

## **Prevention Messaging and Advocacy: Getting Your Message Out**

Prepared by

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## Why Attention to Prevention Messaging and Advocacy?

- High Levels of Misinformation Among General Population on Drug/Alcohol Issues
  - Denial and Resistance to Our Efforts
    - Lack of Positive Momentum
    - Lack of Professional Training
  - Many Professionals Don't Feel Confidence or Skilled to Speak up

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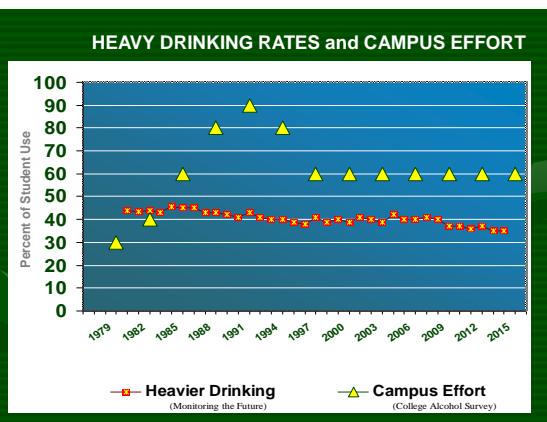
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## The Importance of Our Work

“Science allows us to communicate across the seas and fly about the clouds, to cure disease and understand the cosmos, but those same discoveries can be turned into ever more efficient killing machines.”

“The wars of the modern age teach us this truth. Hiroshima teaches this truth. Technological progress without an equivalent **progress in human institutions** can doom us. The scientific revolution that led to the splitting of an atom requires a **moral revolution** as well.”

President Barack Obama May 27, 2016  
From The New York Times June 15, 2016  
“Lessons of Hiroshima and Orlando”

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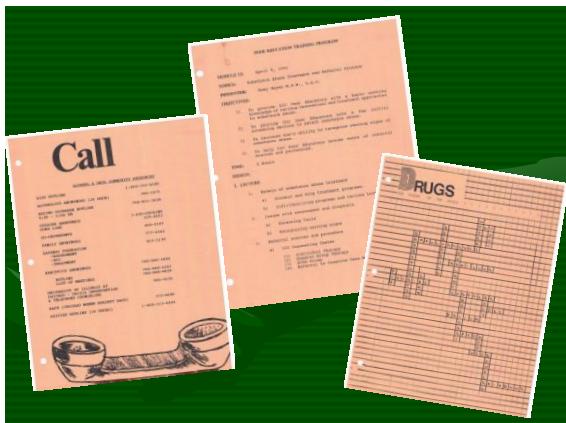
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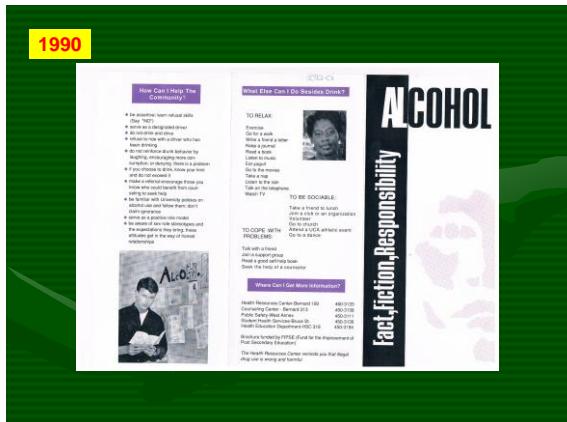
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## PERSUASIVE COMMUNICATION




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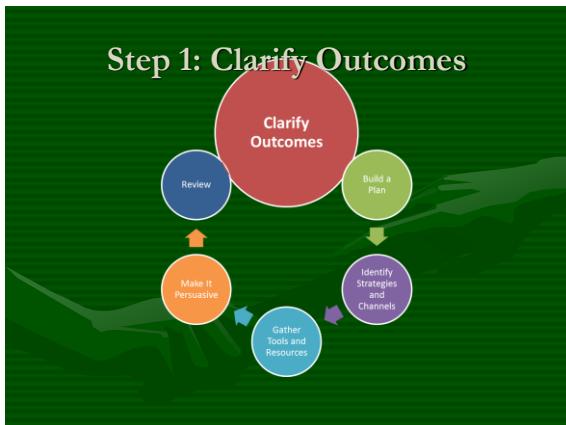
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## Step 1: Clarify Outcomes

Be clear with what you want the audience to know, feel and do.

Be focused and specific.

Make sure your communication points to a next step.

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## GET INVOLVED FOR INDIVIDUALS & NEIGHBORHOODS



### ENGAGE ACTIVITY PARTNERS

- Talk to local organizations about ASA
- Share ideas or opportunities for activities
- Help with measuring & evaluate outcomes



### ENGAGE LOCAL BUSINESSES

- Share ideas or opportunities for ASA
- Help with marketing & public relations



### VOLUNTEER DURING THE EVENT

- Help with set up and clean-up
- Information & water stations
- Capture the event on camera & video



### HELP WITH SAFETY & PATROL

- Talk to police officers about ASA
- Find volunteers to help with safety patrols

## GET INVOLVED FOR COMPANIES AND ORGANIZATIONS



### ENGAGE YOUR EMPLOYEES

- Share ASA with your employees
- Invite them to get involved and volunteer
- Help with measuring and public relations



### ENGAGE YOUR NETWORK

- Share ASA with your community
- Invite them to get involved and volunteer
- Help with marketing and public relations



### HOST AN ACTIVITY DURING ASA

- Ask your employees for activity ideas
- Register your activity on the ASA website
- Publicize your activity on social media



### OFFER IN-KIND GOODS & SERVICES

- Food & Beverages for volunteers
- Materials such as clothing & marketing
- Sporting equipment for volunteering

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## Step 2: Build a Plan



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## Step 2: Build a Plan

**Be clear, be focused, be deliberate, be planful.**

**Know your theoretical underpinnings.**

**Distinguish between what you want to PREVENT and what you want to PROMOTE.**

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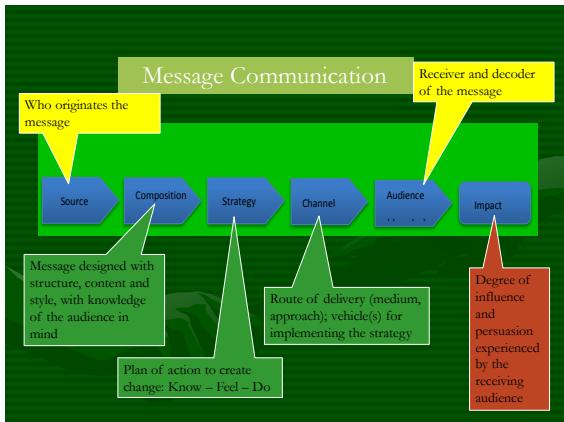
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### Stages of Change Model

Stage	Definition	Potential Change Strategies
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
Contemplation	Intends to take action in the next six months	Motivate; encourage making specific plans
Preparation	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plans; help set gradual goals.
Action	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement
Maintenance	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)

*Theory at a Glance*

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## Health Belief Model

Concept	Definition	Potential Change Strategies
Perceived susceptibility	Beliefs about the chances of getting a condition	<ul style="list-style-type: none"> <li>*Define what population(s) are at risk and their levels of risk</li> <li>*Tailor risk information based on an individual's characteristics or behaviors</li> <li>*Help the individual develop an accurate perception of his or her own risk</li> </ul>
Perceived severity	Beliefs about the seriousness of a condition and its consequences	<ul style="list-style-type: none"> <li>*Specify the consequences of a condition and recommended action</li> </ul>
Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk of seriousness	<ul style="list-style-type: none"> <li>*Explain how, where and when to take action and what the potential positive results will be</li> </ul>
Perceived barriers	Beliefs about the material and psychological costs of taking action	<ul style="list-style-type: none"> <li>*Offer reassurance, incentives, and assistance; correct misinformation</li> </ul>
Cues to action	Factors that activate "readiness to change" Confidence in one's ability to take action	<ul style="list-style-type: none"> <li>*Provide "how to" information, promote awareness, and employ reminder systems</li> <li>*Provide training and guidance in performing action</li> <li>*Use progressive goal setting</li> <li>*Give verbal reinforcement</li> <li>*Demonstrate desired behaviors</li> </ul>
Self-efficacy		

Theory at a Glance

## Aristotle's Forms of Proof

Concept	Explanation
Logos	Emphasizing a rational and logical approach, building upon scientific foundations. Often used to highlight assumptions upon which decisions are made, including challenging faulty assumptions.
Pathos	Addressing the emotions, aims, feelings, and social desires of individuals. Can tie into insecurities. Often linked to tragic events without attention to rational arguments.
Ethos	Promoting a quality character among the audience, through engaging in trustworthy sources. It is helpful to evoke good sense, good moral character, knowledge, and authority to gain the confidence of the audience.

PREVENT	PROMOTE
Violence	Accurate knowledge
Injury	Parental skills and awareness
Death	Development of personal norms
Ignorance about AOD Effects	Healthy choices
Stigmas of AOD "fun"	Resistance and refusal skills
Adverse effects	Treatment services readily available
Family issues, neglect	Intervention skills
Car crashes	Awareness of effects of substances
Adolescent drug use	Further research
Distribution of unregulated drugs	Consistent enforcement
Diseases associated with AOD use	Variety of positive activities
Use of tobacco	Mental health
Unintended consequences	Sober drivers




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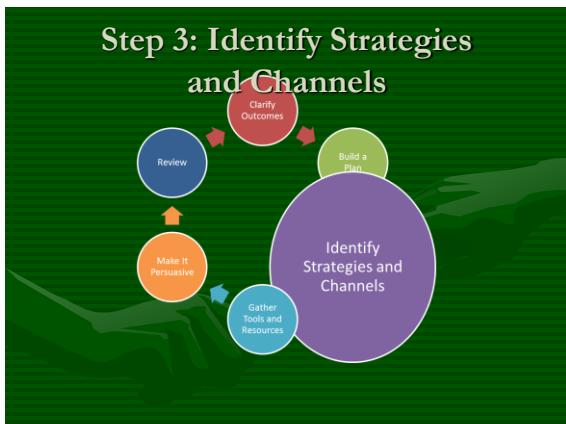
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Step 3: Identify Strategies and Channels			
Brochure	Poster / poster series	Sticker	Banner
Radio announcement	Television spot	Cable banner	Screen saver
Facebook	Twitter	Fact sheet	Electronic signage
Speech	Workshop	Flash lecture	Presentation
T-Shirt	Post card	Resource guide	Bracelets
Checklist	Newsletter content	Letter to editor	Self-test

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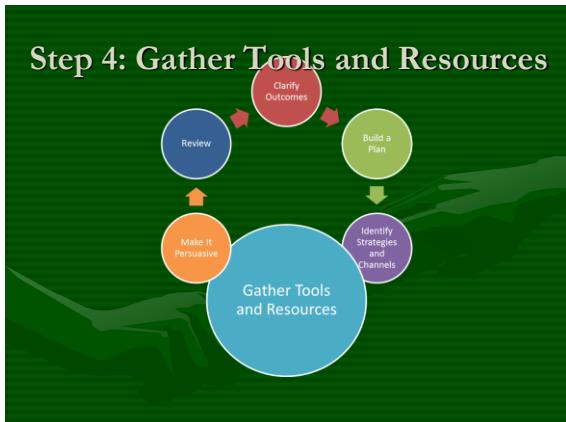
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### Step 4: Gather Tools and Resources

Logos, Pathos and Ethos	Data, Numbers, Facts
Examples or Testimonials	Expert Opinions
“What If” Scenarios	Creative Epidemiology
Social Marketing	Social Norms Marketing
Positioning	Linking and Pairing
<b>Miscellaneous :</b> humor, acronym, easy phone number, memorable website	

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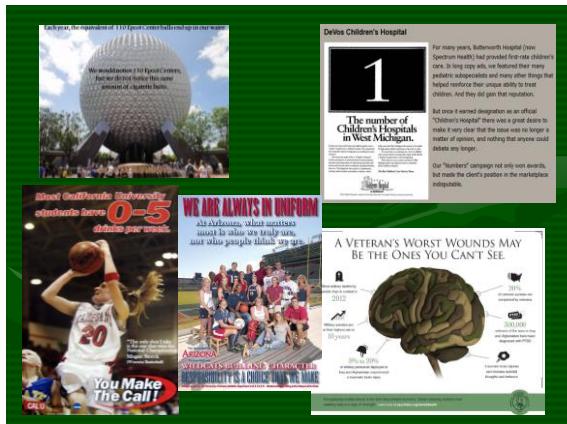
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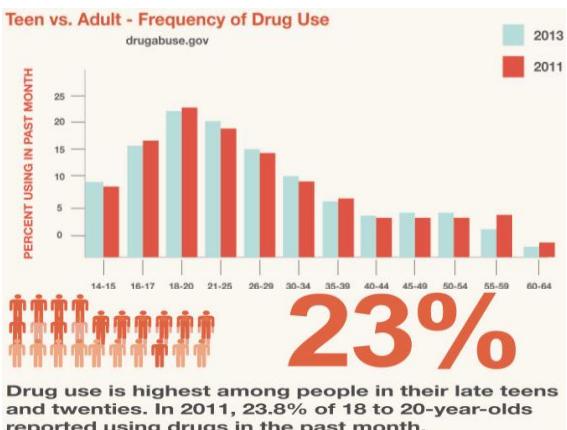


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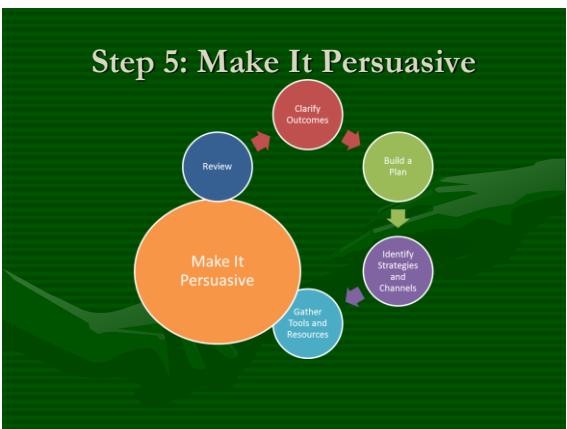


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**Drug use is highest among people in their late teens and twenties. In 2011, 23.8% of 18 to 20-year-olds reported using drugs in the past month.**



Step 5: Make It Persuasive	
Credible [sources; sponsoring agencies]	Current
Attention-getting [inviting; appealing; colorful]	Points to the next step
Clear & understandable [not too simple or complex]	Actionable
Personally relevant	Connect to audience [applicable]
Blend facts & emotion	Uniform [message, words, images, style]
Free of errors [proper grammar; spelling]	Appropriate formatting [hyphens]
Visually engaging [color contrast; date with day of week]	Consistent [fonts; bulleted items have parallel style (e.g., verbs/sentences)]

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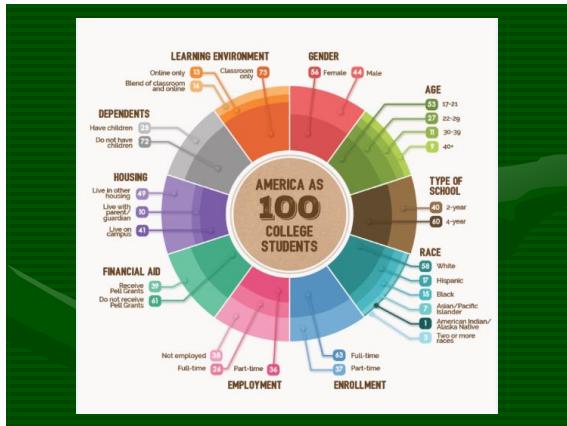
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**Step 6: Review**

**Have an evaluation plan**

- Have this at the beginning
- Engage others to provide assistance

**Assess the messaging**

- Was the message heard or seen?
- What was its reach?
- Did it reach the desired audience?
- What message was heard?
- Did it promote/encourage someone to act?

**Do focus groups**

- What messages are students hearing?
- What messages would resonate with them?
- Have discussions with RAs (e.g.,) to assess what messages they intend to send (and compare with what was heard).

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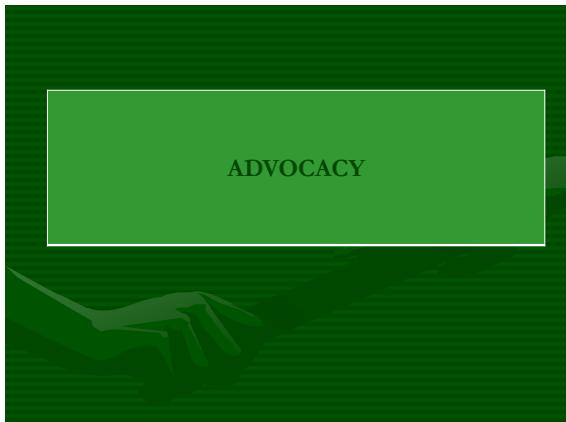
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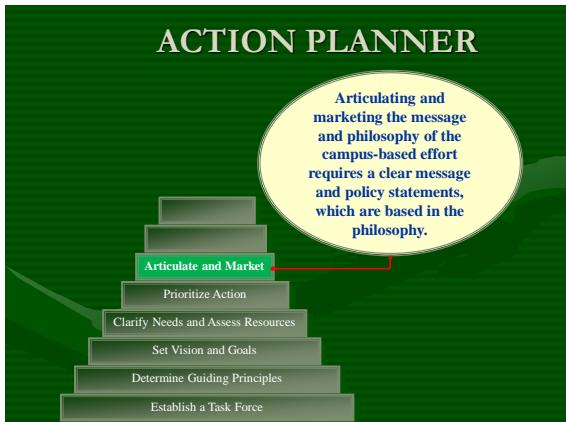
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Advocacy Tips	
Be prepared	<hr/> <hr/>
Speak up	<hr/> <hr/>
Offer progress reports or status updates	<hr/> <hr/>
Fram the issue within the institutional context (mission statement, strategic priorities)	<hr/> <hr/>
Don't set self up for failure with large, unachievable goals	<hr/> <hr/>
Build a strategic plan with measures and milestones	<hr/> <hr/>
Equip the decision-makers with tools, speaking points	<hr/> <hr/>
Acknowledge how much others don't know about this issue (prevention, dependence, recovery)	<hr/> <hr/>
Remember that this is an uphill battle	<hr/> <hr/>
Be educated, learn, study, ask, write	<hr/> <hr/>
Use resources and data (e.g., Action Steps for College Leaders, Wellness Issues for Higher Education)	<hr/> <hr/>
Have the courage to speak up	<hr/> <hr/>

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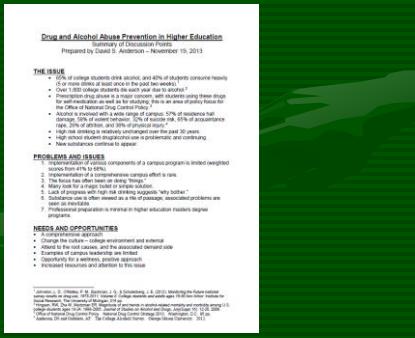
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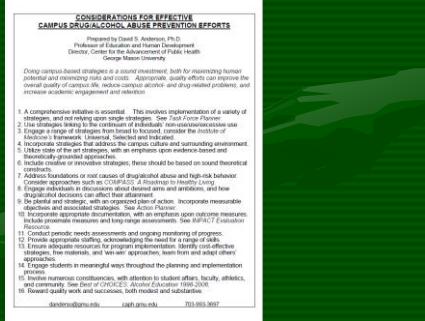
## Draft Discussion Points:

One page summary with accompanying briefing book



## Draft Discussion Points:

Summary for briefing of university officials



## Action Steps for College Leaders: What Leaders Should Know

- Acknowledge the depth and breadth of the problems associated with drugs and alcohol
- Believe that most drug and alcohol problems are preventable
- Accept that colleges and universities have a unique leadership role in addressing these problems.
- Recognize the most professionals learn on the job.
- Know about the students who are coming to campus.

from "New Directions for Substance Abuse Prevention"  
Change November/December 2011

## Action Steps for College Leaders: What Leaders Should Say

- Talk about the issue
- Listen to the professionals who are dealing with drug and alcohol issues and learn from their clinical experience.
- Insist that a variety of people be involved with this issue.
- Applaud good work.

from "New Directions for Substance Abuse Prevention"  
Change November/December 2011

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## Action Steps for College Leaders: What Leaders Should Do

- Ensure that the campus dedicates attention to this issue through the use of a designated coordinator, task force, or commission and that it assesses the effectiveness of its efforts on a regular basis.
- Make sure that the aims of the campus-based efforts are reasonable, appropriate and achievable.
- Invest in a range of long-range substance abuse services.
- Encourage the development of innovative strategies, and then assess them.
- Ensure that sufficient resources are available.
- Demonstrate bold leadership by being engaged and caring.

from "New Directions for Substance Abuse Prevention"  
Change November/December 2011

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CollegeAIM, with its matrix-based tool, guide, website, and related resources, is meant to be used in conjunction with your school's own processes for anticipating and responding to issues in your student body, campus environment, and surrounding community. You probably already apply a variation of these steps for college prevention programs:

- **Assess** the problems on your campus and set priorities,
- **Select strategies** by exploring evidence-based interventions,
- **Plan** how you'll carry out the chosen strategies and how you'll measure results, and
- **Take action**—implement the chosen strategies, evaluate them, and refine your program.

CollegeAIM supports the second step, **select strategies**. For help with the other phases, please see the [Supporting Resources](#) section.

[collegedrinkingprevention.gov](http://collegedrinkingprevention.gov)

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INDIVIDUAL-LEVEL STRATEGIES SUMMARY TABLE						
Matrix Number	Strategy	Description	EDUCATION/AWARENESS PROGRAMS			Research amount
			Number of peer-reviewed studies	Cost	Barriers	
IND-1	Information/knowledge/reinforcement alone	Information/knowledge reinforcement alone refers to programs designed to increase knowledge about alcohol use or its consequences without any specific skills training (e.g., how to reduce risk or prevent problems associated with alcohol use).	0	\$0	#	#
IND-2	Normative re-education: Directive; Directive + Persuasion; Directive + Persuasion + Reinforcement; Directive + Persuasion + Reinforcement + Reinforcement	Uses the normative re-education PR strategy. Students receive a learning card on their 21st birthday, warning them of the risks of alcohol use. The card includes:	0	\$0	#	#
		▪ shifting explicit norms (norms)				
		▪ primary mobility (in person/group)				
IND-3	Normative re-education: Directive; Directive + Persuasion; Directive + Persuasion + Reinforcement; Directive + Persuasion + Reinforcement + Reinforcement	PR programs educate students with personal information about their consumption with individual case by case feedback. Examples include: "You are at higher risk for alcohol-related problems than your peers because of your unique circumstances. Despite all the interventions done without the involvement of a healthcare provider, students are advised to seek professional help if they experience any negative effects from alcohol use." This strategy can be used to:	0	\$0	#	***
		▪ shifting explicit norms (norms)				
		▪ target population: individuals, specific groups, or all students				
		▪ change of effects: short-term effects (e.g. 1 month), long-term (e.g. 6 months) effects not assessed				
IND-4	Normative re-education: Directive; Directive + Persuasion; Directive + Persuasion + Reinforcement; Directive + Persuasion + Reinforcement + Reinforcement	PR programs educate students with personal information about their consumption with individual case by case feedback. Examples include: "You are at higher risk for alcohol-related problems than your peers because of your unique circumstances. Despite all the interventions done without the involvement of a healthcare provider, students are advised to seek professional help if they experience any negative effects from alcohol use." This strategy can be used to:	0	\$0	#	***
		▪ shifting explicit norms (norms)				
		▪ target population: individuals, specific groups, or all students				
		▪ change of effects: short-term effects (e.g. 1 month), long-term (e.g. 6 months) effects not assessed				
LEGEND	Effectiveness: # = High; # = Moderate; # = Low; # = High; # = Moderate; # = Low # = High; # = Moderate; # = Low # = High; # = Moderate; # = Low	Research support: # = 11 studies # = 6 studies # = 4 or 8 studies # = 3 or fewer studies	Staffing expertise: Policy advocacy = Advocacy or community organization; understanding of alcohol = Knowledge of alcohol Coordinator = Program development and management Implementation = Experience in program delivery or expertise/training in delivering a health program			

ENVIRONMENTAL-LEVEL STRATEGIES SUMMARY TABLE						
Matrix Identifier	Strategy	Description	Effectiveness	Cost	Burden	Research Status
EMR-1	Citation on alcohol-free campus	Under this strategy, a campus bars the sale, distribution, or consumption of alcohol on-campus property.	■ ■ ■ ■ ■	EE	EE	***
EMR-2	Require alcohol-free programming	Under this strategy, a campus bars alcohol-free events to provide students with social alternatives to parties and bars.	□ □	EE	E	**
EMR-3	Prohibit alcohol consumption at campus sporting events	Under this strategy, a campus bars the sale and consumption of alcohol at sporting events.	■ ■ ■ ■ ■	EE	EE	****
EMR-4	Prohibit alcohol consumption at campus social events	Under this strategy, a campus bars the sale and consumption of alcoholic beverages at social events held on campus.	□ □	E	EE	E
EMR-5	Establish amnesty policies	Under an amnesty policy, a campus does not impose sanctions on a student who seeks help for another student in danger of alcohol or drug overdose. This may be done by having someone call 911 or by having someone who has provided the student to an emergency peer assistance policies often move the student to medical attention. If no medical attention, the student is sent to a treatment facility.	□ □	E	E	***
<b>Effectiveness:</b> ■ = High; □ = Moderate; E = Low; □ = No real intent relative to rate effectiveness <b>Cost:</b> EE = High range EE = Mid range E = Low range <b>Burden:</b> EE = High range EE = Moderate range E = Low range <b>Research Status:</b> *** = Specific expertise/training in developing and evaluating **** = Specific expertise/training in delivering a program ***** = Specific expertise/training in delivering a program						

**Resource Pages**

PERSUASIVE COMMUNICATION A PLANNING GUIDE OF TOOLS & RESOURCES	
<b>Logic, Paths and Tools</b> <ul style="list-style-type: none"> <li>Data on Documentation</li> <li>• Standard</li> <li>• Standardized</li> <li>• Standardized</li> <li>• Standardized</li> <li>• Standardized</li> <li>• Standardized</li> </ul> <b>Expert Opinions</b> <ul style="list-style-type: none"> <li>• What If? Scenario</li> <li>• Scenario analysis</li> </ul> <b>Creative Epidemiology (social media)</b> <ul style="list-style-type: none"> <li>Social Marketing (product placement, promotion)</li> <li>Social Norms Marketing (permissive, inclusive, empirical)</li> <li>Permissive</li> </ul> <b>Linking and Pairing</b> <ul style="list-style-type: none"> <li>Additional Resources</li> <li>• A reasonable action</li> </ul>	<b>CHARACTERISTICS OF EFFECTIVE PERSUASIVE MESSAGES</b> <p>Characteristics of Effective Persuasive Messages</p> <p><b>CLUES</b></p> <p>Indicates the message is from a credible source.</p> <p><b>CONSTANT</b></p> <p>Indicates the message is consistent with the target audience's values and beliefs.</p> <p><b>CREDIBLE</b></p> <p>Indicates the message is from a credible source or authority.</p> <p><b>ATTENTION-GETTING</b></p> <p>Indicates the message is designed to grab the audience's attention.</p> <p><b>PERSUASIVE</b></p> <p>Indicates the message is designed to change behavior.</p> <p><b>POINTING TOWARD A NEXT STEP</b></p> <p>Indicates the message provides clear next steps for the audience.</p> <p><b>PERSONALLY RELEVANT</b></p> <p>Indicates the message is tailored to the audience's interests and needs.</p> <p><b>APPROPRIATELY AFFIRMING</b></p> <p>Indicates the message is positive and reinforces the audience's self-worth and self-efficacy.</p> <p><b>CULTURALLY RELEVANT</b></p> <p>Indicates the message is sensitive to the audience's cultural context and values.</p> <p><b>CONVEYED THROUGH APPROPRIATE CHANNELS</b></p> <p>Indicates the message is delivered through appropriate channels.</p> <p><b>DEVELOPED IN A VARIETY OF FORMATS</b></p> <p>Indicates the message is presented in a variety of formats.</p> <p><b>POSTED</b></p> <p>Indicates the message is posted online.</p>
<b>LINKING AND PAIRING</b> <ul style="list-style-type: none"> <li>Images</li> <li>Associations</li> <li>Tie into related work</li> <li>Seasonal</li> <li>Historical</li> <li>Something new</li> <li>Context</li> <li>Reinforcement</li> <li>Catastrophe</li> <li>Endorsement</li> <li>Personal view</li> <li>Universal truth</li> <li>Make it relevant</li> <li>Comparison</li> <li>Fun</li> <li>Something unique – or bold!</li> </ul> <p>Companies based on demographics</p>	

**Planning Guide**

PERSUASIVE COMMUNICATION DESIRED COMMUNICATION RESULTS			
With each of these outcome measures (results), we want to change some, reinforce some, or implement some.			
Intention	Info/duce	Reinforce	Change
Attitude			
Knowledge			
Belief	<ul style="list-style-type: none"> <li>• Susceptibility</li> <li>• Severity</li> <li>• Barriers</li> <li>• Self-efficacy</li> </ul>		
Skills			
Other			

## Resources



The U. S. Surgeon General recently stated that he wants to move the U.S. to a "prevention-based society"

**He stated his vision that  
“every institution ....  
recognizes and embraces the  
role that it can play in  
improving health.”**



The Washington Post

April 24, 2015

## Webinar Aims

- \* Learning more effective communication strategies for reaching students
  - \* Gain skills for persuasive communication
  - \* Enhance confidence with advocacy



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The logo for the Illinois Higher Education Center features a stylized blue and white graphic of a rising sun or archway above the text "ILLINOIS HIGHER EDUCATION CENTER" in a serif font. Below this, in a smaller sans-serif font, is the text "for alcohol, other drug & violence prevention".

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