

LEVERAGING INTERSECTIONS TO PREVENT SUICIDE, OVERDOSE, AND ADVERSE CHILDHOOD EXPERIENCES

Current public health prevention trends | September 2022

What is SPACECAT?

The Суicide, Overdose, Adverse Childhood Experiences Prevention Capacity Assessment Tool (SPACECAT) is a collaborative self-assessment tool that assists health agencies inventory their efforts and capacity to address the intersection of adverse childhood experiences (ACEs), suicide, and overdose prevention. ASTHO administered the survey to state, territorial, and freely associated state health agencies from Oct. 17, 2021 to Jan. 7, 2022, and received a 73% response rate (N=59 jurisdictions). The following data is a summary of the state, territorial, and freely associated state health agencies SPACECAT results.

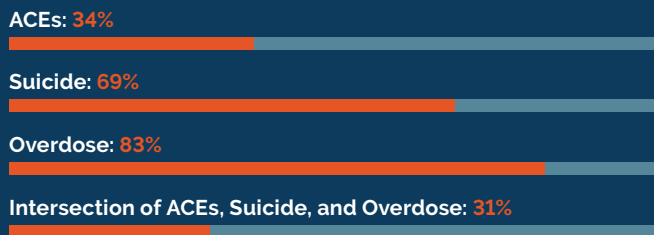
B BEGINNER CAPACITY
I INTERMEDIATE CAPACITY
A ADVANCED CAPACITY

HEALTH AGENCIES FACE COMMON CHALLENGES



Top challenges reported by health agencies include resources (e.g., staffing, funding), competing priorities, stigma, and coordination across state/local sectors.

Percent of health agencies that have a designated full-time funded position working on the following:

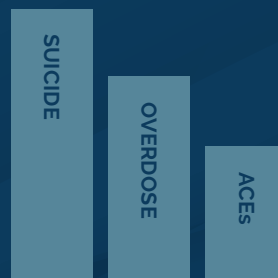


- A On average, health agencies had **advanced capacity** to use surveillance data in suicide and overdose prevention.
- B However, health agencies had a **lower capacity** for using surveillance data for ACEs.

HEALTH AGENCIES COLLABORATE INTERNALLY AND EXTERNALLY



- I Health agencies had **intermediate capacity** for shared planning among programmatic staff across ACEs, suicide, and overdose.
- I Health agencies also had **intermediate capacity** for coordinating within their agency across formal strategic plans to prevent ACEs, suicide, and overdose.
- A Health agencies had **advanced capacity** for coordinating activities with critical partners to prevent ACEs, suicide, and overdose.



Health agencies reported coordinating with the highest number of different multi-sector partners on suicide prevention strategies, followed by overdose, then ACEs.

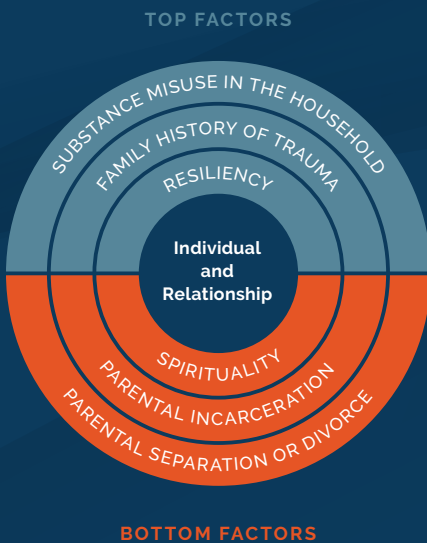
HEALTH AGENCIES ARE WORKING ON STRATEGIZING TO ADDRESS THE INTERSECTION OF ACEs, SUICIDE, AND OVERDOSE



B Percent of health agencies that reported **beginner capacity** for primary, secondary, and tertiary prevention across ACEs, suicide, and overdose:



Health agencies identified their capacity to address **risk and protective factors** based on each level of the Social-Ecological Model. Their top and bottom factors include:



Health Disparities

I Health agencies had **intermediate capacity** to address health disparities for populations with a mental or behavioral health condition across all three program areas.

B Health agencies had **beginner capacity** to focus efforts on the following disproportionately affected populations:

ACEs: Populations that have previously experienced an overdose.

Suicide: Populations experiencing homelessness.

Overdose: Populations receiving protective services and children in foster care.

Workforce Capacity

I Health agencies reported **intermediate capacity** to educate and train staff for each program area. Cross-training health agency staff in the intersection of ACEs, suicide, and overdose had the lowest capacity, which emphasizes the need for programs to improve collaboration, braid and layer their work and funding, and share resources.



RECOMMENDATIONS

Health Agencies

- Work on the capacity to address shared risk and protective factors, particularly those related to strengthening economic supports like addressing housing and food security.
- Continue or begin intentional cross-collaboration internally and externally, including addressing the intersection of ACEs, suicide, and overdose prevention in strategic planning.
- Leverage data and resources to braid and layer funding opportunities to address shared root causes of ACEs, suicide, and overdose.
- Continue to imbed health equity throughout strategies to prevent ACEs, suicide, and overdose with attention to specific disproportionately affected populations for each program area.
- Consider establishing designated positions that work on ACEs and the intersection of these issues.

Funders And National Partners

- Provide funding opportunities to health agencies for ACEs, suicide, and overdose prevention.
- Provide technical assistance to help health agencies identify jurisdiction-specific opportunities to leverage funding and cross-train staff to address the intersection of these issues.

For more information on the SPACECAT results, methods, resources, and events related to improving the intersection of suicide, overdose, and ACEs prevention, please visit <https://my.astho.org/spacecat/home> or reach out to sbh@astho.org. This publication was made possible by the OT18-1802 Cooperative Agreement, award #6 NU38OT000290-04-01 from the Centers for Disease Control and Prevention.