NIH HEAL INITIATIVE

HEALing Communities Study

Play 8:

Communications 101: Navigating the Fundamentals Post-HCS

NIH HEAL INITIATIVE

NAVIGATING THE FUNDAMENTALS POST-HCS

Congratulations! Now that the study intervention is complete in your community, what's next? In Playbook 7, the HEALing Communities Study (HCS) offers guidance on how to transition ownership of HCS-inspired campaign messaging and resources to local platforms, and how to secure outside funding for continued communication work, while enhancing the coalitions developed during the study.

Playbook 7 offers guidance on how to move HCS tools and materials to your community platforms. Armed with these tools, your community can now manage its own communication efforts that reflect ongoing issues around opioid overdoses in your community.

With your infrastructure and partnerships still in place, you may build upon successes experienced during the HCS intervention period, and move forward to create new materials and campaigns promoting opioid overdose awareness and prevention. But how can you continue to reach the most at-risk audiences? Playbook 8 offers a few proven communication principles and tools on how to identify your audience and develop a marketing and communication plan. From that foundation, you can build new materials, initiatives, and campaigns that will continue to build a healthier community.

An integrated marketing and communication plan incorporates audience segmentation and analysis, marketing and communication channel selection, messaging development, distribution, and evaluation to achieve maximum impact. For a communication program to be successful, it must be based on an understanding of the needs and perceptions of the intended audience, so the most effective plan will include your audiences in the decision-making process. In this Playbook, you will be guided through these steps to begin building your plan:

1. Identify Communication Goals and Objectives

2. Conduct an Audience Analysis

3. Identify the Communication Channels

4.   Identify the Key Messages

5. Research and Test

6. Create Your Customized Materials

7. Develop a Distribution Plan

8. Evaluate Your Distribution Activities

STEP 1: IDENTIFY COMMUNICATION GOALS AND OBJECTIVES

Think about what you would you like to accomplish with your opioid-related marketing and communication efforts:

- **Identify the larger goal** for reducing opioid-related overdoses and deaths and determine which part of that goal could be met by a communication campaign.

- **Create a long-range outcome** statement that establishes the overall tone and approach of your marketing and communication goals and plans. Goals should be set no more than 5 years ahead. As issues in your community evolve, it is a good practice to revisit these goals.

- **Identify SMART** Objectives

  Once you have determined the goal(s), identify what you must do to achieve each of these goals. Your communication objectives should be SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-based.

- **Consider funding**

  If you need to apply for funding, your goals and objectives should be described in grant applications, and available budgets should drive your planning. Tips for securing funding for your ongoing communication work were discussed in Playbook 7.

- Use **Worksheet A: Communication Goals and Objectives** below to identify what you would like to achieve with your opioid-related communications work. Set goals that are measureable.

WORKSHEET A: SAMPLE COMMUNICATION GOALS AND OBJECTIVES

Communication Goal #1: EXAMPLE: Implement an opioid overdose campaign (July – November 2023) in the geographical areas of [name of community] experiencing high overdose rates and provide high-risk priority audience segments with timely, transparent, and science-based information.	
Objective 1	Example: Increase traffic to our [name of workgroup] opioid overdose webpage by 50% by the end of the campaign (November 2023).
Objective 2	Example: Increase media coverage of [name of workgroup] opioid overdose campaign messaging by two earned media articles each month (August – November 2023).
Objective 3	Example: Increase by 50% the number of followers on [name of workgroup] social media accounts by November 2023.

AVAILABLE RESOURCES FOR DEFINING CAMPAIGN GOALS AND PLANS:

- CDCynergy "Lite" | Gateway to Health Communication | CDC
- Making Health Communications Programs Work (National Cancer Institute)
- Creating a Communication Plan (Center for Rural Health)
- Developing Health Communication Campaigns (National Collaborating Centre for Methods and Tools)
- HCS Playbook 7: **Building Sustainable Opioid Overdose Communications Beyond HCS**

STEP 2: CONDUCT AN AUDIENCE ANALYSIS

To build a plan, you must identify the specific audience you want to reach. When identifying your audiences, think about whom you need to reach to achieve your desired objectives. Prioritize the audience group and segments based on data and resources available. For example, who are the people at highest risk… most receptive to or likely to change their behavior, or critical to the success of the project? How will your objectives, messages, distribution channels, and/or promotion strategies be specific and tailored to each group?

HEALTH EQUITY

Recognize that access to information is not enough. People need information that they can understand, use, and that is culturally and linguistically appropriate. Tailor interventions and communications based on the unique circumstances of different populations and emphasize positive actions and communication strategies that take advantage of community strengths.

Tip: A little research can go a long way. Review existing local and state opioid overdose data to identify audience segments with high risk of overdose in your community.

AUDIENCE GROUPS

Consider key audience groups:

- Individual Level (e.g., people who use drugs)
- Interpersonal Level (e.g., family, neighbors, friends)
- Community Level (e.g., community leaders)
- Institutional Level (e.g., healthcare providers, coaches)
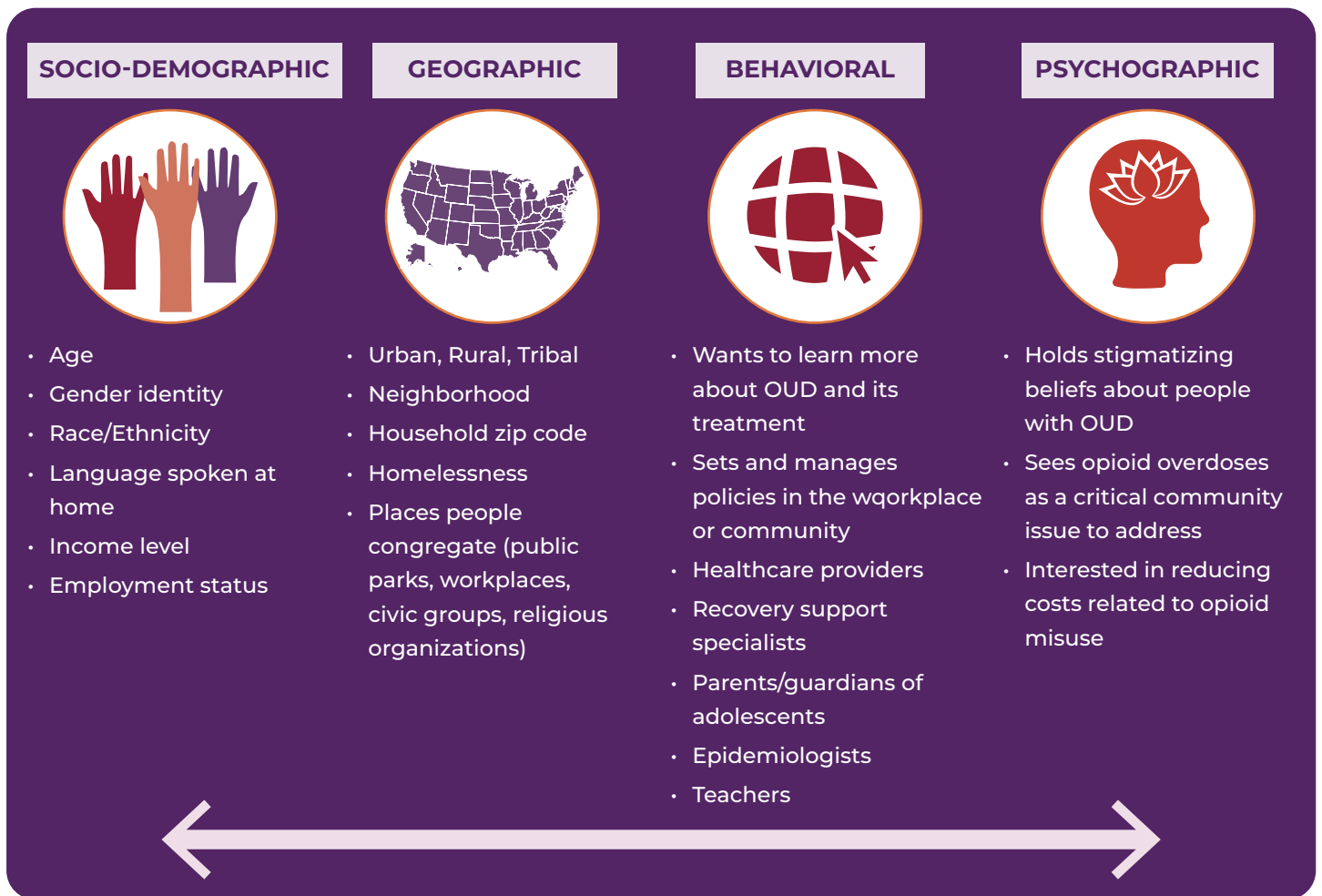- Policy Level (e.g., decision makers)

AUDIENCE SEGMENTS

Before you start developing materials and a distribution strategy, gather data on the particular audience group you are trying to reach and narrow the group into audience segments. Segments are smaller groups of people in your community that have certain characteristics in common, such as socio-demographics (age, gender, occupation), geography (where they live, work, play, and pray), behaviors (what they do), and psychographics (how they think and feel). There also may be groups of people you want to focus on because of certain health issues they have, such as mental health issues, HIV status, or chronic pain conditions. Doing so will help you tailor messaging, imagery, language, and dissemination strategies that will resonate more with the audience segment and boost the probability of inspiring the desired action.

For example, there may be an age group, area in your community, care givers, or people who have a common interest in reducing opioid overdose deaths—or some combination of two or more of

them. How you communicate with that group may be very different from how you would talk with someone of a different ethnicity, who lives in a different neighborhood, is searching for help for a loved one with opioid use disorder (OUD), or feels that discriminating against people in recovery is not OK. Also, keep in mind that current or prospective coalition members, members of the media, and people with specific communications expertise (e.g., graphic design, public relations and advertising, marketing, public speaking) could also be a priority group to engage, assist, and support your communication efforts.

SOCIO-DEMOGRAPHIC	GEOGRAPHIC	BEHAVIORAL	PSYCHOGRAPHIC
• Age	• Urban, Rural, Tribal	• Wants to learn more about OUD and its treatment	• Holds stigmatizing beliefs about people with OUD
• Gender identity	• Neighborhood	• Sets and manages policies in the wqorkplace or community	• Sees opioid overdoses as a critical community issue to address
• Race/Ethnicity	• Household zip code	• Healthcare providers	• Interested in reducing costs related to opioid misuse
• Language spoken at home	• Homelessness	• Recovery support specialists	
• Income level	• Places people congregate (public parks, workplaces, civic groups, religious organizations)	• Parents/guardians of adolescents	
• Employment status		• Epidemiologists	
		• Teachers	

AVAILABLE RESOURCES FROM THE CDC FOR IDENTIFYING YOUR AUDIENCE:

- [Using a Health Equity Lens](#)
- [Understand Your Audience](#)
- [Before You Write: Get to Know Your Audience and Identify Your Main Message](#)

STEP 3: IDENTIFY THE COMMUNICATION CHANNELS

Think about the ways the audience segment receives information in your community. These are their communication channels. You will be better equipped to reach your audiences if you know their characteristics, information needs, and channel preferences. Some example communication channels include the following:
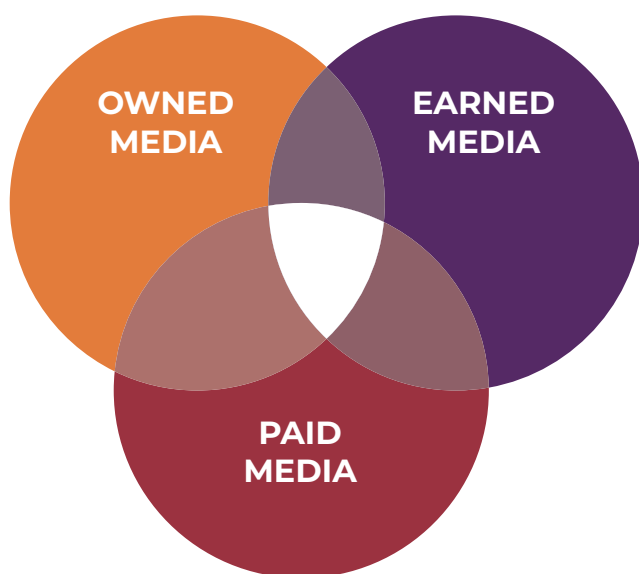
OWNED MEDIA
- Social media (organic)
- Website
- Email (e.g., e-Newsletters)
- Building displays (electronic or print)

EARNED MEDIA
- Local news and radio
- Partner marketing via their communcation channels
- Influencer/Ambassador marketing

PAID MEDIA
- Social media ads
- Web display ads
- Television ads
- Radio ads (PSAs)
- Paid influencer marketing

Use **Worksheet B: SAMPLE Audience Communication Channels Analysis** to identify the communication channels you can use to reach each audience segment. Use local/regional/state data to help you focus on the highest risk and hardest-to-reach audience segments.

WORKSHEET B: SAMPLE AUDIENCE COMMUNICATION CHANNELS ANALYSIS

Target Audience Group/Level	Audience Segment	Communication Considerations	Communication Channels
People who use drugs (PWUD) (Individual)	Those experiencing homelessness	Unstable internet access or phone service, competing needs and priorities, inconsistent locations, stigma	Word of mouth (peers, recovery coaches, outreach workers); postcards passed out shelters, soup kitchens, bus stops, shelters, parks, tent cities, entryway of grocery stores, and department stores; engagement with pastors and social services offices
People who use drugs (Individual)	Those with comorbid mental health conditions	Difficulty getting access to substance use disorder (SUD) treatment, might be in the medical system and use medications for depression, anxiety disorders, etc., but not for SUD	Local psychiatric, psychological, and social work medical associations; emergency rooms; mental health treatment centers; pharmacies; postcards, soup kitchens, bus stops, shelters, parks, tent cities, entryway of grocery stores; engagement with pastors and social services offices

Target Audience Group/Level	Audience Segment	Communication Considerations	Communication Channels
People who use drugs (Individual)	People living with HIV (PLWH)	High incidence of stimulant use, which could be adulterated with fentanyl; might assume opioid messaging does not apply to them; might be in the medical system and use medications for HIV but not SUD	Distribution lists from community groups who reach out to people with HIV, newsletters targeting PLWH, social media groups targeting PLWH, medical facilities treating PLWH, materials targeting PLWH passed out at homeless shelters, targeted materials passed out at pharmacies with HIV medications, peer word-of-mouth
People who love people who use drugs (Family)	Those who can benefit from having naloxone in the home	Stigma and anger against PWUD, not often in direct contact with the affected, loved one, uncertain/inconsistent access to resources helping families	Family groups at treatment centers; online support groups (e.g., Al-Anon), pharmacies; bus stops, shelters, parks, pharmacies, entryway of grocery stores and department stores; engagement with pastors and the faith community, social services offices
Providers who treat people who use drugs (Institutional)	Those who do not yet prescribe buprenorphine	Belief that it is cumbersome to get the waiver despite easier requirements, would rather not deal with challenging patients, often prefer to refer to other clinicians, stigma against MOUD	Magazines, journals, and publications that target provider community; local emergency room clinicians; state and local medical associations; state and county health departments; local psychiatric, psychological, and social work organizations; pharmacies
State legislators (Policy)	Those who consider legislation related to addiction services	Influenced by political forces; must often go through their staff to be connected; might have stigma against PWUD, harm reduction, and MOUD	Lobbying groups that support state and local organizations; state/county health department officials; community forums; law enforcement and health insurance groups that interact with lawmakers; newsletters/media outlets that report on policy and law

You can learn more about communication channels in **Step 7: Create A Distribution Plan.**

AVAILABLE RESOURCES FOR FINDING COMMUNICATION CHANNELS FOR SPECIFIC AUDIENCES:

- Clinician Outreach and Communication Activity (CDC)
- Access and Functional Needs Toolkit: Integrating a Community Partner Network to Inform Risk Communication Strategies (CDC)
- Improving Cultural Competence (Substance Abuse and Mental Health Administration)

STEP 4: IDENTIFY THE KEY MESSAGES

Developing key messages and supporting statements in advance will help you control the narrative in the media, stay on message, and establish credibility with your audience groups and segments. The key messages should be repeated in multiple materials, and should be learned by your spokespeople.

COMPLETE A MESSAGE MAP

You will need to develop key messages for each of your audience segments, which are tailored to meet their unique information needs: research communication topics, questions, or concerns for each audience.

When trying to promote a behavior change, consider the audience segment's mindset when developing key messages:

- Are they ready and willing to take the desired action?
- Do they need more information before taking the desired action?
- Are they critical and skeptical of taking the desired action?
- What do they see as the positive and negative consequences of taking the action?

Complete **Worksheet C: SAMPLE Message Map** on the next page/below to develop key messages for each audience and desired action and topic.

WORKSHEET C: SAMPLE MESSAGE MAP

| Audience Segment / Mindset
List the prioritized audience segment and their mindset | Topic / Concern
Identify what your key message will address | Desired Action
Identify what you want the audience to do | Audience Perception of Desired Action
Identify how the audience thinks about the desired action | Motivator(s)
Identify what makes the audience more willing to do the desired action | Key Messages
Identify the main point(s) of information you want the segment to hear, understand, and remember |
| --- | --- | --- | --- | --- | --- |
| **EXAMPLE**:

Audience Group: People Who Use Drugs

Segment: Those who use injection drugs

Mindset: Unsure and needs more information | Harm reduction education | Visit the website to learn more about harm reduction approaches that can reduce their risk | • Perceived burden of harm reduction (time, money) | • Respect/ acknowledge barriers of recovery journey

• Social proof by trusted messengers that harm reduction approaches reduce risk | Message 1. We understand everyone's recovery journey is unique. Practicing harm-reduction strategies consistently can help reduce your overdose risk as you navigate challenges that are a normal part of the treatment and recovery journey. |

AVAILABLE RESOURCES FOR DEVELOPING MESSAGE MAPS:

- See a sample of an HCS Message Map in **Appendix A.**
- Health Communication Playbook (CDC)
- Develop Message Maps (USAID Health Communication Collaboration Capacity)

Tip: Tailor existing messaging from your local partners to reduce the time it takes to develop and test effective messages.

Tip: Keep each message brief. Limiting the number of words in each key message will help people remember the information.

STEP 5: RESEARCH AND TEST

Formative research about your audiences will help you develop messages. Two common types of research might be useful in learning more about what motivates your intended audiences: qualitative and quantitative. This chart explains their relative strengths:

Qualitative	Quantitative
Provides depth of understanding	Measures level of occurrence
Asks "Why?"	Asks "How many?" and "How often?"
Studies motivations	Studies actions
Is subjective; probes individual reactions to discover underlying motivations	Is objective, asks questions without revealing a point of view
Enables discovery	Provides proof
Is exploratory	Is definitive
Allows insights into behavior and trends	Measures levels of actions and trends
Interprets	Describes

From the National Cancer Institute, Making Health Communications Work

QUALITATIVE RESEARCH

Your HCS research sites collected qualitative analyses from communities after each campaign, referred to as a campaign or qualitative assessment. While not rich with quantitative data, the exercise did provide some insight into what messages and communication channels worked for which audiences. We recommend you continue to access those insights while preparing your ongoing communication activities.

QUANTITATIVE RESEARCH

- Before the HCS study ends, check with your research site to see whether they have good quantitative data about your community audiences that you can access indefinitely.
- Make connections with academic partners in your state who might be doing quantitative communication research, so your information can stay current. Data used to inform HCS messaging will eventually go stale.

- Make connections at your state and local health departments; they may be tracking some quantitative information that would be useful.

- Note that you will be collecting some quantitative data of your own, as you track your outreach tactics (see **Step 8**).

TEST YOUR MESSAGES

Your materials should represent people in the communities for whom the information is intended, so work with community members, leaders, and population-specific experts to validate content. Ideally, you will be able to formally test your proposed messages with your intended audience. This could be with surveys, focus groups or more complex research, at varying costs. If you cannot afford formal message testing, at least try messages out on a handful of people representing your intended audience, who can perhaps be identified by your coalitions. Offer them message options and have qualitative discussions. Pay special attention to how test participants use cultural and language nuances to ensure your information is culturally responsive, accessible, and available.

AVAILABLE RESOURCES FOR RESEARCHING YOUR AUDIENCE:

- Develop & Test Materials (CDC)

- Understand Your Audience (CDC)

- Health Equity Considerations for Developing Public Health Communications (CDC)

STEP 6: CREATE YOUR CUSTOMIZED MATERIALS

Now that you have learned about your audiences and their responses to your proposed messages about preventing opioid overdoses, it is time to create your own customized materials.

FIND THE RIGHT ONLINE DESIGN TOOL

Playbook 7 offers tips on how to rebrand HCS materials using your local community images, logos, and watermarks. However, to build entirely new materials, we recommend checking out online platforms where you can find easy-to-use tools and templates to build materials inspired by HCS messages, but with your own community images, organizational logos, messages, website URLs, and branding. CANVA is an excellent platform that helps you customize messages and create new materials using images you find or create yourself.

Here are some additional popular online platforms that offer a variety of customizable designs that allow you to drop in your own messages, photographs, and graphics. Note: These tools were not used during the HCS study period, and you can decide which ones might work for your needs.

- Adobe Creative Cloud Express

- PICMONKEY

- PROMO

- VISME

USE PLAIN, CULTURALLY APPROPRIATE LANGUAGE

Keep in mind the importance of using plain, easy-to-understand language. This can be challenging when many of the people involved

in developing your outreach might have a higher reading level than some of the people in your intended audience. In addition, be mindful of language nuances among different ethnicities, neighborhoods, and cultures. This is why at least minimal testing of messages with your audience is so critical, so lean on your coalitions to put you in touch with representatives of your intended audience. Talk like "them," not like "us." If you moved HCS tools and materials to your own platforms, you will find the HCS Clear Communications Tip Sheet.

BUILD YOUR OWN IMAGE LIBRARY

AVOIDING TRIGGERS

When selecting photographs or graphics to add to your materials, be mindful of HCS image guidelines about cues and triggers for people with substance use disorders. These guidelines are outlined in the HCS Clear Communications Tip Sheet.

FINDING STOCK IMAGES

There are several ways to help you find images that can be used in your communication materials.

For Purchase

From an image service, you can pay per image or purchase a subscription that allows a certain number of images per month. Individual images (including some available MOUD product images) may range from under $12 to more than $100. Most services offer an online chat function with a customer service representative where you can explore pricing options, based on how many times you plan to use the image and other use restrictions. Some popular services include:

- Shutterstock
- iStock

For Free
- Consider a service that offers stock images for royalty-free use, including:

- Canva
- PosterMyWall
- Pixabay
- Freepik

- Free naloxone nasal spray images

The lifesaving nasal spray that reverses an opioid overdose is now made by two manufacturers under the brand names of Narcan® and Kloxxado™. If you want to include a photo of these products in your materials, both companies offer links with free images.

- You can find Narcan® free images and videos here.
- You can find Kloxxado™ free images and videos here.

USING YOUR OWN PHOTOGRAPHER

If you use your own (volunteer or paid) photographer, be sure to get a signed media release from the persons being photographed.

VIDEOS

You might want to make some brief videos to add to your social media or other educational content. See the HCS Playbook 6 for guidance on how to make your own videos. Again, any people seen in the videos will need to sign a media release form.

AVAILABLE RESOURCES FOR CREATING CUSTOMIZED MATERIALS:

- HCS Clear Communications Tip Sheet for guidelines on images related to substance use.
- Plain Language Resources from NIH
- Culture and Language (CDC)
- Health Equity Guiding Principles for Inclusive Communication (CDC)
- **Appendix C**: Sample Media Release Form
- HCS Playbook 6: How to Create Do-It-Yourself (DIY) Video and Audio Materials

STEP 7: DEVELOP A DISTRIBUTION PLAN

A distribution plan (sometimes called a dissemination plan) is a dissemination strategy that clarifies the organization's goals, objectives, target audiences, materials, and tactics that staff will perform to reach the objectives. Plan your distribution plan using the communications channels you have identified, starting with resources you developed during HCS. The distribution plan is a "living" document that your organization should review and revise often.

MAINTAIN EARNED MEDIA LISTS

- Update your media list (radio, television, newspaper, and social media) before the study ends, as discussed in Playbook 7. Keep an eye out for local news stories on opioid related issues. Identify the reporters and journalists writing them, and keep adding to your list. Try to purge lists when you get bounce backs to keep it from getting unwieldly.

- Notify your HCS media contacts of your community's intention to continue message dissemination after the end of the HCS study.

- If you downloaded HCS Playbooks or received a zip file, you will have some robust resources on how to garner media attention. See Available Resources below.

ESTABLISH A SOCIAL MEDIA PLAN

Work with your coalitions to determine who will be writing and coordinating social media posts to your intended audience – how often posts will be sent and what they will say – and have discussions on how to broaden their reach. Social media can spark word of mouth communication, especially useful in small communities. We recommend you track your plans and success in Table 3. The Centers for Disease Control and Prevention (CDC) has a guide of social media best practices, seen in **Available Resources** below.

ESTABLISH A PAID MEDIA PLAN

If funding allows, paid media should be considered as part of your distribution plan.

- Media buyers can do much of the legwork for you. Identify media buyers in your community who can advise you on advertising (ad) buys that can reach your audience. Check online for these professionals or secure a recommendation(s) from a partner organization(s).

- In lieu of a media buyer, identify local vendors that offer a variety of ad platforms. Those platforms may include:
  - Out of Home Ads (e.g., billboards, posters, digital displays)
    - ◊ Contact your local transit system or local rail stations
    - ◊ Contact local billboard companies
    - ◊ Work directly your local malls, cinemas, and other retailers on availability and cost
  - Newspaper ads—contact your local newspaper or visit their website for availability and cost
  - Social Media ads—social media platforms have advertising help desks with information and steps for placing social media ads and boosting posts

IDENTIFY TACTICS AND KEY PERFORMANCE INDICATORS (KPIS)

Tactics are the specific steps you will take to deliver identified messages to your audiences in support of those objectives. Everything that costs time or money is a tactic. Tactics may include, but are not limited to, arranging face-to-face meetings with key influencers, disseminating print materials at community events, pitching articles to the media, developing and disseminating an e-newsletter, posting to a social media account, and placing a paid ad.

Use the available resource HCS Dissemination Plan Template to create a dissemination plan. NOTE: You can insert more rows to accommodate additional objectives and tactics to meet your goal. Example key performance indicators by tactic are provided in the Table 2.

TABLE 2: EXAMPLE KEY PERFORMANCE INDICATORS

Tactic	Key Performance Indicators (KPIs)
Social Media	
Facebook posts	Number of • impressions • post likes • post comments • post shares • post link clicks
Twitter posts	Number of • impressions • tweet likes • retweets • link clicks
Digital	
Websites	Number of • website visitors • unique visitors Average time on page; Bounce rate
e-Newsletters	Number of • distribution lists • email opens • link clicks Bounce rate
Print	
In-person events	Number of • attendees • materials distributed Types of materials distributed
Print displays	Number of • materials printed • materials disseminated to partners • materials displayed
Media	
Press releases	Number of clicks
Media alerts	Number of • media alerts sent • articles published or interviews secured as a result
Op-Eds	Number of • op-eds submitted • articles placed
Mentions	Number of mentions in the media Sentiment/tone

TABLE 2: EXAMPLE KEY PERFORMANCE INDICATORS, CONTINUED

Tactic	Key Performance Indicators (KPIs)
Paid Advertising	
Social media	Number of • impressions • clicks Click-through rate; Cost per click
Digital Display Banners	Number of • impressions • clicks Click-through rate; Cost per click
Outdoor or Out of Home (OOH) (e.g., billboards)	Estimated ad exposure Unique URL clicks or hashtag usage as a result of OOH

AVAILABLE RESOURCES:

- Social Media Tools, Guidelines & Best Practices (from the CDC)
- See the HCS Playbooks:
  - Playbook 1: *How to Build Relationships with Your Local Media*
  - Playbook 2: *How to Create Your Communications Campaign Distribution Plan*
  - Playbook 3: *How to Pitch and Place Op-Eds and Letters to Editor*
  - Playbook 4: *How to Plan and Organize Your Communications Around Key Topics and Events (Observances)*
- Word of Mouth Promotion Tool (by Jay Kassirer)
- See a sample HCS Campaign Tracker in **Appendix B**

STEP 8: EVALUATE YOUR DISTRIBUTION ACTIVITIES

It is important to have a viable evaluation strategy early in the planning process to determine whether your marketing and communication activities are effective. The work you have already completed in defining your goals, objectives, audiences, messages, and tactics is a good basis for planning your evaluation efforts. Evaluating your activities throughout the implementation process will provide the data needed to make informed decisions about how to focus or adjust future marketing and communication efforts.

MAINTAIN HCS DATA SYSTEMS

During HCS you developed systems to track data that you can continue to use for audience identification and segmentation, dissemination planning, and tracking or web metrics. While you might be building new tracking systems, as outlined above, you can also consider maintaining data systems developed in your HCS work.

RECORD KPI RESULTS

On a routine basis (e.g., weekly, monthly), use your dissemination plan to record your KPI metrics for each dissemination tactic implemented.

DEFINE EVALUATION QUESTIONS

Brainstorm the evaluation questions you will need to answer to improve the effectiveness of future marketing and communication efforts. Indicate any improvement actions needed.

USE YOUR KPI METRICS TO ANSWER YOUR EVALUATION QUESTIONS.

Example evaluation questions are provided in **Table 3**.

TABLE 3: EXAMPLE EVALUATION QUESTIONS

Messaging/Content
• Was the message optimized for the communication channel? • Do we need to adjust the message, images, or graphics to improve reach to the target segment? • Do any recent events, political, or societal shifts affect the message? • Has public sentiment changed regarding the topic which requires a messaging shift?
Dissemination
• Is there another communication channel or marketing tactic we can try to improve our metrics and reach the intended audience segment?
Social Media
• How has the number and tone of reactions to social or online content changed?
Media
• Are our key messages being reported by the media? • What tone do media articles that cover the campaign topic convey?
Stakeholder Engagement
• Which champions, stakeholders, and partners can we collaborate with to amplify our reach?

AVAILABLE RESOURCES:

• See HCS Playbook 5: *How to Assess Campaign Progress in Communities and Identify Potential Enhancements*

• Evaluating Communication Campaigns (CDC Blog)

• See a sample HCS Campaign Tracker in **Appendix B**

Appendices

Appendix A: SAMPLE Message Map

Appendix B. Sample HCS Dissemination Tracker

Appendix C: SAMPLE Media Release Form

Appendix D: Useful Opioid Resources and Campaigns

Appendix E: Available HCS Materials

APPENDIX A: SAMPLE MESSAGE MAP

THE HCS CAMPAIGN MESSAGE GUIDANCE FOR COMMUNITIES
TOPIC: NALOXONE

Purpose: This document provides important guidance for HEALing Communities Study (HCS) communities on how to create and disseminate messages related to the potentially life-saving opioid overdose reversal drug naloxone. FDA approved forms of naloxone include the nasal sprays Narcan® and Kloxxado™, the ZIMHI™ prefilled syringe, and generic formulations that are used with a syringe or IV. As communities develop their own materials (e.g., flyers, posters, op-eds, social media posts, presentations) they should follow the guidance below to ensure that all materials and activities on naloxone present consistent, evidence-based messages. The findings in this document are based on both formative research with campaign audiences and best practices in persuasive communication.

1. WHY are we communicating this message?

Goal: A key goal of the HCS communication campaigns is to reduce opioid overdose deaths by increasing the use of naloxone nasal spray in all HCS communities.

Objectives:

- Increase awareness of naloxone.
- Increase access to and availability of naloxone.
- Reduce stigma connected to using naloxone.

Stigma targets:

- Every life is worth saving.
- Carrying naloxone is not the same as encouraging opioid use.
- Strong communities care about their most vulnerable members.

2. WHO are we communicating to?

Priority groups who live in the HCS communities, including:

People with Lived Experience	Key Opinion Leaders	Providers
1. People with opiod use disorder 2. Family members 3. People in recovery	1. Elected officials (sheriff, school board supervisors, mayor, city council members, aldermen) 2. Opinion Leaders (faith-based leaders, civic leaders, employers)	1. Primary care practitioners 2. Nurse prescribers 3. Pharmacists 4. First responders 5. Emergency departments 6. Dentists

3. What do they CURRENTLY think about naloxone??

People with Lived Experience	Key Opinion Leaders	Providers
· Naloxone is important to me. · I know what it is, but where can I get it? · I know what it is, but how do I use it?	· What is naloxone? · Where do I get it? · How do I use it? · How do we increase access to and availability of it?	· I know what naloxone is and often rely on it to save my patients' lives. · Don't tell me to use it. I already do. · I'm not sure my patients should be using naloxone. It seems like something only providers would use.

4. What would you LIKE them to think?

People with Lived Experience	Key Opinion Leaders	Providers
Naloxone is critical to saving lives from opioid overdoses. I know what it is, where to get it, and how to use it.	Naloxone is critical to saving lives from opioid overdoses. I know what it is, where to get it, and how to use it. I would like to increase access to and availability of it in my community.	I use naloxone to save lives from opioid overdoses. I want my patients and their family/friends to use it, too.

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

People with Lived Experience	Key Opinion Leaders	Providers
Naloxone saves lives, and you can too, by being a first responder.	Naloxone saves lives, and you can too, by being a first responder.	I can equip my patients and their friends/family to serve as first responders by prescribing them naloxone.

6. Why should they BELIEVE it?

People with Lived Experience	Key Opinion Leaders	Providers
Because naloxone works, is easy to use, and is readily available.	Because naloxone works, is easy to use, and is readily available.	Because I've seen naloxone work in my own clinic. I know that it's easy to use.

7. What do we want them to DO?

People with Lived Experience	Key Opinion Leaders	Providers
Carry and use naloxone to save lives from opioid overdoses.	Carry and use naloxone to save lives from opioid overdoses. If appropriate, encourage my community to make it more widely available.	Know where my patients can access naloxone. Prescribe it to patients with a high risk of opioid overdose (e.g., previous overdose, use other substances, have co-existing mental illness). Talk with my patients, their friends, and their family about what naloxone is, how it can save lives, and where they can get it.

APPENDIX B: SAMPLE HCS DISSEMINATION TRACKER

(used on Excel)

Priority Audience Group	Targeted Audience Segments	Campaign Material	Dissemination Tactic	Description	Paid / Unpaid	KPI Results	Champion/Partner	Distribution Timeline
Select the priority audience group you focused on reaching with a specific campaign material/tactic.	Identify the specific audience segment within the identified priority group you focused on reaching.	What campaign material (e.g., Facebook graphic, OpEd) will you use? Only include one campaign material per row.	Describe the specific actions you took to disseminate the campaign material.	Outline step-by-step process as to how you implemented the tactic	Was the dissemination paid or unpaid?	Include the metric results to measure the effectiveness of the dissemination tactic and improve future efforts (e.g., number of video views, number of clicks on a link).	Provide the name of any partner(s) or champion(s) you collaborated with to disseminate the campaign material.	Include the monthly/day when the campaign material was disseminated or published.

Campaign:
County:
Date of Last Update:

NOTE: this form should mirror your campaign dissemination plan

PRIORITY AUDIENCE GROUPS:
CAMPAIGN TIMELINE: 2/25/22 - 6/29/22

NIH HEAL INITIATIVE
HEALing Communities Study New York

Unpaid Tracker | TA

Ready

APPENDIX C: 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 D: ADDITIONAL OPIOID RESOURCES AND CAMPAIGNS

You will see many planning and tactic- specific resources listed in the eight HCS Playbooks. Below is a list of more general links that can inspire and inform ongoing communication efforts .

Key:

CDC: Centers for Disease Control and Prevention

SAMHSA: Substance Abuse and Mental Health Services Administration

DEA: U.S. Drug Enforcement Administration

DOJ: U.S. Department of Justice

KY: Kentucky

MA: Massachusetts

OH: Ohio

NY: New York

NYC: New York City

NATIONAL AND STATE HELPLINES

- National Helpline 1-800-662-HELP (4357) (SAMHSA)
- Massachusetts Substance Use Helpline 1-800-327-5050 (Mass.gov and Health Resources in Action)
- New York HOPEline Services 1-877-8-HOPENY (467369); Text: HOPENY (467369)

NATIONAL COMMUNICATIONS CAMPAIGNS AND RESOURCES

- Opioids (NIDA)
- Evidence-Based Resources About Opioid Overdose (SAMHSA)
- Opioid Overdose Prevention Toolkit (SAMHSA)
- Rx Awareness Campaign (CDC)
- Stop Overdose (CDC)
- One Pill Can Kill (DEA)
- Heroin and Opioid Awareness Campaign (DOJ)
- The Opioid Crisis (Truth Initiative)

STATE/CITY CAMPAIGNS

- Stop Overdoses (KY)
- FindHelpNowKY.org (KY)
- Stop an Overdose with Naloxone (MA)
- Ohio Against Overdoses (OH)
- Beat the Stigma Campaign (OH)
- NARCAN Behind Every Bar Campaign (NYC)
- Fentayl Kills (NY)

APPENDIX E: AVAILABLE HCS MATERIALS

Below are materials that can be downloaded from HCS web platforms for use once the HCS intervention ends, but they must be downloaded before the HCS web platform becomes unavailable (for Wave 1, June 30, 2022). Communities can also request a zip file 30 days before the intervention ends. There is more information on how to transition/gain copies of these materials in Playbook 7.

Playbooks: These "How-To" Guides offer tactics for communities wanting to enhance communication capabilities among staff and coalition members.

- Playbook 1: *How to Build Relationships with Your Local Media*
- Playbook 2: *How to Create Your Communications Campaign Distribution Plan*
- Playbook 3: *How to Pitch and Place Op-Eds and Letters to Editor*
- Playbook 4: *How to Plan and Organize Your Communications Around Key Topics and Events (Observances)*
- Playbook 5: *How to Assess Campaign Progress in Communities and Identify Potential Enhancements*
- Playbook 6: Play 6: *How to Create Do-It-Yourself (DIY) Video and Audio Materials*
- Playbook 7: *Building Sustainable Opioid Overdose Communications Beyond HCS*
- Playbook 8: *Communications 101: Navigating the Fundamentals Post-HCS*

HCS Media Backgrounders: (Background information for topics of interest to the media to ensure that community spokespeople can articulate consistent, evidence-based messages.)

- The Urgency of Treating Opioid Use Disorder in the Time of COVID-19:
- Care Without Fear
- Fentanyl Mixed with Stimulants
- How Addiction Changes the Brain
- Medications for Opioid Use Disorder
- Stigma

Organizational Toolkit: Practical information for community organizations related to opioid overdose education

Tip Sheet on Clear Communication: Guidance on using plain language, testing readability levels and using images that do not provoke triggers for people with SUDS.

Message Guidance Documents: These HCS message maps were designed to ensure that communities use clear, consistent, evidence based messaging on various topics throughout the HCS intervention. Topics include Naloxone, Stigma and MOUD.

Campaign Toolkits: These toolkits hold campaign HCS materials but should only be used as a reference. Note guidance in Playbook 7 on restrictions for use of the campaign materials.