

SAMHSA's Center for the Application of Prevention Technologies (CAPT)

Pitching Prevention National Webinar Series

**Session 1: Making the Pitch: Crafting Messages for Key Stakeholders
That Engage and Excite!**

July 30, 2015

Facilitator: Rachel Pascale, CAPT Product Coordinator

Presenters: Dodi Swope, CAPT Training and Technical Assistance Specialist, CAPT Northeast Resource Team; Crystal Borde, Associate Director of Vanguard Communications

[Rachel]: And this is from the Center for the Application for Prevention Technologies. Even though we are just having a lovely chat in the chat box in the left-hand side here, I just want to make you guys aware of this question-and-answer box that's to the left. We're going to be using this throughout the call today. If you have any questions—and they can be content-specific or they can be that you're having problems hearing us, or a problem seeing the slide display—just feel free to type that in the chat, and we will do our best to adhere to those.

We will be taking multiple breaks throughout the session today—once about halfway through, and once at the end—to try to answer a couple of questions. But, because this is a two-part webinar series, we're hoping that a lot of the questions we get from you today will help us inform the second session in this series. So, even if you don't get a specific answer to one of your questions, we really welcome you to ask it because even if we can't answer it today, it's going to help us with the content for Session 2 in this series.

So, I just want to remind you that today's training was developed by SAMHSA's Center for the Application of Prevention Technologies, and it's for training use only. And, [I wanted to give you] another reminder that we will be recording the session today. So, if some of your colleagues weren't able to attend but they were interested, we'll be sending out the recording from today's session after the webinar, and you can feel free to share that with them.

So, we are so excited to welcome such a diverse group today: first of all, diverse in terms of where everyone is calling in from, but also a broad representation of people in the

prevention world. So, today's audience includes the National Prevention Network (NPN) and Single State Agency (SSA) representatives, there are SPF SIG and Partnership for Success project directors. We have training and technical assistance providers, community-level prevention practitioners, and, of course, SAMHSA staff and fellows. So, welcome to all of you who are just joining the call, and thank you again for joining us today.

Just taking a minute to dive into the content for today . . . by the end of today's presentation participants will be able to do the following:

1. [First, you'll be able to] *describe the value of promoting prevention efforts to a variety of audiences*. As you may recall during the registration for today's event, you shared with us some potential stakeholders you might be engaging through these efforts—you might be developing a pitch to them—and then you'll see that the feedback that you gave to us is woven through the content today.
2. In addition, *you'll be able to identify key elements of an effective message when pitching to potential stakeholders and partners*.
3. And finally, *participants will be able to describe strategies for tailoring prevention messages to different stakeholders at the state, tribe, jurisdiction, and community levels*.

I am so happy to welcome the two presenters for today. Dodi Swope is Training and Technical Assistant Specialist for the CAPT and has had countless years of experience working directly with communities on initiatives around substance abuse prevention and mental health promotion. So, Dodi has made many, many a pitch in her days in that work. And we're also joined by Crystal Borde, who is the Associate Director of Vanguard Communication and has a decade's worth of experience in strategic communications planning, media and social outreach branding, and policy communications outreach. Much of Crystal's experience has focused on health and behavioral health communications and messaging.

And with that, I'm going to turn it over to Dodi.

[Dodi]: Thank so much, Rachel, and welcome, everyone, to the webinar. We're thrilled with the turnout today. Obviously, this is a "hot topic" for folks out there in the prevention world, and many of you—I saw many familiar names as folks were signing on to the map—and I welcome you all today, and to those of you I don't know.

I think what we are pretty clear about is that we have to do a very good job of making the case for why prevention matters. It's a challenging world out there: there are a lot of messages, and we need to really be able to clearly and succinctly pitch our prevention efforts so that we get the support we need and are able to make the community change that we need to make.

So, some of the ideas about why we need to do that are ... obviously, that we need to engage those key stakeholders without whose involvement we're not able to make the community-level change we need. So, we want to bring those folks to our tables and have them work with us. We also need to engage leadership and folks we want to cultivate into being prevention champions so that we keep prevention on the agenda and in front of folks' minds when they're thinking about challenging health situations. We also want to strengthen our prevention work across multiple sectors because, as we have seen over the past decade, the challenges keep getting broader and more complex. And finally—and to those of you who know me, this is the big one for me—is that we're always trying to find new partners to support sustainability of our prevention outcomes at the community level. And that's really, really important.

One of the examples I always like to use when I talk about pitching prevention is: For many years I worked in a community close to my hometown out here in Worcester, Massachusetts, and I had great success involving the direct, front-line law enforcement officers. They knew why prevention mattered, and they were the folks that were engaging with the youth in my community and finding them at parties or pulling them over when they had had too much to drink in an automobile. But, I was really having a hard time getting the police chief on board, even though I'd met with him multiple times over a couple of years.

But one day, I showed up at a large community event and I listened to the police chief from the podium, and he said the same words I had been saying to him for 2 1/2 years. He said: "We have to get ahead of this—we have to invest in prevention—it's not enough to just keep trying to intervene with the problem of youths use. We have to get in front of it. We have to be able to think about `How do we prevent youth from getting into those situations to begin with?'"

And I stood in the back of the room, and I put my fist in the air, and I finally I got it! So, sometimes we have to be very, very patient as well.

And so, just in case anybody out there is a real baseball fan ... does anybody want to type in the question-and-answer box who that person is in that picture? Anybody really good out there know who that is? It's a little challenge for today. We'll see if anybody gets that right. There isn't a prize or anything.

[Reading chat box responses:] Oh, you're very close! That was my first guess! Very good! Robert and Sally got it right away. Sally, I should have known that you would have gotten that! Ty Cobb it was—very good!

So, one of the things that's challenging for prevention folks—it has been challenging for me over all these years of being a preventionist—is being able to tell other people what I do. So, this image that you see in front of you now in the slides is, as we all know, the continuum of care, going from promotion all the way through to recovery. And where prevention lives in that continuum is in that light blue section.

We talk about universal strategies that reach the whole population, selective strategies for populations at higher risk, and indicated strategies for those who are engaged in problem behaviors. And that's the world we live in. But that language that I just shared with you is often very challenging for the general population. Our stakeholders we're trying to engage don't understand prevention theory as well as we do. And so, what we need to do is be able to really speak about prevention in words that other folks can understand. I'm going to share a definition of prevention here, and then we're going to talk a little bit more about how important that is.

So, this is a definition that comes from the CAPT/SAMHSA definition: We define prevention as being interventions and strategies intended to prevent or reduce the risk of developing a behavioral health problem and experiencing those related consequences.

Now, the problem with this definition is that you all probably understand it, and I understand it, but when I would say something like this to my 91-year-old mother, her eyes would glaze over and she would say, "Hmm."

And so, people would say, “What does your daughter do?”

And she would say, “Well, she works with kids,” because that was how she could conceptualize what I was doing. It had been many years since I did direct service work with youth, but that was the part of it that she understood and could communicate.

So, that’s what this webinar is all about: it’s about helping you develop some tools and strategies for figuring out how to make your prevention pitch into language that the key stakeholders you’re trying to engage will understand and will be engaged with.

So, I want to ask you all out there to share your definitions of prevention, and maybe I’ll get some great ideas here, too. So, if you have a nice concise, simple definition of prevention, we’d love for you to type it into this answer pod here that we’ve put in front of you. So take your time, think about that for a minute, and type in your definition of prevention.

[Reading responses in chat section of webinar:] Addressing substance abuse before it happens. *That’s great. That’s nice and clear. Oftentimes, people will then say, “Hmm ... how do you do that?”*

Changing a situation so there is a different outcome. *That’s great.*

To stop a behavior before it occurs. *Wonderful.*

Putting things in place before a problem occurs. *Great. So, what we’re starting to hear are some common words so that “before the problem occurs” is a really important thing for us to communicate to other folks.*

Stopping something before it happens. Changing a situation. Providing skills, information, and strategies to help people live healthy lives. *That’s terrific.*

The elimination and reduction of certain behaviors. *Excellent.*

Providing youth with the skills. Providing skills, information, and strategies. Stopping and reducing negative outcomes. Teaching coping skills. Providing youth with the skills to make good decisions. *All of these are terrific.*

For those of you who are still typing, we'll give you another minute. The active, assertive process of creating conditions and attributes. . . . We're going to let you read some of these.

Really thinking about all sectors and planning on all levels of government, corporate, and non-profit sectors. *That's terrific.*

Upstream. *That "upstream" word, that's terrific as well.*

Getting in front of risky behavior. *Excellent, wonderful.*

[I'm] just going to give folks another minute. That's great. So many wonderful answers here.

Making people aware of the effects of substance abuse. *That's a terrific one.*

Removing barriers to a healthier community. That's a great one, too. There are some really wonderful ones here.

I tell people when thinking about prevention and treatment to think about a dirty duck in water. Treatment focuses on the duck, and prevention focuses on the water. That's terrific, I love that.

We often talk about the poor old sick frog in the pond, or the sick fish in the pond; that's another way to make a metaphor that helps people understand it. *Great.*

Well, thank you all very much for participating in our defining "prevention." That's great. These are really interesting responses, and we love all of the creativity that you folks have shared with us. That's great.

If we could go back to the slides ... wonderful. Great.

So, the other piece that we really need to focus on when we're talking about "pitching prevention" is being clear about being able to really articulate why prevention has a value. And I think this is a huge challenge, especially when there are so many competing issues that folks are paying attention to.

We really, really need to be able to articulate this “ounce of prevention is worth a pound of cure” notion in a way that people can understand and relate to in their own communities.

And so, with that, I’m going to hand it over to Crystal to help us think through how we can communicate what prevention means and the value of prevention in an effective way that will work with our communities. So, over to you, Crystal!

[Crystal]: Great, thanks, Dodi!

And hello, everybody. I’m so happy to be a part of today’s webinar. And, as Dodi mentioned, I’m going to be talking a little bit about how to craft our pitches and some of the kind of the structural things that we have to consider when developing those messages.

So, before we get into the nuts and bolts about pitch, there are some considerations that you should keep in mind that we’re going to go through in a little bit more depth, but just to give you a quick overview: understanding public perceptions of health messages, the challenges of using jargon, knowing who your audience or your key stakeholders are, as well as knowing that audience [and] what the benefits and barriers are to actually getting them to take the course of action that you’d like them to take.

So, first things first ... let’s talk about the public perception of health messages—and these are health messages in general, and not necessarily specific substance abuse prevention messages—but just what we know from research about how people respond to health messages in general is really good to have in the back of our minds as we start developing our pitches.

So first off, it’s hard for them [the public] to understand health risks. And, oftentimes, when you’re out there communicating—you’re probably experiencing this quite often— they understand maybe the concept of relative risk, but sometimes high risk situations feel very intangible. They respond to easy solutions. They like quick fixes. They like things that seem like it only takes one step to do instead of multiple steps, if your action is complicated. They like absolutes. They like things to be very black-and-white. So, it’s as if they like for you to tell them to go left or to go right, but they don’t like a lot of gray area.

People don't tend to respond well to fear factor messages. Oftentimes, you'll see that health messages really weigh onto the whole scare tactics. The public doesn't seem to respond very well to that, we've found, when we've assessed campaigns that have used that approach. They also have a fair suspicion of science. And this is definitely maybe not in our—about what are the challenges for us as preventionists—but definitely sciences face this uphill PR battle. But there is a lot of doubt in science. And so, throwing a lot of statistics out there—sometimes the public can be a little bit skeptical of that kind of information.

So, the other consideration to keep in mind, which is something that's very prevalent when we talk about our work, is jargon. So, there is a lot of terminology, clinical industry terms that we use as part of our daily work all the time that you and I understand, but possibly if we put yourself in your stakeholders' shoes, they might not really understand or get it. It's maybe not a phrase they've ever heard or a word they've ever heard before, and they don't really understand what the context means within the prevention world. So, what's really important as you're developing your messages is to really think and rethink the words that you use. Because, you would hate for the words you selected to be part of your pitch to be something that creates a barrier between you and your audience that causes them to lose interest in what you're trying to say just because they don't understand it.

So, let's work on this a little bit and think through it. So, I'd like to do a quick activity where we're going to show three words that are very common within our work, and I'd love to hear you share some alternative language that would be much more acceptable and understandable to our stakeholders.

So, the first word is "epidemiology," if we can take a minute and just jump into the answer pod and put in some options. I see a lot of people writing "data."

Right, because isn't that what that is? It's really the study of data, which is a very important part of our work. It shows us trends, someone mentioned.

[Reading responses in the chat box:] Prevalence. *Excellent—these are all great, great options.*

Research of data. *Excellent.* The science of community data. Information about conditions. Disease detective. *That is a very creative one, too!*

But, you're getting the sense that breaking down jargon is really getting things into plainer language, and that's going to be more acceptable to your stakeholders.

So, let's try another word. How about opioid? Right? I know this is a very important issue right now in the prevention community addressing that drug. So, what would be plainer terms we could use as a substitution? I'm seeing painkillers, prescription drugs.

So, for this example we're really playing off of being more specific, right? And we're using words so that people really understand that we're talking about abuse or misuse of prescription drugs or pain relievers, or narcotics. Excellent.

So, for our last part of this activity, we're going to throw a more challenging one out there—and this is a very common term that's thrown around within our prevention work, but really doesn't have as much context outside—and that is environmental strategies.

[Reading responses in the chat box:] Policies. *Good*. Policy changes, community change, regulations. *Excellent!* Laws. *Wonderful*.

So, all of these examples are great, great choices because all of them are basically taking this larger word that means something to us in the industry, or clinical sense, and making it easier to understand by becoming clearer and maybe more concise. Right? So great.

[Reading responses:] Rules, ordinances, effort to change community conditions. *Great—great answers*.

All right, thank you so much everyone; that was great! Let's go back to the slides. So, we talked a little bit about what are the common health perceptions of messages—of health-related messages—and we talked a little bit about jargon and shared some ideas of words that are very common to our work and making it more acceptable for our stakeholders.

So, let's talk about audience. And, this is a very important part of the strategy that you have while developing your pitch, OK? It is really knowing whom it is that you're trying to pitch, and knowing more about them. And, if you don't get more specific, it's like you are shouting to this crowd as you see on your screen, like in a concert. And it's a big blur, and nothing is

very specific. So, you can throw things out there and hope it lands and that it engages folks, but you don't really know for sure because you don't really know your stakeholders.

But, if you were to know this person, or this person, or even this person, and know more about what their needs are, what motivates them—and we'll get into more details about what would be important to know about those audiences. The more specificity you can get, the more that you can integrate into your pitch to be much more effective in engaging those people that the arrows are pointing toward.

So, what are some of the things that we really need to understand about our stakeholders that will lead us to create a pitch that's so persuasive that we convince them into taking the course of action that we'd like them to take? So, one of the really important things is knowing—understanding the concept of exchange—which is a fancy way of saying, “What are the benefits and barriers for our audiences?” and, the benefits are “What will the audience receive if it takes our desired course of action?”

It's what we're trying to persuade them to do, whether that's to join our task force or coalition, or provide support for our prevention in another way. What are their benefits? And then, also, it's important to know, “What are the barriers? What does the audience need to overcome in order to take our course of action? What are the obstacles that may be presenting themselves?”

And, once they understand what the benefits and the barriers are, that's the input that we put into crafting the elements that should be a part of our message so it can be tailored to our audience.

So what we need to do, ideally, when we're developing our pitch, is that we need to make sure we are emphasizing the benefits. So, what it is that our key stakeholders will be getting from taking our desired course of action and decreasing at the same time—decreasing those barriers. Right? So, it's basically providing solutions that can overcome the obstacles that might be preventing them from helping us or joining our work, or whatever the desired action is.

And then, finally, now that we talked about our audience, its benefits and its barriers, the other thing that we have to think about, too, when we think about audience is: What are

the factors that influence people from making behavior change? Right? So, in a general sense, we might say that “in this social marketing world, behavior change means that people eat more fruit,” and things like that. And, that’s not necessarily what we’re talking about today. What we’re talking about is that each of you has a desired action for key stakeholders in your community that is going to enhance and support, and hopefully advance, the prevention work that you’re doing.

And so, what is it that is going to tip those folks over to do what it is that you’re looking for them to do? And, some of those factors are internal: perceived risks, their attitudes, their perceived consequences, and even their knowledge and beliefs about prevention, and substance misuse. And then, there are also external factors, the factors that are surrounding them in their environments and in their communities, like skills, access, and policies, right? It’s getting back to those environmental strategies, and even cultural beliefs and values. Those social norms sometimes have a huge influence, impacting whether people are able to engage with our pitches and take the next course of action.

So, I’d like to take a moment just to pause here to allow for questions that you may want to ask Dodi or me about the content we’ve covered thus far. Please feel free to add your questions to the Q-and-A pod that’s on the lower left-hand side of your screen. And, we’d be happy to answer them.

So, I know that we’ll give people a few minutes in case they’re typing. I know that this is a lot of content, and as Rachel mentioned at the start of the webinar, please feel free to add your questions as we move through the different sections of the presentation. Even if we don’t get to them in the training today, we will definitely be incorporating them into future webinars like the second part of this webinar series, as well as maybe even some future resources that we’ll make available.

OK, great! Well, just so you know, we do have some other moments factored in to ask questions, so if anything comes up please go ahead and add it to the Q-and-A. But, with that we’re going to go into now how to build our pitches. Right? So Dodi and I ... we’ve talked through some of the considerations ... the why we pitch prevention, right? Understanding that prevention definition—and so, now that I have all that information—what are the pieces that we need to put in place to really develop effective pitches?

So, I'm going to walk through a quick checklist, and then we're going to actually break it down and go by each element to talk about each in further depth. But, just as a quick overview, some of the things that you'll need to answer as you develop your pitch are: What is your goal? Who is your intended audience? What is the desired action that you'd like them to take? What compelling elements should be a part of the message? And then, finally, what should the message tone be? OK?

So, let's start with talking about goals. Right? So, basically a goal is answering this big question: What is it that we want to accomplish? And, oftentimes, we set up programmatic goals for our work,—and that's a very common thing to do—but even at this level when we're communicating with key stakeholders and trying to pitch their engagement with our work, it's really important to ask ourselves that question here, too. Basically, it's going to help us determine how we will know when we “get there.” It sets up a way of measuring our effectiveness, and that's a really, really important aspect to set up at the beginning of this pitch development process, because it gives us direction.

[Dodi,]: Do you have any real-life examples of a good goal for a pitch?

[Dodi]: Yeah, thanks, Crystal!

[Crystal]: That you'd like to share?

[Dodi]: I thought one of the things we said at the beginning—I'm going to say again—is we did read your registration information. So, we've picked some of those examples to walk through. I'm going to pick a difficult one—and this is one that I've struggled to work with—but we're going to try and walk it through so that it's helpful to you in thinking through how you would develop a pitch. And, that is, I want to accomplish getting a person from my local health center, my local hospital or a local physicians' practice to be a part of my prevention efforts. And how will I know that I've gotten there? You know, when I first started this work I would have said that person would be part of my coalition, or would join my task force, or would join our table. But, over time—and we'll talk this through—I've learned that what's really going to help me know that I've gotten there is I've got the active engagement of that person, even though they may not show up at my meetings. And what that means is: I've got that content expert when I need them, and I have access to them. But, I changed that over time because of some of the barriers that we'll identify in just a minute.

So, I would like to accomplish getting a medical professional, a health care person, to engage with our prevention efforts, and the way I'll know I've done that is that I'll have some active engagement that maybe has to be done pretty creatively.

[Crystal]: Great. So, that is an excellent example of a goal for our pitch or message. So, the next part is—which Dodi kind of alluded to in her example—is thinking about who is our intended audience, because that's another really important question. Sometimes, it's a question that has to be answered first before doing the goal, but setting the goal first I think is always a very valuable first step.

So, what are the questions we need to ask about whom our stakeholders are whom we're engaging? We should be picking stakeholders we know are most likely to help us reach that goal. So, that's where we go back to the idea that setting the goal first is a really, really great step. It helps us pick a really good audience that is going to be most interested and most likely—and sometimes most essential for us—to achieve our message goal.

And, then, the next thing we have to ask ourselves is: What is it that we know about them? So, to that point, Dodi, what is it that we know about medical professionals that would be important in crafting this pitch?

[Dodi]: Well, I think what I learned the hard way is that medical professionals generally—if what I'm really looking for is physicians, for example, prescribing physicians—that their schedules are very much tied to time increments of 15- to 20-minute appointments, and maybe sometimes as many as 20-25 appointments a day and billable time. And so, when I ask physicians like that to spend an hour to two hours to come to a task force meeting, it's really important for me to understand that that doesn't fit for them at all. And so, what I have to really think about first is: Those prescribing physicians—are they the best people for me to try to get engaged in my efforts? Is there a likelihood that I'm going to have any success getting doctors to show up? Or, is there another way I can structure my engagements with doctors or health care professionals that would allow engagement with me, given all that I know about the commitments that they have around time and billable hours? So, that's a really important thing for us to understand about this particular intended audience.

[Crystal]: And also, I think it also helps ... because sometimes even when we ... now I'm thinking back about that image that I had on the slide of the crowd at the concert, right? That big mass of people ... that you could say medical professionals are that big, large mass of people. And there is, actually, when you start thinking more about who these folks are, what is it that they need or that drives them—those internal or external factors—and allows us to get more specificity about who is it within the medical community we need to particularly be focusing on when we're developing these pitches. Because, depending on what our goal is, there are maybe some professionals within that group who would be more helpful for us to achieve our message goal than others. And so, it helps us even further to zero in and segment out a larger audience to get to the folks who can really help us the most.

[Dodi]: Yup. I think that's just right, Crystal. That's great!

[Crystal]: Great! So, now that we've learned more about who our audience is, right? Now we have to figure out: What is it that we want them to do? So, that's the first question we have to ask ourselves. So, what is the specific action that we want our audience to take? Because, we definitely want that to be very clear in our pitch so people understand. Remember I mentioned earlier about when developing health messages that people like absolutes? They want very clear direction. And so, as the communicator and as the preventionist—knowing what you specifically want them to do and that you include that in your pitch—it's going to be very, very important.

And then, also, in figuring out what desired action you want them to take, you want to weave in what we've learned about what the benefits and barriers are for them to take that action. Because, that might influence how we structure the action we want them to take. Right? So for example, if it's just playing off of Dodi's example, a medical professional that has a very, very busy workday doesn't have a lot of free time, but we want them to engage in our taskforce, right? So, it would be, knowing that time may be a barrier, coming up with ways that would be not a huge time commitment but where he could still engage in that task force, would be a really great desired action to create.

And then, also, like I mentioned: What are some of the barriers to engagement?

Dodi, can you think of any other desired actions, playing through this particular key stakeholder that might be good to keep in mind?

[Dodi]: Absolutely. Thanks, Crystal. I think one of the things we learned when we tried to engage healthcare providers here, is that oftentimes we can't ask them to come to us—we've got to go to them. And so, we have to show up when they're ready to spend 10 minutes with us in their busy time frames. And, we have to be really clear about exactly what it is that we need from them in that 10-minute period of time that they're willing to give us. We need to understand that that's a huge thing for them to give us, because that's a non-billable 10 minutes out of their otherwise absolutely-billable time schedule. So, it has to be a benefit to them to give us those 10 minutes. We have to be able to say to them, "You're going to be a better physician; you're going to be a more effective healthcare provider; your practice will be better as a result of your engagement with us."

And, we need to make that concrete for them and really, deeply real; it can't just be fluff. We need to also acknowledge for them that we understand those barriers—that we understand the need for them to be on site where they are, that we understand that every minute of their day up until the very end is booked, we understand the need for them to have billable time. So, there have been a lot of creative ways folks have worked around that. Some folks have said, "OK, well let's buy some of that billable time just to have that physician spend time with us."

Other folks have said, "Well, you know what, we're not going to try to get the physician; we're going to try to get the physician's assistant, or the community health worker who also has that physician's ear, because that person happens to have a little bit more time. Or, we're going to think about how we can engage in the time that that physician gives his team for planning—see if we can get five minutes on that agenda. So, there are a number of different ways to work within that challenge.

[Crystal]: And, Dodi, I love what you said about that showing that we understand their barriers, and I think that how we communicate that is in the desired action that we ask them to take. Because, if the desired action reflects us giving them an opportunity to overcome some of those barriers in order for them to engage with us, support us, or whatever that verb happens to be for our work, that is how we communicate that. It shows them that there is an understanding—that we understand who you are and what is important to you

and some of your challenges as well, and we've crafted an action that will help us, and benefit us, and help us achieve our goal, but still allow you to engage with us in the way that we'd like you to.

[Dodi]: That's great!

[Crystal]: Awesome. So, we're almost through the checklist.

The next piece is sometimes the biggest selling part of your pitch, right? And let's just call it, for this scenario the compelling element, right? What is going to convince our stakeholder to take our desired action in our pitch? Right? So, it also can be one of the more challenging things to figure out. To quote Malcolm Gladwell, who is one of my favorite authors who writes a lot about communicating and getting people to engage with us: He calls it the "tipping point."

What is the tipping point? What is it that we can say that's going to get that stakeholder to get on board with what we're asking them to do and to actually do it? And, so you know, I think this is where knowing the benefits is really, really important, because the benefits of their engagement are often what make that compelling element for a message or a pitch.

Dodi, any kind of great examples you could share about compelling elements that might work for the sample audience we've been talking about, the medical professional?

[Dodi]: Wonderful. Yeah. And this is challenging with the medical professionals, for sure, to really think through, and it's very specific. I love what you said about thinking about health care providers or the medical community. It is really looking at the huge audience—because there is a lot of variation and diversity within that audience—and that's going to really drive that compelling element for that particular person you're trying to reach.

So for example, if the health care sector that you're trying to reach happens to be involved in some kind of research that could be a compelling element for that particular medical professional. Is there some way you could link the work to the prevention research that you're doing in the community that might be something that would bring somebody into being engaged with you? In my community—how community benefits work in the state of Massachusetts—it is a really important thing for health care providers to be engaged in.

There is actual legislation that says if you're a health care provider, you have to engage in "community benefit." So, we have that to utilize as a compelling element for our health care sector to be able to say, "This is something you can use as an indicator of the way that you do community benefits work."

So, that's a way to help the medical professionals make the argument of why they're engaging with us, and it also helps the hospital or the health care center look good in the community and provides them some positive community visibility that they may be seeking. So, that could be another one.

Finally, it's really important to think about where we are joined in our missions, right? And so: Doctors want healthy patients, we want healthy communities, and we want healthy people living in healthy communities. And so, really figuring out—and again, you have to get into the minutia of this to make sure that it's just right for the person you're trying to reach—but really thinking through, "How are our goals aligned? Where are the lines for where our shared goals come together?" and "Can we work that to really compel that person to understand why it matters to us?"

[Crystal]: That's great! Great! So, the last element that we're going to talk about in our checklist ... which is often one of the ones that are overlooked, because we so focus on figuring out the goal of what we want to say, figuring out whom we want to say it to, figuring out what we want them to do and then how we can persuade them to do it ... that we often forget about message tone. The message tone is kind of like the finishing touch on a pitch. It's a way of really setting yourself up for a success in reaching [your audience]—after you've incorporated all those other elements into your messages.

So, what you're basically asking is, "You know what tone or word choice or type of information shared would most likely illicit the response we want from our key stakeholders that we're trying to engage with?"

And, do we want our communications to be encouraging or empowering—by thinking of if you're trying to reach out to parents in your community: an empowering message of giving them things that they can do to help prevent substance misuse by their children and young adults, would be the right tone for that.

Do you want it to be inspirational? Or, would it be more appropriate if the tone of what you're sharing were more serious, like if you had more data in it? Maybe the type of language would change—maybe you wouldn't have to—you could have a few of those clinical industry terms, because that's more appropriate for the key audience that you are talking with.

Dodi, what about for the medical community? What would be the right tone, do you think?

[Dodi]: That's great. And, I love it for this because I think I had to learn this the hard way, too: In working with very busy medical professionals, they want it to be efficient, simple, clear, and concrete. I've done a lot of work with community health workers, and one of the things we spend a lot of time training community health workers on is how to use that one minute that you have a doctor's ear so that you don't go into this long, drawn out story about a patient's entire history ... because all you really need from that doctor is the answer to two quick questions so that you can go and complete your work. As much as you feel like you want to tell that whole story, they simply don't have time to listen to the whole story.

So, I think, for the medical field, it's very, very important that we're efficient in our communication, that we're clear and concise. And, we also need to understand that these are folks who multitask all the time; they're having 10 different conversations at any given moment. If you've ever watched a doctor in an emergency room, you know exactly what I mean. And so, for us to get through all of that we need to be just clear, concise and really concrete about what it is we want them to do. And that's the biggest critique that we get from the medical field. They're like, "That's all fine; that's all great; yep, I'm on board with all that, but what do you want from me?"

And so, that's a really important thing to consider when we consider the medical field.

I did just want to say before we moved on—hold on Jill from New Hampshire, I saw your comment—that's where we're going next, and I wanted to say thank you so much for the comment about New Hampshire. We do really appreciate the work that New Hampshire has done with the medical field, and we think that's great to think about that.

Staci asks, also, if infographics would be considered to have a message tone. And, I think that's great—I think absolutely any kind of communication has a tone to it.

Crystal, would you agree—whether it’s verbal or visual?

[Crystal]: Absolutely. I think so, and how we determine this tone is by making sure that we understand the audience that we want to see that infographic ... and understand that infographic ... and take the information in it and use itthat we display the information in a way that makes sense. You know?

So, for example, if we’re going to a stakeholder group that’s, say, policymakers. You know, going in too deep into the science in that infographic wouldn’t be really valuable. They want to see numbers, but they want to see the kind of numbers that impact the work that they’re doing—that has meaning for them—and so, making something balance that you wouldn’t have lots of that content is important when talking with people who are decision-makers about regulations and policies in your community.

So, yes, tone is definitely important, whether it is in the pitch itself or in the materials we create that support the messages that we’re delivering.

Great. So, I’m going to move on to our next section. So, as Dodi mentioned a little bit earlier, we asked you all two questions in the registration for the webinar. We asked you, “Which stakeholder audiences are you planning to communicate with as part of your work? And then, what is the message that you’re trying to communicate to that audience?”

And so, Dodi and I took that information, and we wanted to illustrate for you using the checklist that we’ve just gone through. We’ve discussed an illustration using the medical community as an example audience, but we wanted to give you some more examples just so you can see how the process works—that makes it a little bit easier—when you yourself are developing your pitch and going through that checklist.

So, Dodi, why don’t you walk us through our first example?

[Dodi]: Thanks so much, Crystal. That’s great. And here you go, Jill—we did anticipate the question about the business sector. We know that’s a tricky sector, as well, for many, many preventionists.

So, working with the business sector was one of the questions that we chose to try to use as an example for you—as being the audience we wanted to communicate with. And we chose to really dig down deep into the community and say we want to engage local businesses and potentially business associations. So, say a chamber of commerce, or another kind of business association, at the local level. And, the message that we’re trying to communicate with them is that they have a role, and they’re important to us in our local prevention efforts. And the question we really have to ask ourselves is, “What’s in it for them?”

And that is the business question— isn’t it— isn’t that what businesses are always asking is, “What’s in it for my client? What’s in it for my customer?”

We need to answer that question when we’re trying to get the businesses involved with *us*. So, this is always a challenging one, especially when we’re trying to involve business folks like the local convenience store. They really don’t see how what they’re doing is linked to what we’re doing at all, and that’s the problem we need to solve.

So, let’s walk through the outline, see if we can talk this through, and see if we can come up with a good answer. So, our goal is that we want to build support for local prevention efforts. In doing so, we want to reach those business leaders because they’re the part of our community that we have not yet reached, and we think it’s really important that they be involved. And so, we know that that’s whom we want to involve. We want to involve those business leaders. That’s our intended audience.

So then, we need to think really carefully—OK, that’s great we want them to be involved—but we need to really be clear about what is it that involvement means for [their] business? And so, for this example, what I’m saying is, I think that we want for them to provide some financial support, and that could be real dollars, or it could be contributing to our efforts in another way, it could be helping us with materials, or it could be helping us with food at one of our events. But, we want to do something tangible that gets them to come out and hear, see, and feel what we’re doing.

And, because what’s up for business leaders is often that there really is that profit motive that they’re working on. We’re thinking: Well, we’ll work within that structure and think about how can we engage the businesses they’re in with our prevention efforts; in doing so, can help understand what we do well enough to lead and use their standing in the

community to start to support our prevention efforts? So, that's the desired action—we want them to provide some kind of financial support, be it in kind or actual dollars, and in doing that we want to get them engaged enough that they start to be leaders in prevention in our communities.

And, what is our compelling element? Well, it has to be the thing that's going to matter to a local business. And that is, it's got to be good for their business, right? So, it has to bring more people to them, it has to help them have a positive reputation in the community, and it has to drive more business to them. And so, that's the piece we've got to make sure we answer, is: How do we make sure that the argument we're making helps them see the value in it for their business interest?

And the message tone that we're after is: We want to make them feel important and empowered, and we want to inspire them. We're asking them to do something that is potentially outside of their comfort zones, and so we want them to feel inspired to come and be engaged with our prevention efforts.

So, when I take this little outline to heart, I created this business message. It's not like the gold standard or anything—and nobody is going to be hugely surprised by it—but I utilized this to create a pitch to the business community, "When we all work together to prevent substance misuse in community, business thrives, and so do our employees and our customers."

So, I'm hitting them in two different places—I'm saying you can have good healthy employees that you can maintain, and you won't have a lot of turnover when you have people who aren't abusing or misusing substances. And, you're also going to have a healthy customer base, and that's good for your business.

So, that was just the quick example I came up with for the business community, but you can see how each of those elements went into helping me create that message.

So, before we go on, though, I wanted to just pause for a minute, because we did get a couple of questions around this. I just wanted to see if this was sort of hitting the mark for you, Jill?

You can type into the Q-and-A, if you have a comment. Maybe not. Great, wonderful.

So, now we're going to shift gears. And so, Crystal is going to take us through an entirely different sector so that you can really see how flexible this outline is, and how it really allows you to think carefully about tailoring your message to a particular audience. So, over to you, Crystal.

[Crystal]: Great. Thanks, Dodi.

So, this was another stakeholder audience that was mentioned in the feedback we got from the registration questions: mental health professionals in your communities. And so, thinking about those local mental health providers who are also doing work—but they're more on the mental health promotion work side—and there are a lot of synergies between the things that we're doing in the same community. So, a message that folks mentioned they are trying to communicate to this group is the importance of addressing substance abuse or misuse prevention, and help mental health promotion, in a coordinated way. Because, oftentimes, there are a lot of shared goals in that work, and sometimes even shared audiences. And so, finding ways to create efficiencies and seeing where there are partnership opportunities to do that work concurrently would be a really important message to communicate in building those relationships.

So how would this play out looking at our pitch checklist? So, goal: the goal would most likely be something like aligning the substance misuse prevention and mental health promotion work—so, acknowledging that our mental health provider professionals and peers are doing similar work in our communities, albeit focused on mental health, that we're doing as substance abuse preventionists. And so, finding where those opportunities for crossover and alignment that is a really ... would be a really effective goal. Like we mentioned, the intended audience is mental health providers and, of course, depending on your environment and community, it might be a diverse type of mental health professional with whom you might need to collaborate—so we left that a bit vague—but knowing just in general, some of the things they're focused on and that are important to their work, we're going to factor those into the messages or the pitches that we develop.

Next, what is it that we want them to do? So, a very natural desired action in building this relationship is to ask them to be a part of the work that we do—so having, for example, a

mental health professional representative join your substance abuse task force so that added voice is included in conversations in the prevention work that we're doing on the substance abuse side.

Compelling elements: I think that the shared goal is a really big selling factor for this pitch. I think that people like finding other people like themselves who are doing similar work and that sharing that experience, whether it's sharing resources, sharing channels, or sharing a means of doing that work, would always be appreciated. We all know that we work in environments where we have limited resources sometimes and limited time, so because of these shared goals we're able to capitalize on that and maximize all the things we're doing and communicating, and the work we're doing in the community.

Message tone: so, since these are our peers—just our peers in the mental health side—and as SAMSHA likes to reinforce all the time that substance abuse and mental health are part of behavioral health, and the definite connection is there, the tone should be serious. Right? But, it should also feel collaborative—that this is about creating relationships and building on collaboration to make all of these things happen.

So, just a sample message—so as Dodi mentioned, these are not final products, but just to give you an idea of how all that information on the checklist kind of can play together in a pitch, I came up with, “Showcasing the relationship between substance abuse prevention with mental health promotion in our work will improve the health and wellness of our community.”

So, that last part is reinforcing that shared goal part because, basically, our mental health professional peers are working to help improve the health and wellness of a community just as we are. And so, reinforcing that the relationship between the two, our prevention and promotion work, can help work towards that shared goal is really, really compelling.

Great. So, before we move onto the next section, I know that there have been a couple of questions that have come in so far as we were going through the pitch checklist and some of these examples; and so, Dodi, why don't we pause and take on some of these questions?

[Dodi]: Sure, that sounds great. I did want to say—and I keep forgetting that there isn't a chat that people can see, so I apologize for that. Jill did say that she thought it provided a

foundation for thinking through how to talk to business. We know we're being a little broad here, and I know that might be frustrating for some folks who are looking for really specific strategies, but hang in there with us. And, we do really think that walking through this and thinking through this carefully will really help you get to that specificity that Crystal has talked about. Because, that's really the name of the game—is about making sure that you target and tailor—but we're going to go into that in just a minute.

We've had a couple of questions about the whole scare tactic issue. And, it is a challenge; we do see some of the more recent tobacco addiction ads that have come out nationally have been much more graphic, and they do feel a little bit more like scare tactics. I think for us as preventionists, it's really important to speak from what we understand about the research and how scaring people really doesn't get them to be healthier. At the same time, it is important to talk about real consequences. And it is a fine line, Nikki from Maine mentioned—sometimes it feels like you're right on that edge when you're talking about negative consequences—it feels, also, like you're kind of trying to scare people into health.

And, it's a hard line to challenge. I think what's really, really important is that we give people positive things to do to make a healthy choice, and that we're always thinking not only about risks and consequences, but we're also thinking about protection. So, that's a really important piece. Crystal, I didn't know if you wanted to weigh in on that one?

[Crystal]: Yeah, I would love to. So, thank you, Nikki and Mike. They both sent questions that are fairly similar to each other about the scare tactic thing. I mean, I think what often happens, is we have peers in the community who just want to get the public's attention, and so scare tactics are a great way of just getting someone's attention, right? It makes people stop and pause and look, but it doesn't necessarily make them engaged. And, it definitely doesn't always help them take that desired action—what we want them to do. And, by generating that fear and anxiety, it sometimes reinforces feelings of helplessness, and that kind of undermines what we're trying to accomplish. And so, while I think it's really important that we showcase consequences, I don't think that we should use that as the compelling element. Right? It could be part of the message as a way of educating the people we are communicating with, but we have to find a compelling element that really speaks to benefits like, “What are the benefits of them taking that desired action?”

That's really going to be the tipping point to move people into more engagement. And how we find that out is doing that audience research, like talking to stakeholders before crafting the messages to find out what things they are concerned about. And, so we can get more specific about the benefits and barriers and make sure we're using the right tone, the right compelling elements, and the right desired action to gain their engagement.

[Dodi]: Wonderful, that's great. I wanted to just share, before we moved on, a couple of comments. One is from Lou Anne. She was at a prevention conference with about 100 other preventionists, and they did an activity where every group had to identify [strategies for] reaching and engaging parents in prevention—in substance use prevention—and she would really like to see more of that. And I do think, as a field, we should really think about how we share this amongst ourselves. How do we share the good messages that we come up with? It's really challenging to do all of this on your own, for sure.

And, Maurianna speaks about the challenge of having multiple coalitions and multiple organizations targeting and working on different things, so that everyone feels stretched by all the collaboration workload.

And, I think my best strategy for you, Maurianna, is really thinking about who are the bridge builders between those coalitions? Maybe it won't be everybody, but if there are a couple of bridge builders you can engage even between a couple of those efforts, you start to weave those efforts together, and it starts to be a bit more effective. That's just my off-the-top-of-my-head suggestion, but we're going to take these ideas and explore them more for the following webinar, as well.

So, before we go on, there is just one more scare tactic comment that I wanted to share, and then we're going to move on.

So, a neighboring state had a cluster of HIV cases and the Department of Transportation had flashing mobile electronic signs outside of truck stops warning truck drivers," HIV infections in the area."

Oh, my goodness, really? Nothing about how to prevent embedded in drawing on fear.

Thanks, Brenda, for that. It's so important— right—that we can't just scare people into health: We know that from the research.

And so, I think sometimes we can utilize those as opportunities for learning, right? We can reach out to the folks who are developing those messages and say, "We get your passion for how important it is to prevent HIV infection. But, we also have a wealth of knowledge and expertise that we believe can help you to think about not just saying, "Don't do it," but pointing people in the direction of more positive behavior with better consequences.

And so, there are lots of questions coming in. We're going to keep moving, and we're going to come back to questions at the very end of the webinar. So, keep typing those questions in the Q-and-A box, and we're going to keep taking them in after a bit. We're going to go through one final section, and then we'll have a few more minutes for questions.

[Crystal]: And, thank you, everybody, for these questions; they're really great—great conversations to be having, and great examples that you all are sharing. So, thank you, for that, and we'll have—as Dodi mentioned—we'll have another moment where we'll pause for some time to follow up with a few more questions, as well before the end of the webinar.

So, this is our transition to tailoring pitches, so, Dodi, why don't you start with giving the overview?

[Dodi]: Wonderful, thanks so much, Crystal.

So, if you haven't heard us by now, this is our big message, right? The most important first step that you can make is getting to know your audience. And, so, oftentimes we think, "Well, of course this message will work; it works for me."

But, we really need to go out there and really deeply understand the audience that we're trying to reach and understand, also, that it's not a one-size-fits-all. It's not even a "one-size-tweak-a-little-fits-all."

We really need to understand each audience will have its own action, and will have its own compelling element, and will need its own message tone, and that, honestly, if we get one of those wrong, it kind of undermines the whole message. So, it's very important to think

carefully about that and that we need to really carefully shape each element of the pitch to make sure that it fits with each stakeholder's characteristics and needs. And, one of the really specific ways we can do that is to engage one of the people from that stakeholder element—stakeholder audience, excuse me—in the conversation about developing the pitch itself.

And so, for example, here is a whole bunch of different prevention stakeholders that I'm going to start with in the faith community. In our community, we really struggled with getting faith communities on board. And one of the things we decided we needed to do was to go out and get several leaders of various faith communities in our town to come and do a panel discussion with us as prevention specialists in our community and just talk through what is different about the way that we work, what is the difference in the language that we speak, and what is the difference in the way that we do our work?

And, I'll never forget, one of the pastors of a local church said, "You guys, you just take too long. If I need something, I say it from pulpit, you know? So, say I have a family that's moving, and they need a bed and bureau for their child. I say it from the pulpit, and that afternoon there is a bed and a bureau, maybe two or three, on my front lawn before the day is out. If I had to go and work with you guys, you'd want to go through a planning process, and you'd want to evaluate how many bureaus and beds I got."

We all just kind of laughed, and said, "Right. OK, we get it."

You know, when it comes to you, you really need that immediate "What do you need from my congregation today?" or "What do you need from me today?"

The other thing that they said to us was, "We don't work when you work. So, if you're going to ask us to come to a meeting at 3 o'clock in the afternoon—we're maybe doing another job at that point; we have a different livelihood. We work in the evenings and on weekends, and so, if you want to engage us, that's when you're going to have to do it."

So, we're talking about really getting to know those pieces of what is going to work within each stakeholder audience. Up in the right-hand—sorry, the left-hand corner—that picture is meant to represent nonprofit leaders and government officials. And, honestly, what they want from us is: They want a one-page, very clear, concise set of talking points, so that when

they're trying to integrate prevention into the work that they're doing, they know exactly what to say. They don't want to have to think about it too much; they are giving you their support, and they want to just say, "Here, tell me what you want me to say from the mic, and I'll say it—and, just give it to me."

Likewise, it's very important when talking to the media—which is the second one to the left there—who is interviewing. It's really important for us to think carefully about, "Are we aligned in the message that we're trying to give?"

You know, with non-medical use of prescriptions, and the opioid epidemic that we're facing, sometimes folks get very worried about, "The media is calling me and wanting a response right now."

We need to stop and think very carefully about what our message is and whether we are aligned [in our messages for] the community. Or, are they [the media] just looking for a sensational quote to put in the newspaper so that they can sell more newspapers? So, it's very, very important to think that stuff through before you get there.

So ... some of the other stakeholder groups in this picture: law enforcement—we've used a couple of examples around that—physicians, businessmen. We haven't talked as much about parents and youth—but certainly we can—those have been some of the questions that have come in the chat, and we can think about that for the next webinar. We really appreciate the thought about adding more to that.

So, I'm going to hand it over to Crystal to go a little bit more in depth around some of the other considerations about engaging stakeholders.

[Crystal]: Thanks, Dodi.

So, I'm sure many of you are thinking, "This is a lot of stuff to consider when developing a pitch."

We're asking you to think about your goals and your audiences; there is a checklist, and it just might seem overwhelming. Our intention is not for it to be overwhelming. Our intention is to give you a process for you to go through—but then also to inform you about some of

the considerations that you should think about as you're developing this content— because we don't want a poor word choice, or phrasing, or maybe not the right desired action or compelling element to be an obstacle or barrier to the success of your pitch. Right? For you to—because basically a pitch is just collection of persuasive messages that encourage your audience to take a next step or take action.

And so, we just want to throw some ideas out there, so you have them in the back of your mind as you're developing your pitches, to really make sure that your pitch is as strong as it could possibly be before it gets communicated to your desired audience.

So, one of those things to add to your considerations is factoring in culture and language. Because, oftentimes, when missteps are made with taking those considerations into account, those [missteps] can be huge communication barriers between you and the audience that you're trying to reach. So some of those examples that might be race and ethnicity. [You might want to consider] the national origin of the stakeholder group you're communicating with in your community. Religion might be a factor—taking [into account] those kind of religious perspectives on health and wellness, and maybe even substance abuse, is important. Considering the age of the stakeholder group that you're reaching out to and what is the age—the general age of that group—it might be a range.

Gender might be a factor. Sexual orientation may be a factor. Physical disability might also be a factor. And then, something that oftentimes doesn't get added to the list of considerations that does impact: language, or literacy level, of the stakeholder group that you're trying to reach. And, oftentimes, thinking—when we're reaching out to, perhaps, more general public audiences like parents, youth, all those things, taking into account the literacy level of the group that we're communicating with will help really streamline the types of words that we use and phrases that we use so we're using the most ideal language possible.

So, just to kind of play through an example ... oftentimes, in my work with SAMSHA in the past, we've reached out to the Hispanic/Latino community. As many of you know who work with those communities frequently, it's a very, very diverse community—that one community itself is very diverse. And so, sometimes you have to ask additional questions when thinking about culture and language in order to make sure that you are presenting your pitch in a way that's appropriate and will be received well by that stakeholder group.

So, for example, a question I might ask myself as I'm developing a pitch for this group is, "What is the predominant language spoken?"

I think, oftentimes, the assumption is "Spanish," but that is actually not often the case. So, knowing that stakeholder group—knowing that Hispanic/Latino population in your community and what its language needs are—would be very, very important.

Also, what is the national origin, or the predominant national origin, of that community in your area? Are they originally from South America? Central America? Puerto Rico? Like all of those [specifics] can be factors in cultural perspectives as well as language use.

So, for example, if the pitch is going to be delivered in Spanish or needs to be delivered in Spanish, the type of praising—knowing those colloquial terms that might be more prevalent in, say, Puerto Rico compared to Argentina—is important.

And then, finally, another question we might ask ... and I'm just going to say as a caveat ... these are all just some of the questions you might ask ... I'm sure there are many, many more that could be added to this list and that would be part of our shaping of our communication to a specific group. But, whether the community comprises recent immigrants, or individuals who have lived in your area for a long time, if you have a community where you have generation upon generation that has lived in that area, you have different perspectives and perceptions about the messages that you might be delivering versus recent immigrants whose perception is more shaped by their national origin than, say, their experience here.

So, all of those things can be really important factors, and things that, at least, you should be considering as you shape your pitches for your key stakeholders.

OK, so this is our time to pause for questions. I know there have been a few that have come in already through the Q-and-A pod. If you should have an additional question, please go ahead and add it. At this time, we don't have a lot of time left, but we could maybe do one or two.

[Dodi]: Great. Crystal, I'm seeing a couple of questions, and I think they're sort of related, so I'm going to try to tackle them together.

[Crystal]: OK, great!

[Dodi]: But, I don't want to shut it down for anybody who has an additional question, because, as we said, we would address questions also in the second webinar. So, if you still have a burning question, do go ahead and feel free to type it into the Q-and-A pod over there.

One question was about how we reach parents who think that marijuana is all right?

And, similarly, when speaking with youth who have parents maybe who are marijuana users and who still sort of work fine in the world, how do we talk to them about the consequence of marijuana use?

And then, right on the heels of that—and that was from Rebecca—thanks so much Rebecca.

And then Camille wrote, "You know, one of the things that prevention specialists need to be able to confidently speak about is prevention science to those who doubt the validity of prevention science, because of the shift away from scare tactics and really towards data-based decision making and strategic planning, and community-wide approaches."

And, I think that we really need to figure out how to answer that marijuana question with good evidence, but evidence that's geared toward the particular audience that we're talking to—so it speaks their language and not just the language of prevention science as we are familiar with it.

Because, I think that's where people—we lose people—is that we speak our own jargon and we speak our own prevention science language, and we don't put it in the language of the people we're trying to impact.

So, I agree with you, Camille. We do need to do much more work on that and that's really, this is the initial piece of work that we've been putting together to try to start to address it, but it's a long road I think ahead of us to really get this right.

I do think it's really important to say, "Just because you seem to be OK in the world, doesn't mean you are."

I think all of us could point to folks who are suffering from very serious addictions but look OK to other folks out there. And so, I think it's important to figure out how to say that in a way that really touches our intended audience.

But, we will take these questions carefully into consideration for our planning for the next webinar that will be coming up soon.

And, I'm going to hand it back to Rachel to take us through the end and talk about when Session 2 of "Pitching Prevention" is coming up.

[Rachel]: Great! Thank you so much, Dodi, and thank you, Crystal, as well ... so much valuable input from both of you today, as well as from everyone who has been on the line.

Like Dodi said, I just want to walk through a couple of resources for you.

So, there are two handouts, if you're interested in pursuing this topic more—two handouts that might be of interest to you. The first is available on the CAPT website, "The Do's and Don'ts of Effective Prevention Messaging."

It's a tip sheet, and if you're interested in that, you can just follow the hyperlink that appears in that central pod there with that title, if you're interested in checking that out.

Also, we've created a handout that walks you through the steps of creating an effective message that Crystal and Dodi walked us through today, so you can build your own. A lot of you were talking about—you know this kind of gave you the basics—but if you want to be developing your own pitches and messages, you can use this handout to do so.

And, like Dodi mentioned, this is Session 1 in two-part series. So, our next session in this series is going to take place on August 27, so just under a month. And the topic of that is "Prevention Messaging in Action: Stories from the Field."

So, we're taking a lot of the topics that we addressed today and moving that on to what people are doing in this field, and getting some real life examples.

And finally, I just want to stress to all of you on the call how important your feedback is on this series. We really take it to heart and read all of your evaluations and all of your feedback surveys. And so, if you could take the time to follow that SurveyMonkey® link that's on the right-hand side—and we'll open it up for you so that you could just take it right after the call today. We will be able to incorporate that feedback into our next session and other future CAPT webinars in the future.