This document outlines a dissemination plan for NPAIHB’s BRAVE mHealth intervention. The goal is to use this plan to facilitate the BRAVE mHealth intervention in communities throughout the US.

NPAIHB and dissemination partners are the **source**. Our message is that BRAVE works, it can be used in a variety of settings, and just about anyone can lead BRAVE with the help of the BRAVE Facilitators Guide. Our **audience** includes healthcare professionals, schools, and individuals working with young people aged 15-24; specifically, Indian Health Boards, Indian Health Service, Urban Indian Health Programs, tribal health departments, church groups, schools, tribal colleges and universities, Native youth leadership programs, youth treatment centers and programs, and other community based programs and groups. To communicate a clear **message** that BRAVE works, we will utilize promotional videos, host webinars for potential partners, and send animated eCards to potential partners through NPAIHB’s We R Native network. Once COVID-19 gathering restrictions are lifted, we will be presenting at conferences, health fairs, workshops, and community events. Dissemination **channels** may include radio or TV interviews and PSAs, social media platforms that are most popular with youth such as Facebook, Snapchat, TikTok, and Instagram. Also, websites like We R Native and Healthy Native Youth and YouTube, print mailings, journals, reports, newsletters, and more.
**What will be disseminated?**

BRAVE, the first-ever mHealth intervention designed for AI/AN youth between the ages of 15-24, builds wellness and resilience through culturally responsive messaging, role modeling, skill-building, and connections. BRAVE is an evidence-based health intervention that addresses topics such as healthy relationships, Native pride, help seeking skills, domestic violence, substance misuse, and suicidality.

**Why BRAVE?**

BRAVE offers youth education through videos and text messaging. BRAVE is easy to integrate into existing services, programs, and schools. Evaluation of the BRAVE intervention with 1,044 AI/AN teens and young adults nationwide show that BRAVE was effective, and improved health behaviors, resilience, positive coping, self-efficacy and self-esteem.

**Dissemination Partners**

Partners can help disseminate BRAVE. Current partnerships include Healthy Native Youth, We R Native, tribal programs, of the Indian Health Service, Tribal Epidemiology Centers, Oregon Health Sciences, Technology & Adolescent Mental Wellness (TAM) program, projects funded by the Substance Abuse and Mental Health Administration, Bureau of Indian Education, and many others. Utilizing the reach of partners through their social media platforms, listservs, websites, and collaborators will increase the reach of BRAVE dissemination efforts.
Marketing strategies include creating BRAVE social media awareness through promotional videos or clips, hosting webinars for potential partners, and sending BRAVE materials such as animated eCards to raise awareness through avenues such as listservs. Once COVID-19 gathering restrictions are lifted, NPAIHB will promote BRAVE at conferences and workshops to extend influence. Presenting at conferences and workshops, social media, emails, video text messaging and encouraging abstract submissions for promoting BRAVE at conferences will extend influence.
Reaching End Users

Broadcast media offers several platforms to promote BRAVE, such as radio or TV interviews and PSAs, social media platforms that are most popular with youth such as Facebook, Snapchat, TikTok, and Instagram, partner websites, YouTube, mailings, journals, reports, and newsletters.

Personal connections that can be utilized include professional networks, workshops, existing grants and program efforts, academic partnerships and their networks, and others.

Impact of current events on dissemination

COVID-19 has hampered the ability to present BRAVE to a broad audience via conferences, and this has the potential to impact the initiation of BRAVE across Indian Country. Educators will have to follow the guidelines of their specific geographic area regarding the number of participants allowed at any given session. Another option is to have all classes virtual through an online format.

Potential Barriers

Identified barriers include the ability to market BRAVE on a broader scale, such as through conference opportunities. Also, limited buy-in from potential youth to attend a BRAVE series due to lack of information or access. Internet services may be severely limited to non-existent in some areas.

Barriers can be overcome by relying on established partners to raise awareness of BRAVE through their social media platforms. Then BRAVE can utilize youth and partner input to create buzz on various social media platforms, such as Snapchat, Instagram, and TikTok, to reach the target population. Programs can create BRAVE wi-fi “hot spots” offering the series for youth, and these hot spots can provide iPads or computers for youth to view sessions.
**BRAVE Evaluation**

Evaluating the effectiveness of NPAIHB’s dissemination strategy may occur in the future. This may include the number of partners reached, BRAVE promotional video views and reactions, number of website hits, number of inquiries that NPAIHB receives about BRAVE, number of printed and electronic eCards distributed and reactions to these, and qualitative data from NPAIHB on successes and challenges about disseminating BRAVE throughout the US. Evaluation may also capture new and existing partners that contact NPAIHB for more information, and the actual number of partners who implement BRAVE.

**Conferences**

- National Council of Urban Indian Health, https://www.ncuih.org/index
- Meetings and events postponed until further notice.
- Indian Health Service Behavioral Health Conference, https://www.ihs.gov/dccs/conference/
- American Public Health Association, https://www.apha.org/annualmeeting
- Call for abstracts due March 21, 2021
- Society for Advancement of Chicanos/Hispanics and Native Americans in Science, https://www.sacnas.org
- Association of American Indian Physicians, https://www.aaiip.org
- Affiliated Tribes of Northwest Indians, https://atniedc.com
- Association of Suicidology, https://suicidology.org/conference/
- Tribal Epi Center Conference, https://tribalepicenters.org
- Local conferences
### Social Media Dissemination Tasks

<table>
<thead>
<tr>
<th>DISSEMINATION METHODS</th>
<th>FREQUENCY</th>
<th>AUDIENCE</th>
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<tbody>
<tr>
<td>Newsletter</td>
<td></td>
<td>Partners</td>
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<tr>
<td>NPAIHB website</td>
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<td>Everyone</td>
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<tr>
<td>Healthy Native Youth website</td>
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<tr>
<td>Press releases</td>
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<td>Partners</td>
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<td>Flyers/brochures</td>
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<td>Everyone</td>
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<tr>
<td>Meetings</td>
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<td>Staff and Partners</td>
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<tr>
<td>Postcards</td>
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<td>Youth</td>
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<tr>
<td>Animated eCards</td>
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<td>Youth and Partners</td>
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<td>Everyone</td>
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<tr>
<td>Conference presentations/posters</td>
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<td>Partners</td>
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<tr>
<td>Workshops to Engage</td>
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<td>Email lists</td>
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<tr>
<td>Journal articles</td>
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<td>Policy Makers, Researchers, Partners</td>
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<tr>
<td>Reports and other documents</td>
<td>x</td>
<td>Staff and Partners</td>
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<tr>
<td>Other methods as needed</td>
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<td>Everyone</td>
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</tbody>
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**Every day check and update postings,** reply to comments and questions, monitor BRAVE online mentions, monitor trending hashtags, monitor comments.

**Every week create posting schedule** for the week, track results of social media campaigns.

**Every month collect stats,** research news and topics that can be used to promote BRAVE, identify previous month’s success to future month.

**Every quarter review and evaluate** the last quarter, make sure the BRAVE brand image is consistent across social medial channels, conduct audience analysis to ensure targets are appropriate, set goals for next quarter.

**Every year update** dissemination strategy, evaluate efforts, refine, and implement.

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Check out BRAVE: [https://www.healthynativeyouth.org/curricula/brave](https://www.healthynativeyouth.org/curricula/brave)