

Leveraging the SPACECAT: An Island Areas Resource

Background

The Suicide, Overdose, Adverse Childhood Experiences Prevention Capacity Assessment Tool ([SPACECAT](#)) is an electronic survey created by ASTHO in collaboration with the CDC and the National Association of County and City Health Officials. The SPACECAT is a collaborative self-assessment tool that assists state, local, and island jurisdiction health agencies in taking inventory of their capacity to address the intersection between suicide, overdose, and adverse childhood experiences (ACEs).

ASTHO administered the SPACECAT to 59 state and island area health agencies in October 2021. Five island area health agencies completed the SPACECAT, including Puerto Rico, the U.S. Virgin Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and the Republic of the Marshall Islands. ASTHO based this report on the aggregate results from these five jurisdictions. For more information on the SPACECAT methods, national results, limitations, and recommendations, please see the [State, Territorial, and Freely Associated State Health Agencies National Report 2022](#).

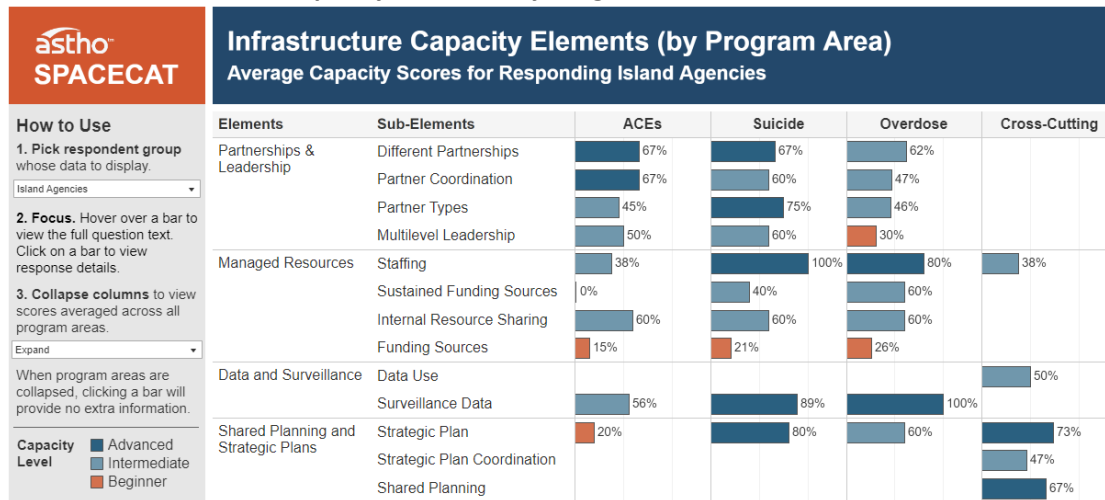
This resource provides an overview of the SPACECAT regional data for island areas, paired with foundational first steps to improve capacity in key opportunities for growth. To explore the recommendations in greater detail, [see the full island areas dashboard](#). The interactive dashboard includes national and regional SPACECAT results related to infrastructure capacity, topical capacity, and challenges to address the intersection of suicide, overdose, and ACEs.

Regional Data

Infrastructure Capacity Strengths

Island area health agencies demonstrated several strengths in the infrastructure capacity section of the SPACECAT (see Chart 1). Most of these strengths centered around suicide and overdose, rather than ACEs (see Opportunities for Growth section for more information). The island areas reported advanced staffing capacity for suicide and overdose, indicating that there are part- or full-time staff allocated for both areas. Another area of strength was health agencies' capacity to operate different partnerships in both ACEs and suicide. Under data and surveillance, the island agencies indicated they had advanced capacity to use suicide and overdose surveillance data to inform programmatic work. Finally, island area SPACECAT respondents had strategic plans to address suicide, as well as the cross-cutting areas of family and child health and shared risk and protective factors.

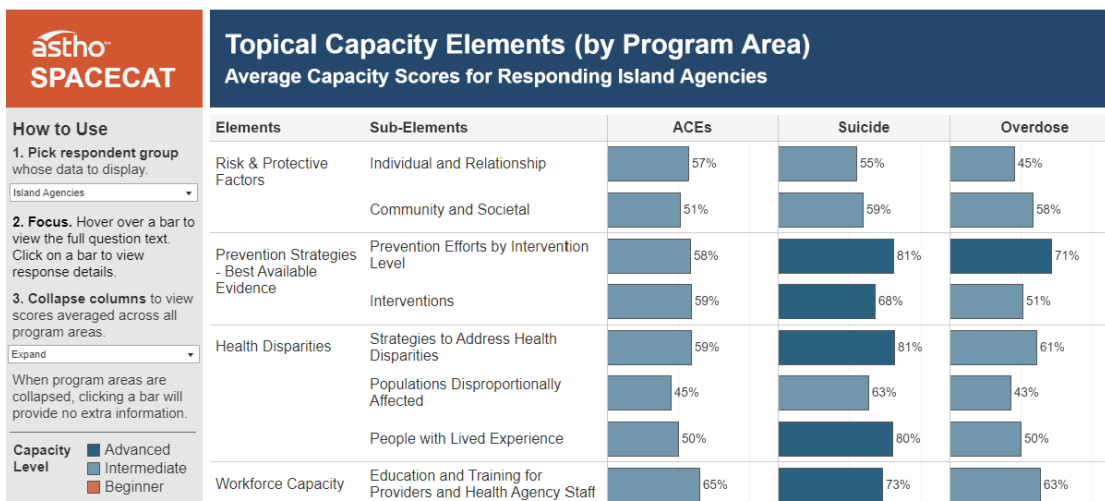
Chart 1. Infrastructure Capacity Elements by Program Area



Topical Capacity Strengths

In the topical capacity section of the SPACECAT, island areas indicated advanced capacity in primary, secondary, and tertiary prevention efforts for both suicide and overdose (see Chart 2).ⁱ They also demonstrated the advanced capacity to conduct suicide interventions, such as by strengthening access to and delivery of suicide care, creating protective environments, teaching coping and problem-solving skills, identifying and supporting people at risk, and lessening harms to prevent future risk. Another area of advanced capacity was their ability to implement strategies to address health disparities and including people with lived experience related to suicide prevention efforts. Finally, island area health agencies indicated there was advanced capacity for suicide education and training for providers and health agency staff.

Chart 2. Topical Capacity Elements by Program Area

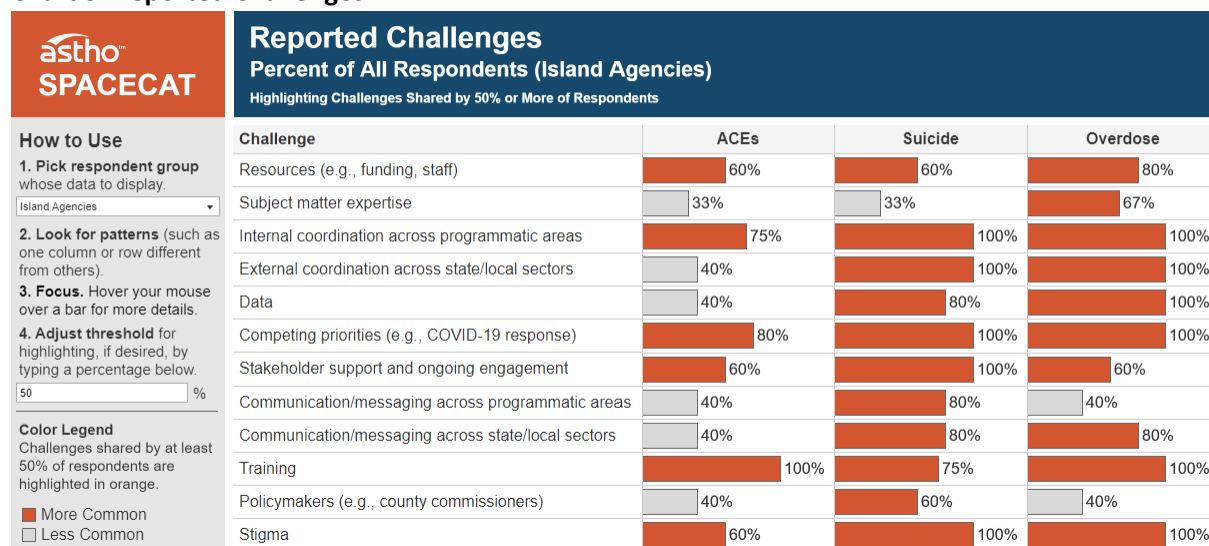


ⁱⁱ [Primary prevention](#) is intervening before health effects occur, secondary prevention is screening to identify diseases in the earliest stages, before the onset of signs and symptoms, and tertiary prevention is managing disease post diagnosis to slow or stop disease progression.

Opportunities for Growth

There were plenty of growth opportunities identified in the SPACECAT data. Overall, the island areas reported lower capacity to address ACEs prevention. This may demonstrate that more funding, staffing, and data resources are available to support overdose and prevention efforts. This may also highlight a potential lack of awareness of ACEs and the need for more ACEs education. This report grouped the reported challenges into four core areas of focus: collaboration, funding, messaging, and stigma and health equity (see Chart 2). Beyond these results, conversations with the island areas helped identify the priority opportunities for growth. The challenges identified under collaboration include internal coordination across programmatic areas and external coordination across the state and local sectors. Lack of sufficient funding also impacts work across all three programmatic areas (e.g., having less capacity to strengthen economic supports), while difficulty with messaging includes the challenge of communication both across programmatic areas and across state and local sectors. Stigma and health equity have long been key reported challenges in the island area agencies. The following section contains recommendations to address the capacity of each of these areas.

Chart 3. Reported Challenges



Recommendations

The following recommendations serve as foundational first steps to address some of the opportunities for growth found in the SPACECAT data. After following these recommendations, island area health agencies can use the SPACECAT [Capacity Element Toolkit](#) to take the next step to meet their health outcome goals. The toolkit includes beginner, intermediate, and advanced action steps for each area of the SPACECAT.

Island health agencies may consider the following questions as a foundation for identifying the first steps toward enhancing capacity. These questions are specifically tailored to island areas to address their challenges. By asking these questions, agencies can begin to identify their strengths and gaps in the areas of suicide, overdose, and ACEs. The answer to these questions could inform the development of a

prioritization matrix (i.e., impact axis in relation to ease of implementation axis) to then inform the development of a strategic workplan.

- How does your agency perceive mental and behavioral health (e.g., suicide, overdose, and ACEs)?
- What are some challenges (e.g., stigma) and strengths (e.g., consistent coordination with other departments) that impact your work in mental and behavioral health (e.g., suicide, overdose, and ACEs)?
- Why does your work in this area matter?
- Are there already partners your team is working with to support your mental and behavioral health work (e.g., suicide, overdose, and ACEs)? What new partners can you work with to support this work?
- What resources are needed to support the work being done in your jurisdiction? How can you access them?
- What are your highest priorities, and how are you already moving toward addressing them?

Collaboration

Internal and external coordination was identified as a growth opportunity for territories and freely associated states. Below are some next steps for increasing collaboration:

- Conduct a stakeholder mapping activity (e.g., [ASTHO Adverse Childhood Experiences Stakeholder Mapping Roadmap](#)).
- Set up partner meetings to discuss future collaboration, expectations, and a strategic vision for the partnership.
- Refer to the [partnership and leadership](#) capacity element in the SPACECAT Capacity Elements Toolkit for more collaboration suggestions.

Funding

Funding was identified as a leading challenge for the island areas. Below are some next steps for finding funding sources, as well as tips for grant writing. **Note:** The island jurisdictions are not consistently eligible for all funding streams, as well as the [data collection efforts](#) that support grant applications:

- Review current and potential funding sources for your jurisdiction.
- Determine gaps in funding sources that could advance work with suicide, overdose, and ACEs prevention.
- Examine CDC's [Grant Writing Guidance and Tips](#).
- Explore CDC's Injury prevention [funded programs and activities](#), Safe State's National Center for Injury Prevention and Control (NCIPC) [state-specific funding brief](#), and the Substance Abuse and Mental Health Services Administration (SAMSHA) [grant funding](#).
- Review the [managed resources](#) element in the SPACECAT Capacity Element Toolkit.

Messaging

Communication and messaging across programmatic areas and state and local sectors were identified as a challenge for the island jurisdictions. Below are some next steps for messaging for all three programmatic areas:

- Refer to this [priority areas](#) webpage regarding suicide, overdose, and ACEs when communicating at the intersection of these three areas.
- Understand ACEs definitions by reviewing CDC's [Behavioral Risk Factor Surveillance System ACE Data](#).
- Explore this [training resource](#) created by the American Public Health Association and CDC, which features resources such as a collective messaging framework and talking point generator around suicide, overdose, and ACEs.
- Review the [overdose](#), [suicide](#), and [ACEs](#) prevention strategies in the SPACECAT Capacity Element Toolkit.

Stigma and Health Equity

The SPACECAT results highlighted the need for island area health agencies to address stigma and health equity. Below are some next steps for addressing health equity across suicide, overdose, and ACEs and combatting stigma:

- Review [using a health equity lens](#) for assistance in communication planning, development, and dissemination.
- Assess what your team knows about [health disparities](#) and [health equity](#) and convene a team meeting to discuss how these apply to your jurisdiction. Island-centric definitions of health equity can be found [here](#).
- Research the [stigma and discrimination research toolkit](#) to learn more about stigma and the different [frameworks](#) to inform research and intervention development.
- Refer to the [health disparities](#) capacity element in the SPACECAT Capacity Elements Toolkit.

Conclusion

These next steps are just the beginning of improving collaboration, funding, messaging, and stigma and health equity. For additional information regarding these and the other areas in the SPACECAT, refer to the [Capacity Elements Toolkit](#). This toolkit covers the above areas as well as workforce capacity, risk and protective factors, data and surveillance, and shared planning and strategic plans. Areas for future inquiry include collecting more qualitative information around challenges for a more robust understanding of what the island jurisdictions face and specifically collecting more information around funding challenges.

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