Form Approved
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Essentials for Childhood: Preventing ACEs Evaluation and Surveillance Survey

1. Please describe your general responsibilities for Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action.

2. In which state is your Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action organization doing work?

3. Is your evaluation role internal to the Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action recipient organization or external (e.g., contractor)?

- ◯ Internal
- ◯ External

4. If your role is external, please describe your employer (e.g., contracting agency).

5. 5.What percentage of your time is dedicated to evaluation for Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action?

0 50 100

6. In what ways did the surveillance capacity assessment (completed in Year 1) inform surveillance, program, and data to action planning?

7. In what ways did the prevention or program capacity assessment (completed in Year 1) inform surveillance, program, and data to action planning?

8. In what ways did the surveillance capacity assessment (completed in Year 1) inform surveillance, program, and data to action planning?

9. In what ways did the data dissemination and data to action plan (completed in Year 1, and updated annually) inform your surveillance, program, and data to action planning?

10. How would you rate Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action's capacity to evaluate ACEs and PCEs surveillance activities? extremely low

- ◯ extremely low
- ◯ moderately low
- ◯ adequate
- ◯ moderately difficult
- ◯ extremely high

11. How would you rate Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action's capacity to evaluate ACEs prevention activities?

- ◯ extremely low
- ◯ moderately low
- ◯ adequate
- ◯ moderately high
- ◯ extremely high

12. How would you rate Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action's capacity to evaluate ACEs and PCEs data to action activities?

- ◯ extremely low
- ◯ moderately low
- ◯ adequate
- ◯ moderately high
- ◯ extremely high

13. Please provide a brief description of your ratings for your evaluation capacity for ACEs and PCEs surveillance, prevention, and data to action activities.

14. To what extent has Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action's made progress (to date) towards building your ACEs and PCEs surveillance capacity, implementing your selected ACEs prevention strategies, and using your data to inform programmatic action? Please base your responses on your most recent evaluation findings.

How has the quality of ACEs and PCEs surveillance changed as a result of the Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action funding? Please describe in detail the dimensions in quality of the ACEs and PCEs surveillance system.

15. What has been the ONE greatest facilitator for building your comprehensive ACEs and PCEs youth-based surveillance and data to action system?

16. What has been the ONE greatest barrier in building your comprehensive ACEs and PCEs youth-based surveillance and data to action system?

17. How difficult has it has been to add and sustain inclusion of the core ACEs items, and at least one PCE item, on your selected youth-based surveillance system? Describe any challenges.

18. What has been the greatest facilitator for adding and sustaining inclusion of the core ACEs items, and at least one PCE item, on your selected youth-based surveillance system?

19. How difficult it has been to use social determinants of health data to effectively monitor social and structural inequities that may contribute to inequities in ACEs? Describe any challenges.

20. What has been the greatest facilitator of using social determinants of health data to effectively monitor social and structural inequities that may contribute to inequities in ACEs?

21. How have you used synthesized data from across data sources to inform your prevention strategies?

22. How difficult has it been to identify partnerships to ensure access to and dissemination of needed data?

- ◯ Very Easy
- ◯ Somewhat Easy
- ◯ Neither Easy or Difficult
- ◯ Somewhat Difficult
- ◯ Very Difficult

23. How difficult has it been to maintain partnerships to ensure access to and dissemination of needed data?

- ◯ Very Easy
- ◯ Somewhat Easy
- ◯ Neither Easy or Difficult
- ◯ Somewhat Difficult
- ◯ Very Difficult

24. OPTIONAL RECIPIENTS ONLY: How has use of near-real time syndromic surveillance data enhanced your surveillance and data to action efforts to monitor indicators of ACEs?

25. OPTIONAL RECIPIENTS ONLY: How has use of linked ACEs and PCEs youth-based surveillance and social determinants of health data enhanced your capacity to understand how ACES and PCEs are associated with structural inequities?

26. OPTIONAL RECIPIENTS ONLY: How has use of linked ACEs and PCEs youth-based surveillance and social determinants of health data enhanced your capacity to allocate prevention resources to communities with disproportionate need due to structural inequities?

27. To date, what progress has been made reaching populations with high ACE burden with ACE prevention strategies?

- ◯ no progress
- ◯ very little progress
- ◯ moderate progress
- ◯ substantial progress

28. Please provide a brief description for your rating for reaching populations with high ACE burden.

29. Please describe how your organization is measuring the reach of the program to individuals and settings (including populations with high ACE burden)? Address any challenges or facilitators affecting this work.

30. How has increased dissemination of ACEs and PCEs data to policymakers, partners, and the public improved understanding of ACEs, and how to prevent them, in your state?

31. How has increased dissemination of ACEs and PCEs data to policymakers, partners, and the public improved use of data to inform prevention and intervention efforts in your state?

32. To what extent has Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action's made progress (to date) in the following short-term outcomes? Please base your responses on your most recent interim evaluation findings.

	Not Yet Measured	No Progress	Very Little Progress	Moderate Progress	Substantial Progress
Objective 1.1. Increased capacity to create, use, and disseminate data from a comprehensive ACEs and PCEs surveillance system	◯	◯	◯	◯	◯
Objective 1.2. Increased state level collection of ACEs and PCEs data through youth-based surveillance	◯	◯	◯	◯	◯
Objective 1.3. Increased capacity to collect data on the	◯	◯	◯	◯	◯

social determinants of health					
Objective 1.4. Increased access to ACEs and PCEs, risk and protective factor, and social determinants of health data to inform prevention strategies and identify inequities	○	○	○	○	○
Objective 2.1. Increased partner awareness of existing state prevention strategies and approaches that address ACEs	○	○	○	○	○
Objective 2.2. Increased coordination and collaboration between state agencies and other sectors	○	○	○	○	○
Objective 2.2a. Increased coordination and collaboration between local agencies and other sectors*	○	○	○	○	○
Objective 2.3. Increased capacity to implement comprehensive ACEs prevention strategies at the state level	○	○	○	○	○
Objective 2.3a. Increased capacity to implement comprehensive ACEs prevention strategies at the local level*	○	○	○	○	○
Objective 3.1. Increased understanding of state surveillance and prevention capacity related to ACEs and PCEs	○	○	○	○	○
Objective 3.2. Increased capacity to use ACEs and PCEs surveillance					

and evaluation data to identify and tailor ACEs prevention strategies, including to improve health equity, and the social determinants of health	○	○	○	○	○
Objective 3.3. Increased data dissemination on ACEs and PCEs to state partners, policy-makers, and the public	○	○	○	○	○
Objective 3.3a. Increased data dissemination on ACEs and PCEs to local* partners, policy-makers, and the public	○	○	○	○	○
Objective 3.4. Increased knowledge about the effectiveness of ACEs prevention strategies to improve health and wellbeing, and reduce inequities	○	○	○	○	○

33. Please provide a brief explanation of any notable responses to the previous question.

34. To what extent has Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action made progress (to date) in the following intermediate outcomes? Please base your responses on your most recent interim evaluation findings.

	Not Yet Measured	No Progress	Very Little Progress	Moderate Progress	Substantial Progress
Objective 1.5. Increased state-level monitoring of trends in ACEs and PCEs over time, and use of data from youth populations	○	○	○	○	○
Objective 1.6. Increased use of data on health inequities and the social determinants of health to contextualize risk	○	○	○	○	○

factors for ACEs, and reduce inequities					
Objective 1.7. Increased sustainability of a comprehensive ACEs and PCEs surveillance system that informs tailored prevention strategies	○	○	○	○	○
Objective 2.4. Increased uptake and implementation of comprehensive ACEs prevention strategies at the state level	○	○	○	○	○
Objective 2.4a. Increased uptake and implementation of comprehensive ACEs prevention strategies at the local level*	○	○	○	○	○
Objective 2.5. Increased reach of prevention strategies, with a focus on communities with disproportionate needs due to social determinants of health	○	○	○	○	○
Objective 2.6. Increased evidence for population-based approaches to prevent ACEs prevention strategies	○	○	○	○	○
Objective 3.5. Increased use and translation[AK(1] of surveillance and evaluation data to inform tailored prevention strategy implementation to reduce ACEs and improve health equity and the social determinants of health	○	○	○	○	○
Objective 3.6. Increased partner response to the burden of ACEs and					

PCEs in their state, and public awareness of societal factors that lead to safe, stable, and nurturing relationships and environments	◯	◯	◯	◯	◯

35. Please provide a brief explanation of any notable responses to the previous question.

36. As of today, how would you describe your program's evaluation activities

- ◯ A little behind
- ◯ Slowly gearing up
- ◯ On track
- ◯ Full steam ahead

37. What challenges have affected your evaluation progress to date?

38. What has facilitated your evaluation progress to date?

39. To what extent have you used your surveillance and evaluation data?

- ◯ Not at all
- ◯ A little
- ◯ Somewhat
- ◯ A great deal

40. Which types of technical assistance and support from the CDC and technical assistance partners have been useful to you?

41. How could technical assistance and support from CDC and technical assistance partners be improved?

42. If you have any additional comments on evaluation, please provide them here.

43. **Sustainability**

This section covers efforts to sustain improvements in ACE surveillance beyond the timeline of the Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action cooperative agreement.

How are you planning to sustain the implementation of ACE prevention strategies following the conclusion of Essentials for Childhood (EfC):): Preventing Adverse Childhood Experiences through Data to Action funding?

44. How are you planning to sustain the use of ACEs and PCEs data to inform prevention strategy action following the conclusion of Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action funding?

45. How are you planning to sustain the surveillance system following the conclusion of Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action funding? Specifically, describe any plans to sustain inclusion of ACEs and PCEs items in youth-based surveillance efforts.

46. How are you planning to sustain the surveillance system following the conclusion of Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action funding? Specifically, describe any plans to sustain dissemination of data to various audiences.

47. How has sustainability planning involved discussions with collaborators and data partners? What perceptions and values do these partners have on sustainability?

48. Is there anything you have not described yet that you would like to add?