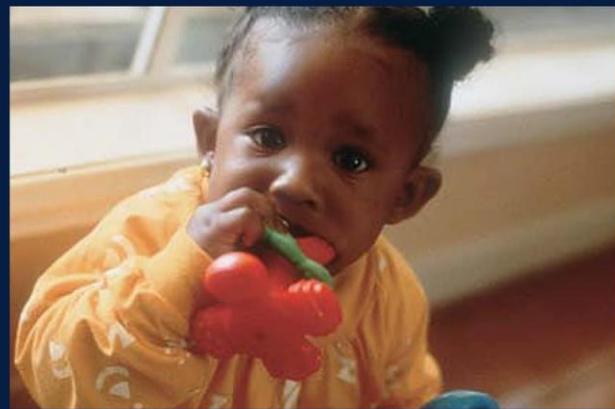


The City of Columbus, Columbus Public Health

Healthy Children and Safe Homes by 2040 Public Awareness Campaign RFP



Proposal Submitted By:

MEE Productions Inc.
333 East City Avenue, Two Bala Plaza, Suite 524
Bala Cynwyd, PA 19004
Phone: (215) 796-9141



Due: February 6, 2026

Table Contents

Proposal Section	Page
MEE Productions' Overview and Capacity	2
MEE's Lead Poisoning Prevention Experience	7
MEE's Recent Project Experience in Ohio	9
MEE Client References	11
MEE Proposed Work Plan	12
MEE Proposed Campaign Tactics and Budget	15
Attachments	18

MEE Productions' Overview and Capacity

Founded and incorporated in 1990, MEE Productions (MEE) is a **multi-award-winning media/digital production company** and a **leading expert in behavioral-health communications**. It has over three decades of first-hand experience working on health disparities and other public health issues affecting underserved and under-resourced communities across America. MEE has designed and implemented successful, social marketing, media and community-engagement campaigns at both the city, county and statewide level, including **multiple projects across Ohio over the past 10 years**.



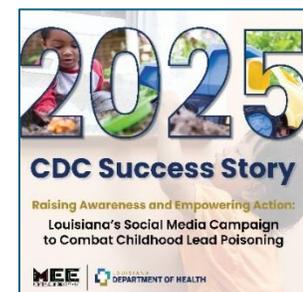
MEE is uniquely qualified to partner with CPH to develop and implement an awareness campaign that 1) promotes and increases lead screenings of children and lead safety in the home within targeted populations, and 2) promotes educational trainings for healthcare providers serving populations in the targeted high-risk neighborhoods.

Based in Bala Cynwyd (PA) with a satellite office in Columbus, MEE is certified with the state of Ohio as a Minority Business Enterprise (Ohio Business Registration Number is 2273690) and is registered with the City of Columbus (Contract Compliance Number is CC-029505).

MEE has an experienced leadership team with more than **120 years of collective, management-level experience** in health communications, branding/marketing, message design, audience research, media placement and social marketing. MEE also has long-standing relationships with subcontractors and vendors, both in Ohio and across the country, that we have worked closely with to provide our clients with the utmost quality of deliverables.

MEE has deep expertise and experience developing and implementing **behavior-change campaigns that “move the numbers”** with audiences very similar to primary populations listed in this RFP.

MEE has **extensive experience developing awareness campaigns preventing lead exposure and promoting lead safety in and around places of residence**. In December 2025, MEE's work with the Louisiana Childhood Lead Poisoning Prevention Program (LCLPPP) was highlighted as one of fifteen success stories on the CDC's Childhood Lead Poisoning Prevention Program website. There were three criteria used by the CDC to select the success stories: 1) Was this initiative innovative or groundbreaking, highlighting efforts that have not been previously undertaken by the agency; 2) Did the initiative present a best-practices approach that can be replicated by other programs; and 3) Was the work impactful, and did it effectively convey the program's achievements? (See page 7 for a description of the LCLPPP project).



MEE has **full, in-house traditional and digital media-placement capabilities**. MEE's media placement team is comprised of members from senior management and we ensure that media



planning and placement is incorporated into a campaign’s strategic planning and budgeting process from the beginning. Over the past 12 months, MEE has placed and managed nearly \$1 million across its current campaigns. Ads have been placed across platforms including: **social media** (Meta and TikTok), **digital media** (YouTube and Connected TV), **streaming audio** (AudioGo and Spotify), **broadcast radio**, **transit advertising** and **outdoor advertising**.

Our media-placement philosophy is to work closely with the media as campaign partners. MEE has **built strong relationships with multiple media outlets in Franklin County**. We have worked repeatedly with account reps and disc jockeys from these outlets and **we leverage these relationships to benefit our clients with “value-added” opportunities**, like event promotions, remote broadcast, interview opportunities, social media highlights and DJ endorsements.

We also have access to digital platforms that enable us to identify social-media activity using mobile ad IDs (MAIDs), and use them to identify a device (e.g., smartphones, tablets, laptops) that is used to access that ad or clicks through to a destination site. This **allows us to identify a user’s demographic characteristics (e.g., race, Census tract, age group) and interests as exhibited by social media use/searches**, without invading the privacy of the individual user. This results in the ability to very narrowly target audiences with persuasive ads placed directly on their smart TVs and internet-connected devices.

While MEE has tremendous in-house capabilities, we occasionally augment our services through a network of outstanding, experienced consultants when we have short-term, special needs that require outside support or expertise. We have used **top content experts in their academic fields of expertise**, for example, as technical advisors on public health projects, along with **language communications specialists**.

Other Public Health Issues MEE Has Addressed	
Teen Sexuality & Pregnancy Prevention	HIV Prevention, Testing & Treatment
Marijuana, Tobacco, Alcohol & Opioid Abuse	Youth Violence & Teen Dating Violence
Early Childhood Development & Parenting	Physical Activity & Nutrition
Chronic Diseases (Diabetes, Heart & Alzheimer’s)	Mental Health Wellness
Suicide Prevention (Youth & Veterans)	Respiratory Illness/Vaccinations (Flu & COVID)
Sample of Recent Clients	
Louisiana Dept. of Health	Cuyahoga County (OH) Board of Health
Louisiana Public Health Institute	Behavioral Health Systems Baltimore
Louisiana WIC	Ohio Mental Health & Addiction Services
Allegheny County (PA) Dept. of Health	PG County (MD) Dept. of Health & Human Services
Allegheny County (PA) Dept. of Human Services	Philadelphia Dept. of Public Health

MEE has an experienced leadership team with more than 120 years of collective, management-level experience in health communications, branding, message design, audience research (qualitative and quantitative), media development, media placement, social marketing and

community engagement. **Together as a group since 2000, we bring the “A Team” to every project.**

Key senior managers (biosketches below) will be actively involved according to their areas of expertise, including company founder and president Ivan Juzang, who will serve as Officer in Charge. He will ensure quality and client satisfaction, and oversee the MEE Team’s performance of the project, reviewing weekly progress reports from the Project Manager (William Juzang), help resolve problems, and assess future resource requirements.

Our staffing configuration is efficient and economical, with short, direct lines of responsibility. Project Manager William Juzang will serve as the primary point of contact with CPH and have day-to-day responsibility for managing the project. He will lead regular meetings with other members of MEE’s management team, initially meeting with them weekly, and then, as the project progresses, bi-weekly, to ensure that contract activities are accomplished on schedule. In consultation with MEE’s President/Officer-in-Charge, the Project Manager will have responsibility for frequent and effective documentation and feedback to CPH to ensure continuity and adherence to the overall project schedule.

We understand that as with any relationship, it’s important to set a positive tone from the very beginning. That’s why we have an on-boarding process that establishes effective communication and trust and makes sure everyone is on the same page moving forward. This reduces stress and potential conflicts while increasing impactful, successful results and allows us to move quickly and efficiently to address urgent problems.

Name	Ivan J. Juzang
Position with the Company	Founder and President
Role in the Project	Project Officer in Charge

[Ivan J. Juzang](#) has over three decades of practical, first-hand experience running a behavioral health communications business he founded during his final year at The Wharton Graduate School of Business. Over the past 34 years, Mr. Juzang has become a leading expert in the field of social marketing and behavior change communications, producing and implementing results-oriented intervention campaigns that address health, educational and social disparities that impact low-income, underserved communities. He conducts qualitative audience research that provides an “insider’s view” of the challenging daily realities of urban living, and combines it with creative, “outside the box” media production and grassroots community mobilization strategies.

Ivan Juzang has worked on health disparities and public health issues affecting low-income, underserved and devalued communities. MEE’s target audiences include Black and Latino teens, young adults, parents, MSM & the LGBTQ community and boys & men of color. Mr. Juzang has focused on identifying the barriers, arguments and counter-arguments related to helping communities of color improve their health outcomes and engage low-income urban audiences in healthier behaviors by making informed choices. Mr. Juzang’s work also focuses on how service providers, community-based organizations and the public health community can best present street-credible, authentic and culturally-relevant health information.

He has been the primary researcher on numerous MEE national research projects. Ivan's expertise as a media producer is exemplified in MEE's award-winning media productions, including Check Yourself HIV ads, and In Search of Love: Dating Violence Among Urban Youth.

He is a board member of Power to Decide (formerly the National Campaign to Prevent Teen and Unplanned Pregnancy). Ivan has also served on the boards of the Nurse Family Partnership and The Alan Guttmacher Institute. Mr. Juzang received his BS degree in Mechanical Engineering from Carnegie-Mellon University, and his MBA from The Wharton School of Business of the University of Pennsylvania.

Name	William Juzang
Position with MEE	Vice President of Business Development
Role in the Project	Project Manager, Campaign & Media Placement Strategy & Execution

[William Juzang](#) has been the lead manager and client contact for several of MEE's social marketing campaigns and community engagement projects, including all of MEE's work in Louisiana. He uses his experience to produce and implement successful results-oriented initiatives that meet and often exceed client's expectations. He has also been the lead project manager and focus group moderator on many qualitative audience research projects.

In addition to his work as a project manager and focus group moderator, Mr. Juzang also has extensive experience implementing the placement of radio, television, print, outdoor and social media/digital advertising, along with monitoring of media campaign implementation efforts and negotiating added-value opportunities. He oversees media relations with radio and television stations, as well as transit, outdoor and digital media placement. He has coordinated the placement (and value-added contributions) of millions worth of media in markets across the country, including Ohio.

William also manages MEE's social media platforms (Facebook, Instagram, YouTube, LinkedIn, TikTok and X [formerly Twitter]) and MEE's national network of community-based organizations, The MEE Community Network. Using a combination of database management, e-mail technology and social media, Mr. Juzang coordinates all technical aspects of communications to the Network to support information dissemination efforts and/or garner their support on MEE projects. Mr. Juzang received his MBA from the School of Business and Industry at Florida Agricultural and Mechanical University and a B.A. in Economics from the University of Pennsylvania.

Name	Pamela Weddington
Position with MEE	Vice President of Communications
Role in the Project	Creative Development

[Pamela Weddington](#) is MEE's primary writer and creative coordinator. She oversees the development and production of all print, graphics, audiovisual, digital and other communication materials. Her strengths also include the ability to analyze qualitative research data and use sound communications practices to "translate" it into message framing, branding and designs that resonate with the target audience(s).



Pamela earned a BS in Public Communications/Marketing from Boston University. Prior to joining MEE, she was an Information Officer for the School District of Philadelphia, where she was responsible for managing public relations, developing crisis management strategies, writing speeches for top and middle management, and planning and coordinating special events and programs.

Name	Alicia Jackson
Position with MEE	Senior Vice President
Role in the Project	Project Accounting/Admin & Community Logistical Support

[Alicia Jackson](#) has significant project management and community collaboration and mobilization expertise. With MEE since 1995, Ms. Jackson has over 30 years of experience in working with community organizations and groups to disseminate knowledge and create awareness for both national and local campaigns. She has the proven ability to mobilize citizens, organize community engagement events, and create opportunities for participation and action within neighborhoods and targeted organizations. Alicia received her MGA in Government Administration with a minor in Public Policy from The Fels School at the University of Pennsylvania and her BA in Political Science from West Chester University. Prior to joining MEE, she served as the Chief of Staff to a Pennsylvania elected official.

Name	MEE Creative Team
Positions with MEE	Audiovisual and Digital Media Production Team
Roles in the Project	Project Creative

MEE's multimedia production capabilities are extensive, based on years of experience in creating communication tools to reach a diverse range of audiences. For example, MEE has developed health related media and materials that include print materials, radio and television advertisements, educational videos, digital and social media, Websites, curricula and training materials.

In addition to a talented in-house video, audio and digital production staff, the multimedia development team includes graphic artists, digital media designers, script writers and animators, all trained in using state-of-the-art equipment, software and technology.

Name	Javier Sanchez
Positions with MEE	Longtime Consultant & Founder of REACH Communications
Roles in the Project	Onsite Consultant & Local Intelligence

Based in Columbus, OH, Javier Sanchez specializes in working with clients to develop powerful, memorable, and actionable marketing and messaging strategies. Javier creates personalized campaigns, initiatives, and programs designed to help brands further expand their sphere of influence and impact. He leads a team of highly passionate creatives who develop marketing and messaging solutions that match clients' goals, objectives and desired outcomes.

Sanchez has worked with MEE as a subcontractor on numerous projects and campaigns, including all of MEE's recent work in Ohio. (See page XX for MEE's recent experience in Ohio).

MEE's Lead Poisoning Prevention Experience

MEE has extensive experience developing awareness campaigns preventing lead exposure and promoting lead safety in and around places of residence.

Client	Louisiana Department of Health
Project	Raising Awareness of Lead Poisoning Prevention Across Louisiana

For multiple years before the COVID pandemic, MEE addressed the issue of lead poisoning prevention in Louisiana by working with the Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP) to implement a campaign that provided parents and caregivers with information and resources to create lead-free zones in their homes and ensure that their children were not at risk for lead poisoning. The statewide campaign also focused on encouraging medical providers to screen every child for lead exposure at least once by age one.

MEE developed print materials targeting both parents and medical providers and conducted a series of Chat & Chew information sessions and webinars with service providers in multiple cities to create a community-based network of providers that supported the campaign and motivated the community members they served to get more information about lead prevention and maintaining a healthy home.

MEE also developed and produced two 30-second audio ads that were placed on both traditional radio stations and streaming platforms. MEE also produced a 2-minute video that raised awareness of lead prevention for families across Louisiana and provided a call-to-action to get children tested for lead exposure. The video was disseminated and shown in WIC clinics across the state and featured on LHHCLPPP's website.

Link to Video	Link to Radio Ads
https://bit.ly/MEELeadPreventionVideoAd	https://bit.ly/MEELeadPreventionRadioAds

In 2024, MEE partnered again with LHHCLPPP to confront a pressing public health challenge: widespread lead contamination in homes built before 1978, particularly affecting vulnerable populations such as low-income and minority communities. MEE launched a targeted social media campaign, with the aim of raising awareness and empowering families to take action against childhood lead poisoning. The campaign posted engaging educational content on Facebook and Instagram and online interactive resources such as risk assessment quizzes and links to local testing services.

The impact of this initiative was remarkable, reaching approximately 235,500 people across Louisiana within just three months. The campaign garnered over 945,700 impressions and 50,000 engagements, significantly increasing awareness about the risks of lead poisoning among parents of young children living in older housing. Key outcomes included community empowerment, as families reported taking proactive measures to reduce lead exposure, such as removing peeling paint and cleaning surfaces prone to dust, as well as sustained engagement through shared information that encouraged others to test their children.



LCLPPP partnered with local health clinics and community organizations to ensure ongoing support for families. This collaboration solidified the campaign's legacy in promoting healthier futures for Louisiana's children by fostering an informed and proactive community response to lead hazards. To learn more about the CDC Success Stories, visit <https://www.cdc.gov/lead-prevention/success-stories/louisiana.html>.

Client	Louisiana Department of Health's Environmental Public Health Tracking Program
Project	Research to Reduce Exposure to Lead and Arsenic in the Soil

MEE continued to address lead prevention in Louisiana, as we were hired by the Louisiana Department of Health's Environmental Public Health Tracking Program (LDH) to conduct audience research with residents of Orleans Parish to better understand their awareness and perceptions about lead and arsenic exposure.

MEE recruited for and moderated three (3) virtual focus groups with African American residents, ranging in age from 25 to 61 years-old. During the focus groups, MEE elicited participants' thoughts and perceptions about the significant presence of lead and arsenic in the soil of their communities, including their backyards and play areas. Participants were also asked to give their thoughts and feedback on the usability of a lead and arsenic soil screening kit distributed by LDH.

The findings from the focus groups helped LDH understand how they can better promote free services that can help residents of Louisiana reduce their exposure to and contact with lead and arsenic in soil.

Client	Philadelphia Department of Public Health
Project	Lead Poisoning Awareness in Philadelphia

MEE was hired by the Philadelphia Department of Public Health to develop and execute a lead poisoning awareness campaign targeting lower-income Philadelphia parents of toddlers and children under 6 years old.

Advertising was developed to make parents aware that families who rent homes built before 1978 should obtain a certificate from their landlord verifying that the home is "lead-free" or "lead-safe." Messaging also ensured resident knew that Philadelphia landlords must ensure that homes have been inspected and certified because even low levels of lead can cause life-long brain damage in children.

MEE created 1) audio ads for streaming advertising; 2) transit ads that were placed buses, trains, bus shelters and subway platforms; and 3) social media ads for Facebook, Instagram and X (formerly Twitter). This very successful campaign resulted in significant increases in the campaign website views and clicks, as well as calls to the hotline from parents for more lead prevention information.

MEE's Recent Project Experience in Ohio

Below are examples of similar projects that MEE has completed in Ohio. All of these projects were completed on time, on budget and to the satisfaction of our clients.

Client	Ohio Department of Mental Health and Addiction Services
Project	Trauma-Informed Youth Suicide Prevention Campaign

MEE was commissioned by the Ohio Department of Mental Health and Addiction Services (OMHAS) to implement and manage a statewide social marketing campaign that educated and empowered peers, friends, classmates and siblings of at-risk youth to “step up” and provide needed support. MEE developed and implemented the youth suicide prevention campaign, “Be Present Ohio,” focusing upstream, on primary prevention and the protective factors young people need to deal with depression, stress, anger, loneliness, bullying or harassment.

The yearlong campaign was rolled out in stages, beginning with the formal campaign launch in November 2017. The statewide campaign generated significant increases in Be Present “touches” across the state of Ohio and generated nearly 10,000 likes, followers and other subscribers to the campaign.

- The Facebook portion of the campaign generated more than 1.7 million (1,719,489) impressions.
- The Snapchat portion of the campaign resulted in more than two million impressions and nearly 15,000 (14,913) “swipe-ups” to the Be Present Website.
- MEE ran three Be Present banner ads, using Google AdWords, from November 2017 through January 2018. That three-month campaign generated more than 37 million (37,625,184) impressions and 15,656 clicks to the website.

Based on MEE’s analysis of the campaign, a series of in-person events and school assemblies across the state were the primary drivers behind the positive word-of-mouth generated by the campaign and increases in likes and followers. To view graphic and print elements from this project, visit <https://bit.ly/MEEOhioMHAS>.

Client	Cuyahoga County (OH) Board of Health
Project	COVID-19 and Flu Vaccine Equity Communications and Marketing Campaign

In 2022, MEE was contracted by the Cuyahoga County Board of Health (CCBH) to develop and launch a social media campaign designed to increase COVID-19 and flu vaccine awareness, readiness and access. The campaign was designed to target African-American and Latinx adults on the Eastside and Westside of Cleveland and the surrounding suburbs. The focus of the campaign was to provide culturally-relevant information that raised awareness of and dispelled myths surrounding the COVID-19 and flu vaccines.

As part of the message and media development process, MEE conducted focus groups with African-American and Latinx residents from the targeted County communities. The audience

research provided an understanding of their awareness of, attitudes toward and current behaviors in relation to COVID-19 and flu (including barriers and motivators to obtaining vaccines and boosters). The audience research also unveiled participants' knowledge about a range of chronic diseases and underlying health conditions that disproportionately impact Black and Brown communities, along with how residents are dealing with these health challenges, both for prevention and for disease management.

Using insights garnered through audience research, MEE developed campaign media and messaging with a focus on the following four goals:

- Increase CCBH's brand identity as the trusted source for public health information for the most at-risk County residents.
- Raise awareness of the underlying chronic health conditions that impact the targeted County communities and promote how individuals and families can mitigate their risks through preventive care.
- Motivate residents to re-engage with their trusted healthcare provider for routine wellness visits and/or give them the skills and tools to help identify a trusted and affordable healthcare provider.
- Raise awareness about how underlying or chronic health conditions can increase a person's risk of having adverse health outcomes from a COVID or flu infection and the need to take preventive measures to protect oneself, including vaccinations and masking.

In June 2023, MEE launched a campaign that consisted of 1) Facebook and Instagram advertisements, and 2) the development and launching of a Community Engagement Digital Toolkit for CCBH partners. The social media ads targeted 17 County zip codes.

MEE's campaign ads generated 72,767 clicks (including 50,240 unique clicks), reached 445,350 individuals and generated 2,720,198 impressions. The ads also generated 78,161 post engagements, 1,870 post reactions and 1,319 post shares. To view the CCBH Community Engagement Digital Toolkit, visit <https://www.meeproductions.com/ccbh toolkit/>.

Client	Ohio Department of Mental Health and Addiction Services
Project	Tobacco Retailer Education Campaign

MEE worked with Ohio MHAS to create a new Ohio Tobacco Retailer Online Portal to educate retailers throughout the state about illegal, underage tobacco sales. The Retailer Training included an educational video (in English, Spanish and Somali), a PowerPoint presentation, plus signage and other supporting materials. MEE also created a postcard announcing the retailer toolkit for local agencies to distribute directly to retailers. MEE built out creative elements and developed social media ads for a formal Campaign to make retailers aware of their responsibilities and the availability of the training. To view graphic and print elements from this project, visit <https://bit.ly/MEE-SYNAR>.

MEE Client References

Name	Trina Evans Williams, ScD, MPH
Title	Senior Public Health Advisor, Lead Poisoning Prevention and Surveillance Branch
Organization	Centers for Disease Control and Prevention
Email	uok7@cdc.gov

Name	Jonathan Whipple
Title	Program Monitor/Principal Investigator
Organization	Louisiana Department of Health - Louisiana Childhood Lead Poisoning Prevention Program
Email	jonathan.whipple@la.gov

Name	Jessica Ruffin, PhD
Title	Deputy Director, Office of Community Relations and Office of Equity and Inclusion
Organization	Allegheny County Department of Human Services
Email	jessica.ruffin@alleghenycounty.us

Name	Nichelle Shaw, MPH	Roderick Harris DrPH
Title	Supervisor, Population Health	Health Commissioner
Organization	Cuyahoga County Board of Health	Cuyahoga County Board of Health
Email	nshaw@ccbh.net	rharris@ccbh.net

MEE Proposed Work Plan

We understand the budget for this project is \$75,000. MEE is proposing to develop, implement and evaluate two initiatives: Campaign #1) a campaign that promotes and increases lead screenings of children and lead safety in the home within targeted populations; and Campaign #2) a campaign that promotes educational trainings for healthcare providers serving populations in the targeted high-risk neighborhoods.

Based on the RFP, the targeted communities and their demographic profiles are listed below.

Zip Code	White/ Caucasian	Black/ African American	Hispanic
43211	23%	62%	9%
43224	38%	43%	11%
43203	26%	63%	5%
43205	36%	53%	5%
43207	60%	27%	6%

Our research identified these areas as possibilities for reaching the Somali and Southeast Asian communities.

Top Zip Codes for Somali Population

- 43231 (Northland/Minerva Park): Identified as having a very high concentration of Somali residents, with 26% of residents speaking a language other than English at home.
- 43229 (Northland/Forest Park): A major hub for Somali, Ghanaian, and other African immigrants.
- 43224 (North Linden/Maize-Morse): High concentration of Somali immigrants, served by the Somali Community Association of Ohio on Cleveland Ave.
- 43219 (North Central/East Columbus): Significant population with Somali and Asian (India) origins.
- 43228 (West Side/Hilltop): Home to a notable Somali Bantu population, alongside a diverse Hispanic community.

Top Zip Codes for Southeast Asian & Asian Populations

- 43229 (Northland): Known for diverse international markets and businesses.
- 43219 (East Columbus): High population of residents with Asian origins, including India.
- 43016 (Dublin/Far Northwest): Highest percentage of Asian residents (22.6%).
- 43231: High diversity with various Asian populations



The phases outlined below are based on a projected start date of April 1, 2026, as stated in the RFP. Campaign #1 will last for two months and be completed by June 30, 2026. Campaign #2 will last eight months and be completed by December 31, 2026.

Phase 1	Project Planning and Existing Materials and Messaging Review
Timeframe	April 1, 2026 – April 10, 2026

Upon signing the contract, MEE will participate in a series of meetings with the CPH Team to discuss the project work plan, targeted communities, timeline and review existing messaging and materials across both campaigns. The meetings will ensure that the process leverages past experiences and that MEE’s proposed scope of work is consistent with CPH’s overall project goals.

Deliverables:

1. On-boarding call and additional planning meetings.
2. Finalized contract, project work plan, list of targeted communities and project timeline.
3. Review of all relevant CPH branding guidelines and logos.
4. Review of any existing CPH lead-awareness messaging and materials.

Phase 2	Finalize the Campaign Implementation Plan
Timeframe	April 1, 2026 – April 10, 2026

MEE will leverage information gathered during the planning meetings and more than 30 years of behavioral-health work in both urban and rural communities to finalize the Campaign Implementation Plan presented in draft form on page 15. The Plan will include the specific elements and creative assets that would ultimately be utilized for the chosen media channels, along with the timeline to launch and roll out both initiatives.

MEE will present the final Campaign Implementation Plan to the CPH staff and submit it for final acceptance and approval.

Deliverables:

1. Finalized Campaign Implementation Plan with TFL feedback included.
2. Presentation to CPH staff.

Phase 3	Production of Final Campaign Branding/Messages/Materials
Timeframe	April 1, 2026 – April 10, 2026

As stated in the Response to RFP Questions, CPH will develop the creative assets needed for the final, approved plan, except for video assets. If necessary for placement, MEE’s Creative Team will utilize the existing CPH graphic assets to create short video using voiceover and character graphics

At the end of this phase, MEE will have in hand all assets necessary to launch, roll-out and evaluate (with metrics and analytics) both Campaign #1 and Campaign #2.

Deliverables:

1. Formal approval of all media and materials by CPH.



Phase 4	Campaign Implementation, Management and Monitoring
Timeframe	April – December 2026

MEE will launch media placement and monitor the campaign as outlined in the approved Campaign Implementation Plan. All related media placement will be driven by MEE-negotiated, predetermined schedules, based upon maximizing the available funding.

Deliverables:

1. Ongoing update meetings/calls with CPH (regularly scheduled and ad hoc).
2. Execution and management of all media-placement activities.

Phase 5	Campaign Reporting
Timeframe	Campaign #1 (April – June 2026) Campaign #2 (April – December 2026)

Beginning in May 2026, MEE will submit monthly activity reports to CPH by the 5th of each month. The reports will highlight outcome measures that demonstrate the campaign’s ability to positively impact awareness, engagement, knowledge and behavior change over its duration.

MEE’s monthly campaign-reporting document will include the following type of data:

- Project-management updates
- Digital-media advertising data (demographics, link clicks, reach, likes, comments, impressions and engagements)
- Streaming advertising data (demographics, locations, click throughs reach and impressions)
- Campaign-specific objectives tracking (# of trainings supported, # of materials distributed, # of healthcare providers recruited, etc.)

Deliverables:

1. Monthly narrative reports of all activities related to implementing MEE’s scope of work, along with campaign analytics reporting to support process and outcome evaluations.
2. Final campaign evaluation report at the end of both campaigns.



MEE Proposed Campaign Tactics and Budget

MEE is providing a \$75,000 budget that represents all labor (fully loaded rates) and direct costs associated with the provision of services outlined in the proposed scope of work section presented in this proposal for both Campaign #1 and Campaign #2. A 25% Indirect Fee has been applied to non-media placement and community engagement expenses.

The proposed breakdown of the campaign tactics and costs of the \$75,000 project budget follows. We understand that this project is an extension of a previous campaign, therefore, the campaign tactics and budget we present below are for discussion purposes and we are willing to adjust and reallocate the funding in our budget accordingly to take advantage of any existing media placement agreement discounts or timeframe extensions if CPH feels MEE's expertise is best suited to execute this project. MEE will insure CPH's approval of the project budget before finalization and campaign execution.

Campaign #1 (Budget = \$47,000)	
Timeframe	April 2026 – June 2026 or any 2-month period
Target Audiences	<ul style="list-style-type: none"> Parents and Caregivers in the following zip codes: 43203, 43205, 43207, 43211, 43224 zip codes Parents and Caregivers in Somali and South Asian communities
Culturally-Relevant Messaging Topics	<ul style="list-style-type: none"> Raising awareness of the various lead poisoning risks (water, paint, soil, work clothes, etc.) in and around a place of residence Raising awareness of the need for children under 6 to get screened for lead exposure Empowering parents and caregivers to advocate for their pediatric healthcare providers to screen their young children for lead exposure Promoting the free resources (testing, education and no cost service line replacements) for families who qualify.
Proposed Placement Tactics	<ul style="list-style-type: none"> Meta (Facebook & Instagram) ad campaign Connected TV Community-based outdoor billboards (posters & junior posters) Community engagement (targeting childcare providers)

Campaign #2 (Budget = \$28,000)	
Timeframe	April 2026 – December 2026 or any 9-month period
Target Audiences	<ul style="list-style-type: none"> Pediatric health care providers in the following zip codes: 43203, 43205, 43207, 43211, 43224 zip codes
Culturally-Relevant Messaging Topics	<ul style="list-style-type: none"> The importance of testing children for lead exposure, especially those in high-risk neighborhoods. Attend an educational training hosted by the Ohio Chapter of the American Academy of Pediatrics.



Campaign #1 & #2 Management (April – December 2026)	Proposed Budget
MEE Personnel & Direct Expenses (Campaign #1 & #2 Related) <ul style="list-style-type: none"> SOW Phase 1: Project Planning and Existing Materials and Messaging Review SOW Phase 2: Finalize the Campaign Implementation Plan SOW Phase 3: Production of Final Campaign Branding/Messages/Materials SOW Phase 4: Campaign Implementation, Management and Monitoring SOW Phase 6: Campaign Reporting (Monthly & Final) 	\$12,000 <i>(approx. \$1,333 per month for 9 months)</i>
Campaign #1 Media Placement/Community Engagement Tactics (April – June 2026)	
Campaign #1 Media Placement: Meta (Facebook & Instagram) Ad Campaign (2 Months) <ul style="list-style-type: none"> Target Areas: 43203, 43205, 43206, 43207, 43211, 43224 zip codes Target Audience: Adults 21+ Single & Carousel Graphic Ads Estimated audience size: 163,000 - 191,700 	\$9,960
Campaign #1 Media Placement: Connected Devices (2 Months) <ul style="list-style-type: none"> Target Areas: 43203, 43205, 43206, 43207, 43211, 43224 zip codes Target Audience: Adults 21+ Keyword Search Identification: Pediatrics, Childcare, Parenting, Diapers Ads on all Internet connected devices (Smart TV, Computer, Tablet, Phone) 	\$12,000
Campaign #1 Media Placement: Community Outdoor (2 Months) <ul style="list-style-type: none"> Target Areas: 43203, 43205, 43206, 43207, 43211, 43224 zip codes Approx 7-8 Poster billboards across the coverage through Lamar Advertising Approx 2,000,000+ impressions over 2 months 	\$15,000 <i>(approx. \$900 per panel per month)</i>
Campaign #1 Community Engagement (2 Months) <ul style="list-style-type: none"> MEE will utilize its proven Community Engagement processes and existing email technology to develop an email/ mailing list of childcare centers in the following zip codes: 43203, 43205, 43206, 43207, 43211 and 43224. <p>The list will be provided to CPH in the form of an Excel spreadsheet that can be utilized by the CPH Internal Community Engagement Team as a distribution channel to continuously share lead prevention materials and information to parents and caregivers within Columbus' high-risk neighborhoods through these trusted service providers.</p>	\$3,000
Total Overall Campaign #1 Placement & Community Engagement Budget	\$39,690
<p>To provide significant added value to CPH for partnering with MEE, our proposal includes an in-kind, free, virtual MEE Community Engagement Training for the CPH Internal Community Engagement Team (normally \$10,000).</p> <p>To learn more about MEE's Community Engagement Philosophy and Community Engagement Training, see the Attachment section.</p>	



Campaign #2 Media Placement/Community Engagement Tactics (April – December 2026)	Proposed Budget
<p>Campaign #1 Media Placement: LinkedIn and Connected Devices (9 Months)</p> <ul style="list-style-type: none"> • Target Areas: 43203, 43205, 43206, 43207, 43211, 43224 zip codes • Target Audience: Health Care Providers • Keyword Search Identification: Pediatrics, Childcare, Parenting, Diapers • Ads on all Internet connected devices (Smart TV, Computer, Tablet, Phone) • Approx 6,000 clicks or 570,000 impressions or 300 signups 	\$18,310
<p>Campaign #1 Community Engagement (9 Months)</p> <ul style="list-style-type: none"> • MEE will utilize its proven Community Engagement processes and existing email technology to develop an email/ mailing list of pediatric health care providers and community-based health clinics in the following zip codes: 43203, 43205, 43206, 43207, 43211 and 43224. • MEE will assist CPH with the management of the distribution list for the duration of the project, ensuring contacts are consistently updated and expanded. At the duration of the campaign, the list will be provided to CPH in the form of an Excel spreadsheet that can be utilized by the CPH Internal Community Engagement Team as a distribution channel to promote future educational trainings and continue promoting the need for lead screenings directly to pregnant and lactating women, within Columbus' high-risk neighborhoods. 	\$5,000
Total Overall Campaign #2 Placement & Community Engagement Budget	\$23,310

Attachments

MEE Workshop: Community Engagement Strategies for Every Community

Authentic, on-the-ground community engagement needs to be part of any public-health, mental-health or human-services provider's/professional's Toolbox, even though this approach is often ignored because it is perceived as "too hard" to pull off. MEE trainers will provide an understanding of the importance of community mobilization as a communications channel. The workshop will address why community engagement is an essential, cost-efficient and effective approach to engaging in and building ongoing relationships with every target audience. Knowing how to engage communities using strategies and tactics that create meaningful, interpersonal dialogue are proven to build trust. It will also enhance the key community relationships that can sustain CPH's work across multiple funding cycles.

Community engagement and developing grassroots partnerships are core elements of MEE's approach to behavior change. SAMSHA's Strategic Prevention Framework (SPF) has traditionally been adopted by many agencies, community coalitions and academics researchers across the country. MEE adapted the SPF so that it could be effectively applied in a variety of communities. In its more than three decades of working in behavioral-health communications, MEE has used and refined its "by-and-for," community-centered approach, which brings the voices of community opinion leaders to the table in a respectful manner that acknowledges their worldview, their experiences, and the social and environmental challenges that influence their choices and behaviors. In this training, MEE highlights some of the similarities in various community-participatory models, with a focus on describing how MEE's unique model builds long-term capacity by putting and leaving skills in the community.

Even when some residents don't trust their health-related institutions, they *do* trust the community opinion leaders and community-based organizations they interact with on a daily basis. Leveraging these relationships takes time and effort, but can also lead to lasting connections that ultimately result in improved outcomes and community norms.

Many agencies, organizations and coalitions don't know how or are struggling to engage trusted community leaders. People ask MEE all the time, "How are your community engagement tactics different from others in behavioral health?" Of course, "How" is an important piece of the puzzle. But it's more important to understand the "Why" before the "How." That is what is explained in detail during this workshop.

Key Topics Covered in This Workshop:

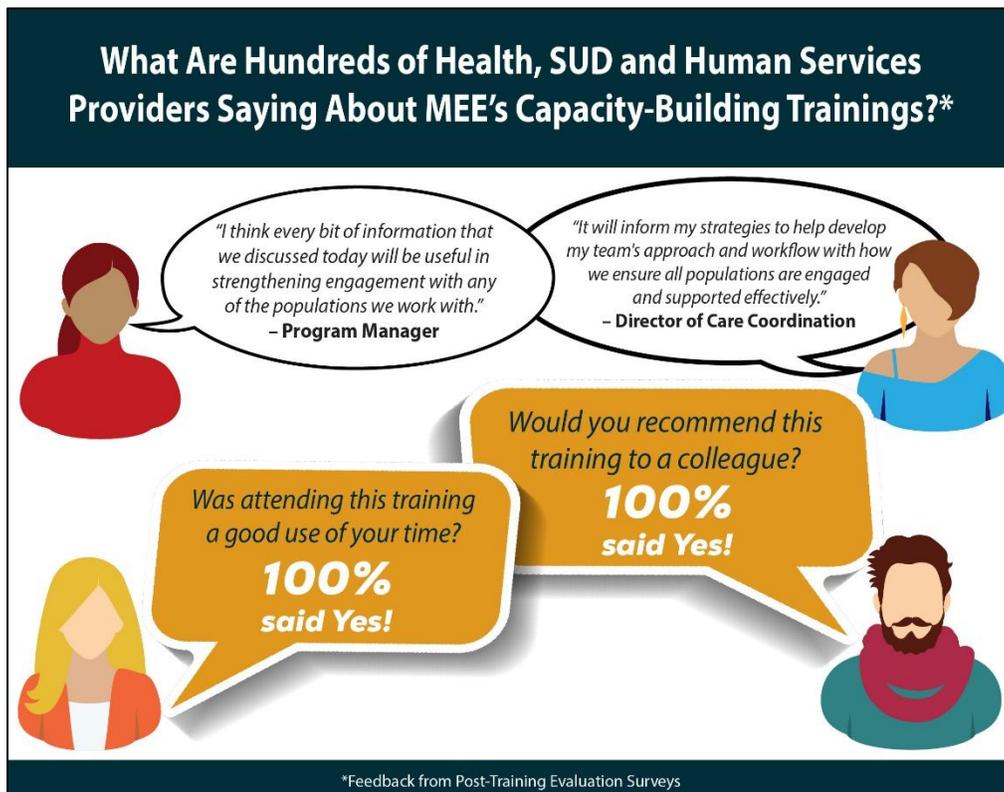
- Overview of MEE's community outreach and mobilization strategies.
 - Learn why and how to effectively engage community leaders in order to mobilize residents for community-wide dialogue by involving and leveraging numerous access touchpoints.
- A demonstration of how community-engagement models support long-term sustainability, by creating trusted relationships with community members, increasing their own skills/capacity to improve their health outcomes into the future.

- Understand how CBOs, non-profits and community/faith leaders can be more cost-effective as message senders than mainstream media.
- Creating a Community Network as a grassroots, community-centered communications channel.
- Using the Community Network for equipping the community with the tools and skills they need to access CPH's programs and/or services.

Every successful MEE campaign has a community-engagement component central to it – we value and prioritize it. MEE's community-engagement approach and models have been tested and proven over more than three decades of behavior-change experience. MEE's three (3) evidence-based models take a "bottom-up" rather than "top-down" approach to engaging communities. The models are community-developed, not merely adopted from mainstream interventions; they have extensively involved the target audience in their development and implementation.

As a result of exploring these topics, participants will:

- Learn why CPH staff having authentic, on-the-ground community engagement in their professional "toolbox" can counter a lack of trust in mainstream institutions.
- Learn why using a network of community partners as a message-delivery channel can be more cost-effective than solely using traditional media.
- Understand why the best use for even the latest digital technology (high-tech) is as a mechanism to drive as many members of CPH's target audiences as possible to on-the-ground, community-based encounters (high-touch) where authentic dialogue can take place. MEE's circular framework then allows these audiences to use digital solutions like social media platforms to maintain the established relationship and/or to seek more detailed information as needed.



What Are Hundreds of Health, SUD and Human Services Providers Saying About MEE's Capacity-Building Trainings?*

"I think every bit of information that we discussed today will be useful in strengthening engagement with any of the populations we work with."
– Program Manager

"It will inform my strategies to help develop my team's approach and workflow with how we ensure all populations are engaged and supported effectively."
– Director of Care Coordination

Would you recommend this training to a colleague?
100% said Yes!

Was attending this training a good use of your time?
100% said Yes!

*Feedback from Post-Training Evaluation Surveys

UrbanTrends

A quarterly newsletter published by



Community Engagement 101

Reciprocity **Access**

Building Capacity **Credibility**

Improving Health Outcomes

Linkages to Services Cost-Effective

Building Trust *Community as a Channel*

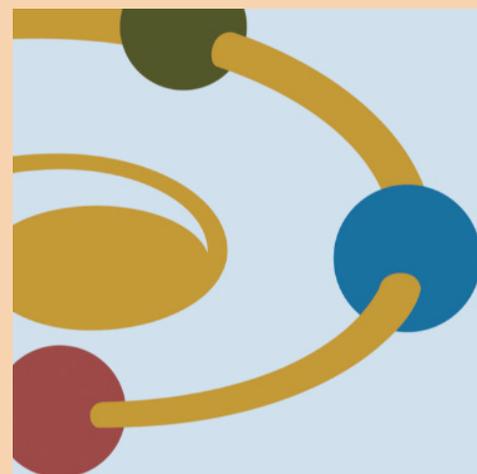
Countering Health Disparities

Culturally-Relevant **Inclusion** **Promoting Resiliency**

Authenticity

What's Inside?

A Letter From the President	2
The Win-Win of Community Engagement	3-4
Getting in the Right Mindset	5
Seven Benefits of Community Engagement	6
The "How" of Community Engagement	6



A Letter From the President

Ivan Juzang, Founder & President of MEE Productions Inc.

MEE Productions Inc. is a health communications firm that develops and implements behavioral health interventions that “move the numbers” in communities with the highest health disparities – primarily low-income, urban and Black and Latino communities.

Community outreach & partnership development are critical, core elements of MEE’s approach to making change. Every project we do has a community engagement component to it — we value and prioritize it.

Community leaders, influencers and community-based organizations, like childcare centers, barbershops, hair salons, churches and other non-profits, are valuable resources that MEE authentically engages to disseminate information and promote behavior-health messages. But gaining authentic access to these gatekeepers is the key first step in that process.

How have we consistently been able to engage and mobilize underserved communities in an ethical and responsible way? How do we build trust with suspicious audiences? What does community engagement really require, beyond being trauma-informed?

People ask us all the time, “What makes your community engagement tactics different from others in public health? Clearly, they produce results. But how do you do it?” Of course, “how” is an important piece of the puzzle. But it’s important to understand the “why” before the “how.”

If you understand “the why,” you’re empowered to execute the processes correctly and maintain fidelity of our proven community engagement model. You’ll see the promise and possibilities of making a positive, long-term impact. You will execute each step in the appropriate order and take the entire process seriously.

You’ll have the motivation to stick with it through the challenges you will inevitably face working in communities that have been let down or taken advantage of so many times before.

The “win-win” scenarios we present in this issue provide insights into the “why.” MEE is about creating wins from both the community perspective and our client’s. That’s what leads to stronger, more vibrant and resilient communities.



Are you *truly* engaged with the communities you serve?

The Win-Win of Community Engagement

Repairing Trust to Strengthen the Community While Achieving Your Goals

Over the years, MEE has developed a community engagement model that delivers wins on three sequential levels: 1) an operational win; 2) a socially responsible win; and 3) a strategic capacity-building win. MEE's Win-Win infographic on the next page illustrates how everyone wins when the community is engaged with respect and consistency.

Operational Level

The first win is that you create a communications channel in the form of a Community Network. When we typically think of communications channels, we think about transit ads, television ads, radio ads, billboards and even social media. But, a network of CBOs and community leaders is the best channel you can use to put public health information into communities. By developing this communications channel, you can not only put information into the community, but you can also take information out.

At the same time we are using the Community Network as a communications channel, the CBOs and community leaders that comprise the Network have started creating referrals and networking amongst each other, creating a sense of social fabric. So, building a Community Network is protective for the community in and of itself.

Develop your own Community Network as a culturally relevant communications channel that builds trust so you can positively impact health and social outcomes in your community.

Socially-Responsible Level

Community engagement is the socially-responsible thing to do. One of the things many people do not understand is that many of the communities we work in are dealing with chronic trauma based on the structural social determinants of health (disparities).

If we are not actually helping communities understand how to deal with chronic stress and high doses of trauma, then we are just going there, getting our work done (our win) and then leaving. That's not responsible. That is why no matter what MEE's intervention is, we include having "urban trauma conversations" so we can start discussing what's been happening in these communities. By doing that, we are starting to promote resiliency and linking people to services in their community.

As a result, we get our win, but at the same time the community wins because we have started to address the social determinants of health and started mobilizing social fabric in the community.

Use your Community Network to facilitate the kind of Community Dialogue that can counter urban trauma and tap into the innate resiliency of its residents.

Capacity-Building Level

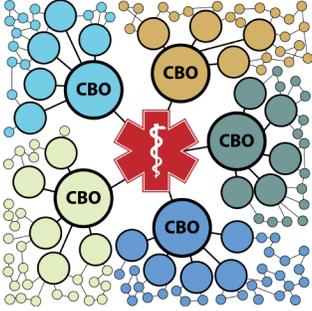
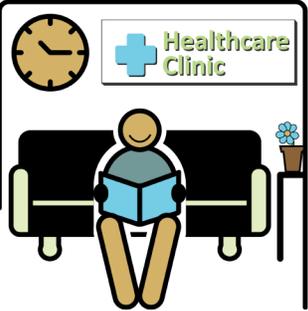
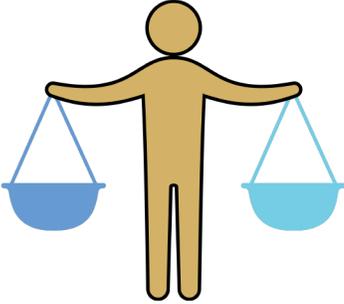
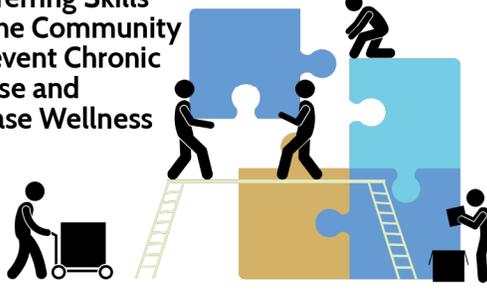
Reduction of funding in the public health sector is a fact. Public funding for the primary prevention of public health issues impacting low-income communities is almost non-existent. But the reduction in funding is not just impacting healthcare and other provider organizations, it is impacting the community as well. As a result, MEE is convinced more than ever that organizations must conduct effective community engagement in order to start putting skills into the community.

What kind of skills specifically? Primary prevention capacity building skills for promoting resiliency. We need to help the community understand how to have primary prevention skills (protective factors) around public health and mental health.

Use your Community Network to build capacity and ensure long-term ability to fight health disparities by transferring skills to CBOs, non-profits and community members who can lead the efforts even when funding is scarce or non-existent.



The Win-Win of Community Engagement

Health Organization Win		Community Win
<p>A Culturally-Relevant Communications Channel that Builds Trust in Order to Positively Impact Health Outcomes</p>  <p>Put information into the community... Take information out of the community</p>	<p>An Operational Win</p> 	<p>Increasing Access to Quality, Respectful Healthcare Treatment While Increasing Connectedness to Community-Based Services</p>  <p>Engagement is automatically PROTECTIVE because it fosters access to services and connectedness (social fabric) in the community!</p>
<p>An Ethical and Responsible Approach to Counter Health Disparities by Promoting Resiliency</p>  <p>Having trusted community partners enables grassroots advocacy to address underlying health disparities and promote resiliency</p>	<p>A Socially Responsible Win</p> 	<p>Facilitate Community Dialogue to Counter Urban Trauma and Tap into Innate Resiliency</p>  <p>Addresses the community's daily realities and chronic stressors while linking to trauma-informed services</p>
<p>The Most Effective Method to Promote Primary Prevention in Communities with the Highest Health Disparities</p> <div data-bbox="334 1455 623 1745" style="border: 1px solid black; padding: 5px;"> <p><i>It is Easier to Build Strong Children Than to Repair Broken Men.</i> - Frederick Douglass</p> </div> <p>The most cost-effective way for public health to put needed "upstream" primary prevention skills into the community</p>	<p>A Capacity Building Win</p> 	<p>Build Capacity by Transferring Skills into the Community to Prevent Chronic Disease and Increase Wellness</p>  <p>Putting primary prevention and protective factor skills back into the community</p>

Getting in the Right Mindset

What Effective Community Engagement Requires from Your Organization

Community engagement is labor-intensive work that requires listening, not just talking; patience; and determination.

You need to have a mindset built on an openness to personal and professional growth, no matter how long you have been working in your chosen field. A fixed mindset, where you are closed to new ideas or ways of doing things, will hamper, if not doom, your efforts to engage with and serve community members facing the highest social and health disparities.

Boots-on-the-ground community engagement requires more time and effort than using media-based strategies to reach your audience. While it may be perceived as the “harder” route, it offers an exceptional “bang for the buck” that more than justifies your investment. Turning around community norms can’t happen overnight. If you really intend to be effective at community engagement, you must be willing to:

Engage the target audience and the community on its terms, not yours.

- This means you have to be comfortable working differently, and maybe even harder.
- Meet people where they are, physically and in spirit. Don’t make members of the community only come to your space when you want to engage. Go to them, and hold intimate, small-group sessions in their trusted, familiar places, where they feel comfortable and welcomed.

Be challenged by community members who attend your events or activities by making time to listen when people need to vent about past disappointments, current perceived slights and undelivered promises.

- People will say, “Who sent you?” “Who’s funding you?” or “I remember what happened last time. What are you up to this time?” This is the community’s way of understanding your intentions and assessing this potential relationship. People want to be assured that you’re working in their best interest and plan to be there for the long term.
- Hear the community’s word-on-the-street and residents’ assessment about your organization and the people who serve as its “face.”

Tell the truth, even when it feels uncomfortable or paints you or your organization in a less-than-flattering light.

- Acknowledge when you don’t know something and commit to finding the answer and circling back to share it. Just be sure to follow through on that commitment, along with others you make.

Acknowledge imperfections and admit the reality of institutional trauma.

- People with the fewest resources have often been mistreated by both individuals and institutions, leading to trauma and other damage. It’s OK to admit that things have not always been done right, by you or by others.

Make changes within your organization based on feedback from the people you serve.

- Once the grassroots community really starts coming through your organization’s doors, ask them for honest feedback on their experiences. Did they feel welcomed upon entering? Were they treated with respect? Did they get the feeling that the staff really doesn’t want to be there or has issues with them? Did they feel discriminated against based on their race, gender presentation, sexual history, or socioeconomic status?
- Do an audit of your human resource assets. Be willing to make staff changes to reflect the vision of a community-centered, trauma-informed approach. Reflect the diversity present in your community.

Become an ongoing community presence that people can depend on. This means making a real commitment to being there and making positive change.

- A fully-funded, multi-year commitment shows that you are not going to pick up and run or abandon efforts to build trusting relationships at the grassroots level.

Seven Benefits of Community Engagement

1. You create the best communications channel, which provides on-going, long-term and credible access to your community.
2. Community engagement opens a real, two-way working relationship with communities – you can easily both gather up-to-date, ground-level data (take info out) and disseminate your health messages (put info in).
3. Once an effective community infrastructure is in place, it can be used multiple times, for multiple important topics as they arise. Not only will you be “allowed” to return, the community will actively invite you back to continue the conversation.
4. Community Engagement is a very cost-effective communications method, much less expensive than using traditional media outlets.
5. Community Engagement is inherently culturally-relevant and participatory, because to be successful, you must interact and dialogue with residents in their own language and style.
6. Ongoing dialogue with the community helps create reciprocity and a shared vision that begins the process of repairing broken or fragile trust.
7. Listening to people’s barriers and then providing realistic and credible counter-arguments gives them the information they need to do the personal “cost-benefit analysis” we all process before changing our behaviors.

The “How” of Community Engagement

Tactics for Building Trusting Relationships

MEE has implemented a variety of community-engagement and mobilization tactics over the years.

- Community-Participatory Audience Research
- Community Advisory Boards
- Community Coalitions
- Community Surveys
- Participant Recruitment (Consent) for Clinical Trials
- “Chat & Chew” Information Sessions with CBOs/Non-Profits
- Targeted Community Canvassing (Outreach)
- Digital Relationship Management (Database)
- Peer-to-Peer Community Education

Check Out Our Case Studies of The “How” of Community Engagement at www.MEEProductions.com/Academic-Case-Studies

<p>Project EMPaCT: Prostate Cancer Awareness for African-American Men Supporting a Research Study by Thomas Jefferson University</p> <p>MEE conducted audience research, developed educational materials and recruited peer educators for this pilot study of a neighborhood-based intervention to reduce disparities in prostate cancer affecting Black men in Philadelphia. It leveraged its extensive Community Network to support recruitment efforts and worked with community-based organizations to identify potential peer educators to deliver a culturally specific curriculum in small-group settings.</p>	<p>Blueprint for a Safer Philadelphia Youth Violence Prevention Campaign A 3-Year, City-Wide Campaign to Reduce and Prevent Youth Violence</p> <p>MEE implemented an innovative public health approach to reducing urban youth violence in Philadelphia. It included:</p> <ul style="list-style-type: none"> • Radio/TV Advertising • Grassroots, peer-to-peer outreach, using MEE's CATs (Jobs/Mentor) Model • Active partnerships with community-based organizations <p>Outcomes:</p> <ul style="list-style-type: none"> • Employment • Adult Mentoring • Youth Development (Life Skills) • Self-Efficacy & Leadership 	<p>Black Males Engaged and Empowered (B-MEE) - Scattergood Foundation Community Outreach to Overcome Stigmas Associated with Discussing Mental Health Among Black Males</p> <p>Using MEE's trauma-informed CATs Model, this pilot project trained/managed a team of 20 young Black males ages 17-21 to conduct peer-level community outreach in zip codes that had the lowest rates of usage of the behavioral health services.</p>	<p>MEE's Models for Engaging Communities Around Youth Violence Community-Tested and Evidence-Informed Models to Reduce Youth Violence in Chicago</p> <p>MEE implemented two of its peer models (CATs & PLAN) that increase positive coping behaviors among low-income youth and surround them with protective factors including a stronger safety net of community adults. CATs provided jobs plus mentoring and social/emotional skills for 1,500 youth in Chicago neighborhoods with the highest rates of poverty, violent crime, domestic distress and youth disconnected from their schools or community.</p>
--	---	--	--

This newsletter is printed under the trademark of MEE Productions Inc. and should not be reproduced, reprinted, or distributed without the permission of MEE Productions Inc. Permission to photocopy for internal use can be granted by calling MEE Productions Inc. at 215-796-9141.

A Publication of
MEE Productions Inc.
 1 Winding Drive, Suite 203
 Philadelphia, PA 19131
 215-796-9141
www.meeproductions.com

- @MEEProductions
- @MEEProductionsInc
- MEEProductions
- MEE Productions Inc.

