

- [Autumn Barnes]

Hey, welcome everyone. I would like to welcome you to our webinar today. My name is Autumn Barnes, and I am with RTI International. And I'll be introducing our webinar focusing on strategies for disseminating in different spheres of influence and for different audiences.

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So this presentation is supported by the National Institutes of Health through the NIH HEAL Initiative, which primary focus is on preventing opioid use disorder. And the authors would like to acknowledge their collaboration with the National Institute on Drug Abuse, as well as their collaborating organizations, which are the Massachusetts General Hospital, RTI International, and Yale University. And so before we get started, I would like to introduce our presenters. The first will be Dr. Elizabeth Troutman Adams with RTI International, and she'll be discussing scientific dissemination within the context of communication science. Our second presenters will be Ms. Joanna Kramer from Boston Medical Center and Mr. Noah Soutier from Massachusetts General Hospital, and they'll be discussing the lessons that they learned through engaging participants in social media outlets. And our last presenters will be Dr. Lynn Fiellin from Yale University, and Mr. Noah Smith from "The Washington Post" and Direct Relief. And they'll be talking about strategies for collaborating with national media in order to share prevention stories. And at the very end, we'll be having a Q&A with all of our presenters. So to give some context, the NIH HEAL Initiative's main purpose is to seek scientific solutions for understanding and addressing prevention strategies for opioid use disorder treatment and addiction, pain management, et cetera. And it encompasses 30 different research programs that focus on enhancing pain management, improving treatment for opioid use disorder and addiction, and doing so through preclinical and clinical pain management, novel medications, enhancing outcomes for newborns, prevention and treatment strategies, and translating research into practice.

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For today's presentation, we'll be primarily focusing on prevention and treatment strategies. So the NIH HEAL Initiative has 10 different interventions that focus on this area specifically for youth and young adult populations, and so there's a collaboration with those 10 research projects as well as the coordinating center at RTI International. And so our first presentation, again, will be with Dr. Troutman Adams, discussing scientific dissemination in communication science.

- [Elizabeth Troutman Adams, PhD]

Good afternoon or morning, depending on where you are coming from this morning. Thank you for being with us. My name is Elizabeth Troutman Adams, and I work as part of the HEAL Prevention Cooperative Coordinating Center based at RTI International, which Autumn just described to you, some of our work and the many facets of it. So I am a communication scientist who works with epidemiologists and public health researchers and people who are solving problems related to substance use and overdose to inform their communication practices in dissemination of the scientific-- the very important scientific findings that they want to get out to different stakeholders and communities. So I actually spent, before I went to get my PhD in mass media and health communication, worked in public relations for a bit for a university hospital. I had the great privilege of interfacing with many people and telling the stories of many people who were dealing with substance use disorder in their own lives and getting treatment for it. I became very passionate and committed to this topic, and so I feel very much at home, but I tell everyone I'm a communications scientist because I bring that lens to this problem and to this issue of dissemination or this task of disseminating science.

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So, as we all know, very recently, great leader in Anthony Fauci with NIH stepped down from his role in government. And before he left, he wrote an op-ed that appeared in "The New York Times" inspiring the future generation of scientists. And I love this quote because the op-ed covers many topics and facets of being a scientist today. But something that he really drives home is the importance of communicating to different--not just policy makers, but different audiences, about the scientific products and the findings that are being generated through science today. We have a tremendous task as prevention scientists getting the public to notice and use and apply the research that is produced. And so I think this quote just really encapsulates the importance of interfacing with public audiences and getting the word out about prevention research.

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But there are many barriers to this word, dissemination, and we'll dig into that word, dissemination, here in a moment. Scientists are strapped for time. They have many responsibilities just doing the science and coordinating the science that they're responsible for. There's certainly a lack of funding for doing dissemination activities after the scientific work is over. And certainly the current climate, or the current system, favors academic merit, so peer-reviewed journal publishing, and not the type of publications that everyday ordinary people are picking up on their way into the office. But I think the biggest barrier is scientists have good intentions, they want to share information, they want to get their data out and close this gap between data and action, but they just don't know how to do it or don't know how to go about doing it. And that's where communication science in the lens I provide comes in.

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So a recent study of U.S. and European scientists across fields--so not just social scientists or public health scientists, but all sorts of scientists across fields--found that there was sort of a type of scientist who was more likely to engage with non-scientific or public audiences. And they characterize this investigator-communicator--and that is my word for this person, but I wanna encourage everyone after this presentation to sort of think of themselves as an investigator-communicator. And applying--for those of you are who are familiar--the theory of planned behavior, we can almost predict the type of scientists--based on their self-efficacy and their experiences in the past and their perceptions about society's level of knowledge--we can predict which type of scientists are going to communicate and engage with public audiences. And so this is the type of scientist--they feel a personal commitment to public good. They believe that the public not knowing information can be harmful, and they have that sense of efficacy to get out there and conduct outreach. And not just that, they feel an impulse to do it. It's part of their job and they want to communicate about science.

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So the objectives of dissemination, of course, sort of plainly, are: maximize uptake, relevance, and impact. Researchers would like to see their data translated and interpreted and making an impact in communities, especially in the context of substance use, where we have to react and respond in a rapid manner. We needed solutions to this crisis yesterday. So there is an urgency, right, to see knowledge translated to practice, whether that's in healthcare environments, in government and policy making, in communities, or in society and just plainly the way we talk about people who have substance use

disorder. We can also disseminate with the objective of increasing trust or credibility of scientists. Dissemination also ensures--it's an equity issue at heart--that everyone of all walks of life, of all races, of all socioeconomic backgrounds are getting equitable access to information, to medical and health information that has implications for how they live and conduct their lives. And perhaps the most common reason we see is the bridging the gap from evidence to practice and trying to expedite that timeline, speeding up our scientific discovery to application in real life, which everyone who's a scientist here knows can take a substantial amount of time.

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So I'd like for you, as I'm going through some of these communication principles and theories, to think about which of these objectives would be most critical for you in your scientific position, or position as someone communicating about science?

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So what is it to disseminate? This word gets tossed around a lot, I think, in the public health arena, and then sometimes gets coupled with these other words like implementation and scale-up. But drawing from Everett Rogers and Diffusions of Innovation theory, diffusion is simply the spread of new ideas, and it can be spontaneous or planned. Dissemination is distinct in that it is directed and managed.

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And so we go about doing dissemination in a strategic manner based on that definition. So strategy is at the heart of what dissemination is--so we don't do it haphazardly or on a whim. It really needs to be thought of at the fore of the research project and integrated throughout. And many people say, "Well, I don't have data or I don't have a story to tell." Or when I was in public relations, I worked with a lot of research scientists who would call me after publication and say, "Hey, let's do a press release. I just published this thing I've been working on for 5, 6 years, and we finally have the data published." And I would think to myself, "And you've been holding back telling that story for 6 or 7 years? Oh my goodness." You know, start at the beginning thinking about dissemination and how you want to get the research product out. So this--what I'm showing you right now--is a model for strategic communication commonly applied in other contexts, but I think extremely beneficial for using here in the health context. It's the goals, objectives, strategies, tactics, kind of movement towards getting the effects we want to see. And so, no communication is a silver bullet. No communication is going to render media outcomes in a short amount of time. So more thinking about dissemination as a process and a strategy that you want to integrate throughout your research journey is a healthy way to do it. And so our goals should always be tied to a shorter-term objective that is communication related, and that will lead us to a strategy or a plan of action. And that--only then, will you be able to decide what your tactic is. And so when I say tactics, I'm talking about the groundwork--the doing. A tactic could be a Twitter campaign. A tactic could be a Facebook post. A tactic could be working with your local media organization to get an article or op-ed out. The tactic is what is done. And so, so many times we start with a tactic--I want to write an article, I want to do a podcast, I want to do a webinar like this one--and we don't think about why and how the tactic is tied to the goals. So we're not thinking about why we're going for that tactic, we're just sort of latching to it. So I see that a lot.

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So I want to talk a little bit more about the difference between dissemination and other ways of communicating, or other ways of getting research science out. Dissemination is often coupled with implementation, which is really the integration of an intervention in a system. Diffusion, we talked earlier, is a little bit more spontaneous and can be haphazard and doesn't have that planning element. And scale-up is where an intervention or some sort of scientific finding is working in a smaller population and can be extended or broadened or moved up to a different setting. And then there's also social marketing techniques, which are really taking lessons from the marketing industry and using those to promote positive health behavior. So dissemination is distinct. There certainly is overlap across there. But I would like us to think of it as this active, targeted approach to getting information. And this definition says professionals, but I would add: any person, individual, who has interest in that information and can benefit.

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So another way to think about our dissemination and our communication strategy is in terms of this process of persuasion. So perhaps we have evidence we want to change a practice or change a way that providers are doing things in a medical environment or clinical setting. This persuasion framework can be applied to sort of understand the levels and the process of changing a behavior or persuading someone, changing someone's attitudes. And I really like to emphasize a lot of people shoot for the moon in doing dissemination. They want to revolutionize or do some sort of dramatic change in an environment or clinical setting, or the way people who have substance use disorder are treated. But I want to argue, these smaller steps on the left side of our screen--communication can get to those steps and really make progress towards a bigger goal, getting back to that framework I showed you earlier. So exposure, attention, and comprehension can be great starting places for the goals of your dissemination.

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And of course, drawing back from the model I showed you before, everything leads to some effect. And most scientists, based on communication science research or science communication research, believe knowledge is the primary effect they would like to see in the public. They would like to bestow knowledge, educate the masses, make everyone aware of the great findings that their science has produced. But again, I will argue, communication can do mighty things or it can do smaller, incremental type things. So for instance, with the HEAL Prevention program that I'm a part of, we just wanted to inspire female up-and-coming scientists. That was sort of a goal we had in mind. And the effect we wanted was not necessarily to change the landscape of women in science--which, you know, would be great--we simply wanted to inspire people and we wanted to engage people in candid conversations about what it's like to be a professional female scientist in prevention. And simply by inspiring people, giving people an emotional reaction, that was the objective and that was good enough, and that could be effective, for getting what we wanted done with that particular dissemination tactic.

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And I'll just briefly--'cause I think I'm short on time and want to move to our next presenter, but--give you an overview of the ACME framework. This is also a really great framework for thinking about how to go about dissemination. It comes from the health communication campaign field and Dr. Seth Noar.

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The biggest takeaway I would like you to get from my presentation today is audience, audience, audience. We hear the maxim, "Know thyself." I say, "Know thy audience," because as Dr. Noar has said in his paper, "A campaign that is designed for everyone will be successful with virtually no one." And what we simply wanna communicate here is audience should be the first consideration for your dissemination planning. Who specifically are you going after? You may say, "I want to tell local county judges to support or to know about this finding that my research produced, to know that some service, maybe a harm reduction service, actually is working--the distribution of naloxone is reducing deaths in communities like this person's." Can you go any narrower? What type of lawmaker? What type of official? Where does this official live? What media is this official exposed to? What level of knowledge does this official have about the topic you want to communicate to him or her? And can you more narrowly define this person so that you can really laser beam in to how your research and the knowledge you're producing relates to their practices, their decisions, their policies, the way they conduct their business, right? What can be known? So often, if you were doing a full-fledged communication campaign, you would have a whole process of discovery about your audience, and maybe even do formative and qualitative research to know, what are the deficits of knowledge in that audience and what do they need and what do they want to know? What do they already know that you don't need to tell them? These are all very important considerations for communicating with a target audience.

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And this is just a diagram I created that really emphasizes how you can sort of categorize and break apart your audience to better understand how best to communicate with them. You have people who could be labeled implementers, practitioners, healthcare providers, people who are in the trenches working with others, or patients who have substance use disorder who are receiving resources or treatment, people who are doing things. So what are the messages that the implementers need, versus--there are knowledge producers, so people alongside the researchers, maybe your colleagues or other people publishing maybe in a different field, but who are not maybe on the front lines of treatment and implementation. What different messages do they need to know? And then there are enforcers: government officials, people who are creating and crafting policy. What do they need to know? And then there's sort of this category of invested people who are not experts, but they care a lot. I'm thinking about the people who volunteer at harm reduction centers or syringe service programs, or people who are just really invested in the issue. People who are family members, you may actually consider those to be experts too, people with lived experience. So all of these people, all of these audiences, need different things out of your research. And so thinking very thoroughly about what those specific needs are will help you be more on target with your dissemination.

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The channel is the how, so it's how you get there, and it's sort of akin to tactics I talked about earlier. And I'll just pause on this slide for a moment to say, not every tactic works the same. And I'll preview our next presentation because Joanna and Noah are going to talk about working specifically with a channel and a specific audience that they wanted to reach. But this slide just highlights the fact that even within social media, different components or characteristics work better for different people and populations, and that all needs to be considered in your dissemination planning.

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The message is the what. And the folks here in my center at RTI International, we have a Communication practice area. They do really impressive--my colleagues do really impressive research on plain language, on eliminating jargon, on eliminating stigmatizing language from messaging. So the message does really matter. It matters that it's culturally appropriate and that we acknowledge there are other messages out there that could be combating or butting up against the information we're trying to communicate to an audience, so it's really important to understand what those arguments are and establish your credibility as a scientist.

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And the final, the E in ACME, is evaluation. Evaluation is not something that gets pushed to the end of your dissemination planning and strategy. It begins at the conceptual stage and will continue throughout. It's important to know--we are doing webinars and podcasts and articles, and it's important for us to know what our key performance indicators are, and to use analytics systems to the best of our ability to track and know quantitatively how many people are exposed to our messages and to know whether they're influencing outcomes. So is there a way we can follow up with the receivers of our message and see if anything has changed or any impression was made on their behavior or knowledge or whatever outcome we have targeted as a result of the dissemination effort? So we have to keep our dissemination accountable, and like all other science, it requires strategy, it requires theory, and it requires evaluation, both at the beginning, throughout, and at the end. And I just want to close with encouraging everyone to think about the benefits of dissemination, not just for the sake of communicating science and the sake of checking a box on a list of things you have to do as a good scientist, or a good prevention researcher, but to think of how it's going to really benefit you in the long term. It's going to benefit society and the different audiences you want to communicate with, but there's also some research out there to show that research that is communicated through media receives more citations, and it stimulates discourse around a topic that may have been previously overlooked or undiscussed in the political arena. So these activities actually do have an impact, and they matter for your career, and they matter for the science and the integrity of the work you're producing. So I just want to leave you with that thought before we pivot over to Joanna and Noah.

- [Autumn Barnes]

Yep, thank you so much, Dr. Adams, for your presentation. And as you alluded to earlier, we'll be transitioning to the next presentation with Joanna Kramer and Noah Soutier discussing the lessons that they learned when engaging participants on social media specifically.

- [Joanna Kramer]

All right, can we go to the next slide, please?

So before we talk about our experience with Instagram, I'm just gonna give a quick intro about the study that we're doing at Mass General Hospital and Boston Medical Center. So our study is a longitudinal observational study in which we have participants complete a series of surveys asking about their substance use, mental health symptoms, and engagement in mental health treatment every 6 months. And the goal of our study is to see how engaging in mental health treatment impacts the development of opiate use disorder and other substance use disorders. And we're recruiting folks ages 16 to 30 in behavioral health clinics at Massachusetts General Hospital and Boston Medical Center.

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And I'm Joanna. I am the research assistant at Boston Medical Center.

- [Noah Soutier]

Hi everyone, my name is Noah, and I'm the clinical research intern at Massachusetts General Hospital.

- [Joanna Kramer]

And the PI at Mass General Hospital is Dr. Timothy Wilens and the PI at Boston Medical Center is Dr. Amy Yule.

- [Noah Soutier]

So prior to the COVID-19 pandemic, the original intent of the study was to do all study visits in person across both sites. Given the public health conditions, however, all study visits were shifted to virtual platforms. So as a result, we really wanted to kind of find creative ways to simulate that same type of connection that we would've had had we been able to do in-person visits. And much of this creativity process was inspired by the social media presence already occurring at the Yale HEAL site. So with that background, we had two major communication goals, the first one being retention. We really wanted to increase participant engagement between study visits, and like we'd already said, given the 6-month cadence between these visits, ensuring participant retention was pretty necessary to ensure loss of follow-up did not occur. And our second communication goal was awareness. We really just wanted to create content that the general public could engage with related to topics surrounding mental health and substance use disorders. We wanted to try and engage with potentially hard-to-reach populations through new forms of media dissemination. And overall there was a goal of just destigmatizing conversations around mental health and substance use disorders and highlight their importance in the greater context.

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So thinking about social media dissemination, you may kind of be wondering, "Why Instagram?" As our sites wanted to do, we really wanted to test run a new form of participant retention. Historically we had felt that such forms of participant engagement in clinical research had felt pretty underutilized, and knowing that our study population, which were individuals aged 16 to 30, we knew that they were among the most active social media users already. So really capitalizing off of this avenue of communication that is already so relevant to people's lives felt especially useful. So because of that connection that people already had to social media, we had a goal of garnering retention, like I had said, during that 6-month period between study visits. And we really wanted to emphasize content creation that just reminded participants of their engagement within our study. Further, we wanted to just try and spread scientifically accurate information about mental health and substance use in order to combat the spread of misinformation, which sometimes can just feel all too accessible across social media platforms. Overall we wanted to generate a social media presence, so we had some guiding questions that kind of helped us through that process. We were continually asking ourselves, how can social media be utilized for clinical research purposes? Can media dissemination serve as a productive form of participant engagement? And is Instagram even the correct avenue to attract a high volume of engagement?

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- [Joanna Kramer]

So before we launched our Instagram, there was a lot that went into developing the account and getting approval. So first we had to work with the IRB at both of our sites at MGH and BMC to get approval to even mention our Instagram account to our study participants. And then at some institutions, we learned that some communications teams might want to be more hands-on with how the research study and their name is being used on social media, so we also had to work with our hospital communications team and send them a bunch of posts that we had created to get them pre-approved before we were able to put them out online. And within our study team, once we did have the Instagram up and running, we relied a lot on our interns to create posts and come up with ideas, and they utilized Canva just to... That's a platform where they created the posts and they could use similar color schemes and graphics and fonts. And yeah, a lot went into creating those posts. We had our interns working around 5 to 6 hours each week on those. And another goal of our Instagram was to make sure the information we were putting out was accessible. So we made sure to use--we kept it at a 5th-grade reading level for the language we were using. And eventually we started translating our posts into Spanish as well because we are recruiting monolingual Spanish speakers for our study too.

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- [Noah Soutier]

So one avenue of content dissemination was through curated posts related to a specific mental health or substance use issue. So our most liked and shared post, which is the new three-digit National Suicide Prevention Lifeline, was disseminated on July 12th, 2022, in an effort to raise awareness about the topic prior to the 988 number becoming nationally available. So starting the week of July 15th, 2022, which is one day prior to the 988 number becoming nationally available, our Instagram page had reached a total of 397 accounts. During the 2-week period after this post, this content was liked and shared by over 100 individuals, and the total number of accounts reached rose to 1,078, which marked a 272% increase in total reach. And as you can see from the screen, each new post included references to material sourced to create the content. And we really did this to try and give our followers the option to engage further with the material beyond just the highlighted points within our post.

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So another form of content dissemination that we had used was the use of Instagram Stories, which allows accounts to re-share content from other accounts for a 24-hour period. All content that we sourced for our Instagram Stories came from larger platforms, which were oftentimes national organizations that produced content similar to what we wanted our participants to engage with. This gave our followers the opportunity to find posts and resources that could further connect them with topics related to mental health and substance use issues. And the above post, which you'll see--such as the LGBTQ mental health resources and the self-confidence mantras--just kind of highlight some of the exemplary content that we'd shared on our Instagram Story.

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And in just an overall effort to familiarize research participants and followers with the HEAL Study staff, personalized introductory posts were created for each member of the team. And as you can see from the screen, study staff provided information related to their interest in the HEAL Study visit as well as a fun fact.

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So thinking about content dissemination and monitoring, this is kind of a three-pronged process, the first one being posting. So for our specific Instagram account, we posted two times per week with content that we created on our own. Those were disseminated on Tuesdays and Fridays, with the post being approved by our PIs on the Monday of that same week. Beyond just the posts that we curated ourselves, we also disseminated two Instagram Story posts per week, and those fell on Wednesday and Thursday. So our off days from our curated posts. And like I'd already said, these were sourced from well-established, reputable Instagram accounts. The second part of content dissemination was through the use of hashtags. For those of you that may not know, hashtags have the ability to increase social media reach, seeing as they place posts in publicly accessible categories related to the post content, which just makes them easier to access for specific topics. So in terms of our posts, hashtags such as #mentalhealthawareness and #substanceusedisorder were among the hashtags used to garner greater engagement. And in terms of content monitoring, responding to comments was one of the things that we prioritized. We really wanted to see whether participants were actively engaging with the contents or not, and one of the big things that we had to deal with was through the use of disseminating our content via hashtags, we had to do what we call bot removal, which is deleting auto-generated comments that were not related to the actual post content. And just some of the other things that we had to keep in mind were monitoring direct messages and coming up with potential auto responses in case that had ever happened. We really wanted to maintain confidentiality for participants who followed the account, and we really just wanted to make sure that we were telling our research participants about this opportunity to engage with the social media platform.

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- [Joanna Kramer]

And while we were running the Instagram account, there were a few challenges that we faced. And the first one, as Noah mentioned, was comment management. We did get a lot of spam or bot comments, and so we had members of the research team and our interns monitoring the Instagram multiple times each day just to make sure there wasn't anything inappropriate being left on our posts. And then content creation was honestly another challenge. We were posting original posts twice a week in Stories the other days that we weren't posting original posts, and it was quite a challenge to think of new and relevant and engaging content. And it also took a lot of time as well to put those posts together, find our sources, and run our posts by the other members of our study staff and our PIs as well. And then as I mentioned earlier, our interns played a huge role in running our Instagram and content creation. And we usually have interns rotate through our team on a 6- to 12-month basis, so that took a lot of time, training interns as they came and joined our team. And they do work around 10 to 20 hours a week, so it was a lot to have them be spending half to a fourth of that time creating posts when they do have so many other things to do to make sure our study is running. And so we kind of took a step back and took a look at our account to see, are we reaching our engagement goals, given the amount of time that we're putting in? And we looked at this, we kind of measured that by seeing how many followers we would get after mentioning our Instagram account to our study participants while we had study visits, and we were noticing that there was not really any increase in our follower count after we started talking about the account with our participants. And then another challenge was just the fact that no one on our team comes from a social media background or has social media expertise.

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And we did learn quite a few valuable lessons while we were running our Instagram account. As I mentioned, we didn't get as much engagement from our study participants as we were hoping, so we learned that using Instagram to obtain engagement from our participants via social media is not as effective as we were hoping. And we thought maybe our study participants and population just might not want to receive information related to mental health and our study via social media. And we also learned that maintaining a study Instagram account does require a lot of time and effort as well.

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- [Noah Soutier]

So beyond the challenges and lessons learned, of course we also want to highlight some of our successes. Specifically, the study team was able to engage with a variety of new information, and this is kind of a twofold process. On one hand, we were able to expand our understanding of mental health and substance use issues through active research to create content. But we were also just able to get a greater ability to learn about the process of content creation, generally speaking. And because of this greater understanding of the media dissemination process, we were able to use follower engagement as a guiding tool for future content creation so that we were constantly reflecting on who the target audience was. Because of this, we were constantly asking our questions such as, which post did well, which post did not, and how can we create the next post to better suit the needs of our followers? And then finally, like I'd already mentioned, we just had some really successful posts. The 988 Crisis Lifeline posts garnished some amazing engagement. And I just remember this great sense of success among the HEAL Study staff team for creating a post that garnered such positive and honestly potentially lifesaving engagement.

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- [Joanna Kramer]

And so even though the Instagram wasn't as successful as we were hoping, we still have been looking for ways to interact with our participants in between the 6 months that we see them to find a creative way to keep them engaged and hopefully increase retention. So moving forward, we are going to send out a quarterly newsletter to each of our participants, just to remind them about the study, show them what we are doing with the data we're collecting from them, and to introduce our PIs and our study staff so we can put faces to the names our participants are hearing. And in the newsletter, aside from introducing ourselves and the PIs, as I mentioned, we're going to talk about posters and papers and other things we're working on that's utilizing the data that we're collecting from our participants. And we just hope that will show them that their time is being used, and it's worthwhile, and it's helping us find out really interesting things. And we actually sent out our first newsletter this week a few days ago, so hopefully our participants like that and it helps us increase our retention.

- [Autumn Barnes]

Thank you so much, Joanna and Noah, for your presentation. And lastly, we'll be talking with Dr. Fiellin and Mr. Noah Smith about how to collaborate on a national scale, and different strategies in sharing prevention stories.

- [Dr. Lynn Fiellin]

Well thank you, Autumn. Thank you also to Elizabeth and the whole RTI team, and a special thanks to Noah Smith from "The Washington Post" and Direct Relief, who's really been a fabulous partner in this

dissemination effort. So I'm pleased to be here to tell you a little bit about the work that we did together.

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So just as some quick background. As Elizabeth mentioned around the 10 prevention sites as part of the HEAL Initiative, we are one of those sites. We're based at Yale University and my play2PREVENT Lab, which is based at Yale and focuses on developing and evaluating video games as interventions targeting critical health outcomes in adolescents. And we were fortunate enough to obtain or be awarded a HEAL grant to develop a video game intervention to prevent the initiation of opioid misuse in adolescents, particularly in school-based health centers and school-based health programs. So this game, which is called "Play Smart," was developed and is now under broad-scale evaluation through a large randomized control trial.

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So this just gives you a sense of what this trial is all about. Our HEAL grant actually has three different activities. One is the randomized control trial, which I'll talk through briefly here. One is an evaluation of implementation strategies, which is actually a national effort to work with school-based health programs around the country to evaluate different implementation strategies for this video game intervention. And then the last arm, if you can have three arms, is a cost evaluation. So the randomized control trial, which we are deep in the throes of, is based in 10 Connecticut school-based health centers' health-based programs. We are enrolling 532 adolescents between the ages of 16 and 19 who are at higher risk for opioid misuse. And the overall goal was to develop, pilot test, and now conduct this randomized control trial of a video game intervention to prevent opioid initiation and promote mental health in older adolescents. Adolescents who are identified as being at higher risk for opioid use were assigned to either the "Play Smart" game, which is a game that we developed in conjunction with our game development team at Schell Games that's about 6 hours of unique gameplay. Or they're assigned to a set of attention control games, and we collect assessment data at baseline 4 to 6 weeks after gameplay is completed, and then 3, 6, and 12 months. And one thing I just wanna highlight here, and this goes to a point that Elizabeth made about communicating research, communicating science, and do we need to wait for years and years and years to have that final set of results or published papers? And I think one of the real opportunities in working with Noah early in this process-- so when Noah and I started working on this piece that he wrote for "The Washington Post," this was actually before this game was completed in its development and before we launched the randomized control trial, which started in the fall of 2021. So it really gave us an opportunity--we had a lot to say, and Noah wrote a lot in that piece that was of a lot of value about this work, about the HEAL Initiative. We ended up getting a lot of attention, not only from other key stakeholders, but just from parents and kids and teachers out there. So I just wanna make a pitch for the value of sharing this information early. You don't need to have all of the data in hand for it to be really valuable.

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So I'll speak to the "reasons scientists," and then I'll hand it over to Noah for the "reasons journalists." So, you know, I think I would say that-- and this reflects sort of my perspective on this, and we talked about this as a group-- is that, reasons scientists don't engage with mainstream media is, you know, feelings about how do you make a good connection? How do you find a good fit? How do you feel secure or assured that what you are doing in science is going to be represented in the right way,

accurately, you know, with the right twist? And especially in the work that we're doing with the HEAL Initiative, which focuses on addiction, mental health, a whole array of different issues, some which are highly sensitive, and are prone to stigma and misrepresentation-- there's obviously a concern about that oversimplification. These are complex problems. And then obviously as was mentioned before, just having the time and sort of the ability to engage in a relationship with somebody in mainstream media to get the word out there in a way that you feel is accurate and really impactful. So I'll turn it over to Noah for his perspective. Oh, nope, come back. Oh, I think you're muted.

- [Noah Smith]

Great, so I'll do take two. Action. I'm Noah, thank you everyone for joining us. I just wanna really quickly--first of all, thank you, doctor, for the intro-- and acknowledge my grandfather who's joining, Dr. Eli Brown, who is a pioneer in the field of anesthesia. And while I'm not a doctor yet, I am on an NIH webinar, so if there was laugh, if we were in person, I feel like that would get some. But yeah, just to keep it moving. So, reasons why journalists pass on science stories. The quickest one, and I would say oftentimes the reason why \*I\* pass on a lot of stories is that it's simply just not something that I cover. So it could be a very interesting story, it could be something that would get coverage with even one of my colleagues, but it's just not something that I do. I'm busy, I'm getting a lot of pitches, da, da, da, da. So you know, that's what happens on that perspective. And then sometimes, it might not be the right outlet, so you might have a great story, you might have something that's newsworthy, but if it's a hyper-local story or something that has implications for only some folks, it might not be something for national media. And sometimes vice versa. So that's probably, I would say, the biggest reason. The other biggest reason would be simply that it's not newsworthy. You know, it's a news story. We're trying to find things that are new and that also have an impact either in society or in folks' lives, and something that they can do something with, ideally, on some level. And so if it doesn't quite have that, or if you're not presenting that initially, it probably won't go anywhere either. And that's something that I'm gonna talk about a little bit more later on, is really finding that narrative and finding that thing that elevate-- not elevates, but that takes research into something that would be a mainstream news article, which are two separate things. Third thing is, sometimes, you just catch someone on a bad day, sometimes you catch someone on a busy day. For instance, like right now, I'm working on two stories. Sometimes I might be working on five, ten-- usually not ten, but like, it could be a lot of stories, busy time, so sometimes you just get unlucky. And then the last thing is, yeah, there's a myriad of other reasons. And so I would definitely say that if you or a colleague that you're working with, or someone who's in PR at your university or institution, pitches something, it doesn't get accepted, or you don't hear back, I wouldn't take that as anything. I wouldn't say that indicates anything necessarily. And I would say just continue to pitch and continue to try to get things out there if that's what you want to do.

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Right, so the way that this particular story happened is, I'd written a story for "The Post" on Games for Change. Games for Change had collaborated with the U.S. State Department to create a program that essentially linked kids who are in Israel, United Arab Emirates, and Bahrain with students here in the U.S. as an initiative to get them to collaborate and build video games, essentially, so to find common cause, common connection, soft diplomacy on video games. A representative from Games for Change contacted my editor Mike Hume about play2PREVENT Lab. And Mike, I remember when the email came in, wasn't initially sold on this story. We get a lot of pitches, we get a lot of games that do this, games for a purpose, so on and so forth, but it was enough just because there had been something actually in WHO that talks about video game addiction, that people have been addicted to video games, and so we thought, "Hey, maybe there's something between that and this." And then we found out a little bit more

about it, that it has to do with opioids, and of course our crisis in this country with opioid addiction, sort of also pushed these things forward. So he did a quick pre-interview, and then he got in touch with me.

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Yeah, so after Mike did that interview, he asked me to speak with Lynn and to explore this further, and we did that. One of the things that also helped-- this doesn't always help, but in this particular case it did-- is that there was a way to connect us also to Vladimir-- I'm not gonna try to pronounce his last name--at WHO, who also commented on that other video game addiction story. We did the interviews, and I would say another really important thing, and just sort of like a fundamental blocking-and-tackling sort of thing, so to speak, is just to make sure to include all the relevant information that you want a journalist to look at in one easy-to-access place. So if there's studies, if there's a game, if there's a link, if there's other information, just to put that all in one easy-to-access place. And then of course, I played the video game just to check it out.

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Yeah, so I would say the most important thing from the scientist standpoint, and also obviously from the journalist standpoint, is to try to figure out a way to establish trust and respect initially. Not always possible, unfortunately. And I think then that goes back to making sure you know who you're pitching and making sure that you trust them as a scientist, making sure that you trust that journalist to report your story, 'cause a lot of times these things are gonna be inbound pitches, not the opposite. I mean, sometimes they're the opposite, but a lot of times they're inbound, and so you're making a choice as a scientist, as a researcher, do you want this thing to be covered or not? And if you don't, then that's fine. Not everything is right, which we'll get into a little bit more. Not everything's right to be covered. Not everything necessarily should be covered in national media or local media or whatever the case may be. But I think the things that do establish trust and respect is just being open and just having faith that the journalist is going to understand what you're saying and that he or she's gonna report that accurately. And if you don't have that, again, maybe a news article is not the right venue at that particular time. One thing that was helpful for me during the conversation with Lynn is that she would stop sometimes and repeat things and put them in a way that, again, just to make sure that we were both on the same page, understanding specific data points, understanding specific narratives. Which gets me to the third thing-- which is, I would say, this is probably the most important thing from the scientist/researcher perspective-- is to get to the point, but to make sure that you have a narrative for the story that you think should be told, and get to that quickly, and to not-- which is ironic, 'cause I feel like I'm talking a little bit like, kind of, not rambling, but talking a lot now-- but just to be concise and to make sure, because the more information that you share, the more there is to work with, which can be good and bad. But if the concern is about something being misrepresented, then being concise about the information can definitely be helpful.

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Another one for me. I feel like I wanna, I wanna kick it back. But yeah, I'll go quickly. So this one--so yeah, we did the interview in May. The story ended up coming out in August for reasons that had nothing to do with the story, just that it was evergreen, there wasn't a reason to publish it today instead of tomorrow. Sometimes--just, again, for context-- we'll follow up to confirm facts, but we almost never will do, like--we'll never send a story to be reviewed. And so when researchers or scientists ask for that,

it doesn't make me angry, it's just a sign of a little bit of inexperience because it's just not something that we do, which I know is different in academia. Yeah, so that's all I have for that slide.

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Yeah, so go quickly through this. Again, this just goes back to the narrative, again-- when you're trying to pitch your story, what's new or different about it as opposed to other things that have been in the media, or other research that you've done, and why does it matter to people in your field? And I would say also more broadly, what are the stakes involved in the research that you're doing and why would somebody stop drinking their coffee to read it in the newspaper?

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Figure out your story first, which we talked about.

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And yeah, so the other thing about this is, the reason why we were able to write this story is 'cause it connected with the opioid crisis, in which tens of thousands of Americans are dying and here's something that's trying to address it in a new and interesting and successful way based on the research.

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And we luckily already covered this one, which is that mainstream media is not always the right fit and that's okay. And I would say another really important thing about this is to understand that when you pitch a story, you don't have control over where it's gonna go. So that's just the risk, I think, that has to be considered, that maybe you think it's gonna go this way, but the journalist finds something else and it goes that way. And it might not always be as positive as you would like, but again, that's sort of the price of entry.

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And we covered that one too.

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Right, so just one real quick thing for someone who I think does this very successfully as a scientist is Brian Greene. I remember reading his books. I'm not a math person at all, and obviously talking about cosmology, it's physics intensive, it's math intensive. But he finds a way to take those things and to translate them, basically. And so if you think about black holes, they're not black and they're not holes. But--I think Stephen Hawking actually came up with that-- but the point is that Brian explained how, you know, how math and those models can then be translated into English in a way that folks can understand it. So if someone's looking for an example of how to do this, I think, successfully, he would be a person. And his books would be ones that I would point out.

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And last thing that I have to say, I just wanted to highlight real quickly, is Direct Relief. And this actually then goes back to the only reason why we were able to cover the play2PREVENT Lab and those video games-- is the impact that it has on people and being able to get that out. So people who could benefit from this video game-- institutions, parents, people-- just to make sure that they know about it. So that's why I'm thankful to NIH for being able to include this slide, because Direct Relief has a naloxone distribution program, been able to donate 2.3 million doses so far to every U.S. state and territory. And as you can see in the graph below, it goes not just to FQHCs and to pre-clinics, but also to schools, charitable pharmacies, I know we've also gotten 'em into libraries, all different kinds of places. And so I would definitely encourage anyone who's in this field that knows places that could benefit from supplies of naloxone to please feel free to reach out, [directrelief.org](http://directrelief.org). And yep,

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I think that wraps it for me, but yeah, thank you.

- [Autumn Barnes]

Yes, thank you so much to all the presenters today. Your talks were very informative and I feel like instigated a lot of deep thought from our audience. So just as a reminder, I'll be helping field the questions for our Q&A. When you submit questions into the Q&A button down below, it should be right next to the chat button. Please say directly who you would want the question to be addressed to, as well as if you're comfortable doing so, saying who you are and where you are from. So there's already been some great engagement in the chat. Some questions have already been answered, or have had written answers. But there's one question, I think, for Dr. Fiellin and for Noah [Smith]. Were you at all worried about any bias arriving from going to the press early?

- [Dr. Fiellin]

Huh. So, I mean, I think that's a good question. I guess I would want to hear--bias with regards to... what? Are we worried about scientific bias in terms of the kids that we are ultimately evaluating the game in? I guess I would just need to hear more about if that's kind of what we're talking about here.

- [Autumn Barnes]

That's a really good point, yeah.

- [Dr. Fiellin]

Yeah, I mean, I think my answer is honestly no. You know, for the purposes of both the research and addressing this public health crisis, the notion of getting out information early and broadly seems really critical. And as I had mentioned before, it actually did create a huge storm of interest in this game from folks all over, honestly, around the world, asking for access to this game. Since those obviously by far were not the folks we were engaging in the RCT, I wasn't concerned about them being involved in the research in any way or there being contamination. So I think it had a great side effect of really engaging a bigger population in the use of this game and thinking about the opioid crisis.

- [Autumn Barnes]

Thank you for answering that. And because the question is anonymous, whoever posted the question, if you would like further clarification, please do so in the Q&A. The next question is for Noah Smith. When you get a pitch that's outside of your area, how often or do you ever refer the pitcher to a colleague? Or do you sort of field the question off if you feel like you're not well versed in the subject area yourself?

- [Noah Smith]

Frequently. You know, if I feel like it's a strong pitch and I know someone--a colleague, sometimes with "The Post," sometimes not-- that I feel like would be interested in it, absolutely, I'll refer it along, yep.

- [Autumn Barnes]

That makes sense. This is another question for you. Can you talk about--and this is from Scott Walters-- can you talk about the story selection process for a national versus a regional newspaper? So for example, if something happened in Texas, when would "The Washington Post" or "New York Times" be interested in that?

- [Noah Smith]

That's a great question. Unfortunately there's not like a specific rubric for it, but I'd say-- sort of as a bifurcated answer, in a sense-- one is like, if something is going on that's so awful in a place that it begets national attention, sometimes that'll elevate a local story to a more national story. Another thing, again--I would say it really comes back to stakes. And yeah, I think that's what it comes down to at the end of the day is that, of course you have stories that impact everyone in, say, the United States, or they impact everyone more broadly. And so a story like that obviously is gonna be something that's gonna be more appealing to "The Post" than something that's only taking place in one particular area, one particular state. But even if an event is taking place in one place, but the stakes, again, reverberate somewhere else, then sometimes that will then elevate it. When we're talking about specifically scientific research, I think the difference there is, again, if the research has implications for one particular area versus if that research has implications more broadly. And so I'm struggling right now on the spot to think of an example of that, but yeah. And of course science is a little bit different than mainstream stories, 'cause a lot of the research \*is\* broadly applicable. And so--I think. I think that's true. And so, yeah. And so I would say it's not just national/local, it's also endemic/non-endemic. So sometimes the story would be a fit for science media or for your particular field, but not for the general audience.

- [Autumn Barnes]

That makes a lot of sense.

- [Noah Smith]

I hope that answers it.

- [Autumn Barnes]

I think so, I think so. It's all about the scope and sometimes the audience, sometimes not, but more so more about the content area and who it would be relevant to.

- [Noah Smith]

Exactly.

- [Autumn Barnes]

And someone posted a great resource in the chat for journalists and for scientists to get the work out to the media. It's from reportingonaddiction.org. So thank you to whoever posted that in the chat. And I would just like to remind, if you have a question in the chat, please say who the question is for. One question that I believe is for Dr. Fiellin is, have you thought about the unintended consequences of putting information out before the RCT is completed?

- [Dr. Fiellin]

Ooh, lots of questions about the impact on the science, which I think is really important. You know, when I think of this article, it's--and Noah can chime in-- it didn't really feel like it would jeopardize anything in terms of the science that we were embarking on. It felt like it really highlighted what was happening in terms of the epidemic in this country. We had the opportunity, as Noah said, to get connected with Vladimir Poznyak, who's at the WHO, who could speak really towards the issues around opioids, opioid use disorder, as well as video game addiction, which is something that comes up commonly in questions about the use of video games as interventions. And so it felt like it ended up being a piece that very comprehensively could educate the consumer out there. And I did not have real concerns about it having an impact on the science. It felt like it was--it didn't have any nuggets that felt like it could... could somehow jeopardize either the process or the outcomes of the RCT.

- [Autumn Barnes]

Oh, well, that's good to know. That's really reassuring. Do you feel like there is a fine line, though, between wanting to get the word out there that this study is coming up and we're planning on releasing more resources to the community, versus revealing too much and setting up expectations, especially if the study doesn't go exactly the way that you intended it?

- [Dr. Fiellin]

Right. Well, that's absolutely true. I mean, you just... One thing I've learned about science-- and especially when you've developed something and then you're evaluating it-- is, the whole reason you're evaluating it is because you don't know if it's going to work, you know? You've had maybe some good signals and some good prior work that supports that it will work, but you just can't make any promises, and certainly wouldn't make it in a venue like a national newspaper like "The Washington Post." So yeah, I think you do need to be very cautious about over-promising, and I think it's just a matter of really presenting the facts and the data and not speculating in terms of any subsequent impact that this might have.

- [Autumn Barnes]

Right, that's a good point. That's a good point. Shifting gears a little bit, we have a question for Dr. Elizabeth Adams. This is from Lauren Zitney who works at RTI International and is listening in from Fort Collins, Colorado. Their question is-- they're interested in the role dissemination can play in bridging the gap between research and policy. And so, is there evidence to suggest that news coverage in general is helpful? And how does it do so? What are the mechanisms by which news coverage can be helpful? Does it help lawmakers to get up to speed on whatever topic's being covered? And does it generate public interest? What puts it on the radar? What about other chain of events? And they're just generally interested in thinking more about the reason why media coverage may be helpful and impactful on society more broadly.

- [Dr. Adams]

Yes, so we're getting into the territory of media effects, which--effect sizes are small when you measure campaigns or news coverage or whatever it is-- relatively small--but they have to be taken into the context of the topic, what is well known about the topic, and how widely it was distributed. We also live in a Candy Land of media anymore, so there's a lot of variables in there that could interfere and interact. So all that to say is-- you're interested in, is it effective to work with the media and influence policymakers? And I think there is evidence, although I can't give you a name or a paper right now, to suggest that policymakers do pay attention to the media and their decisions are influenced by media coverage. And I can remember off the top of my head-- but not the person right now-- but in

preparation for a dissemination project I was doing, I think a dissemination plan I was writing-- we were interested specifically in policymakers who are, as you know, very difficult to influence and reach in some respects. And I found a qualitative study with policymakers, different levels of policymakers, about how health information influenced their decisions. So maybe I'll dig into that a little bit and follow up with you since we're both at RTI and we can talk further about that. Overall, I will say-- so, the first thing is like, effect sizes are always small, especially for mass media campaigns, and have to be considered within the context of the subject and the population and the media size and all that sort of stuff. And maybe Noah [Smith] can speak to this too, because maybe he, I don't know, has a perspective or better data. But I will also mention, policymakers-- they are a special class to disseminate to. There are many, many-- of course, we all wanna influence policy and make sure that the data and this research we produce influences a good, sound policy that's going to help end this opioid crisis. So influencing policy is always the top rung. Everyone who disseminates always thinks about, "How can I influence policy? This policy needs to change." But I would--going back to my presentation-- think more incrementally about reaching policymakers. What are some sort of smaller communication steps to influence policymakers? If you can create a stir in their community, the likelihood the policymaker is going to react is going to be greater. So I would think in that respect, news coverage does matter. And anecdotally, I can tell you, as someone who covered Oldham County Fiscal Court the first 6 months of my entire post-college career, news coverage in small communities matters. It gets across to policymakers. They read the newspapers every morning. And even if they don't plan to act on that, there is an awareness factor there. So I would argue yes, although I can't point to any effect sizes right now.

- [Autumn Barnes]

Yeah, that all made a lot of sense. I mean, how we learn about the world is through media, and media can shape both our perception and the types of information that we consume. So it makes a lot of sense that that could be the same for scientific research. This is another question for Noah Smith, very popular. How do we get the word out specifically about new street pills and fentanyl-- which are newer drugs that are very potent in our populations-- specifically to youth? Because there's always the conversation of how do we tailor messaging to youth? How do we sort of get ahead of the opioid epidemic since it's spreading extremely quickly? How do we tailor messages for the youth population?

- [Noah Smith]

So it's a big question that I'm probably only equipped to answer from the journalist standpoint. And so where my mind goes to with it is that data's really important. This is gonna be antithetical to, I feel like, the whole audience here, but like, I'm gonna say it anyway. Data's really important, but I feel like in my career as a journalist, data doesn't connect quite as well. It doesn't compare to emotion. And so, you know, 70,000 people have been killed, 100,000 people have been killed, a million people have been killed. I mean, these are numbers, but when you can connect it to a human being, when you can connect a story to a human being, when you can create a narrative that this happened to this person, that this happened to this individual, this happened to this family, I feel like that has 10X, 100X more impact because then it's personal, then it's to an individual. So I think that always, that's a big part of it. Beyond that, I think the fact--you know, it's hard to get data on these things, how many new pills, how much fentanyl's in these things? You know, there are stories like that that have come out that have talked about how trafficking into the country from Mexico, now there's more fentanyl than other things. So there's been stories like that. The other thing that my mind goes to quickly would be, it's more of a, like, Hollywood music issue as well, which--I already sound like I'm old, but like, to try to get rap-- not just rappers, musicians in general and Hollywood, whoever it is, to stop talking about it and stop having them go on stage with "lean"-- which is like promethazine and codeine, it's like cough syrup and this-- and hyping these things up, which--they have way more influence than journalists. Way more. Like, it's

not even comparable. And so, it's a big problem and a big question, but I think my quick answer would be just about... And by the way, not to blame Hollywood and music for this crisis at all in any regard, just to be clear. It's not that at all. It's just, they can help, I think. And emotion, and thinking about the human impact, and going back once again to the stakes of what's involved. Yeah, but it's a hard question. It's a hard question.

- [Autumn Barnes]

That makes sense. And this question could actually be answered by really anyone, but do you all think that a journalist or journalism in general can impact a study by the way that it's written? So instead of the study, having a certain impact by how it's disseminated, thinking about the flip side, how the dissemination can impact the efficacy or the results of a study. Have you seen that? Do you feel like it's possible?

- [Dr. Fiellin]

I mean, I think this was a little bit akin to the question that was asked before. It's not something that I sort of reflex to. I have a pretty low threshold to fret about these things. So it doesn't feel like-- I mean, and again, it depends on what the media is and where the media is going. So, if we were engaging in a large media campaign across the 40,000 school districts around the country with this game, yes, I would worry. A well-written, highly comprehensive article in "The Washington Post," I'm less concerned about impacting the 16- to 19-year-olds who are in our study in Connecticut. So again, it's not something that-- I mean, other folks may have had experience, and it'd be interesting to hear about that. It's not something that I sort of reflexively worried about.

- [Autumn Barnes]

That makes sense. And this question is a little bit related and can also be for anyone. When we're sharing messages, whether from research studies or from general journalistic articles, how do we make sure that we don't do harm in our messaging? And this question was from Rebecca Beytu, who wanted to know specifically regarding fentanyl, especially since fear messages and testimonials don't necessarily keep people, especially youth, from using. They believe that a social norms approach is needed to help people better understand what's actually occurring. But yeah, how do we keep checks and balances on ourselves to make sure that we get the message out, but we don't accidentally traumatize or harm the people that we're trying to target?

- [Dr. Adams]

Hi, I'm eager to jump on that one. And Rebecca, thank you for your question, because this is an area I'm very interested in, and I think there's a lot of nuance to fear appeals and how they work. But I would agree with what you're saying, is they can be more harmful than helpful, especially in this context of opioid use disorder. And I actually have a manuscript on it where we looked at fear messages and narratives actually, using this theory called emotional flow theory, to see what worked better-- a message that took kids from feeling fearful to feeling efficacious, or a message where they felt efficacious at the beginning and then were hit with this fearsome message about the possibility of using a prescription opioid. And we did find that fear--historically, I think what the theory says, is fear is really good at grabbing people's attention, but long term it doesn't really have the effects we would like it to have on people's behavior. So I'm totally with you in thinking like, what are the detriments and harmful things that can happen when we expose people to fear messaging? And I'm a child of the DARE years, and I can tell you--the fear campaign, the assumption that the fear campaign is the right message, it is not the best approach, especially in the context of this epidemic, which has its own character and its

own nuance. But I'm sorry, what was the question? I just wanted to talk about fear-based messaging and talk about that for a moment.

- [Autumn Barnes]

Yeah, yeah, no, no, I think you're on par. The question was mainly asking how we can portray this information in a way that doesn't also harm and doesn't traumatize people, and framing it as more of a social norm and something that can be addressed by the whole community as opposed to something that's demonized or stigmatized.

- [Dr. Adams]

Yeah, I think if you're going to use fear as a messaging tactic, I think there is implied fear when you even say the word "opioid crisis," "overdose crisis," that is a fearsome thing in society. I think you have to follow up with efficacy. And so I think you really have to bolster people's feelings and confidence and the idea that maybe they can do something to avoid this. And that's the tricky part though of the opioid narrative is we've been told so many of its victims had no intention of ever becoming ill with an addiction. And so I think the messaging has to be a little bit more nuanced, you know? And again, going back to the target audience, thinking about, are we talking to young kids who may be misusing or experimenting or have friends who use their parents' prescriptions or whatever. Or are we talking about another population? You really have to know the population before you can know what the right message is for them. So there's gonna be some variance there, but I hope that sufficiently answers.

- [Autumn Barnes]

Yeah, I think that was a really great response, and really ties into the key messages throughout this entire webinar. And I wanted to ask one more question, specifically for Joanna and Noah [Soutier]. Seeing as though they focused on social media and the result of that was that social media wasn't the most efficacious route for the study. Someone was wondering, firstly, what other social media or communication technology do you all believe could be more effective? And secondly, I was curious about why you may believe that social media, despite its pertinence in young people's lives, wasn't effective? Do you feel like it might have felt performative? Portraying a research study on social media? Because our generation's very keen towards picking up when someone's not being genuine or believing when someone has an agenda behind their messages. And so people tend to latch on that pretty hard. So yeah, generally why do you all believe maybe it wasn't the best route to use Instagram? And are there other routes that you feel could have been better?

- [Joanna Kramer]

Just to answer, well, both, but first your part of the question, when we were posting, we weren't actively posting to recruit, so I would hope it didn't come across as performative. And we tried to make it not seem like we had that agenda because we weren't saying participate in the study, we were just posting about topics relevant to mental health and relevant to variables that we were looking at in the study. But when talking in our team, we kind of just thought it wasn't as successful because maybe young people turn to social media for a break and they don't wanna see the content that we're posting, or heavier topics related to mental health while they're going to social media to take a break from everything else going on in life. Noah, I don't know if you have anything to add or if I missed anything.

- [Noah Soutier]

Yeah, I can give a little bit more of an answer to the former part of your question, the one that was asked by the Q&A in terms of which social media form of communication is the most effective. (clears throat) Excuse me. I think we're still--at both BMC and Mass General-- we're still trying to figure out this

question ourselves, and that's why we've kind of leaned into pivoting towards something different. And I think that's probably the most interesting part of the entire process is, we've tried one thing, we've seen that maybe it's not as effective as we wanted it to be, and now we have this great opportunity to kind of lean into something new and retry and see if it's something that maybe our research participants engage with more effectively. I think kind of hearkening back to some of the key notes that were presented throughout this webinar series, it's just figuring out what works best for your population. So I don't want to draw a blanket statement and say that Instagram is not effective in clinical research retention, 'cause what might work for our population might not work for somebody else. So we're really leaning into this whole process of trying to figure out what's the next step in this process. And that's where this newsletter comes in hand. So it's not necessarily an answer, it's more kind of just a statement about what we're looking forward to figuring out next, but yeah.

- [Autumn Barnes]

Well, I think that is a great point to end on for our Q&A. Thank you so much to the audience for your participation. Your questions were amazing and really sparked a lot of deep conversation about dissemination in general and target audience. And so as we transition to the end of this webinar, I would just like to summarize some of the key takeaways from our presenters. If we could go to the

Next slide, please.

So our first main point is that dissemination is a strategy, and it should start from the very beginning of the research process, even before the data comes in. And it shouldn't be something that is... It doesn't necessarily have to be something where you frame it as, "Oh, we need to fill in the gaps in the knowledge," or, "We need to surmount this huge mountain of a lack of data in this area." It could start as, "We just want to get our message out there. How do we best do so?" And then you grow from there. And our second message is that the ways in which you communicate really depend on your audience's demographics. So you really have to know what channels your audience uses in the first place and how they use it. So as we found with Joanna and Noah [Soutier]'s study, even though young people use social media throughout their lives, the ways in which we communicate through social media greatly impact their engagement despite it automatically being something that everyone engages in. So really know your audience and really know how your audience engages with the information around them. And lastly, before you pitch something to a wide-scale media outlet, such as national media like "The Washington Post," know what you're putting out there, what your stake is, your target audience, and why it matters to disseminate on such a wide scale. Because sometimes, as Noah [Smith] put, national media may not be the best way for you to get your information out there. So it's very important for you to know your intentions behind disseminating widely and the best ways to go about it. And so just to wrap up this webinar, it was produced by the HEAL Prevention Coordinating Center here at RTI International, and it supports the works of the HEAL Initiative by helping collect, analyze, and report data from the research projects. And our PIs are Dr. Phillip Graham and Dr. Ty Ridenour. And so during the last couple minutes of this webinar, we would like you all to please participate in our survey. It is to gauge feedback on how you feel like the survey went and any possible improvements that may be made to future webinars. So I will also be putting the link in the chat for your convenience. There you are. If you have any questions or comments about the survey, please let us know. It will also be sent out after the webinar during our post-webinar correspondence. And thank you so much for your participation.