

Message Framework

PURPOSE OF MESSAGING FRAMEWORK

1. Provide strategically connected messages about ACEs, overdose, and suicide that strengthen the work of advocates for, and subject matter 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.
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 issue-specific messaging, but to provide guidance on how to broaden the perspective of stakeholders so they better understand the connection between these three issues and the need to break down silos to more effectively address them both individually and collectively.

Thus, subject matter experts in each issue area should be given specific 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 might 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 on the left.

Example: Today, we've been talking a great deal about (issue) 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 (issue) by thinking about it holistically.

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

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 we at the CDC are focused on addressing all three of these issues. Now, I'd like to focus a bit more specifically on (issue) and what we can be doing today to more effectively address it.

	Message Build-out	Data and Details
URGENT	Exposure to adverse childhood experiences, overdose, and suicide are urgent public health challenges confronting every community in the country. These challenges contribute to shortened life span, lower quality of life, rising healthcare costs, lost economic productivity, and strain on our social service system that affects all of us.	<ul style="list-style-type: none"> • One-third of children in the U.S. and 61% of adults have experienced at least one adverse childhood experience;¹ 25% of adults had experienced three or more; and more than 14% of children have experienced two or more ACEs.² • 5 of the 10 leading causes of death are associated with adverse childhood experiences.³ • The number of drug overdose deaths was four times higher in 2018 than in 1999,⁴ and there was a 35% increase in suicide rates.⁵ • The estimated economic burden of ACEs is in the billions of dollars each year. The annual lifetime cost of child abuse and neglect, one type of ACE, was \$428 billion in 2015.⁶
RELATED	These challenges are related because adverse childhood experiences increase the risk of overdose and suicide later in life. And 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 the other and the impact lasts across generations.	<ul style="list-style-type: none"> • The connection between ACEs, suicide, and overdose can lead to a continuous cycle of risk across generations. By interrupting the cycle, we can prevent exposure in the next generation. • Experiencing adversity in childhood can change the way a child's 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 for strong, thriving families and communities where people are free from harm will assure healthy members of society tomorrow.
PREVENTABLE	Fortunately, these three crises are preventable if we take a comprehensive 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 prevention—we can meet the immediate needs of those already affected, today, while preventing future risk and negative health outcomes, tomorrow.	<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. • 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; • Engage a broad movement of champions and change agents in communities; • 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; and • Invest in research and evaluation to better understand what works, why, and for whom. Implement successful strategies and translate for specific cultural contexts. 	<ul style="list-style-type: none"> • 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. • Engage with individuals as leaders for prevention and change in their own communities, including those with personal experience with these issues, decision-makers, and champions across sectors. • 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.

CORE MESSAGE

Childhood adversity, overdose, and suicide are **urgent** and **related** public health challenges that have consequences for all of us.

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

UrgentRelatedPreventable.org

FOR MORE INFORMATION

1. <https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/nsch-data-brief.pdf>
2. <https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/nsch-data-brief.pdf>
3. <https://www.cdc.gov/vitalsigns/aces/index.html>
4. <https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf>
5. <https://www.cdc.gov/nchs/products/databriefs/db362.html>
6. <https://www.sciencedirect.com/science/article/pii/S0145213418303867#abs0005>