



IDAHO DRUG OVERDOSE PREVENTION PROGRAM: REAL IDAHOAN MEDIA CAMPAIGN EVALUATION

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EXECUTIVE SUMMARY

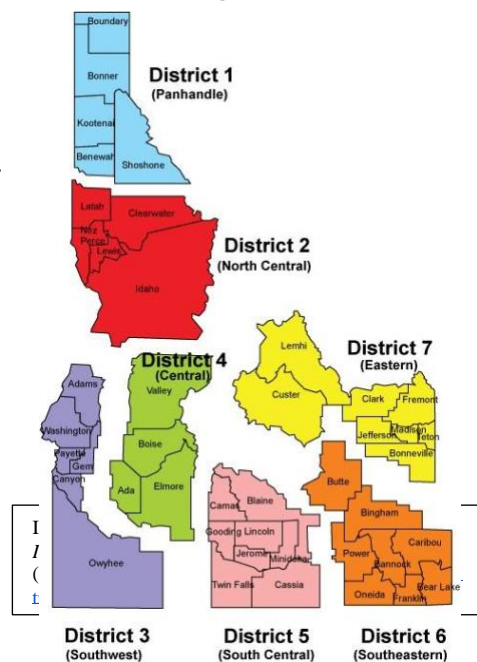
The Idaho Drug Overdose Prevention Program implemented a statewide public health media campaign to raise awareness about the risks of prescription opioid use, and the use of medication assisted treatment (MAT) for opioid use disorder (OUD) and naloxone, a drug that can reverse the risks of an opioid overdose. The media campaign included television and radio ads, social media (Facebook, Twitter, YouTube and streaming content), and billboards. The campaign took place in five media markets: Boise; Idaho Falls; Twin Falls; Salt Lake City, UT; and Coeur d' Alene, ID and Spokane, WA. A statewide survey was conducted between January 2 through February 28, 2020 to evaluate the reach and the effectiveness of the media campaign. The evaluation study was conducted by University of Idaho investigators in coordination with the Washington State University Social and Economic Sciences Research Center (SESRC).

SURVEY

- The survey was distributed to a sample of 4,000 resident households among seven public health districts in Idaho, covering urban, rural and frontier areas.
- The survey duration was 58 days; January 2 through February 28, 2020.
- The overall response rate was 24.5%, with 927 completed surveys and 6 partially-completed surveys.
- Of the 933 surveys returned, 28.4% were paper (mailed in), and 71.6% were submitted online.
- In general, respondents preferred the online version of the survey. Approximately 76.6% of respondents 18 to 29 years old preferred the online version. Of those in the 30 to 54 age group, 79.1% submitted the online version of the survey. For those respondents 55 years and older, 66.0% of the surveys submitted were online.

DEMOGRAPHICS

- The gender profile of respondents was 61.7% (560) female, 37.8% (343) male, and 0.3% (3) transgender, transsexual, or gender non-conforming, and 0.1% other (1).
- The identified sexuality of respondents was 96.3% (861) straight and 3.7% (33) LGBTQ.
- Of respondents, 19.8% were 18 to 29 years old, 42.5% were between 30 and 54 years old, and 37.7% were 55 years or older.
- Overall ethnicity and race were reported as: 6.2% Hispanic, 92.8% White, 3.0% American Indian or Alaska Native, 2.0% Asian, 0.9% Black, 0.5% Pacific Islander or Native Hawaiian, and 6.3% Other. Respondents could choose more than one race option.
- Education of respondents reported was as: 52.0% having a college degree or higher, 32.0% some college, 12.5% high school diploma or equivalent (GED), and 3.5% reported to have not graduated high school.
- Household income was divided into four categories: 13.5% low income (<\$25,000), 44.6% middle income (\$25,000-\$74,999), and 41.8% high income (\$75,000 or more).



MEDIA CAMPAIGN EVALUATION SURVEY RESULTS

- The evaluation found that 97.0% of respondent knew what opioids were prior to reading the definition included at the beginning of the survey.
- However, only 65.5% reported knowing what opioid use disorder was prior to reading the definition included in the survey.
- Reported media exposure and awareness of the prescription opioid messages was 39.2%.

- Overall, the majority of those seeing/hearing the ads said that at least one of the messages was effective in sharing information about the risks of prescription opioid use and medication assisted treatment (MAT).
- Responses to the new 2020 survey questions included: 32.4% did not see/ hear the message regarding naloxone, 14.2% the message regarding medication and therapy, 10.4% the message regarding other options for pain treatment, 5.1% the message regarding that there is no shame in seeking treatment, 1.5% the message regarding misusing prescription opioids, 1.1% the message regarding the risks to taking prescription opioids, and 1.1% the message regarding the fact they can be addictive and dangerous.
- Due to the fact that the naloxone messages were only streamed online/on social media, of those that stated they saw/heard the messages on Facebook, Twitter, and/or YouTube, 25.4% reported as not seeing/hearing the naloxone message. Of those that stated they saw/heard the messages through online video streaming, 27.0% reported not seeing/hearing this message.
- After seeing/hearing the ads, 33.2% said that they talked with friends or family about the risks of using prescription opioids and 10.9% said that they talked with their health care provider. In addition, 10.7% said that they talked with friends or family about medication assisted treatment for opioid use disorder, and 2.6% said that they talked to their health care provider. Lastly, 1.4% reported that they asked their health care provider or pharmacist about naloxone.
- After seeing/hearing the ads, 6.5% of respondents searched the internet for more information, 3.4% visited stopoverdoseidaho.org for more information, and 0.6% reported that they called the 2-1-1 Idaho Careline.
- Of respondents, 45.6% said that they are likely or very likely to talk with friends or family about the risks associated with using prescription opioids, and 23.7% said that they are very likely or likely to talk with their health care provider. In addition, 11.3% said they are very likely or likely to visit stopoverdoseidaho.org for more information, and 7.6% are very likely or likely to call 2-1-1 for more information. Lastly, 12.3% reported they are very likely or likely to ask their health care provider or pharmacist about naloxone.

CONCLUSION

Overall, respondents expressed awareness and knowledge of prescription opioids use risk. Of those who saw/heard the campaign ads, the majority found the ads to be believable and effective. Television, radio and billboards were the top three campaign modes reported. Respondents reported less awareness of the medication assisted therapy and naloxone ads. Talking to friends and family was the action most often reported upon seeing/hearing the campaign ads. Respondents shared many comments about the importance of the campaign, the need for more information and education about opioid use and risk prevention and the impacts opioids have had on their lives and the lives of friends and family members.

OVERVIEW

The Idaho Drug Overdose Prevention Program implemented a statewide public health media campaign to raise awareness about the risks of prescription opioid use, medication assisted treatment (MAT) for opioid use disorder (OUD), and naloxone, a drug that can reverse the risks of an opioid overdose. The campaign content was similar to the 2018 Rx Campaign. The 2020 Real Idahoan Media Campaign included stories and images of Idahoans and the campaign expanded to include MAT and naloxone messages. The Real Idahoan Media Campaign also sought to encourage Idahoans impacted by prescription opioids to seek assistance from their health care provider and statewide information resources such as the 2-1-1 Idaho Careline and the stopoverdoseidaho.org website. The media campaign included television and radio ads, social media (Facebook, Twitter, YouTube and streaming content), and billboards. The campaign took place across Idaho in five media markets: Boise; Idaho Falls; Twin Falls; Salt Lake City, UT; and Coeur d' Alene, ID and Spokane, WA. An evaluation of the media campaign was conducted between January 2 through February 28, 2020 by University of Idaho investigators in coordination with the Washington State University Social and Economic

Sciences Research Center (SESRC) in order to determine the effectiveness and impact of the media campaign.

REAL IDAHOAN MEDIA CAMPAIGN GOALS

1. Increased traffic to the Drug Overdose Prevention website: stopoverdoseidaho.org
2. Increased calls to the Idaho 2-1-1 CareLine about opioid prevention and treatment options.
3. Increased awareness of risks associated with opioid misuse. (e.g. prescription opioids are addictive; can lead to overdose).
4. Increased awareness of treatment options other than prescription opioids for pain.
5. Increased awareness of naloxone.
6. Increased intent/action to talk to health care provider or family/friends about prescription opioid risks.
7. Increased intent/action to seek help/treatment for opioid misuse/ opioid use disorder (OUD).
8. Increased acceptance of medication-assisted treatment (MAT) as an effective option to treat OUD.
9. Decreased stigma (e.g. negative beliefs about persons with OUD/MAT treatment).

REAL IDAHOAN MEDIA CAMPAIGN EVALUATION AND OUTCOMES

Evaluation results are reported overall, by the seven public health districts, and by the five media regions. Special consideration was paid to the target age group most impacted by prescription opioids; adults 25 to 54 years old and reaching young adults 18-24 years old.

1. Idaho resident awareness of what opioids are.
2. Idaho residents exposed to the Drug Overdose Prevention Program's Real Idahoan Media Campaign.
3. Increased knowledge and awareness of the risks of prescription opioid use and prescription opioid overdose.
4. Increased intent to speak with family and friends about the risks associated with prescription opioid use, and prescription opioid overdose.
5. Increased intent to speak with their provider about prescription opioid use.
6. Increase in calls to the 2-1-1 Idaho CareLine and increase in visits to the Idaho 2-1-1 website and the Idaho Department of Health and Welfare's (IDHW) Drug Overdose Prevention Program website: stopoverdoseidaho.org.
7. Evaluation of ad resonance with Idaho residents (statewide-adult population).
8. Survey respondent demographics.

EVALUATION METHODOLOGY

A detailed explanation of the evaluation methodology is available in the project Scope of Work (see appendix). A 17-item sequential mixed-mode survey with a mail invitation to a web-based survey was mailed to a random sample of Idahoans covering urban and rural areas in each of the seven public health districts of Idaho. The invitation to participate in the evaluation survey included a monetary incentive of \$1.00. The youngest person over the age of 18 in each household was invited to complete the survey. A series of reminders (four postcards and letters) were sent to non-responders. A mail-back survey option was made available for individuals preferring a hard copy survey over a web-based survey. The survey duration totaled 58 days, from January 2 through February 28, 2020.

SAMPLE

A random sample of 3,086 residential households was obtained from Genesys Sampling Inc., for use with this evaluation. The sample was drawn from an Address-Based Sampling frame (ABS) using the United States Postal Services Delivery Sequence File (USPSDSF) as its primary source.

In conjunction with the US Census Bureau housing estimates, Genesys Sampling Inc. provided a database of 83,219 residential housing units expected to have 18 to 24-year-olds residing there. The investigators obtained

a random sample of 915 addresses from this database to help increase the response from this targeted age range; the total sample size was 4,000 Idaho residents.

RESULTS

SAMPLE WEIGHTS

Demographic information was obtained from the U.S. Census data site and the 2018 American Community Survey (ACS) for sampling and weighting purposes; the 2019 ACS was not available during survey data analysis of this report. The population and age distribution within each of the seven Public Health District (PHD) was determined using these data. Weighting was used to adjust for the designed over-sampling of low-population PHDs and to account for the differential response rate across age groups.

WEIGHTS

In order to accurately represent the residents of the seven Public Health Districts (PHD), the responses were weighted according to the population of the three age categories within a PHD; ages 18-29, 30-54, and 55 years and older. The population of those 18 or older in Idaho is reported to be about 1,307,236; this value was used to determine the proportion of an age group within each PHD. The sample proportion was calculated using the 914 respondents that reported an age on their returned survey.

SIGNIFICANT FINDINGS

Several relationships became apparent during data analysis. This section describes the more significant observations; primarily differences found between Idaho Public Health Districts (PHDs). In addition, the data was analyzed by age group, media region and sexual orientation to better understand prescription opioid use awareness about higher risk groups.

DEMOGRAPHICS

- Age:** Of the respondents, 19.8% were 18 to 29 years old, 42.5% were between 30 and 54 years old, and 37.7% were 55 years or older. Across the districts there were similar percentages within age categories, but PHD 7 had the highest percent within the 18-29 age category (23.0%), PHD 3 had the highest percent within the 30-54 age category (44.5%), and PHD 1 had the highest percent of 55 and over (45.2%).
- Ethnicity and Race:** Ethnicity and race were reported as: 6.2% Hispanic, with 92.8% White, 3.0% American Indian or Alaska Native, 2.0% Asian, 0.9% Black or African American, 0.5% Native Hawaiian or Other Pacific Islander, and 6.3% Other. Within the various ethnicities, respondents within PHD 1 and PHD 7 reported the highest percent of American Indian/Alaska Native (4.3%), PHD 1 also reported the highest percent of Asian (3.6%), Black/African American (1.4%), and Native Hawaiian/Other Pacific Islander (1.7%), PHD 2 reported the highest percent of White (97.3%), and PHD 3 respondents reported a higher percent of respondents identifying as some other race (9.0%). PHD 3 respondents reported the highest percent of Hispanic/Latino (10.7%).
- Gender:** The overall gender profile of respondents was 61.7% female, 37.8% male, 0.3% transgender, transsexual, or gender non-conforming, and 0.1% other. There was higher percentage of females that responded within all the districts, with PHD 3 having the highest percent (70.8%), followed by 6 (68.5%), 2 (62.9%), 7 (59.4%), 1 (59.0%), 4 (58.6%), and 5 (56.0%).
- Sexuality:** The sexuality of respondents was 96.3% (861) straight and 3.7% (33) LGBTQ. Overall, the highest percent of reported LGBTQ within the PHD 6 district (8.3%), followed by PHD 2 (5.6%), PHD 1 (4.6%), PHD 3 (4.5%), PHD 7 (2.6%), and PHD 5 (2.2%).

5. **Education level:** Overall the education level was reported to be high among respondents with 52.0% reporting having a college degree or higher, 32.0% some college, 12.5% concluded with a high school diploma or equivalent (GED), and 3.5% reporting to have not graduated high school. PHD 7 reported the highest percent of those with a college degree or higher (60.3%), PHD 5 had the highest percent or reported some college (41.5%), PHD 3 reported the highest percentage of people whose education concluded with high school (18.1%), and PHD 1 had the largest percent who reported they had not graduated high school (5.6%) when examining the levels of education across districts.
6. **Income:** Household income was divided into three categories: 13.5% low income (< \$25,000), 44.6% middle income (\$25,000 to \$74,999), and 41.8% high income (\$75,000 or more). PHD 2 reported the highest percent of low-income respondents (21.3%), PHD 6 had the largest percent of middle income (50.5%), and PHD 7 had the highest percent of high income (43.0%) when compared against the other districts.

Overall, the evaluation survey respondents were more likely to be female, older, more highly educated, and earning a higher income than Idahoans in general as compared to the 2018 American Community Survey.

REAL IDAHOANS MEDIA CAMPAIGN FINDINGS

All survey respondents were asked a variety of questions about their overall awareness of prescription opioids, opioid use disorder, medication assisted treatment, and naloxone. Respondents who had seen/heard the Real Idahoan Media Campaign were further asked how they encountered the ads (media modes), how they related to the ads, the effectiveness of the ads, and what actions they took and/or planned to take subsequent to seeing the ads.

- **Knowledge and Attitudes** (Questions 1, 2, 3): Overall, 97.0% of respondents reported knowing what opioids were and 65.5% reported knowing what opioid use disorder (OUD) was prior to the survey. There was a high level of agreement with the statements about prescription opioids and the associated risks of opioid use and treatments. The highest level of agreement was associated with the statement “there is no shame in seeking treatment for opioid use” (97.2%). The other six statements each had over 89% agreement: “misusing prescription opioids can lead to overdose” (99.5%); “there are risks to taking prescription opioids” (99.4%); “there are options for pain treatment other than prescription opioids” (95.6%), “anyone can develop opioid use disorder” (94.0%); “medication and therapy can treat opioid use disorder” (93.1%); and “the drug naloxone can help reverse opioid overdose” (89.4%).
- **Campaign Awareness** (Questions 4, 5): Overall, 39.2% of respondents reported seeing/hearing the campaign messages, and a significant difference between the regions was detected for level of awareness [$p < 0.001$]. The highest levels were reported in PHD 7 (45.0%) and PHD 2 reported the least amount of awareness (21.9%). Campaign awareness differed across age groups (18-29 years old (29.3%); 30-50 years old (39.2%); and 55+ years (44%)).

Of those with media exposure and awareness for the prescription opioid messages, 82.9% reported seeing television ads, 56.0% radio ads, 49.6% billboards, 38.5% social media ads (Facebook, Twitter, and/or YouTube), and 29.3% online video streaming for the campaign. The percent of media exposure by type was similar across the state and no significant differences between media type was identified.

Of those reporting media exposure and awareness for the messages regarding medication assisted treatment, 57.8% reported seeing television ads, 39.1% radio ads, 29.4% billboards, 22.6% social media ads (Facebook, Twitter, and/or YouTube), and 16.1% online video streaming for the campaign. A significant difference between districts was detected for Facebook, Twitter, and/or YouTube with regards to the messages about getting medication assisted treatment (MAT) [$p = 0.01$]. PHD 1 (44.0%)

and PHD 7 (38.7%) appeared to have a slightly higher awareness from this media type (social media ads), than PHD 3 (11.7%) and PHD 6 (12.6%).

- **Relatability** (Question 6): Of respondents seeing/hearing the ads, 91.9% agreed that they believed the message in the ads, 88.1% said the ads grabbed their attention, 52.4% said the ads taught them something new, 33.9% agreed that they could relate to the ads, and 33.5% spoke with family and/or friends about the ads. Respondents provided similar answers to the perception of the ads (agreement/disagreement) across PHDs, except in regard to learning something new from the ads, in which case PHD 5 appeared to report a higher feeling of agreement (70.1%), followed by PHD 6 (58.8%), PHD 7 (56.8%), PHD 3 (54.2%), PHD 1 (46.3%), PHD 4 (44.8%), and PHD 2 (44.2%). However, this difference was not significant.
- **Effectiveness** (Question 7): Overall, 38.2% of those seeing/hearing the ads said that at least one of the messages was effective in sharing information about the risks of prescription opioids and getting medication assisted treatment. Of those that saw/heard at least one of the messages and reported a level of effectiveness, the percent feeling each message was effective was: “prescription opioids can be addictive and dangerous” (97.1%), “there are risks to taking prescription opioids” (96.1%), “misusing prescription opioids can lead to overdose” (94.4%), “there is no shame in seeking treatment for opioid use disorder” (82.5%), “there are options for pain treatment besides prescription opioids” (75.6%), “medication and therapy can treat opioid use disorders” (74.4%), and “the drug naloxone can help reverse opioid overdose” (53.8%). A significant difference between districts was detected in regard to the message “prescription opioids can be addictive and dangerous” [$p=0.01$]. PHD 5 reported a higher feeling of ineffectiveness regarding the ads conveying this message (8.4%), and PHD 7 reported a higher level not seeing/hearing the message (4.5%).

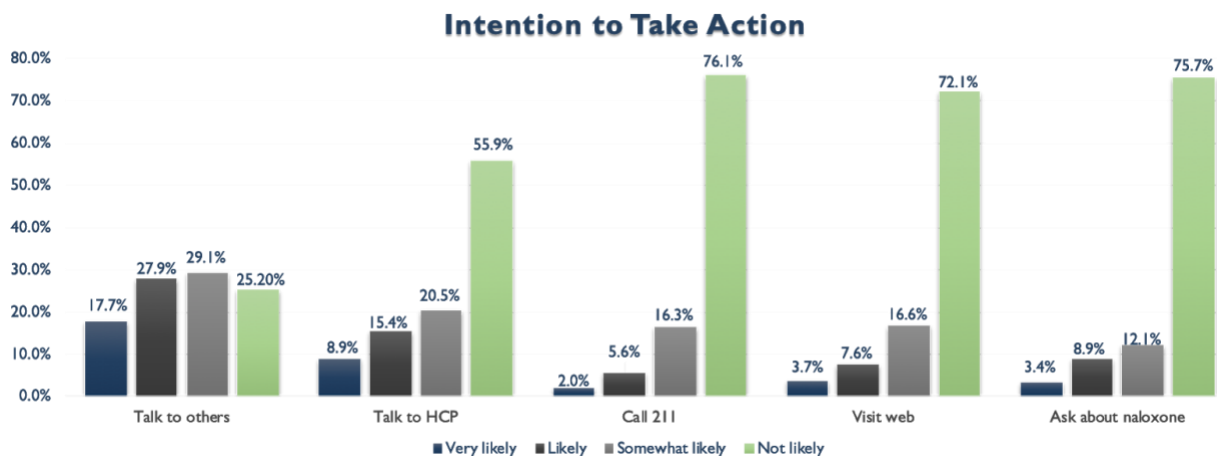
Overall, 32.4% did not see/hear the message regarding naloxone, 14.2% reported not seeing/hearing the message regarding medication and therapy, 10.4% the message regarding other options for pain treatment, 5.1% the message identifying that there is no shame in seeking treatment, 1.1% did not see/hear the message regarding misusing prescription opioids, 1.1% the message regarding the risks to taking prescription opioids, and 1.1% the message regarding the fact they can be addictive and dangerous. The naloxone ads were more often rated less effective than the other campaign ads.

The naloxone messages were only streamed online/on social media; of those that stated they saw/heard the ad messages on Facebook, Twitter, and/or YouTube, 25.4% reported as not seeing/hearing the naloxone message. Of those that stated they saw/heard the messages through online video streaming, 27.0% reported not seeing/hearing the naloxone message.

- **Actions Taken** (Question 8, 9): After seeing/hearing the campaign ads, 33.2% said that they talked with friends or family about the risks of using prescription opioids and 10.9% said that they talked with their health care provider. In addition, 10.7% said that they talked with friends or family about medication assisted treatment for opioid use disorder, and 2.6% said that they talked to their health care provider. Only 1.4% reported that they asked their health care provider or pharmacist about naloxone. PHD 6 reported a significantly higher percent of talking with their health care provider (9.3%), followed by 5 (6.9%), 3 (3.0%), and 7 (2.6%) [$p=0.03$]. The other three districts had no one report that they talked with their health care provider about prescription opioid risks and then potential for MAT.

After seeing/hearing the ads, 6.5% searched the internet for more information, 3.4% reported visiting stopoverdoseidaho.org for more information, and 0.6% reported that they called the 2-1-1 CareLine. While PHD 7 reported the highest percent of searching the internet (14.7%) a significant difference was not detected. PHD 6 and 3 were the only districts to report calling the 2-1-1 CareLine (2.9% and 1.8%, respectively).

- Intention to Act** (Question 10): After seeing/hearing the ads, 45.6% said that they are very likely or likely to talk with friends or family about the risks using prescription opioids, and 23.7% said that they are very likely or likely to talk with their health care provider. In addition, 11.3% said they are very likely or likely to visit stopoverdoseidaho.org for more information, and 7.6% are very likely or likely to call 2-1-1 CareLine for more information. Lastly, 12.3% reported they are very likely or likely to ask their healthcare provider or pharmacist about naloxone. PHD 2 and 1 appeared to report a significant less likelihood of talking with their health care provider about the risks of using prescription opioids (93.6% and 89.8%, respectively), followed by PHD 3 (82%), PHD 4 (79.9%), PHD 6 (67.1%), PHD 5 (65.3%), and PHD 7 (63%) [$p=0.01$].



SURVEY RESPONSES BY AGE GROUP

This survey attempted to increase responses among adults 18-29 years old to better understand the most effective campaign modes for reaching this age group and to determine the resonance of the campaign among young adults. Overall, 18 to 29-year-olds made up 19.8% (181) of survey respondents with the highest percentage in PHD 7 (23.0%) and lowest in PHD 1 (14.2%). This group demonstrated great preference for a web-based survey (76.6%) over a mailed in paper survey (23.4%). Other reported difference among the 18 to 29-year-old respondents compared to the total responses include:

- Most likely to identify as Hispanic/Latino (14.3% vs. 6.2%).
- Most likely to identify as non-binary (1.1% vs. 0.3%).
- Most likely to report as LGBTQ (6.5% vs. 3.7%).
- Less likely to know what prescription opioids were (94.8% vs 97.0%).
- Higher level of agreement that anyone can develop an opioid use disorder (97.0% vs. 94.0%).
- More likely to agree that there are other options for pain treatment (98.0% vs.95.6%).
- Less likely to see/hear the campaign than adults 30-54 years old (39.2%) and 55 years and older (44.4%).

The format that respondents saw/heard the campaign was distinctly different among 18 to 29-year-olds than total overall respondents. This group was the least likely to view the campaign ads on TV (57.5% vs. 82.9% of the total) and more likely to view ads on Facebook, Twitter, YouTube (73.8% vs. 38.5%), online video streaming platforms (36.2% vs. 29.3%), and via billboards (61.5% vs. 49.6%). It is important to note that adults 55 years and older had the highest TV campaign viewership (95.1%).

CAMPAIGN RELATABILITY AND EFFECTIVENESS BY AGE GROUP

The 18 to 29-year-old group had similar responses about overall campaign relatability as a majority of the respondents. Likewise, this age group found the ads to be effective at communicating the risks of prescription opioids. This group was less likely to talk to family and friends about the ads (21.0% vs. 33.5%)

and expressed less agreement that they could relate to the ads (18.7% vs. 33.9%). Although the naloxone messages were only on social media platforms, this age group reported not seeing/hearing the naloxone message similar to all respondents (37.5% vs. 32.4%). Overall, 82.5% of respondents (across all ages) reported that the ad message “there is no shame seeking treatment for OUD” was effective; however, only 76.6% of 18 to 29-year-olds found this same ad to be effective.

INTENTION TO TAKE ACTION BY AGE GROUP

Respondents in the 18 to 29-year-old group were less likely to take any action after seeing/hearing the campaign than the other two age groups. They were less likely to talk to friends or family about the risks of prescription opioids (24.5% vs. 33.2%) or MAT (3.7% vs. 10.7%); talk to health care providers (3.2% vs. 10.9%) and none stated they would discuss MAT or naloxone with health care providers. This age group reported they instead visited the state website (5.9% vs. 3.4%) and searched the internet for more resources (8.8% vs. 6.5%) than all respondents age groups. No 18 to 29-year-old adults intended to call or did call the 2-1-1 CareLine for more information. Interestingly, the 18 to 29-year-old age group reported a slightly higher likelihood to inquire about naloxone than the total (13.3% vs. 12.3%), although adults 30-54 reported the highest likelihood among all respondents (14.5%).

SURVEY RESPONSES BY SEXUAL IDENTIFICATION

Of the 891 respondents reporting their sexual identity, 33 (3.7%) self-identified as LGBTQ. Given the small number of LGBTQ respondents, limited conclusions can be drawn about the impact and effectiveness of the campaign as only 5 respondents (15.6%) identifying as LGBTQ reported seeing/hearing the campaign. Overall, LGBTQ respondent answers were similar to those of straight respondents. A few differences stand out:

- Overall, individuals identifying as LGBTQ were less likely to report awareness of the risks of prescription opioids than straight individuals (90.9% vs. 97.0%) and less likely to be aware of the term opioid use disorder (57.6% vs. 65.4%).
- LGBTQ respondents had lower overall agreement that anyone could develop an opioid use disorder than straight respondents (84.4% vs. 94.4%).
- LGBTQ respondents expressed lower agreement that naloxone can help reverse opioid overdose (83.3% vs. 89.4%) and that medication and therapy can treat opioid use disorders (90.6% vs. 93.3%).

SURVEY FINDINGS BY MEDIA REGION

There was some variation of campaign awareness between the five media regions: Boise; Spokane, WA, Coeur d’Alene (CDA), ID; Idaho Falls; Salt Lake City (SLC), UT; and Twin Falls. It is important to note that there were other prescription opioid media campaigns that took place concurrently in Idaho, Washington, and Utah and no visuals were used to identify this specific campaign in the survey materials provided. Overall, the areas that reported the highest awareness of the ads also reported the greatest agreement with the messages, found the messages more effective, and were more likely to take action following the ads.

- The highest campaign uptake occurred in the Boise region (47.2%) and lowest in the Spokane/CDA region (38.1%).
- Television was the most seen/heard format in all regions, the highest in Boise (89.4%) and lowest in Spokane/CDA (81.0%).
- Spokane/CDA reported highest Facebook/ Twitter/ YouTube media use (52.6%).
- Of radio media messages, Idaho Falls reported the highest awareness (56.1%), and SLC reported the lowest awareness (14.2%).
- Billboard awareness was highest in the SLC region (57.1%) and lowest in the Spokane/CDA region (42.9%).

RESPONDENT COMMENTS

Of the 927 respondents, 200 offered an open-ended comment. Comments were categorized into four overall themes: survey intent and design, personal stories, responses to the Real Idahoan Media Campaign, and respondent recommendations.

SURVEY INTENT AND DESIGN

Comments identifying survey intent and design were primarily positive; however, some offered suggestions intended to increase survey clarity, and a few expressed objections to some of the survey demographic questions. Some respondents' quotes include:

POSITIVE COMMENTS:

- *Good survey! I hope this helps in gaining control over the opioid issue going on today.*
- *I think this media survey is very important. How we treat the most vulnerable people in our society is a reflection of our society. I hope that surveys like this will make treatment and resources more accessible to everyone, no matter financial status.*
- *I thoroughly enjoy doing/completing surveys. Esp. if they help out society or the progression of helping each other, medical progress, in any way really as long as I can help make even the slightest bit of difference.*
- *The dollar was a good idea - I probably wouldn't have taken the survey otherwise. I felt guilty keeping it, without doing the work.*

SURVEY CLARITY SUGGESTIONS:

- *The term Opioid Use Disorder seems to minimize the seriousness and addictive tendencies of prescription painkillers.*
- *I knew about opioid addiction I didn't know there was a disorder name for it*
- ***I don't know what naloxone is or what it is supposed to be used for.***
- *I am not sure what "misuse" means with regard to overdose. One can misuse prescription drugs in ways other than overuse.*

LESS POSITIVE RESPONSES:

- *Why do you need to know sexual identity for opioid use?*
- *Not your business on how much money I make.*
- *I feel angry that there are so many options on the Gender question.*
- *Questions #12,13,14,15 stupid! What does it matter to survey!*

PERSONAL STORIES:

Personal Stories included a range of topics including discussions of personal and family and friend prescription opioid use, opioid use disorder, the need for opioids and pain management alternatives, the stigma of using prescription opioids, and requests for more outlets/ information. Some respondents' quotes include:

- *My son has severe pancreatitis. He has tried many things. Opioids are the only thing that helps his severe pain. He has not had any adverse side effects. It gives him a much better life.*
- *I was prescribed opioids to relieve pain for a few years. Over time, I found myself increasing the dosage as the lower dosages were no longer effective. I then found myself wanting to take it to relax even though I wasn't in pain. Thankfully, I was able to see the red flags and it was frightening. I voluntarily stopped taking the medication because I saw myself going down the path of opioid abuse and addiction.*
- *My 32-year-old daughter is an addict. She needs help but won't seek it.*

- *My husband suffers from chronic pain...sometimes this includes prescription opioids. It is very important to have these effective medications available and to work closely with a doctor to manage us.*
- ***We must be very careful when addressing the dangers of opioids that the risk is not overstated leading to reactive, poorly thought regulation. People like me will suffer needlessly.***
- *Yes, I believe there is a crisis with opioid meds, but there isn't a lot out there other than pain meds to help people fight chronic pain.*

RESPONSE TO REAL IDAHOAN MEDIA CAMPAIGN:

Respondents also identified opinions and concerns about the Real Idahoan Media Campaign. While multiple respondents commented on the importance of the media campaign others expressed concern that the campaign would increase access barriers and generate stigma around obtaining prescription opioids. Some respondents' quotes include:

- *I do like the fact that the ads used young and old. Thank you for your work in this area. It is greatly appreciated.*
- ***I think this is a great awareness program. I really appreciate the message being put out. A lot of people don't know about this issue.***
- *Excellent ads. I appreciate the information you are trying to get out to Idahoans!!!*
- *The effort to educate the public about the dangers of opioid abuse is important. Ads dealing with opioids should become a permanent part of the public health awareness media exposure.*
- *Keep telling the story! It's working!*
- *Just remember, there are those of us that have no choice. Our bodies make it necessary that we are on opioids for the daily chronic pain our conditions require.*
- *Opioids are safe and effective pain relievers when used as intended. My concern is that groups like yours will make it very difficult to obtain these effective pain relievers for responsible members of our state.*
- *I hope this is not a game just to judge people because it probably won't be nice to people who have problem I think this is a good way to start helping others is allot of people who really needs help and when they look for help they get judge by the person who supposed to be helping them I just hope you guys are real and serious about helping them thanks.*

HEALTH CARE PROVIDER AND HEALTH CARE PERSPECTIVES

Respondents identifying as Health Care Providers and/ or individuals with perspectives on health care also commented with concerns associated with opioids and the Real Idahoan Media Campaign. Some respondents' quotes include:

- *People who choose to use any drugs want to be weak!! Our world is full of them, especially the younger people who expect everything to be done for them. Having surgery doesn't mean that one needs to abuse his or her pain medication. In my medical practice I have found people whatever age will abuse their pain med because they want to and enjoy the way it makes one feel.*
- *I am a doctor and have prescribed these drugs. There is a need and a place for them- but they are not candy I always prescribe them short term when possible.*
- *I am a registered nurse and I believe there is an opioid abuse problem in our nation, but I also believe that opioids are necessary for some people who have to live with severe chronic pain.*
- *As a dentist I am very aware of the dangers of opioids and prescribe alternative medications.*
- *I still struggle with OUD. The greatest challenge is that it is almost impossible to find a doctor in [name of region] who will prescribe buprenorphine without requiring intensive weekly therapy sessions and the signing of extensive contracts which treat the patient like a CRIMINAL even before they begin treatment. I don't have the time to commit dozens of hours per week to therapy sessions.*

This approach of treating addicts like they are emotionally broken rather than simply struggling from a medical condition is very detrimental. It adds to the shameful stigma of opiate addiction and dramatically complicates an already complicated issue.

RESPONDENT RECOMMENDATIONS

Respondents provided recommendations for the Real Idahoan Media Campaign including: more pain management and treatment options, maintain prescription opioid access, and offering clear opioid use guidelines. Suggestions included limiting opioid overprescribing, offering education on opioid use and treatment for opioid use disorder, and initiating education about proper use of opioids in as a health topic in schools. A few respondents stated they were interested in hearing about the life experiences of Idahoans. Some respondents’ comments include:

- *Addicts themselves should be involved in developing a better system. This problem will never improve until some common sense is injected into it by people who know best what they need to get better. Please do whatever you are able to do to help improve this situation for Idahoans like me who want to get better but are held down and held back by the presently messed-up system.*
- *MDs and dentists are starting with much stronger drugs, and many patients are paying for that.*
- *People need treatment that only narcotics can provide alongside alternative pain treatments (massage, therapy, e-stem, acupuncture). People are harassed and treated like a drug addict.*
- *I am an educator having taught 30 years...I have been disappointed at the lack of attention to target awareness... I believe more events and actions need to be taken to warn young people about the risks.*
- *There needs to be more education about opioid abuse and the dangers of it. I lost my little sister to an accidental overdose of an opioid. We knew her medications were dangerous but didn’t realize how much they were.*

OUTCOMES OF EVALUATION CAMPAIGN GOALS

The following tables summarize the goals of Real Idahoan Media Campaign. For each measure, an indicator is provided from the overall survey results corresponding to the goal area. The box labeled; ‘outcome’ provides checks to indicate the campaign impact.

We used a scale of one to five checks defined as: √ very low impact (less than 10%); √√- low impact (10-25%); √√√- medium impact (>25-50%); √√√√ high impact (>50-75%) and √√√√√ very high impact (>75%).

Please note, there was not an evaluation goal for every survey item.

DRUG OVERDOSE PREVENTION’S REAL IDAHOAN MEDIA CAMPAIGN EVALUATION MEASURES

MEASURES	INDICATOR	OUTCOME
1. Idaho resident awareness of what opioids are.	97.0%	√√√√√
2. Idaho residents exposed to the Rx Awareness campaign.	39.2%	√√√
3. Increased knowledge and awareness of the risks of prescription opioid use and prescription opioid overdose.	52.4%	√√√√
4. Increased intent to speak with family and friends about the risks associated with prescription opioid use, and prescription opioid overdose.	45.8%	√√√√
5. Increased intent to speak with their health care provider about prescription opioid use.	24.5%	√√
6. Increase in calls to the 2-1-1 Idaho Careline	1.5%	√

7.	Increase visits to the state website	11.4%	√√
8.	Campaign ad resonance	91.9%	√√√√
	○ Believability	88.1%	√√√√
	○ Grabbed Attention	52.4%	√√
	○ Taught Something New	97.1%	√√√√
	○ Effectiveness- Addictive & Dangerous	33.9%	√√
	○ Could relate to ads		
9.	Effectiveness of Medication Assisted Treatment ads	74.5%	√√√√
10.	Awareness of naloxone ads	53.8%	√√√√

CONCLUSIONS AND RECOMMENDATIONS

Overall, the Real Idahoan Media Campaign accomplished the goals set out for the campaign and likewise, the evaluation study accomplished its stated goals. Over 900 Idahoans completed the campaign evaluation survey, exceeding the goal of 500 respondents. The evaluation was successful at recruiting more 18 to 29-year-old respondents. Over one third of respondents had seen or heard the ads and a very high percentage of respondents were aware of the messages that the ads intended to convey and deemed them effective and believable. A majority of the respondents took action by talking to friends and family after viewing the ads. The campaign ads about MAT and naloxone were less noticed by respondents, and respondents were less likely to take action based on these ads. The findings reveal that the increased concentration of campaign ads on social media were effective, especially among younger respondents. Television is the media mode most often reported for seeing/hearing the campaign but that finding is related to the older age of the majority of the respondents. Younger respondents reported viewing more diverse forms of media than older respondents and they were particularly responsive to the web-based evaluation and social media campaign ads.

The 2020 evaluation findings reveal an increased knowledge and awareness of the risks of prescription opioids and misuse over the 2018 evaluation results. The Idahoans completing the survey were less knowledgeable about medication assisted therapy, naloxone, and the term opioid use disorder. More education and information is recommended to help Idahoans of all ages learn more about these effective and life saving measures. As people of all ages increase their reliance on the internet, apps, and text messaging for education and information, future campaigns should explore these important venues of information exchange. Sharing personal stories and experiences as has been done in tobacco control work (e.g., *Tips from Former Smokers*) may be an important and powerful way to connect Idahoans to the care and encouragement they need to prevent opioid use disorders.

RECOMMENDATIONS FOR FUTURE OPIOID RELATED CAMPAIGNS

- Expand campaign efforts beyond the risks of opioid use and the potential to overdose on opioids as these messages were reported as well known.
- Expand campaign information about MAT and naloxone as respondents were less aware of these important ads and reportedly took less action.
- Consider a clear, consistent, and actionable campaign message that is easily identifiable and repeated in each campaign ad.
- As possible, coordinate opioid information campaigns within Idaho and neighboring states to develop a clear and consistent message.
- Explore campaign relatability through market research (e.g., focus groups, stakeholder interview, etc.) to ensure that Idahoans identify with the messages, information, and context presented.
- Consider alternatives to the 2-1-1 CareLine and the state website for follow up action as both were underutilized among all age groups. Possible alternatives include a state or regional hotline, SMS text messages, apps, or other phone/computer friendly modes for seeking information and/or assistance.
- Expand social media approaches to reach desired target age groups with engaging interactive self-assessments, referrals, tailored information, calls to action, etc.
- Include a Spanish language survey and evaluation to determine campaign effectiveness among people identifying as Hispanics/Latinos.
- Consider including non-prescription and illegal opioids in future campaigns to address illicit opioid drug use, overdose, and death.
- Continue to provide a cash incentive to complete the campaign evaluation and continue to offer both a web and paper survey option.
- Explore additional evaluation modes for reaching younger respondents through social media platforms.

APPENDIX

REAL IDAHOAN MEDIA CAMPAIGN SCOPE OF WORK EVALUATION METHODOLOGY

Overview

The Idaho Drug Overdose Prevention Program is implementing a statewide public health media campaign, Real Idahoans, on the awareness, risks, referral resources, and medication alternatives to prescription opioids. This scope of work is in response to the desire of the Idaho Drug Overdose Prevention Program to conduct an outcome evaluation for this media campaign, which would include a representative sample of Idaho adults, with an emphasis on adults ages 24-54, the population at highest risk for prescription opioid use and overdose death in Idaho. The evaluation will seek to identify the reach and the impact of the Real Idahoan Media Campaign will use TV, radio (English and Spanish), billboards, social and digital media and on-line video platforms (OLV). All evaluation activities will be completed by April 29, 2020.

Evaluation Criteria and Roles and Responsibilities

Sample Criteria

The sample design selected will be representative of the Idaho stateside adult population assuming a minimum confidence level of 95% with a maximum 5% margin of error. Assuming a 95% confidence level, the sample will be representative of the adult population in the four media regions with a maximum 10% margin of error for each region. Idaho Department of Health and Welfare staff will advise on any over-sampling of specific health regions and/or counties in Idaho.

Survey Design- roles, responsibilities and design process

University of Idaho faculty members, Brown (Principal Investigator) and Freeman, in coordination with Le, and will work with the Idaho Drug Overdose Program to:

Develop survey content to evaluate the effectiveness and reach of the Real Idahoan Media Campaign to:

- Define survey sample frame and other sampling strategies.
- Assure that survey content is valid, reliable and meets project evaluation objectives.
- Begin surveying as soon as possible and be completed by February 2020.
- Determine desired evaluation reporting methods and procedures.
- Report on evaluation results by March 16, 2020.

The University of Idaho will enter into a contract agreement with the Washington State University (WSU) Social & Economic Sciences Research Center (SESRC) to conduct the survey, provide analysis and prepare and report findings. University of Idaho faculty members will direct the work of SESRC, oversee all aspects of the survey design and methodology, sampling frame, data analysis, and reporting format.

SESRC Contact Information:

Lena Le
Social & Economic Sciences Research Center
Washington State University
PO Box 644014, Wilson-Short Hall # 133
Pullman, WA 99164-4014
509-335-1511/Fax 509-335-4688
<http://www.sesrc.wsu.edu>

Evaluation Methodology

The evaluation methodology includes the following:

Sample: SESRC will purchase addressed based sample from reputable vendor such as Survey Sampling International. The sample can be stratified by health regions or by television coverage areas or combination of the two criteria. The target population is Idaho residents age 18 and older.

We will start with a random sample size stratified by TV coverage area. The 18-24 age group will be “oversampled” with additional 800 addresses from an address-based convenient sample. The total sample size for this assessment is 4,000 address-based samples.

Methods: Sequential mixed-mode survey with a mail invitation to a web-based survey with a series of mail reminders for non-responders. A mail-back survey option will be available for individuals preferring that method over responding to a web-based survey.

Questionnaire Specifications:

- Once the questionnaire is developed and approved by UI faculty, (Brown and Freeman) it will be formatted as a survey which takes approximately 15 minutes to complete or equivalent to 4-page printed format including front cover and instructions.
- All contacts will be through postal mail.
- The SESRC will manage all communications with participants with prior approval from UI on the content and follow up communications.

Questionnaire Development

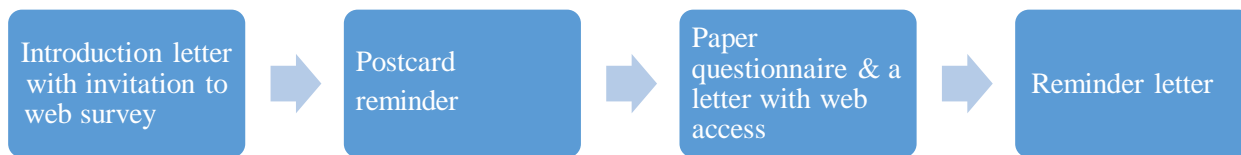
- UI faculty will meet with IDHW program staff through a conference call format to discuss and define questionnaire content. UI will provide questionnaire content to the SESRC.
- The SESRC will provide assistance on the wording and order of questions following Tailored Design Method Principles that would maximize response rate and reduce error.
- UI and the SESRC will develop and design both a paper hardcopy survey and a web-based electronic survey.
- UI faculty will work with IDHW staff to finalize the questionnaire prior to the start of the contact sequence.
- The SESRC will create an online survey and an equivalent paper survey (4 pages printed on 1 sheet of 11x17 paper folded in half).
- The SESRC will draft communication letters. UI faculty will review and give final approval to introductory and reminder text.

Questionnaire Administration

- The web-based survey will be designed and programmed by the SESRC.
- The survey will be hosted on SESRC local server with the URL [https://opinion.wsu.edu/\[surveyname\]](https://opinion.wsu.edu/[surveyname]) the UI faculty will assign [surveyname] to be used. Unique access code will be used to authenticate responses.
- A minimum of four (4) attempts will be made to reach adults selected in the sample with mailed letters and postcards.

Contact Sequence for each data collection round:

Mail push to web followed by paper questionnaire



Mailing 1	Invitation letter with URL for the survey (opinion.wsu.edu/surveyname) and unique access code. Pre-incentive to all participants included in initial mailing. (if deemed appropriate).
Mailing 2 (7 to 10 days after mailing 1)	Postcard reminder
Mailing 3 (7 to 10 days after mailing 2)	Mail package includes follow up letter with URL and access code, questionnaire, business reply envelope for mailing back completed questionnaire. Send to those who have not yet responded.
Mailing 4 (7 to 10 days after mailing 3)	Letter reminder with URL and access code

Incentive Information

- Cost estimates are calculated with a monetary incentive of \$1.00.
- SESRC recommends a one-time incentive of \$1 per address added to the mailed questionnaire.
- Cost for incentives is \$4,000 (\$1.00 included in each of the 4,000 mailed surveys).

Incentive Justification for Consideration

- Reaching more than 400 completes is unlikely without a monetary incentive. Including the incentive will allow for greater statistical power, particularly for media area, regional and age group comparisons.
- Including an incentive is supported by a meta-analysis of the dose-response relationship between monetary incentives and response rates in household surveys on survey response found that the largest impact resulted from prepaid mail surveys, and the expected increase in response rate for a \$1.00 prepared incentive was 6 percentage points. ¹
- SESRC’s research experience has shown that the use of a post incentive by drawing/raffle a prize or monetary incentive is not very effective in term of encouraging response rate. SESRC has found it to be more effective to include a pre-incentive to all participants. We included monetary incentive in the 2018 Rx Awareness Evaluation and reached nearly 800 completes, 300 over the targeted 500 completes.

Data Analysis and Reporting

- The cost estimate includes a deliverable of a “clean” dataset with codebook for variable names/values, simple frequency listing, description of survey process and response rate from the SESRC.
- Analysis will be conducted by the three media regions, the seven (7) public health districts and, as possible, three (3) age ranges 18-29, 30-54, and 55+.

¹ Andrew Mercer, Andrew Caporaso, David Cantor, Reanna Townsend; *How Much Gets You How Much? Monetary Incentives and Response Rates in Household Surveys*, *Public Opinion Quarterly*, Volume 79, Issue 1, 1 January 2015, Pages 105–129, <https://doi.org/10.1093/poq/nfu059>

- In-depth analysis will be conducted jointly between the SESRC and UI faculty.
- UI faculty will determine reporting and dissemination requirements with IDHW staff and provide needed information and oversight to the SESRC for the creation of the final report.
- The UI will oversee the design, editing, writing and printing of a final short report.