



NIH
HEAL
INITIATIVE

HEALing Communities Study

Play 7:

**Building Sustainable Opioid
Overdose Communications
Beyond HCS**

Intended Purpose

Continued communications and marketing efforts by HEALing Communities Study (HCS) communities will play a critical role in reducing overdose deaths across the United States. By continuing this important communications work beyond the study intervention period, we also hope you inspire other communities to eventually join the cause to increase opioid prevention, treatment, harm reduction, and recovery education across the nation.

If communities wish to continue to use HCS communications resources, we outline a process for downloading materials in **Section 2**

of this Playbook. To use these or other materials, HCS has identified seven critical steps to help communities sustain communication efforts once the intervention ends. These steps are provided as ideal guidelines; however, you are welcome to adapt and choose the activities that may work best based on your community's resources and capabilities. This Playbook also offers tools to help communities maintain and enhance their own communications infrastructure related to opioid messaging. The following three sections in the Playbook will cover these topics:

- Section 1:** Seven Step Guide to Building Sustainable Communications
- Section 2:** Use and Rebranding of HCS Communication Materials
- Section 3:** How to Migrate HCS Web Content to Local Websites

Section 1: Seven Step Guide to Building Sustainable Communications

1. Reinforce Your Communications Infrastructure
2. Seek and Secure Funding Commitments
3. Strengthen Partner Outreach and Engagement
4. Identify Training Needs and Request Technical Assistance
5. Prepare Social Media Accounts
6. Reinforce Earned Media Relationships
7. Monitor Local Overdose Rates

STEP 1: REINFORCE YOUR COMMUNICATIONS INFRASTRUCTURE

IDENTIFY YOUR COMMUNICATIONS WORKGROUP

Identifying expertise and capacity within your community is a critical step to maintaining your coalition's marketing and communication work beyond HCS. Communications workgroup members are the champions of your community's overall opioid marketing and communications efforts, so workgroup members should be committed to continuing opioid communications work after the HCS intervention ends for a time planned by your coalition (e.g., 1 to 2 years). Workgroup members should ideally represent the major labor categories and skills necessary to implement your chosen marketing and communications strategies and be well connected within the community. We recommend taking these steps:

1. Identify a communications champion who is in a position to continue message dissemination within their coalition. See **Appendix D** for a sample communications champion job description.
2. Consider the availability of funding for a part-time or full-time champion.
3. Work with that champion to build a communications workgroup within the broader coalition. The workgroup should include persons and expertise in the following areas, if possible:
 - Health communications specialist
 - Earned media outreach
 - Paid media (ad buying)
 - Social media engagement
 - Experience in simple web and graphic design
 - Community engagement facilitator (engages partners)
 - Community data specialist (manages resource maps, overdose data, and community profiling)
 - Community physician faculty
 - Photography
4. Understand if the HCS community coalition has engaged in communication planning to date. If so, plan to regularly seek their input. This could be through virtual or in-person meetings, an internal newsletter, e-blasts, or other means of ongoing communication.
5. Identify potential media gatekeepers. It is important to identify, get to know, and maintain a relationship with them to help after the HCS ends.
6. Use **Worksheet A: Communications Workgroup Members** below to identify your core team.

WORKSHEET A: COMMUNICATIONS WORKGROUP MEMBERS

Instructions: Use this list to keep track of each member of your workgroup.

ROLES	RESPONSIBILITIES	NAME	TITLE – AGENCY	CONTACT INFO
Chair or Communications Champion	<ul style="list-style-type: none"> Coordinates and leads meetings, manages staff activities, oversees the implementation of outreach plans 			
Health Communications Specialist	<ul style="list-style-type: none"> Drafts/maintains outreach plans, coordinates activities and outreach, writes some materials 			
Earned Media Specialist	<ul style="list-style-type: none"> Engages with news outlets 			
Paid Media Specialist	<ul style="list-style-type: none"> Coordinates placement of ads on all platforms, possibly works with a media buyer 			
Social Media Manager	<ul style="list-style-type: none"> Writes/Manages social media posts 			
Graphic/Web Designer	<ul style="list-style-type: none"> Develops visual elements of outreach materials, may assist with web content 			
Community Engagement Facilitator	<ul style="list-style-type: none"> Identifies and interacts with partners 			
Community Data Manager	<ul style="list-style-type: none"> Manages resource maps, overdose data, and community profiling; provides ongoing outcome evaluation 			
Community Physician	<ul style="list-style-type: none"> Engages providers, reviews materials, is available for media interviews 			
Photographer	<ul style="list-style-type: none"> Assists team by taking ad-ready photographs 			

OBTAIN BUY-IN FROM LEADERSHIP

To continue communications work after the HCS intervention ends, leadership buy-in will be key. Here are some important messages to consider when pitching sustainability to your leadership:

- Focus communication efforts on evidence-based practices, following and expanding upon the model set by the HCS.
- Share with leadership key performance indicators and analyzed metrics that could demonstrate the importance of and inform future marketing and communication efforts.
- Use lessons learned in Wave 1 to maximize the impact of your communication efforts (see **Appendix F**).

AVAILABLE RESOURCES:

- Review your quantitative and qualitative assessments from previous HCS campaigns
- Appendix F: Overarching Communications Lessons Learned in the HEALing Communities Study, Wave 1

ESTABLISH A COMMUNICATIONS WORKGROUP CHARTER

If you want your new or existing communications workgroup to continue operating under an already established charter, it should be stripped of HCS identification. As the study ends, you might want to build an altogether new charter or sub charter to formalize the formation of a communications workgroup that can sustain and enhance the HCS work under your independent structure. Once the study has ended, the purpose of a communications workgroup charter is to ensure that all workgroup members have a clear, shared understanding of roles, responsibilities, and objectives for working together for continued overdose prevention outreach and education efforts. See sample charter in **Appendix C**.

STEP 2: SEEK AND SECURE FUNDING COMMITMENTS

Funding will be required to support the continuing implementation of marketing and communications strategies and tactics.

- Determine how much funding might be needed to maintain message dissemination.
- Work within your coalitions to identify funding that can be set aside to sustain communication activities.
- Work with other coalitions, local partners, and state agencies that routinely use or allocate grants to help you identify other grant opportunities.
- Check with your county and state departments of public health and/or mental health for funding opportunities.
- Discuss with your team how to leverage campaign insights and evaluations to develop proposals for new funding.
- Make sure that any broader grant or funding request written by your coalition includes funding for communications activities.

LEARN WHAT GRANT REVIEWERS ARE LOOKING FOR IN YOUR APPLICATION

There are many ways to design communication campaigns. What your reviewers will be most interested in are answers to their questions, potentially something like this:

How will your project help? Explain how a communications perspective and intervention will help address the key objectives of the overall project. For example, increase awareness of opioid use disorder (OUD); provide information about naloxone; increase/decrease a specific behavior, such as seeking medications for opioid use disorder (MOUD); stimulate community conversations about MOUD; and achieve changes in policy that will lead to greater access to treatment.

Why should your organization be trusted?

List the resources, expertise, and past experiences that demonstrate that you can develop and implement the proposed communication activities, whatever their scope.

What are the specific outcomes you expect?

Name the specific communication activities and how will they enhance your project goals and the likelihood of success.

What is the project's strategic framework?

What theories and/or models will guide your overall approach to the work. See resources about possible frameworks in **Available Resources** below.

Who is your priority group? Explain details of your target audience. For example, who are the people at highest risk for OUD in your community? Who will be most receptive to the behavior change that is critical to the success of the project?

What are the key messages? List the core ideas you will be communicating to your audience. Keep in mind that you may alter or tailor these as you learn more from your priority group representatives.

How will you customize messages? Name the planned objectives, messages, product distribution channels, service delivery, and/or promotion strategies. Be specific about what will be tailored to each group.

How will you conduct formative research?

Explain the approaches that you will take to involve representatives from your priority groups, including planning, reviewing, messaging, and the co-creation process. For example, will community researchers work with academic researchers, and who will conduct the research, interpret data, and write the report?

What are your specific tactics?

List specific communications activities that you may undertake to reach your objectives. For example, type and number of print materials to distribute, production of videos or public service announcements (PSAs), outdoor or social media advertising. While these tactics may change, the initial list provides the basis to estimate costs, if funded.

What is the Implementation Timeline? Who will be doing what...and when?

How will you evaluate and revise? Outline the steps or processes to monitor whether the communication activities are implemented as you planned them, collect data and feedback about how the priority group is responding, and chart progress toward meeting your communication objectives.

AVAILABLE RESOURCES:

- U.S. Substance Abuse and Mental Health Administration (SAMHSA)
 - [Information on available grants](#)
 - [Grant training](#)
- [Grants.gov](#) – [Learn Grants](#)

- [A Guide to Grant Writing: How to Write and Search for Grants](#) (Nonprofit Quarterly)
- [Grant Writing Conference](#) (National Grants Management Association)
- See **Appendix A** for “Tips for writing a grant proposal for communication activities”

STEP 3: STRENGTHEN PARTNER OUTREACH AND ENGAGEMENT

This step asks you to identify all the partners that could enhance your community's opioid-related marketing and communications. Information gathered in this step will help your communications workgroup determine relationships that may need to be established or strengthened.

CONDUCT A PARTNER ASSESSMENT

Partners can be defined according to their role in the day-to-day implementation of opioid-related marketing and communications in your community. Knowing a partner's role can help in disseminating opioid-related messaging.

Core Partners are the organizations (e.g., local hospitals/clinics/providers, local health departments, recovery/support groups) that play an active role in the day-to-day delivery of opioid-related marketing and communications in your community.

Noncore Partners are the sectors and organizations (e.g., emergency management, government, support services, law enforcement, mayor's office, faith-based organizations, community service organizations, local retailers) that do not play an active role in the day-to-day delivery of opioid-related marketing and communications in your community, but who support your mission, regularly interact with the public and your target audience, in particular.

Partner Identification Checklist: Use **Worksheet B – Partner Identification Checklist** below to identify the core and noncore partners that have either a direct or indirect role in the delivery of opioid-related communications in your community on a day-to-day basis.

WORKSHEET B: PARTNER IDENTIFICATION CHECKLIST

Instructions: Fill out the list below to identify and keep track of your partners.

CORE PARTNERS

PARTNER	ORGANIZATION NAME	POC NAME	TITLE	CONTACT INFO
Local public health department				
Recovery/support group				
Local hospital, clinic, provider				
Local print vendor				

NONCORE PARTNERS

PARTNER	ORGANIZATION NAME	POC NAME	TITLE	CONTACT INFO
Emergency management				
Law enforcement				
Mayor's office				
Community service organization				
Local retailer				
Faith-based organization				
Local colleges & universities (internships)				

ESTABLISH RELATIONSHIPS TO ADDRESS PARTNER GAPS

Identify what you hope partners can do for you, and which audiences they can help you reach. After assessing current partnerships and working relationships within your community, take stock

of gaps, and make a plan with your coalition to engage additional partners. For example, do you have a partner that can help you reach at-risk/specialty populations in your community? Distribute materials to housing shelters? Get local media coverage?

STEP 4: IDENTIFY TRAINING NEEDS AND REQUEST TECHNICAL ASSISTANCE

Training and technical assistance resources will be provided to you in advance of the sustainability period; however, additional resources may be available from your HCS Research Site before the intervention ends. Training needs might include the following:

- Transitioning webpage content to community or state-based websites
- Social media engagement
- Media outreach
- Rebranding HCS visual materials
- Creating your own materials
- Distribution planning
- Communication activities tracking

TALK WITH YOUR HCS REPRESENTATIVE ABOUT TRAINING AND TECHNICAL ASSISTANCE

Discuss training needs with your HCS representative as early as possible. They are prepared to steer you to the right technical support to help you continue your message dissemination. Check with your HCS representative about any deadlines for requesting technical assistance. Also inquire about whether Wave 1 communications champions and workgroup members may continue to participate in Wave 2-related trainings and/or learning collaboratives, as it may vary by state.

DECIDE WHERE TO STORE TRAINING AND TECHNICAL ASSISTANCE RESOURCES

You will have access to HCS toolkits, materials, and templates after the study's conclusion. Make note of where you will store and make these resources available to your workgroup members and core and noncore partners. See **Section 2** of this Playbook on how to maintain access to these materials.

STEP 5: PREPARE SOCIAL MEDIA ACCOUNTS

Social media is critical to building a lasting infrastructure to disseminate opioid education messages after the HCS is complete. If you established a social media presence during the HCS intervention period, think through the steps you must take to seamlessly continue or even enhance your social media outreach.

- Choose who will manage the social media account(s).
- If accounts are currently managed by a specific coalition champion, determine whether that person can continue after the intervention ends.
- Match the branding of your new social media accounts to the new website that will now house your materials. (e.g., county health department, local hospital). See **Section 3** for information on migrating your materials to a new website.
- Ensure that any partners supporting message dissemination are aware of your future social media rebranding.

STEP 6: REINFORCE EARNED MEDIA RELATIONSHIPS

You can leverage local media outlets to continue disseminating information to prevent opioid overdoses in your community.

- **Secure a media expert**
 - If your media outreach expert will be available once the intervention ends, secure a commitment for that person to continue. If not, find a coalition member, an intern, or volunteer who can maintain those media relationships.
 - This person must demonstrate skills at building and maintaining relationships with media professionals.
- **Update your media list (radio, television, newspaper, and social media) before the intervention ends.**
 - This gives you the opportunity to inform the media that this opioid outreach work will continue and can be maintained by community members.
- **Be a champion for the HCS study.**
 - Notify the media of any publications, studies, and surveys that have emerged based on HCS data. Scientific papers can be followed [here](#).
 - Watch for local HCS success stories that could be pitched to the media, such as initiatives that improve access to care, or human interest stories.

AVAILABLE RESOURCES*:

- Playbook 1: How to Build Relationships with Your Local Media
- Playbook 3: How to Pitch and Place Op-Eds and Letters to Editor

* These resources are part of the HCS campaign support materials you received, or ask your HCS staff for a copy.

STEP 7: MONITOR LOCAL OVERDOSE RATES

National, regional, and local overdose data are updated regularly and should be monitored to maintain expertise in your communication work.

- Check local data sources to identify the most at-risk populations in your community, which can guide your media pitches and audience outreach.
- Work with local government agencies, including state and county health departments, to ensure you continue to get any new data or reports that might affect your outreach.
- Work with your HCS representatives to identify government-funded data sources, studies, and surveys, as well as local university resources.

AVAILABLE RESOURCES:

- [CDC Provisional Drug Overdose Death Rates](#)
- [CDC Drug Overdose Mortality by State](#)
- [SAMHSA State Estimates of Substance Use and Mental Disorders](#)
- [CDC U.S. Opioid Dispensing Rate Maps](#)
- [The Overdose Mapping and Application Program](#)

Section 2 : Use and Rebranding of Communications Materials

- Use of HCS Campaign Materials after the Intervention Period Ends
- Community Adaptation of Campaign Materials

Once your Wave ends, you may want to rebrand existing materials or make new ones, using new images with community or organizational wordmarks and logos, inspired by HCS messaging and materials.

USE OF HCS CAMPAIGN MATERIALS AFTER THE INTERVENTION PERIOD ENDS

WHERE HCS CAMPAIGN MATERIALS ARE HOUSED DURING THE STUDY PERIOD

All of the HCS campaign materials (e.g., graphics, posters, palm cards, distribution toolkits and other tools) developed to support the implementation of tactics during the study intervention period can be found in the Campaign Material Toolboxes

TIMELINE OF AVAILABILITY

All Campaign Material Toolboxes will be available until the study ends (as of April 2022, the study intervention is set to end during December 2023).

Communities can continue to use the HCS materials as long as they are useful. However, users should be alert for changes in opioid

overdoses and deaths in their community, scientific findings related to the prevention and treatment of OUD, and policies. Such changes could affect priority groups depicted in campaign materials, the content of messages, and the relative value of certain actions to prevent or treat OUD. New information could also affect the accessibility and affordability of naloxone, OUD treatment, and recovery-related services in your community.

DOWNLOAD HCS INFORMATION

If communities wish to continue to use available HCS communications resources (e.g., playbooks, backgrounders, toolkits, message guidance, tip sheets, and other materials), HCS recommends identifying a process to download them from their HCS Campaign Toolbox and upload them onto a locally owned dashboard or platform (e.g., Google Drive, SharePoint) before the intervention ends. These tools can then be accessed by internal staff, external partners, and other stakeholders. In addition, your coalition members, partner organizations, or state representatives can arrange to have these materials downloaded on a zip file before

the intervention ends. DEADLINE FOR ZIP FILE REQUEST: 4 weeks before the intervention ends (for Wave 1, May 30, 2022).

HCS SPOKESPERSON VIDEO RESTRICTIONS

Due to media release restrictions, spokesperson videos developed by HCS as part of Campaign 4 cannot be used after the end of the study intervention (as of April 2022, this date is estimated to be during December 2023).

RESTRICTIONS OF USE—FINAL HCS CAMPAIGN MATERIALS

Campaign materials developed by HCS that can be found in your Campaign Material Toolboxes are considered “final products.” Due to legal licensing restrictions for the stock images used, these materials cannot be modified or altered in any way by anyone outside of ORAU, the HCS communications vendor for all four states. This specifically means others outside of ORAU (the holder of the image licenses) cannot download, extract, redistribute, or use stock images found in these “final products.” Instead, you can consider rebranding materials, discussed below.

COMMUNITY ADOPTION OF CAMPAIGN MATERIALS





REBRANDING HCS ADS

- **Ads and PSAs:** Once HCS campaigns are completed, you can continue to use the messaging and material designs developed by HCS as long as they are stripped of HCS branding and images. Although this might seem like a lot of work, it requires only a simple re-creation using tools provided in this Playbook. (See Evergreen Campaign material templates & training below.)
- **Images:** If you used images of local people, and have the proper permissions, you can continue to use those images. However, we recommend asking them to sign a new media release. (See Appendix B for sample media release.)
- **Logos:** When you have identified a partner that will help fund or distribute the materials and ads (e.g., the State Health Department or a local treatment center), their logo should replace the HCS identifier.
- **Colors:** You are welcome to use the same colors as the HCS color palette or choose your own.



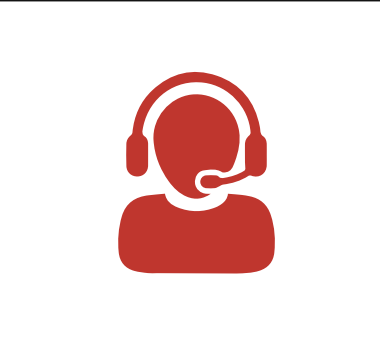
EVERGREEN CAMPAIGN MATERIAL TEMPLATES & TRAINING

Here is one example of how you can rebrand HCS messaging to make your own ad:

HCS AD

		
"I'm a First Responder"	"I'm a First Responder"	"I'm a First Responder"
	HEALing Communities Graphic Identifier	

REBRANDED AD

		
"I'm a First Responder"	"I'm a First Responder"	"I'm a First Responder"
Your Local Partner Graphic Identifier		

AVAILABLE RESOURCES:

See **Appendix B**: Sample Media Release Form

- For further information on how to sustain HCS-inspired opioid messaging in your community beyond the intervention period, discuss with your HCS state representative before the intervention ends.

Section 3 : Migrate HCS Web Content to Local Website

All Wave 1 web pages will be removed from the HCS website on June 30, 2022. From then until the end of the study (currently projected for March 29, 2024), the current Wave 1 site URLs will redirect to a new or existing site of the community's

choosing. For coalitions to continually offer relevant information to their communities, it is critical that you find a local or state partner willing to add some or all the current community content and resources to their organizational website.

SELECT MATERIALS AND CONTENT TO MOVE TO COMMUNITY WEBSITE

When the webpages come off the current HCS site, you can move the HCS website content to a community or state-based site by following these steps:

IDENTIFY A WEBSITE TO HOST THE CONTENT

Identify a community-based site that can house the materials you want to retain when the intervention ends. If you cannot locate a site, check with your state health department's website, or county and state agencies, to see if they are willing to host some of the content or create new pages.

SELECT CONTENT AND MESSAGES YOU WOULD LIKE TO SUSTAIN ON THE NEW SITE

All the current content on the community pages will be available to you. However, you will need to replace any links to the HCS website, as they will no longer be active once the intervention ends.

WHAT COMMUNITIES WILL RECEIVE THAT CAN BE TRANSFERRED TO COMMUNITY SITES

RTI, the data coordinating center for HCS, will make the website content available in the following formats:

- One PDF document with all the content from the community page in English and Spanish
- One HTML text file containing the non-styled, unbranded coding for the community page
- One PDF document with all the content from the About OUD pages in English and Spanish
- One HTML text file containing the non-styled, unbranded coding for the About OUD pages

RTI will deliver the above content in one email to a point of contact in the community. Please inform your HCS representative of the name and contact information of your community's website transfer point of contact. Note that content from the HCS community webpages and the "About Opioid Use Disorder" section will be available in English and Spanish and can be moved to your local website as desired.

HCS COMMUNITY PAGE MIGRATION SOPs

We recommend one or more of the following three approaches to migrate and preserve HCS content:

- **Option 1:** Migrate the HCS content into an existing website with existing content,
- **Option 2:** Start a new website and add the HCS content, **and/or**
- **Option 3:** Use some of the content to create social media posts.

OPTION 1: INTEGRATE HCS CONTENT INTO AN EXISTING WEBSITE

If you have an existing website to integrate some or all of the HCS content, you have the option to use the following tools and methods:

- Content audit—to know what is currently on your site
 - A content audit is a systematic approach to documenting and categorizing all the content on your website. This will allow you to determine what you will keep, update, or delete when merging your content with the HCS content. [Here is a template to copy.](#)
- Site map—to map out where the new content will fit in with the old
 - A site map will help you take a high-level look at your website and help decide where the new content should fit within the existing content that you mapped using a content audit.
- Content implementation—to add the content to your website
 - Once you know what you have and how the new content will fit within your current content, you can talk with your web team and have them implement the new website content and site map.

OPTION 2: INTEGRATE HCS CONTENT INTO A NEW WEBSITE

If you do not have an existing website, you will need:

- A web hosting service—a place for all your content to live online
- A domain—a website address that you purchase so people can find your content
- A way to turn the code into a website—so your content will be more than just a word document on a webpage

If you do not have the capacity or expertise to build a website, it is recommended that you use an all-in-one service, like [Squarespace](#) or [Wix](#).

If you prefer to lessen the amount of content or to rearrange it differently than how it appeared on the HCS website, you can follow the methods of content audit, site map, and content implementation.

OPTION 3: INTEGRATE HCS CONTENT INTO SOCIAL MEDIA POSTS ON A RELEVANT FACEBOOK, INSTAGRAM, OR TWITTER ACCOUNT(S)

Copy some of the content and modify it as you wish for a social media post.

TRANSFERRING OF HCS COMMUNITY PAGE REDIRECTS

The HCS community webpages will redirect to the desired website until the end of the intervention. After that time, the communities can choose to take ownership of the vanity URL domains (e.g., <https://healtogetherky.org/boyd-es>), paying all costs for upkeep and maintenance, or the

vanity URLs will be decommissioned. Costs are usually minimal. Communities must send their information for ownership of the vanity URL domains in writing to RTI no less than 90 days prior to the end of the intervention.

Appendices

Appendix A: Tips for writing a grant proposal for communication activities

Appendix B: SAMPLE Media Release Form

Appendix C: SAMPLE Local Opioid Communications Workgroup Charter

Appendix D: SAMPLE Communication Champion Job Description

Appendix E: SAMPLE Message Guidance from the HCS MOUD campaign

Appendix F: Overarching Communications Lessons Learned from HCS Wave 1

Appendix A: Tips for Writing a GRANT Proposal for Communication Activities

Any grant proposal written by your agency or coalition should include at least a section, if not more, on how a communication effort will contribute to the success of meeting your objectives. Communication activities could be as discrete as developing and distributing materials to promote a new service to specific priority groups, or as extensive as community-wide campaigns to build and mobilize support for easier access and use of proven methods to reduce opioid overdose deaths and reduce stigma.

In a grant proposal, the entire communication campaign plan does not have to be spelled out. In fact, reviewers of proposals may react negatively to a ‘top-down’ communication effort that has been drawn up by experts rather than a more community-informed and engaged approach to its development and implementation.

Communication activities have an evidence base. The list below is a summary of the evidence-based practices used to develop the HCS communication campaigns. Feel free to cite these in your proposal as some fundamental principles you will use in designing your own activities.

EVIDENCE-BASED COMMUNICATION CAMPAIGN BEST PRACTICES¹

1. Have behavior change as an explicit goal or objective.
2. Use formative research in design and planning.
3. Focus on homogeneous population groups.
4. Communicate directly with your audience and not just through intermediaries.
5. Have multiple executions of messages.
6. Have a high frequency of exposure to the messages.
7. Use multiple channels.
8. Strive for sustained activity to mitigate the observed declines in behavior change after the campaign ends.
9. Set an agenda and increase the frequency of conversations about specific health issues within social networks.
10. Shift norms in social networks about engaging (or not) in specific health behaviors.
11. Prompt public discussions that lead to policy changes that support or discourage specific health behaviors.

DESCRIBING YOUR APPROACH TO COMMUNICATION PLANNING, IMPLEMENTATION, AND EVALUATION¹

The following sample steps can be used to organize your description of the approach. Not all these steps and elements apply to every communication activity you can imagine, but they do provide a framework to describe a community-driven and engaged approach to creating, implementing, and evaluating communication activities.²

STEP ONE: MOBILIZE THE COMMUNITY

1. Identify potential stakeholder groups that should be represented.
2. Identify people to represent each group.
3. Recruit members to represent each group.
4. Convene meeting.
5. Establish guidelines or bylaws.
6. Coordinate group.
7. Retain members.

STEP TWO: DEVELOP A COMMUNITY PROFILE

1. Assemble local data related to the public health problem of interest.
2. Assess community's capacity (strengths and deficits).

STEP THREE: SELECT THE TARGET BEHAVIOR, AUDIENCES, AND INTERVENTIONS

1. Determine the criteria that will be used to select the overall health focus and target audiences.
2. Review the community profile, discuss results, and prioritize the health problems and risk factors associated with those problems.

3. Identify information needed to select target audiences, behavioral objectives, and factors to be addressed by the intervention.
4. Select the behavior(s) to be targeted by the intervention.
5. Select the audience segment to receive greatest priority in program planning.
6. Review evidence-based interventions and select those to be adapted for local use.

STEP FOUR: ENHANCE COMMUNITY CAPACITY

1. Teach community members to apply marketing concepts and techniques.
2. Train select community members to collect and analyze marketing data.
3. Enhance coalition's collective efficacy.
4. Train new members as needed.

STEP FIVE: CONDUCT FORMATIVE RESEARCH

1. Community researchers work with academic researchers to plan and conduct research that includes priority groups and consolidate findings for the coalition.
2. Coalition members review and interpret data.

STEP SIX: DEVELOP MARKETING STRATEGY

1. Use research to make a marketing plan to adapt evidence-based intervention for local use.
2. Develop an implementation plan.
3. Develop an evaluation plan.

DESCRIBING YOUR APPROACH, CONTINUED

STEP SEVEN: DEVELOP PROGRAM

1. Develop and pretest program materials and tactics.
2. Mobilize resources needed for program activities and work together to reinforce the institutional foundation upon which the campaign must be sustained.

STEP EIGHT: IMPLEMENT PROGRAM

1. Coordinate program activities to ensure proper sequencing of activities.
2. Identify roles of individual coalition members.

STEP NINE: TRACK AND EVALUATE

1. Assess program context, process, and impact in a comprehensive evaluation of the project.
2. Use tracking information to identify needed mid-course revisions.
3. Develop dissemination plan for sharing results and program materials with other communities.

REFERENCES

¹ Lefebvre, R. C., Chandler, R. K., Helme, D. W., Kerner, R., Mann, S., Stein, M. D., Reynolds, J., Slater M. D., Anakaraonye, A. R., Beard, D., Burrus, O., Frkovich, J., Hedrick, H., Lewis, N., & Rodgers, E. (2020, December 1). Health communication campaigns to drive demand for evidence-based practices and reduce stigma in the HEALing communities study. *Drug and Alcohol Dependence*, 217, 108338. <https://doi.org/10.1016/j.drugalcdep.2020.108338>

² Bryant, C. A., Brown, K. R., McDermott, R. J., Forthofer, M. S., Bumpus, E. C., Calkins, S. A., Zapata, L. B. (2007, April). Community-based prevention marketing: organizing a community for health behavior intervention. *Health Promotion Practice*, 8(2), 154–163. <https://doi.org/10.1177/1524839906290089>

Appendix B: SAMPLE Media Release Form

The (partner organization) would like to use (photographs, videotapes, or audio files) representing your image, likeness, thoughts, or opinions for public health messaging designed to prevent opioid overdoses, as well as promote the use of medications for opioid use disorder (MOUD). These images

could be used in several counties across the state of (Kentucky, Massachusetts, New York, Ohio) and other locations. Please read the statements below carefully and decide how you would like your image, likeness, thoughts, or opinions to be used. All participants must be 18 years old or older.

Please place an **X** beside Yes or No to mark your choice beside each statement.

Person(s) in photographs, videos, and audio files:

I agree to allow (organization name) to use photographs, video, or audio files representing my image, likeness, thoughts, or opinions that I submit to them and its project partners to promote the campaign in public service announcements, news releases, websites, social media platforms, printed materials, study reports, and exhibits. (Organization) is entitled to edit, copy, adapt, or translate the contribution and to authorize others to do so in connection with this public health effort. I understand that I will be able to review the final images and edits.

_____ Yes, I understand and agree with the statement above.

_____ No, I do not agree with the statement above.

Given the nature of social media or other material capable of use or being transmitted and electronically shared beyond particular areas, we cannot guarantee that posts will not be seen or shared with persons outside our local community.

_____ Yes, I understand and agree with the statement above.

_____ No, I do not agree with the statement above.

I grant permission for my name to be published with my image, likeness, thoughts, and opinions in any associated campaign materials or publicity.

_____ Yes, I understand and agree with the statement above.

_____ No, I do not agree with the statement above.

We will not use the image or video submitted or any other information you provide, for anything other than the stated purpose above.

Name (please print):

Contact email address or telephone number:

Signed:

Appendix C: SAMPLE Local Opioid Communications Workgroup Charter

PURPOSE

The [Community] Opioid Communications Workgroup guides the coordination and execution of communication and partnership efforts necessary to deliver opioid education messages with a clear, consistent, and amplifying voice in our community. The Workgroup is focused on the development and delivery of opioid education campaigns and materials, and will report to xxx (name governing organization, coalition or committee)

BENEFITS OF COALITION PARTICIPATION IN THE COMMUNICATIONS WORKGROUP

Members will:

- Shape local efforts to increase visibility and sustainability of opioid-related education and communication efforts,
- Help drive the type of messaging and content developed to educate stakeholders and policymakers on the progress made to reduce opioid overdose rates in our community,
- Assist with ensuring a wide range of stakeholders are involved to amplify our voice and reach of communication campaigns, and
- Gain immediate knowledge of and access to materials, tools, models, data, and best practices available to share with stakeholders' colleagues.

COMMUNICATION WORKGROUP MEMBER EXPECTATIONS

- Group and Workgroup Chair members serve 1-year terms, with the ability to re-elect if desired.
- Participate in monthly, 1-hour workgroup calls.
- Participate in project work between steering committee calls (~2 to 5 hours per month).

COMMUNICATION WORKGROUP MEMBER RESPONSIBILITIES

THE COMMUNICATION WORKGROUP IS RESPONSIBLE FOR:

- Reviewing and providing feedback on the development and dissemination of communication materials
- Developing, implementing, and evaluating communication campaign action plans, as needed

PROPOSED MEMBERSHIP INCLUDES:

- **Communication Workgroup Chair:** A communication leader with at least 5 years of experience leading local communication and marketing efforts. Represents communications workgroup to any governing committees or coalitions.
 - **Experience:** xxx years of leading opioid-related communication and marketing efforts for their organization
 - Able to commit xxx time to communication leadership and responsibilities as discussed in advance
 - Description of responsibilities:
 - ◇ Lead [or designate a lead] to schedule routine Communication Workgroup meetings.
 - ◇ Lead the development, implementation, and evaluation of communication campaign action plans.
 - ◇ Support the development of additional materials needs to support advocacy efforts.
 - ◇ Establish a repository for all meeting materials, minutes.
- **Communication Workgroup Members:** Stakeholders in [community] who have a primary role in their organization's communication activities.

Appendix D: SAMPLE Communication Champion Job Description

LEAD FOR COMMUNICATION TEAM/ COMMUNITY PUBLIC HEALTH OUTREACH

- Experience with communication and/or marketing efforts related to health or behavior change, ideally at the local level
- Time commitment: Approximately xxx hours per week

EXPERIENCE REQUIRED:

- Experience with communication and/or marketing efforts related to health or behavior change, ideally at the local level
- Demonstrated commitment to behavioral health, substance use disorder, and healthcare issues and activities
- Knowledge of or experience with community-based dissemination of health education materials, including earned media and paid advertising
- Knowledge of or experience with analyzing data (e.g., demographic and marketing) to inform campaign planning and evaluation
- Experience with development of web-based materials and knowledge of web metrics
- Experience using social media to disseminate health-related messages
- Excellent oral and written communication skills
- Excellent interpersonal and administrative skills
- Highly organized, good problem-solving skills, flexible

PREFERRED QUALIFICATIONS:

- Two+ years of experience leading behavioral health or health behavior change campaigns, ideally for community or government entities.
- Experienced in outreaching or engaging vulnerable and/or priority populations (e.g., Spanish-speaking, homeless, people who use drugs) through communications activities

DESCRIPTION OF RESPONSIBILITIES

- Lead a public health communication Workgroup (with possible subcommittees) responsible for implementing external facing communications including health behavior change communication materials and campaigns
- Lead the development of communication campaign dissemination plans
- Lead the implementation and evaluation (qualitative & quantitative) of communication campaign activities spanning paid, unpaid, and earned media
- Engage local public health coalitions to disseminate campaign messaging
- Support the development of additional materials needed to support advocacy efforts
- Lead (or designate a lead) to schedule routine Communication Workgroup meetings
- Establish a repository for all meeting materials, minutes, and campaign materials

Appendix E: SAMPLE Message Guidance from the HCS MOUD Campaign

Purpose: This document provides important guidance for HCS communities on how to create and disseminate messages related to MOUD. **The MOUD awareness campaign is complementary to a campaign on naloxone that raises awareness about the potentially life-saving opioid reversal nasal spray.** As communities develop their own materials on MOUD (e.g., flyers, posters, op-eds, social media posts, presentations) they should follow the guidance below to ensure that all materials and activities present a consistent, evidence-based, stigma-free message. The findings in this document are based on both formative research with campaign audiences and best practices in persuasive communication.

What is MOUD? There are three FDA-approved medications for opioid use disorder (OUD): methadone, naltrexone, and buprenorphine. Together they are called medications for opioid use disorder (MOUD). MOUD blunt or block the effects of illicit opioids and can reduce or eliminate cravings. In addition, methadone and buprenorphine can reduce or eliminate withdrawal symptoms.

Medication terminology: In many communities, MOUD is often called Medication-Assisted Treatment (MAT). However, MAT can also refer to treatments that use medications in combination with counseling and behavioral therapies to treat alcohol and other drug substance use disorders. MOUD is the preferred term to avoid confusion. In addition, research finds that people often refer to medications using drug brand names (e.g., Suboxone) rather than generic ones (buprenorphine).

1. WHY are we communicating this message?

Goal: The HCS seeks to reduce opioid overdose deaths by increasing the number of people with OUD who use these medications.

Objectives:

- Increase awareness of and demand for MOUD.
- Increase access to MOUD.
- Reduce stigma about the use of MOUD.

MOUD treatment stigma targets:

- MOUD is not replacing one drug with another.
- These approved medications are effective treatments for opioid use disorder (OUD)
- Using MOUD is real recovery.

Appendix E : SAMPLE Message Guidance from the HCS MOUD Campaign, continued

2. WHO are we communicating to?

The priority groups that live in the HCS communities include:

People with Lived Experience	Key Opinion Leaders	Providers
<ol style="list-style-type: none"> 1. People with OUD 2. Family members 3. People in recovery 	<ol style="list-style-type: none"> 1. Elected officials (sheriff, school board supervisors, mayor, city council members, aldermen) 2. Opinion Leaders (faith-based leaders, civic leaders, employers) 	<ol style="list-style-type: none"> 1. Primary care practitioners 2. Nurse prescribers 3. Pharmacists 4. First responders 5. Emergency departments 6. Dentists 7. Referral sources (Employee Assistance Programs, jail, administrators)

3. What do they CURRENTLY think about MOUD?

People with Lived Experience	Key Opinion Leaders	Providers
<ul style="list-style-type: none"> • There are many options for recovering from OUD; Suboxone is not an effective treatment. • Using a medication like methadone or Suboxone is not a “real recovery” from OUD because the person on MOUD is still addicted to a drug. You must stop using these medications and then get into recovery. • I recovered from opioid use disorder (“addiction”) by my own will and determination. Other people can do the same thing. 	<ul style="list-style-type: none"> • MAT has been distributed the “wrong way” in my community (pop-up Suboxone clinics). • There are many other options for recovering from OUD; Suboxone is not an effective treatment. • Suboxone is not a “real recovery” from OUD, because the person on MOUD is still addicted to a drug. 	<ul style="list-style-type: none"> • I am somewhat familiar with medications for opioid use disorder. • Buprenorphine is a life-saving treatment for opioid use disorder. • Offering MOUD to my patients is difficult and requires monitoring and support; it is not simply writing a prescription. • Some providers do not want to get waived to prescribe MOUD. Tell me about referral resources.

4. What would you LIKE them to think?

People with Lived Experience	Key Opinion Leaders	Providers
<p>Although there are many paths to OUD recovery, research shows that FDA-approved medications (methadone, buprenorphine, naltrexone) are the most effective treatments.</p>	<p>MAT (or MOUD) is a life-saving treatment that I should work to increase access to in my community.</p> <p>Medications for opioid use disorder can help people as they begin their recovery, to regain their lives and their place in our community (family relationships, work).</p>	<p>I will prescribe buprenorphine to my patients. If I cannot provide this to my patients, I will refer them to a provider or treatment facility that can offer buprenorphine or methadone.</p>

5. What is the SINGLE, most persuasive idea we can convey?

People with Lived Experience	Key Opinion Leaders	Providers
Science tells us that MOUD is an effective treatment for OUD and a recommended path to recovery.	It takes community support and action to increase access to MAT/ MOUD for persons with OUD.	Provide access to MOUD for your patients. Prescribe buprenorphine or refer patients to a provider that prescribes MOUD.

6. Why should they BELIEVE it?

People with Lived Experience	Key Opinion Leaders	Providers
Many people have found their path to recovery with MOUD.	Access, cost, and stigma against MOUD are three major obstacles for people with OUD receiving potentially life-saving treatment.	Because the evidence from several clinical trials has shown that it is a life-saving medication and waiver rules have recently changed to make it easier to get a certificate to prescribe buprenorphine.

7. What do we want them to DO?

People with Lived Experience	Key Opinion Leaders	Providers
Talk with their health care provider about MOUD (medicines that treat addiction to opioids). Start and/or continue to use methadone or Suboxone for 6 months or more.	Inform community members about where to find information on MOUD. Take actions that can increase access, lower costs, and reduce stigma of MOUD in their community (contact their local coalition).	Discuss MOUD with patients; offer plain language educational materials; prescribe buprenorphine or know where to refer patients for treatment of OUD.

Appendix F: Overarching Communications Lessons Learned from HEALing Communities Study Wave 1

1. **BUILD COMMUNICATION PLANS:** Integrate communications planning into community interventions from the beginning.
2. **DEVELOP PARTNERSHIPS:** Engage community partners early and throughout the planning and delivery of communication activities.
3. **SECURE FUNDING:** Include communications activities in grant and contract proposals related to opioid overdose community interventions.
4. **BUILD SUSTAINABILITY:** Consider sustainability strategies at the beginning of the study, continue throughout, and implement them when the study ends.
5. **ENGAGE WITH EXCITEMENT:** Leverage communications campaigns to engage and activate communities, including social media posts from coalitions and local media outreach.
6. **CUSTOMIZE MATERIALS:** Effective campaign materials depend on customized, data-based, localized materials that consider equity.
7. **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.
8. **IDENTIFY TRAINING NEEDS:** Coalition members and communication partners will have training needs that should be identified and addressed as soon as possible.
9. **CHOOSE LEADERSHIP WISELY:** Clearly define the skills needed and process for hiring communications champions who will lead the outreach effort.
10. **NAVIGATE COMMUNICATION BARRIERS:** Gain an understanding of local stigma, cultural norms, and language nuances.
11. **MAKE IT EASY:** Create platforms and systems that make it easy for coalition members to serve as active agents for dissemination of campaign materials.
12. **BUY SMART:** Cultivate long-term relationships with communications vendors, such as advertising, graphic design and media buying agencies, to receive discounted prices.