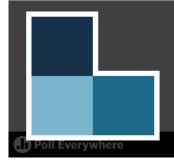
National Cardiac Arrest Collaborative

Collaboration Update





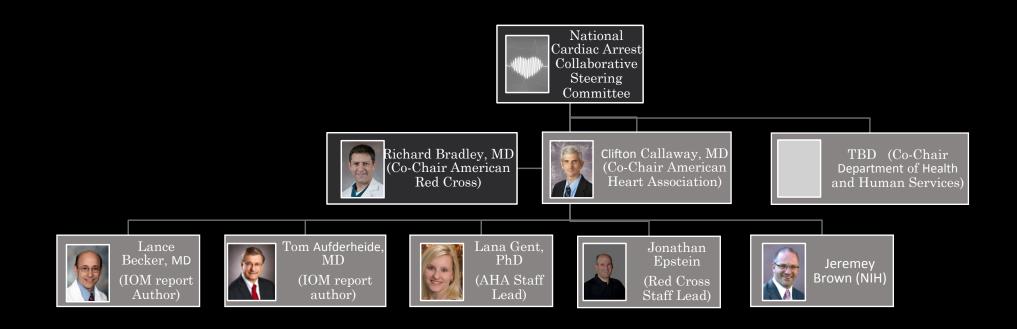
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Recommendation 8: Create a National Cardiac Arrest Collaborative

The American Heart Association and the American Red Cross—with the U.S. Department of Health and Human Services and other federal agencies, national and international resuscitation councils, professional organizations, private industry, and patient advocates—should establish a National Cardiac Arrest Collaborative to unify the cardiac arrest field, identify common goals, and build momentum within the field to ultimately improve survival from cardiac arrest with good neurologic and functional outcomes.



National Cardiac Arrest Collaborative

Organizational Chart

First Meeting May 11, 2017

- National Institutes of Health hosted the meeting in Washington, DC
- 36 attendees
- 13 organizations represented



Agenda

8:00-9:00 - The National Cardiac Arrest Collaborative

- Welcome and Introduction of attendees (15 minutes) Tom Aufderheide, MD; Lance Becker, MD and All
- Introduction of the Cardiac Arrest Collaborative (15 minutes) Tom Aufderheide, MD
 - · Cardiac Arrest Collaborative Leadership
 - · Richard Bradley, MD
 - Clif Callaway, MD
- The Brain Attack Coalition as a model (15 minutes) Mark Alberts, MD
- Discussion (15 minutes) All

9:00-10:00 - Problems and Challenges With Current Messaging

- The Current State of Cardiac Arrest Messaging (30 minutes) Lance Becker, MD
- Discussion (30 minutes) All

10-10:15am - Break

10:15 – 11:15 - Public Messaging

- Sticky Messaging (20 minutes) Lana Gent, PhD
- Targeted Red Cross Campaigns (20 Minutes) Dominick Tolli
- Discussion (20 minutes) All

11:15 – 12:15 - Identify a Target Audience

- Small groups "What are the areas of opportunity for universal messaging?" (30 minutes)
- Report out (15 minutes)
- Decision for an Initial Target Audience (15 minutes)

12:15-1:00 - Lunch

1:00 - 2:00 - Identify a Universal Message

- Small groups "What is the message we want to communicate?" (30 minutes)
- Report out (15 minutes)
- Decision for Universal Message (15 minutes)

2:00 - 2:30 - Summary and Next Steps for a Universal Messaging Campaign

2:30 - 3:00 - Priorities and Next Steps

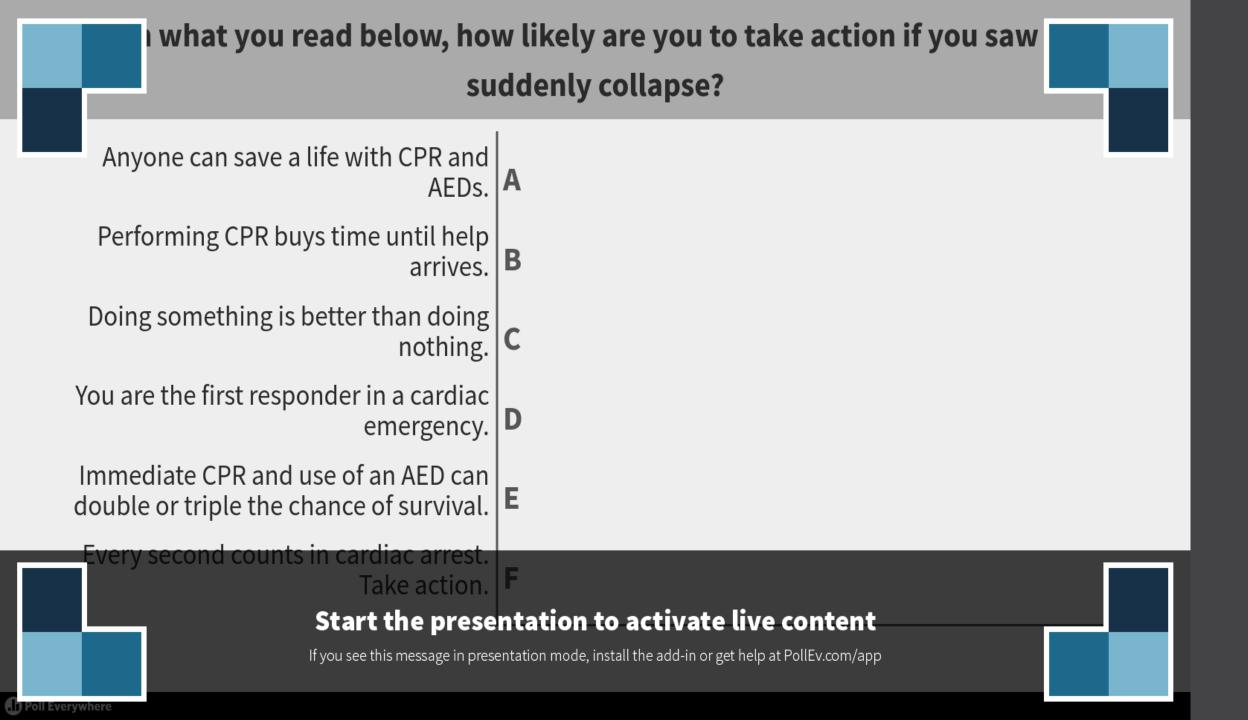
3:00 - Adjourn

National Messaging Work Group

- Four meetings since May
- Created messaging designs to be used for CPR Week
- Survey between organizations about primary messages and audiences for the campaign.
- Discussed a consumer friendly definition of cardiac arrest.
- Input from group has been useful in use in individual organizational activities.

Survey created

- Key messages solicited from Working Group meeting in October
- Assessed actionability, believability, memorability, and preference.
- 68% Response Rate
 - Sent to 19 members of the Working Group, 13 completed
 - · Small sample size
 - Participants had a higher-than-average understanding of resuscitation



lease rate how memorable you find each of the following message:

You are the first responder in a cardiac emergency.

Be prepared to act by learning CPR.

Every second counts in cardiac arrest. Take action.

Call. Push. Shock.

Immediate CPR and use of an AED can double or triple the chance of survival.

Be CPR ready because the life you save may be someone you love.

Doing something is better than doing nothing.

911. CPR. AED.

Anyone can save a life with CPR and AEDs.

You can save a life by learning CPR.

Performing CPR buys time until help arrives.

Cardiac arrest can happen to anyone at any time, even those who are seemingly healthy.

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Survey Results

Core message: Doing something is better than doing nothing.

- Potential tagline: 911. CPR. AED.
- Supporting messages:
 - Anyone can save a life with CPR and AEDs.
 - Every second counts in cardiac arrest. Take action.
 - Performing CPR buys time until help arrives.
 - Be CPR ready because the life you save may be someone you love.

