

# Adverse Childhood Experiences in States and Territories

## A Look at ACEs Prevention Strengths: Partnerships

ACEs are potentially traumatic incidents that harm a child's social, cognitive, and emotional functioning and undermine the relationships and environments children need to thrive. State and territorial health agencies (S/THAs) can address ACEs through primary, secondary, and tertiary prevention strategies (hover over underlined text to see expanded term definitions). ACEs prevention strategies have a potential long-term impact on supporting families, and they can sustain family resiliency during times of uncertainty, such as the COVID-19 pandemic.

In 2019, ASTHO conducted the **ACEs Capacity Assessment Tool (ACECAT)**<sup>1</sup>, an electronic survey of its 59 member agencies, to better understand S/THAs' ability to prevent and mitigate ACEs. The ACECAT included three main components: 1) **background** on the S/THA respondent; 2) **infrastructure** at the health agency to support ACEs prevention; and 3) **topical** prevention strategies health agencies are focused on.



### HEALTH AGENCIES ARE WORKING WITH PUBLIC AND PRIVATE PARTNERS TO PREVENT ACES

Health agencies reported having partnerships with public and public-private sectors to prevent ACEs at some or full capacity<sup>2</sup>:



Have partnerships with **public** sector partners.



Have **public-private** partnerships.

97% of health agencies report having public sector partnerships focused on early childhood care, mental health and substance use, and education.

Health agencies reported the following top **public-private** sector partnerships:



Work with advocacy groups.



Partner with parenting organizations and family support networks.



Collaborate with community-based coalitions.



### HEALTH AGENCIES WITH STRONG ACES PARTNERSHIPS HAVE HIGHER CAPACITY IN OTHER AREAS

There are differences between health agencies that frequently utilize public partnerships (defined as some to high capacity) and those that rarely or never do (defined as low to no capacity). Health agencies with high capacity for public sector partnerships are significantly more likely to have high capacity to:



Establish leadership presence across three or more sectors (e.g., maternal and child health, housing, and Medicaid programs).



Ensure that agency leaders are represented at all levels of government (e.g., state, territorial, county, and city levels).



Secure funding sources to prevent ACEs.



Direct scope of funding to prevent specific ACEs.



Conduct a needs assessment for ACEs.



Share ACEs data.

Infrastructure qualities, such as managing external and internal partnerships, may indicate the capacity to coordinate other infrastructure aspects, such as increasing leadership buy-in, managing resources, and utilizing data for action.



### HEALTH AGENCIES ARE COORDINATING ACROSS STRATEGIC PLANS

Strategic planning at health agencies is a dynamic process that responds to changes in science, priorities, funding levels, and external support from the public and leadership. Formal strategic planning promotes action and the achievement of public health goals.



of agencies practice coordination across multiple strategic plans.



of agencies include sustainability activities in strategic plans.



of agencies incorporate ACEs or child abuse and neglect into state health improvement plans.

Health agencies with a strategic plan for early child development are significantly more likely to have a high capacity to manage private-sector partnerships.<sup>3</sup>



### HEALTH AGENCIES FACE CHALLENGES PREVENTING ACES

Health agencies report the following gaps in their ACEs prevention work:



Report insufficient funding.



Report a lack of coordination and strategic planning.



Report insufficient external resources.



Report a lack of knowledge about ACEs.



Report a lack of evidence-based practices.



Report insufficient staffing.



### LOOKING FORWARD

Health agencies indicate a lack of resources (47%) and lack of knowledge (21%) as some of the challenges they face in addressing ACEs partnership gaps. Given this information, health agencies should review partnerships and strategic plans to understand roles and responsibilities, enhance coordination, maximize resources, navigate "turf wars" in partnerships, and reveal opportunities to maximize resources through braiding and layer funding.

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<sup>1</sup> For purposes of the ACECAT, capacity is defined as the measurement of an S/THA's efforts, ranging from no capacity, or no efforts currently underway, to full capacity, or the S/THA has targeted initiatives to those in need, and all gaps and challenges related to implementation has been addressed.

<sup>2</sup> Partnership areas sourced from: <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

<sup>3</sup> (p<0.05, 2-tailed Fisher's exact test).