

Message Framework

PURPOSE OF MESSAGING FRAMEWORK

1. Provide strategically connected messages about ACEs, overdose and suicide that strengthen the work of experts in each of these issues.
2. Advance an overarching narrative that adverse childhood experiences (ACEs), overdose and suicide are urgent, related and preventable public health challenges and are rooted in public health inequities.
3. The acceptance of this narrative among stakeholders will inform their decisions about effective, prevention-focused public health policies, approaches and funding.

USING THE MESSAGING FRAMEWORK

We recognize that subject matter experts in each of these three issues already have messaging designed to help increase understanding of both their issue and the opportunity for policy and systems change to address it. The purpose of this collective message framework is not to replace their issue-specific messaging, but to provide guidance on how to broaden the perspective of public health partners so they better understand the connection between these three issues and the need to break down silos to address them more effectively both individually and collectively.

Subject matter experts in each issue area can use language that enables them to bridge to this collective message framework from their more issue-specific messaging and from this collective message framework to focus on their specific issue in more depth.

Below is an example of how these bridges can be put into practice:

BRIDGING TO THE COLLECTIVE MESSAGE FRAMEWORK

(after having shared talking points based on one of the three issues)



ISSUE-SPECIFIC MESSAGING ▶ **COLLECTIVE MESSAGING**

proceed with talking points adapted from the collective message framework captured below

Example: Today, we've been talking a great deal about [ACEs/overdose/suicide] and I'm glad we've had the chance to focus on it specifically. I'd also like to take this opportunity to talk about the bigger picture, since we believe more progress can be made on [ACEs/overdose/suicide] by thinking about it holistically.

BRIDGING FROM THE COLLECTIVE MESSAGE FRAMEWORK

(after having shared talking points based on the collective message framework)



ISSUE-SPECIFIC MESSAGING ◀ **COLLECTIVE MESSAGING**

proceed with issue-specific talking points.

Example: I hope this context has been helpful in explaining why are focused on addressing all three of these issues. Now, I'd like to focus a bit more specifically on [ACEs/overdose/suicide] and what we can be doing today to more effectively address it.

In practical application, specific messaging and tools created (and the level of detail they contain) should be modified depending on level of:

- awareness
- understanding of public health
- need for data, etc.

This document aims to define the overarching message that will advance the consistent narrative that is reflected in all messaging and communication tools.

FOR MORE INFORMATION

1. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
2. <https://www.cdc.gov/vitalsigns/aces/index.html>
3. <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity/#>
4. <https://www.cdc.gov/drugoverdose/deaths/index.html>
5. <https://www.cdc.gov/nchs/products/databriefs/db491.htm>
6. <https://www.cdc.gov/suicide/facts/data.html>
7. <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9518506/>
9. https://www.apha.org/-/media/Files/PDF/factsheets/Advancing_Health_Equity.ashx

CORE MESSAGE

Adverse childhood experiences, overdose and suicide are **urgent** and **related** public health challenges. While these challenges have consequences for all of us, some communities are more affected than others due to systemic barriers, like racism, or a lack of resources and opportunities.

These challenges are **preventable** if we adopt a coordinated and equitable **approach** that focuses on addressing today's crises while preventing tomorrow's.

UrgentRelatedPreventable.org

	Message Build-out	Data and Details
URGENT	<p>Exposure to adversity and trauma before the age of 18, overdose, and suicide are urgent public health challenges confronting every community in the country. These challenges contribute to shortened life span, rising healthcare costs, lost economic productivity and strain on our social service system that affect all of us.</p> <p>This urgency is heightened by trauma passed down from one generation to another and by lack of public investments in some communities. This makes existing health challenges worse and makes it harder to seek preventative or lifesaving resources.</p>	<ul style="list-style-type: none"> • About 64% of U.S. adults reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 (17.3%) reported they had experienced four or more types of ACEs.¹ • Five of the 10 leading causes of death are related to exposure to adverse childhood experiences.² • Children of different races and ethnicities do not experience ACEs equally. Nationally, 75 percent of American Indian/Alaska Native non-Hispanic children and 70 percent of Black non-Hispanic children have experienced at least one ACE, compared with 63 percent of White non-Hispanic children and 50 percent of Asian non-Hispanic children.³ • More than one million people have died since 1991 from a drug overdose. In 2021, over 100,000 drug overdoses occurred in the U.S.⁴ • In both 2021 and 2022, age-adjusted overdose death rates were highest for American Indian and Alaska Native non-Hispanic people. American Indian and Alaska Native people experienced the largest percent increase in the age-adjusted rate of drug overdose deaths from 2021 to 2022, with the rate increasing 15%.⁵ • From 2001 to 2021, suicide rates rose 31%. During the same period, over 800,000 people died by suicide.⁶ • Suicide rates vary by population. Between 2018-2021, suicide rates significantly increased overall among non-Hispanic AI/AN (26%) people and non-Hispanic Black (19.2%) people and declined by 3.9% among non-Hispanic White people. In addition, suicide risk is higher among people who identify as lesbian, gay, or bisexual.⁷
RELATED	<p>These challenges are related because adverse childhood experiences increase the risk of overdose and suicide later in life. For children, losing a loved one to suicide or overdose are adverse childhood experiences, the risk of future overdose or suicide grows. As such, ACEs, overdose, and suicide are each associated with each other, and the impact lasts across generations. These health issues are also related because the systemic barriers that increase risk of one issue for certain communities tend to increase risk of others, as well.</p>	<ul style="list-style-type: none"> • The connection between ACEs, suicide, and overdose can lead to a continuous cycle across generations. By interrupting the cycle, we can prevent exposure in the next generation. • People who are affected by substance use and suicide early in life are also disproportionately affected by systems inequities, like structural racism.⁸ This leads to health inequities, or the uneven distribution of social and economic resources that impact an individual's health.⁹ • Experiencing adversity in childhood can change the way your brain develops and functions, contributing to increased risk of substance use, suicide and other injury and violence outcomes. • Preventing exposure to adverse childhood experiences is an important step in reducing the risk for overdose and suicide, and many other negative health and wellbeing outcomes. • Creating the conditions today for strong, thriving families and communities, where children are free from harm, will assure that children can be healthy, contributing members of society.
PREVENTABLE	<p>Fortunately, these three crises are preventable if we take a collaborative public health approach that addresses the complex and often related challenges that impact health. By building on community strengths—and focusing not just on treatment, but also on awareness building and prevention strategies—we can meet the immediate needs of those already affected while preventing future risk and negative health outcomes.</p>	<ul style="list-style-type: none"> • A comprehensive public health approach looks at these challenges both on their own and in relationship to one another, focusing on prevention through system changes, as well as public education and implementation of policies and programs based on the best available evidence. For example, understanding that childhood trauma is a risk factor for overdose and suicide can be used to create policies that protect children today and prevent future risk for overdose and suicide. A comprehensive approach also looks at community level determinants, like prosperity and safety, from a health equity lens to tailor prevention strategies for the individuals, families and communities served. • Successful approaches often require collaboration with other sectors (e.g., business, media, education, justice, housing) to address the complex and often related challenges affecting communities across the country. • There is great potential for coordinating and aligning funding, programs and policies to have greater impact on these three issues together than the current efforts that focus on each issue individually.
APPROACH	<p>We need a coordinated approach to:</p> <ul style="list-style-type: none"> • Increase understanding of the causes and impact of these three health issues; • Ensure equity in policies, programs and services that build on the strengths of individuals, families and communities while reducing the disparities that increase risk for some more than others; • Invest in research and evaluation to better understand what works, why and for whom; • Engage a broad movement of champions and change agents in their own communities; and • Implement successful strategies that are customized for specific cultural contexts. 	<ul style="list-style-type: none"> • A comprehensive approach will prevent harm from occurring in the first place, identify people in need early and ensure equitable access to the programs and services they need, and provide long-term social and economic supports (e.g., income support for working families, paid family and sick leave, high quality childcare, and multi-generational substance use treatment that increase safe, stable, nurturing relationships and environments). To be most effective, we should focus policies, funding and programs first where the need is greatest. • Generate an understanding of the shared root causes between ACEs, overdose, and suicide to inform more holistic and effective policy, programmatic interventions, funding, and service delivery. As champions and allies, we can advance this understanding by using shared, evidence-based, and easy-to-understand messages that make the connection and create urgency for innovative solutions. In concert with collective messaging, we can use stories from impacted people to demonstrate that prevention strategies do work. • A comprehensive approach will prevent harm from occurring in the first place, identify people in need early and ensure equitable access to the programs and services they need, and provide long-term social and economic supports (e.g., income support for working families, paid family and sick leave, high quality childcare, and access to substance use treatment that increase safe, stable, nurturing relationships and environments). Efforts may be most effective if we begin by focusing policies, funding, and programs where the need is greatest. • A greater investment in research and evaluation would be beneficial to develop, test, implement, and translate more evidence-based strategies to prevent adverse childhood experiences, overdose and suicide, and to address the connections between them.