

While you take care of your loved ones, H&H takes care of you

Humans Without Labels

Krista Stenberg, Emily Anness, Gabby Raymond

**HUMANS
WITHOUT**
Labels



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EXECUTIVE SUMMARY

In the midst of an opioid epidemic, our campaign aims to target family members of loved ones who inject drugs in rehab. The state of Florida has been very proactive with needle sharing programs, yet our target audience is usually left out of conversation related to their loved one's addiction, recovery, and development of healthy habits. For our first campaign goal, our campaign wants to persuade family members of those who are in rehab to connect with Hope & Help (H&H). To accomplish this, we aim to increase the number of referrals for people recently out of rehab by creating partnerships with local rehabilitation centers and by creating a webpage for the new mental health services for substance abuse. Our campaign utilizes the key message: "while you support your loved one, H&H will support and take care of you," to emphasize the benefits of the support group and mental health services and other services. We will use Instagram to share infographics, promote a guidebook, and educate the target audience. The second goal is to change attitudes and beliefs about being able to help family members once they are out of rehab. Through Instagram, we will create hashtags, #hereforthem #hereforyou, to generate conversation about how to help yourself and loved ones during this time while also incorporating a second key message: H&H has resources for you and your loved ones when transitioning out of rehab.

SITUATION ANALYSIS

Background, Mission, and Values

The H&H (H&H) Center of Central Florida, Inc. is a not-for-profit health center that offers HIV, STD, and HEP C testing, treatment, and primary medical care. “For over 30 years, H&H has provided health services, community outreach programs, and has launched HIV awareness campaigns to prevent new HIV transmissions” (“About Us,” 2019). Recently, H&H moved to a new location at 4122 Metric Drive, #800 Winter Park, Florida 32792.

H&H’s mission is, “To inspire, equip, and mobilize people to take action against HIV/AIDS” (H&H, 2019). They have a leadership team and board of directors consisting of 8 members each, who strive to embody the values that guide their work: compassion, experience, and hard work (H&H, 2019).

Aside from taking action against HIV/AIDS, H&H provides many services to the Orlando area. They provide free HIV, STD, HEP C testing on site, and provide pharmaceutical assistance to their patients so their medications can be affordable or even free. For people who may be at risk of contracting HIV, H&H provides PrEP, which is a medication that can reduce the risk of contracting HIV after being exposed to it by 92% (“Get PrEP,” 2019). This medication can be provided at a low cost or possibly for free if the patient qualifies. They also have transgender healthcare services, a free condom delivery service called “Protect Your O,” and three support groups that occur bi-weekly at their new Winter Park location. For patients that have a difficult time providing food for themselves or their families, the H&H food pantry can give them up to four food baskets a month.

Problem and Opportunity Statement

As any organization does, H&H has their own share of internal and external obstacles to overcome. To ensure the success of this campaign and their overall mission, these weaknesses and threats need to be identified and addressed.

Some internal weaknesses H&H can address are online. First, there is a lack of information on their website. As an organization that provides HIV, STD, and HEP C testing, a visitor on their website can only see information related to HIV, HIV testing, and PrEP under their “Get Tested” website tab. There is currently no information about other STDs or HEP C on their website. Some of their services lack information, as well. There is no information provided on when the H&H food pantry occurs, how to sign up or receive food, or where it occurs. As for transgender health care services, the only information on their website is: “With the latest technology and medical resources for Transgender Health, the medical team at H&H works closely with you to not only understand your health needs, but your health journey as well” (“Medical Care,” 2019). An organizational blog can be a useful asset to the site, but as of October 2019, the last blog post was on July 29, 2019. Consistency on this blog can be addressed, and their new podcast, as well.

An external weakness H&H will constantly battle with is stigma; stigma related to the LGBTQ+ community, HIV, sexual practices, and drug use. A strength of H&H is their use of language that addresses these stigmas. Their social media sites, like Instagram, use sex-positive language to combat stigma associated with sexual practices. They also tackle stigmas related to the LGBTQ+ community and HIV through their own staff. Some of the staff are living with HIV and they aren't afraid to say it out loud, making H&H's environment welcoming, accepting, and understanding.

Similarly, a threat for the organization is that people may associate H&H solely with HIV, or the prevention and treatment of HIV, while their many other services don't come readily to mind. As always, there will be local competition as another threat. Miracle of Love, Inc., LGBT+ Center Orlando, AHF Healthcare Center, and Haven of Hope Aids Ministry, to name a few. Miracle of Love, Inc. has a similar mission to H&H, and they provide resources on HIV, PrEP, and other common STDs on their website. H&H could turn some of their threats into an opportunity by offering more information on their own website, which would emphasize their other testing services, as well.

These threats and weaknesses can be addressed and transformed into opportunities that benefit H&H. As for this campaign, Humans Without Labels will be able to expand their target audience and shine light on the many other services H&H provides. Talked about further on in more depth, the target audience of this campaign is commonly left out of conversations related to healthcare and generally lacks the resources they need. Loved ones of people who inject drugs, the target audience, are not addressed in H&H's online materials, nor are they addressed in their competitor's, Miracle of Love, Inc. Addressing this target audience can set H&H apart from their competition and has the potential to build new relationships with rehabilitation facilities, mental health facilities, and other resources like local support groups. For example, Peace Club in Orlando, "Was started out of necessity. Too many of our friends and neighbors have died from opioid related deaths..." (Peace Club, 2019). Connecting with rehab facilities such as Peace Club provides mutually beneficial partnerships; H&H can reach a target audience that needs help while rehab facilities can offer patients outside services after rehabilitation.

This campaign focuses on H&H as an organizational whole. On their website, they acknowledge that, "Injection drug users remain at significant risk for getting HIV" ("What's

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HIV?” 2019). Yet, none of their services or any of their available information addresses this segment of the audience. By doing so, this informational and motivational campaign will address a target audience in need and will highlight the many services and resources H&H provides to our Central Florida community.

RESEARCH PLAN

Secondary Research Report

While conducting research, it becomes clear that our target audience, families, play a pivotal role in combating substance abuse and HIV. However, that role takes a significant toll on those who take the responsibility of their family members suffering from both substance abuse and chronic diseases like HIV. Especially when those who are the support system are children or young adults themselves.

Family members play a much more significant role in not only motivating their family members into receiving treatment but also keeping them in treatment. According to Kelly et al., 2010, this research study analyzed the importance of social support for those in recovery from drug addiction and the level of influence it plays on treatment entry and engagement. This study was able to conclude that the higher the level of support from family and friends, the higher the level of treatment motivation was found in those receiving treatment during the study. Family members, if they are apart of the treatment process, provide much of the emotional and physical care that is needed for those suffering from substance abuse and chronic disease (like HIV). They also play a role in combating stigma and ultimately getting those who are suffering from both IDU and HIV into the necessary treatment. In one research study, they analyzed how perceived stigma influenced those who were HIV positive and suffering from IDU on their decision to disclose their status to their family members (Rudolph et al., 2012). What they found was, “Familial responses to revelations of injection drug use and HIV positive status were generally characterized by concern . . . Those family members who learned of an IDU's HIV positive status typically embraced their [sick] family members, providing care, encouragement, and support” (Rudolph et al., 2012, p. 244).

Numerous studies show the effectiveness of social support within the treatment plan for those suffering from HIV and IDU, there also are studies that show those who are providing that care need their own form of support. In one research study looking at the mental stability of family members dealing with their loved one's substance abuse, they found that family members internalized the burden of caregiving, leading to those individuals having depressive symptoms. These symptoms often, in turn, lead to strains on family relations and feelings of guilt, worry, shame, ultimately led to the diminished quality of life for those providing caregiving (Li et al., 2014). Understanding this bit of information is crucial for our campaign because it shows that both those getting out of rehab and their family members need support in order to successfully combat stigma and the disease itself.

Research shows that caregivers tend to refuse support for themselves because they are so focused on the caregiving process (Reinhard, Given, Petlick & Bemis, 2008). Though there are numerous studies that show the importance of helping family caregivers, and increasing the support to those caregivers, these interventions are often lagged far behind those provided for the patients (Reinhard, Given, Petlick & Bemis, 2008). Through the caregiver perspective, they often wait until their duties as a caregiver is done until they seek support. Our campaign seeks to change both of these perspectives.

Publics and Stakeholders

Our target audience is very specific to what is known about HIV and IDU in Orlando, FL. According to the Florida Department of Health statistics, between 2005-2014, the number of newly reported HIV cases among those 50 or older has steadily increased, with a total of 23% increase since 2005 (Division of Disease Control and Health Protection, 2014). In general, those suffering from IDU are at a higher risk for not only spreading their disease but also contracting

HIV and Hep C in the first place. Based on these statistics, our agency found it relevant to target those family members who are dealing with their loved one's substance abuse problems and HIV. The target audience for our campaign will be focusing on 20-30-year-olds who are coping with recently released family members out of rehab. To reach our intended audience, our generated media content must have specific messages that relate to them. We also want to have key phrases that will hopefully catch the attention of our intended audience, while they search the web. The public for this campaign includes the partnerships we plan on building with local rehabilitation centers within Central Florida. By creating these partnerships, it will create a stronger network of partnerships with local organizations with H&H. It will also strengthen H&H's credibility in terms of them providing mental health services to our intended target audience. The stakeholders for our campaign include already formed partnerships that H&H has and are indicated through their website. These partnerships include organizations like Gastro Florida, Advanced Care Physicians, and Diversity Health Center of Tampa Bay. These already formed partnerships, some of which have been with H&H for many years, are the ones who stand to "profit" if this organization succeeds. They are the ones who also stand to lose if the organization does not continue to grow and branch out more. By creating new mental health services and targeting new target audience, H&H as an organization will continue to grow.

Primary Research Plan

Our target audience is a very specific and unique target audience, as seen above in the secondary research section there are many gaps to fill with primary research. The overarching goal of our primary research is to get a better understanding of our target audience's attitudes and beliefs about helping their loved one who is in rehab or recently have returned from rehab for injection drug use. First, we want to know if our target audience believe it would be useful for

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them to help their loved one. If many people do not, then we will need to create a campaign that stresses why helping your loved one is important. If many people think that it is important, we can go on to create a campaign that will have messaging about resources and best practices for our target audience. Another important question that stems out of this is how effective our target audience perceives themselves as being able to help their loved one who is in or has recently left rehab for addiction to injection drugs.

In addition to understanding our target audiences' attitudes and beliefs towards helping their loved one, we also want to understand what type of help they see as important. We want to ask them what resources they think their loved one will need when they leave their rehabilitation program. We also want to know what type of support our target audience thinks would be beneficial for them to have. This will allow us to understand what resources H&H might be missing and could offer or H&H could create partnerships with places that already have these programs. Further, we want to be able to understand what barriers our target audience is facing to getting support and help. This will allow us to create messaging that will reframe and mitigate these barriers, which will likely make them more likely to seek help.

Lastly, we want to find out what channels our target audience uses most. We already know through secondary research that they use Instagram and Snapchat most often, but we want to know what channels they use to seek help and information about their loved one. Going along with this, we also want to find out how they likely receive this sensitive information about their loved one and how they can help. Do they prefer this information coming from doctors, blogs, online support groups, resource pages like the CDC? This will allow us to know how to frame our message and what type of people we should use as faces or opinion leaders in our campaign.

Our plan on conducting this research is to do a survey and a focus group. The sample questions for both are in appendix A and B. Since we are asking questions that are so sensitive, ask to reveal information about illegal actions, and effects a smaller population, we will be asking all of our questions as hypothetical. This will allow us to find and ask a wider range of people. We plan to disseminate our survey to those who are in our target audience age range, 20 years old to 30 years old. Since we are all students at Rollins College, we will likely have a higher response rate of students who are in their early twenties. We do plan to send the survey to people who do go to other schools, so it will not just be Rollins College students answering.

In addition to this we are planning to conduct a focus group. Since our connections are with Rollins College students, we will be using three students from here who again will fall in the early age range of our target audience. This again will be all hypothetical questions being asked for the same reasons as stated above. We want to conduct both a survey and a focus group so we can get a general understanding and then dig deeper into this. The survey will allow for us as researchers to understand attitudes, perceptions, and general thoughts towards helping a hypothetical loved on with an injection drug addiction. We then will conduct the focus group which is beneficial because it allows us to probe further into why these attitudes and perceptions exist (Bibbit & Sullivan, 2014, p. 42). A focus group will also allow for us to get a larger range and more in depth feelings and emotions than cannot be observed in a survey (Bibbit & Sullivan, 2014, p. 42). In addition, we can ask more follow up questions which will allow us to understand deeper what types of barriers our campaign will need to address to get the target audience to engage in the behavior change we are seeking.

Primary Research Results and Report

Our team disseminated a survey and conducted a focus group. Our survey was disseminated to people in our target audience from different colleges in the United States. We got results from twenty-four people. We also conducted a focus group. This was done with three people who all fall in our target audience. Through our research we were able to learn more about the stigma pertaining to injection drug users, perceived ability to help a loved one who is a recovering injection drug user, what barriers are perceived to getting help, and where people prefer information about this topic coming from. These findings will be able to help direct our messaging and inform what themes we should focus on in our campaign.

Survey Results

Our survey was disseminated by posting the link on Instagram and also sending the link to those who our team members knew. This allowed for their to be variation in where the respondents were from. We had the majority of respondents from Florida, but we also had respondents from Vermont, Maine, New York, and Maryland. Twenty-four people responded to our survey. Twenty-three of these were in our target age range, eighteen-twenty-four years old. Considering this was our age range the majority, 67% are currently students, and 33% were employed for wages. We had representation from many race and ethnicities, but the majority was white, 66%. Our next highest percentage of representation was Hispanic, 20%, then Black, 8%, and lastly Asian, 4%. In addition, the majority of our respondents identified as female, 80% and 20% identified as male. The last important demographic results were the distribution among reported family income. There was representation from a diverse range of income. The most reported range was \$10,000-\$49,000, 32%. The following was over \$150,000, 27%, then \$50,000-\$99,999, 23%, and lastly \$100,000-\$149,999, 18%. As this shows there was high levels

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of variation and not very much concentration among one range of reported family income. Our respondents do have many similar demographics given the age range, but there is still variation among others that are not defined by the stage of one's life. This allows for us to be able to infer, for the purpose of this class project, what the general public is also feeling towards our campaign.

In addition to these demographic findings we had results for the key questions we had for our target audience. Reporting these findings will be broken down into four sections: General attitudes towards HIV and injection drug users, perception of helping a loved one, perception of helping oneself, and preferred channels and communicators. We began by asking how if our respondents agreed or disagreed with the statement that there is not enough support for HIV and drug users in my community. 71% of respondents answered strongly agree or somewhat agree. In addition, we asked if they agreed if their loved one was an injection drug user they would be more at risk for HIV and HEP C. For HIV, only 4% said somewhat disagree, the rest reported neutral, 16%, somewhat agree, 33%, and strongly agree 45%. For HEP C we had similar responses, only 4% said they somewhat disagree, the rest reported neutral, 25%, somewhat agree, 41%, and strongly agree, 29%.

In addition to the general attitudes towards these groups, we wanted to understand how effective our target audience saw themselves as being able to help their loved one during this time. Our survey showed that 50% of respondents strongly agreed that they could provide support for their loved one during this transition. Further than this, 33% of respondents said they somewhat agreed that they could provide this support. Only 12% of respondents said that they somewhat disagreed. Even though more than half of our respondents reported they agreed they could provide support, only 8% of respondents strongly agreed they would know where to find

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resources to help their loved one going through recovery. That followed with 25% of respondents saying they somewhat agreed that they would know where to find the resources to help their loved one, but 49% of respondents said they would somewhat disagree or strongly disagree that they would know where to locate these resources. Following this, 91% of respondents reported that talking to their loved one about their addiction would difficult or every difficult. In addition to this, the majority of the respondents thought that their loved one who was going through this transition or was addicted, would not be receptive to their help. We asked generally how receptive would your loved one be to you find them help, 41% of respondents reported unreceptive, 25% reported neutral, and 25% reported receptive. In addition, we asked about referrals to support groups and health organization. The majority of respondents for both of these reported their loved ones would be neutral or unreceptive. For a referral to a support group 37% reported their loved one would be unreceptive and 29% reported neutral with only 16% reporting receptive. Lastly, we asked about referrals to health organizations and 25% reported unreceptive, 41% reported neutral, and 25% reported receptive.

We also wanted to learn about barriers to getting support and if one thought they could seek for themselves during this transition. We asked an open-ended question for the barriers and found many of our responses pertained to financial barriers or how to communicate with them. People were unsure the first steps to talking with their loved one, what is okay to talk about, how to be sympathetic but not a pushover, and how to convince them they need help. To see if people thought they could seek help for themselves we asked how easy would it be to seek help for yourself during this time. The majority of respondents reported it would be difficult, 41%, but 20% reported neutral and 20% reported easy. Lastly, we asked about media channels and communicators. We asked respondents to check all platforms that they used the most. Instagram

and Snapchat were picked the most often. 40% of respondents picked Instagram and 35% picked Snapchat. We also asked our respondents to pick where they would prefer information about this transition to come from, and 54% picked medical professionals followed by 25% picking family and friends.

Our survey findings help us determine where and how we should be communicating with our target audience. With Instagram being the social media platform our target audience uses most, it will be the primary communication channel for our campaign. Our results also demonstrated the importance of information coming from medical professionals, so our objective of creating partnerships with local rehabilitation centers is crucial for developing credibility and trust with the target audience. We could cite professionals from the rehabilitation partnerships in social media posts and in the resources that will be on the website.

The results also helped us determine what messages would benefit our target audience most. Respondents reported that they felt capable of helping their loved ones but weren't sure of where to find resources. Our messaging will focus more on providing resources and where to find them rather than uplifting the target audience to help them recognize they are capable of helping their loved ones. This is also why it is important for our campaign to create deliverables that are important resources to our target audience and promote them on Instagram and have them available on the website. An example of these deliverables is a white pages with different resources they could utilize. A challenge our target audience perceived would be difficult when helping their loved one was communicating with them about their addiction. We will create messaging on how to communicate with loved ones about their addiction, and in addition this can be a topic of the support group we want to develop for H&H. We also will focus on messages that mentions how our target audience can help themselves because they believed this

would be difficult. This is where we would incorporate our support group. We could create messaging about the benefit support groups have for our target audience as they learn how to take care of and help themselves. We could do this through testimonials on Instagram. Lastly, it is important for us to create these partnerships with rehab due to the fact that our respondents wanted information coming from medical professionals. It is important and will be beneficial for H&H to have messaging about the resources they have and the options of a support group coming from medical professionals, who our target audience already sees as credible and trustworthy. In addition, we will want to highlight these types of people on Instagram and in the messaging we use. We will link to resources created by medical professionals and highlight medical professionals on our Instagram.

Focus Group Findings

As well as conducting a survey, we also conducted a focus group. This focus group allowed our target audience a chance to freely and openly answer questions regarding difficulties they might find in supporting loved one who inject drugs. Our focus group consisted of three White males and one Asian female, all in the age range of 20-24. The focus group questions started off by asking what they knew about HIV, what their perceptions were of those who inject drugs, and whether or not they felt a stigma surrounding those who were HIV+ (and who injected drugs). These questions were important because our participants validated the fact that those who are recovering addicts and HIV+ are populations that are struggling with stigma and harsh perceptions. Understanding that there is a stigma around our target audience informs us that the messaging that we create for our campaign will need to address and reduce this stigma.

After understanding generally what our audience perceptions were of those who inject drugs and who were HIV+, we asked questions to better understand what they thought the

barriers would be to support their loved one through this transition. What we noticed in our thematic analysis is that barrier of financial costs was one of the biggest reasons as to why our focus group members thought it might be challenging to support a family member going through this process. What our secondary research shows is that the burden to take care of family members with complicated medical issues puts strain on family dynamics, especially when dealing with money. When families are having to support a loved one through a long and chronic medical process, it costs a lot and it can really start to affect the family relationships. It can then, as mentioned in the secondary research, affect the mental health of the caregiver. Understanding these barriers is important because we want to know what is keeping family members from supporting their loved one, and how those barriers affect the caregiver them self. Our campaign will then focus on messaging and creating solutions that will help minimize the cost both financially, but also non-monetary costs. Our messaging will show families that they aren't alone and will show them the specific resources that H&H (and the partnerships we hope to create with local rehab facilities) has to offer.

Lastly, in our focus group we gained vital knowledge about if we were to create an online support group, would our target audience use it. When talking to our focus group, we found that they primarily seek online resources for information regarding rehab clinics, support groups, and general information about HIV/IDU. This then tells us that by creating this separate platform where information would be provided about this topic, and where support would also be there, is what our audience is looking for. In our focus group many of the themes and information provided validated what we were already planning on doing. It also supported what the survey collection process found.

CAMPAIGN PLAN

Goals and Objectives

In our communication goals for this campaign, we are addressing a new target audience for H&H and a barrier that may keep this target audience from helping their family members or from connecting with H&H. Both goals aim to persuade the target audience and are also informational and motivational in nature.

Communication goal one of this campaign is to persuade family members of those who are in rehab to connect with H&H. In order to achieve this goal, two objectives that are specific, measurable, attainable, relevant, and timely were developed. One objective for goal one is to increase the number of referrals for people recently out of rehab from loved ones by 10% in 1 month. By getting loved ones of people recently out of rehab to refer their family members, we are also expanding H&H's services to an audience that needs them. For the second objective in goal one, we want to get twenty people to sign up for H&H's support group and mental health services for loved ones of IDU in rehab in 1 month. This objective will work on breaking down barriers the target audience may face that keep them from helping themselves or their family members. This objective will also build trust with the target audience and helps persuade them to connect with H&H and continue this connection in person for the many other services they provide.

Communication goal two of this campaign is to change attitudes and beliefs about being able to help family members once they are out of rehab. If family members aren't sure if they can help their loved one in rehab or don't know where to find resources, they may not connect with H&H or help their loved one in rehab. Our objective for this goal is to increase loved ones of injection drug users perceived ability to help once they're out of rehab by doubling the

number of surveyed participants who report feeling able to support their family members post-rehab in 1 month. In other words, we want to see if in a pre-survey, loved ones of injection drug users in rehab would say they feel ineffective at helping their family member in rehab and in a post-survey, they would say effective.

Through this objective, we are changing the target audience's beliefs and are working on breaking down barriers that keep them from connecting with H&H. Also, this objective can show other people that H&H is a reputable resource for these needs. For people that are considering connecting with H&H, these statistics from people who are connected with H&H and received the benefits act as powerful testimonials, or social proof, that may persuade them to do the same in the future. "Social proof is a psychological phenomenon where people conform to the actions of others under the assumption that those actions are reflective of the correct behavior" (Patel, 2017, n.p.). In order to build social proof and change attitudes and beliefs, H&H has to build a relationship with this target audience and connect with them, first.

Theoretical Framework

The first theory that will guide our campaign is the Transtheoretical Model of Change. This model allows us to know the best types of people to target. The theory finds that the majority of people, 40% in each, are in the precontemplation and contemplation stages (Prochaska & Velicer, 1997, p. 39). In addition to these two stages there are four more: preparation, action, maintenance, and termination (Prochaska & Velicer, 1997, p. 39). The precontemplation stage is when the person has no intentions of taking action in the foreseeable future, so we will not want to target them (Prochaska & Velicer, 1997, p. 39). We do want to target those in the contemplation stage and the action stage.

The contemplation stage is when someone is intending to take actions in the immediate future (Prochaska & Velicer, 1997, p. 39). People in this stage are who should be recruited for action-oriented programs, and this is what our campaigns intending to do will increase enrollment in support groups and referral (Prochaska & Velicer, 1997, p. 39). The action stage is when someone has made specific modifications to their lifestyle to reduce risk (Prochaska & Velicer, 1997, p. 39). These two stages are important because they are ready and willing to make a change. In the case of our campaign, they likely already have a loved one in rehab and either know the changes they should make and want to do this, contemplation, or they have adopted some behavior changes that reduce risk but still can adopt more, action.

We will be using this theory, and its further research, in addition to the Health Belief Model to help drive our messaging. The transtheoretical model found ten different ways to communicate with specific groups, our campaign is using both consciousness raising and environmental reevaluation. Consciousness raising is when a campaign raises awareness of the consequences of not adopting a behavior, so we will be making the benefits of getting support a key point of messaging (Prochaska & Velicer, 1997, p. 40). Environmental reevaluation reframes a situation to show the person the impact they have on others, so showing them as a role model (Prochaska & Velicer, 1997, p. 40). We will be using this to show that if our target audience is getting support for themselves, then their loved one may feel more motivated to continue getting the support they need once they exit rehab.

In further studies by the same author of the Transtheoretical Model of Change, they looked at how decision making was affected by certain characteristics. The most important finding from this was that people will be better at maintaining a behavior if they have relationships that will support them during times of stress and distress (Prochaska, 2008, p. 848).

This will be important to note in our message to our target audience. They will need that support for their loved one, but they will also need their own support system which can be found at H&H or with support groups.

Lastly, we will use the Health Belief Model, to help frame this behavior change, seeking support for oneself and their loved one, as a positive and a way to mitigate the severity of the problem and seem beneficial. The Health Belief Model states, to make a behavior change one needs to see themselves as susceptible to the consequence (Rosenstock, 1974, p. 330). Our target audience already know they are susceptible because they have a loved one in rehab, so they have moved on to wanting to limit the severity and seeing an action as beneficial to reducing this severity (Rosenstock, 1974, p. 330). From this we know that our messaging will have to frame the actions that we are asking our target audience to take as beneficial to helping to reduce the struggles associated with having a recovering loved one. In addition, this theory explains that barriers, such as cost, convenience, pain, and embarrassment, all need to be low to get people to partake in the behavior change; in order to accomplish all of this, we will need to frame our messaging to show that those barriers are low (Rosenstock, 1974, p. 330).

Strategies

Based on our communication goals, we have developed strategies that meet each objective individually. Our campaign strategies focus on building partnerships with local rehabilitation centers, connecting loved ones of PWID in rehab with to Hope & Help's support group and mental health services using owned channels, utilizing key messages that pertain to our target audience, and generating content for our target audience through H&H's specific platforms like their Instagram. Understanding that our target audience is seeking support and information lets us focus on key messages like: "H&H has resources for you and your loved ones

when transitioning out of rehab.” These key messages will play a pivotal role in not only reaching our target audience but also making sure they get connected to the right resources in the end.

By understanding the Transtheoretical Model, it allows us to know when and at what time our target audience is ready for information to be disseminated to them. Knowing whether they are at pre-contemplation, contemplation, preparation, action, or maintenance, shapes their readiness to attempt, adopt, or sustain the suggested behavioral changes. In this case, for our target audience, they need to be ready to support their loved ones through a challenging time. If they aren't prepared to accept that responsibility, then the messages we throw at them won't be accurate to their situation. However, if our target audience is ready to take responsibility than the messages of “we are here to help” and “H&H has resources” will be accurate for them.

Tactics

To persuade the families of those who are in rehab to connect with H&H, we want to provide those families with resources and information that will help that feeling ready to support their loved ones. Knowing that H&H doesn't have these partnerships, our agency wants to fill this gap and build connections with local rehab facilities in the Winter Park and Orlando area. We also want to place print promotional materials about H&H in these local rehab facilities, and also meet face to face with these facilities. This way, both H&H and the local rehab facilities will have information about one another. Since H&H has yet to have specific knowledge and support for our target audience, our agency wants to create that missing information and to provide a new platform on H&H's website. This new platform for H&H's website will include a new dedicated page that has information about their support group and mental health services, as well as

resources for our target audience. A resource for this campaign is a downloadable comprehensive guidebook for family members of PWID.

In order to reach our target audience and to get our key messages across, our agency plans to implement specific tactics that will aid in this process. One way to reach our target audience, and give them a voice, is through using the dual hashtag #hereforthem #hereforyou. With these hashtags, we want people to generate conversation about how those living with substance abuse can get help for themselves, but also for their loved ones during this difficult time. This hashtag movement is beneficial because it allows for personal stories to be told and emotions to be shared. It also combats stigma through personal testimonials. Another way to reach our target audience is through online campaigns that emphasize our critical messages through H&H's platforms like their blog and Instagram. Best practices for Instagram include posting between 10:00 AM through 7:00 PM Tuesday through Friday, 12:00 PM on Saturday, 11:00 AM through 3:00 PM Sunday, and 12:00 PM through 6:00 PM on Monday (Chi, 2019, n.p.). Using both of these social media platforms will allow our agency to disperse resources that will provide accounts of people who have sought help for their family members, what tools have worked for others, and to create lists of resources. It will also incorporate people that have used H&H and received benefits. Below you will find our sample social media calendar.

A	B	C	D	E	F	G	H	I	J
SOCIAL NETWORK	DATE (MONTH/DAY/YEAR)	TIME (EST)	FORMAT	CONTENT TYPE	VALUE: TOPIC	PROMOTION: TOPIC	SOCIAL COPY (to be filled in 3 days before publishing)	CALL TO ACTION AND LINK	NOTES (e.g., specific images, etc.)
			(image, video, text & link)	VALUE OR PROMOTION?	entertain, inspire, educate (not sell)	sell/ing something: event, service, etc.	(caption)	If the post has one	Put image, video, graphic, etc. here
INSTAGRAM	1/15/2020	11:00 AM	image/link	promotion		new services	We are proud to announce that we now have mental health services for people who have struggled with substance abuse issues. In the midst of an epidemic, your friends at Hope & Help are here to support you and your loved ones. #hereforthem #hereforyou	You can find more information at www.emilyranness.com	
	1/17/2020	10:00 AM	image	value	Quote		You're not alone Hope and Help will be there for you through this difficult time #hereforyou #herefor you		
	1/19/2020	12:00 PM	image	Value	Educational: how to have a convo		Having a conversation with a loved one about HIV/Hep C can be difficult, but we have the resources and tools to get you through this conversation. By using our conversation start guide, it will help guide you through how to approach your loved one with this topic.		
	1/21/2020	3:00 PM	image	Value	Testimonial		"After going to Hope and Help and learning more about HIV/Hep C I was able to understand the full scope of my diagnosis. Though initially I struggled with what it meant to be HIV positive I now know that Hope and Help will not only support me through this process, but also my loved ones. I also understand that my diagnosis does not define me and I am more than just someone who is HIV positive"		
	1/23/2020	3:00 PM	image/link	promotion		online resources	Hope and Help has now created a newly dedicated webpage with specific resources that will help YOU support a family or friend struggling with HIV and substance abuse. We want you to know that through this difficult time Hope and Help will be there for you. #hereforthem #hereforyou	Come visit our new webpage and find our newly created resources to help your loved one through a difficult time www.emilyranness.com	
	1/25/2020	11:00 AM	image	Value	Educational: did you know?		Did you know: within 100 miles of Winter Park there are 723 support groups only 40 of them being for families? Within 10 miles of Winter Park there are only 86 support groups, 2 of them being for families! Good NEWS now there is 3!		
	1/27/2020	2:00 PM	image	Value	Educational: benefits to getting help		These are just some of the benefits of getting help for yourself while supporting a loved one, but there are so many more! We want YOU to comment down below on some benefits you received while seeking help for yourself using #seekinghelpformyself		

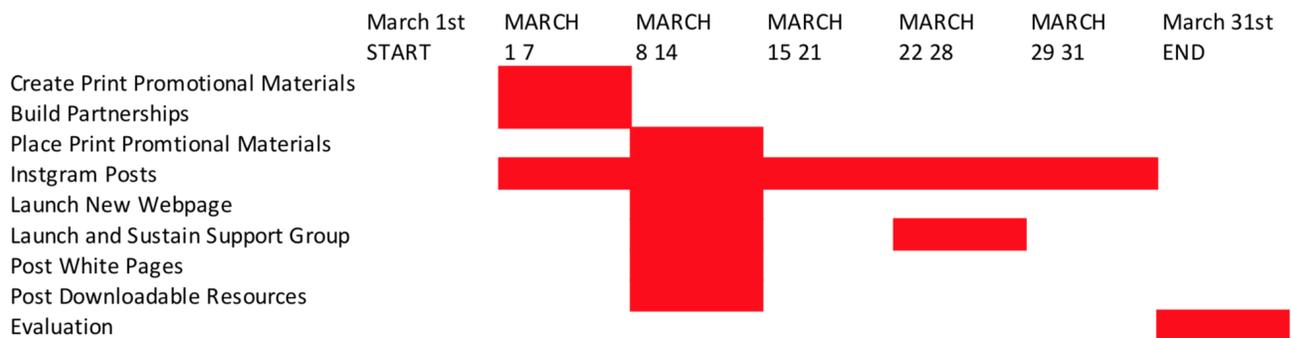
Timeline

Our campaign will begin on January 5th and will end April 18th. Our campaign will begin with creating partnerships with local rehabilitation centers. This will allow for us to provide information to our target audience about H&H during a time they are very receptive to help and are looking for resources to use during the transition out of rehab. We will place print promotional material at those places once we have created those partnerships. In addition, while building partnerships, we will create the additional website page that will include information about the support group and mental health services, as well as the downloadable resources. Throughout our whole campaign we are generating content to post on H&H's Instagram, their blog, and sending information through newsletters.

At the end of this campaign we will leave H&H with solid a timeline of how to kickstart their campaign. We may not have the specific posts, but we have the general messaging themes and when and where to post. This will minimize the burden on H&H to implement this and will allow for there to be guidance for the people that may create this campaign. By having messaging themes laid out and ideas for what to post, it will take less expertise to create

campaign materials. H&H could use an intern or someone who may be a lower level worker who may not generally create for larger campaigns H&H has done in the past.

There would need to be future steps taken after this timetable, we would want our client to maintain the relationships that they built with the local rehabilitation centers. We would want them to continue to give them new print promotional materials when new information arises, or new resources and programs are created. In addition, we would want them to continue to conduct their support group and have weekly sessions. Also, we would want them to keep up their social media presence as a way to keep informing this group of ways that they can help themselves and their loved ones. They could incorporate this into their own Instagram by having a specific day of the week focused on this topic. They could also once a month highlight the support group and use a narrative from someone who has benefited from it. We would also want them to continue to use the blog as a place to provide resources and narratives of why to help themselves during this time. See below for timeline.



Budget

Many of our tactics allow for us to use owned and shared media which allows for us to have a low-cost campaign. The largest sums of money will be spent on print promotional materials, creating a new page on H&H website, and creating an online support group. We estimate that the print promotional materials will cost around \$1,000. If this was too much of a burden for H&H, then they could give out their previously printed promotional materials. In addition to this, if H&H wanted to print the white books for 100 copies it would cost around \$1,000. H&H would not need to do this if it was too expensive because the resources are on their new webpage and can be printed from there. That would not harm the campaign because our target audience uses the internet to find resources and information most often. We would need to add another page on the website for people to be routed to signing up for the support group. If H&H outsources someone to create their website, we estimate this will cost between \$250 to \$400. To conduct our other tactics, we will be using Instagram. This media platform is owned by H&H therefore, it will not cost them anymore money to develop content. In addition, they already have people who create content for this, so they would not need to hire anyone new.

Measurement Criteria and Evaluation Plan

To determine the success of our campaign, we plan to use specific evaluation strategies. Our campaign has three objectives and each of these has its own key performance indicator to evaluate the success of our campaign. The first objective is to increase the number of referrals for people recently out of rehab from loved ones by 10% in 1 month. To track this and evaluate how successful our campaign was at this we will compare how many people come to H&H because of a family member referral before the campaign to what that number is after the campaign. These numbers can be collected from the paperwork that new visitors fill out when

they come to H&H for the first time. On this paperwork the question of how did you hear about H&H will be used to see if the number of people who come in hearing about it from family members increased after our campaign. If our campaign was successful, this number will have increased.

The second objective in goal one is to get twenty people to sign up for H&H's support group and mental health services for loved ones of IDU in rehab in 1 month. To track this objective, we will use the website page we created as a tactic for this campaign. First, we will use Google analytics to track the number of page visits, and to also see how visitors are finding this webpage. Another feature of this webpage are the downloadable resources that are available to users. We can track the number of downloads for the resources to see how successful these resources are, or if we need to improve these resources. We will also be able to evaluate what resources are popular, so more content related to the popular resources can be created. By using Google Analytics, we can input and track specific goals for our campaign. For example, we want to know the number of people who visit the webpage and then download a resource. Google Analytic goals allow us to track these actions, who is taking these actions, and where they are coming from when they get to Hope & Help's webpage (Grimshaw, 2017, n.p.).

The third objective in our campaign seeks to increase people's perceived ability on whether they think they can successfully support a loved one recently out of rehab. How we intend to measure this is by conducting both a pre and post evaluation survey. The pre-survey will be given to family members when they first show up to H&H. Once they are at H&H and have gone through some of the services that H&H provides, that is when the post survey will be given. Our intention is that they utilize the newly formed mental health services at H&H will have, we believe this will be the best time to give them the post survey. By answering the simple

question in the beginning “Do you follow our Instagram” this will allow us to both know whether they have seen our campaign, and gives us a better idea if they are repeatedly exposed to our messages. In the post survey it will allow us to see if family members perception of being able to help a loved one has increased.

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APPENDIX A: QUESTIONNAIRE

Demographic Questions:

1. What is your age?
 - a. Under 12 years old
 - b. 12-17 years old
 - c. 18-24 years old
 - d. 25-34 years old
 - e. 35-44 years old
 - f. 45-54 years old
 - g. 55-64 years old
 - h. 65-74 years old
 - i. 75 years or older
2. What is your family's income?
 - a. Below \$9,999k
 - b. \$10-49,999K
 - c. \$50k-99,999k
 - d. \$100k-149,999k
 - e. Over 150k
3. What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*
 - a. No schooling completed
 - b. Nursery school to 8th grade
 - c. Some high school, no diploma
 - d. High school graduate, diploma or the equivalent (for example: GED)
 - e. Some college credit, no degree
 - f. Trade/technical/vocational training
 - g. Associate degree
 - h. Bachelor's degree
 - i. Master's degree
 - j. Professional degree
 - k. Doctorate degree
4. Are you currently...?
 - a. Employed for wages
 - b. Self-employed
 - c. Out of work and looking for work
 - d. Out of work but not currently looking for work
 - e. A homemaker
 - f. A student
 - g. Military
 - h. Retired
 - i. Unable to work
5. Please specify your ethnicity.
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American

Dr. Parsloe

- d. Native American or American Indian
 - e. Asian / Pacific Islander
 - f. Other
6. To which gender identity do you most identify with?
- a. Male
 - b. Female
 - c. Transgender male
 - d. Transgender female
 - e. Gender Variant/Non-conforming
 - f. Other (please specify)
 - g. Prefer not to say

Likert Scale Question (Strongly Agree to Strongly Disagree)

1. There are not enough support in my community for people suffering from both HIV and drug abuse
2. I would refer a family member to a support group
3. I feel confident I would be able to provide my loved one/family member with support
4. I feel confident in being able to provide my loved one/family member with resources
5. I would know where to find resources to help my family member through recovery
6. If my family member regularly struggled with intravenous drug use they would likely be at risk of HIV
7. If my family member regularly struggled with intravenous drug use they would likely be at risk of HEP C

Likert Scale Questions (Very Easy to Very Difficult)

1. Seeking help for yourself during this time would be
2. Finding support for your loved one during this time would be
3. Talking with your loved one about their addiction would be

Likert Scale Questions (Very Receptive to Very Unreceptive)

1. How would your loved one respond to you finding them support
2. How would your loved one respond to you giving them referral to a support group
3. How would your loved one respond to you giving them referral to a health organization

Open Ended Question

Describe what you would find most difficult about trying to figure out how to support a family member who is returning from rehab.

Pick All That Apply

Which form of support would you perceive as most helpful for your loved one? (select all that apply)

- a. Inpatient
- B. Outpatient
- C. Support Groups

Which form of support, if your loved one needed it, do you perceive your loved one as needing most? (select all that apply)

- a. Mental Health
- b. Housing
- c. Physical Health
- d. Job Placement
- e. Support Group

f. Food

Which social media do you use?

- a. Instagram
- b. Facebook
- c. Twitter
- d. Snapchat

Where do you prefer information about this topic coming from

- a. Medical professionals
- b. Family and friends
- c. Support groups
- d. Internet sources (CDC)

APPENDIX B: FOCUS GROUP QUESTIONS

Warm Up

1. What do you already know about HIV and Hep C?
 - a. Do you know someone who is HIV positive?
2. How do you feel about those who inject drugs and are HIV positive?
 - a. Do you think those who inject drugs and are HIV positive need help? If so what type of help?
3. Do you believe there is a stigma surrounding those who are HIV positive?
 - a. If so, can you name some?
 - b. How do you think those labels/stigma affect the way they view themselves?
 - c. Would it impact the way they seek treatment? HOW?
4. Do you believe there is a stigma surrounding those who are addicts or recovering addicts?
 - a. If so, can you name some?
 - b. How do you think those labels/stigma affect the way they view themselves?
 - c. Would it impact the way they seek treatment? HOW?
5. Do you know someone who has been in rehab recently or just been released?
 - a. What was that experience like?

Detail Questions

6. Have you ever supported a family member with a health condition?
 - a. What was that experience like?

Now imagine that you are the child of someone who is addicted to injection drugs and they have recently indicated that they want support or they are in a rehab.

7. Imagine if you were trying to support a person with drug addiction what resources would you need? (informational etc..)
 - a. Where would you seek out information?
 - b. Why would you want these types of support
8. If your family member was suffering from drug abuse and HIV what type of program would you enroll your family member in?
 - a. Why?
 - b. After they were enrolled, would you support them after rehab?
 - i. If yes, why? If no, why not?
9. Are there any barriers that you can think of that would prevent you from getting support for yourself or helping to facilitate your loved ones recovery?
10. Can you please describe what you find the most difficult in supporting a family member who is returning from rehab?
11. If you had to have a conversation with your loved one/family member talking about their addiction how might you approach the conversation?
 - a. Would you say anything?
 - b. What types of messaging would they be receptive to

12. If you were trying to find support would you feel stigmatized to do this? Would you feel open to telling others about your loved ones addiction?

Summary or Wrap Up

13. Imagine if you could have built your own support system for your loved one when they came out of the rehabilitation program, what would have it been? What types of resources would have been included in this?
14. Finally, is there anything you would like to talk about that we didn't discuss?

APPENDIX C: WEBPAGES



SERVICES FOR SUBSTANCE ABUSE



SUPPORT GROUP

Support groups provide a safe place free of embarrassment and shame to talk openly and honestly about your experiences and struggles. You'll get advice and tips, emotional support, a sense of control and confidence in recovery, and will get connected to other services. Family members and loved ones who are struggling, or have struggled, with addiction are welcome to participate.

[LEARN MORE](#)



HIV/STD TESTING

During the recovery process, your loved one should get tested for HIV/HEP C/ and other STDs. According to reports from the State of Florida Health Department, new HIV transmissions are on the rise throughout the state. Florida now ranks #1 in the nation for new HIV and AIDS cases. HIV is a preventable illness. By learning more about HIV and utilizing the preventative resources available, the spread of HIV can be stopped.

[LEARN MORE](#)



HELPFUL RESOURCES

We have free downloadable resources for those who are recovering and for family members. Learn about how to have a conversation about addiction and recovery, accessible resources in Orlando that will help throughout the recovery process, self-care for family members, and other worksheets and guidebooks.

[SCROLL DOWN](#)





FREE DOWNLOADABLE RESOURCES

... can start treatment early and prevent the worsening of HIV.

If the results are negative then prevention treatment can start by taking PEP a once a day pill that reduce the chance of getting HIV by 92%.



TALK ABOUT WHY THEY ARE MORE AT RISK FOR HIV AND HEP C

Injection drug users are 22 times more likely to have HIV than non injection drug users.

The CDC says that those who are used injection drugs should be tested for HEP C due to higher chances of having the virus.

Conversation Guide

This 4 step conversation guide covers how to have talk with a loved one about getting tested. If your loved one is someone who injects drugs, this guide is for you.

[DOWNLOAD GUIDE](#)

TALK ABOUT WHAT THE TEST IS AND WHERE TO GET IT

The test is just a finger prick to get blood while; will be tested

Hope & Help offers free HIV, HEP C, and STI testing



Recovery Process: Resources in Orlando

This guide will give you insight on where to find resources in Orlando that are beneficial to the recovery process, such as employment and financial assistance, and lifestyle changes.

[DOWNLOAD GUIDE](#)

RESOURCES IN ORLANDO

<p>FOOD AND MEAL SERVICES</p> <p>HUMAN CRISIS CENTER HELP@HUMANCRISIS.ORG</p> <p>SAVATION ARMY- ORANGE COUNTY SAVATIONARMYORLANDO.COM</p> <p>FOOD BANK (ORANGE COUNTY) FOODBANKORC.COM</p> <p>FOOD STAMPS/ SNAP APPLICATIONS</p> <p>DEPARTMENT OF CHILDREN AND FAMILIES- CENTRAL REGION HHS@FLORIDA.GOV</p> <p>TRANSPORTATION</p> <p>LYRA - CENTRAL FLORIDA REGIONAL TRANSPORTATION AUTHORITY CORPORATE</p> <p>COMMUNITY HOUSING</p> <p>COALITION FOR THE HOMELESS OF CENTRAL FLORIDA CFHC@CFHCORC.COM</p> <p>ORANGE COUNTY RECOVERY SERVICES- MEN'S HOME, MEN'S HOME, TRANSITIONAL HOUSING CORP@OCRS.COM</p> <p>SAVATION ARMY- ORANGE COUNTY MEN'S HOME SAVATIONARMYORLANDO.ORG</p> <p>RESOURCETRANSITION OF CENTRAL FLORIDA- HOUSING & SHELTER RESOURCES/HELPER.ORG</p>	<p>HOUSING SEARCH ASSISTANCE</p> <p>FLORIDA HOUSING SEARCH FLORIDAHOUSINGSEARCH.ORG</p> <p>LOW INCOME/SUBSIDIZED PRIVATE RENTAL HOUSING</p> <p>ANDERSON GARD 705 W. WINDERMERE STREET ORLANDO, FL 32815 407.251.8100 CALL FOR INFORMATION</p> <p>ASISTE PLUS SERVICES AND FAMILY CARE ORLANDO, FL 32815 407.251.8100 CALL OR MAIL FOR INFORMATION</p> <p>CITY OF ORLANDO 100 WINDERMERE CIRCLE ORLANDO, FL 32815 407.251.8100 CALL FOR INFORMATION</p> <p>COMMUNITY PLUS APARTMENTS 3115 COMMUNITY LANE ORLANDO, FL 32815 COMMUNITYPLUS.COM 407.251.8100 CALL FOR INFORMATION</p> <p>ORLANDO HOUSING AUTHORITY ORC@OCRA.ORG</p> <p>RENT PAYMENT ASSISTANCE</p> <p>ORANGE COUNTY GOVERNMENT ORANGECOUNTYFLA.GOV</p> <p>SAVATION ARMY - ORANGE COUNTY SAVATIONARMYORLANDO.ORG</p>
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Self-Care for Family Members

Taking care of yourself is important while your loved one is recovering. This guide goes over self-care ideas, including some that can be done from home and some that you can treat yourself to in Orlando.

[DOWNLOAD GUIDE](#)

SELF CARE

Now that your family member is in treatment, things are likely to change. Some of the stresses and worries that probably were part of your life may be coming to ease. But the first weeks of treatment are crucial. Each family member is adjusting to changes, meeting to deal with your conflicts, and establishing new routines. Avoid all these changes. It's important that you take good care of yourself—get enough sleep, eat right, eat exercise, and talk to supportive friends and relatives. This should reduce any negative words or other spiritual suggestions that may be good source of support.

Recovery is not just an adjustment for the person in treatment—it also is an adjustment for you. For the past few years, you may have assumed roles yourself. All these roles are hard to give up and some are hard to give up. All these roles are hard to give up. All these roles are hard to give up.

or when care of tasks that were your loved one's responsibility. Here, as in the past, you may be in the best position to have some sense of what to do and what not to do. If you are the parent of an adolescent in treatment, your role will be to be clearly involved in treatment planning and treatment decisions. This may need to adjust your role and family relationships to allow for the ways in which involvement will take.

You may have many questions about how your loved one will behave in the early stages of recovery. Everyone is different. Some people are very happy to get treatment and then others often report that they adjust to a new life and change to live a healthier and safer life. They may be well, happy and confident. It is important to you to realize that there are several reasons and to get support for

It is important to remember the following points:

- You are participating in treatment for yourself, not just for the sake of the person who used substances.
- Your loved one's recovery, sobriety, or abstinence does not depend on you.
- Your family's recovery does not depend on the recovery of the person who used substances.
- You did not cause your family member's substance use disorder. It is not your fault.

You will need to have feelings and anger from the past that need to be resolved. You need support to understand and deal with these feelings, and you need to support your loved one's efforts to get well. Remember: Help is always there for you. See Add the resources for more suggestions.



Comprehensive Guidebook for Family Members

If you're interested in all topics related to helping your loved one through the recovery process, this guidebook will get you well on your way. Learn about addiction, how to talk about it, how to talk about HIV/STD testing, local resources for the recovery process, self-care, what our services are and how they can help, and information about support groups!

[DOWNLOAD GUIDE](#)

CONTACT INFO	BUSINESS HOURS	QUICK LINKS	@HOPEANDHELPOF
<p>4122 Metric Drive, #800 Winter Park, Florida 32792 P / 407.645.2577 F / 407.866.2793 E / info@hopeandhelp.org</p>	<p>Monday - Friday 8:00a - 5:00p Saturday Closed Sunday Closed</p>	<p>Free HIV Testing Medical Care Hope & Help Connect My Account Donate Employment</p>	

Powered by [Squarespace](#)

APPENDIX D: SOCIAL MEDIA CALENDAR CONTENT

1/15/2020 Post: Promotion for new services



1/17/2020 Post: Value- Quote

"We don't need to blame ourselves for not knowing what to do about an addicted loved one. There are no prep courses, no way to know exactly what to expect before it happens. But there is a curriculum for recovery. If we learn it, if we follow it, it works."

1/21/2020 Post: Value- Testimonial



1/23/2020: promotional- guidebook



1/25/2020: educational post- did you know?

WITHIN 100 MILES OF WINTER PARK=

723 SUPPORT GROUPS

40 FOR FAMILY MEMBERS

WITHIN 10 MILES OF WINTER PARK=

86 SUPPORT GROUPS

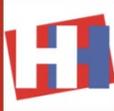
2 FOR FAMILY MEMBERS

1/27/2020 Post: Educational- Benefits of Getting Help

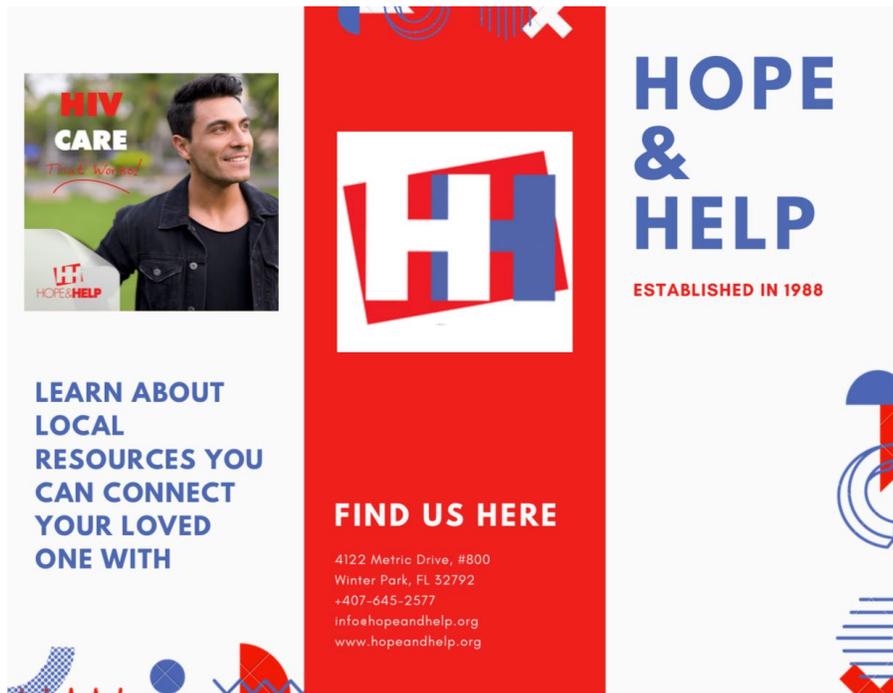


Benefits of Seeking Help

- Improves YOUR Mental Health
- Helps YOU better support your loved one
- Able to find OTHERS going through same situation



APPENDIX E: BROCHURE



HIV CARE
That works!



HOPE & HELP

LEARN ABOUT LOCAL RESOURCES YOU CAN CONNECT YOUR LOVED ONE WITH

FIND US HERE

4122 Metric Drive, #800
Winter Park, FL 32792
+407-645-2577
info@hopeandhelp.org
www.hopeandhelp.org

HOPE & HELP

ESTABLISHED IN 1988



ABOUT US

The Hope and Help Center of Central Florida, Inc. is a not-for-profit health center, offering HIV/STD/HEP C testing, treatment, and primary medical care. For over 30 years, Hope & Help has provided health services, community outreach programs, and has launched HIV awareness campaigns to prevent new HIV transmissions.

QUICK FACTS

1. Florida is the number one state for new HIV transmissions
2. Orlando is the second highest city for new HIV transmissions
3. People who use Injection Drugs have 22 times higher chance of having HIV and
4. 60% of HEP C transmission comes from injection drug use

Free HIV, HEP C, and STI testing

Get results in 15 minutes



Find a safe and welcoming space to talk about living with HIV

RESOURCES

HIV TESTING

Those who have used injection drugs have a higher chance of having HIV. Living with HIV has become easier with new treatments that increase life span and increase ones quality of life. New treatment has also made HIV untransmittable if you are on medication. Not only has living with HIV become easier, but also preventing against HIV is easier. PrEP is a once a day pill that will help reduce the chance of getting HIV by 92%.

HEP C TESTING

Those who have used injection drugs have a higher chance of having HEP C. Also those who are sexual partners of those who have used injected drugs have a higher chance as well. If one does have HEP C there is treatment which has the goal of removing the virus in 12 weeks. If the virus goes undetected for too long it can cause liver damage, so it is important to be tested.

SUPPORT GROUPS

Hope and Help currently has three support groups. RISE, RESTART, and STYLE. Both RESTART and STYLE are targeted at those who have HIV. The support group creates a space to talk about further care, combating the stigma, and creating goals for the future. RISE is targeted at empowering women, and create a space to empower and inspire women.

APPENDIX F: WHITE PAGES



APPENDIX G: CONVERSATION STARTER

CHEAT SHEET TO

Talking With A Loved One About Getting Tested

HIV AND HEP C

1. Come from a place of care! Make sure they know you want them to know their status to be protected
2. Make them aware of why they have a higher chance of HIV or HEP C
3. Inform them about the new treatment options to make the fear of a test result being positive lower
4. Tell them Hope & Help tests for free
5. Offer to get tested with them!

APPENDIX H: CONVERSATION INFOGRAPHIC

HOW TO TALK TO YOUR LOVED ONE ABOUT GETTING TESTED

How to start the conversation

ASK IF THEY KNOW THEIR STATUS

It is important to know your status earlier so if someone is positive they can start treatment early and prevent the worsening of HIV

If the results are negative then prevention treatment can start by taking PrEP a once a day pill that reduce the chance of getting HIV by 92%



TALK ABOUT WHY THEY ARE MORE AT RISK FOR HIV AND HEP C

People who use injection drug users are 22 times more likely to have HIV than people who do not use injection drugs

The CDC says that who use injection drugs should be tested for HEP C due to higher chances of having the virus

TALK ABOUT WHAT THE TEST IS AND WHERE TO GET IT

The test is just a finger prick to get blood which will be tested

Hope & Help offers free HIV, HEP C, and STI testing

No appointment is needed

Get results in 15 minutes



TALK ABOUT PLANS IF TEST RESULT ARE POSITIVE

There is treatment that makes those who are living with HIV have longer life spans and higher quality of life

ART slows the progression of HIV making one live longer and have a higher quality of life

Treatment can make HIV undetectable therefore untransmittable

Inspiring, equipping and mobilizing people to take action against HIV/AIDS

Read More At hopeandhelp.org