



# Innovative Partnerships for Adverse Childhood Experiences Prevention

## Introduction

Collaboration and coordination with stakeholders are essential to amplifying state and territorial health agency (S/THA) injury and violence prevention (IVP) programs to prevent adverse childhood experiences (ACEs)<sup>1</sup> and achieve community health impact. While collaboration often occurs through one-on-one partnerships, state IVP programs play a critical convening role, bringing multiple stakeholders together to address ACEs prevention more holistically. In basic form, partnerships among stakeholders yield general support for shared initiatives, but they become increasingly meaningful when resources – data, funding, training, and staff – are shared or exchanged.



## New York State Example

Safe States Alliance highlights examples of how S/THA IVP programs can engage stakeholders in a meaningful way to advance ACEs work. For instance, the New York State Department of Health's Bureau of Occupational Health and Injury Prevention (BOHIP) worked with the Office of Public Health Practice and the Bureau of Chronic Disease Evaluation and Research to include an 11-question ACEs module in the state's Behavioral Risk

Factor Surveillance System. BOHIP staff then developed a report with action steps to facilitate cross-sectoral engagement on ACEs, offer technical support for ACEs prevention, support alignment of actions to address ACEs, strengthen training and communication capacity, and collect ACEs and resiliency data.

## Potential Stakeholder List

Being creative in partnerships – particularly when pursuing upstream solutions – can yield strong results. Use the following list<sup>2</sup> to consider potential partners across sectors to engage in S/THA prevention efforts.

– Continued on page 2.

<sup>1</sup> Adverse childhood experiences (ACEs) are potentially traumatizing events that can disrupt neurodevelopment and lead to chronic disease, mental and behavioral health issues, and other negative health outcomes. States and territorial health agencies have a role to prevent ACEs by ensuring all families have safe, stable, and nurturing environments to thrive.

<sup>2</sup> The stakeholder list is non-exhaustive.



## Additional ASTHO Resources on Partnerships

Cross-sector collaboration is critical to successfully preventing ACEs. The following resources outline strategies in which states and territories can broaden impact, increase efficiency, and tailor work to the unique needs of communities through partnership and collaboration.

[A Look at ACEs Prevention Strengths Partnerships](#)

[Education and Public Health: Supporting Youth Through COVID-19 and Beyond Blog](#)

[How to Support Youth Post COVID-19 With More Flexible Policies Blog](#)

[Innovation in Partnership Building for ACE's Prevention Video](#)

[Introduction to the Shared Risk and Protective Factors Framework Microlearning](#)

[Preventing ACEs Framework](#)

[Promoting Well-Being and Reducing Risk Post-COVID-19 Podcast](#)



## State/Territorial/Local Government Departments, Agencies, and Individuals

Department of Behavioral/Mental Health

Department of Education

Department of Housing

Office of Workforce Development

Medicaid Director

Medical Examiners

Communications Officials (e.g., Department of Health, Public Safety, Mayor's Office, Governor's Office)

Health Officers and Officials (e.g., Health Directors, Behavioral Health Directors, Epidemiology Officials)

Legislature

Opioid Task Force

Public Health Departments (including neighboring departments)

Public Safety and Law Enforcement Officials (e.g., Fire, Emergency Medical Services, Sheriffs, Police Chiefs)

Social Services Officials (e.g., Child Protective Services)

Department of Parks and Recreation



## State/Territorial/Local Organizations and Groups

Academic Partners (e.g., University Offices of Public Health Practice)

Business Bureau and Business Leaders

Faith-Based Organizations

Harm Reduction Lead

Healthcare Groups (e.g., Hospitals, Outpatient Centers, Medical Partners, Healthcare Professionals, Mental and Behavioral Health Services)

Parent Advocacy Groups

People with Lived Experiences (e.g., Individuals Who Have Experienced ACEs or Violence, People Who Use Opioids, Family and Friends of Opioid Users)

Philanthropic Foundations, Community Coalitions, and Community Organizations and/or Community Champions (e.g., Domestic Violence Prevention, Juvenile Justice, Substance Use Disorder Prevention, Suicide Prevention, Child and Family Advocacy Groups, Coalitions Against Childhood Maltreatment, Drug-Free Community Coalitions, Recovery Communities, Tobacco-Free Community Coalitions, Community Development Corporations)

Schools and School Staff (e.g., Nurses, Counselors, Social Workers, Educators)

Tribal Nations and Rural/Frontier Groups

Teaching and After-School Care Groups (e.g., Teach for America)

Workforce Development Groups



## Specific National and Local Organizations

American Academy of Pediatrics

American Association of School Administrators

American Psychological Association

Association of American Medical Colleges

Big Brothers Big Sisters of America

Boys & Girls Clubs of America

Building Strong Brains: Tennessee ACEs Initiative

National Child Abuse Coalition

Communities in Schools

Council for a Strong America

Girls on the Run

Handle With Care

Local Initiatives Support Corporation

Mental Health America

National Association of County and City Health Officials

National Council of Juvenile and Family Court Judges

National League of Cities

Prevention Institute

Safe Kids Worldwide

Safe Environment for Every Kid (SEEK)

Safe States Alliance

Sandy Hook Promise

United Way

U.S. Soccer Foundation

YMCA

YWCA