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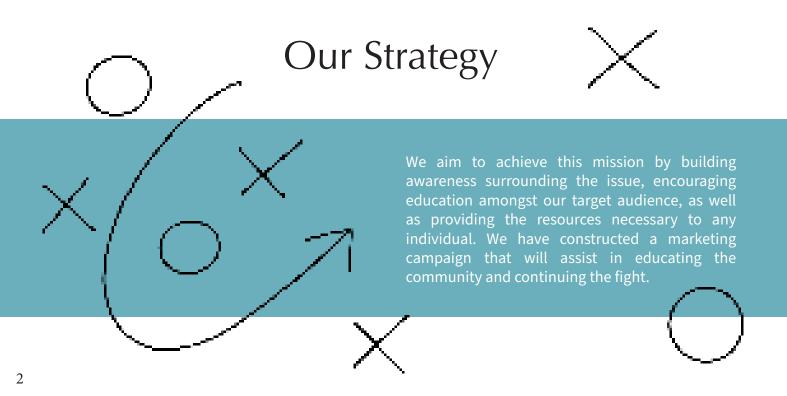


Our Mission

Our Research

The Missouri Department of Health and Senior Services (DHSS) has made strides in the Columbia region combating the opioid crisis, however, they have yet to retain that attention on a broader scale. We were tasked with creating a campaign to raise awareness of the opioid crisis among the younger age demographic in the state of Missouri.

We started by researching what perceptions, knowledge, and misconceptions people in our target have about opioids in order to find the best way to reach them. After combining secondary research with primary research, complete with in-depth interviews and focus groups, we found that the majority of people are familiar with the opioid crisis and want to help. However, they are unfamiliar with what they can actually do and where to look for information and guidance.



Our Target

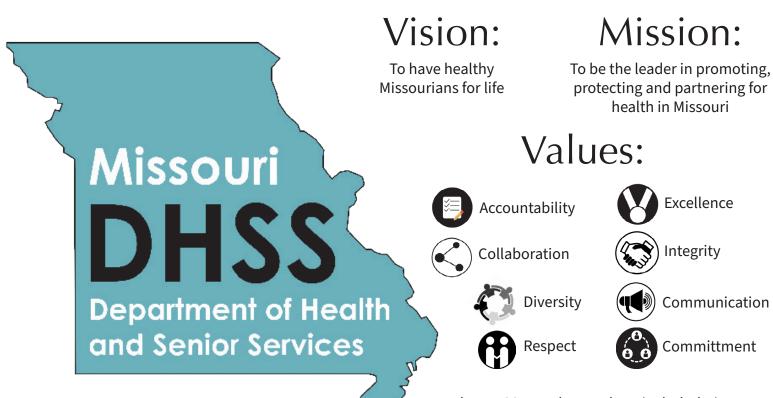
With our research in mind, our target audience is Apprehensive Advocates. They are 15-24 year olds who care about the rising epidemic, but lack the confidence to hold discussions with their friends about it. The drive to find a solution and help those in need, drives them to be open to learning more but they just don't know where to start. That's where we come in.





SECONDARY RESEARCH

Company



The DHSS top three values include being committed to ensuring that the Missouri public health

system is inclusive of, and sensitive to, all populations and communities in meeting their diverse health needs; supporting and encouraging equitable access to and the quality of the public health system; and promoting influential leadership in the public health system to advocate for a healthy Missouri.⁵

Background Information

The Missouri Department of Health was founded March 29, 1883 to protect the health of state residents. Over the years, there have been an array of changes and reorganizations to the Missouri Department of Health, eventually leading to an Executive Order placed on Jan. 5, 2001 to establish the Department of Health and Senior Services (DHSS). This collaboration allowed the department to effectively focus on prevention efforts and improve the quality of life for all Missourians.¹

Responsibilities

- Providing public health services and supports to all citizens²
- Ensuring regulation of facilities and service providers that deliver care to Missourians
- Performing oversight of programs and protections for our elderly and vulnerable residents³

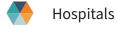
Numbers

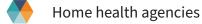
In the 2020 fiscal year, the DHSS was responsible for the allocation of \$1.442 billion in taxes. The pie chart below shows how the funds were broken down.⁴ The DHSS received \$1 billion from the federal government, \$387 million from general revenue and \$36 million from other sources. About 83% of the state funds were allocated to what the DHSS categorized as Home and Community Based Services.³

Financials

Funds that the DHSS receives comes from various sources such as local taxes, grants, contracts, fees and donations. Federal funds can be direct or may be allocated through the DHSS to local public health agencies while state funds are provided through contractual arrangements. Other sources of revenue include contracts with Medicare, MO HealthNet (Medicaid), health plans, insurance companies, hospitals, private industries, individuals and foundations. Local public health agencies may contract with other cities or political subdivisions to provide services to them. This could include:









Third-party payers specializing in home health



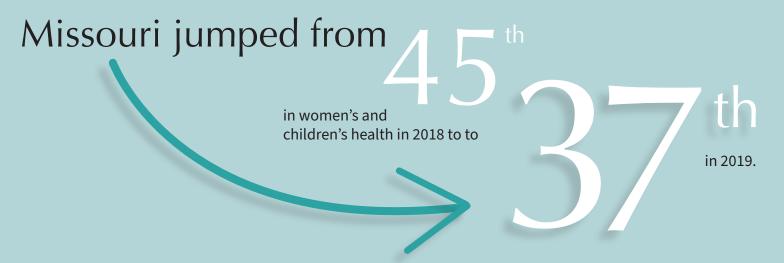
Grants are available from various foundations and trusts for specific purposes. Local public health agencies may receive gifts and contributions.⁶

Missouri is

in overall health

in the US in 2019.

Media Efforts





This jump was the largest jump in the nation in 2019. The DHSS is improving their rankings by staying relevant in their media efforts and allocating funds toward improving health-related issues around the state. For example, they issued 80 press releases in 2019 that alerted Missourians to various public health issues.3

MO HOPE Project



The Missouri Opioid-Heroin Overdose Prevention and Education (MO_HOPE) Project is the DHSS' current efforts for opioid prevention. It's goal is to reduce opioid overdose deaths in Missouri through expanded access to overdose education and naloxone, public awareness, assessment, and referral to treatment.

Education



Resources



Training

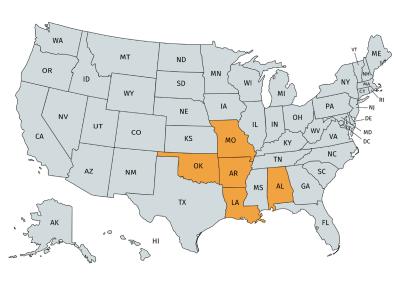


Category

Drug Prevention

From 1999–2017 > 700,000 people died from drug overdoses, making it the #1 cause of death for adults under 50 years old.

- Of those deaths, almost 68% involved a prescription or illicit opioid.8
- In 2016, counties with higher poverty, higher per capita retail opioid sales, and higher overdose death rates, were concentrated in a few geographic areas.9





The DHSS is aggressively working to reduce the growth of opioid addiction and overdose. Data for the first half of 2019 demonstrate a 10% decrease in Missouri opioid deaths, but this follows a year in which these deaths increased by 17%. The Department has launched an emergency operations center in St. Louis to assist in the delivery of naloxone to those that have overdosed on opioids as well as to provide a connection to wrap-around community services that assist in recovery.

Category Members

One member that is included in the category is the Centers for Disease Control and Prevention (CDC). The CDC is committed to an approach that protects the public's health and prevents opioid overdose deaths. They also build state and local programs, support providers, health systems and payers, partner with public safety, empower consumers to make safe choices and conduct surveillance and research.¹¹





Another big category player is the United States Department of Health and Human Services (HHS). The HHS is committed to addressing opioid abuse, dependence and overdose. A five-point comprehensive strategy that they have created includes better data, better pain treatment, more addiction prevention, treatment and recovery services, more overdose reversers and better research.¹²

Campaigns

CDC Rx Awareness

In the past, drug prevention campaign executions have used multiple tactics. The CDC Rx Awareness campaign uses real stories to display how horrific opioid addiction can be. The work focuses on addiction to prescription drugs and shares importance of recovery programs and resources.¹³







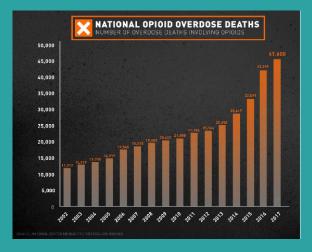
The Truth about Opioids

Another campaign, that the The Office of National Drug Control Policy (ONDCP) and Ad Council and Truth Initiative launched focuses on preventing and reducing the misuse of opioids among youth and young adults. The target audience for this campaign were 18 to 34-year-olds with a "halo" audience of 15 to 30 year olds. This campaign focuses on personal, individual stories related to opioids accompanied by a website that includes graphics with specific statistics.



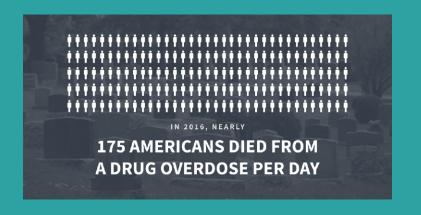






Initiative to Stop Opioid Abuse

President Donald Trump's Initiative to Stop Opioid Abuse was unveiled in 2018. In his three-part plan, the overall goals were to reduce demand and over-prescription, cut down the supply and help those struggling with addiction. Trump secured \$6 billion in new funding over a two-year window to fight opioid abuse in 2018. The goal is to cut opioid prescription fills by one-third within three years.¹⁶



Seizures of several kinds of illicit drugs are up, the number of new 30-day prescriptions is down and overdose deaths attributed to prescription pain medications have started to level. **

Kellyanne Conway
Counselor to the President

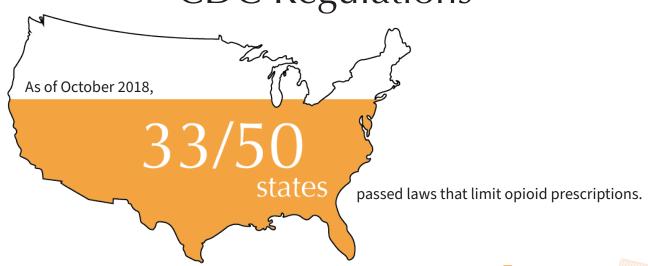




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CDC Regulations



Most of these states limited initial pain pill prescriptions to



Some states imposed even more aggressive cutbacks¹⁷ that limit prescriptions to

Prescription Writing

Medical prescriptions for opioids have increased from the mid to late 1990s. From 1999 to 2011, the use of hydrocodone more than doubled and the use of oxycodone increased five times. Consequently, the mortality rate of opioid related overdose has quadrupled.¹⁸

Missouri wrote the

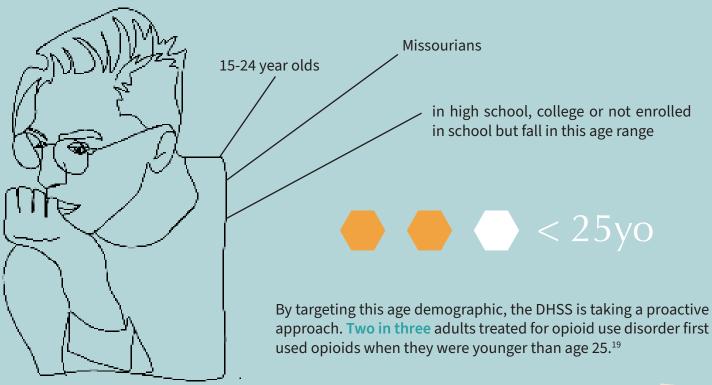
most opioid prescriptions per 100 people in 2017

14

opioid prescriptions written per 100 people in

opioid prescriptions written per 100 people in the US

Consumer

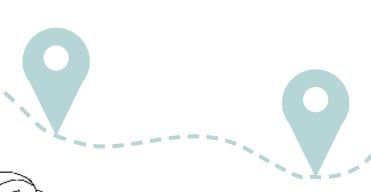


It is also important to note that 18 to 25 year olds have the highest rates of chronic nonmedical use of opioids and heroin.³³ The rate of young people who reported misusing prescription opioids **doubled** after the age of 18.²⁰ Data shows that the 15 to 24 year old age group offers the best opportunity to educate and destigmatize the opioid epidemic.



Race, Gender, etc.

Because opioid addiction transcends class, gender, and race, there are no specifications on these aspects of this target audience.²¹





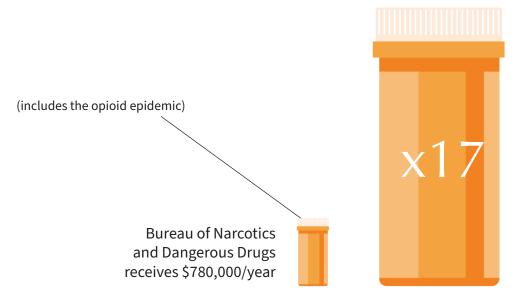
Rural vs. Urban

Although 94% of Missouri is rural, 70% of Missouri residents live in urban areas.²² Examples of urban areas in Missouri include Kansas City, St. Louis, Columbia and Jefferson City. These urban areas have a 37% higher mortality rate from opioid overdoses than the national average.³⁴ The opioid epidemic has hit rural and urban communities both with tragic force, but it is important to consider the diversity and differences between the two climates. For instance, urban areas tend to have easier access to care centers because of the difference in population density.

Competition

Direct Competitors

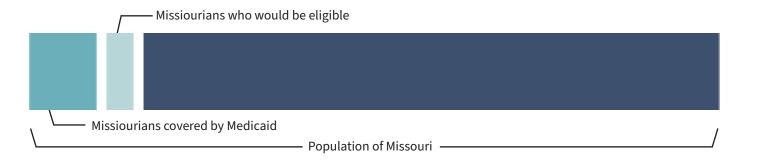
Direct competitors facing the DHSS and this campaign are other health issues and programs that receive state funding or public attention. Issues such as the legalization of medical marijuana, the flu, and public health emergencies like coronavirus take attention away from opioid addiction. For instance, medical marijuana receives 17 times as much funding as the Bureau of Narcotics and Dangerous Drugs, which includes the opioid epidemic.³ Ultimately, the DHSS is its own biggest direct competitor when it comes to allocation of funds.



Medical Marijuana receives \$13.5 million/year

Indirect Competitors

The indirect competition consists of issues standing in the way of people getting help or being educated about addiction. One major example is Medicaid. An estimated 232,000 Missourians would be eligible for coverage if Medicaid were to expand, which would include healthcare for overdoses. Missouri is one of 14 states that has not made the program available to more low-income individuals.²³



Competitive Strategy

The DHSS is already taking action to make itself stand out as an advocate for change in the midst of the opioid epidemic. The DHSS has been applying for and receiving grants to aid in the fight against the epidemic and to support additional data tracking and outreach methods. In addition, it has been working to data-track opioid misuse, showing where efforts are most needed and where progress is being made. The most notable effort is the MO-HOPE project in St Louis, whose goal is to reduce opioid-related deaths by expanding education, public awareness, treatment referrals and access to naloxone.

SWOT ANALYSIS

Strengths



Website — The Missouri Department of Health and Senior Services (DHSS) website contains in-depth charts and data that are visually appealing to anyone looking for information regarding the opioid crisis. Along these lines, the "opioid dashboard" on the website is easy to find and leads to copious information about what the DHSS and their partners are working on.



Opioid Intervention — When it comes to intervention in areas of Missouri where opioids are prominent, the DHSS is heavily involved. Training programs for Narcan are in place and growing in urban areas especially in public domains such as schools. Narcan itself is being made more widely available in places such as schools, YMCA facilities, public libraries and other locations. In St. Louis, opioid overdose assistance teams are in place and even able to offer mobile assistance.



Reach — Currently, Missouri has over 100 licensed public health agencies across the state. Rural and urban counties alike are under the care of these agencies, offering more widespread resources regardless of the area.⁷



Weaknesses

Opportunities



Digital Disorganization — While the DHSS website provides a large amount of information about opioids, the resources are not organized, making it difficult for readers to find what they might be looking for. The opioid button is present but once the reader gets to the page, the information is spread everywhere. This lack of cohesion discourages people from actively trying to seek out the information they may need.⁷



Lacking Social Media Presence — Outside of a Facebook page, the DHSS lacks a wide social media presence. This is further punctuated by low-quality graphics that fail to catch the eye of those quickly scrolling through. Because of the lack of a multiple platform presence, a large gap is created when trying to reach a segment of their target audience.²⁴



Lacking Communication — There is currently a lack of communication between hospitals in Missouri and their local public health agencies. This results in more intervention when opioids are already in use, such as overdoses, rather than working together for prevention efforts.²⁵



Outdated Education and Outreach — The outreach and education programs used in schools or statewide campaigns are outdated or missing altogether. By not having an effective way to educate the community, it makes people more vulnerable to misconceptions about opioids.²⁶



Education and Advocacy — There is a large public interest for advocacy groups about opioid-related issues, especially when it comes to treatment and pushing for education rather than simply arresting those suffering from opioid addiction.²⁷ Educating the community on Good Samaritan laws allows for less fear surrounding the topic of opioids and encourages people to act when they see those in need.²⁸ The DHSS also has the opportunity for creating more educational, prevention-based public service campaigns that include these topics.



Mobile Website Update — The DHSS mobile website is currently lacking but can be easily fixed with an upgrade. Reformatting their mobile layout would also allow for more ease-of-access to those who may need information quickly. There is also a large potential for app integration. Because our target audience contains so many heavy mobile device users, this could increase the likelihood of them engaging with the DHSS's resources.



Widespread Intervention Techniques — School nurses are the prime candidates for education and intervention regarding opioids, especially with our target audience. By providing them with the necessary resources to educate students, such as presentations, resource material or even naloxone, it allows for continued education in places the DHSS may not be able to reach on its own.²⁹

Threats



Optional and Unsuccessful Programs — Naloxone programs are not required throughout Missouri, making it difficult to ensure the medication is onhand when needed. On top of this, not all campaigns reach their target audiences, making it hard to communicate important messages to those who need to hear them.³⁰





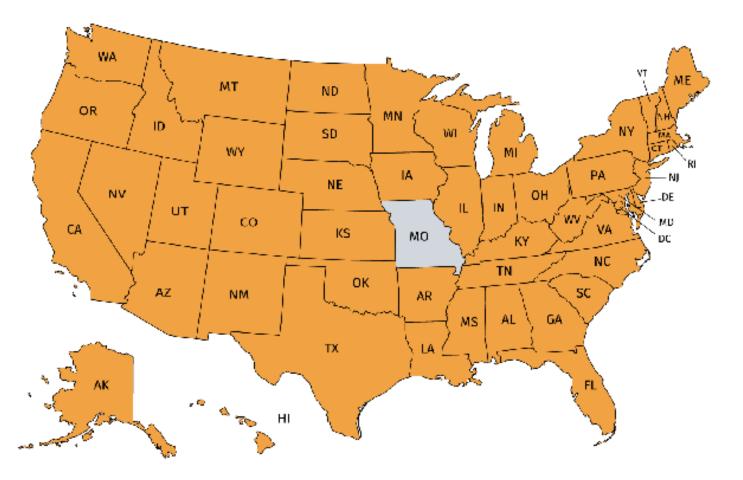
Overprescription — Because people often demand instant and strong pain relief, doctors are overprescribing opioids.³¹ Many Americans are even opposed to putting legislative limits on how many opioids a doctor can prescribe to one patient at a time.³² This puts the DHSS's goals and the community's opinions on different sides of the spectrum regarding changes in opioid use.



Denial — One of the biggest threats facing the DHSS is the public's denial and complacency regarding the opioid crisis.³² The "Not In My Backyard" movement, a phenomenon in which community members do not support community services that help victims recover from opioid addiction, blocks a barrier of entry into communities that need resources.²⁷



Legislation — Missouri is currently the only state in the US that does not have a statewide prescription drug monitoring program (PDMP).²⁸ On top of this, other drug-related programs and education are taking federal funding away from resources that could be used to help diminish the effects of the opioid crisis. Without the support of statewide legislation, it is harder to ensure that proper protocols are in place regarding opioids.



PRIMARY RESEARCH

Objectives





To gain knowledge about how our target audience responds to certain types of advertising.

Methods







SURVEY

Methodology

We designed an online survey through Qualtrics to allow students, non-students, parents, teachers and medical personnel to participate in our research. Our goal for the survey was to understand quantitative and qualitative data related to each of the target groups and their perspectives on opioids.

The survey contained 33 questions overall, and which questions respondents would answer were ultimately based on their age range, profession and parental status. The majority of the survey was multiple-choice, with a few questions asking respondents to rate aspects of their lives or freeform text boxes to list their profession.

Demographics



Findings: Opioids

Some data we found particularly important was regarding our question: "Do you know what an opioid is?" Of the 823 respondents, 510 stated that they knew what an opioid is.

YES

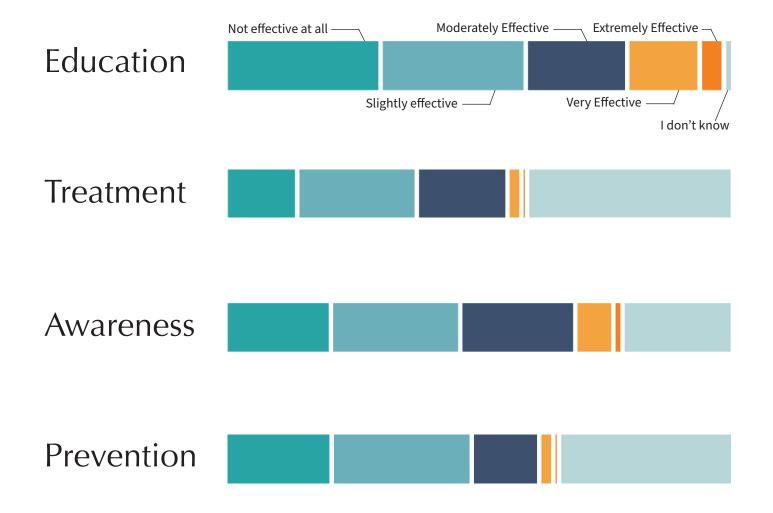
However, 55% of respondents indicated that they were either extremely uneducated or moderately uneducated regarding prevention and treatment efforts related to the opioid epidemic.



We also asked respondents to classify a list of common medications as either opioids or non-opioids. The orange numbers refer to how many people selected that drug as an opioid.

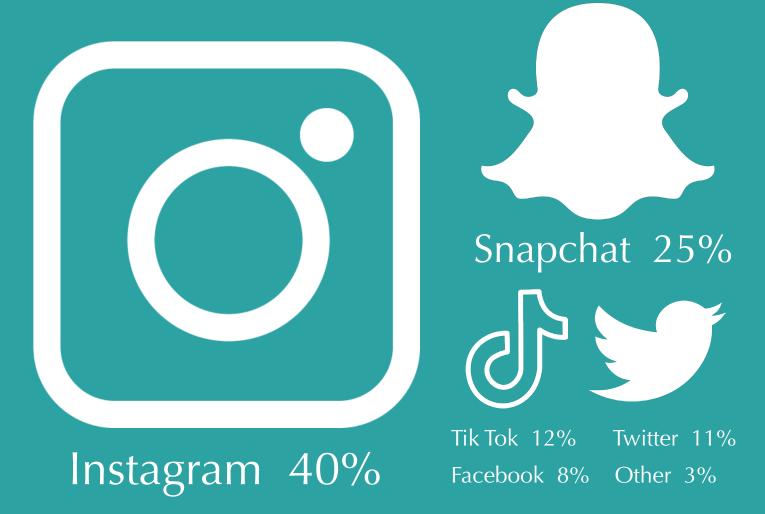
<u>OPIOIDS</u>	NON-OPIOIDS
Hydrocodone: 391	Tylenol: 70
Vicodin: 317	Pseudoephedrine: 118
Morphine: 378	Marijuana: 61
Fentanyl: 333	1 -124 1
Oxycodone: 452	I don't know: 66
Heroin: 293	

Later in the survey, we asked respondents whether or not they thought Missouri's opioid prevention, education, treatment and awareness efforts were effective. As seen in the charts below, many respondents were unaware of any efforts the DHSS or Missouri, in general, had made to combat the opioid crisis.



Findings: Media

Besides questions regarding the opioid questions, we also wanted to determine where our respondents spend most of their social media time and what types of advertisements they find most effective. These are the apps that 15-24 year olds spend the most time on.



When it came to which types of advertisements were most effective, 55% of respondents in our target audience stated that funny ads caught their attention most often.



However, we discovered later in our focus group and individual interviews that funny advertisements were not necessarily considered appropriate by our target audience for the particular topic of the opioid crisis. It was concluded that an effective ad-strategy would be adsthat are not overly serious as to incite dread in readers, but still have enough weight to deliver the issues across in an effective manner.

Overall, most of the survey data aligned with the hypotheses we made before releasing the survey to respondents. Any results that we found surprising were mostly related to audiences outside of our target and were interesting insights, but not necessarily relevant to our campaign.

Focus Group

Methodology

We held a **five-person** focus group with participants ranging from 20-22 years old. The participants were students attending the University of Missouri. Our goal of the focus group was to determine what type of advertisements are most effective with our target audience, to understand their knowledge on opioid addiction and to predict how our target audience will perceive our campaign.



Our main purpose for this focus group was to gather primary research and draw on participants' attitudes, feelings and experiences on a more in-depth basis than our other primary research. The individuals were able to interact, influence others and be influenced in this setting.

Findings

We asked the participants a series of questions about their opinions and experiences with opioids. Over an hour-long period, our five college-aged students answered specifically where they believe opioid misuse starts.



Four out of five participants thought opioid addictions start in a doctor's office or an emergency room. We asked this because we need to be aware of where our target audience is getting access to these drugs.



When we asked how an opioid addiction starts, they all said that addiction begins with a prescription.

We also asked the participants if they had ever been exposed to some type of drug prevention method. All of the students believed that drug prevention is not taken seriously enough in Missouri. All participants did not recall being taught or hearing about any campaign for drug prevention. One participant believed:



When four out of five of our participants were watching an anti-drug commercial on social media, ads that do not involve scare tactics drew their attention the most. Advertisements that appealed to them are more inclined to talk about sympathy.



3 out of 5 participants felt that an anti-drug campaign needs to be serious, not funny. One participant recalled a story of someone who had a drug "issue" and was made fun of for it instead of offering resources that would potentially help.

Overall, our participants helped us gather primary research and how to effectively create a well-rounded campaign specific to our target audience. We learned that overall the current prevention tactics in Missouri are not effectively reaching or working toward our target audience. These individuals believed a serious, sympathetic campaign would be the most successful.

"We don't treat addiction like the disease that it is, we criminalize it instead of humanizing people."

"It's hard to take [an anti-drug campaign] seriously if no human-figure is involved."

In-Depth Interviews

Methodology

We interviewed 27 people, including healthcare workers, students, parents and teachers. The objective of these interviews was to dig deeper into people's perceptions of the opioid crisis and initiate conversations to receive honest answers. Our team came up with five personalized, open-ended questions for each type of person being interviewed. Follow-up questions were asked on an individual basis.



Questions for medical professionals or workers in the healthcare industry inquired about misconceptions about opioid misuse, addiction and over-prescription.



Questions for students focused on personal experience being around opioids and aimed to gauge the amount of education the students had on the issue.



Questions for teachers and parents asked mostly about the types of **conversations** the individual has had with a student or child about opioid misuse.

Findings: Medical

While interviewing those in the medical field, we found that opioids should not be taken as chronic pain relief, but rather as **instant relief** after surgery. If taken this way, opioids are not inherently dangerous. However, medical professionals were concerned with the fine line between taking as prescribed and becoming addicted.

"There is something a little different about different people's chemical makeup because there could be one kid who takes five pills after surgery and doesn't get addicted, while there can be another kid who takes two pills and gets addicted."

- Tracey Bathe, Director of Health at Boone County Public Health and Human Services

"I'm on the fence with this one. Teenagers don't take a lot of those talks seriously at school. Not sure that school is the right forum for [drug prevention programs]."

- Julie Shupe, PTA Member

Findings: Parents/Teachers

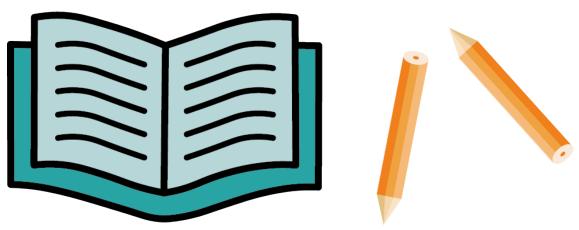
Teachers and parents shed light on the types of conversations happening around opioid misuse. Teachers reported having a guest speaker, but no formal education.

"We have a health class, but the textbook was published in 1988.

The class is in the trailer, which doesn't communicate to the kids that learning about their mental and physical health is an academic priority.

It feels like a joke of a health class that you see in a movie."

- Lucy Ultican, teacher at a rural high school outside Columbia, Missouri



Our interviews found a pattern amongst parents where they have had conversations with their children about drug use in general, but have never addressed prescription drugs.

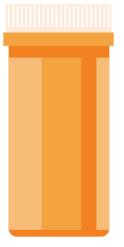
"I'm kind of an old mom, I'm 46, so a lot of my friends have teenagers and young adults and we've already seen overdoses and rehabs...
They were good kids. Somebody got in some parent's cabinet with pain killers, you know? And then that led to something that led to something. Heroin is more around all the time."

- Kori Sands, parent



All parents responded "no" when asked if they kept opioids in their medicine cabinet. However, some parents did acknowledge that other parents may have prescription opioids laying around.





Findings: Students

College and high school students gave us insights on what they witness and understand about opioid addiction. We noticed many students had a personal connection to opioids, whether it be through a friend, family member or family friend.

Most students reported that they would call 911 in a case of opioid overdose, but many worried about the potential repercussions.

"Yeah but no, because you don't want to get them in trouble. My first response would be to try and help in any way I can."

- Malek Ben-Ayed, student at Rock Bridge High School





Some students reported feeling educated on opioid addiction while others admitted that they were not. One thing that each of the interviews had in common was that each student reported having easy access to opioids. Most stated that they do not ever recall seeing campaigns specific to opioids.



"Basically I've seen a lot of anti-vaping campaigns. I don't really feel like I've seen anything specific to opioids. I saw a Facebook post about a family who passed out in their car and died from opioids, but I don't feel like I've seen very many that address the opioid crisis we're having."

- Rachel Tingle, MU Student



Consumer Insights

Unless the DHSS truly understand who they're talking to, this campaign will completely miss its mark. Our focus group informed us that while they do not recall seeing any campaigns recently on the issue, they would be inclined in learning more if it were presented to them in an enticing manner. In addition, while they all said they would be inclined to help someone suffering from opioid misuse, most lack the knowledge to do so effectively.

With all this in mind, it is evident that our target audience wants to become more involved with

the issue, but is hesitant to do so because they do not know enough about the crisis nor how to find information to do so.



In other words, they are...

Apprehensive Advocates

The Apprehensive Advocates are passionate young adults who embody a Midwest spirit of looking out for their community. They want to help their friends and family in any way they can. When it comes to the opioid crisis, however, they are more hesitant. This hesitation comes from a general feeling that they are not educated enough about opioids or the crisis. Therefore, they want to help with the opioid crisis, but they're afraid they do not have the know-how or resources to do so.



"I would want to help with the opioid crisis if I knew where to start."



"I'm itching to get involved in a cause I believe in, and I'm ready to make a difference."

"I feel like I don't know enough about opioids, so how am I supposed to support someone going through addiction?"

Big Idea

Because the Apprehensive Advocates want to make a change and get involved, but don't feel equipped to do so, our campaign focuses on education and empowerment. We want to not only inform about the probelm, but also encourage Appehensive Advocates to be the soulution. Without information or organization, it is easy to ignore the opioid epidemic that plauges this state and this country. But before a true change can be made, we have to open our eyes and our hearts to the tragedies all around us. Our campaign focuses on delivering first the educational materials needed to fully <code>grasp</code> the issue at hand, and second, the Opportunity and framework to get involved to make a change. Change will look like a lot of things, but must include destigmatizing opioid addiction by speaking boldly about personal experiences, taking ownership the issue in Missouri, and identifying as an advocate for the victims of this epidemic. In order to make any sort of lasting impact on the opioid epidemic in Missouri, we have to . . .



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PHASE ONE:

RENEW

Revamping the DHSS's online presence to better engage and equip Missourians as they restore their communities

Mobile Website Update

Description

We suggest making the current mobile website more organized and user-friendly. We would highlight the "Embrace It to Face It" slogan by putting a button with a direct link to an opioid specific educational page. This opioid landing page should include buttons to get more information "Embrace It" and to sign up to help "Face It." Additional resources can include testimonial videos, a calendar, fact sheets and a contact form for people to get involved and receive more information. If budget and time allow, you may also consider developing a mobile app for a smoother user experience.

Rationale

According to our research, most Apprehensive Advocates want to help combat the issue but do not have the knowledge or resources to do so. The easily accessible "Embrace It to Face It" button on the DHSS homepage will give them the resources to help the community by spreading awareness. With a more modern and updated website they can access on their mobile devices, more potential Advocates will be willing to scroll through the information and relay it to their peers.





Lead Generation Landing Page

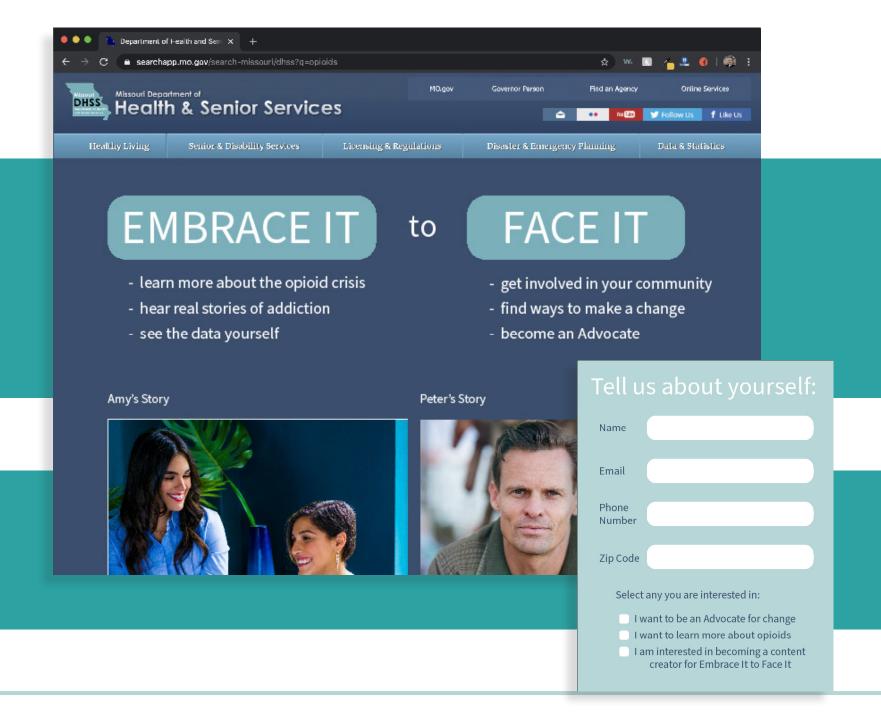
Description

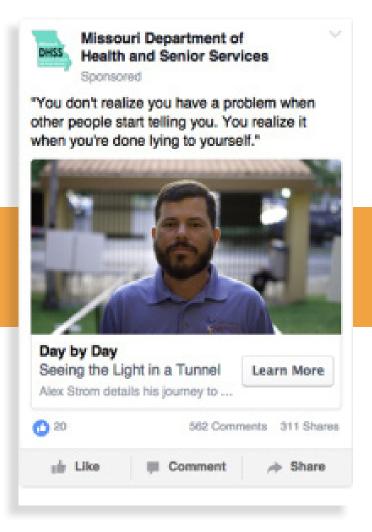
Create a dedicated corresponding landing page for any ad that advertises about our student activism program. We should place our big idea "Embrace It to Face It" at the center of the landing page, with a distinct, highlighted, and noticeable "contact us" tab at the upper right corner for lead generation. The generated lead means to educate those who are interested, therefore, they "embrace" opioid education to "face" whatever challenges their peers are going through.

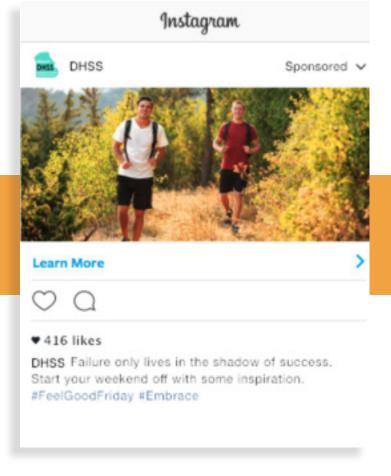
When clicking on the tab, a short questionnaire would pop up, collecting some demographic and contact information for a DHSS worker to contact them. We can use the number of inquiries and the collected demographic information to determine the success of our campaign. We must assure their information will remain confidential, and that they can opt-out of the program at any time to ease their feeling of potential engagement in long-term commitment.

Rationale

Many of our Apprehensive Advocates may not know much about the subject of opioid prevention while being willing to help those surrounding peers, family members, and colleagues who are in need. Therefore, it'll be easy for them to just receive an opioid information booklet, education program, and free resources all by just one short process. "Embrace" the program by filling out the questionnaire in order to "face" whatever that's coming during this opioid crisis. This landing page not only acts as a call to action but also a tool to measure the conversion rate to our advertising. It can help with measuring the success of our campaign in terms of advertising.







Social Media Revamp

Description

Revamp the Department of Health and Senior Services social media page to create a more inviting and conversation-driven online presence that encourages discussion about opioids and informs people of the risks associated with their misuse. The idea is to create an atmosphere that creates a lighter tone that makes the topic more approachable, while also keeping a sense of formality in order to maintain the seriousness of the issue. Ways to implement this would for the DHSS to use their connection and reach out to the family of people who has been affected by the crisis or people in recovery willing to tell their story. You can link the story on Facebook and Twitter, with a quote that entices people to click on it and get the full story. This openness encourages conversation in the comments that the DHSS can then participate in. Another idea could be weekly strategies, such as "Monday Misconceptions" where the DHSS can share visually appealing infographics that dispel some of the many misconceptions people have about opioids, or "Wednesday Wakeups" that could share some sort of obscure fact people may not know about the crisis. It would be important to share a balance of positive and negative statistics and stories in each strategy.

Rationale

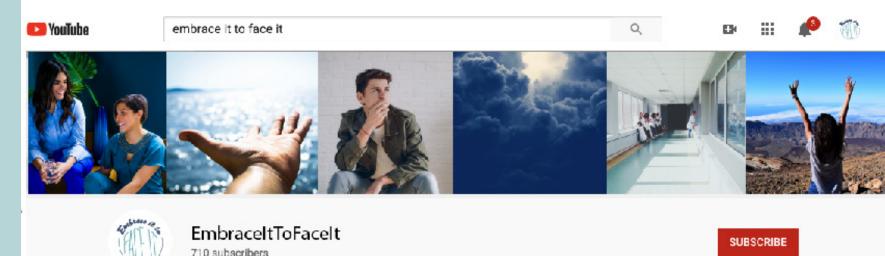
In our situation analysis, we found the DHSS's social media presence to be quite lacking in regards to their appeal to our target audience. They have a very blunt and formal style of posts on their pages, which will not bring in those we are looking to reach for this campaign. As our research found, many people in our target demographic get most of their information through social media, with Instagram being the site they spend the most time on. The DHSS does not have an Instagram account, so this campaign could be a great jumping-off point for the DHSS to launch their Instagram page with a tone that portrays the seriousness of the issues at hand but in a manner that does not induce dread in our consumers. Our primary research showed that overly serious campaigns do not stick out as much as funny, light-hearted ones, but with this matter specifically, a humorous campaign would be deemed inappropriate. That is why it would be important to share statistics that share both how critical this issue is, but also how it is improving. With all this in mind, we would create an air of acceptance that encourages people to voice their concerns and ask questions, which aligns with our "Embrace It to Face It" initiative.

PHASE TWO:

EVOLVE

Evolving this campaign with new trends keeps
Missouri up to date and one step ahead of the issu

YouTube Influencers



Description

Reach out to popular young vloggers and those who have expressed interest in being an Advocate. Give them information on the "Embrace It to Face It" campaign and offer free merchandise. Encourage YouTubers to post content to their own channels talking about "Embrace It to Face It" and crowdsource these videos for your own "Embrace It to Face It" YouTube channel. Content many include challenge videos, Q&As and personal testimonials.

Rationale

Our primary research showed that Apprehensive Advocates want to see real stories, so allowing them to be part of the conversation humanizes the issue and makes it personal. If they can take ownership of the problem and embrace it to the point of sharing with their friends and followers, then they are no longer Appehensive Advocates, but a powerful set of Outspoken Activists!

Memorial 5K Walk/Run







Description

Host a memorial 5K run/walk for those who have been affected by opioids in any way (survivors, lost a family member, etc). There will be a sign-up for runners/walkers that costs \$20 and includes a T-shirt. The proceeds will go to fund the event and donations. The event will start with participants gathering around the stage to listen to personal stories of opioid survivors and family members of those affected, Missouri opioid statistics and more. During this event, family members or survivors can share their personal stories, write a loved one's name on a balloon and let it go, write loved one's names on the path with sidewalk chalk, buy food from vendors with percentage proceeds going toward a local charity/health department that uses funds for opioid education/advocacy, etc. This event can be marketed via LHPA websites and social media pages. Look for local sponsors such as businesses, fire/police departments and hospitals.

Rationale

This tactic centers around our big idea of "Embrace It to Face It." By encouraging those who have been affected by the opioid crisis in some way to come together, it creates a support system and shows people how widespread the issue truly is. It proves that the opioid crisis deserves to be part of a conversation and cannot be ignored. It also provides survivors and families with a possible support network for each other. One of our main points for Opportunities in our SWOT revolved around education and advocacy. By collecting donations during this walk, it can help fund education and advocacy efforts for LPHAs.

Run for

Promotional Merchandise

Description

Bulk-order promotional merchandise for high schoolers and college students. The merchandise should present our slogan: Embrace It to Face It." Some potential items include vinyl laptop/water bottle stickers, sunglasses, notebooks, coffee mugs, and fanny packs. We recommend distributing this merchandises at events like the 5K and other DHSS programs to attract target audiences to get involved through our other tactics and share our slogan with their sphere of influence.









One reason branded stickers, tshirts and other items are so popular among high school and college students is that they are a way to state part of your identity and start conversations around things you care about. These items will help the Apprehensive Advocate embrace the issue of the opioid epidemic and talk about it boldly with friends who ask them about it. Hopefully this will create a collective community and encourage those who have been affected by the opioid crisis to face it with support.

Prescription Take-Back Bins



Description

Implement more prescription take-back bins that are available year round. Good locations include grocery stores, hospitals, doctors' offices, emergency rooms, and local pharmacies. The bins' design would highlight the "Embrace it to Face it" slogan in addition to a short explanation on how to safely and effectively dispose of unused prescription painkillers.

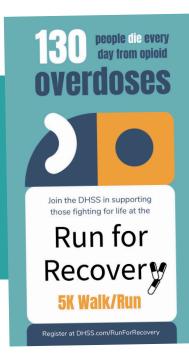
Rationale

According to our research, we have found out that most Apprehensive Advocates want to be smart about excess opioids but are not aware of where prescription take back bins are located in their hometowns. The "Embrace it to Face it" campaign will implement having more easy to access take back bins and educated Apprehensive Advocates on where these are located and how to use them.

Geotargeting

Description

We recommend geotargeting ads for the memorial 5K and prescription take-back bins. Geotargeting technology would allow the Department of Health and Senior Services, as well as LPHAs, to send advertisements to specific people based on thier location. For example, the DHSS can push ads to people near the park where the 5K is being held or to people who are near a prescription take-back bins. They can also send ads to people who have recently been in or near medical centers, doctor's offices, etc.





Rationale

Geotargeting brings the cause directly to the target, especially to people who are currently receiving some kind of medical care. Getting the cause in front of this group's faces can heighten their curiosity and educate them on the opioid crisis in a way that doesn't make them search for the information on their own time.

Audio Advertisements

Description

For more traditional media, we recommend producing a series of audio advertisements to be placed in a variety of health-related podcasts and on local radio shows. Keep the advertisements brief, about 15 seconds, to keep the information digestible since the topic of opioid addiction can get heavy and complicated. Audio resonates with Apprehensive Advocates, shown by the rise in popularity of podcasts among 15-25 year olds. The goal is to spark enough interest that listeners would seek more information.

Rationale

These advertisements serve to equip Apprehensive Advocates with the tools they need to combat the crisis (whether that be in the form of conversation starters or educational resources). By meeting them where they are, the DHSS can inspire Apprehensive Advocates to embrace the issue themselves and become an agent for change.

Changing the Conversation

A mix of voices is heard that start out individually but eventually blend into an incomprehensible jargon of people talking. They're all saying typically negative and stereotypical things associated with people who are addicted:

"So, you're like, a junkie?" "Wow, well I'm really disappointed in you." "Yeah sorry we can't hang out anymore." "I think it'd be best if you didn't show up." "I'm sorry I can't help you." "Well it was your decision in the first place." "Couldn't you have done something else?" "That was on you." "Have you told the police?" "Your job isn't gonna like that." etc. Again, all these voices blend into one.

Suddenly, they all cut out, a moment of silence, and then a single, gentle voice comes in: "Hey, I hear you. Let's fix this together."

VO: "Here at the Department of Health and Senior Services, we're helping Missouri change the conversation on the opioid epidemic. By embracing those in need, we face the problems in our community together."

Text Notifications

Description

In order to make the opioid crisis more real in the lives of the Apprehensive Advocates, we recommend an experiential text notification to allow members of the target to engage in a more hands-on experience for opioid education. To gather participants, post a sign-up form on the department's or LPHA's website where people can enter their phone number to participate. The department or LPHA could also post a link on social media to sign up and promote it at events. The push notifications detail the experience of becoming addicted to opioids as well as experiencing withdrawal symptoms. There would also be notifications daily and/or weekly that would explain the benefits of quitting opioid use as time goes on.

Rationale

A big barrier to embracing the opioid crisis is the attitude that "it doesn't apply to me." This first person experience puts the audience in the shoes of someone experiencing addiction and shows just how easily it could happen to them or a loved one. There is no way to passively engage with this app; if you have signed up for notifications, you will be actively seeing the effects of taking opioids. Having the opportunity to immerse step into someone else's shoes often gives people more insight into how people around them live and the struggles they have to face on a weekly, daily, or even hourly basis. This insight is crucial in spurring our Advocates into taking action to face the opioid crisis head on.



Today you were prescribed some pain killers at your doctor's visit. Anyone who takes opioids is at risk of developing addiction. Addiction begins with just a pleasurable feeling, but develops into something you can't live without. Respond "Learn More" for the rest of the story.

"Learn More"

Opioids trigger the release of endorphins, your brain's feel-good neurotransmitters. When an opioid dose wears off, you may find yourself wanting those good feelings back, as soon as possible. Click here to hear real people's stories of addiction...

Social Media Spots



Example full script

"I often get asked what it was like to die. I always respond 'I don't know, but I'm glad I didn't find out.' I was with my ex at the time, and we were both extremely addicted to opioids. We decided to try this new technique called "popping" which is just injecting the drugs right into your skin instead of hitting a vein. When you're desperate for a hit you don't care about how you're taking it or the problems it will cause, you're just after one thing. I woke up and the paramedics had told me my heart had stopped working for a full minute. I realized my life could've been over like that and decided to make a change and I've been sober for almost a year now."

15-second version

"I often get asked what it was like to die. I always respond 'I don't know, but I'm glad I didn't find out.' I realized my life could've been over like that and decided to make a change and I've been sober for almost a year now."

Description

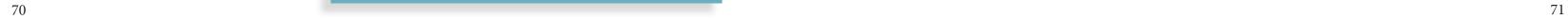
Create 15-second narrative spots addressing opioid addiction to be put on Instagram, Tik Tok, and Snapchat. These short videos will be edited from longer interviews which can be posted on Facebook Twitter, YouTube and the Embrace It to Face It page of the DHSS website. Each social media platform can link to the longer interviews on the website for more information. The interviews will be with a variety of people including someone recovering from an opioid addiction, a family member who lost a loved one due to opioid addiction, and someone who is currently addicted to opioids. The scripts provided are just examples of how a spot could look, but real interviews are essential for the authenticity of this tactic. For this reason we also provided a helpful list of interview questions.

Rationale

Ourprimary research demonstrated that most Apprehensive Advocates believe hearing stories of opioid addiction would help in promoteing awareness and education the most. They also believe story telling would be the most effective advertising method compared to humor or scare tactics. We can include our 'Embrace It to Face It' tagline at the beginning of each spot to drive nome our message of education and involvement.

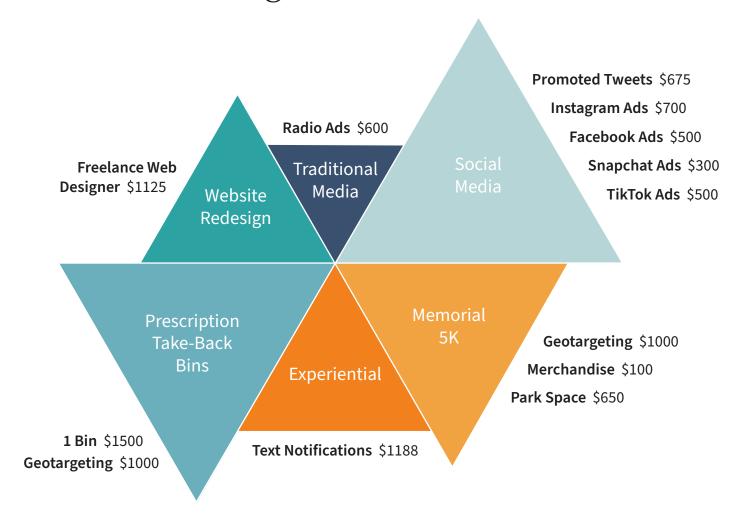
Interview Questions

- How have opioids affect your/your loved one's life?
- How did the addiction begin?
- Was there anything you wished you'd known about opioids sooner?
- What are some common questions you get asked?
- What are some ways people have helped you or ways you wished people had helped you?

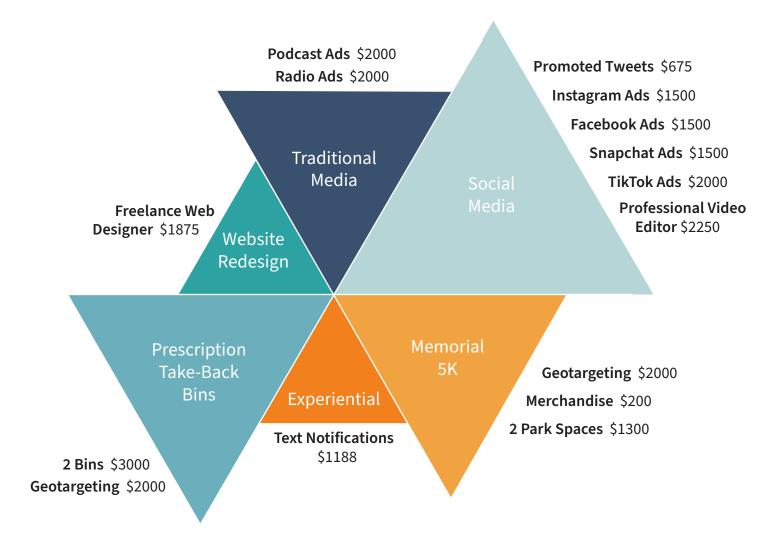




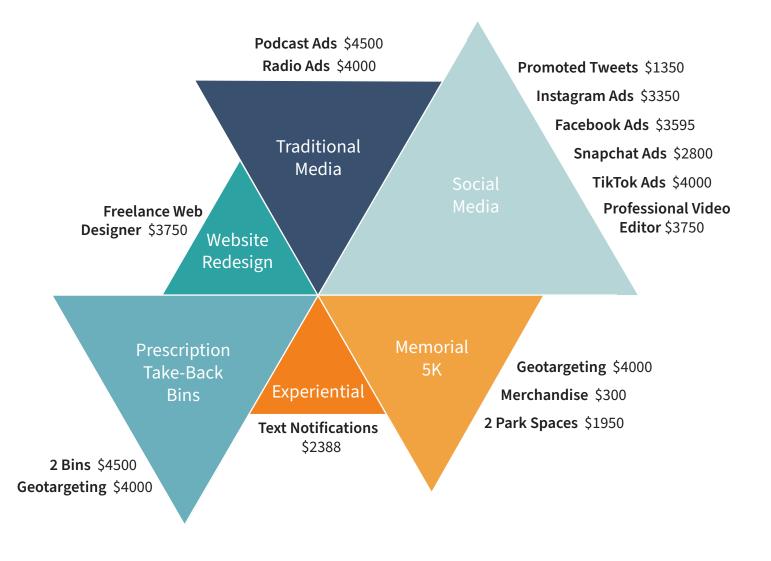
Budget: \$10,000



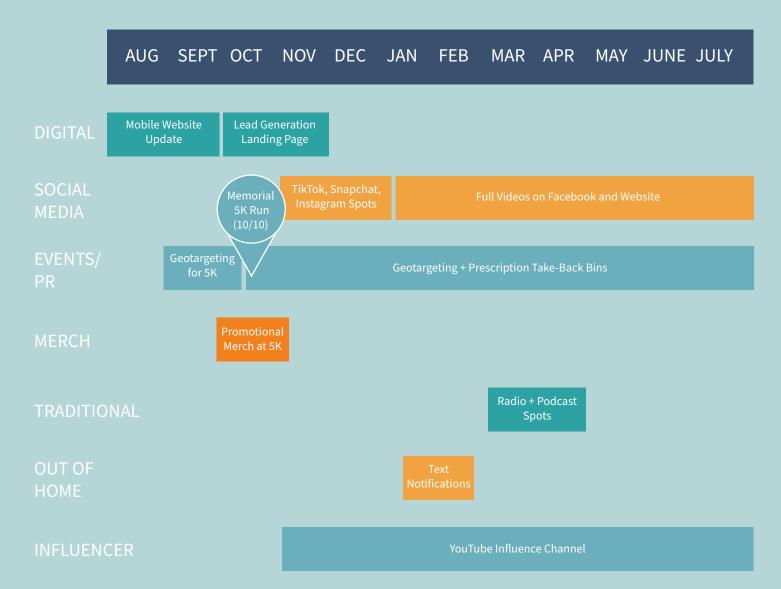
Budget: \$25,000



Budget: \$50,000



Media Calendar



Measures of Success

During the execution of the campaign, it's important to look at the performance of each tactic periodically to determine the success of the tactic. Reviewing the results can also be helpful for further tactic implementation. Here, we list a few things we suggest you take a look at once per month. They can help with determining if the campaign objective is adequately being met.

Lead Generation Landing Page

The best indicator of success for the landing page will be conversions. A high number of conversions means two things: the landing page is easy to navigate and generates enough interest in the cause to capture that lead. If you have a low number of conversions on the landing page, try simplifying the page or including a stronger call-to-action for visitors to submit information.

Secondarily, look at how much generating each lead costs. If it is highly expensive to capture a small number of leads, consider capturing leads a different way (through a survey on your social media channels, through schools, etc.), If it is relatively cheap to capture leads, keep the landing page up and relevant.

Mobile Website

Make sure you have a gauge on website traffic **before** updating the mobile site; that way, you can see the improvement after updates have been made. You should be able to expect an increase in website traffic and session time after the mobile website has been updated.

Social Media Paid Ads

Social media spots would be considered successful if they have a good conversion rate. On social media, it is fairly easy to click through advertisements to a landing page, registration site, and more. Conversion tracking is important here so you can track where advertisements are most effectively reaching your target audience. This way, you can target more money to platforms that lead to more conversions and less money to platforms that lead to fewer conversions.

Audio Spots

Audio spots will be considered successful if they reach a high number of people, or gain a high number of impressions. It is a bit difficult to measure conversions through audio advertisements because there is no direct way to click through an audio advertisement. A high number of impressions would mean a high number of people being exposed to the cause and the website, which would be useful for driving traffic to the website.

Prescription Take-Back Bins

Take a look at how many prescriptions are returned in these bins. If the number is high, then this is a rather successful tactic. Do not worry if the number is low; it may just mean that the bin could be more successfully placed in a different area or there is more room for advertising the current location.

If a city or town has more than one prescription take-back bin, you can compare the deposits in the two bins. Consider moving the bin with a lower number of deposits to an area similar to the bin with a higher number of deposits.



5K Memorial Run/Walk

Keep track of how many people attended the event. This can be a key indicator of the reach of the campaign, as well as an important factor in the decision to make this Memorial Run/Walk an annual event.

Also, look at how many people volunteered to be ambassadors or volunteers for the event. This can give an indication of the community's interest in the cause, as well as the success of advertising. Another good way to gauge public opinion on the success of this event is by sending out a survey.

Money is also an important indicator to check. How much money was raised at the event?

Owned Social Media

Check the number of likes and comments on Youtube, as well as the number of likes, comments and views on social media posts. This way, you can find which posts are more successful with your target audience so you can create more posts like this. Checking the number of comments gives you insight into how many people are interacting with your brand, therefore measuring interest.

Keep an eye on follower count as well. If your follower count grows very quickly, look at what you have been doing since you gained all of those followers so that you can continue with that tactic. If you are losing followers, look at adding some different types of content to find what works best with your followers.



The success of geotargeting will be measured in the number of people reached, or impressions. Since we are recommending geotargeting for the prescription take-back bins and the memorial run, which are two tactics that don't require conversion tracking, a high number of people reached would mean a higher awareness of these two events.

Meet our Team:

BRIDGE

AJ YOUNG

graphic designer

You may not be able to tell by her messy apartment, but AJ loves a nice, clean design. As Bridge's graphic designer, AJ Young never turns her right brain off! Studying Art Direction and Economics has given her a passion for non-profit business.

Besides spending hours tinkering with designs, AJ fills her free time with rock climbing, thrift shopping and doodling in her sketchbook, which is by her side at all times. She hopes to work as a freelance designer for small businesses after graduation.



account executive

Being the oldest sibling, Claudia is no stranger to taking the reins and leading a team. Someone has to be the responsible one, right?

A natural extrovert, Claudia plans to combine her leadership skills and communication expertise to be the perfect account executive for the job.

While interning at a hostel in Barcelona this past summer, Claudia had the opportunity to put her communication skills to the test. She hopes to return to Spain (whenever her bank account allows it) to help Spanish companies reach an English audience and expand their brands!



When he is not doing it himself, you can likely find Camden studying the art of writing by analyzing a film, reading a book or blasting some music. Having always been drawn to writing to express himself, Camden wrote his own short stories at a young age and has continued this passion throughout his life.

From ad campaigns to social media promotions to even award-winning scripts, Camden routinely experiments with different forms of writing both in and out of his professional life. As Bridge's copywriter, he is excited to begin new projects and form long-lasting relationships.

CAMDEN LEAHY

copywriter

KELSEY WU digital specialist

Born in the digital age, Kelsey is blessed with a passion for digital marketing. Staying connected to the online world at all times is just a part of her DNA, from social media to market research. This makes Kelsey a natural fit as Bridge's dynamic digital specialist.

Kelsey plans to graduate in May, where she will go on to pursue a career in market research and analysis. When she's not editing videos for Bridge or KOMU, it is easy to find her at a farmer's market, local bookstore of hiking trails with her roommate's golden retriever.

research needs, because Ally has you covered! A planner at heart with a sweet tooth for spontaneity, Ally has a knack for adventure.

Search no further for all your

When she is not glued to the computer researching anything and everything, she enjoys hiking, traveling, drawing, reading and coffee. Like she always says, "a coffee a day keeps the exhaustion away!"

If you are looking for someone who knows almost as much about the medical field as an actual medical professional, look no further than Megan Crabb. With a passion for helping others, Megan hopes to take her talents to the healthcare or non-profit industry in the future.



As Bridge's public relations specialist, Megan is ready to apply her talents in a field she is passionate about. When she is not juggling her full-time class load with her full-time job, Megan enjoys listening to true crime podcasts and petting every dog she sees.

MEGAN CRABB

pr specialist

HANNAH PINSON

media planner

When it comes to media planning, Hannah is your go-to girl. As Bridge's media planner, she loves testing her problem-solving skills. Working in a field where she gets to help people too is the cherry on top!

When she has some free time, Hannah enjoys playing with her puppy, watching documentaries or eating copious amounts of Kansas City barbecue.

APPENDIX

References

- 1. Missouri Department of Health and Senior Services. (2020). About the Missouri Department of Health and Senior Services. Retrieved from https://health.mo.gov/about/.
- 2. Missouri Department of Health and Senior Services. (2020). Department Divisions. Retrieved from https://health.mo.gov/about/divisions.php.
- 3. Missouri Department of Health and Senior Services. (2020). Overview. Retrieved from https://health.mo.gov/about/pdf/dhss-overview.pdf.
- 4. Graph
- 5. Missouri Department of Health and Senior Services. (2017). Missouri Health Improvement Plan. Retrieved from https://health.mo.gov/data/pdf/mohealthimproveplan.pdf.
- 6. Missouri Department of Health and Senior Services. (2019). Public Health Works: A Web-Based Orientation Manual for Public Health Leaders. Retrieved from https://health.mo.gov/living/lpha/phworks/publichealthworks.pdf.
- Missouri Department of Health and Senior Services. (2020). Missouri Opioids Information. Retrieved from https://healthmo.gov/data/opioids/.
- 8. Hanssen, S., Higham, S., Horwitz, S., & Rich, S. Trump Administration Struggles to Confront Fentanyl Crisis. (2019, May 22). Washington Post. Retrieved from https://www.washingtonpost.com/graphics/2019/national/fentanyl-epidemic-trump-administration/.
- 9. U.S. Department of Health and Human Services. (2018). Economic Opportunity and the Opioid Crisis: Geographic and Economic Trends. Retrieved from https://aspe.hhs.gov/pdf-report/economic-opportunity-and-opioid-crisis-geographic-and-economic-trends.
- 10. Missouri Department of Health and Senior Services. (2020). Missouri Overdose Rescue and Education (MORE) Project. Retrieved from https://health.mo.gov/safety/ems/more/index.php.
- 11. Centers for Disease Control and Prevention. (2020). CDC Injury Center: Opioid Overdose. Retrieved from https://www.cdc. gov/drugoverdose/index.html.
- 12. American Academy of Pediatrics. (2020). Addressing the Opioid Epidemic. Retrieved from https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Substance-Use-and-Prevention/Pages/addressing-the-opioid-epidemic.aspx.
- 13. Centers for Disease Control and Prevention. (2020). Rx Awareness: Real Stories. Retrieved from https://www.cdc.gov/rx-awareness/stories/index.html.
- 14. Campus Drug Prevention. (2020). Youth Opioid Abuse Prevention Toolkit. Retrieved from https://www.campusdrugprevention.gov/sites/default/files/WH-Youth-Opioid-Prevention-Toolkit.pdf.
- 15. The Truth. (2020). Opioids. Retrieved from https://www.opioids.thetruth.com.
- 16. The White House. (2020). Ending America's Opioid Crisis. Retrieved from https://www.whitehouse.gov/opioids/.
- 17. Alltucker, K. & O'Donnell, J. Pain Patients Left in Anguish by Doctors Who Fear Opioid Addiction, Despite CDC Change. (2019, June 24). USA Today. Retrieved from https://www.usatoday.com/story/news/health/2019/06/24/pain-patients-left-anguish-doctors-who-fear-opioid-addiction/1379636001/.

- 18. Bonnie, R. J., Ford, M. A. & Phillips, J. K. (2017). Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. Washington (DC): National Academies Press.
- 19. Uchitel, J., Hadland, S. E., Raman, S. R., McClellan, M. B., & Wong, C. A. (2019, Nov 21). The Opioid Epidemic: A Needed Focus On Adolescents And Young Adults. Health Affairs. Retrieved from https://www.healthaffairs.org/do/10.1377/hblog20191115.977344/full/
- Office of Adolescent Health. (2019). Opioids and Adolescents. Retrieved from https://www.hhs.gov/ash/oah/adolescent-development/substance-use/drugs/opioids/index.html
- 21. Murray, K. Who Opioid Addiction Affects. (2019, August 12). Rehab Spot. Retrieved from https://www.rehabspot.com/opioids/who-addiction-affects/
- 22. Missouri Census Data Center. (2020). Ten Things to Know About Urban Vs. Rural. Retrieved from http://mcdc.missouri.edu/help/ten-things/urban-rural.html
- 23. Fentam, Sarah. Missouri Doctors, Advocates Want Voters to Decide Whether to Expand Medicaid. (2019, Sept 4). St. Louis Public Radio: NPR. Retrieved from https://news.stlpublicradio.org/post/missouri-doctors-advocates-want-voters-decide-whether-expand-medicaid#stream/0.
- 24. Xu, S., Markson, C., Costello, K. L., Xing, C. Y., Demissie, K., & Llanos, A. A. M. (2016, April 28). Leveraging Social Media to Promote Public Health Knowledge: Example of Cancer Awareness via Twitter. Retrieved March 12, 2020, from https://publichealth.jmir.org/2016/1/e17/#Copyright
- 5. Bottner, R., & Moriates, C. (2019, June 18). Hospitals are a missing link in easing the opioid crisis. Retrieved March 12, 2020, from https://www.statnews.com/2019/06/18/hospitals-missing-link-easing-opioid-crisis/
- 26. PatientPop. (2018, March 22). Outdated Healthcare Practice Marketing Ideas Providers Should Stop. Retrieved March 12, 2020, from https://www.patientpop.com/blog/marketing/outdated-healthcare-practice-marketing-ideas-providers-stop/
- 27. Cook, A. K., & Worcman, N. (2019, July 23). Confronting the opioid epidemic: public opinion toward the expansion of treatment services in Virginia. Retrieved March 12, 2020, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6717979/
- 28. Missouri Foundation for Health. (2017, November). The Opioid Crisis. Retrieved March 12, 2020, from https://mffh.org/wp-content/uploads/2017/11/Opioid-Crisis-in-Missouri-Fact-Sheet-11_2017.pdf
- 29. Opioid Epidemic. (2018). Retrieved March 12, 2020, from https://www.nursingworld.org/practice-policy/work-environ-ment/health-safety/opioid-epidemic/
- 30. Mathias, T. (2019, August 19). Tobacco industry anti-smoking ads reached less than half of U.S. adults. Retrieved March 12, 2020, from https://www.physiciansweekly.com/tobacco-industry-anti-smoking-ads-2/
- 1. National Institute on Drug Abuse. (2019, March). Missouri Opioid Summary. Retrieved March 12, 2020, from https://www.drugabuse.gov/opioid-summaries-by-state/missouri-opioid-summary
- 32. Blendon, R. J., & Benson, J. M. (2018, February 1). The Public and the Opioid-Abuse Epidemic: NEJM. Retrieved March 12, 2020, from https://www.nejm.org/doi/full/10.1056/NEJMp1714529?query=TOC
- 33. Jones, C. M. (2012). Frequency of Prescription Pain Reliever Nonmedical Use: 2002-2003 and 2009-2010. Archives of Internal Medicine, 172(16). doi: 10.1001/archinternmed.2012.2533
- 34. Missouri Department of Health and Senior Services Office of Primary Care and Rural Health. (2016-2017). *Health in Rural Missouri* [PDF file]. Retreived from https://health.mo.gov/living/families/ruralhealth/pdf/biennial2017.pdf

Creative Brief

Why Are We Advertising?

• To raise awareness of the opioid crisis among 15-24-year-olds in the state of Missouri.

Industry Trends

- As opioid misuse increases, so too does the category of people at risk. Drug overdoses are the leading cause of death for Americans under 50. The opioid epidemic is the deadliest drug crisis in American history.
- In 2017, more than 700,000 people died from drug overdoses, making it a leading cause of injury related death in the U.S. Of those deaths, almost 68% involved a prescription or illicit opioid.
- Deaths from overdose and opioid prescriptions are not consistent across the country. Rural communities are more heavily impacted. The main things that are correlated with the prevalence of prescription opioids and substance abuse are primarily poverty and unemployment rates.

Who Are We Talking To?

- 15-24-year-olds in Missouri
- 18-25-year-olds have the highest rates of chronic nonmedical use of opioids and heroin
- 18-25-year-olds have the highest rate of dependence or abuse of opioid analgesics and heroin.

Apprehensive Advocates

- Aware of the opioid epidemic and want to help, but feel they lack the education necessary to actually do so.
- This lack of confidence results in a lack of action. If they were more educated, they would feel more comfortable with getting involved in the issue.
- Do not actively seek out the news and get most of their information from social media or advertisements.

Consumer Insights

- "I really care about helping the people in my life that are closest to me. With something as serious as opioid addiction though, I can get a little bit nervous. I don't feel like I know enough about opioids, so how am I supposed to support someone going through an addiction? I promise, I really want to help, I just don't want to mess anything up."
- The Apprehensive Advocates are passionate young adults who embody a Midwestern spirit of looking out for their community. They want to help their friends and family in any way they can. When it comes to the opioid crisis, however, they are more hesitant. This hesitation comes from a general feeling that they are not educated enough about opioids and the crisis. Therefore, they want to help with the opioid crisis, but they're afraid they do not have the know-how or resources to do so.

Main Idea

• Don't avoid dealing with the opioid crisis. Educate yourself so you can combat it.

Big Idea

• Embrace It to Face It

Supporting Facts

- More and more people are advocating for recovery and rehabilitation rather than arrest and punishment policies.
- There is a general feeling of anxiety about the crisis, with about 78% of Americans in a public opinion poll saying they feel anxious about the crisis.
- People tend to blame doctors for the opioid crisis, meaning that the general public understands that the people who get addicted are not the ones at fault.
- Apprehensive Advocates are not actively seeking out information, but targeted online campaigns are effective in informing the public.

Tone

- Empathetic Friend
- Cooperative Open-minded

Media Tactics / Mock Ups

Social Media Narrative Scripts:

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- "If you didn't know me you wouldn't expect me to be any different from any other mom out there. But at every soccer game or school play I was on opioids. I didn't think it was a problem at all. You know I did all the things I thought you were supposed to do as a mom: cooking dinner, buying clothes, providing shelter. But I was missing out on playtimes and talking to my kids and being more than just a provider. It really started to hit me when they said they wanted to spend more time at a friends house or eat dinners there. That hurt. I decided to cut opioids out of my life so I could invite my children back in, and since then, I've been two years sober. I don't know where I would be if it weren't for them."
- "We had seen him a week before on a family vacation to Florida. He seemed fine. We knew he was on opioids for back issues but we were adults, we weren't kids anymore. We didn't pay attention to it. Before we could even get on the plane home we couldn't get ahold of him. Eventually we found him and his girlfriend dead from an opioid overdose. You can't just listen with your ears, you have to listen with your mind, your heart, your soul. They may not say anything, but they may be crying out in other ways." (inspired by an IDI with Kelie Dahl)
- "People I feel have desensitized the word "addiction." They always use it to refer to some phone games they're playing or a new drink at a coffee shop.] They've forgotten what it means for us who wake up and depend on something that is killing us to get through the day. I've been an addict now for two years. I've lost scholarships and job offers because I couldn't focus on those things. I've pushed friends and family away so I could keep using without being bothered. I've woken up on park benches, in cars, one time a port-a-potty and that was a new low. It's taken a lot of thought and reevaluation on the things that are important to me that have lead me to decide to start my rehab this October."













Promo Merch

Alternative 5K Logos/Names

Promotional Merchandise Ideas:

- Use products associated with our theme "Embrace It to Face It"
- Handheld makeup mirrors, gloves, blankets, snuggies, bath robes, binoculars, calendars, notebooks, planners, magnets, glasses pouch
- 5K specific: headbands and wristbands

Alternative Logo Mock Ups

Prescription Take-Back Bins:

- "Take back the Community/State"

 Rationale: taking back the state from the crisis
- "One Stop To Stop"
 - Represents the kiosk as "One Stop" among many that will put an end to the crisis of opioid misuse
- When they deposit the pills, they could then receive maybe an small inspirational quote or slip (fortune cookie style) accompanied by a coupon with a participating business
 - Ex: "The first and hardest step is letting go of what holds you back" -Jennifer Lockland, Sober since 2009. Get 25% off your next footlong at Subway.
 - This allows people to see firsthand how people are affected and recovering, and encourages people to keep visiting these sites for the coupons

YouTube Influencers:

- Channel names: El2FI, Embrace It to Face It, MO Embrace
- Channel can consist of weekly Q&A's where they can answer questions sent by anonymous viewers addressing problems they may have with opioids, story-times, and vlog-sharing content
- Challenges should be presented on the channel as well that can help start trends that expand awareness outside of Missouri (thinking along the lines of the ALS Ice Bucket Challenge)
 - Ex: DHSS "Guess What I'm Saying" Challenge:

One person's mouth is covered in a way where they can't really talk, only mumble and make noises. They then draw a phrase that they then have to express to a friend and a friend has to try and guess what they're saying. In addition to raising money and awareness, it will also represent how this issue is a hard one to talk about, and one that Missouri has struggled addressing for a long time. The only way to receive clarity is by taking the thing off your mouth off, hence, Embracing and Facing the problem at hand.

Text Notifications:

- "Today you were prescribed some pain killers at your doctor's visit. Anyone who takes opioids is at risk of developing addiction. Addiction begins with just a pleasurable feeling, but develops into something you can't live without."
- "You are still in pain, so you decide to take one extra today. Opioids trigger the release of endorphins, your brain's feel-good neurotransmitters. When an opioid dose wears off, you may find yourself wanting those good feelings back, as soon as possible."

- "Now the dose you started with, your prescribed dose, doesn't keep the pain back for long. When you take opioids repeatedly over time, your body slows its production of endorphins. This is called tolerance. Once tolerance begins, dependence soon follows."
- "You have run out of your three day supply. Many states limit prescriptions to 3-7 days because of the risks of opioid addiction. It's often difficult to get your doctor to increase your dose, or even renew your prescription which leads some opioid users who believe they need an increased supply turn, at this point, to illegally obtained opioids or heroin."
- "These drugs don't feel the same as what you were prescribed. Some illegally obtained drugs, such as fentanyl, are laced with contaminants. Because of the potency of fentanyl, this particular combination has been associated with a significant number of deaths in those using heroin."
- "Today you decided to quit taking all opioids. This is an incredibly hard first step and the next few weeks of withdrawal symptoms will be difficult, but completely worth it. Text "Encouragement" to hear some encouraging words from others who have recovered from an opioid addiction.
- "Withdrawal symptoms are kicking in hard today. You woke up nauseous and with heart palpitations at 2AM because you are also suffering from insomnia. You get dressed to go to work unsure if you will make it through the day without vomiting. And these are just the physical symptoms of withdrawal. Text "Learn more" to discover some psychological symptoms you may be feeling as well.
- "You have been sober for 2 weeks now. It is still an uphill battle though. You are entering Post Acute Withdrawal Symptoms (PAWS). These symptoms can severely impact the recovery process. You might be experiencing loss of sleep and emotional instability or even inability to feel emotions."

Audio Advertisements:

In a Day

- Highlight certain historical events or monuments that took time, knowledge, effort and people working together in achieving, and link that to how those same things are what is going to be required to address the opioid epidemic.
- "Rome wasn't built in a day. It took 20 to 30,000 people to build the pyramids. It took four months for our forefathers to write the Constitution. In short, success doesn't just happen. It takes time, planning and people putting in effort together to achieve something great. Here at the Department of Health and Senior Services, we're equipping those with the knowledge and power to help those suffering from the opioid crisis. This problem has faced our country for nearly 30yrs, but together, Missouri can be the first step towards finding a solution."

Budget

•	Tactic	Reach/Hours	Cost	Reach/Hours	Cost	Reach/Hours	Cost
*	Freelance Web Designer	15 hours	\$1,125.00	. 25 hours	. \$1,875.00	. 50 hours	\$3,750.00
*	Geotargeting for Walk	500 impressions	\$1,000.00.	.1,000 impressions	. \$2,000.00	. 2,000 impressions	\$4,000.00
*	Facebook Ads	70,000 impressions	\$500.00	. 200,000 impressions	.\$1,500.00	. 500,000 impressions	\$3,595.00
*	Instagram Ads	100,000 impressions	\$700.00	. 220,000 impressions	.\$1,500.00	. 500,000 impressions	\$3,350.00
*	Promoted Tweets	500 clicks	\$675.00	. 500 clicks	.\$675.00	. 1,000 clicks	\$1,350.00
*	Snapchat Ads	100,000 impressions	\$300.00	. 500,000 impressions	.\$1,500.00	. 900,000 impressions	\$2,800.00
*	Park Space for Walk	1 park reservation	\$650.00	2 park reservation	.\$1,300.00	. 3 park reservation	\$1,950.00
*	Merchandise		\$100.00		. \$200.00		\$300.00
*	Geotargeting for Take Back Bins	500 impressions	\$1,000.00	. 1,000 impressions	. \$2,000.00	. 2,000 impressions	\$4,000.00
*	Prescription Take Back Bin	1 bin	\$1,500.00	. 2 bins	. \$3,000.00	. 3 bins	\$4,500.00
*	Audio Ads	30,000 impressions	\$600.00	. 210,000 impressions	.\$4,000.00	. 450,000 impressions	\$8,500.00
*	TikTok Ads	50,000 impressions	\$500.00	. 200,000 impressions	.\$2,000.00	. 400,000 impressions	\$4,000.00
*	Text Service for Experiential	30,000 texts	\$1,188.00	. 30,000 texts	.\$1,188.00	. 60,000 texts	\$2,388.00
*	Professional Video Editor			15 hours	.\$2,250.00		\$3,750.00
			(Table 1970)				1212222

Total \$9,838.00 Total \$24,988.00 Total \$48,233.00

Cost Breakdown

Mobile Website

- Independent or freelance web designer (\$300-\$600 per job or \$75 per hour)
- Basic mobile website design (\$100-\$200) or full mobile website design package (\$200-\$500) for the opioid prevention program page.
- The mobile responsive design may cost an additional 30%-50% of the original cost of the website

Memorial 5K Walk/Run

- Overall costs vary largely depending on equipment wanted
- \$20 per signup (that includes a t-shirt)
- Park space: \$40-\$650 depending on city

Promotional Merchandise

- Average of \$1 per item
- CPI: 3 cents

Geotargeting

- Maximum of \$2 per click
 - Lead Generation Landing Page
- About \$25-30 per lead

Social Media Revamp

- Facebook: .27 cents cost per click, \$7.19 cpm (cost per thousand expressions)
- Twitter: .5 cents to \$2 per promoted tweet, \$2-\$4 per each follow for a promoted follow, \$200,000 per day for a promoted trend, average cost of a promoted tweet per click, reply or retweet is \$1.35
- Instagram: .2 cents \$2 cpc, \$6.70 cpm
- Snapchat: \$1-\$3 cpm, buying ads directly (snapchat buys media for the advertiser and charges a flat rate for CPM), \$3,000 per month

Social Media Paid Ads

- Begin around the holidays, extend til the end of the campaign
- TikTok native ad (\$10 per CPM [cost per 1000 views])
- Snap ads (\$3,000 per month without agency fees and creation costs)
- Instagram ads (roughly \$5 per CPM)
- Professional Video Editor (\$75 to \$150 per hour)

Text Notifications

- Free sign up and push notifications for up to 30,000 participants
- \$99/month for premium access with unlimited text recipients
- Begin sign-ups at 5K, on website, etc.
- Begin sending notifications mid-January (once school is back in session)

YouTube Influencers

- No cost for account creation
- Video production can be done by internal staff and sourced from Advocates for free
- Influencer rates vary based on follower count and engagement of audience

Prescription Take-Back Bins

• \$895-\$1500 per bin

Audio Ads

Between \$12-20 CPM

