

## **SOR2 Prevention Additional Guidance**

### **Overview**

This guidance document is being provided to offer additional information to support required prevention services through the SOR2 grant. Other details can be found in the SOR2 Prevention Guidance document. As a reminder, it is imperative that SOR2 funded prevention staff partner with agencies receiving the Integrated Provider Network (IPN) Prevention grant and the Strategic Initiatives to Prevention Drug Overdoses (SIPDO) grant (funded in Appanoose, Clinton, Keokuk, Linn, Mahaska, Polk, Scott, Wapello and Webster Counties). SOR2 funded prevention staff should connect with agencies administering these grants through regular meetings to discuss progress on the Strategic Prevention Framework (SPF), trainings, media campaign dissemination and opportunities for collaboration.

### **Training**

#### **Overview of Training Services**

The Training Coordinators will enhance existing prevention programs and policies by providing training to prevention professionals, first responders, community members, county coalitions, public health, healthcare prescribers, and other populations identified through assessment data. Training will cover both opioid and psychostimulant related topics. The training topics will include drug overdose trends and prevention, [Iowa's Good Samaritan Laws](#), [information on Hepatitis C \(HCV\)](#) and [human immunodeficiency virus \(HIV\)](#), trauma-informed care training to first responders and public safety regarding [Adverse Childhood Experiences \(ACEs\)](#), alternative approaches to pain management.

Additional resources distributed by the Training Coordinators include [Your Life Iowa](#) resources as well as other pertinent and data-informed prevention services as determined by the Iowa Department of Public Health (IDPH).

#### **Collaboration with Iowa Department of Public Health Prevention Department**

Training Coordinators will work cooperatively with the Iowa Department of Public Health (IDPH) to assist in creating resources, and to schedule and conduct prevention training throughout the applicant's service area. Training Coordinators will be responsible for the promotion of training in their service area with technical assistance from the IDPH.

Training Coordinators will focus on engaging specific populations including but not limited to community members, prevention professionals, health care providers, pharmacists, public health, first responders, public safety and other stakeholders.

IDPH will be responsible for providing:

- Training of Trainer opportunities and materials
- Oversee establishing Training of Trainer training locations
- Oversee registration process
- Training of Trainer Continuing Education Units (CEUs) applications
- Training follow-up including attendance certificates as well as service as the point of contact for all training questions.

Training Coordinators will be responsible for:

- Establishing training locations/providing on-line training platforms

- Training registration
- CEUs applications for local level training
- Training evaluation and attendance certificates for local training using Department provided guidance and materials.

## **Core Components**

Training Coordinators must receive the required Overview of Training Skills and Fidelity Guidelines for all Train the Trainer Curriculums training, each Training of Trainer training and curriculum and all IDPH required fidelity and evaluation materials prior to implementing training.

Training of Trainer topics must be provided based on need in each funded service area. Training topics will be added as determined by county needs. Training Coordinators must use the Training of Trainer curriculums with fidelity. The following are topics IDPH is currently planning to provide training on:

- Trauma-Informed Adverse Childhood Experience (ACES) for First Responders (2020-2021)
- Connection of SUD and the Increase of HIV, STI's and Hepatitis C in Iowa (2020-2021)
- Drug Overdose Trends (2020-2021)
- Alternatives to Managing Pain (2020-2021)
- Addressing Stigma Related to SUD (2020-2021)
- Psychostimulants: The Vital Information for Iowa's Front Line (2020-2021)
- Primary Prevention Strategies to Address Opioids at the Community Level (2020-2021)
- Good Samaritan Laws for Health Care Settings and First Responders
- Referral to Treatment (warm hand-off connections) for Public Safety, First Responders and ER
- Dangers of Opioid Use for First Responders, Public Safety and Prevention Professionals
- Overview of Your Life Iowa Materials for Families
- Where to find data to support links between Prevention, Public Health and Public Safety in regards to SUD and Overdose

## **Dosage**

A minimum of 10 trainings must be completed in the service area in year one. A minimum of 12 trainings must be completed in subsequent grant years. Training must be provided to a minimum of three separate organizations and a variety of targeted training populations.

## **Frequency**

SOR2 funded training must be offered by the Training Coordinator throughout the contract year. Training must be reported in every quarter of the contract beginning in the 3rd quarter of 2021.

## **Training Expectations**

To ensure that training is provided adequately and consistently across Iowa, Training Coordinators are expected to:

- Use training and training materials provided by the IDPH.
- Work with IDPH to establish a training calendar for the contract time frame in their service area.

- Conduct no less than 10 trainings in the service area in year one and no less than 12 trainings in subsequent years of the project.
- Engage a variety of targeted populations in training and offer training to no less than three separate organizations.
- Provide training using IDPH fidelity guidelines, including length of training, core information, target population and other best practice guidelines.
- Not host or facilitate training for 3rd party payment.
- Ensure a positive training demeanor which includes presenting themselves in a way that is not distracting from the training message.
- Adhere to the fidelity of the training. IDPH will monitor fidelity through fidelity checklists provided by IDPH.
- Capture training data, ensure training evaluation processes are utilized and provide regular reports to the Department.
- Act as a liaison between the community and the Department.
- Coordinate with SIPDO Training Coordinators to avoid duplication at the local level by engaging local prevention partners to identify similar services that may be taking place.

### **Optional Training Resources**

Training Coordinators need to be knowledgeable of IDPH Prevention initiatives, SAMHSA and CDC approved SUD and overdose prevention guidelines and opioid and psychostimulant use trends; and prevention strategies. In order to ensure that Training Coordinators are sharing consistent information IDPH has provided the following self-paced training opportunities:

- [Opioid Overdose Prevention and Infectious Disease Control: Opportunities for Collaboration-PTTC](#) (free course but training registration required)
- [CDC Interactive Training Series for Healthcare Providers](#)
- [A Public Health Approach to Addressing Methamphetamine in Iowa](#)
- Prevention Opioid Overdose: Understanding the Basics
- [What is SPF? An Introduction to SAMHSA's Strategic Prevention Framework](#)  
To access this training, go to <https://psonline.edc.org>, create a new account and wait for a confirmation email. IDPH has covered the cost of this training but the steps to purchase need to be followed. "Purchase" the course by logging into the same website, click on the training title, click on the "Add to Cart" button, click on the "Proceed to Checkout" button and then add coupon code at the bottom of the screen (SPF-092619-IA). Next click "Apply" and the price will change to \$0.00. Prevention staff only have thirty days to complete each training once the staff registers and enters the access code.
- [Your Life Iowa Overview](#)

### **"See the Person. Not the Addiction" Media Campaign**

#### **Overview**

According to Dr. Nora Volkow with the National Institute on Drug Abuse, "Stigma is a problem for people with health conditions ranging from cancer and HIV to a variety of mental illnesses, but it is especially powerful in the context of substance use disorders. Even though medicine long ago reached the consensus that addiction is a complex brain disorder, those with addiction continue to be blamed for their condition. The public, as well as many people working in health care and in the justice system, continues to view addiction as a result of moral weakness and flawed character ([American Scientific](#), 2020)." In light of this above information, IDPH in collaboration with ZLR Ignition created the "See the person. Not the addiction" media campaign to address stigma with the general public. This campaign is a collaboration between the

Overdose Data to Action/Strategic Initiatives to Prevent Drug Overdoses (SIPDO) grant and the State Opioid Response grant.

The goal of the campaign is to minimize some of the more common assumptions and misperceptions about drug addiction that may act as a source of shame for people who use drugs and their support systems.

Foundational research was conducted through focus groups to understand beliefs related to stigma. Focus groups were also conducted with people with lived experience to understand impacts of stigma. Later creative validation research was facilitated through focus groups to evaluate multiple creative concepts and discover the campaign that best resonated with focus group members.

### **Core Components**

This campaign is currently being implemented by the Strategic Initiatives to Prevention Drug Overdoses (SIPDO) grant funded in Appanoose, Clinton, Keokuk, Linn, Mahaska, Polk, Scott, Wapello and Webster Counties.

- Sharing media campaign materials with coalition members or other stakeholders to utilize or post on their website/social media pages does not count as a media platform option (see “Frequency” section below).
- Printing of materials cannot be the only media platform option funded.
- Creating new media campaign materials is not permitted.
  - If a contractor has a specific campaign material need, contact Colleen Bush.
- Purchasing or creating incentive items based on the media campaign is not permitted (including table tents, banners and giveaways items such as t-shirts, notepads, pens, pencils, key chains, etc.).
- IDPH may also be working with ZLR Ignition to place this media campaign throughout the state and placement location, timeframe and media options will be shared with contractors when determined.

The following media campaign options are available in the [Your Life Iowa Prevention Media Center](#):

- Posters
- Billboard copy\*
- Television ad\* - Can be viewed by clicking [here](#)
- Radio ad\*
- Social media ads
  - Banner ads\*
- Bathroom sticker images

Agency or coalition logo placement on media materials is currently not an option (additional media options may be made available during FY21). Logos cannot be placed on billboard copy.

\*Due to size, the television ad, radio ad, banner ad and billboard copy are not available in the Your Life Prevention Media Center but can be requested by contacting Colleen Bush at

colleen.bush@idph.iowa.gov. Be sure to note the grant this request is for, the sizing and/or media file type needed within the request.

### **Dosage and Frequency**

- At least 50% of the adults in each county should be reached through all identified media platforms during the contract year.
- A minimum of three separate and distinct media platforms must be funded and utilized to support the media campaign and these services are to be disseminated throughout the contract year (this does not have to be consecutive).

### **Key Steps**

Consider the following steps when beginning this strategy:

- Identify the best ways to reach adults through media placement in the county. Focus on media types that best reach adults.
  - If there is a SIPDO funded agency in the SOR2 service area, ensure a discussion occurred to discuss placement efforts to avoid duplication of services.
- Create a plan based on discussions and review costs for placement.
- Ensure that the SOR2 budget will support the media placement costs.
  - Ask for a price break for multiple placements or for a discount due to the topic/project being grant funded.
- Purchase and run media placements.
  - Depending on the type of media purchased, be aware of the time of day and year the placements will run.
  - Also be aware that some media placements will need to be checked on like posters. Coalition members can help select poster locations, help deliver posters and check to ensure that each are still hanging/need replacements throughout the project.
- Create a process to track reach. Discuss with media outlets or agencies the ways to track impact and numbers reached in order to report on dosage.
- Review placement impact at least three times per Fiscal Year and report results to the coalition. Discuss whether media placements are making the intended impact and if not, discuss other options.

### **Optional Training Resources**

[Measuring Media Metrics & Low-Cost Implementation of a Media Campaign](#)

[Media Advocacy: How to Leverage the Media](#)

[Beyond Posters and Press Releases: Leveraging Media in Prevention](#)

### **Implementation Materials**

[Implementing Social Marketing](#)

[Stigma: What is it?](#)

[Words Matter – Terms to Use When Talking About Addiction](#)

[Your Life Iowa Prevention Media Center](#)

## **“Prescription Drugs Are Still Drugs” Media Campaign**

### **Overview**

“Prescription Drugs Are Still Drugs” media campaign is an information dissemination campaign created to inform the 12- to 25-year-old focus population of the dangers of misusing prescription drugs.

The campaign is evidence-based as foundational and pre/post-evaluative research was executed with the targeted audience for prescription drug misuse. Foundational research was facilitated through online focus groups in 10 counties throughout Iowa identified as highest-need based on hospital admissions, treatment admissions, opioid-related deaths, and 11<sup>th</sup> grade responses to the Iowa Youth Survey on the misuse of prescription drugs. The foundational research was conducted to determine the most compelling message for this audience regarding prescription drugs.

Pre-campaign and post-campaign research was conducted in the same areas. The pre/post-research measured the current levels of knowledge and perceptions about prescription use, misuse and abuse. The post-test also studied knowledge of and reactions to the ad campaign.

### **Foundational Research Findings**

- There are true unknown harms of misusing prescription drugs.
- There is a disconnect between the understanding of the relationship of getting addicted to prescription drugs and moving on to “hard” drugs such as heroin.
- OxyContin is seen as safe because it is prescribed.
- These drugs are not perceived as being used by “my group.”
- General knowledge about prescription drug abuse is relatively unknown.
- Consistent attitudes and behaviors exist with the audience. Fitting in, experimentation, and social exercises are the most influential drivers.

### **Post Campaign Evaluation Research Findings**

- The “Prescription Drugs Are Still Drugs” ads were characterized as relevant, real, sad and attention-getting.
- The banner ad and the outdoor billboard ad were the most recognized.
- The streaming radio ads were recognized least often.
- Those who recalled/recognized the ads rated themselves more knowledgeable.
- The majority (84%) reported that the ads caused them to seriously think about the ads’ messages; more than a fifth discussed it with family; and 18% discussed it with friends.
- In general, the older the young adult, the more likely they were to perceive various health consequences from abusing prescription drugs.
- The more knowledgeable (self-evaluated) the young adult, the more likely he or she was to fully understand the risks of misusing or abusing prescription drugs.
- The younger adults picked up more on the message *don’t use others’ prescriptions*, while the older adults were more likely to recall the message *addiction to prescription drugs is a common problem*.
- The younger adults in the sample saw the problem of misuse of prescription drugs as less severe than the older adults in the sample.

### **Core Components**

This campaign is currently being implemented by the Strategic Prevention Framework for Prescription Drugs grant contractors in Polk, Jasper and Scott Counties as well as being utilized by Integrated Provider Network grant contractors.

- Sharing media campaign materials with coalition members or other stakeholders to utilize or post on their website/social media pages does not count as a media platform option (see “Frequency” section).
- Printing of materials cannot be the only media platform option funded.
- Creating new media campaign materials is not permitted.
  - If a contractor has a specific campaign material need, contact Julie Hibben at [julie.hibben@idph.iowa.gov](mailto:julie.hibben@idph.iowa.gov).
- Purchasing or creating incentive items based on the media campaign is not permitted (including table tents, banners and giveaways items such as t-shirts, notepads, pens, pencils, key chains, etc.).

The following media campaign options are available in the [Your Life Iowa Prevention Media Center](#):

- Poster
- Brochure
- Billboard copy\*
- Television ad\* - Can be viewed by clicking [here](#)
- Radio ads\*
- Social media ads
  - Banner ads
  - Hispanic Banner ads

\*Due to size, the television ad, radio ads, and billboard copy are not available in the Your Life Prevention Media Center but can be requested by contacting Colleen Bush at [colleen.bush@idph.iowa.gov](mailto:colleen.bush@idph.iowa.gov). Be sure to note the grant this request is for, the sizing and/or media file type needed within the request.

### **Dosage and Frequency**

- At least 50% of the 12- to 25-year-old population in the county should be reached through the identified media placements during the contract year.
- A minimum of three separate and distinct media platforms must be funded and utilized to support the media campaign and these services are to be disseminated throughout the contract year (this does not have to be consecutive).

### **Key Steps:**

- Discuss with the coalition and youth members the best way to reach 12- to 25-year-olds through media advocacy in the county.
  - Focus groups could be conducted to decide media placement and use of media venues.
  - Focus on media types that best reach youth such as social media websites, school newspapers and/or posters in schools or youth centers.
- Create a plan based on discussions and review costs for placement.
  - Ensure that the budget will support the media placement costs.
  - Ask for a price break for multiple placements or for a discount due to the topic/project being grant funded.
- Purchase and run media placements.

- Depending on the type of media purchased, be aware of the time of year the placements will run.
- Also be aware that some media placements, such as posters, will need to be checked periodically to ensure they are still hanging/visible. Coalition members can help select poster locations, help deliver posters and check to ensure that each are still hanging/need replacements throughout the project.
- Create a process to track reach. Discuss with media placement contacts ways to track impact and numbers reached in order to report on dosage.
- Review placement impact at least three per Fiscal Year and report results to the coalition. Discuss whether media placements are making the intended impact and if not, discuss other options.

## **“Meth. Never. Ever” Media Campaign**

### **Overview**

The “Meth. Never. Ever.” Media Campaign was created to address increased methamphetamine use with younger adult populations, especially those with those with families. According to IDPH data, people aged 25- to 44-year old had the highest rates of methamphetamine treatment admissions compared to other age groups. This is a challenging age group for methamphetamine addiction, as these are child-rearing years. In addition to the consequences to children and families, methamphetamine can cause long-lasting damage to the brain and body. And according to SAMHSA, users who inject drugs and share needles are at a greater risk for acquiring HIV, Hepatitis C, or other blood-borne diseases.

### **Core Components**

- Sharing media campaign materials with coalition members or other stakeholders to utilize or post on their website/social media pages does not count as a media platform option (see “Frequency” section).
- Printing of materials cannot be the only media platform option funded.
- Creating new media campaign materials is not permitted.
  - If a contractor has a specific campaign material need, contact Julie Hibben at [julie.hibben@idph.iowa.gov](mailto:julie.hibben@idph.iowa.gov).
- Purchasing or creating incentive items based on the media campaign is not permitted (including table tents, banners and giveaways items such as t-shirts, notepads, pens, pencils, key chains, etc.).

The following media campaign options are available in the [Your Life Iowa Prevention Media Center](#):

- Poster
- Billboard copy\*
- Television ad\* - Can be viewed by clicking [here](#)
- Social media ads
  - Banner ads



\*Due to size, the television ad, banner ads and billboard copy are not available in the Your Life Prevention Media Center but can be requested by contacting Colleen Bush at [colleen.bush@idph.iowa.gov](mailto:colleen.bush@idph.iowa.gov). Be sure to note the grant this request is for, the sizing and/or media file type needed within the request.

### **Dosage and Frequency**

- At least 50% of the 22- to 30-year old population in the county should be reached through the identified media placements during the contract year.
- A minimum of three separate and distinct media platforms must be funded and utilized to support the media campaign and these services are to be disseminated throughout the contract year (this does not have to be consecutive)

### **Key Steps**

- Discuss with the coalition the best way to reach 22- to 30-year-olds through media advocacy in the county.
- Create a plan based on discussions and review costs for placement.
  - Ensure that the budget will support the media placement costs.
  - Ask for a price break for multiple placements or for a discount due to the topic/project being grant funded.
- Purchase and run media placements.
  - Depending on the type of media purchased, be aware of the time of year the placements will run.
  - Also be aware that some media placements, such as posters, will need to be checked periodically to ensure they are still hanging/visible. Coalition members can help select poster locations, help deliver posters and check to ensure that each are still hanging/need replacements throughout the project.
- Create a process to track reach. Discuss with media placement contacts ways to track impact and numbers reached in order to report on dosage.
- Review placement impact at least three per Fiscal Year and report results to the coalition. Discuss whether media placements are making the intended impact and if not, discuss other options.

### **Tele-Naloxone Program**

**Tele-Naloxone:** Promotion of the [naloxoneiowa.org/telenaloxone](http://naloxoneiowa.org/telenaloxone) website

**Local Pharmacies:** Promotion of the partnership with local pharmacies