Doalogue4Health Web Forum

No Wrong Door for Opioid Safety: How to Communicate for Impact

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Welcome to No Wrong Door for Opioid Safety: How to Communicate for Impact. My name is Laura Burr and I'm running this Dialogue4Health Web Forum with my colleague Kathy Piazza. We thank our partners for today's event: the California Opioid Safety Network, The Center for Health Leadership & Practice, and the Public Health Institute.

Now I would like to introduce Dr. Carmen Nevarez the founder of dialogue for health and the moderator of this event. She is director of the California Opioid Safety Network and is the Public Health Institute's Vice President for external relations and preventive medicine advisor. A longstanding voice for the public's health, Carmen is responsible for developing relationships with health and public health organizations and interest, advocating for public health and incubating new programs so welcome back to the microphone, Carmen.

>> CARMEN NEVAREZ: Good morning. Thank you for that introduction Laura. I am excited to be with you and our amazing panelist to talk about how to communicate concisely strategically and effectively in our response to the opioid epidemic. You are going to hear from a lineup of speakers that work on the front lines and nationally to generate strong communication strategies much our hope is that you will come back with practical tools and ideas to shape your work.

There are folks from across the country, almost every single state is represented as a registered participant and I think that is super exciting for all of us.

So let's go ahead and get this ball rolling.

I want to start by saying this webinar is the third session in our four part dialogue for health series calls "No Wrong Door for Opioid Safety" these sessions are designed around the how of our local response. Specifically supporting coalitions, collaborative partnerships and multi sectorial strategies that we need but that can be challenging to build. Each webinar is records and archived on the California Opioid Safety Network website. You will find everything archived there including the recordings. And today's recording will take about a day to go up but know you can refer people back or if there is something you really need, you can go back and get it yourself.

In the first two webinars we explored strategies to be building strong partnerships and using local data for action. The question we will tackle today is what are the most effective messages and means of communication to mobilize local opioid crisis response?

This series is convened by the California Opioid Safety Network, or COSN. Through the webinar series we are lifting up work from leaders across the country to help generate a national dialogue about what works when it comes to addressing opioid safety within community faze. This is a wonderful learning community and we are taking this advantage to bring these lessons as well as lessons across the country to all of us you and to help generate discussion and further thought. California Opioid Safety Network is bringing our tools, resources and learnings to the platform in order to share with and learn from other communities and the most popular state with a highly diverse population, economically, racially, politically and including large rural and urban areas, we hope the lessons that you will hear can be spread nationally while we are able to lift up the experiences of other communities and states and learn from them as well.

This graph which I won't go over in detail because it is available on the CDC website, basically shows the different sectors for engaging local response to clusters of opioid deaths. It is really important to be grounded in this and to fully understand that we don't get very much done if we are not able to effectively bring in all of the other sectors. We are going to hear three presentations. As you listen think about these questions. What communication strategies do we currently have in place? What is our communications goal? Who is our target audience and what is our call to action? Who do we currently involve in developing our key messages? Are there ways our language may be stigmatizing and what elements of existing public either campaigns could we start to build now?

Okay. Now we are going to hear presentations from communications experts from across the country. Each speaker will cover concrete methods for developing an effective communication strategy. All of the tools and resources listed in their presentation are available on our website.

Let me start by welcoming LeShaundra Cordier the Associate Director for communications at the CDC's national center for injury prevention and control division of overdose prevention. She provides guidance and planning and implementation and valuation of methods to help with drug overdose topics.

>> LESHAUNDRA CORDIER: I am happy to be here today representing the CDC division of overdose prevention and talk with you about the CDC Rx awareness campaign and the experiences we have had with developing the campaign and messaging around opioids. I will try to move the slides the first thing I want to talk about are the challenges in opioid communications. Many of which you heard in the presentation materials of the previous presenter and want to point out that the opioid landscape is ever evolving and one of the realities for us is messaging is evolving as quickly and fast as the data and demographics are shifting.

So one of the things we do to address that is make sure our message focuses on three big buckets am one understanding the epidemic no matter what it looks like. Increasing awareness and helping everyone understand the severity of the epidemic and risks and dangers of other drugs. And the third, second bucket is the role of data in understanding we need timely and high quality data to help people understand the extent of the problem and focusing our resources as needed in the most high burden areas. And also to evaluate the success of prevention and response efforts. The third bucket, the importance of collaboration which is really essential to making sure we are preventing opioid overdose deaths and messaging in the landscape.

So these are the challenges you have heard it and will likely deal with or face around the evolving crisis. Stigma has been discussed today. Terminology. Limits to time and resources. Communication noise which is something I think is important to highlight. Everyone is messaging in the space especially in the federal landscape, different agencies, state health departments, the administration and others so it is important to have effective messaging. And misinterpretation of data. It is a highly important concept for a lot of people but it is often misinterpreted

I want to point out there is appropriate language to be considered when you are messaging so make sure the message resonates and is effective. I want to touch on reducing stigma. It is our goal to avoid using stigmatizing language. It helps encourage conversations about opioids and the risks and helps to get the message and campaigns and materials out there. It is important to humanize the issue and one of the things we try to support for people is making sure that you have an empathetic tone and supportive and informative information and be aware of imagery and what that can to do people in active recovery.

So creating effective communication resources as a solution really is important because effective messaging can contribute to your success. So whether that is intent to raise awareness or persuading others they can have a role to help or helping to get by in for the program or funding for the program it is important to have effective communication across the board. We bundled this experience in three big steps. Setting up communication goals, really trying to figure out what you want people to know and what they need to know, and what is your goal? Step two, really identifying and prioritizing resources. We often use and audience centered approach. Understanding your audience is important to developing effective messages. So where do they live and work and what motivates them? Who is the best messenger for the message.

Who can you ask for more information? It is important to research the target audience to better help with step three. Creating and delivering the messages.

What do you want people to know? What format works best for them. What should the messenger provide? So it is important to think about the three steps when developing tools and helps with the best practices. So making sure your audience's needs and beliefs is a priority and meeting people where they are for your message. In the social media space, if your target audience is in print media then newspapers and other things might be a best choice. So understanding the audience is necessary to know the tools and resources you can provide.

Consider the messenger. It is important to make sure you know what the audience is listening for and who they are listening to. Something else I try to make sure people know that is important and critical as a best practice is testing and evaluating your messages. It is important to know what is successful and with that success how you can improve your content and make it better and help it hit the mark. I want to talk about that in the context of the Rx awareness campaign and understanding the goals for the campaign.

For us it was increasing awareness that prescription opioids can be addictive and dangerous and a lot of that work came from experience in the formative space and pretesting we did to try to identify our audience. Which in this case became those who have used opioids or received an opioid for a particular reason, medical or otherwise and making sure we wanted to hit everyone that had exposure. That is a broad audience but when we designed it our goal was to reach as many people as possible. We looked at data and overdose death rates making sure our alignment with the messaging hit our mark for what we are trying to do in the field. Conducting research and prioritize the audience segmentation.

So in terms of prioritizing the audience, for us we looked at ages 25 to 54. People that had taken prescription opioids at least once for medical or recreational purposes. But what was important is that we hit consumers with content and provided health departments and others disseminating content with the messages they can use. So what I tell people is that our campaign is not just designed for consumers it was designed for states.

So doing that, it was a unique challenge to focus your content when you are developing consumer creative assets but dissemination processes for states. So we looked at the needs in both groups and made sure to create material that were useable and met their goals in different capacities. So we hosted conference calls with the states to get feedback on products and did formative research with the target audience. And then we want to the task of creating materials that we thought motivated consumers in both spaces.

Our resources that we created were a series of campaign ads, webinars. Testimonials, five second bumper ads and social media content. We developed a website that we think combines all of the resources in one place for folks to be able to find and get what they need. We developed a comprehensive tool kit that states can use it address additional strategies for implementing the campaign. The tool kit outlined how to use the tool kit resources and how to maximize your budget and conduct campaign evaluation and provide different tools and templates to help launch awareness. So we came up with the tag line and launched our content in four states. These are the tests.

And then launched in four states and 16 counties as a final launch. So our materials ran in a series of states across 10 to 14 weeks and this is the impact we had from formative testing to launch. You can see we had quite a few impressions for a 14 week total period and continuing to see increases overrunning the next phase of our campaign. Something I want to point out is evaluation and for us, taking a look at the campaign exposure and doing the research, whether that was focus groups or something broader like a survey. We found that consumer exposed to our pledges had higher awareness and knowledge and they would be seeking additional information we could help provide resources for. So seeing the increases in search activity and complicating that with supporting materials.

So what we learned for folks to know: Obviously for us we found that audiences connect well with perform stories and emotional messages. It is important to have a multi channel dissemination strategy. We presented materials across different resources and platforms and digital is not always the only way. I know we hear it a lot because it is a cheaper

way. It is not the most effective way to reach your audience. Then sharing key takeaways with folks. Multi channel strategy approaches is best when you are reaching broader audiences. Making sure you are using tested and tried materials. Working with training organizations and adapting materials, helping people with marketing and media are all really important pieces if you have the budget to do them. If not talk to us and we can help you figure out cost effective ways to do that. And organizations.

Here are resources that will be available for you all on the website. CDC publicly available accessible tools including the campaign website and access to our data, graphics, videos and other things we have designed for consumers to use. So with that, I will turn it back to Carmen. This is my contact information and thank you for your time. >> CARMEN NEVAREZ: Okay I would like to introduce Savannah O'Neill and Jenna Haywood from the harm reduction coalition. Savannah is the capacity building and community development manager where she oversees projects throughout California supporting existing programs and the expansion of harm reduction services. Jenna is a capacity building and community development manager at harm reduction coalition where she supports California based harm reduction programs are training and technical assistance and focuses on California policy advocacy. So Savannah, are you ready to go?

>> SAVANNAH O'NEILL: Hi thanks for vague me today! Today we are talking about how language impacts stigma. We wanted to start with a quote to ground us in that today by Adrian Maree Brown. She says "language changes so quickly these days. The right to speak about people, trauma, identities, gender, about geography, everything is in motion on a regular basis. I know that in writing this book I am creating something infinitely dated".

We appreciate the framing when we think about how to talk about drug use and how it changes over time and will continue to change. The goal is not to give you perfect to language to use in a media campaign but instead to provide you can tools to help you reflect on the words you use and the impact they have so we can all communicate in a way that doesn't cause harm or perpetuate (mic cutting out)

So we are seeing more national discussion of the overdose crisis. We know there is still a lot of stigma towards people that use drugs and this is reflected in the language we use to talk about these issues. We need to reshape public perception to humanize people that use drugs. The people that are most marginalized which include people of color, pregnant people, undocumented folks, homeless people, and we need to insure our strategies, communication and language support people most directly. We need to do this not only because it is a nice thing to do but because research shows it impacts the care we provide and policy.

So the first bullet shows that research has found that even among highly trained seasoned providers, when they see the term abuse or substance abuser in a conversation it leads to more punitive medical care and negative judgments about the patient. And we know that this is true in clinical care and it matters. But it also matters in public media. Wide spread use of stigmatizing language has led to misunderstanding about the fundamental nature of addiction creating deadly misconceptions about how it should be managed.

>> JENNA HAYWOOD: So there are a few questions we would like to pose to ask you to reflect on your own language practices when it comes to communications and interpersonal interactions. So the first question is are you using person first language? And we use person first language because a person is a person first and behavior is something that can be changed. So words like addict or user imply that someone is something, instead of describing a behavior they are engaged in. Person first language is adopted as best practice among providers, policy makers and journalist. The second question to ask yourself is are you talking about all drug use the same?

Research shows that being as specific as possible when talking about a person's drug use leads to better health outcomes. The chart you see here is really nice because it offers more language than what we commonly hear. Things like the black and white thinking that we will hear that leads to words like abstinent or being in full blown addiction. Not all people that use drugs are dependent on a particular drug. So it is important that we are not perpetuating stereo types in medical settings or in public health prevention communication and by using varied specific

language, we can make sure to avoid this. Our last question is are you using sensational or fear based language. On this slide you see clips of news articles and media campaigns about drug use from the past and present showing examples of how prevention practitioners that have tried to inspire action may have inflated the actual harms associated with particular drugs in a way that can be perceived by inauthentic by people that use the substances. Using terms like bigger, scary, demon is creating a narrative that anyone that using the substances is immoral, dangerous or ill logical. This tendency towards moral panic has a long history in prevention messaging and media coverage of substance use disorders that stigmatize the people that use drugs and erase people that use and may want treatment but don't meet the stereotype projected in the ads. An average with a method user of sores or looking like a ghost ignores the varied reality of method use and perpetuates drug war myths.

>> SAVANNAH O'NEILL: It is challenging for people to change long standing language patterns and we acknowledge that. People wonder if it is be important. We want to give you ways to address your own language and acknowledge that even though it is challenging it is important. We offer four strategies beyond posing the questions to yourself to push further in your work. The first is choosing accountability buddy to share your areas of growth and offer to correct you and support the change that you are trying to implement. So you f you reflect on the questions and find that you struggle in a certain area, ask someone in your community or organization or coalition to check in with you and be someone who can support you in that. A larger undertaking that is incredible important is to perform a language audit of your existing materials.

If you publish forms, brochures, signs, campaigns, public health messaging, perform an audit to see where you use stigmatizing language and where there might be a fear based tactic and try to replace it with inclusive language.

If you are not sure what the most inclusive language is, a really essential component is when developing new materials that you seek input from a variety of stakeholders to give feedback on how the language comes across and what the feeling is and importantly, that it includes people that are using drugs. The harass point is that we stay teachable and understand that things change. That we look at reputable sources for information and be open to evolving.

So we want to share a few graphics we have created. We created a campaign called "know overdose" that you can see here and we created this with people that use drugs in San Francisco and we really looked at what people wanted to see. The campaign aimed to reduce overdose debts in the city of San Francisco and include the experts and their strategies that they used. So we did a few different models. One is conveying people that actually use drugs with the harm reduction messaging that they use to take care of themselves. There are ones that are text that include facts and we wanted this to be for people that use drugs and for broader education. As you can see in the orange one, people who use drugs and their loved ones reverse around 1500 overdoses a year. We wanted to up lift of the work people are doing to save each other's lives.

And the blue side says reversing an overdose is easy and people have access to naloxone. The audience was looking to address people that use drugs and the broader community. We also wanted to up lift specific stories.

These are portraits of people in San Francisco and what it means for them move access to naloxone and what it means to overdose. All of these were created, involved people that used drugs at every level. So we are using portraits here to describe their experience, but they also developed the language. Once we created the campaign they offered edits to it. So they were really essential at every opponent of the development of this resource which is why we are so proud of it because often we hear that even people that want to create meaningful public health campaign, if you ask yourself that question but don't involve people, will miss the way that affects the most change. So we really proud of the campaign and we will be rolling it out in bus shelters and billboards seen in the city of San Francisco. You can check out more about how we develop the campaign and a comprehensive report about the steps we do to meaningfully include the voices of people impacted on our website. The link is there.

For you to learn more about the new overdose campaign. Thank you for listening to our tools and questions to pose to yourself as well as taking a look at the new campaign "know overdose"

>> CARMEN NEVAREZ: Thank you Savannah and Jenna. I really appreciate the insights that you just shared with us. I would like to remind the audience that we will have the links to your materials and website as well on the California Opioid Safety Network website. And the dialogue for health website and for the audience, please do remember to type in your questions into the Q&A. We love the ideas that you are giving us and the questions that you are asking because it helps us to know what you need to get your work done. If we are not able to answer the question today live online we will get back to you separately and in addition to that, any resources that you are asking for that we can provide we will make sure are on the website.

>> CARMEN NEVAREZ: Thank you so much. I am really pleased with the amount and diversity of information that is coming across here. I want you all to know that we already the references that LaShaundra referred to the website so you can go straight to them. I want to move to Karyn and Christin and welcome to both of you. Karyn is the JSINM communications director. Leading in the health communications team bringing together a wide range of talents, health communications, graphic design. Formative research, creating and implementing social marketing campaigns and evaluations. Christin is the marketing communications program director at JSI Northern New England working with programs to plan and implement media and marketing initiatives and create social marketing programs to excite behavior change for good. So Karyn let's go ahead and get started with you and then go to Christin. Thank you.

>> KARYN MADORE: Thank you Christin is it going to start us off.

>> CHRISTIN D'OVIDIO: Thank you I am going to talk about a campaign about a network of referral sources in the state of New Hampshire. So according to the national institute on drug abuse, New Hampshire is among the top five states of opioid involved deaths. In 2015 we had a record number of residents overdosing on opioids. There was a multi pronged emergency response including a statewide public awareness campaign.

So in 2015, when this was all happening. JSI or John snow Inc was hired by the state of New Hampshire to create a campaign as part of the multi pronged response. The initial campaign was anyone, any time. It targeted the public caregivers, healthcare providers, those at risk of overdose, it featured real people that were either personally or professionally involved in the crisis and it was tightly coordinated with the broader public response that the state was involved in. The city of Manchester fire department created safe stations that allows for people struggling with opioid addiction to seek help as a fire station. This was the first program of its kind in the country.

So again in 2018JSI was asked to launch an awareness campaign. This time it is called the Doorway NH. There was a lack of awareness about the services in the state for people suffering with a substance abuse disorder and there was a new modified hub and spoke model that no one knew about.

Other barriers, still stigma. People who have been searching for help and didn't find it because there were not as many services available were still maybe being depicted as individuals who were overprescribed or people, it was not addressing people that might have a poly substance use disorder so as we begin to roll this out we started to see that there were a lot of requests for alcohol use disorder services as well. Rising alongside people coming in looking for assistance with opioid use disorder. There was a lot of confusion about the resources that were available because there was not a lot of clear messages. People didn't understand what there was a Doorway near them or what it was. And people had bad experiences in the past when accessing services and we had to overcome that as well. People were verbal about that on social media initially in the campaign.

So JSI conducted formative research and we looked at the epidemic happening in the United States and in our states to inform the campaign and this provided us with the insights here that you see. So participants really focused that advertisements should adopt empowering collaborative trauma informed language. We wanted the benefits of the doorway to be highlighted in relationship to the client's needs rather than the vehicle of how they obtained the services. They wanted to expand the public discussion about addiction beyond opioids, broadening it to include alcohol and other substance use including the emerging problem of Meth.

They wanted the help be immediately available. In the moment, seeking help, those at risk for misuse, they wanted to know there would be an immediate response from someone that cared that was not judgmental and that was informed. They wanted the messaging to underscore success and a happy recovery despite past use or trauma. That came from people who were in recovery. They wanted to capture the hopes and dreams and make a human connection. They felt isolated and alone and in recovery they found support and family.

They described they would turn to family and friend ELMS and about you the people were a resource they needed to be aware of the resources and services available. So the campaign needed to be multi pronged to reach other audiences. They wanted to be informed about the Good Samaritan law and they felt stories should feature personal, real people with lived experience from their perspective and there should be clear action steps. And for us that was to call 211 or visit of website. So JSI created six compelling videos from real participants. They featured real New Hampshire residents telling their story of recovery and they have been active in their community and in the recovery community. The campaign began with a slow roll out in February 2019 and I will turn it to Karyn.

>> KARYN MADORE: Hi everyone. So thank you Christin. So we wanted to focus a bit on how we overcame push back in a political environment to share our lessons with you. One of the first issues we encountered was the funding came from, for this campaign came from the state opioid response funding that many of you are aware of. And it came through the DHHS, requests for proposal process. But from the beginning the bureau of drug and alcohol services was not integrated with the core team in regards to planning and decision making and this created a variety of issues we had to navigate to get final approval and be able to implement the campaign. Some of the push back came from the New Hampshire, DHHS commissioner. Although JSI was hired to reinvigorate everyone, any time campaign, once we are underway a few months in the commissioner made us scrap that and start over. So JSI is a flexible organization and we did do that. But it set us back on the timeline. The next puck back came from the gentleman who is in the middle of the slide. His name is Andy. He is a young man that is in his 20s that lives in the southern region of New Hampshire. As you can see he sports a multiple colored mohawk and many piercings. We heard that we should down play his role in the campaign by not running him at all in certain areas or running him less frequently than the others.

So we pushed back because we understand that in order to reduce the stigma, you must show the diversity of people affected by the epidemic. Our two largest cities, Manchester and Nashua are close to each other and when the doorway system was launched the mayor of Manchester says that the program is helping people get treatment but because Manchester is the largest metropolitan area in New Hampshire they are suffering from of the number of people coming across the state to seek treatment and they are also looking for services like mental health and a bed for homelessness. So we were directed not to advertise in Manchester or Nashua so we reached out to our advertisers in the cities and explained the situation. And since the sales reps are members of these communities they called the New Hampshire government representative and complained.

Just like that we were able to advertise in the two cities. There is still a general dissatisfaction with the campaign from the governor despite the positive feedback and positive outcomes we are seeing of the campaign and really positive feedback from the participants and recovery community.

We wanted to share some successes and lessons that we learned. We knew it was critical to find out who the final decision maker was in the campaign and we were told what it was. It was not the governor or commissioner. So the next time around we will make sure that we can get to the actual decision makers., the other speakers have touched on this, we used real people who are in recovery, and that has been really successful. What we did learn although it was successful, we had a participant that relapsed in the middle of us producing the commercial around we realized we did not have a protocol in place if someone relapsed.

So we pulled their ad. But in the future we will make sure we have that conversation to say if you relapse do you want to continue to be on T.V.? If not how do you want to tell us that.

The third success is engaging your partners. We created a tool kit on the doorway NH website. You can see a visual of it. And this is a tool kit to engage with us on social media. Kind of

a how to., and it has directions on how people can order materials from us or download them. So three action al things that we think you can do if you are thinking about a campaign to get the ball rolling to strengthen your approach, is research. The topic. Test your content with your priority audience, and engage your thunder in the process. And get direction from the funder up front and let them feel like they have been a part of the artistic process. We have a list of resources. The first one is our campaign website. Which we did not create. But there is a state partner that created it. And we have our treatment locater and this resource lists treatment agencies and individual practitioners that offer substance use disorder services including evaluation which is the first step to determining the level of treatment needed. Withdrawal management. Outpatient counseling. Residential treatment, recovery support and other types of services. And then I wanted to share JSA's health communication portfolio that highlights how we combine our decades of public health experience with approaches that inform and support people to change their behavior. And that is our presentation. Thank you.

>> CARMEN NEVAREZ: I want to thank our presenters. You brought so many views to this and I was thinking this is another real world view of what the challenges are of doing this work and the importance of figuring out how you get all of your stakeholders identified and engaged. Sometimes political forces are the hardest to manage or work with. And you know certainly you told a vibrant story about how it works out. So we have good questions from the audience.

I want to start with something that intrigued me at the beginning. There was an observation that we are told to identify substance use issues with communities of color, people of color, so maybe, I could get a response from the harm reduction coalition to why the people of color were feature in the posters you showed here. Who is your audience or are there other issues that you want to share with us?

>> SAVANNAH O'NEILL: I will start with an answer to that. So as I described with our no overdose campaign created by of the DOPE project it was specific to the community in San Francisco. So I think that is why depending on the situation you work in, that the people who are mostly dying from drug overdose in San Francisco and impacted by drug use were reflected in the campaign. So we talked to people, a huge variety of races, different communities. People that do drugs inside and outside of their homes and these were the faces of the people.

So for us, as we discuss not using fear or sensationalized language, a lot of that stuff looks to the way campaigned have been racialized over time, like you mentioned and the root of the question is, acting as though people of color are the only people affected by drug use. But we wanted to hold up and lift up the people of color in San Francisco that are impacted and creating strategies to save each other's lives. There is that tension in acknowledging who is actually impacted but not creating a stereotype and really creating true authentic stories. It depends on your environment and who is most impacted and I think the other piece for us is about constantly getting the feedback and having people in our staff that people trust to give real feedback to so that reducing their stigma. People told us I hate that ad or that is not at all what I experience as a black person using drugs and we are able to integrate that and have it be a real representation.

>> CARMEN NEVAREZ: Thank you for the answer. I think it is important to think about your audience. Start with that. And I think all of the speakers have really touched on that in a good way. And since we are talking about people who are helping to create the stories I want to ask another question from the audience. When people are talking about their personal stories, what measures should be used for getting informed consent and risk reduction for potential risks that the project might cause the person who is telling their story? And let me go ahead and throw that out and see who wants to answer it first.

>> LESHAUNDRA CORDIER: I would like to start if that is okay. I think one of the things that is important for us when we were putting people on camera telling their authentic story is to make sure they were in a safe space. Making sure we had support staff on hand. We background checked everyone and had consistent conversation with them ahead of time about what this is going to be and what they are going to talk about and who they were going to talk to. We made sure we had social workers and counselors and asked them to invite people in their support circle to be onset with them and consistent follow up points. The issues with risk are important to address and you want to make sure you are not going to catapult someone into a

space that potentially could upset sobriety. So we follow up with people on a regular basis. All of our candidates we talk to frequently but it was important to us to do the vetting ahead of time. We talked to people who had been sharing their stories in other settings, group settings or on the local news programs and things like that, so we could have a baseline for people who had been exposed to that kind of engagement or had never been.

We did media training for people so they had an understanding of what it would be like to be interviewed or have their face on every Billboard so it was important for us to do that and take steps for them to feel safe and protected in that space

>> CHRISTIN D'OVIDIO: We really tried to work with people already active in the recovery community. Involved in other recovery centers and doing counseling or intake and we continually check in with every participant who has stayed in contact with us to make sure that their still feeling good about having their face out there because there is a lot of pressure put on a person regardless of who they are when they become a public figure. Especially in, obviously we have a smaller state with a lot of rural areas where people will see you and recognize you. And so that has been a definite part of our process. And as Karyn noted unfortunately, we had one participant in hind sight, we realized people can become unreachable so we don't really... have a protocol in place now, but not before how to find them again.

>> CARMEN NEVAREZ: Thank you for that. And that is also leading us to another question asked by the audience. Whether there was any criteria or protocol that anyone has developed in order to work with people who are in recovery about the number of months in recovery that they should be through prior to participating. Does anyone have a particular approach to that?

>> CHRISTIN D'OVIDIO: We are working with people well over a year in recovery and were already leaders in the community. I don't know that there is ever a cut off though for people.

>> CARMEN NEVAREZ: Anyone else.

>> LESHAUNDRA CORDIER: We did not find criteria so we set our own. We aimed for people two years into the recovery process and were active in that space. But we did not find criteria when we were looking. And also it becomes subjective in terms of being able to create one because people can be in different stages of recovery.

>> CARMEN NEVAREZ: Savannah or Jenna?

>> JENNA HAYWOOD: So the no overdose campaign was not about people in recovery. The goal of the campaign and audience that it was targeting to simply focus on reducing overdose deaths. So in harm deduction we really emphasize meeting people where they are regardless of current past or future drug use so that campaign was about showing who is, who are the people reversing overdosing and saving lives and often they are using drugs or in class relationships with people using drugs. So to make sure to get them credit and to reach out to people who might not be responding to other messages, so really messages where they were not going to see themselves reflected in it. So that campaign in particular, was about up lifting people where they are. Treating them with dignity or respect even though they are not people that identified as being in recovery. As someone that identifies as being in recovery it is important that we have ads that include those folks but what we have often missed is, actually showing that not all drug use is the same. And that it is important that we honor people where they are. Because if someone is in recovery and relapses it is a lot of pressure to put on them that they stay in recovery. That we are only honoring their behavior when they are in recovery and not, should they relapse or become abstinent from certain drugs and use others so I think we need the diversity out there.

>> CARMEN NEVAREZ: I want to ask from the audience again, what tools do you each use in order to evaluate the effectiveness of your campaign work? Why don't we start with LeShaundra.

>> LESHAUNDRA CORDIER: Evaluation is a big component of what we do here so we have quite a few different tools. For us, if you are looking at baseline metrics and polling numbers in terms of reach and engagement, we use a lot of different tools to pool that information. Google or Facebook analytics, any of the respective platforms have evaluation components to them you can pull information from and in the dissemination pieces, tools that can

pull information for you. But we do a series of true evaluation. Surveys, recruiting people to participate and determine attitudes, knowledge and beliefs. We use a combination of different types of mechanisms to evaluate but it depends on what we are trying to look at.

>> CARMEN NEVAREZ: Great could we get a quick answer from Savannah or Jenna and Christin and carne?

>> JENNA HAYWOOD: So actually this ad campaign recently became available in a digital form and we are working on the actual physical ad that will go up on bus stops and billboards in San Francisco so our evaluation process is still unfolding.

>> CARMEN NEVAREZ: Perfect thank you. Carne or Christin?

>> CHRISTIN D'OVIDIO:. Well in this campaign we had a strong call to action for people to seek services out so one of our measures is going to be capitals to 211 and increase in services because of, during the duration of the campaign and traditionally we would measure each frequency and engagement, and then if the funder chooses to fund, we would do follow up around ad recall and responsible attitudes, beliefs, we also as I said stay in close contact with the participants so we are able to get a lot of feedback from them and the community and people that are just around and see the campaign.

>> CARMEN NEVAREZ: I want to think everyone for all of their good information they brought and the questions from the audience were excellence. We did not get to all of them. I appreciate the fact that you put them in. We will get back to you off line and it brings today's session to a close. And I ask you to all just keep online and see if you can sign up for the following one. The fourth in the series. So thank you very much to everyone and appreciate that you are on this. There are recordings, slides and they are on the website that you used to sign up for this. Thanks everybody.

Bye.