This is the children's safety Network and we are funded by the health resources and services administration of the US Department of Health and Human Services. We are Hersa's primary vehicle for training and technical assistance on child safety topics and uh nothing that shared today should be inferred um as uh the position or the endorsement of hersa HHS or the US government. Just some uh Tech tips on accessibility and engagement we do have uh closed captioning in the room that you can click uh using this uh CC button at the bottom. We do have a poll that's popped up um if you could let us know uh what type of organization you're um you're coming in from. We will uh provide verbal descriptions and summaries uh as much as we can especially of the chat messages. We

will uh follow-up materials um such as recordings uh handouts and um and any uh

transcriptions to meet or exceed our compliance guidance. In terms of engagement, we hope that you use the chat feature. I know that um many of you have joined our staws in the past um so we do hope that you use the chat feature, a hand raise feature, um and make comments throughout our um session today uh so that we can um make this the most fruitful session for you all. We do ask that you stay muted when you're not

speaking and um if possible uh and if you're in a place that you're able to, we hope that

you would be able to um turn your camera on when you're um going to speak so that we can facilitate our engagement but of course we understand if you don't um. And we are going to uh uh we are recording the session and it will be publicly posted and if you could please rename yourselves uh to include your state abbreviation and your full name that would be lovely. We do uh try to um uh see uh who's been joining us um on on different events um to help us with our Outreach so thank you all.

So we do have some Community guidelines that I'd like to go over we ask that during today's session that you focus on your intentional presence uh bringing a curious stance being Partners in learning. We're all uh um public health professionals here um um and we want to honor each other's perspectives experiences and learning styles and of

course you can take care of yourself as needed so um if you need to take a break get up um and shake out your wiggles, you're more than welcome to.

So with that uh I'd like to introduce our topic for today it is improving prevention messaging with your Workforce. If you've joined us in the past uh in over the past year, you'll have noticed that we've done a series on uh quality improvement 101 and this is the second Workforce Development uh State technical assistance webinar um we're focusing

specifically on prevention messaging here today. And I'd like to explain uh

how this all fits into our uh CSN uh framework so um the majority of the work

that we do in um the children's safety network is in this inputs uh Pi all the way on the left um so we uh work on child safety expertise leadership and managing systems Improvement and if you're part of our child safety learning collaborative you know that these are the main components. We hope that this leads to some outputs um of Workforce Development and child safety develop system development um and so we're we're

focused on this Workforce Development output um in today's session of how do we work with our um partners and with our folks on on creating our messaging. Our ultimate outcome of course is positive health impact and uh just as a reminder um and I know that many of of you all are focused on Health Equity. Health Equity underpins everything that we do in our um in our framework. Um great um all right so our agenda for today is that we'll be looking at the playbook for developing Suicide Prevention communication campaigns um from the CDC. We'll uh be doing a social ecological model activity with Lisa Hines um we'll look at some additional resources from the CDC and um additional

resources from CSN and then we'll close out. The Mention Of New York

earlier got me into my New Yorker uh speed so I do apologize for speaking very quickly um but uh without further Ado, I will introduce to you uh Lisa Hines uh who's the associate director for communications for for centers of for Disease Control and PR prevention's division of injury prevention. She oversees the work for suicide prevention traumatic brain injury, older adult Falls, Transportation safety, drowning prevention, whiskers the injury control resource uh research centers excuse me and the core State injury prevention program. That was a mouthful Lisa so um uh she's been working in health communication and education at the CDC for over 24 years and she has a wealth of experience um in communication science and strategy, Pro product development, plain language and project management so welcome uh to Lisa and thank you so much for joining us today.

So I will hand it over to Lisa.

Great thank you so much Maria. I'm really um excited to be here today and to share this um resource with you. um I know uh if you're not familiar with CDC, I sit within the national Center for um injury prevention and control, kind of in the middle layer of that organization, which is one of the divisions um and our two sister divisions are overdose prevention

and violence prevention. So just to orient you to um kind of where I sit at CDC, um you can tell by my other sister division names that they're very focused overdose and violence and um we sort of have the umbrella of unintentional injury prevention um which is why there were so many topics listed in in my bio, that um that are in the purview of this division. But one of the things that we have been working on um as a division since 2019 um has been Suicide Prevention. There's been Suicide Prevention work going on at CDC longer than that but the first official Suicide Prevention team actually formed in at the end of 2019 so

some days feels like a lot longer than that and other days feels like it's hardly been a minute but um we've had a lot going on over those last five years and communication has been a component of that from the very beginning. We've been able to contribute to our Suicide Prevention uh strategic plan for the division um as well as a lot of the other programmatic activity that they're working on, so uh today I'm going to be talking about this new tool that we've been working on for about a year. We're calling it The Playbook for developing Suicide Prevention communication campaigns um spoiler. Unfortunately it's not finished yet um we are still hoping to have it finished by the end of 2024 but if you have ever encountered the CDC clearance process, then you know that it's a bit of a gauntlet and timing is somewhat unpredictable. So uh we're in in the middle of that process right now um but still hoping for a 2024 launch. CDC has been leading this effort, but we've had a lot of other input which I'll share um a little bit later. The organizations and the types of um professionals that we've had involved, next slide. So we know um that communication capacity varies across public health organizations whether they're Community

organizations um state or local Health departments. In my time at CDC I've been really fortunate to work with about four or five different um state-based programs um on across a lot of different topics and um communication capacity varies um tremendously in some programs.

There could be a full-time communication person and others there might be um a

project manager who's also trying to do Communications as one of the many hats that they wear um and sort of everything in between. And so what we um wanted to accomplish with this um Playbook was to provide a resource that would help people no matter what their level of expertise with communication is because communication science like a lot of other science has a lot of um a lot of steps. It's based on data based on communication science, best practices, theories, models, testing, evaluation. There's a lot of components that can go into it and if you don't have training in that area, like I would be out of my

depth as an epidemiologist, um it can seem overwhelming. And so that's why um

that was part of the emphasis for this Playbook. next slide.

So this Playbook is meant to be a step-by-step guide to help you clarify your goals um Define and understand your audience and also develop and evaluate your campaign um and we're using communication campaign um in a in a broad sense. We're thinking beyond um communication campaigns that are focused on you know just visiting a website or calling a phone number or um a simple action like that that directs people somewhere else we're we're thinking kind of a little bit higher than that and a little more Upstream.

When we're talking about communication and this capacity um can you use your react

button and give me a thumbs up if you have ever um developed a communication campaign from beginning to end. All right either no one thumbs up works or that's a big no which is great because this I see about we have about if you look in the participant um oh okay okay perfect. You'll see that we've got a couple folks that are putting them up. okay great um well then, this resource is for you. So I'm glad um glad that you're here and glad that I can share it with you. um next slide please. You might be asking like why do we need a playbook for suicide prevention um when there are a lot of other communication tools available a couple of um decisions went into creating this Playbook. One is that a lot of the suicide prevention communication resources that um that are available and

there are some really really good ones um focus on a component of communication

but not communication from beginning to end in terms of developing a campaign um and so piecing those

together um can be difficult if you're not really sure where to look for those or um know that they're available. The other thing that happened is that last year 2023 as um

the federal government was preparing for um the national strategy for suicide prevention and working on that there was a group that was attached to look across the government to see what the different agencies were doing in the realm of Suicide Prevention and what we discovered was that um there's a lot of activity happening. Um but once you dig into it the quality and quantity varies quite a bit. Some of the activities were following communication best practices, some were not um to a great extent, um a lot of them were very broad, which is typical in public health because a lot of times we have limited funds and we try to reach as many people as we can um but suicide prevention has so many um Niche audiences that that's really difficult to do. I think in this particular topic um we also wanted to introduce communication more um from an upstream perspective and workingUpstream um in more protective factors rather than at the moment of Crisis, which is where our um colleagues at samsa really um exists in that space with the 988 number that they run and the services that they offer.

The VA and DOD have a lot of really good resources and programs as well um and so what we also realized, looked across sort of the quality of this material, was that um we as a Public Health Organization and a group that has this um Suicide Prevention expertise want to kind of raise the bar on how we're doing communication about Suicide prevention across the board. CDC Will Never Be The Trusted messenger for every audience that needs Suicide Prevention information um nor should we, you know. We'll never be as good at reaching Veterans as the VA, we'll never be as credible reaching active duty military as the dod is and so if we're all sort of playing from the same handbook or playbook in this case um and using the best communication science, then we feel like um we can raise the bar in what we're seeing in suicide prevention communication. So that's sort of the background for how we came to develop this.

So these are some of the sections that are going to be in the Playbook. Focusing on determining your audience, and there are some questions in there that try to drill down to very specific key audience and who you're going to be talking to, if it's that particular audience or someone who might influence that audience. For example, if you're

thinking about teenagers- are you going to be talking to teenagers or are you going to be talking to parents and helping them talk to their teenagers? So there's a lot of questions that kind of help you drill down into who really is your um your primary audience um there's a lot of um focus on developing a call to action and testing and evaluating a call to action and your messaging and there's a component in there too about evaluation and sort of thinking about evaluation all the way through as you're building your campaign and what you can do um at each step to think about how you're going to evaluate it. The some of the key components that are part of the Playbook that you'll see when we um finally get it released are um step-by-step descriptions and actions and it walks you through kind of from beginning to end. Not that it's always a linear process but we've laid it out in a stepwise fashion. There are considerations and suggestions, questions to answer, either by yourself or with your team as you go through. We wanted to keep it as concise as possible so we do have a lot of outside resources and references, um as I mentioned earlier, there's there are some really great Suicide Prevention um messaging documents and um some more general evaluation resources so we tried to link out to those that already exist, rather than incorporate all that content into this Playbook, just to keep it

Concise. The other thing that's going to come along with it is a supplemental workbook which will just lay out all the questions um that are in the Playbook but without all the context so if you're going through the Playbook you can work through the questions one by one in the workbook if you want to and have a place to document the decisions that you make. So those are some of the features that will be part of the Playbook so the workbook as I mentioned um will walk you through some of these um different pieces- how to segment your population, um looking for data to support your choice so that you can um make a data driven decision. We did choose um a focus on the social ecological model for this particular Playbook and how to use that to reach your audience, along with, as I've mentioned, like dissemination and evaluation, planning. Next slide.

The other parts that we have included in um in the Playbook are examples of

how to use Behavior change models like the health belief model and the social cognitive model are two that we've chosen. There's um there's four in there total I think if I remember right. We also developed some personas to illustrate how to apply parts of those

theories to a Persona. We have a younger teenage uh person and then we have an older veteran Persona um as part of the Playbook and then at the end we have a special section on considerations for using social media. And then we also have an appendix that talks about low medium and high cost options for some of the different steps that we talk

Through, um so depending on what your budget is you can see kind of what might be the most feasible for you. In terms of strategy for each particular step, so as I mentioned um CDC has been leading the effort but we um tried our best to have as much engagement um from as much variety of organizations as we could um as you can see we had quite a number of different um federal agencies including the Indian Health Service um our friends at samama and VA and several others um we also had Partners from the National Action Alliance for suicide prevention as well as the American Academy of Pediatrics. Most of the people that were involved were um well I'll talk about that in just a second but we also had people who represented uh State Health departments um communication Specialists and then also some Suicide Prevention Specialists so these were the types of people that were um involved in the Playbook and the way that we did it was through a series of Sprint groups. So we had a group that was focused on audience segmentation, we had a group was focused on evaluation, we had a group that was focused on um message development and so those groups ran very quickly and they were small about five to seven people. And then once they were finished, we sort of put it all together in the Playbook um so that was the process for getting to the point that we're at now. So a lot of volunteer experts from

across many different disciplines, some of which I've mentioned, we had um some people who are um who have expertise in crisis communication working with tribal audiences. We had Health Equity professionals. We had uh social media experts obviously contribute to our social media section so we really tried as hard as we could to have representation from as many of these different disciplines as we could um and everyone who participated volunteered their time which was fantastic. So we're really thankful for the the folks that participated. Next slide. So as I mentioned we're hoping, planning, I guess I should say planning, because there is a plan um it's not not just a hope, um to have this released by the end of 2024. It is one of cdc's deliverables in the new National strategy for suicide prevention um Federal action plan so we're working hard to meet the deadline that we set forth for ourselves in there. It's primarily going to be an electronic document so the main part of the play The Playbook itself will be online um but the workbook will be a PDF that can be downloaded. So that's how we're planning to present it in this digital first age that we're living in.

If you're not part of our Suicide Prevention list serve, that is how we're planning to announce it um along with some other um dissemination strategies but you can um

be the first to know when it's released if you are interested in joining. Our list serve um it is a uh used very judiciously so you're not going to receive um emails every day from us so don't worry about the the amount of content that you might get, but this will definitely be one of the places where we first announce the launch of the Playbook. If you have never signed up for a CDC newsletter, it's not as easy as it probably should be so here are the steps that you'll encounter um as you go through it um when you get to the site where you can sign up you just type Suicide Prevention into the first um box that you come to and then just follow the prompts uh from there but it's a multi-step process. I just wanted to lay that out for you. All right, so that's the end of uh my present presentation before we hop into

our activity but I want to stop here and see if there are any questions before we move into the activity.

Yeah, thank you so much Lisa. There was a question from Carol Harvey in Texas in the chat asking are there components that address rural communities?

There's not a specific section or specific considerations for Rural communities but I think you'll find as you walk through the questions, um if that's your audience, it will help

guide you to the hopefully the best choices for that audience.

Great thank you. Any other questions for Lisa?

I just I just wanted to say that I think the comment Jenny made in the chat is really important, that this it's amazing to have this resource specifically around Suicide Prevention and so many the messages and and you know to, this is a tool that could be used for other types of prevention and health promotion. It's very similar to a model that I've used for substance misuse prevention and it's also I think it's related to all the topics in in um cslc so I just wanted to kind of make sure that people didn't, everybody felt like they were included and aware that this is this can be useful to them, whether or not they're working specifically on suicide prevention.

 Yeah, thank you that for that Lauren. That's actually a question that I do get when I

um present talk about the Playbook is can it be used for other areas of injury prevention? And the answer is yes definitely. There's no Special Sauce about this particular um Playbook that makes it just specific to Suicide Prevention um the way that we've customized it to that topic is just by the examples that we've used, so the personas we've created, the situations they might find themselves in the how we demonstrate the use of the social ecological model. All of that content is geared towards Suicide Prevention just

to um tie into the topic but the the steps, the models, the theories can be

applied to any any topic really.

Great thank you so much. Any other questions before we get started on the activity?

Well since we are talking about the, you did just mention the sociecological model, uh Lisa I think that would be a great segue into our um activity.

So um in the chat somewhere there is a worksheet that you can download um that works through kind of thinking through a social ecological model for um who your key audience might be. So I'm going to give everybody just a couple minutes to look at that and maybe think of a particular audience that you're interested in and then what I thought we could do is kind of talk through what the different tiers of influence might be um to maybe get you

started thinking about um how you could use this model.

Great, and we've colorcoded the tear in the socio eological model so um the gray the dark gray is uh tier one, the green of relationships is tier two, the blue is tier three, and the red is tier four and the example that we have in the worksheet is one of the personas that we have in the Playbook um which is a 17-year-old high school student. I will tell you that um this is an early Persona, early version of the Persona, we have made a couple changes to the um

tier four examples which I can um share with you as well um if we get to talking

about that particular tier. That's probably one of the harder ones to influence with a communication campaign. I think most people will probably be in the um you know tier one two or three, but we wanted to include examples um for that tier four just to have the complete model.

Let me give everybody a second just to think if you want to print out the worksheet or fill it out online and then I'm going to ask for a couple of brave volunteers.

All right does anyone want to share who their tier one group is?

All right well I'll give you a little bit more time to think and we can talk through the example about um Danica.

If you want I can um share some thoughts about how I would approach um a student

like her um a young girl who a a mid-level teenager. I guess late teenager who is uh in high school and thinking about maybe the next um steps in life so you know communication campaign that was focused specifically on Danica would know her habits, would know how she receives communication information. I'm going to assume most teenagers it's some sort of social media. There might be other channels more local channels um that she engages with um so there's opportunities to reach her directly with messaging about suicide prevention um even protective messaging um about you know staying connected to your friends in real life or IRL. If you have some teenagers

um the importance of connection to your community whether it's your church or

your school or um an oranization that you might be um engaged with outside of school. So there's messaging I think that you can think about that's a little bit more Upstream about keeping healthy relationships in your life um looking for support when you run into problems along with a lot of the crisis messaging that we see a lot of now geared toward teenagers about um texting or chatting with 988, going to a school counselor

if they're feeling sad or depressed, so kind of depending on where you want

to intervene in that um sort of Continuum um will help you decide what your message is going to be.

 Lisa I think I saw um Jeanie unmute for a second. Perfect. Jeanie if you were going to share something and we cut you off.

Well I was going to offer up group, just for my own personal experience what we did here was, it was very specific for parents caregivers that had children ages probably 10 and under. When our child passenger safety law passed, we had to educate parents not only that but as we kind of went through understanding like who else was affected by this? Lot

was also law enforcement, child care providers, um so there were a lot of other groups schools because they were transporting children um under eight you know in various ways whether it's in a van or school bus and so there were a lot of then secondary kind of audiences that we kind of knew, but then there's a lot that kind of popped out of the woodwork that we had to like make sure that we um addressed. Getting them educated so that they could properly transport children according to our law in their situation so it became a lot of different people tier one or uh the I think you mentioned people in tier one

two and three example, pediatricians who might talk to parents directly, law enforcement who might offer a car seat safety check or pull over someone who they notice doesn't have their child in a a safety seat correctly, um so yeah I think you had some great examples.

Jeanie you just brought up such a great example though about you know again Public Health, the complex system, and that you know well it's clear who your target audience is you're working with. Danica, that you know immediately you are already expanding your focus and thinking about all these other um players that are involved and what I appreciate about what Lisa is saying is the opportunity just like we do um with our quality improvement work is to take that step back and to really break it down. Separate those different tiers even though they're all interacting and you have to attend all of them like we encourage working across the socioecological model. It's also important to really step back and understand you know where you know can refine some of that messaging for each of those tiers and then get them also interacting in a holistic campaign so, this Playbook really helps you to you know do that and and take that step back and think about the separation and yet also the integration. One of the things too that we've woven into the

Playbook is um trying to really drive home the concept that this is not meant to be a standalone effort um and I'm sure you all working in health departments and other public health organizations very rarely work in a vacuum and there are Community Partners, there are other organizations um churches, schools, places like that that are already doing work in suicide prevention or in child passenger safety.And they may already be addressing a community level audience so you may not have to take that part on. Part of what we try to do in the early part of the Playbook is really identify like what is your Niche, what is

no one else doing, that you can contribute to the the fabric of what is going on around Suicide Prevention or any other topic um and how can you complement that to add another component to it. Well and just from being in the cslc for so long um you know working with your audience that you're trying to get the message to, we had parents go over our materials and tell us what sounded right that didn't sound right. And I mean, we had then you know, we had a a marketing company that helped us um develop all types of different media so we can reach people wherever we thought they were at and so it really helped to define kind of our message. I should say refine it, because um you know we had

parents that were going to eventually hopefully receive the materials, um provide feedback on those materials.

Yeah and um Claire I saw your note in here too. You're right on point and we address that in the Playbook we use a slightly different terminology but we have um campaign beneficiary which in this case would be Danica so she's the person we're really trying to reach but for whatever reason maybe we can't get to her directly but we can access her parents or we can access her youth pastor at church or temple. And that may be our campaign audience because that's who we're going to talk to but the beneficiary is still going to be Danica so I think that's similar to what you were talking about with population of focus and ages of

Change. Thank you for your example Jeanie.

I did see Jenny from New Jersey also unmute for a second. Was there something you wanted to share? I don't think I unmuted, but. Oh I'm sorry it's okay you and uh Jeanie and Jenny are are on top of each other on my screen so maybe I.

I am also excited about the The Playbook and I'm gonna have to figure like if you put out the QR code again that would be fantastic or. Oh sure no problem. Maybe um I tried to do it

through my phone but it wanted to sign me up on my personal email and I want to sign up with my work email so if there's an actual link and you could put that in the chat that would be fantastic.

 I can absolutely do that. It's also in the slide deck so um when you get the slide deck there is a link in there but I'll put it in chat.

Facilitator: Great, thank you for that. I also noticed a comment in the chat from Melissa about anxiously awaiting the Playbook. Melissa, did you have any questions or comments? Any thoughts about who you’d be talking to in your communication campaign?

 No specific questions, but I’m excited that it’s coming out soon. I know CDC has been working on it for a while, and I think it’ll be especially useful for us with our rural populations. It’ll be a great guide, and I’m also looking forward to the workbook to help with our communications.

That’s great to hear, thank you! We discussed it briefly during the reverse site visit at Safe States—where I first met Maria in September. That was actually the first time we shared it publicly and started getting feedback. It’s exciting to see the enthusiasm it’s generating in the field.

If I may, I was thinking about the example Jeanie shared earlier regarding child passenger safety and how we might communicate across various tiers for compliance.

For instance, I’m very strict about keeping my own children in appropriate child passenger seats and ensuring they don’t ride in vehicles without them. However, I also put my child on a school bus that has no restraints whatsoever.

My child has even questioned me, saying, “Why do I need a car seat when I ride the school bus without one and don’t even need a seatbelt?”

So, I’m curious about how we address these mixed messages and inconsistencies across all levels of communication and policy like there's the individual like obviously my son would be the beneficiary but um it's going all the way up.Yes and I see a comment school bus seats designed differently or designed differently so um I think would fit probably in the tier four the society sort of category where you'd be looking at maybe legislation around school bus design or um working with school bus manufacturers from the S of the top down and um making school buses safer. It is kind of mindboggling that school buses don't yes like I can't drive to school without my child being in a child passenger seat but he can get on the school bus, and let's put 50 of them in one vehicle and well no concern.

I know I gave a broader societal example of what Genie was discussing, but for those already working in suicide prevention, what kind of communication efforts are you focusing on now? How might these efforts fit into this social ecological model?

I can chime in. We’re in New Jersey, and we’re a GLS grantee. We’re now in our fifth year, and it’s been an incredible four years so far. Currently, we’re market-testing a youth-led suicide prevention and awareness campaign.

A couple of years ago, we formed a Youth Planning Committee (YPC) that initially focused on in-person events, including hosting summits twice a year. Over the summer, they expanded their membership, and we hired a media company—a Latina-owned, all-female-run organization—which we were thrilled to work with.

The YPC received education on safe messaging and other critical topics, and they collaborated with the media company, Neta Collab, to create the campaign. We’re now in the market-testing phase, and I couldn’t be prouder of what they’ve developed.

When I think about the Playbook, I’m reminded of the importance of truly involving the community. We often say, “Nothing about us without us,” and this campaign is a perfect example of that. When I saw the final product, I was floored. It was so different from what I, as an adult, would have envisioned.

This authenticity is key. It resonates with young people in a way we, as adults, could never have achieved alone. One of the campaign’s unique aspects is these “mental health fit checks.” Young people can submit videos sharing what helps support their mental health.

For example, my 17-year-old daughter recently recorded one. We were at a farm last week, and she talked about how her Uggs help her. She said, “When I’m having a bad day, I put on my Uggs. They make my feet feel warm and cozy, and that warmth spreads through my whole body and eventually reaches my brain. Then I don’t feel so bad anymore.”

I really love the idea of “nothing about them without them.” When we’re working with any population, not including their voices in the process is such a missed opportunity.

I also love the things the youth came up with for the campaign. For example, one piece emphasizes that “your mental health is a priority,” and another says, “your mental health is just as important as your GPA.” They wanted to highlight the message that academics and GPAs should never take precedence over mental health.

I’m just so proud of the work they’ve done. I can’t wait until everything is fully launched so we can share it more widely.

 That sounds amazing! I loved everything you shared. It’s always reassuring to see best practices coming from organizations like the CDC because it validates that we’re doing our due diligence. We’re ensuring that the messages we provide to our communities, and in our case, to youth, are crafted by youth themselves. That makes them more authentic and effective.

 Thank you for sharing! I think this approach really highlights the importance of culturally responsive and respectful messaging—not just across distinct cultural groups, but also recognizing youth and adolescence as unique cultures that need to be included in the process.

I’d love to hear more examples of incorporating youth voices. Jenny, could you elaborate on how you’ve worked across different tiers of the social ecological model? How have you included parents or other stakeholders in your communication strategies?

 Absolutely! Our summer program and youth campaign included multiple levels of engagement. We worked with a licensed clinical social worker throughout the 8-week program. Before the program began, we reached out to parents and caregivers to involve them.

We conducted pre- and post-surveys with the youth and followed up with interviews with parents afterward. Being a GLS grantee allows us to evaluate the work we’re doing, not just implement it. This means we can identify best practices for working with specific populations, ensuring they are safe, protected, and supported.

Bringing parents and caregivers into the conversation was a key part of this. I think it was a great example of how to create a comprehensive and inclusive communication strategy.

Great thank you so much Jenny and I see uh some comments um Heather has

shared a link to nitsa's school bus safety, um bus stops drivers uh web page.

So thank you so much uh Heather for sharing that. I've gotten some personal messages to ease my mind about school bus safety so thank you also as a parent. Thank you and I do appreciate um I do appreciate you all um uh sharing your examples. Lisa do we have uh do you, do we have a few more minutes uh for our discussion or do you want to go on to your um res my last couple slides? Let’s take a couple of minutes for any additional thoughts or conversation. Jenny, I really liked your comment about your team connecting with survivors and sharing their stories.

One of the things we know about suicide prevention is how powerful stories of hope, resilience, and survivorship can be. These stories are an emotional connection point, encouraging people to engage with the messaging on a deeper level.

That said, my comment is also about recognizing that messaging isn’t always just about words. Sometimes, it’s about how we communicate in other ways. For example, years ago, there was a big promotion of the butterfly as a symbol of transformation, resilience, and allyship. Wearing the butterfly signified, “I’m an ally, I’m safe, I’ve been there, I can help.” It helped reinforce a community of resilience and support.

So, when we think about communication, it’s not always about creating ads or written materials. It ties back to Jenny’s point about “nothing about us without us.” Involving your target audience in the process is key.

You don’t need a large group—sometimes just a few people, like parents, can review an informational card and provide feedback. They might say, “This doesn’t make sense,” or, “I’d throw this away,” which helps you adapt your materials to better meet your audience’s needs.

Great, thank you all. I’ll share the slides again so Lisa can talk about CDC programs and resources.

Thanks! You can go ahead and flip to the next slide.

I wanted to highlight a few programs. These might be familiar to some of you, but given the variety of topics represented here, I wanted to connect the dots where I could.

Our division funds a Comprehensive Suicide Prevention Program, which involves community-based work on suicide prevention. The states shown in purple and one county in Puerto Rico are the current grantees—there are 24 in total right now.

Many of these programs are weaving communication efforts into existing initiatives, like state or county coalitions and partnerships.

If there’s a program in your state and you’re not familiar with it, feel free to email me. I’d be happy to connect you with the principal investigator or project manager.

We also fund universities. You can see on the slide, with the little colored teardrops, where we’ve funded universities. They’re working on a variety of injury prevention topics, including adverse childhood experiences (ACEs), traumatic brain injuries (TBI), suicide prevention, and more.

If you’re interested in connecting with one of these universities in your area or region, feel free to reach out to me, and I’d be happy to connect you.

We also fund a program called the Core State Injury Prevention Program. The states in purple on the map are the ones currently funded. This program has been around for quite a while under various names but has always included "core" in the title.

The current iteration involves states working across multiple injury prevention topics. Many of you may already be familiar with this program if you’re involved in injury prevention efforts in your states. But just in case, I wanted to make sure everyone was aware.

As a disclaimer, this isn’t my primary area of expertise, but I know some of you are working on safe sleep initiatives. I found this current grantee map from my colleagues in the National Center for Birth Defects and Developmental Disabilities. It highlights states and sites funded for safe sleep work.

I think that’s all for the maps.

Here are some related CDC resources and websites. These include information on topics many of you are working on:

Drowning prevention (a topic relevant to our division and one that particularly affects young children at high risk).

Child passenger safety resources.

Teen driver safety resources.

Bullying prevention materials.

Even if some of this is familiar, I thought it was worth connecting the dots and ensuring everyone knows about these resources and grant programs.

 Oh, great—you’re adding water safety! That’s perfect.

Yes, thank you! I’m happy to take any final questions.

Thank you so much, Lisa. for um a wonderful presentation and thinking through all of um these uh communication strategies. I'd like to also show a few things I know a number of you are on in our cslc but I also see some new names so thank you all for joining us. We are here to help so um if you we have a ton of resources on our website if you need to reach out to us for technical assistance please feel free to do so. We did refer to our change packages and there are some comprehensive change packages on our website on a number of uh injury prevention topics including interpersonal violence, false prevention, child passenger safety, team driver safety, Suicide Prevention, uh bullying prevention. We have a whole slew.

Thanks, Jenny, for sharing the website in the chat. Please feel free to explore our resources and reach out to us anytime.

For those of you participating in the CSLC (Child Safety Learning Collaborative), I think this complements the work we’re doing in the learning collaborative really well. It aligns with thinking through the tiers of the socioecological model and how we can best address our strategies, change ideas, and measures.

We’re here to provide technical assistance, so please don’t hesitate to contact us with questions or if there’s more you’d like to learn about. We strive to be as responsive as possible to the needs of the states we’re working with, as well as to general technical assistance inquiries from the public.

Jenny has also shared the evaluation form for today’s call in the chat. We’d appreciate it if you could take a moment to provide feedback on today’s webinar. Let us know what topics or types of technical assistance you’d like to see in the future. Your input helps us tailor upcoming webinars to better meet your needs.

Thank you all, and apologies if I’ve been a bit speedy today—I’ll blame Melissa for bringing up New York! It’s got me channeling that New York energy and pace.

Please take a moment to complete the brief questionnaire, and don’t hesitate to contact us with any additional questions. Thank you again to Lisa for sharing such valuable information today. Once the resources are approved and publicly posted, we’ll be sure to share them with all of you.

We hope everyone has a safe and joyful holiday season ahead. Thank you again, and we look forward to seeing you soon.

 Have a wonderful afternoon!