in Step 3 (below).

It is anticipated that coalitions will take a more active role in leading distribution planning meetings and writing distribution plans for subsequent campaigns. The compressed timeline for the first Communities that HEAL campaign may necessitate that research sites take a more active role in the process than would be ideal for a community-driven campaign.

Across scenarios, there may be one, two, or a series of "distribution planning meetings" or sessions.

- **Understand what distribution planning is and its goals and have some ideas for how it can be accomplished.**
- **Confirm with your coalition and/or research site how distribution planning will be done for your community, who needs to be involved, and how often plans will be reviewed and discussed.**

### WHAT IS A DISTRIBUTION PLANNING MEETING?

The first communication campaign is designed to set the agenda for community engagement, to expand access to and demand for MOUD and availability of naloxone to prevent opioid overdose deaths, and to reduce stigma toward people with OUD, their families, and health care providers.

A **distribution planning meeting** provides a venue for coalition members and stakeholders to become aware of the messages being deployed in the first campaign and are actively involved in decision making and implementing their distribution in each Wave 1 community.

### DISTRIBUTION PLANNING MEETING GOALS

A distribution planning meeting helps your team:

- (1) Create shared awareness and **alignment** around your community's priority objective(s) and audience(s) for the first communication campaign,
- (2) **Brainstorm** potential distribution ideas and opportunities, and
- (3) Develop a **draft distribution plan** for bringing the campaign to your community.

Three guidance tools are offered in this play to help you achieve the goals of distribution planning. You can use these as your planning team sees best and/or as your research site directs.

## TOOL 1 DISCUSSION GUIDE—ALIGN AROUND YOUR COMMUNITY’S PRIORITY OBJECTIVES AND GROUPS

Before you start brainstorming and drafting the specifics of your distribution plan, you first want to ensure everyone aligns around your community’s priority objectives and audiences.

### DISCUSSION QUESTIONS

*Tip: Focus on what your group seeks to accomplish as a result of the community campaign. Avoid the temptation to talk about what you will do and how you will do it (those are tactics), and instead, talk about the change you want to accomplish (results).*

» What communication efforts have been implemented in this community in the past or are planned? What can we learn and gain inspiration from to inform and influence individual and community decisions about reducing opioid overdose deaths and stigma and/or increasing demand for prevention, screening, treatment, and recovery services?

» What does success look like? How will the communication campaign increase community awareness and support for evidence-based practices? Increase demand for opioid overdose education, naloxone distribution and MOUD? Increase treatment supports for individuals? Increase recovery supports for individuals? Reduce manifestations of stigma?

» How can we integrate and coordinate campaign activities with service providers (health care, criminal justice, and other settings) who prevent, screen for, treat, and support recovery from OUD?  
 » How can we integrate and coordinate with other opioid overdose interventions like efforts to increase access to and use of naloxone products for an opioid overdose?

### YOUR TURN! DOCUMENT YOUR PRIORITIES

- From the list of priority groups, who are you going to focus on first? Second? Third?
- For each group, what do you want them to do after seeing your message(s)?
- For each group, what’s the most important topic(s) to address (e.g., naloxone, MOUD, stigma)?

PRIORITY GROUP <i>(in order of your community's priority)</i>	CALL TO ACTION	FOCUS TOPIC 1	FOCUS TOPIC 2	FOCUS TOPIC 3
1.				
2.				
3.				

## TOOL 2 BRAINSTORMING GUIDE—SHARE IDEAS FOR REACHING EACH OF THE THREE PRIORITY GROUPS

Brainstorm quantity over quality. Your research site may even approach you with an initial set of ideas to consider. Right now, all ideas are good ideas! You'll work to prioritize them next.

*Brainstorming prompt: How will we reach each of the three priority audiences? Consider key channels, touchpoints, openings, and messengers.*

### QUESTIONS TO FACILITATE BRAINSTORMING

- » What organizations and/or individuals should be engaged in distribution activities?
- » What coalition or community resources might be particularly helpful in reaching different priority groups?
- » What additional materials (other than those provided) would be useful or needed for the campaign?
- » Where are the best communication channels to deliver campaign messages? What are the best places to distribute different types of campaign materials (print, digital, etc.)? For each priority group? For each topic?
- » Who is in a position to help us increase access and availability of naloxone and MOUD? How can they help remove barriers and create opportunities that improve access? How can we reach them with campaign distribution?
- » What other HCS intervention or external activities are happening February to June 2020 that the campaign could coordinate with? Related efforts? Community events?

**TABLE: POTENTIAL DISTRIBUTION IDEAS, BY CHANNEL, TOUCHPOINT, OPENING, AND MESSENGER**

OPPORTUNITY / DESCRIPTION	EXAMPLES	OPPORTUNITY/DESCRIPTION	EXAMPLES
<p><b>Channels</b> are the pipelines you send your messages through to reach members of each priority group. Different priority groups will favor some channels over others.</p> <p>For example, health care providers like to learn about new things from their professional colleagues in print or at meetings (e.g., grand rounds at the local hospital). Opinion leaders use local newspapers and other media to stay in touch with what other people in the community are talking about. People with lived experience with OUD seek out others who are coping with the same types of problems.</p> <p>Channels can include mass or social media, organizational newsletters and bulletins, community forums and bulletin boards, flyers and posters at retail stores, or hearing about something through a friend or neighbor.</p>	<ul style="list-style-type: none"> <li>• Newspapers</li> <li>• Advertising circulars</li> <li>• local radio, internet radio, Sirius XM, and podcasts</li> <li>• Organizational newsletters</li> <li>• Church or faith-based bulletins</li> <li>• Community boards</li> <li>• Facebook pages, groups, events, and messenger</li> <li>• Instagram</li> <li>• YouTube</li> <li>• NextDoor</li> <li>• Reddit</li> <li>• Community forums</li> <li>• Community town halls</li> <li>• School websites</li> <li>• Community websites</li> <li>• Other: _____</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	<p><b>Touchpoints</b> are physical settings and community structures where your priority audience comes across through the daily patterns for how they live.</p> <p>For example, people with lived experience may sit in waiting rooms. Community leaders may receive mail, attend city meetings, and go to their community bank and the post office. Providers, retailers, and employers may have break rooms where staff eat or take phone calls.</p>	<ul style="list-style-type: none"> <li>• Waiting rooms</li> <li>• Break rooms</li> <li>• Lunchrooms</li> <li>• Coffee shops</li> <li>• Banks</li> <li>• Post Office</li> <li>• Libraries</li> <li>• Convenience stores</li> <li>• Gas stations</li> <li>• Laundromats</li> <li>• Fire stations</li> <li>• Courtroom</li> <li>• Police stations</li> <li>• Jails</li> <li>• Other: _____</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>
<p><b>Openings</b> are those times when your audience is going to be more open to and pay attention to your message.</p> <p>For example, community partners might be more interested in distributing campaign materials if you can tie it to a health observance or local event.</p>	<ul style="list-style-type: none"> <li>• Campaign launch</li> <li>• After a prominent or well-known person overdoses in the community</li> <li>• Upon the release of new data about opioid overdoses</li> <li>• Upon receiving an OUD diagnosis</li> <li>• Other: _____</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	<p>People who are more willing to listen to and take advice from others who are like them or who they consider to be a local or national expert in their field. Find and involve <b>messengers and local influencers</b> in the creation of your messages. Reach out to a few people you'd be interested working with and ask for a quick interview.</p> <p>Influencers can share the content you develop with them with their colleagues and the community through their peer networks and other channels.</p>	<ul style="list-style-type: none"> <li>• Influential peer or family member</li> <li>• Prominent employer</li> <li>• Recovery support group leader</li> <li>• City councilman</li> <li>• PTO president</li> <li>• Nonprofit executive director</li> <li>• online blogger or social media enthusiast</li> <li>• Other: _____</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>

### TOOL 3 DISTRIBUTION PLAN TEMPLATE

A standard **distribution plan template** is being used across all HCS communities to present and track campaign activities. Ask your research site for a copy of the distribution plan template your community can use.

As you create your plan, you will also want to refer to a list of health observances and events that may offer additional inspiration for distribution opportunities (see Play 4 for a sample timeline of relevant events).

### STEP 3: IMPLEMENT AND REVIEW YOUR DISTRIBUTION PLAN

- **Share and approve your final distribution plan with your coalition.**
- **Monitor progress by continuing to review and revise your distribution on a regular basis (e.g., monthly).**

#### DRAFT PLAN:

The draft of the distribution plan (Step 2), which includes targeted touchpoints and media channels for message distribution to the priority groups (community leaders, providers, and people and families living with OUD) as well as the general public, will be sent to the HCS Data Coordinating Study on March 16. It will also be sent to coalitions for their consensus.

Feedback will be shared with coalitions as needed and as available.

#### FINAL PLAN:

As part of coalition activities, ensure a final plan is produced and adopted as documented in coalition meetings. Share a copy of your final plan with your research site. Schedule follow-up meetings (check-ins) with your communication team, the implementation team, and research site communications staff to review progress and reflect on lessons learned, which will continually inform your next steps.

This plan and related activities should be reviewed, updated, and expanded as the campaign evolves over its lifespan.

*“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.” —Margaret Mead*

#### ADDITIONAL RESOURCES

- [Word-of-Mouth Promotion, Tools of Change](#)
- [The Health Communication's Guide to Social Media, CDC.gov](#)