



HCS-NY Local Spokesperson Guide

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Overview

About the HEALing Communities Study

Scientists from the nation's leading health agencies and four major academic institutions are partnering with communities in four states to test a set of interventions to combat the opioid crisis. The HEALing Communities Study (HEAL) aims to reduce opioid overdose deaths by 40 percent over the course of the study in participating communities.

Research grant awards were issued to four research sites: the University of Kentucky; Boston Medical Center; Columbia University; and The Ohio State University. The HEAL is a multi-year study under a cooperative agreement supported by the National Institute on Drug Abuse, part of the National Institutes of Health (NIH). Oak Ridge Associated Universities (ORAU) is pleased to partner with the HEAL research sites to provide participating communities with health communications training and technical assistance.

About This Spokesperson Video Guide

This guide outlines the recommended steps involved in recruiting spokespersons and how to efficiently and effectively capture pre-recorded (not live) spokesperson video content for use in HEAL campaign dissemination. Guidance provided throughout this resource can also be used to capture video content for other opioid communication initiatives in the future.

Intended User

This guide is intended for Wave 2 Communication Champions, other HEAL community coalition members (e.g., Project Managers, Community Engagement Facilitators), and community partners interested in capturing spokesperson video content.

Value of Spokesperson Testimonial Videos

Real stories from people with a similar experience are a powerful way to personalize and influence the adoption of the desired evidence-based practice (e.g., carrying naloxone, seeking MOUD).

Based on the recent DIGITAL 2022¹ report, the number of social media users worldwide passed the 4 billion mark. In the U.S. a user spends an average of 6 hours and 55 minutes on the internet and 2 hours and 29 mins on social media each day, which equates to more than 33% of their internet time on social media or about 15% of their awake life on a social platform. And 71% of U.S. Adults say they get their news and information from social media.

Additionally, video content on social media generates 1200% more engagement than text and image content combined. Viewers retain 95% of a message when they watch it in a video compared to 10% when reading it in text.

¹ [Digital 2022 Global Overview Report](#).

Spokesperson Recruiting Guidance

Defining a Spokesperson

A spokesperson represents an organization or issue in public settings (e.g., community events, conferences, webinars) and/or media environments (e.g., broadcast radio/TV, print newspaper/magazines, podcasts, blogs, online news outlets, and social media platforms, including live video). In relation to the HEAL, they are the face and voice of your HEAL communications campaign and the gatekeeper of the HEAL brand reputation.

The Value of a Spokesperson

Being a spokesperson is a great responsibility and an opportunity to share your community's efforts to reduce opioid overdoses with the media, decision-makers, and other community members. Spokespeople provide a human touch that is often more effective than data alone in changing an audience's beliefs, attitudes, and behaviors.

Identify the Interview Prompts

Before recruiting potential spokespeople, finalize a list of interview prompts, taglines, and any PSAs you want to capture from the spokesperson so you know what kind of topic experts you need to look for. Sample interview prompts are provided on pages 8-14.

Who to Recruit as a Video Spokesperson

When capturing spokesperson video content to support a HEAL communications campaign or other overdose communications efforts, there are several individuals you can consider:

| Spokesperson Group | Examples |
|--------------------------------------|--|
| People with living experience | <ul style="list-style-type: none">• People with opioid use disorder (6 mos+ in recovery on MOUD)• Family members• Friends |
| Local experts | <ul style="list-style-type: none">• Primary care practitioners• Nurse prescribers• Pharmacists• First responders• Recovery specialists/coaches• Dentists• Referral sources (employee assistance programs, jails, administrators) |
| Community partners & Key influencers | <ul style="list-style-type: none">• Coalition partners• Local Mayor• County Health Commissioner• Sheriff |

Sample Recruitment Copy

Sample recruitment copy is provided in Appendix A.

Screen Potential Spokespeople

To get a sense of the potential spokesperson's ability on camera, schedule a 20-30 minute virtual meeting (e.g., Zoom) screening and ask them 2-3 of the prompts you will ask them during the full interview. When the potential spokesperson responds, evaluate their presence on camera and their responses using the following questions.

- Are they comfortable looking at the camera?
- Are they fidgety or constantly moving when they talk?
- Are they knowledgeable and confident about talking about the topic(s)?
- Is their voice clear and audible?

Video Recording Preparation Tips

Identify the intended communication channel(s)

Consider which communication channel(s) (e.g., Facebook, YouTube, website) you will use to disseminate the video.

Identify the specifications required for each communication channel

Each and every communication channel has different size, format, and time specifications required in order to publish video content.

So you will always want to check on the required specifications of the communication channel(s) you plan on using before you start recording. Some specifications based on technical requirements and industry performance are included below.

| Placement | Technical Specifications | Recommended Length |
|----------------------------|---|--------------------|
| Facebook Feed Video | Ratio: 16:9 Max file size: 4 GB max Video captions: Optional but recommended Video length: 1-240s | Up to 30s |
| Instagram Feed Video | Ratio: 16:9 Max file size: 4 GB max Video captions: Optional but recommended Video length: 1 to 120s | Up to 15s |
| Facebook/Instagram Stories | Ratio: 9:16 Video length: 1 to 120s Video captions: Optional but recommended 250 px at top/bottom free of text/logos | Up to 15s |

| | | |
|---------------------------------|--|-----------|
| YouTube Video | Ratio: 16:9 Frame Rate: 24FPS Bitrate: 1080p File Format: .mp4 Video codec: H.264 Max file size: 10MB Audio required | 60-120s |
| Streaming (e.g., Netflix) Video | Ratio: 16:9 Frame Rate: 24FPS Bitrate: 1080p File Format: .mp4 Max file size: 10MB Audio required | Up to 30s |

Educate your spokesperson

- Be sure your spokesperson understands the HEAL communications campaign objectives and key messages and anti-stigma language guidance before recording, but avoid any heavy scripting.
- It's ok to share the interview prompts with them ahead of time, so they aren't completely in the dark.
- You just want to avoid having untrained spokespersons read from a script or teleprompter since they will sound more natural and authentic when their interviews aren't heavily scripted.

Find the ideal recording location

- Find a location that is well-lit with natural sunlight or plenty of indoor lighting that does not impact visibility of your spokesperson (e.g., silhouettes, over exposure).
 - Shoot in daylight if possible. Position your spokesperson so the main light sources are facing them, not behind them.
 - When shooting indoors, avoid overhead lights and consider using a ring light that clips to your tablet or smartphone to help light the spokesperson's face.
- Choose a quiet location with little background noise (street sounds, music, other people).
- Avoid spaces with lots of echo.
- Turn off appliances like fans, air conditioners, and heaters to reduce background noise.
- Have the spokesperson and interviewer sit in a stationary and quiet chair. Avoid chairs that swivel or rock to reduce movement.
- Choose a non-distracting background. Avoid windows, showing other people, posters and signs that can be read, and any personally identifiable information.

Set-up your equipment

- Make sure your tablet, smartphone, or camera is charged.
- Set your tablet or smartphone to 'do not disturb' or airplane mode.
- Set your tablet, smartphone, or camera on a tripod or steady surface. Do not hold your camera while shooting to avoid shaky footage.
- Set-up the equipment horizontally for videos intended to be disseminated in landscape mode (e.g, Facebook in-feed, YouTube, web embed). Set-up the equipment in portrait mode for videos intended to be used in portrait mode (Facebook stories, Instagram vertical videos).
- Clean the camera lens with a microfiber cloth.
- Position camera at eye level. Avoid angles where the camera lens is looking up or down on you.
- Change your video settings to match the required technical specifications of the intended communication channel(s) you plan to use to disseminate the content.
 - On Android devices, the settings are usually in the main camera app behind the gear settings wheel.
 - On Apple devices, the camera settings are in the main settings icon in the photos and camera section.

Obtain a signed media release form

- Before any interviews are scheduled, be sure to obtain a signed media release form for every spokesperson who will be interviewed.
- Communities are required to use the [HEAL Media Form](#) if the video is disseminated as part of an official HEAL communications campaign, includes the NIH HEAL wordmark, or uses HEAL funding to create and disseminate the video.

Video Recording Tips

Camera Presence

Coach the spokesperson prior to recording the video by covering the following tips with them:

- Look at the camera
- Keep your hand and body movements to a minimum
- Stand or sit up straight
- Keep your hands to your side or gently folded in front of you (no crossed arms)
- Keep your shoulders relaxed

- Smile, especially at the beginning and the end of each response

Answering Prompts

- When answering question prompts, have the spokesperson rephrase the question at the beginning of their response instead of jumping right into their answer
 - For example, if the prompt is “What impact has MOUD had on your life and recovery?” the spokesperson would state “The impact MOUD has had on my life is xyz.”
- Have the spokesperson start and end their answers with a second of silence, looking straight into the camera.
- Coach spokespersons to start and end their answers definitively, avoiding starting every sentence with “so's” and “um's” and ending with upward intonations, like they would when asking a question.
- If a noise interrupts their answer such as a police siren or dog barking, let them finish their response and then have them repeat their answer.
- Same if they ramble or their response feels disjointed. First ask them “what is the one take-away from your previous response that you would want others to know?” When they successfully paraphrase their response, say “Great! Please say that one more time.”

Interview Prompts

Naloxone

| Audience Group | Prompts |
|-------------------------------|---|
| People with Living Experience | <ul style="list-style-type: none"> • Tell me about your journey with opioid use. • What is your personal experience with naloxone? Please share how naloxone saved your life or the life of a loved one? • What would you say to the person who gave naloxone to you, if you saw them today? • Why should people who use drugs and their loved ones carry naloxone and learn how to use it? |
| Local Experts | <ul style="list-style-type: none"> • What is naloxone? How does it work |

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| | <p>to reverse an opioid overdose?</p> <ul style="list-style-type: none"> • Is naloxone safe to use? • Are there any legal issues or concerns for individuals who administer naloxone to someone they suspect is experiencing an overdose? What if it turns out the person is not overdosing? • Who should carry naloxone and learn how to use it? Why? • How can people find naloxone and training in our community? |
| Community Partners and Key Influencers | <ul style="list-style-type: none"> • How are opioids (including fentanyl) impacting our community? • What is naloxone? Why is it an important piece to addressing the opioid epidemic in our community? • What should people know about naloxone? • What are some common myths or misperceptions about naloxone? Why are these not true? • How can we make naloxone more available in our community? |
| All - have everyone say the call to action and taglines. | <ul style="list-style-type: none"> • Carry naloxone. Help save lives. • Together, we can HEAL our communities. |
| Naloxone PSA - 30s | |
| <p>English</p> <p>Many people living in [county name] are worried about someone who struggles with opioid use disorder. People with any type of substance use disorder are at risk of an overdose. If you have a loved one who is struggling, have naloxone nearby. Encourage your loved ones to be trained, carry naloxone, and tell their friends where</p> | |

they keep it in case they overdose. To learn more, visit www.don'tHealTogetherNY.org forward slash [county name].

Spanish

Muchas personas que viven en [nombre del condado] se preocupan por alguien que tiene problemas de consumo de opioides. Las personas con cualquier tipo de trastorno por consumo de sustancias corren el riesgo de sufrir una sobredosis. Si tiene un ser querido en esta situación, tenga naloxona a la mano. Anime a sus seres queridos a capacitarse, a cargar naloxona y a decir a sus amigos dónde la guardan en caso de sobredosis. Para obtener más información, visite www.puntoHealTogetherNY.org/barra [nombre del condado].

Seek/Support MOUD

| Audience Group | Prompts |
|-------------------------------|--|
| People with Living Experience | <ul style="list-style-type: none"> • Tell me about your journey with opioid use. How and when did opioid use become a problem that led you to seek treatment? • How did you first learn about MOUD? • How did you feel soon after beginning treatment? At what point did you realize that MOUD treatment was working? • How has MOUD impacted your life? Please share some specific ways MOUD has helped your recovery, work life, relationships with your loved ones, etc. • What advice would you give to someone with OUD thinking about or just beginning MOUD treatment? • How do you respond to MOUD skeptics? |
| Local Experts | <ul style="list-style-type: none"> • What is MOUD? What are some positive impacts MOUD can have on individuals, families, and our community? • What has research shown us about the effectiveness of MOUD? • For people who think MOUD is “just another drug” what should they know? • What are the other medical conditions that can co-exist and exacerbate OUD? |

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| | <ul style="list-style-type: none"> • If there are other medical conditions, like depression or anxiety, can OUD patients take multiple medications along with MOUD? • How can someone find MOUD treatment in our community? |
| Community Partners and Key Influencers | <ul style="list-style-type: none"> • What is MOUD? What are some positive impacts MOUD can have on individuals, families, and our community? • What should the community know about MOUD? • What do you say when there is some resistance to MOUD? • How can we better communicate the effectiveness of MOUD to the community? • How can community members encourage people with OUD to seek MOUD treatment? How can they best support people who have started MOUD treatment? |
| All - have everyone say the call to action and taglines. | <ul style="list-style-type: none"> • Talk to a healthcare provider about medications for opioid use disorder. • Together, we can HEAL our communities. |
| Seek/Support MOUD PSA - 30s | |
| <p>English</p> <p>Are you or a loved one struggling with opioid use disorder? Now is the time to seek help. FDA-approved medications – buprenorphine, methadone, and naltrexone – are a path to recovery from opioid use disorder. Scientific research tells us these medications lower the risk of relapse and help people stay in recovery long-term. Seeking recovery is a brave step, and help is available. Learn more about medications for opioid-use disorder available in our community at www dot Heal Together N Y dot org forward slash [county name].</p> | |

Spanish

¿Usted o algún ser querido está atravesando un momento difícil relacionado con el trastorno por consumo de opioides? Este es el momento de buscar ayuda. Los medicamentos aprobados por la FDA, como metadona, buprenorfina y naltrexona, son un camino hacia la recuperación del trastorno por consumo de opioides. Estos medicamentos disminuyen el riesgo de recaída y aumentan las probabilidades de permanencia en la recuperación a largo plazo. Buscar la recuperación es un paso valiente, y puede contar con ayuda. Obtenga más información sobre los medicamentos para el trastorno por consumo de opioides disponibles en su comunidad. Para obtener más información, visite [www punto Heal Together N Y punto org barra \[nombre del condado\]](http://www.punto Heal Together N Y punto org barra [nombre del condado]).

Stigma of MOUD Treatment

| Audience Group | Prompts |
|-------------------------------|---|
| People with Living Experience | <ul style="list-style-type: none">• Tell me about your journey with opioid use and treatment with MOUD. What are some positive impacts MOUD has had on your life?• How has stigma prevented or delayed you from receiving MOUD treatment?• How does MOUD stigma negatively impact recovery?• How can someone with opioid use disorder overcome stigma in order to start and continue in MOUD treatment?• How do you feel when someone criticizes you for using medication to help with your recovery?• What do you say to friends or loved ones who are skeptical about MOUD?• What do you want others to know about MOUD treatment to help reduce stigma in our community? |
| Local Experts | <ul style="list-style-type: none">• Where do you see stigma against medication use for OUD treatment, for |

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| | <p>example— in the local criminal justice community, the clinical community, the local recovery community, among the general public?</p> <ul style="list-style-type: none"> • How does that stigma affect a community's progress against the opioid crisis? • What are some common myths or misperceptions that contribute to stigma about MOUD? Why are these not true? |
| Community Partners and Key Influencers | <ul style="list-style-type: none"> • How can communities overcome any resistance to medication for opioid use disorder? • How can respected community influencers disseminate a more science-based message about the effectiveness of MOUD? • What are some common myths or misperceptions about MOUD that contribute to stigma? Why are these not true? |
| All - have everyone say the call to action and taglines. | <ul style="list-style-type: none"> • MOUD is based on science. It works. • Together, we can HEAL our communities. • I use MOUD and I am in recovery |

Increasing MOUD Treatment Retention

| Audience Group | Prompts |
|-------------------------------|--|
| People with Living Experience | <ul style="list-style-type: none"> • What impact has MOUD treatment had on your/your loved one's life and recovery? • What helped most when things got tough during medication treatment? • What advice do you have for individuals just beginning MOUD treatment? For those who have been in treatment for a while? • Can you share a story about a time when you returned to use (or |

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| | wanted to stop treatment)? How and why did you re-engage in treatment or decide to continue? Were you glad that you did? |
| Local Experts | <ul style="list-style-type: none"> • How can MOUD turn things around for both patients and their families? • Even with MOUD, treatment is a long journey. How can we keep people on their medication? • How long should someone stay on medication treatment? What are the risks associated with stopping treatment or “tapering” off of medication too soon? • What are some important things for people to know who are just starting treatment? For those who have been in treatment awhile? • What are some specific actions friends and loved ones can do to support people in MOUD treatment? |
| Community Partners and Key Influencers | <ul style="list-style-type: none"> • Recovery does not happen overnight. How do we let the community know that people on medication treatment need long-term support? |
| All - have everyone say the call to action and taglines. | <ul style="list-style-type: none"> • Staying in medication treatment is a path to recovery. • Together, we can HEAL our communities. |

Guidance to Avoid Stigmatizing Language

The words we use to talk about addiction matter. Coach your spokesperson if needed to use language that helps end stigma.

Words Matter

Use these recommended terms to reduce stigma when talking about opioid use disorder.

Instead of...

- Addict
- User
- Substance or drug abuser
- Junkie
- Substance dependence
- Former addict
- Reformed addict

Use...

- Person with opioid use disorder (OUD) or person with opioid addiction
- Patient
- Person in recovery or long-term recovery

Appendix A: Sample Recruitment Copy

Thank you for your interest in sharing your story in support of the HEALing Communities Study (HEAL) campaigns. Real stories from people with a similar experience are a powerful way for others to understand the benefits of naloxone and medications for opioid use disorder (MOUD).

HEAL is seeking people with living experience who have been in medication treatment (for 6 months or longer) in the past, their loved ones, and MOUD providers. If you would like the opportunity to share your story, please complete the application form.

Campaign Spokesperson Requirements

- All participants must be 18 years old or older.
- All people with living experience must be currently taking medication (buprenorphine, methadone, or naltrexone) for treatment of an opioid use disorder or have been in medication treatment (for six months or longer) in the past.

Application Process

- The form will take about 30 minutes to complete and you will receive a \$XX gift card upon completion.

Appendix B: Sample Spokesperson Application

1. What is your first name?
2. What is your preferred method of communication?
 - a. Phone
 - b. Text Message
 - c. Email
3. Please include your contact information (email or phone number). Our communication team will use this information to send your gift card and communicate with you about your application form and selection.
4. Select the community where you live, work, or receive medication treatment.
5. Which audience group best describes you?
 - a. People with living experience
 - b. Local experts (e.g., providers, pharmacists, recovery coaches)
 - c. Community partners and key influencers (e.g., coalition partner, faith-based organization, health commissioner, employer)
6. Check the languages you speak fluently.
 - a. English
 - b. Spanish
 - c. Other
7. How old are you?
 - a. 18-30 years old
 - b. 31-45 years old
 - c. 46-60 years old
 - d. 61+ years old
8. What is your gender?
 - a. Female
 - b. Male
 - c. Non-binary or other

- d. Prefer not to answer
- 9. What is your race or ethnic background?
 - a. White/Caucasian
 - b. Hispanic or Latino
 - c. Black /African-American
 - d. American Indian or Alaska Native
 - e. Native Hawaiian or Other Pacific Islander
 - f. Asian
 - g. Prefer not to answer
 - h. Other:
- 10. What is your marital status?
 - a. Currently married or in a legal/state registered domestic partnership
 - b. Not Married
 - c. Prefer not to answer
- 11. Do you have children?
 - a. Yes
 - b. No
 - c. Prefer not to answer
- 12. Are you currently taking medications for treatment of opioid use disorder (e.g., buprenorphine, suboxone, subutex, methadone)?
 - a. No [proceed to question 13]
 - b. Yes [skip to question 14]
- 13. If you answered "no" to question 12, how long did you previously receive treatment with medications for opioid use disorder? (Note: If you received treatment with medications for opioid use disorder (MOUD) many times, please select the longest period of time you stayed on MOUD.)
 - a. Less than 6 months
 - b. Between 6 months and 2 years
 - c. Between 2 years and 5 years
 - d. Over 5 years
- 14. If you answered "yes" to question 12, how long have you been taking medications for opioid use disorder?
 - a. Less than 6 months
 - b. Between 6 months and 1 year
 - c. Between 1 year and 2 years
 - d. Between 2 years and 5 years
 - e. Over 5 years
- 15. What medications for opioid use disorder have you been prescribed or prescribed to patients (please select all medications you have taken)? A list with photos of what some of the medications look like is available here:
<https://www.drugs.com/condition/opiate-dependence.html>.
 - a. Bunavail (buprenorphine and naloxone) buccal film
 - b. Cassipa (buprenorphine and naloxone) sublingual film
 - c. Probuphine (buprenorphine) implant for subdermal administration
 - d. Sublocade (buprenorphine extended-release) injection for subcutaneous use
 - e. Suboxone (buprenorphine and naloxone) sublingual film for sublingual or buccal use, or sublingual

- f. tablet.
 - g. Subutex (buprenorphine) sublingual tablet
 - h. Zubsolv (buprenorphine and naloxone) sublingual tablets
 - i. Dolophine (methadone hydrochloride) tablets
 - j. Methadose (methadone hydrochloride) oral concentrate
 - k. Vivitrol (naltrexone for extended-release injectable suspension) intramuscular
16. Briefly describe your recovery journey with medications for opioid use disorder.
 17. Briefly describe what led you to seek MOUD treatment?
 18. Briefly describe how you first learned about MOUD and how you accessed it?
 19. How did you feel soon after beginning treatment? At what point did you realize that MOUD treatment was working?
 20. Briefly describe how you managed expectations from loved ones about medications for opioid use disorder (MOUD) such as how long you should take MOUD, how effective it will be; handling comments from others that say you should stop MOUD before you are ready.

Appendix C: Sample Spokesperson FAQ

Frequently Asked Questions

Thank you for considering being a spokesperson in our HEALing Communities study (HEAL) campaign focused on staying in medication treatment for opioid use disorder. We recommend discussing becoming a spokesperson with others in your treatment and support community before completing the screening form. Below are some answers to frequently asked questions and a few items to consider.

What are the requirements for becoming a campaign spokesperson?

- All participants must be 18 years old or older.
- All participants must be currently taking medication (buprenorphine, methadone, or naltrexone) for treatment of an opioid use disorder or have been in medication treatment in the past (for six months or longer).

How will my image/video be used?

- We are seeking people to share their experiences with medication treatment for opioid use disorder and give advice to others about staying in treatment. These videos will be used to inspire and design advertisements (ads) and a video library for use by the HEALing Communities Study. These materials may be posted on the HEALing Communities study website, on social media (Facebook, Instagram, You Tube), locally on major websites (CNN, Yahoo), and in news articles (including print and online).

- We may use the materials in scientific publications and presentations.
- The materials will be shared widely with people in the HEAL communities (Visit the [HEAL website](#) for a list of study communities). If you decide to revoke your consent, we will make our best effort to remove your video, but we cannot guarantee that they can be entirely removed since social media reaches far and wide.

What are the risks and benefits of being a HEAL spokesperson?

- You may feel a sense of satisfaction by participating in a HEAL campaign. Your participation can help encourage others struggling with opioid use disorder as well as their families and friends to seek and support MOUD treatment or carry and use naloxone which can save lives.
- It is possible that strangers will recognize you from the ads when you are out in public.
- It is possible that you could receive positive and negative comments about your participation in the campaign from strangers, but also your friends, family, and recovery community.
- If the ads appear on social media, it is possible that people will leave both positive and negative comments on the ads and posts that you and others may see. This is normal in our social media world.
- Given the public nature of the HEAL, videos included in the campaign materials may be seen or shared with persons outside of these communities, and some might have different viewpoints about treatment and recovery.
- It is possible that negative/hateful comments could cause stress or other emotions that have the potential to trigger additional use of opioids and/or return to use (relapse).
- We will not use the images taken, or any other information you provide, for any other purpose outside of the HEAL, but we cannot guarantee that the ads will not be shared in other ways by entities not associated with the study.

How will I know if I've been selected as a HEAL spokesperson?

We cannot guarantee that any one person will be selected as a spokesperson. However, you will have a greater chance of being selected if you fully complete the application form and provide thoughtful examples of the information and advice you would be willing to share if selected for filming.

Everyone who submits a screening form will be notified if they have been selected by [insert date].

What can I expect if selected as a campaign spokesperson?

Everyone selected as a HEAL spokesperson will be notified by their preferred method of communication. If you are still interested in participating, our HEAL communications team will schedule a 20-minute call with you to discuss the filming process and answer any questions you may have.

If after this call you still wish to become a campaign spokesperson, you will be asked to complete several activities. These include

1. Sign a media release form that gives the HEALing Communities Study permission to use your image and voice in video, digital, and print materials.
2. Review a set of up to 10 questions that you will be asked to respond to on-camera. We do not encourage you to write a script and read it on camera (this can make a video feel less authentic and meaningful); however, most participants like to consider how they will respond and potentially write a few notes on the key points they want to share before they are filmed.
3. Schedule a time (at your convenience) to participate in a 2 hour filming session. During this session.

Will I receive an incentive for my time?

Yes! Selected spokespersons will receive \$XXX upon completion of your filming session as a thank you for your time and sharing your story. You will also receive a certificate of appreciation and language to include in a resume that describes how you contributed to a national campaign to help people with opioid use disorder.

<OR>

No, unfortunately at this time our Coalition is unable to incentivize participation.

What is the video editing process?

Videos will be edited and our video team will share copies of all videos in which you appear prior to disseminating them as part of our campaign. We might make edits to your interview to keep these videos to a certain length, but the edits will maintain honest representations of your thoughts and concerns, while staying positive, hopeful and inspirational.