The Annual Forum was held on September 14, 2018. Its purpose was to incubate strategies and solutions for moving prevention science from policy to practice in New York State. Attendees were policy people in the state. Here are some key takeaways from three of the presentations:

**Dr. Polina Umlyny, PhD** - Assistant Director, Pediatric Behavioral Health Integration Program (BHIP), Montefiore Medical Center/Albert Einstein College of Medicine.

- Universal Parental ACEs screening can identify children at risk within primary care. Interdisciplinary collaboration with medical providers, nurses and front desk staff is critical for engaging buy-in into universal screening and for developing effective and efficient workflows. Staff education, booster sessions and a plan for orienting new staff is also important for supporting this process.

- Asking the questions does not re-traumatize the parent, but rather gives them an opportunity to reflect on how their traumatic childhood experiences have shaped their life and informed their choices, including parenting decisions. Asking the questions and having ongoing conversations around the impact of trauma serves to decrease the stigma around trauma and mental illness. However, it is likely that parents are still under-reporting, making it important to be mindful of how and where the questions are asked.

**Ms. Suzanne Brundage, MS** - Director, Children’s Health Initiative, United Hospital Fund

- Early identification of psychosocial needs in young children is an essential component of prevention science. Child-serving primary care practitioners are well positioned to identify these needs through routine screening but, once a need is identified, providers often need to collaborate with community-based human service and behavioral health organizations to address these needs.

- Despite growing interest in social determinants of health, such coordination and collaboration between health care and social service providers is complex and unlikely to scale rapidly without external intervention. Policymakers and foundations should invest in the development of clinical-community partnerships by helping health care and social service organizations develop relationships, plan and test joint systems of care for vulnerable families, build bi-directional communication systems, and track outcomes.
Dr. Laurie Miller Brotman, PhD - Bezos Family Foundation Professor, Early Childhood Development; Professor, Departments of Population Health and Child and Adolescent Psychiatry; Director, Center for Early Childhood Health and Development, Department of Population Health, NYU School of Medicine

- Creating safe, nurturing predictable environments at home and school helps all children develop self-regulation skills that are the foundation for learning and healthy development.

- Pairing public pre-k with an evidence-based, family-centered preventative intervention is a strong approach to reducing income and racial/ethnic disparities.

- Preventive interventions for families from historically disinvested neighborhoods should be culturally relevant, rigorous and real by centering the voices of people of color throughout all aspects of dissemination, implementation and evaluation.

- Race matters in all systems including education and health care. Systematic racism contributes to disparities in health, achievement and well-being and threatens the full brilliance of all children and families. It is our collective responsibility to interrupt this pattern.

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