

National Pain Strategy

Public Education and Communication

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and

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IPRCC Meeting

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Charge

- Develop a comprehensive public educational effort that is progressive over the course of chronic pain states, tailored to specific audiences, and segmented by health status, risk group, demographic characteristics, language skills, or preferred educational media
- Increase public awareness of; the pervasiveness of pain, the need to treat, multiple causes and effects of pain, the biopsychosocial complexity of pain, prevention strategies, self-management strategies, need for comprehensive assessments, and available and effective treatments
- Provide patient and public education to change cultural attitudes, stereotypes, and myths related to chronic pain and use of pain medications, which lead to underreporting of pain
- Create coalitions to launch public education programs on pain and pain prevention (federal and state government, health insurers, health professions training and accreditation authorities, health professions examination boards, large health care providers, employers, foundations, media campaign sources)
- Engage health and non-health professionals (e.g. employers, teachers, third-party payers) who influence the course of pain prevention, reporting, and care

Priorities

Priority 1 **Pain Prevention**

- Help people with pain know when and how to take action when experiencing pain
 - Campaign need to be ground with evidence based information/outcomes
 - Focus on back pain initially with a campaign designed that can be replicated across many pain conditions. (Australia-don't take back pain laying down)
 - Back pain in the work place is costly issue
 - To change behaviors and expectations of treatment
 - Take into account health literacy and cultural differences

Priorities

Priority 2 Pain Awareness

- Help public better appreciate the seriousness of pain
 - cultural transformation of how the public views people with pain (stigmas- attitudes--myths)
 - Impress that appropriate treatment of pain is a basic human right (empowerment of people with pain) that needs to be treated
 - Address the biopsychosocial complexity of pain.
 - The cost of pain –more than just the money.

Priorities

Priority 3 **Pain medication/opioid management**

- Help patients with chronic pain manage their pain medications more safely and effectively
 - HHS interactive video that teaches different outcomes based on decisions made
 - campaign that can reach audiences about safe use of all medications . . . Even OTC can be dangerous if used inappropriately.

Framework

For each deliverable, we will follow best communication practices to determine:

- Platform (i.e., mass media campaign, social media, online training, targeted consumer print advertising, video PSA etc)
- Goal/focus of the messages need to be clear and understandable. Made available in other languages

Framework

For each deliverable, we will follow best communication practices to determine:

- Target audiences: general public
- Key evidence-based messages
- Specific outcomes that are measurable
- Implementation stakeholders (federal and state government, health insurers, health professions training and accreditation authorities, health professions examination boards, large health care providers, employers, foundations, media campaign sources, unions) dovetails with the professional education. *HHS interactive unit.*

Proposed Deliverables and Time Frame

Proposed Deliverables

- Deliverable 1 – Pain Prevention Campaign aimed at people experiencing low back pain directing them to easy to access and understand evidence –based resources for recognizing and acting upon their pain
- Deliverable 2 – Pain Awareness Campaign aimed at the general public that brings attention to the potential seriousness of some pain and address the stigmas and impact
- Deliverable 3 – Education for patients with chronic pain demonstrating how to manage their pain medications safely and effectively

Time Frame

- Deliverable 1 Completion Date July 2014; Others TBD

Next Steps

Step 1

- Agree upon top 3 priorities **DONE**

Step 2

- Survey and discussion based agreement of channel, goal, target audience, key messages, outcomes and many of the key stakeholders for the pain prevention campaign (Priority and Deliverable 1) **DONE**
- Identify potential pain prevention campaign to replicate **DONE as first step**

Step 3

- Divide into two subcommittees **Starting Feb 1**
 - Pain Prevention and Awareness subcommittee (Deliverables 1 and 2)
 - Pain Medication/opioid Management subcommittee (Deliverable 3)
 - Each subcommittee will work through the framework to develop its deliverables