

# Effectively Communicate Information to Key Stakeholders

## UNDERSTANDING EFFECTIVE COMMUNICATION TO KEY STAKEHOLDERS

Translating the implications and nuances of injury and violence prevention (IVP) data into action can be a difficult task. Nevertheless, communication skills—from using infographics to conducting media advocacy—are essential to effectively reach key audiences, including policy makers, partners, and the public. To share their powerful and compelling stories, state IVP programs need strong communicators and effective communication channels within their programs to ensure that data, partnerships, and strategies garner the support they need to be sustained and successful.

## COMMUNICATION METHODS

- Most of the 40 state IVP programs responding to the survey provided some form of communication to target populations, partners, local groups, or others engaged in IVP in 2015. However, only six states reported having an “official” communications plan.
- Overall, state health departments are increasing communication efforts, with an emphasis on leveraging digital platforms to share their states’ critical injury and violence-related information. Both website and social media usage have increased substantially over recent years (Table 9).
- While online sharing has increased, more traditional digital sharing, such as newsletters or group listservs, have either stagnated or decreased in usage.
- Formal communication tools (e.g., reports, fact sheets, issue briefs, etc.) are the primary method through which state IVP programs are sharing information with partners. More than one third of states indicate this is their primary method of communication.
- Despite high usage of social media platforms for information sharing (78%), most IVP programs are using these platforms to support other communication efforts with only five percent of programs using social media as their primary method of communication (Figure 20).



**Table 9.**  
**Methods to Communicate Injury- and Violence-Related Information, 2015, 2013, and 2011**

Communication Method	2015 (N=41)	2013 (N=40)	2011 (N=47)
Website	95%	92%	72%
Reports, articles, presentations, data briefs, fact sheets	90%	87%	93%
Participation in steering committees, community meetings, professional association meetings	83%	87%	93%
Social Media platforms (e.g., Twitter, Facebook, etc.)	78%	62%	n/a
Interviews with local media (TV, radio, etc.)	71%	72%	38%
Listservs	68%	75%	61%
Newsletter	51%	52%	27%
Advertisements/Public Service Announcements	39%	45%	n/a

**Figure 20.**  
**Primary Method to Communicate Injury and Violence-Related Information, 2015**



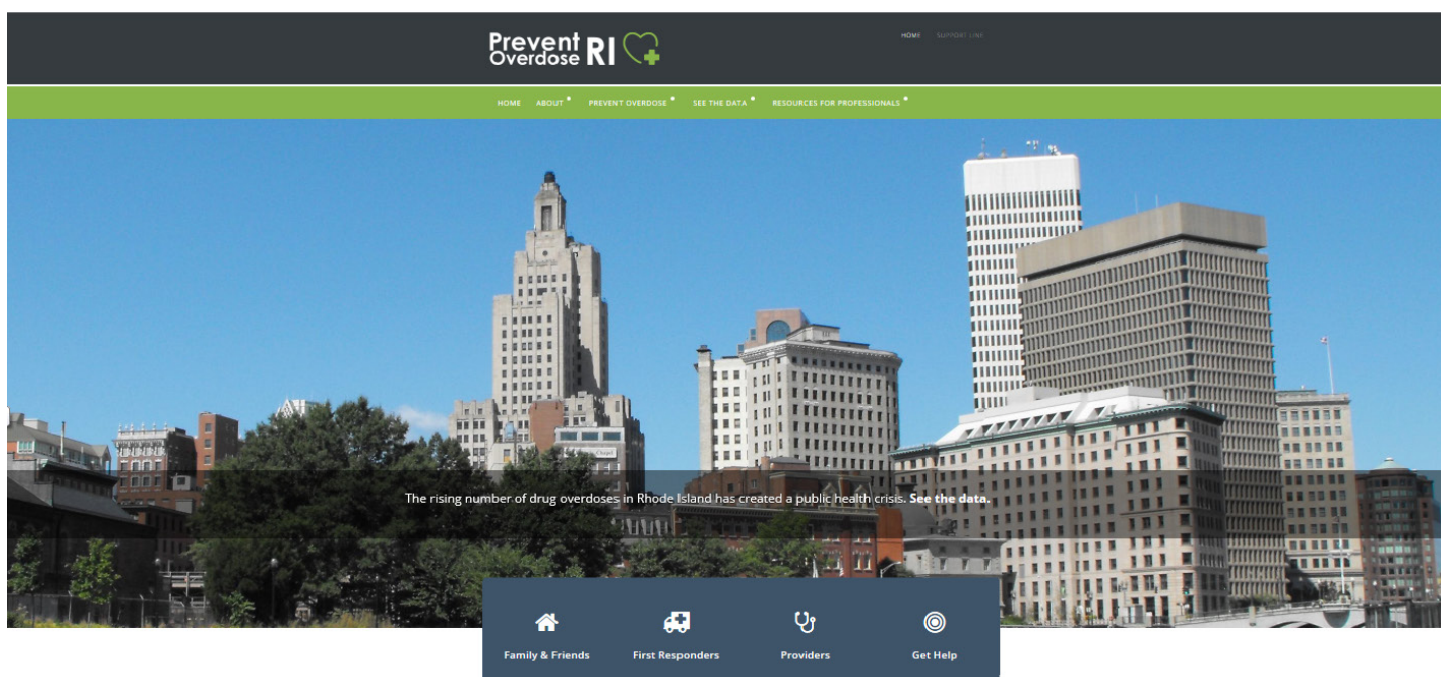
## Communication in Action

### PREVENT OVERDOSE RHODE ISLAND - MAKING DATA MORE TIMELY, USEFUL, AND ACCESSIBLE IN RHODE ISLAND

Despite their communication's office best efforts, most public health websites are unlikely to win any design awards – and that's particularly true of those attempting to share public health data in various forms.

However, in Rhode Island, a **data workgroup that emerged from the Drug Overdose Prevention and Rescue Coalition**, convened under CDC Core Violence and Injury Prevention Program (VIPPP) funding to address the state's escalating opioid overdose problem, decided to try something different. The idea became a reality with new CDC PDO Prevention for States funding in September 2015 and high-level support from the newly formed Governor's Task Force on Overdose Prevention and Intervention. A collaboration between the Rhode Island Department of Health and Brown University's School of Public Health led to the development of a **unique data dashboard - accessible in real time to researchers, legislators, clinicians, the media, and many other audiences.**

A crisp, modern design houses layers of useful surveillance data, compiled in visually appealing and accessible **infographics, interactive maps, videos, charts and other formats to encourage real-time, real-life use.** Clinicians may download flyers for their patients or **identify clusters of overdoses or "hot spots"** within their practice areas. **Practitioners can target interventions** to where they are most urgently needed. Researchers may **use the data to explore the effectiveness of different interventions or combinations of interventions.** First responders can **watch a naloxone training video or schedule a training** for their group. Prescription drug users and their families can find **maps of local services**, download current **information about overdoses and how to prevent them**, or link directly to a warm line staffed by counselors who can listen and care, and also provide **information about services and referrals.** Everyone gets a message that echoes and reinforces the broader **Task Force's theme: addiction is a disease, and recovery is possible.**





The site reflects Rhode Island's unique tight-knit, inclusive, local feel, with a blend of state-wide data and strategies added to locally-relevant information. **High-level support from the Governor's office** for the entire initiative has helped make this possible, along with **data use agreements that balance the protection and sharing of data and allow the site to be housed outside the health department**. Future plans include a stronger social media presence and continued responsiveness to the feedback that led to current version of the dashboard. Check out the team's work by visiting [www.preventoverdoseri.org](http://www.preventoverdoseri.org).

## A Plan to End Rhode Island's Overdose Crisis



**The rising number of drug overdose deaths has created a public health crisis in Rhode Island.**

- In the past 5 years** We've lost **more than 1,000 people** to drug overdoses.
- 2011-2015** The number of deaths from drug overdoses almost **doubled**.
- In 2014** More people died from drug overdoses than from **guns and cars combined**.

**Rhode Island's overdose crisis has touched every community in the state.**

**Enter the Governor's Overdose Prevention Action Plan**

With this plan, Rhode Island will **reduce overdose deaths by 1/3 in 3 years** — that means saving hundreds of lives.



**We have one goal: to save lives.**

**Here's how we plan to do it:**

<p><b>Prevention</b></p> <p>Help doctors protect their patients by using safe prescribing practices.</p> <p><b>Fact</b> It's time to change how we treat pain — opioids don't need to be the first line of defense.</p>	<p><b>Rescue</b></p> <p>Make sure everyone has access to naloxone.</p> <p><b>Fact</b> Nearly every opioid overdose death is preventable with naloxone.</p>
<p><b>Treatment</b></p> <p>Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.</p> <p><b>Fact</b> MAT lowers the risk of both relapse and death.</p>	<p><b>Recovery</b></p> <p>Expand peer recovery services and treatment options that help people start recovery.</p> <p><b>Fact</b> We're making sure that all patients treated for addiction have a long-term recovery plan.</p>

To save lives, we need to educate everyone about the dangers of overdose and **end the stigma of addiction**.

We all have a role to play in ending Rhode Island's overdose crisis.

**What's yours?**

Find out at [PreventOverdose.RI.gov](http://PreventOverdose.RI.gov)  
Data Source: Rhode Island Department of Health

**Prevent Overdose RI** 