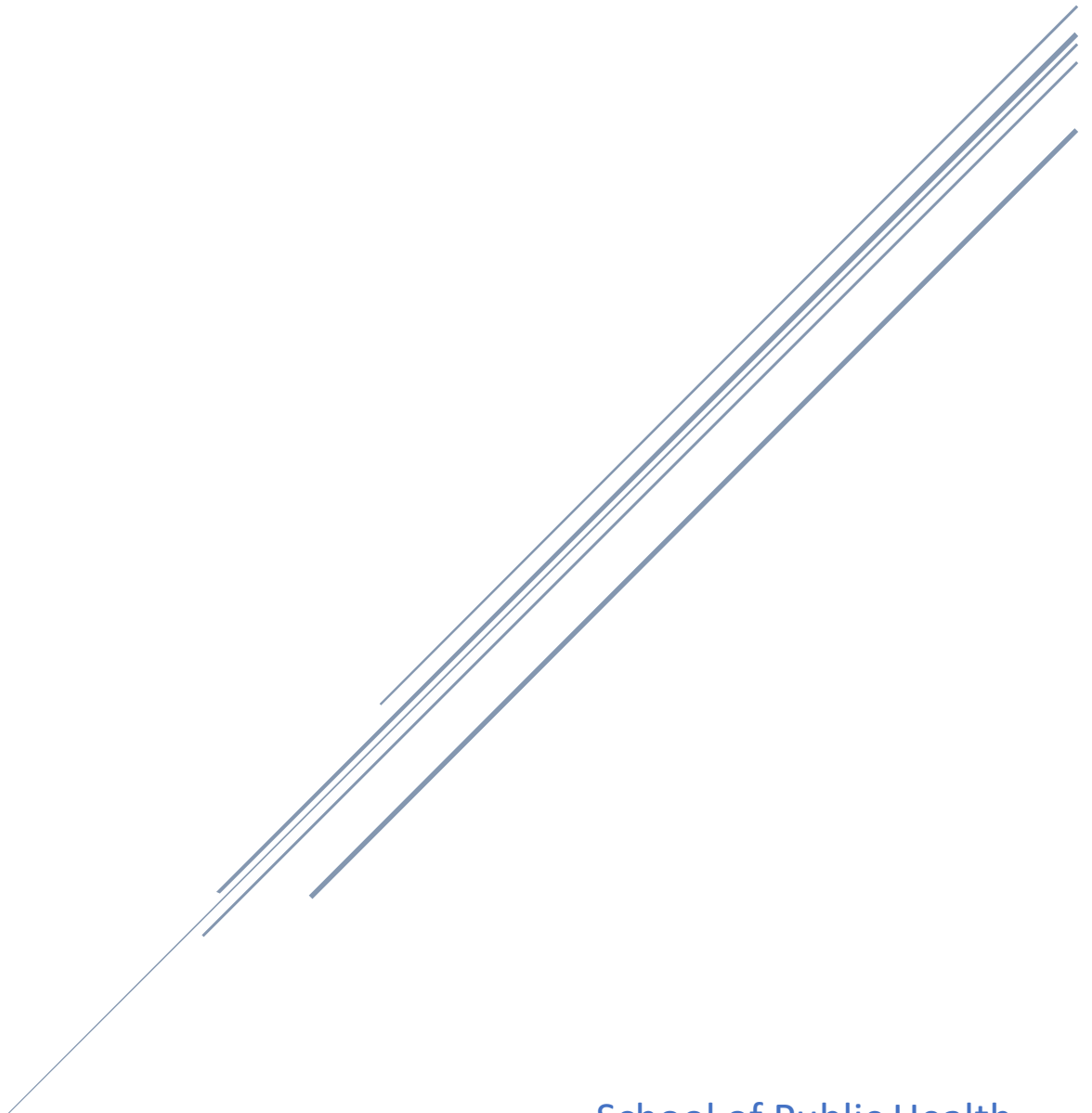# NEVADA OPIOID COMMUNICATION ASSESSMENT

A review of best practices and current opioid related communication campaigns in the United States and Nevada

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Contents

Acknowledgments

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Introduction

The opioid crisis in the United States is a widespread public health emergency that is affecting millions of Americans and their families. In the last decade, significant federal, state, and local efforts have been designed and implemented to combat this crisis. One of the most important components of the response efforts has been related to communications with priority populations and the public to promote education and awareness about opioid use including prevention, treatment and care, and stigma.

In partnership with the Nevada Department of Health and Human Services, the Center for Community Engaged Research in Practice in the School of Public Health at the University of Nevada, Reno (UNR) developed this brief report to guide future opioid-related communications in Nevada.

The main aims of this report are to:

1) Provide an overview of best practices in health communications.
2) Summarize opioid-related communications in Nevada, including a formal evaluation of TV and radio communications.
3) Outline recommendations for future opioid-related communications campaigns in Nevada within the framework of established best practices.

It is our hope this report will be used to guide development of targeted opioid communications for disproportionately affected Nevadans.

Review of the Literature
Best Practices in Public Health Communication

Health communication campaigns must constantly adapt and evaluate strategies to ensure positive health outcomes in a given population. A successful and impactful health communication campaign that educates or promotes behavior change with minimal unintended consequences may be challenging to create and implement. The Centers for Disease Control and Prevention recommend that stakeholders involved in developing and disseminating effective communications campaigns address the following elements:

Step 1: Goals	• What do you want people to know or do?
Step 2: Audience	• Who are you communicating with?
Step 3: Message	• What information do you want to communicate?
Step 4: Strategies	• What are you going to do?
Step 5: Timeline	• When are you going to do it?
Step 6: Staffing/Partnerships	• Who is going to do it?
Step 7: Budget	• How much will it cost?
Step 8: Evaluation	• Did it work?

Figure 1. Elements of health communication planning, Centers for Disease Control and Prevention (CDC).

Step 1: Goals

Before designing a communication campaign, goals should be developed by the key stakeholders involved in the planning process. As recommended by the CDC, an important question to ask is: "What do you want people to know or do?" For example, the goal of the communication might be to provide general knowledge about opioids to the community. The goal might also be to increase knowledge and use of naloxone in a particular geographic area. Without a clear goal, the communications that are developed may be uncoordinated, confusing, and unsuccessful.

Step 2: Audience

After a goal(s) is set, empirical research must be conducted to ensure correct and effective messaging, and that target demographics are reached.[1-2] Once target demographics, such as young people aged 18-24, or Spanish speaking women, are identified, these target audiences must be engaged and consulted, along with stakeholders, in the development of materials. Identifying specific groups and stakeholders allows for more robust feedback on messaging, use appropriate verbiage, and use of methods to reach that population more effectively.

Step 3: Message

Messaging in communications campaigns is vital— based on the goal and target demographics, the information of the message must be decided. The language used must be nuanced and intentional. If a campaign is done in multiple languages, services such as "Google Translate" are insufficient and inappropriate. Native speakers should be consulted in the translation of the message, so it is not overly wordy, confusing, or not lost in translation.

Messages must be clear, concise, aligned with the stated goals and be tailored to focused demographics.[1] Campaign developers should consult native speakers of a target demographic/language and provide an authentic translation of the core messages in the campaign. These messages should then be piloted in priority groups, adapted based on feedback, and retested for receptiveness and feedback again.[1,3-4] Piloting a campaign message allows for dialogue and minimizes unintended consequences or problematic responses before large-scale dissemination. [1,5]

Step 4: Strategies

A campaign message should be communicated in multiple ways to reach different target demographics. Yang (2021) and Rath (2022) state that utilizing 'real-life' stories of individuals impacted by an issue, such as opioids, is the most impactful.[6-7] These true stories display reality, which evokes empathy and can result in an increase in awareness and decrease in stigma.[6-7] Engagement with messages may be furthered when relationships, such as mother/daughter, are used in ad campaigns, because it is shown to promote starting a conversation about opioids, awareness, education, and prevention, and linked to higher rates of behavior change.[8-9]

Effective communication is key to inspiring an audience with a call to action or providing education because the message resonates with the target audience. Change and education is important, however if people move to action or seek help, resources must be easily accessible or available. For example, campaigns with messaging about de-stigmatization and seeking medical assistance for drug use, should ensure improved access and assistance for people at risk of overdoses is available in their respective communities.[5] Strategies for information dissemination must be planned prior to starting the campaign. Developers must consider the most effective way to reach the *target demographic groups,* and not just the public. This could mean a long-term social media campaign, radio ads played on air, newspaper ads, flyers hung up around a city, organized events in a public park, a mix of a variety of plans, and many others.

Best practices in the literature advocate utilizing a variety of dissemination modalities, and state that a combination of digital and in-person engagement is the most successful due to multiple points to interface with campaign messaging. Developers should design media posts that are visually appealing (such as bold colors) and engage followers on social media (e.g., Tik Tok, Twitter, Facebook, Instagram, Snap Chat) at a minimum, and should consider digital engagement through influencers/public figure posts (such as local radio hosts or community leaders), ads on streaming devices (i.e., YouTube, Hulu), radio/tv ads, blogs, give aways, and other innovative or unique forms of engagement for their audience.[4,11-12]

Step 5: Timeline

When considering a campaign, a realistic timeline is also necessary. Campaigns often have stages, such as "idea development" to "Preparation of campaign materials" to "waves of dissemination". All aspects

of a campaign should be considered to propose a useful timeline, including budget cycles or grant deadlines. This will ensure the teams working on the campaign have adequate time to plan, procure supplies, or analyze data, with intention.

Step 6: Staffing/Partnerships

Prior to the launch of a campaign, dedicated staff or team members should be aware of the project, consulted on the timeline, and know their roles, and who to contact if an issue arises. All personnel should be given a list of their general duties and responsibilities, along with how to contact other members on the project. Potential partnerships should also be considered with implementation of a communication campaign. Partnerships can also include community engagement, which may be useful for coalition building and problem solving for collaboration on policy or assist in pushing your message within their networks. Additionally, Local engagement allows for diverse people with local knowledge, typically without any voice, to propose innovative ideas that prioritize community needs.[10]

Step 7: Budget

When planning a communication campaign, whether short- or long-term, a budget must be discussed and decided on prior to implementation. A budget will not only assist in planning the timeline of a campaign, but the deciding on the most cost-effective methods for reaching the goals and target population for the campaign (instead of overspending on ineffective modes of dissemination). Things such as Ad space on the radio, printing posters and flyers, hours spent tabling or conducting other forms of outreach should be accounted for. Additionally, campaign developers should consider "free" methods of outreach, such as social media accounts, promotions via partnerships, or getting donated ad spaces.

Step 8: Evaluation

Finally, once a campaign is launched, continuous evaluation (and subsequent adjustments) is needed to ensure the success of a health communications campaign. This means evaluating the core goals, and if the campaign worked overall to address the core goals. This can be done through surveys, focus groups, interactions and engagement of posts on social media, or if there is an increase or decrease in a relevant metric. Researchers also support systematic studies, such as case studies, longitudinal studies, and other forms of research designs to measure impact, reach, and effectiveness.[5]

Evaluation is an important step to optimize short- and long-term performance. Evaluation highlights if information used is ineffective, if specific messaging is useless or significant unintended consequences (such as a drop in self-efficacy or avoidant behaviors, like in the DARE program), if information is unrelatable for the target audience, if something incites fear (and prevents any engagement), or if something genuinely resonates with the target audience.[8]

Summary of Select National and State Opioid Campaigns

Rx Awareness

Launched in 2017, The CDC's *Rx Awareness* campaign aims to raise awareness of dangers surrounding prescription opioids and is meant to be the starting point for states to expand prevention efforts. *Rx Awareness* utilizes 'real people, and real stories', which range from recovery to losing loved ones, and are disseminated through 15-30 second videos and various digital ads (i.e., radio, web banners, online search, and social media ads) and physical ads (i.e., billboards, newspaper ads, postcards, and posters).

The CDC continuously evaluate the campaign's impact by examining reach, interest, and engagement in high-burden counties. As a result of evaluations, they expanded the stories to include younger adults (25-34-year-olds), older adults (45-54-year-olds), pregnant women, veterans, and American Indians/Alaska Natives.

HEALing Communities Study

The National Institute of Health (NIH)'s *HEALing Communities* Study takes a multi-pronged approach to test "the integration of prevention, overdose treatment, and medication-based treatment" in areas heavily impacted by the opioid crisis. Evaluation focuses on the effectiveness of coordinated systems. The campaign utilizes many forms of media, including social media, mass media, ads on public transportation and at gas pumps. They also disseminated their message on 'free ad spaces' such as radio stations, podcasts, at local retailers, events, and at waiting rooms for health care providers. Their preliminary data shows the campaign made over 12 million impressions and received hundreds of requests for print materials.

The Truth About Opioids

The Truth About Opioids Campaign ran from 2017 to 2020, with the goal of public education and awareness of opioid use, de-stigmatization, and prevention. It incorporated 'real people, real stories' and took a peer-to-peer approach to inspire a call to action. The campaign piloted messaging through experts, hosting online discussion boards, surveillance studies, and testing during surveys and in-person focus groups to measure retention. The Truth Initiative also consulted key figures from state government to sports teams and recovery groups for paid media strategies. Ads focused on young people, and an interactive art exhibit was installed in New York City, which documented a detox and recovery story. The *Truth About Opioids* campaign has been shown to increase awareness surrounding risk of opioids and decrease stigma surrounding opioids in young people.

SAFE Project: Stop the Addiction Fatality Epidemic

SAFE Project: Stop the Addiction Fatality Epidemic was founded in 2017 with the goal of providing solutions and prevention to achieve: SAFE Communities, SAFE Campuses, SAFE Workplaces, and SAFE Veterans nationally. Each focus of the SAFE Project provides resources and tools to "reduce the impact of the addiction epidemic". They also provide community education, networking opportunities, workshops focused on coping skills, and resource development.

Dose of Reality

Dose of Reality is a national campaign that is broken down per state and typically focuses on prevention of misuse through disposal, public awareness and education on opiates. Each campaign typically includes factsheets for acquisition, storage, and use of opiates, support information for parents,

students, educators, veterans, seniors, coaches, and other groups. Multiple states also have a program akin to a "Drug Take Back Day" for safe medication disposal.

A Dose of Reality New Mexico, run by New Mexico's Behavioral Health Services Office of Substance Abuse Prevention, developed a 30-second telenovela ad series about opioid use called *El Opio Drama.* The Telenovela reaches Spanish speakers in a widely popular format. Each episode of *El Opio Drama* has consistent messaging and describes how to dispose of opioids, how to use Narcan, and explores treatment for opioid addiction. Within the past year, English subtitles have also been added to the ad series. *El Opio Drama* is an innovative approach crafted to target a specific demographic, creating media from Latine culture, with real Spanish speakers.

Brief Overview of Opioid Media Campaigns and Outreach in Nevada

Currently, there are a variety of opioid communication campaigns in Nevada to raise awareness of the harmful effects of opioids, provide information about resources and services, and to share real stories of Nevadans and their experiences with opioids. This section provides a very brief overview of some of these efforts and when possible, evaluation data are presented along with a summary of strengths and limitations.

Documentaries

The Nevada Department of Health and Human Services (DHHS) partnered with Three-Sticks Production Company and the Nevada Broadcasters Association to create *Road to Recovery*, a documentary exploring three local Nevadans' opioid addiction and recovery journeys. In addition to sharing powerful stories, this documentary includes recent statistics on opioid use in Nevada and resources for people to find help. The documentary won 5 Emmy awards.

Social Media

Nevada DHHS partnered with KPS3, the Center for the Application of Substance Abuse Technologies at the University of Nevada Reno, and Three Sticks Productions, to launch a campaign called *I Never Thought*, which highlights the experiences of Nevadans who 'never thought' they would fight a battle with opioid addiction. The campaign incorporates real-life experiences of individuals with a present or past opioid dependency.
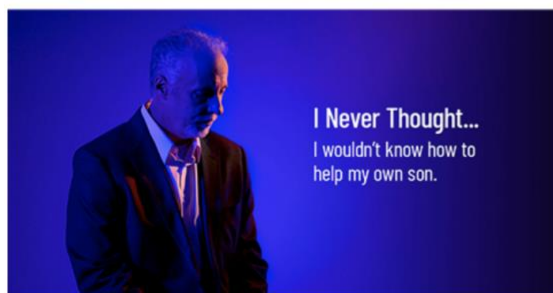

Figure 2. *I Never Thought* campaign materials, produced by KPS3 in partnership with the Nevada Department of Health and Human Services, the Center for the Application of Substance Abuse Technologies at the University of Nevada Reno, and Three Sticks Productions. Accessed at: https://kps3.com/blog/how-i-never-thought-connected-the-story-behind-opioid-use-in-nevada/.

The Nevada Overdose Data to action team also developed two social media kits. The first social media kit was related to OpenBeds, a software platform allows social workers, case managers and health care workers to access information on facilities with available beds to locate an appropriate level of care more quickly. The second social media kit focused on fentanyl tests strips and was designed to provide general knowledge about test strips and information about how to access and use them. The social media kits were shared with key stakeholder and community organizations and provided sample social media posts and images that could be shared with their constituents.

Posters and Print Material

Another effort to address opioids includes the Nevada State Opioid Response team's creation of 20 printable Naloxone public service announcements to communicate the need for naloxone and to promote usage in the general public. Two sample posters developed by the Nevada DHHS are shown in Figure 2. These flyers are available as downloads, or individuals can request printed versions for free from the state. Currently, only English versions of the materials are available.

Figure 2. Naloxone posters developed by the Nevada Department of Health and Human Services. Accessed at: https://nvopioidresponse.org/initiatives/opioid-response/media-outreach/.

Radio, Television, and YouTube

A variety of radio, TV, and YouTube spots were created by the Nevada State Opioid Response team, in partnership with Three Sticks Productions and the Nevada Broadcasters' Association to illustrate anti-stigma of addiction, opioid recovery, naloxone use, pre-natal and neonatal opioid complications. These ads are in both English and Spanish to reach greater Nevada audiences. The anti-stigma ad promotes the ideology of addiction as a disease and that people suffering from addiction should be treated with compassion, similar to Alzheimer's or cancer patients. The recovery ad highlights a woman who achieved three years in recovery, to inspire Nevadans who may be experiencing opioid addiction to also seek help.

Evaluation of Nevada Campaigns

For some Nevada-specific campaigns, data were available to evaluate reach and potential effectiveness. A summary of key evaluation findings is presented below.

I Never Thought Campaign Reach

The reach of the *I Never Thought* Campaign was evaluated through ad impressions (6.5 million impressions and 47,000 clicks), web performance (over 50,000 page views), and levels of public media relations (picked up by 42 media outlets).

Anti-stigma and Recovery Campaigns

Radio Reach

The Larson Institute for Health Impact and Equity evaluated the reach of anti-stigma and recovery radio ads through a sample of 3 performance reports received from the Nevada Broadcasters' Association (NVBA) for the months of October 2020, December 2020, and April 2021. The performance reports detail when the commercials were played, as well as the language, region, and media type. Each of the call letters were then investigated to determine the station, broadcast location, format, and target demographic. Most of the commercials were featured on the radio, averaging 86%, and in English (90%).

Over the three months that were investigated, the commercials appeared on 61 different radio stations. Again, most of the commercials placed were in English. In October and December, there were more spots played in the Northern region, but in April the split became even. Nearly half of the spots were featured overnight (Midnight to 4:59AM).

Table 1. Radio ad performance reports, by month.

	October 2020		December 2020		April 2021	
Language						
Spanish	96	9.5%	73	5.1%	128	6.3%
English	914	90.5%	1352	94.9%	1898	93.7%
Region						
North	672	66.5%	900	63.2%	1012	50.0%
South	338	33.5%	525	36.8%	1014	50.0%
Daypart*						
Morning	169	16.7%	220	15.4%	444	21.9%
Afternoon	140	13.9%	199	14.0%	326	16.1%
Evening	159	15.7%	190	13.3%	300	14.8%
Late Night	71	7.0%	95	6.7%	148	7.3%
Overnight	471	46.6%	721	50.6%	808	39.9%
Total	1010	100.0%	1425	100.0%	2026	100.0%

*Definitions of dayparts can be found in the appendices.

The top three cities regarding city of license were Elko (20%), Las Vegas (33%), and Reno (30%). While there are a decent number of rural cities featured in the broadcast area, there are more places that need to be reached. Also, of the Elko representation, 78% of the commercials appear on KEAU, an All-Sports radio format.

Table 2. Number of ads played within each city of license, by month.

City	October 2020		December 2020		April 2021	
Elko	264	26.14%	288	20.21%	361	17.82%
Ely	0	0.00%	71	4.98%	123	6.07%
Fallon	36	3.56%	36	2.53%	58	2.86%
Las Vegas	318	31.49%	499	35.02%	953	47.04%
Lovelock	11	1.09%	0	0.00%	11	0.54%
Pahrump	20	1.98%	26	1.82%	61	3.01%
Reno	348	34.46%	479	33.61%	431	21.27%
Winnemucca	13	1.29%	26	1.82%	28	1.38%
	1010		1425		2026	

Each radio station plays a particular format (country, classic rock, etc.) that lends itself to a particular demographic. More information on these formats and their demographics can be found in the 'Radio Format Glossary' appendix. The spots were played on 19 different formats and included some of the top radio formats as rated by Nielsen in 2019.[21] For persons 18-34 the top 5 radio formats were Pop Contemporary Hit (Pop CHR), Country, Adult Contemporary (AC), Urban Contemporary and Hot Adult Contemporary (Hot AC). But for persons 25-54, the top formats were AC, Pop CHR, Country, News/Talk, and Hot AC. The most common radio format for ad placement was "All Sports", averaging 35% of spots played. The "All Sports" format ranked 12th among 18 – 34 year old's and 9th for 25 – 54 year old's for most listened to radio formats.[21]

Table 3. Number of ads played on various radio formats, by month

Format	October 2020		December 2020		April 2021	
80s Hits	0	0.00%	22	1.54%	0	0.00%
Active Rock	17	1.68%	50	3.51%	50	2.47%
Adult Contemporary	46	4.55%	54	3.79%	45	2.22%
Adult Hits	58	5.74%	87	6.11%	82	4.05%
All Sports	**335**	**33.17%**	**591**	**41.47%**	**624**	**30.80%**
Alternative	20	1.98%	26	1.82%	61	3.01%
Classic Hits	40	3.96%	41	2.88%	50	2.47%
Classic Rock	43	4.26%	62	4.35%	44	2.17%
Country	79	7.82%	181	12.70%	244	12.04%
Hot Adult Contemporary	64	6.34%	83	5.82%	267	13.18%
Pop Contemporary Hit	90	8.91%	35	2.46%	277	13.67%
Regional Mexican	22	2.18%	7	0.49%	33	1.63%
Religious	9	0.89%	14	0.98%	12	0.59%
Rhythmic	44	4.36%	32	2.25%	46	2.27%
Soft Adult Contemporary	3	0.30%	0	0.00%	22	1.09%
Talk/Personality	77	7.62%	85	5.96%	98	4.84%
Urban Adult Contemporary	12	1.19%	20	1.40%	18	0.89%
Urban Contemporary	18	1.78%	24	1.68%	29	1.43%
Variety	33	3.27%	11	0.77%	24	1.18%
	1010		1425		2026	

TV Reach

The Larson Institute for Health Impact and Equity evaluated the reach of anti-stigma and recovery TV ads through a sample of 3 performance reports received from the Nevada Broadcasters' Association (NVBA) for the months of October 2020, December 2020, and April 2021. The anti-stigma and recovery commercials were featured 17 TV stations over the 3 sample months.

On average across the three months, about two-third of ads were on English stations and about one-third were on Spanish stations. A slightly greater proportion of ads were placed on channels in the Southern half of the state. Like the radio placement, most TV ads were placed in the "overnight" daypart.

Table 4. TV performance reports, by month.

	October 2020		December 2020		April 2021	
Language						
Spanish	61	31.1%	68	23.6%	62	31.2%
English	135	68.9%	220	76.4%	137	68.8%
Region						
North	69	41.7%	120	41.7%	84	42.2%
South	127	64.8%	168	58.3%	115	57.8%
Daypart						
Morning	49	25.0%	70	24.3%	45	22.6%
Afternoon	23	11.7%	34	11.8%	15	7.5%
Evening	29	14.8%	44	15.3%	43	21.6%
Late Night	11	5.6%	11	3.8%	17	8.5%
Overnight	84	42.9%	129	44.8%	76	38.2%
Time N/A	0	0.0%	0	0.0%	3	1.5%
Total	288	100.0%	196	100.0%	199	100.0%

Table 5 shows characteristics of the TV stations where ads were placed to learn about the target demographic. While radio stations can be segmented by format, television is more difficult to categorize given that most stations offer a variety of programming that can attract different demographics.

Table 5. TV stations with ad placement and their characteristics.

Call Letters	Channel	Language	Region	Programing	Affiliations
KBLR	39	Spanish	South	News, Telenovelas, award shows, sports and reality shows	Telemundo, NBCUniversal
KEEN	17	English	South	Christian	Christian Television Network (CTN)
KELV	27	Spanish	South	News, Telenovelas, drama series, sports and reality shows	Univision, Unimas
KINC**	50	Spanish	South	News, Telenovelas, drama series, sports and reality shows	Univision, Unimas
KLAS	8	English	South	News, CBS programming (i.e. Jeopardy, Wheel of Fortune, and	CBS
KLVX	10	English	South	PBS	PBS
KNSN	21	English	North	live sports, sports talk and sports updates	Nevada Sports Net
KREN	27	Spanish	North	News, Telenovelas, award shows, sports and reality shows	Univision, Unimas
KRNS TV TV	46	Spanish	North	News, primetime shows	Univision, Unimas
KRNV	4	English	North	News, NBC programming (i.e., This is Us, The Voice, Chicago Series), sports, award shows	NBC
KRXI	11	English	North	News, Fox programming (MasterChef, Simpsons, Last Man Standing), sports	Fox
KSNV	3	English	South	News, NBC programming (i.e., This is Us, The Voice, Chicago Series), sports, award shows	NBC
KTNV TV	13	English	South	News, talk shows, sports, ABC programming	ABC
KTVN TV	2	English	North	News, CBS programming (i.e., Jeopardy, Wheel of Fortune, and	CBS
KVCW	33	English	South	Game shows, talk shows, drama series, reality shows	Fox
KVVU	5	English	South	News, Fox programming (MasterChef, Simpsons, Last Man Standing), sports	Fox
NVCW	33.2	English	South	News, Telenovelas, award shows, sports and reality shows	MyTV

The Larson Institute for Health Impact and Equity conducted a community survey and a series of focus groups with priority populations to measure the effectiveness of anti-stigma and recovery ads produced by the Nevada State Opioid Response team, in partnership with Three Sticks Productions and the Nevada Broadcasters' Association. A summary of the main findings and key takeaways from this assessment are presented below.

Campaign Messages and Effectiveness

Summary of Focus Group Findings

The purpose of the focus groups was to understand participants thoughts and feelings regarding current opioid campaigns; as well as gather recommendations and preferences for further communication. We showed each group two videos, with one on recovery and the other on stigma. Also, participants discussed their knowledge and attitudes about prescription painkillers and illicit opioids.

English Speaking Focus Groups

Focus Group	Target Population	Age Range	Race/Ethnicity	Recovery Video Rating	Stigma Video Rating
1	LGBTQ+ Young Adults	21-28	White; Mixed	5.7 out of 10	6.6 out of 10
2	Young Adults	18-24	White; Asian	6.7 out of 10	8.0 out of 10
3	General Population	18-39	Latinx; Asian	6.7 out of 10	8.0 out of 10

Among all English focus groups conducted not a single participant had seen or heard the two videos on television nor radio. The general sentiment among participants regarding the recovery video was either negative or neutral. Some stated that it was "oversimplistic" and "cheesy". Many mentioned that although the production quality was nice, the video was impersonal and unrelatable. It was suggested that if a personal story is to be used, then it should be told in the first person by "Sara". The sentiment was that it would add to the message and make it more powerful and memorable.

The second video, on stigma, was received better by two of the groups and poorly by the third. The two groups, who received the message well, mentioned that the comparison of opioid addiction to other aliments was interesting and caused them to pay attention to the message. The third group mentioned that the message was extremely negative, and the comparisons were offensive and "back-handed". One participant explicitly stated that "Autism is not a disease so fix that [in the ad]".

Overall, communication recommendations were varied. Some participants favored print media, such as flyers or billboards, and personal outreach. Others favored social media as "everyone has a phone and they're always on it." Certain sites such as TikTok, Snapchat, or YouTube were explicitly mentioned. A small minority of participants mentioned that TV was a good avenue but recognized that they may be in the minority. A theme that came up in all the groups was that the communication needs to be personal in order to garner attention and consideration by those watching. One said, "Make it real, make it genuine".

Among young adults, most had some experience with prescription painkillers from prior injuries or surgeries in which they were prescribed. Others knew of a close friend or family member that they could recall. However, most did not have extensive knowledge or experience with illicit opioids, like heroin

and fentanyl. The most common theme to arise from that conversation was the story of a police officer allegedly overdosing from coming into contact with fentanyl through his skin. Generally, most participants agreed that addiction was a disease but can begin as a choice. It seemed to depend on the individual situation and the drug involved. Most stated that if a person was prescribed pills and then became addicted that the person is less at fault; however, it is a person's choice to consume illicit drugs off the street and while their addiction becomes a disease, it stemmed from a choice.

Spanish Speaking Focus Groups

Focus Group	Target Population	Age Range	Race/Ethnicity	Recovery Video Rating	Stigma Video Rating
1	Religious Latinx Adults	39-69	Hispanic/Latinx	9.5 out of 10	9.9 out of 10
2	Latinx Adults	21-73	Hispanic/Latinx	4.7 out of 10	7.0 out of 10

Note: Ratings may be inflated due to misunderstanding of the question.

Of all participants in the Spanish-speaking groups, only one participant had previously seen the anti-stigma ad on broadcast television approximately 3 times in one month, in English. All agreed that health literacy level in the videos was too high for the Latinx community; thus, being difficult to comprehend or be affected by the message.

When shown the recovery video a conversation ensued in each of the groups around the word opioid. The word opioid in English has a direct translation in Spanish to "opioide"; however, this word was not understood in any of the groups. The participants from all the groups agreed than an ad explaining what an opioid is would be helpful. When shown the recovery video one participant thought they said "esteriodes" which means steroids. All the participants agreed that the recovery video sounded hurried and more like a sales ad. They preferred the tempo and voice of the stigma ad. One of the participants felt the translations were too literal and this made the videos more difficult to understand.

The video on stigma garnered little reaction due to the lack of understanding related to the word, which also has a direct translation, "estigma". In every group the word stigma had to be explained by the moderator. None of the groups made the connection between the examples of the diseases and addiction. In fact, one participant's takeaway was that they should be more understanding that autism is a disease. Many of the participants also preferred a phone number to call instead of a website, as the call to action at the end of the videos.

All the participants agreed that faith leaders see addiction as a moral issue, and they criticize addicts instead of helping them. None of the churches provide resources. They felt that the church leaders should be educated on addiction. While they agreed that addiction is a disease, they also said addiction was like slavery. There was a spirit possessing the person and that God would deliver them. That same group said they would like education on prescription pain medication and addiction brought to their church. Also, not a single participant knew of fentanyl or naloxone.

<u>Summary of Survey Findings</u>

The purpose of the community survey was show Nevadans two of the radio, TV, and internet ads and to measure perceptions about the quality of the ads and solicit recommendations for improvement. Preliminary data from 331 valid respondents are shown below.

Demographics

The age distribution of participants is as follows: 18 – 24 years old (23%), 25 – 34 years old (44%), 35 – 44 years old (22%), 45 – 64 years old (9%) and 65 years old or older (2%). All participants lived in Nevada and the gender distribution of participants was as follows: 53% male, 46% female, and 1% other gender identity. Regarding race and ethnicity, 65% of participants identified as white, 12% identified as Hispanic/Latinx, 10% identified as black, 7% identified as Asian, 7% identified as American Indian or Alaska Native, and 2% identified as Native Hawaiian or Pacific Islander.

Recovery Ad: Key Findings

> **62% of survey participants had seen or heard the recovery ad prior to taking the survey**

- •90% of these participants saw the ad on TV or the internet and only 10% heard it on the radio

> **52% of participants rated the ad as "okay" compared to other ads they see or hear**

- •33% rated it as "good" or "very good"
- •15 rated it as "bad" or "very bad"

> **Many participants felt that the video increased their awareness or knowlegde about opioids and their confidence to talk to their family or friends about opioids**

- •81% reported that their awareness or knowledge increased
- •81% reportred their confdience to talk to family and friends increased

> **Participants offered many positive comments about the ad, but some offered suggestions for improvement in the future**

- •Ad tells harms of opioids but not how it affects a person (e.g. include symptoms, show bodily effects)
- •Words spoken by actor and not voice-over
- •Include statistics
- •Less monotonous tone

Figure 4. Summary of community survey findings for the recovery ad.

Anti-Stigma Ad: Key Findings

> **70% of survey participants had seen or heard the anti-stigma ad prior to taking the survey**

- •95% of these participants saw the ad on TV or the internet and only 5% heard it on the radio

> **56% of participants rated the ad as "okay" compared to other ads they see or hear**

- •31% rated it as "good" or "very good"
- •13% rated it as "bad" or "very bad"

> **Most participants felt that the video increased their awareness or knowlegde about opioids and their confidence to talk to their family or friends about opioids**

- •89% reported that their awareness or knowledge increased
- •87% reportred their confdience to talk to family and friends increased

> **Participants offered many positive comments about the ad, but some offered suggestions for improvement in the future**

- •More positive images and messages
- •Include personal stories about stigma
- •Less monotonous tone
- •Education about propoer use of opioids

Figure 5. Summary of community survey findings for the anti-stigma ad.

Strengths and Limitations

Strengths

Based on available evaluation data, TV and radio anti-stigma and recovery ads had substantial reach in terms of the number of ads played. Similarly, the *I Never Thought* campaigns had significant social media and website reach and was also picked up by a large number of media outlets. Another strength of these communications is that people with lived experience, as well as public health and medical professionals, were involved in the development of the communications. When conducting focus groups and surveys to evaluate specific messaging, many participants expressed positive comments and feedback regarding the advertisements and materials.

Limitations

There are several potential limitations specific to current communications worth noting. First, for each of the randomly sampled monthly reports that were included in this analysis, the majority of radio and TV spots were played in the "overnight" daypart (between 12 AM and 4:59 AM). Recent data from

Nielsen on radio listenership show that the "overnight" slot accounts for only 4 – 5% of all listening hours, which is the lowest of all dayparts by far.[22] A second limitation of current communications efforts is that for radio ads, more than one-third of all placements were on "all sports" channels, which reach a limited demographic. A third limitation is that a very limited amount of evaluation data is collected and reported. Moving forward, it is important for the state to utilize evaluation data to develop and evaluate campaigns when possible.

Recommendations

General Best Practices for Future Communications

We developed a series of recommendations for future opioid communications that build on the strengths of current efforts and leverage new opportunities. These recommendations were developed in congruence with best practices from peer-reviewed literature.

Identify target demographic and establish a clear goal

- When developing messaging, answer the following questions: Who is the message intended for?; What is the message?; Where are they?; How do we reach them?; What is the main goal of this message?

Use data to inform communications

- Surveillance can be leveraged to identify priority populations
- Surveys, focus groups, and key informant interviews within priority populations can be used to understand knowledge, attitudes, and behaviors about opioids, which can ultimately be leveraged to design communications.

Engage target populations and key stakeholders in the process

- When developing communications, solicit feedback from the intended target population.
- Trusted community stakeholders (e.g. substance use coalitions, faith-based institutions, and non-profit organizations) can offer a direct connection point to target audiences.

Foster cultural competency

- Consider transcreation and avoid simply translating English communications to another language.
- Future initiatives should aim to develop tailored communications to specific populations.

Continue to tell real stories

- Real stories and lived experiences are an impactful way to share health communications.
- Nevada has done a great job of sharing stories and lived experience and should continue to do so.

Expand our reach

- To date, Nevada's largest initiatives have utilized TV and radio to disseminate communications.
- There is a clear need to leverage social media, streaming services, podcasts, and community events to supplement existing efforts.

Evaluate and adapt

- After developing and disseminating communications, it is important to evaluate and adapt.
- Those designing communications should consider ways to evaluate the communications during the development process.
- Examples include conducting focus groups or key informant interviews, tracking website/social media impressions and sentiment, monitoring placement on TV and radio, etc).

Figure 4. Best practice recommendations for opioid-related communications in Nevada.

Identify target demographics and set goals

Once a population is selected, engagement for that specific population must be considered. Different medias are more effective for different groups throughout Nevada. For example, if you are targeting men 25-54, there is a greater impact of the message if a niche demographic is selected based on behaviors such as music preference, what they do, do they play video games? This coupled with the correct choice of media platform, like a sports channel with a message targeted at men who play golf, has the most impact. Additionally, realistic expectations must be set for what is defined as a "success". Is success reaching a population never previously engaged before? Is it a percentage reduction of an occurrence? Is it an increase in the percentage of people who actually carry Naloxone?

Setting clear and concise goals and expectations from the beginning ensures consistency throughout the entire campaign and messaging materials. A goal should be a clear message which is informed from data pertinent to the State of Nevada, stakeholders, and community partners. Goals should also be tailored to a specific need and target population for the highest chance of positive impact or behavior change. The goal of "reducing opioid deaths for all Nevadans" is not focused as "Reducing overdoses in Latino Men ages 25-54".

The Truth About Opioids was a three year long campaign, with the goal of prevention and de-stigmatization of addiction. The target population was young adults (ages 25-34), and messaging was tailored to that audience. Their expectation was to increase awareness in the audience, and decrease stigma, done through social media and art installations (which their data suggests they achieved in heavy use areas). This example shows how setting goals and expectations can lead set up success down the road.

Use Data to Inform Communications

Communication campaigns must always be grounded in data and research. This is because unintentional language or ads can result in negative impacts that may increase avoidant behavior or increase an activity the campaign is trying to address. For example, *Dose of Reality: Prevent Prescription Abuse in Florida* utilizes negative messaging, such as "Don't be a Dealer", which is counter-productive for reducing stigma.

Therefore, once a goal and target population are selected, research should be conducted on the most effective means of communication with that demographic. State surveillance data should be incorporated into this research (if available) to identify priority populations, and community stakeholders and people from the target population should be consulted about the messaging of the communication campaign. Surveys, key interviews, and focus groups can all be leveraged to understand knowledge, cultural beliefs and attitudes, and behaviors about opioids. This information can then be leveraged to design a more effective and engaging communication campaign.

Engage Target Population and Stakeholders in the Process

When developing communication campaigns, it is important to solicit continuous feedback from the target population and community stakeholders in the development of campaign materials. These stakeholders may include substance use coalitions, faith-based institutions, non-profits, and many other groups.

Feedback from these groups about materials should strongly be considered when piloting messages, advertisements, and materials. If a group suggests "the person in this ad speaks too fast" or "I would

never use those terms", it must be taken into consideration. Once materials are edited, they should go through piloting again prior to widespread dissemination.

Partnerships should also work closely together to increase overall community awareness and access of resources for addiction and overdoses. If a campaign focuses on education of Naloxone, then Naloxone should be accessible or provided within a community, so the audience can utilize their newfound knowledge and resource.

The Truth About Opioids Campaign serves as an excellent example of how states and localities can engage target populations and key stakeholders in this process. The campaign incorporated 'real people, real stories' and took a peer-to-peer approach to inspire a call to action. The campaign piloted messaging through experts, hosting online discussion boards, surveillance studies, and testing during surveys and in-person focus groups to measure retention.

Foster Cultural Competency

When conducting a communications campaign, it is essential that the target demographic resonates with the message. Intentional language is essential to conveying a message effectively to the target population. If a target population speaks a different language, conduct the research in their language with a trusted source, to identify the goals of the campaign. For example, a campaign for the Latinx population will likely look very different and may even have different objectives than its English counterpart. If the outcomes from the research to identify the objectives appear to be the same for both general population and Latinx population the message must be transcreated and not translated by a native Spanish speaker. Transcreation is a concept from the field of translation studies that describes the process of adopting a message from one language to another while maintaining its cultural relevance in the new language. A word for word translation has been shown to lose its meaning and miss the mark. Additionally, based on the outreach conducted to increase vaccine uptake by the Larson Institute, the health literacy level in Spanish, should be standardized at a 3rd grade level.

Due to lack of trust in many communities of color a health communications campaign should include outreach with faith institutions, coalitions and key stakeholders. The communications should also have people that look like the target demographic.

All material should be readily available, easily accessible, and easy to read with a standardized health literacy level in the target population's language. This includes all posters, handouts, TV and radio ads, flyers, social media kits, billboards, side effects of prescriptions, information on how to get or utilize Naloxone, and anything else associated with the communication campaign.

Also, accessibility to technology must be considered when creating a campaign for communities of color and rural areas. A phone number is the best practice, on television, radio, print and billboards. On social media platforms both a website and phone number may be utilized.

Dose of Reality: New Mexico effectively engaged the Spanish speaking population with a widely popular format of short telenovela ads for opioid awareness. The ads were originally published in Spanish, and later English subtitles were added. Material available online was in Spanish, and all the guides, factsheets, and other information related directly to what was mentioned in their ads. By developing a campaign specific to their Spanish-speaking population, New Mexico was able to better reach their target population.

Continue to Tell Real Stories

Nevada should continue to utilize real stories and lived experiences in coordinated communication campaigns, especially involving stigma reduction. Real stories are impactful through social media and allow an audience to emotionally connect with the messaging. Additionally, when a target population is chosen for a communication campaign, that target population must be the focus of the utilized real stories.

The *I Never Thought* campaign developed by KPS3 in partnership with the Nevada Department of Health and Human Services, the Center for the Application of Substance Abuse Technologies at the University of Nevada Reno, and Three Sticks Productions, is an excellent example of how real stories and lived experiences can be shared with others to promote meaningful education.

Expand Our Reach

Nevada routinely utilizes TV and Radio ads to disseminate communications across the State. However, more must be done regarding other forms of media. Campaigns should incorporate multiple forms of media, which must include social media. Social media is cost effective and most successful when reaching niche audiences but can also be utilized when reaching a broad audience. The demographics of the user can be selected, music preference, location, proximity to an area of interest, and a host of other markers to dial in who the communications are for. This is also ideal for piloting a campaign before its release on television and radio to evaluate the efficacy of the message.

When utilizing social media, media kits should also be designed. This means designing a series of infographics which are sized appropriately for different social medias, such as Twitter, Instagram or Facebook. All social media accounts for a campaign should be interconnected and easily accessible which will allow for better tracking of who is "liking, watching, sharing" of a post. Video posts should also always have subtitles for accessibility and reach (some people don't like listening to audio in public). Additionally, if ads or short videos are made, they should be linked directly to a YouTube page for either the campaign, or the Nevada DHHS. The YouTube channel should be formatted to have playlists on their "main page" which can be quickly accessed.

When utilizing different forms of media, messages targeted at different niche demographics are most successful when combined with the correct media platform. If a radio ad about opioid awareness is released, the messaging should *not* be the exact same for a sports station, a religious station, and a talk/personality station. Messages must be tailored to an audience, incorporate language of that audience, and be presented in a format that makes sense for that audience. Additionally, establishing evaluation metrics for ads is important to observe what demographics are hearing or seeing and advertisement, and which groups are not.

Other forms of media and engagement should also be considered to further expand the reach of communication campaigns. Ads should be developed for streaming services and hit key demographics, as podcasts continue to become more popular PSAs should be included in commercials, and a stronger effort should be put towards attending community events conducting outreach or education.

The National Institute of Health (NIH)'s *HEALing Communities* Study is an excellent example of how a campaign can leverage many forms of dissemination to maximize reach. The campaign utilizes many forms of media, including social media, mass media, ads on public transportation and at gas pumps. They also disseminated their message on 'free ad spaces' such as radio stations, podcasts, at local

retailers, events, and at waiting rooms for health care providers. Their preliminary data shows the campaign made over 12 million impressions and received hundreds of requests for print materials.

Evaluate and Adapt

After developing and disseminating communications, it is important to continuously adapt for maximum success. A campaign must always have a way to evaluate their impact, whether through social media, statistics, direct contacts, focus groups, interviews, surveys or other means. Evaluations should be designed during the design process for the communication campaign to ensure the mechanisms can evaluate the goals of the campaign and be incorporated into the campaign timeline.

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Appendices

Appendix A: Radio Format Glossary

80s Hits: Popular music and hits from the 1980s; can include a variety of genres; Adults Ages 35+

Active Rock: New and recent hard rock and heavy metal, with some alternative rock songs; Men Ages 25 to 44

Adult Contemporary: An adult-oriented pop/rock station with no hard rock, often with a greater emphasis on non-current music and softer hits from the 1980s and 1990s; Women Ages 25 to 44

Adult Hits: Doesn't adhere to a certain genre; plays a mix of rock, adult contemporary, pop and oldies hits; primarily from 1970s to the 2000s; Adults Age 25+

All Sports: All or a substantial amount of broadcast is dedicated to play-by-play, sports news, interviews, or telephone-talk; Men Ages 25+

Alternative: Eclectic rock, often with wide variations in musical style; Adults Ages 25 to 44

Classic Hits: Plays anything from 1963 on; most don't play "doo-wop" songs anymore; Men Ages 45 to 54

Classic Rock: Many playlists overlap with Classic Hits format; rock songs primarily from the 70s and 80s with a few from the early 90s; Men Ages 45 to 54

Country: Country music, including contemporary and traditional styles; Adults Ages 25+

Hot Adult Contemporary: A variety of classic and contemporary mainstream music geared towards adults; some concentrate slightly more on mainstream pop music and alternative rock, while often excluding the more youth-oriented teen music; Adults Ages 25+

Pop Contemporary Hit: Focuses on playing current popular music, as determined by the top 40 music charts; includes Contemporary Hits Dance; Teens & Adults Ages 18+

Regional Mexican: Latin music radio format with genres from various parts of rural Mexico and the Southwestern USA; genres include ranchera, norteño, banda, and other regional Mexican genres; Mexican Americans; working class audience of recent immigrants

Religious: Local or syndicated religious programming, often spoken-word, sometimes mixed with music; Adults Ages 25+

Rhythmic: Includes Rhythmic Adult Contemporary and Rhythmic Contemporary Hit Radio, which are often a cross between mainstream, Top 40 as well as urban contemporary formats; also includes Rhythmic Oldies concentrating on disco and dance genres; Adults Ages 25+

Soft Adult Contemporary: A cross between adult contemporary and easy listening, primarily non-current, soft rock originals; Mostly Women Ages 25+

Talk/Personality: Talk, either local or network in origin, which can be telephone-talk, interviews, information or a mix; Adults Ages 25+

Urban Contemporary: Mix of contemporary R&B and traditional R&B; usually not including rap or hip-hop music; Adults Ages 25+

Urban Contemporary: Playlists made up mainly of hip hop, R&B, electronic dance music and Caribbean music; Teens and Adults Ages 15+

Variety: Incorporating four or more distinct formats, either block-programmed or airing simultaneously; Variety of Ages

Source: http://newsgeneration.com/broadcast-resources/guide-to-radio-station-formats/ and https://www.allbusiness.com/choosing-the-right-radio-format-for-your-target-audience-14896329-1.html

Appendix B: Definition of Dayparts for TV and Radio Ad Placement

Morning: 5:00AM to 11:59AM
Afternoon: 12:00PM to 5:59PM
Evening: 6:00PM to 10:29PM
Late Night: 10:30PM to 11:59PM
Overnight: Midnight to 4:59AM