



National Prevention Network
Bridging Research to Practice



MEE
MOTIVATIONAL, EDUCATIONAL, ENTERTAINMENT

Community Engagement Strategies

Best Communication Practices for the Primary Prevention of ATOD Misuse


– 2020 Virtual Conference –




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MEE Overview / Agenda-Flow



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MEE's Health Disparities Mission Statement

To be the leading provider of culturally-relevant, cost-effective and socially-responsible "behavioral health intervention campaigns" for (low-income) hard-to-reach and underserved audiences with the highest health disparities.




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MEE's Health Disparities Experiences

- Teen Sexuality, Pregnancy Prevention (1991)
- HIV Prevention | Testing | Treatment (1991)
- **Marijuana/Tobacco/Alcohol/Opioids (1991)**
- Teen Dating Violence & Youth Violence (1993)
- Early Childhood Literacy & Development/Parenting (1994)
- Physical Activity & Nutrition (1998)
- Chronic Diseases (Diabetes, Heart, Lung, Asthma)
- Boys & Men of Color (Black, Latinx) (2003)
- Mental Health/Community Mental Wellness (2009)
- Suicide Prevention – Youth & Veterans (2009)
- **COVID-19 (2020)**

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MEE's Audience(s) Expertise

- Low-Income Black Youth (1991)
- Young Black/Latino Men Who Have Sex With Men (1994)
- Rural White Communities (2000)
- LGBTQ Audiences (2000)
- Black Females – Girls, Women (1995)
- Latinx Teens & Adults (1997)
- BMOC – Fathers (2000)
- Parents/Caregivers of Color (1997)
- Service Providers/Educators (1991)
- Community Opinion Leaders (1991)

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MEE's National Work

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Health Communications Learnings

- (Reality) Uninformed Choices vs. Bad Choices (Media)
- You're NOT Talking To/With Me (Worldview = SDOH)
- Opt-Out: Framing – Punitive; Preachy; Deficit-Driven; Doable
- Trust Issues: a. Who Is the Sender of the Message; b. Treatment at the Location (Treatment, NOT Access)
- Health Communications Model Overview
 - *Flip* the Model “Sender | Message | Channel | Receiver”
- Since 2010: Primary Prevention Is Protective Factors
- Primary Prevention Is Doable & More Important Than Ever!

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Agenda / Flow

- Framework for ATOD Prevention – MEE’s Approach to SPF
- Communication Channels for Behavior Change Dialogue
- Preventing ATOD Misuse Upstream – Content (Messages)
- Community Engagement: The Road to Primary Prevention
- Case Studies – and – Q&A
- Resources – Case Studies – Publications
- Extra Downloads: www.MEEProductions.com/keynote/

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Framework for Prevention Messages
MEE’s “By & For” Model
- A Variation of SPF -

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Using “By & For” Model for Framing the Narrative

What Is Social Marketing and SPF-Rx Model

Social Marketing is the use of marketing theory, skills, and practice to achieve social change, promote general health, raise awareness and induce changes in behavior.

SAMSHA’s Strategic Prevention Framework (SPF)

SAMHSA
Substance Abuse and Mental Health Services Administration

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Using “By & For” Model for Framing the Narrative

Recent MEE ATOD Social Marketing Campaigns

Don't Let Coronavirus Take You Out!
Mask Up Butts and Vapes Down
CALL 1-800-QUIT-NOW or visit QuitWithUsLA.org

PROPER DISPOSAL OF PRESCRIPTION OPIOID PILLS
WHY? HOW? WHERE?

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MEE’s Communication Philosophy & Approach

MEE’s Approach to the Audience (Behavioral Health Communications)

A Stress/Trauma (Unhealthy Behaviors) → **B** Thriving (Making Healthy Choices)

SMCR

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Using "By & For" Model for Framing the Narrative

MEE's "By and For" Message Development Approach (Behavior Health Communications 101)

The Traditional Way

Sender | Message | Channel | Receiver

The MEE Way

It's NOT Only What You Say, But How You Say It!

Countering Lack of Trust, Reducing Risky Behaviors and Gaining Respect

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Using "By & For" Model for Framing the Narrative

Point A: The Receiver's Worldview

The Social Determinants of Health

The Social Determinants of Health (Disparities)

Need to understand the audience's worldview in order to develop the messaging and tactics for your campaign.

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Using "By & For" Model for Framing the Narrative

Literature vs. Oral Communications Culture

Oral Communications

Contemporary African American and Latino communication has emerged from an oral tradition that has its roots in African and certain Latino cultures. From an African perspective, however, the spiritual power of words is the secular mode of discourse. It relies on shared knowledge and understanding within a group structure, lending credibility to the parties involved. This style of communication puts emphasis on face-to-face interaction between the communicator and his or her audiences.

COMPARING COMMUNICATIONS STYLES	
LITERATE-BASED	ORAL-BASED
History and information passed down through writing	History and information passed down through stories
Message sender says "Take it or leave it"	Message sender says "Hear it and let me know what you think"
Messages are delivered only one way	Personalized message is delivered for each receiver
Individual	Communal (shared) communication
Receiver has little or no opportunity to respond or question messages	Receiver can ask questions or challenge the message and/or sender
Sender has no idea about how a message is being received	Sender receives immediate feedback (verbally or non-verbally)
"Just Do It" type dictums	It's not worth debating, it's not worth doing
Words only carry the message	Inflection, passion and expression are part of communication


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Using "By & For" Model for Framing the Narrative

Example of OCC: Arguments For Smoking Marijuana

Arguments	Counter Arguments
<ul style="list-style-type: none"> • It's Cool • It's Not Addictive • Makes Me Creative • It's An Escape • It Should Be Legalized • My Friends/Family All Do It • It's Healthy and Natural 	

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Using "By & For" Model for Framing the Narrative

OPIOID CRISIS	VS	WAR ON DRUGS
White/Rural/Suburban		Black/Brown/Inner-City
Opioids/Prescription Pills		Heroin/Crack/Dope
Doctor Prescribed/"Pharma" Distributed		Drug Dealer/Drug Cartel
Substance Use Disorder (Disease)		Addict/Crackhead/Junkie
Medical Issue/Public Health Emergency		Crime/Criminal Justice Issue
Safe Injection Sites		Crack Houses/Drug Dens
Harm Reduction/Help/Save		Demonize/Lock Up/Incarcerate

Framing of Issues Turns into Perceptions/Stereotypes/Beliefs.
Those Perceptions/Stereotypes/Beliefs Feed into Practices/Policies/Laws.

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Using "By & For" Model for Framing the Narrative

You Need a Community-Centered Framework that Allows You to Adapt/Respond to CHANGE

Why?

- Environmental (SDOH) Influences Will Change
- Stress and Trauma Are Constants
- Digital Technologies Will Come & Go
- Laws, Social and Public Health Priorities & People's Behaviors Will All Emerge & Evolve

Sender | Message | Channel | Receiver

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**A Mix of Communication Channels
- Behavior Change Dialogue**

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Online & Offline Behavior Change Channels

Sender | Message | **Channel** | Receiver

Communication (Message Delivery) Channels

- Traditional Media (TV/Netflix, Radio, Transit/Outdoor)
- Digital/Mobile/Social Media (Instagram, SnapChat)
- Custom Website or Micro-Site
- Online Ads: Pandora; YouTube
- Print Materials (Brochure, Postcards, Flyers)
- Community Outreach & Mobilization (Influencers)
- Peer Educators (Trained/Employed-Older/Former)
- Note: Tracking, Measurements and Evaluation

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Online & Offline Behavior Change Channels

COMMUNITY OPEN HOUSE!

Public Health Clinic

We have over 4,000 Facebook Friends. I was expecting a bigger turnout!

Guess we should have done REAL Community Outreach?

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Are You Truly Engaged with the Communities You Serve?

*Contact MEE for Community Engagement Strategies that Counter Urban Trauma, Health Disparities and Lack of Trust:
www.meeproductions.com/workshops

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What Delivery Channels Are You Using?

Sender |
 Message |
 Channel |
 Receiver

How To Say It!! (Advertising vs. Community-Based Messaging)

Most

- High Digital/Media Consumption (Screen Time) _____
- Peer Acceptance _____
- Unrealized Generational/Adult/Community Power _____

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Technology and Human-ology

Building Trusting Community Relationships & Real Dialogue

Online	Offline
(Technology)	(Human-ology)

The Goal: To leverage a mix of communications channels, both online and offline (in-person) that meld the latest digital media technologies (online) for scale with "human-ology" (offline community dialogue) for impact.

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Technology and Human-ology

Online and Offline "Working Together"

Online Experiences	In-Community (Offline) Experiences
<ul style="list-style-type: none"> • Easy Search for "Prevention Resources" and Treatment (by Zip Code) • Awareness: Highlight Positive People, Positive Places, Positive Things to Do • <i>Videos:</i> Life Skills / Positive Coping • Digital (<i>Live</i>) Peer Support: Find a Mentor or Counselor • <i>Tele or Video Webinars:</i> Ask a Question and Make an Appointment (including <i>Reminder Process</i>) 	<ul style="list-style-type: none"> • Prevention Programs; After-School-Tutoring Programs; Mentors • Rights of Passage; Sports; Faith-Based Programs • Clinics: Treatment; FQHC; Dental <ul style="list-style-type: none"> • Quick Health Screenings • Incentives for ATOD Visits • Employment/Job Services/Housing • (<i>Best Practices In-Person</i>) Support Groups (inc. <i>Safe Spaces for Men</i>) • Patient Satisfaction Surveys with Online Services (<i>Update Contact Info</i>)

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Sender | Message | **Channel** | Receiver

COMMUNITY AS A CHANNEL
**Building Trust Through
 Community Mobilization**

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Why Community Engagement Is Critical

- Engages skeptical residents with low levels of trust and confidence in “the system” (authority; government)
- Addressing risky behaviors in hard-to-reach urban and rural communities requires “dialogue” with the target audience
- Messages reinforced by people the audience knows and trusts (have more credibility/impact)
- Through dialogue & discussion, arguments get countered (i.e., awareness increases; attitudes & norms change)

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**Content (Messages) for
 Preventing ATOD Misuse “Upstream”**

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What Is Your Core Prevention Message?

Sender | **M**essage | **C**hannel | **R**eceiver

What to Say!! (Content)
What's the Narrative?

Choices | **D**ecisions | **C**onsequences | **R**esponsibilities

How Do We Frame Our Substance Misuse Prevention Message?



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Primary Prevention = Protective Factors

Coping with Stress and Trauma

Negative	Positive
(-)	(+)

Where Are the Primary Prevention Efforts that Focus on How to Cope With Poverty, Abuse, Conflict, Bullying, Violence, Death, Trauma?



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Trauma-Informed Primary Prevention


Negative	Positive
(-)	(+)

Negative Coping:

- Abusing ATOD(s)
- Addiction to Sugar/Foods
- Resolving Conflict Violently
- Abusing Children & Partner
- Engaging in Risky Sex
- Internalizing Stress
- Attempting Suicide

Positive Coping:

- Self-Care Skills (in a Crisis)
- Practicing Wellness
- Thriving Skills (Have a Plan)
- Connectedness to Caring, Trusted Adults
- Linkages to Trauma-Informed Services



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ATOD Prevention

3 Buckets of Primary Prevention Resiliency Skills Using HIPAA-Compliant Digital Tools

**STRESSED?
STRUGGLING?
STUCK?**

In the Moment of a Crisis – Respond & Adapt

TAKE CONTROL

Daily Wellness Practices

Have A Plan!

New Daily Thriving Practices (Long Term)

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Why Community Engagement – The Road to Primary Prevention

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Why Prioritize Community Engagement?

Creating Village
Building Capacity *Credibility* Access
Improving Health Outcomes
Linkages to Services Cost-Effective
Building Trust Community as a Channel
Countering Health Disparities
Culturally-Relevant *Inclusion* Promoting Resiliency
Authenticity

Sender | Message | Channel | Receiver

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Community Engagement Should Answer

- How Do We Go Into Under-Served Communities? How Do You Build Trust with Suspicious Audiences? Who Do Residents Trust?
- What Is Required to Address the Challenges to Promote Health & Wellness and Prevent Risky, Unhealthy Behaviors in Low-Income (Traumatized) Communities?
- How Do We Have an On-Going Relationship with Communities?
- How Do You Define and Implement "Primary Prevention?"
 - How Do You Truly Assess Needs & Plan Without Community Input?
 - What Strategies and Methods Are Sustainable?
 - What Strategies and Methods Are Culturally Competent?
 - What's the Best Use of Limited or Reducing Funding?



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An Operational Win

The Win-Win of Community Engagement

Health Organization Win		Community Win
A Culturally-Relevant Communications Channel that Builds Trust in Order to Positively Impact Health Outcomes 	An Operational Win 	Increasing Access to Quality, Respectful Healthcare Treatment While Increasing Connectedness to Community-Based Services
Put information into the community... Take information out of the community		Engagement is automatically PROTECTIVE because it fosters access to services and connectedness (social fabric) in the community!

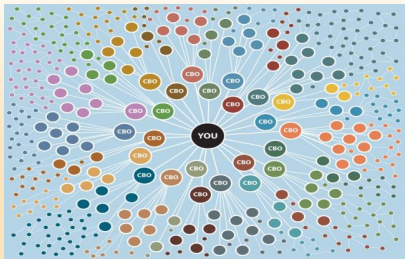


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Creating a "Multiplier Effect"



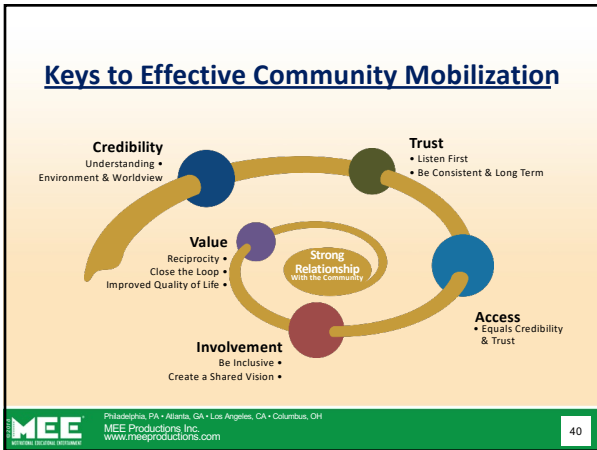
"The Power Channel" (from 1-to-25 up to 1-to-100)



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A Socially Responsible Win

The Win-Win of Community Engagement

Health Organization Win	MEE METHUEN, EDUCATIONAL, ENVIRONMENT	Community Win
<p>An Ethical and Responsible Approach to Counter Health Disparities by Promoting Resiliency</p> <p>Having trusted community partners enables grassroots advocacy to address underlying health disparities and promote resiliency</p>	<p>A Socially Responsible Win</p>	<p>Facilitate Community Dialogue to Counter Urban Trauma and Tap into Innate Resiliency</p> <p>Addresses the community's daily realities and chronic stressors while linking to trauma-informed services</p>

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A Capacity Building Win

The Win-Win of Community Engagement

Health Organization Win	MEE METHUEN, EDUCATIONAL, ENVIRONMENT	Community Win
<p>The Most Effective Method to Promote Primary Prevention in Communities with the Highest Health Disparities</p> <p><i>It is easier to build character in children than to repair broken men. — Frederick Douglass</i></p> <p>The most cost-effective way for public health to put needed "upstream" primary prevention skills into the community</p>	<p>A Capacity Building Win</p>	<p>Build Capacity by Transferring Skills into the Community to Prevent Chronic Disease and Increase Wellness</p> <p>Putting primary prevention and protective factor skills back into the community</p>

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MEE's State of LA Community Partners

- Hospitals/Healthcare Providers
- State-Funded Health Centers
- Housing Organizations
- Churches and Places of Worship
- Hair Salons and Barbershops
- Schools/School-Based Health Clinics
- Community Based Organizations
- Job Placement Programs
- Trade Schools and Job Corps
- Parenting Organizations
- After School Programs / Rec Cars
- Day Care Centers/Early Head Starts



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MEE's New Orleans Community Partners



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Promoting Behavior Change Using a MIX of Channels

- Digital/Online/Media: Driving to Quit Line/Services
- Offline/Human-ology: Driving to Quit Line/Services



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The Win-Win of Community Engagement

Health Organization Win		Community Win
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- **Summary: Why Community Engagement?**
 - Counters Lack of Trust
 - Creates Social Fabric (& Referrals)
 - Facilitates Community Dialogue (**around Prevention**)
 - Builds Primary Prevention Capacity
- **Add'l Benefits: Trans-Create; Inclusive; Beyond \$**
- **But ... It's Hard Work ... Takes Commitment**
- **Must Have the Right Mindset**
- **Knowing Why Enables the How ... With Fidelity**

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Protective Factors Case Studies / Experiences

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S | M | C | R

ender | essage | hannel | eceiver

MEE's Trauma-Informed Primary Prevention

Protective Factors (Resiliency) Educational Content
as "Primary Prevention" for Multiple Health Disparities

Transferring Community Engagement Skills to Prevention Coalitions to Effectively Mobilize Their Communities' Leaders

Creating Linkages To Trauma-Informed Primary Healthcare & Treatment / Recovery Services

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Q&A
Balancing Risk Factors vs. Protective Factors

Making Real Change Requires Having the Uncomfortable Conversations!

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Available Resources |
Case Studies |
Publications |

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Available Resources | Publications | Videos

- Marijuana – L-Evated: The Blunt Truth (CSAP)
- Tobacco Prevention; Quit Line; Synar Retailer Campaigns
- Alcohol and Underage Drinking
- Opioids Focus Group Research with BMOC
- Opioids (Education; Prevention; Recovery (*Videos*); GS Laws)
- SPF-Rx Social Media 101 for Public Health for Coalitions
- Community Engagement 101 for Coalitions
- Expert Interviews of "Protective Factors" (*Videos*)
- Academic Partnerships and City/State/Fed Case Studies
- More ... Research; Publications; Newsletters

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Culturally-Relevant Opioid Misuse Prevention Messages for Community Engagement: Proper Pill Disposal "By & For Youth"

PROPER DISPOSAL
OF PRESCRIPTION OPIOID PILLS

WHY?
HOW?
WHERE?

MAKE SURE YOU GET RID OF THEM THE RIGHT WAY

WHY?
HOW?
WHERE?

The Wrong Ways to Dispose of Pills

OR

The Right Way to Dispose of Pills

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Culturally-Relevant Opioid Misuse Prevention Messages for Community Engagement: Handling Peer Pressure Messages (By & For Youth)

THERE IS NO PRESCRIPTION FOR PEER PRESSURE.

A big part of being a teen is creating our own identity and our own connections. Who and what we connect with can create obstacles in our life, or help us overcome them.

Learn how to overcome peer pressure & feeling uncomfortable in healthy and positive ways!

Visit www.DBHIDS.com/peerpressure

3 Ways to Face the Challenges of Negative Peer Pressure

Take Control of Negative Peer Pressure:

1. Recognize when, where, and how you're being pressured.
2. Recognize your own feelings.
3. Plan ahead for "NOPE!" the best place to go, the best things to do and the best people to do with.

Responding to High Pressure Conversations:

1. A lot of times, "No thanks" or "No good" is enough.
2. Practice your response "No thanks" or "No good" in your mind.
3. Stay in control of your own actions.
4. Stay in control of your own actions.
5. Stay in control of your own actions.

Managing High Pressure Situations:

1. Be clear and repeat your position.
2. Contact with friends when that's all you need.
3. As a last resort, leave.

Learn more at www.DBHIDS.com/peerpressure

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Culturally-Relevant Opioid Misuse Prevention Messages for Community Engagement: Primary Prevention Messages (By & For Youth)

Youth Substance Abuse Prevention

ARE YOU THRIVING OR JUST SURVIVING?

IT'S YOUR LIFE. TAKE CONTROL.

Stop addiction before it starts. Learn how at www.DBHIDS.com or www.mee productions.com #MEEBETTERCONTROL

WE SEE YOU... AND WE DON'T WANT TO SEE YOU GO DOWN!

Connect Baltimore youth with the support they need – without judgment – so they can...

Know Better Do Better Be Better

Stop Addiction Before it Starts! Learn more at 410-837-5175 or www.mee productions.com

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SPF-Rx Social Media 101 for Opioid Education

MEE TRAINING PARTNER

Ohio Good Samaritan Opioid Laws Awareness Campaign

HOME MEET THE TRAINERS TRAININGS RESOURCES FUNDER LOGOUT

SPF-Rx (Opioid) Coalition Training Menu

1. SPF-Rx COALITION TRAINING KICK-OFF [RESOURCES](#)
2. COALITION ONLINE SURVEY
3. 20-MINUTE POST SURVEY INTERVIEW (POINT B)
4. SPF-Rx COALITION WORKSHOP: IN-PERSON HEALTH COMMUNICATIONS TRAINING [OVERVIEW](#) [EXERCISE](#)
5. ONGOING COMMUNITY ADVISORY BOARD CAMPAIGN DEVELOPMENT PROCESS [INPUT/FEEDBACK](#) [VIDEO](#)

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