Upstream Substance Misuse Prevention Approaches for Adverse Childhood Experiences

Learning Objectives
Highlight how state health leaders are collaborating across sectors with their behavioral health departments, state epidemiologists, and others interagency members to prevent ACEs as a strategy for substance use and misuse prevention.
Describe how state health departments are implementing data-to-action for their programmatic and policy work
Determine key state health partners to tap when considering the prevention of ACEs as a strategy for substance use and misuse prevention

Statement of Purpose
ASTHO is working with state health leadership from five states (AR, OK, VA, WA, and WI) on the primary prevention of adverse childhood experiences (ACEs) as a cross cutting strategy to address opioid use and misuse. This presentation, aimed at state health department staff and leadership, will describe how two state health leaders have conceptualized the primary prevention of ACEs, highlighting cross-sector partnerships between state health leadership, behavioral health departments, and state epidemiologists to address upstream approaches to the primary prevention of ACEs. Emphasis will be placed on how states are using data sources, such as the ACEs BRFSS module, to inform their programmatic and policy work as well as the critical role state health leaders play in the primary prevention of ACEs.
For this presentation, we define primary prevention interventions as those that prevent ACEs from occurring in the first place, rather than preventing problems from getting worse (secondary prevention) or keeping problems from inflicting long-term harm (tertiary prevention). Data-driven primary prevention approaches in public health are those that use monitoring and surveillance data from a state jurisdiction in order to determine which ACEs are most prevalent and, consequently, what outcome(s) should be targeted by evidence-based, primary prevention interventions.

Methods
As part of our ongoing work with these 5 states, ASTHO will be convening them in person at a Leadership Summit in May 2019. The objectives of the summit are to 1) showcase how states are using the ACEs BRFSS module and other data sources to inform their primary prevention work, 2) encourage the use of the ACEs monitoring and surveillance data to inform states’ programmatic and policy work, and 3) improve leadership capacity to apply knowledge of the primary prevention of ACEs to their work.
At the summit, AR, OK, VA, WA, and WI will have the opportunity to share how they are using their ACEs BRFSS data to inform their work for the primary prevention of ACEs, substance use disorder, or other behavioral health issues, such as violence and suicide. They will also hear from ACEs subject matter experts from CDC, Rhode Island, and ASTHO. CDC will share the national landscape and the ACEs primary prevention work being conducted at the federal level. Rhode Island will describe their Health Equity Zones initiative which has increased the impact and efficiency of efforts to build healthier, more resilient communities, while building community power to sustain the work through a braided funding model. Finally, ASTHO will share findings from an ASTHO Report on ACEs data for primary prevention and results from our 2019 ACEs legislative scan.
Results
From the Leadership Summit and our ongoing ACEs work with the 5 states, the main outcome we hope to achieve is to improve state health leadership capacity to apply knowledge of the primary prevention of ACEs to their programmatic and policy work in order to reduce substance misuse in their state.

Conclusions
As states address the challenges presented by the opioid crisis, many states realizing the need to invest in upstream evidence-based prevention strategies for substance misuse. Preventing ACEs has been linked to reducing negative health outcomes, such as substance misuse. By enhancing protective factors and reducing risk factors associated with ACEs, states can prevent ACEs before they occur. The project will contribute to the field of injury and violence prevention through conceptulizing the prevention of ACEs as a state strategy for substance misuse. Examples of discussion points include vital cross-sector partnerships, investing in evidence-based strategies, and using ACEs surveillance data to inform programmatic work and legislation.

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Building State Capacity to Achieve Widespread Improvements in Infant, Child, and Adolescent Injury and Violence Prevention

Learning Objectives
In this session, participants will:
Learn key approaches used in HRSA’s national Child Safety Learning Collaborative (CSLC), operated by the Children’s Safety Network (CSN), that help states and jurisdictions implement and spread evidence-based prevention strategies to reduce fatal and serious injuries among infants, children, and adolescents
Discover data-driven processes that support rapid improvement in developing, testing, implementing, and spreading injury and violence prevention strategies and programs
Explore the capacity building resources offered by the CSLC and CSN to Title V agencies and to all injury and violence prevention professionals

Statement of Purpose
The purpose of this session is to share with injury and violence prevention professionals key strategies and resources they can use to improve their injury and violence prevention systems to achieve reductions in injury-related deaths, hospitalizations, and emergency department visits. Launched in November 2018 by the Children’s Safety Network (CSN), in partnership with the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB), the Child Safety Learning Collaborative (CSLC) builds state and jurisdiction staff capacity to improve injury and violence prevention systems. Resources, strategies, and lessons from the CSLC will be shared.

Methods
Drawing on CSN’s experience from working with 18 state and jurisdiction health departments through the CSLC to increase the adoption of evidence-based policies, programs, and practices at state and local levels, we will share new approaches and practical strategies for increasing your capacity to promote implementation and spread of prevention strategies. Participants will learn about common state/jurisdiction challenges to making wide-spread change and about data-driven processes of rapid improvement that can increase the sustainable spread of injury and violence prevention programs. We will share resources for management and leadership, quality improvement, and child safety content expertise. This includes a scale-up framework, implementation checklist, spread planner, and checklist for building improvement capability and engagement at the local level. In addition, we will share new insights and resources available from the national Children’s Safety Now Alliance, a 35-member workgroup of child safety leaders committed to elevating child safety promotion as a national priority and providing training and technical assistance to state health departments through education and development and dissemination of high impact resources.

Results
Participants will gain a deeper understanding of how to utilize new approaches, resources, and technical assistance to refine and focus their unique work while also seeing how their state/jurisdiction experiences are reflective of broader child safety and injury and violence prevention efforts across the nation.
Conclusions
Recognizing injury and violence prevention programs often show different capacities and access to resources around child safety, discovering new approaches and tools can enhance state/jurisdiction ability to address child safety more effectively and scale up initiatives more quickly.

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Dr. Jennifer Leonardo has expertise in program design, management, and evaluation in international and domestic public health. Her work involves organizational development, strengthening health care systems, and building leadership, management, and quality improvement capacity within organizations. She has subject matter expertise in suicide prevention, intimate partner violence prevention and treatment, and diversity and cross-cultural issues. She is the director of the Children’s Safety Network at Education Development Center. Dr. Leonardo received a bachelor's degree in biology from Harvard University and master and doctorate degrees in social work from Boston College.
Advancing and Sustaining State Suicide Prevention: Infrastructure Recommendations

Learning Objectives
In this session, participants will:
Understand the SAMHSA-funded Suicide Prevention Resource Center’s (SPRC) groundbreaking recommendations for critical suicide prevention infrastructure to help states lead and sustain suicide prevention work
Articulate an example of how improving infrastructure led to advances in a state’s suicide prevention program
Use supplemental tools that support putting the recommendations into practice, including with regards to suicide data improvement

Statement of Purpose
As recent CDC data show[1], suicide rates have increased in nearly all states over the past 15 years. The Suicide Prevention Resource Center (SPRC), in conjunction with a national advisory panel and work groups, created infrastructure guidance to advance state policy and administrative decisions in order to improve sustained suicide prevention efforts around the country.


Methods
Over the last year and a half, SPRC’s process included: 1) an environmental scan; 2) guidance from an advisory group (including select state suicide prevention coordinators, national suicide prevention, mental health, and public health groups, state legislators, and federal partners); and 3) input from additional state suicide prevention leaders.

Results
SPRC’s Recommendations on State Suicide Prevention Infrastructure cover six essential areas: Authorize, Lead, Partner, Examine, Build, and Guide. Additionally, a data infrastructure supplement describes concrete methods and resources for state suicide prevention leads, epidemiologists, and epi work groups to improve their suicide data. Additional tools will be forthcoming to help IVP directors get buy-in from decision-makers and to implement the recommendations.
A state will share how its infrastructure, similar to many of the recommendations, has led to improvements in their state. They will share lessons learned in that process, and point to areas for further growth.

Conclusions
Using the recommendations will help states leaders make sustainable advances against suicide morbidity and mortality. The tools are designed for IVP directors, advocates, and others to influence high-level decision-makers to adopt the recommendations. Presenters will provide participants with an opportunity to apply the newly developed tools to their own contexts, and to give input on how to best encourage adoption of the recommendations across the country.
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