Messaging Shared Risk and Protective Factors

Learning Objectives
In this session, participants will:
Learn about Colorado’s process for developing consistent and clear language to message shared risk and protective factors.
Learn about Colorado’s success in communicating upstream practices that help break down silos that often exist in violence and injury prevention work.
Understand the importance of messaging violence and injury prevention work in a way that is accessible to those new to violence and injury prevention, as well as community partners.

Statement of Purpose
Too often, violence and injury prevention happens in silos. However, by addressing violence and injury through upstream strategies, the violence and injury prevention community can make progress on many issues at once. Leading this shift requires clear and consistent messaging free of jargon and accessible to newcomers to the work and community partners. Framing primary prevention work, and particularly how issues are interrelated, in a way people can understand and emulate is key in getting community- and state-level buy-in to the shared risk and protective factors approach.

Methods
To meet the need for consistent and common language that violence and injury prevention work requires, the Violence and Injury Prevention - Mental Health Promotion (VIP-MHP) Branch collaborated to compile language to describe its upstream and comprehensive approach to systematic prevention, as well as its shared risk and protective factor priorities: Social Norms, Connectedness, Behavioral Health and Economic Stability and Supports. Collaborators went through many variations in language throughout the review process to determine the best language to use to describe its approach, while acknowledging that this will change over time.

Results
As branch staff create reports, handouts, powerpoints and presentations, they can use consistent and common language to convey Colorado’s shared risk and protective factors approach. This reduces confusion among staff and community partners about upstream prevention and shared risk and protective factors and helps simplify a complicated concept. Additionally, these documents are being distributed to community partners and with partners in other states to help guide their prevention work as well.

Conclusions
Focusing efforts on upstream risk and protective factors helps to break down silos that often exist between public health issues, and prevent much of the violence and injury that occurs. This goal requires common and consistent language. This language will keep changing as the branch and violence and injury prevention field continues to do this work and grow. Creating new fact sheets was also a reminder that creating materials is always half the battle, since making sure they are distributed and getting utilized by staff and partners can sometimes be even more challenging than making the decisions about language.
Kate Cohen is a Community Outreach Specialist with the Violence and Injury Prevention - Mental Health Promotion (VIP-MHP) Branch at the Colorado Department of Public Health and Environment. In her role with the department, Kate provides communication support through graphic design, strategy consultation, training and advocacy consultation, and language and material development. Kate helps support branch staff in how to use consistent and common language to talk about the VIP-MHP shared risk and protective factor approach to injury and violence prevention.
Missing the Message: What Language Do You Use?

Learning Objectives
Identify the significance of media messages and their effect on the stigmatization of people who use drugs.
Formulate strategies to increase media presence and shift societal views of the opioid epidemic in North Carolina.
Evaluate the method of analyzing media content around injury and prevention.

Statement of Purpose
Media messages have an impact and influence on society. The type of language used in media articles can be stigmatizing and negative. For decades, the field of injury and violence prevention has been affected by the language of the media. The opioid epidemic receives mass media coverage filled with varied narratives. Frequently, the media depicts people who use drugs (PWUD) as immoral or bad. However, PWUD are often dealing with a chronic health condition and need treatment, not judgement and rejection. In a time where opioid overdoses are a common occurrence in the news, it is important to reframe the message to be uplifting and powerful.

Methods
In 2017, North Carolina performed a content analysis of news articles through an online news alert and parsing system. The coding approach in this project was to record the narrative, the geographic area, and any acknowledgement of the state government’s health agency. This method produced results detailing the type of article, not the language used or how the narrative was told. To focus on observing media language, qualitative methods are necessary.

Results
It was determined that this project solely focused on the categorical classification articles. Without a focus on the context of words used, various articles revealed stigmatizing language that may lead to a negative impact on the opioid epidemic. We discovered that language heavily weighs on the narrative being told and it is with future qualitative work that messaging can change.

Conclusions
As society continues to evolve, we must be aware of messages and how they are delivered. Discussions around media language are seen in topics of gun violence, sex trafficking, intimate partner violence and other aspects of public health. It is understood that storytelling is an effective method to best tell stories. In future projects, we would aim to include those stories and hopefully capture the language shift to a public health informed message. It is our duty as public health professionals to educate media staff on the importance of using the right language to reduce stigma around drug use.

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Toska Cooper is a Research Project Coordinator at the UNC Injury Prevention Research Center (IPRC). Her work focuses on opioid overdose prevention research and practice, including organizing and facilitating training and educational opportunities for researchers and practitioners throughout North Carolina. Prior to her work at the IPRC, Ms. Cooper served as an AmeriCorps VISTA member, a program consultant for the Injury and Violence Prevention Branch at the NC Division of Public Health, and as a student research assistant in West Virginia University’s ICRC where she worked to establish a statewide law enforcement naloxone distribution program. Ms. Cooper supports community-based programs and is also a Certified Health Education Specialist. Currently she is pursuing a health informatics certificate to intertwine her passion areas of public health, education and technology. Toska believes that societal changes start at “home”, and with small wins, one day our world will become a better, healthier place.
Inside an injury center’s toolbox to inform policy change around opioids in Iowa

Learning Objectives
In this session, participants will:
Hear a story of stakeholder engagement.
Learn about a media dissemination effort.
See examples of advocacy materials to help reach policy makers.

Statement of Purpose
Deaths from prescription opioids have quadrupled in the past 20 years in Iowa. These death rates are lower compared to other states; however, Iowa is only one of four states with such a dramatic increase. The University of Iowa Injury Prevention Research Center (UI IPRC) utilized stakeholder engagement, advocacy materials (policy briefs, short report, & digital story-telling) and planned dissemination to elevate the opioid issue in our state.

Methods
In April 2017, the UI IPRC convened 38 stakeholders across Iowa representing more than a dozen fields. We reviewed evidenced-based strategies, identified what Iowa was doing to address the prescription opioid issue, proposed policy/program changes, and identified priorities. An online survey was sent to participants to vote on their top five priorities. In October 2017, the UI IPRC released a report that described the magnitude of the prescription opioid problem in Iowa and the five stakeholder priorities around prescriber education, Iowa’s Prescription Monitoring Program (PMP), surveillance, and insurance coverage for opioid addiction treatment. The same month we published the priorities in an op-ed in seven newspapers across Iowa; conducted interviews with Iowa Public Radio and the Associated Press; and presented to a state legislative committee tasked to make recommendations about opioids to Iowa Governor Kim Reynolds. Using a policy brief guide we developed (published in 2017), we created an opioid policy brief and shared it with Iowa legislators in Washington D.C. (Feb & May 2018). In 2019, we used digital storytelling to show the impact of the opioid crisis on victims.

Results
In October 2017, the Governor released her opioid initiatives which mirrored some priorities in UI IPRC’s report. In May 2018, the Governor signed the “Opioid Bill” (HF 2377) that mandated prescriber use of the PMP, addressed continuing education requirements on prescribing for chronic pain, and included a Good Samaritan Law. Our work led to our participation on a state-wide opioid initiative and stronger relationships with legislators.

Conclusions
We learned that engaging stakeholders, widely disseminating our project results, and timing helped us reach policy makers and increase momentum of the opioid issue in Iowa.

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Ann Saba, MPH, is the Communications Specialist for the University of Iowa Injury Prevention Research Center, where she helps disseminate injury research findings to practitioners, researchers, policy makers and the public. She also has worked as project manager for the center’s prescription opioid projects and was part of the injury center team that testified in 2017 in front of a state legislative committee tasked to evaluate the opioid crisis in Iowa. She was a policy fellow with the Safe States Alliance in 2017-2018 and serves on the communications committee of the Society for Advancement of Violence and Injury Research.