



2021 | Region ONE

# ADVERSE CHILDHOOD EXPERIENCES CAPACITY ASSESSMENT TOOL REPORT

## Background

The adverse childhood experiences (ACEs) capacity assessment tool (ACECAT) is an electronic survey created by ASTHO in collaboration with CDC. The ACECAT helps state and territorial health agencies (S/THAs) create an internal inventory of their infrastructure and topical capacity to address the prevention and mitigation of ACEs. The tool is structured around three main components: 1) background on the S/THA's ACEs point of contact; 2) characteristics of S/THA infrastructure to support ACEs prevention; and 3) evidence-based topical ACEs prevention strategies. ASTHO first administered the ACECAT to 59 S/THAs in 2019, and the survey is the only nationally represented data source on S/THA ACEs prevention capacity.

The goals of the ACECAT are to:

- Catalyze health agency conversations on infrastructure, topical capacity assets, and needs to advance ACEs prevention.
- Identify priorities, strengths, and opportunities to improve ACEs prevention.
- Encourage collaborative discussions and partnerships to expand ACEs prevention.

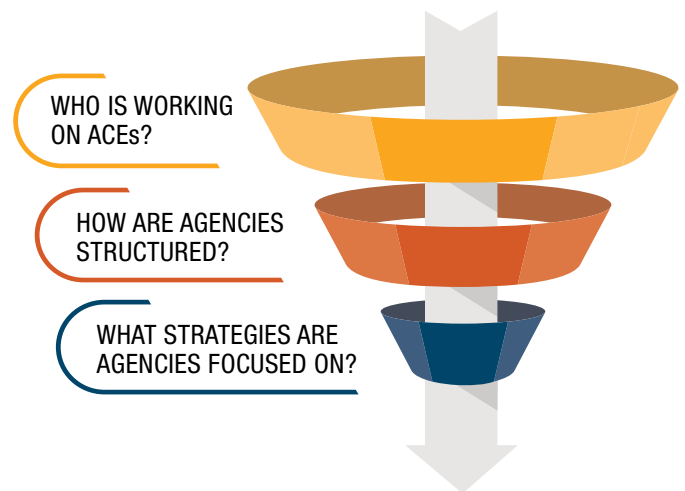
## Methods

ASTHO administered the ACECAT from Nov. 19, 2019, to Jan. 2, 2020. Participants included subject matter experts (SMEs) identified by S/THA leadership and their programmatic teams. Each S/THA responded only once.

ASTHO collected data from respondents using the electronic survey platform Qualtrics. ASTHO received responses from 41 states and three territories/freely associated states, which equates to a 75% response rate.

S/THAs were grouped according to Health and Human Services [regions](#) to produce nine reports. Region 1 includes six jurisdictions, and four agencies responded to the ACECAT (N=4).

### State and Territorial Health Agency ACEs Prevention Capacity



## Purpose of the 2021 ACECAT Regional Report

The purpose of this report is to provide regional data to assist S/THAs in strengthening ACEs prevention in:

- Strategic planning
- Program improvement
- Funding opportunities
- Technical assistance

ASTHO staff are available to provide assistance as needed to interpret the results. Please contact the social and behavioral health team at [sbh@astho.org](mailto:sbh@astho.org).

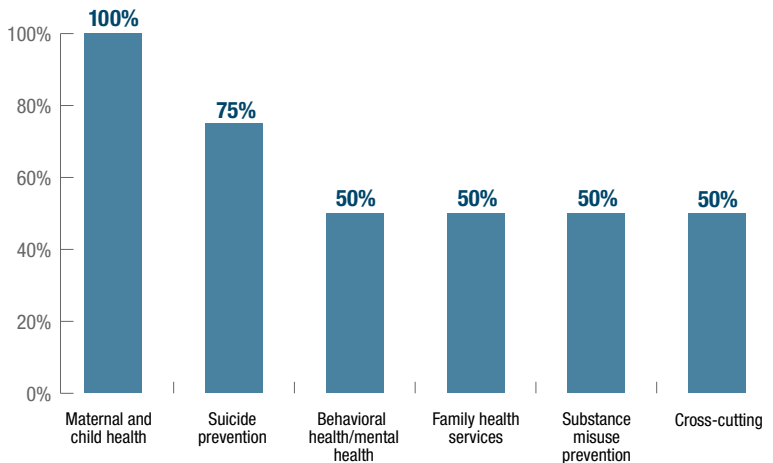
## ACECAT 2019 Summary Report: Region 1

*Four Respondents: Connecticut, New Hampshire, Rhode Island, Vermont*

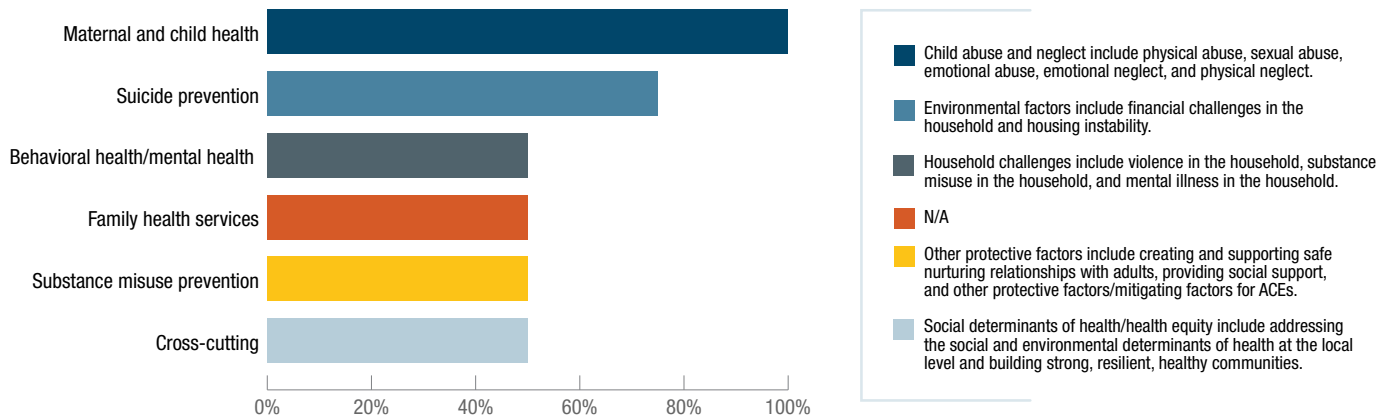
### Who is Working on ACEs Prevention?

This section highlights characteristics of the ACEs S/THA point of contact. Respondents were able to select all options that apply to each question.

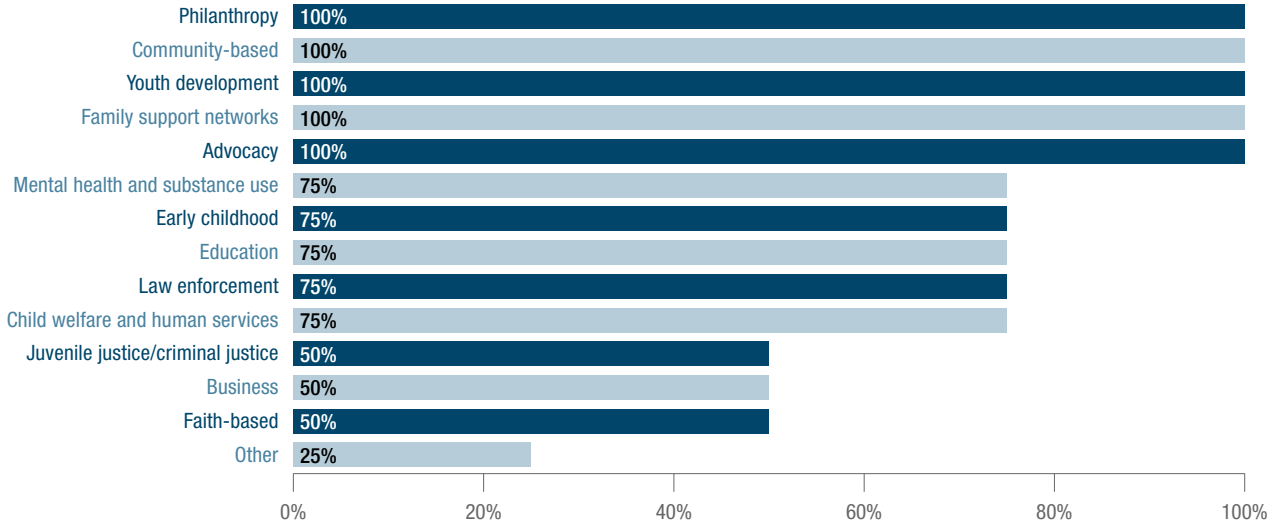
**FIGURE 1: Respondents describe their program role as:**



**FIGURE 2: Respondents are working on the following ACEs topics:**



**FIGURE 3: Respondents are working with the following partners:\***



**What Systems Are in Place to Support ACEs Prevention?**

For Table 1, ASTHO assessed respondents’ capacity on a four-point capacity scale and then converted to percentages ranging from no capacity, limited (33%), some (67%), and full capacity (100%). Percent capacity for each item is calculated as an average of the capacity for each tactic. This section highlights components that affect program capacity, implementation, and sustainability.

**Table 1.**

Description	Mean (N=4)
Strategic partnerships that enhance coordination of efforts toward a common goal.	65%
Leadership at all levels that interact with and have an impact on the program.	50%
Funding and social capital or relationships that produce social benefits.	58%
Responsive planning for public health goals.	68%
Engaged data to promote public health goals.	60%

## What Strategies Are Region 1 Agencies Working on to Support ACEs Prevention?

Table 2 utilizes the same capacity index methodology as Table 1 to determine the percentages ranging from no to full capacity. This section highlights index scores for each level at which the ACEs prevention strategy is targeting outcomes, ACEs disparities, workforce capacity, and surveillance and monitoring.

Table 2.

Description	Mean (N=4)
<b>Primary prevention:</b> Evidence-based strategies for preventing ACEs before they occur.	58%
<b>Secondary prevention:</b> Identification and care coordination for individuals at risk.	48%
<b>Tertiary prevention:</b> Reducing the health impact for vulnerable populations.	56%
<b>ACEs disparities:</b> Identification of high-risk populations and high ACE score prevalence.	48%
<b>Workforce capacity:</b> Education and training for medical professionals.	56%
<b>Surveillance and monitoring</b> (e.g., analyze behavioral risk factor surveillance system data).	67%

### Call to Action

Although the ACECAT was administered pre-pandemic in 2019, the urgency for a [systems-level](#) approach to preventing ACEs remains. S/THAs can promote well-being for families that address the root causes of ACEs and combat the adverse effects of the pandemic. Based on the results, S/THAs can implement the following recommendations to [maximize societal impact](#) and efficiently [achieve better outcomes](#).

#### 1. Use a shared risk and protective approach.

- **Why?** [ACECAT results](#) show that health agencies are focusing on primary prevention of ACEs and should work towards advancing macro-level strategies, such as strengthening family financial supports.
- **How?**
  - » Promote policies that address the root causes of ACEs, such as structural inequities (e.g., [family financial security](#) policies, policies addressing supports for youth experiencing [unstable home environments](#)).
  - » Leverage partnerships between [public health and education](#) to mitigate COVID-related socio-emotional harms youth may be experiencing.

#### 2. Seek innovative partnerships.

- **Why?** [ACECAT results](#) show that health agencies with strong partnerships have higher capacity in other areas of prevention, such as the ability to secure funding.
- **How?** [Inventory](#) your current S/THA partnerships and strategic plans regularly to understand roles and responsibilities and [maximize resources](#).

#### 3. Leverage existing funding and strengthen health equity.

- **Why?** [ACECAT results](#) show that health agencies can improve infrastructure to ensure populations disproportionately impacted by ACEs are prioritized.
- **How?**
  - » Use [evidence-based prevention strategies](#) that offer a positive return on investment.
  - » [Leverage 1115 Medicaid waiver flexibilities](#) to strengthen protective factors for ACEs prevention.

### Additional Resources

[Adverse childhood experiences, CDC](#)

[We can prevent childhood adversity, CDC](#)