

## Attachment 5a. Instrument and Protocol Surveillance Capacity Assessment (SCA)

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## ACEs and PCEs Surveillance Capacity Assessment

### What is this capacity assessment for?

This adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) surveillance capacity assessment is for use by state, local, territorial, or tribal agencies who are trying to better understand their existing capacity to collect, use, and disseminate data on ACEs and PCEs to inform STLT prevention, intervention, or response efforts. This capacity assessment is meant to be an internal tool that STLT agencies use to assess their capacity internally and with their partners; *however, as part of the Essentials for Childhood: Preventing ACEs Data through Action program, recipients will also share this information with the CDC program team to inform broader technical assistance and evaluation.*

When completing this capacity assessment, it is recommended that STLT agencies examine their ability to access, use, and disseminate surveillance data, including data specific to ACEs and PCEs. This can help respondents identify areas of strength and opportunities for growth, partnership, or resource allocation.

### How do I interpret my capacity assessment findings?

This assessment is organized into sections to reflect the importance of considering general surveillance infrastructure and surveillance infrastructure for specific types of ACEs and PCEs data. Please note that for each type of data listed, there might be multiple individual data sources that a jurisdiction plans to use to build their ACEs and PCEs surveillance infrastructure. Consider each data source individually when considering your capacity and scoring; this may result in you completing a second, third, or more set of matrices under specific sections. For example, if you intend to use three youth-based surveillance data sources, you will complete page 3 three times – once for each data source.

Within each data source and section, consider your organization's answer to each question, and select the relevant score. This report provides the overall score for your surveillance capacity, as well as each type of ACEs and PCEs data. The score for each category is given as a percentage. For example, the

highest possible score for each section is a 5. If your average score was a 3, your organization received a 60% (or 3/5). Note that there is no cutoff number for a “good score” or a “bad score.” Scores are designed to identify areas with relatively high or low capacity. The scores can serve as a tool to start conversations and help prioritize areas to build capacity. You can leverage your organization’s strengths, assets, and opportunities to implement and evaluate your surveillance capacity.

**How do I use my report?**

Once you have completed your Surveillance Capacity Assessment, it may be helpful to prioritize areas that align with your public health goals and broader public health questions. It may also be helpful to prioritize areas that are required as part of the Essentials for Childhood: Preventing ACEs Data through Action program. You could also consider building capacity for surveillance areas with the lowest scores.

## General ACEs and PCEs Surveillance Infrastructure

Overall Section Score: \_\_\_\_\_ [range: 20% - 100%]

Surveillance Infrastructure	1	2	3	4	5
My organization has strong relationships with other key data owners within the jurisdiction, including those that obtain state and local-level data on ACEs, ACEs indicators, risk and protective factors for ACEs (including PCEs), and social determinants of health.					
My organization has the ability to securely store, manage, and transfer data, with requirements met and approved by an IT or surveillance infrastructure specialist.					
My organization has a living data management plan that can be updated to include new data as it is obtained, stored, and disseminated.					
My organization has the infrastructure to collect and manage surveillance data.					
My organization has a surveillance or data platform that can be used to manage, integrate, or collate data from across data types and data sources.					
My organization has a living data dissemination plan that can be updated to include new data dissemination as data become available.					
My organization has the capability to execute various aspects of data dissemination, including the creation of fact sheets, dashboards, and other tools.					
My organization can provide staff with basic statistical packages (e.g. SAS, STATA).					

Note. If the recipient organization is the data owner, consider whether the surveillance infrastructure for collection, management, and dissemination of the data are in place and well maintained. Please also consider whether IRB or other approvals are needed, and if there is a timeline for these to be obtained that is reasonable within your public health goals.

Surveillance Staff Expertise and Time	1	2	3	4	5
Staff have knowledge and expertise with ACEs and PCEs surveillance data.					
Staff have knowledge and expertise with a variety of data collection methods, including collection of primary data and analysis of secondary data.					
Staff have knowledge and expertise with the analytic methods needed to use diverse and complex data sources.					
My organization has the expertise to create dissemination materials, as well as the partnerships in place to disseminate materials effectively.					
Staff have the knowledge and expertise to perform data linkages, and mechanisms to prevent inadvertent disclosure of individual's identity.					
Staff have the time necessary to collect, analyze, and disseminate these data.					

**Surveillance of ACEs Among Youth (e.g., state/local Youth Risk Behavior Surveillance [YRBS], state/local Youth Health Survey [YHS], or other similar survey of youth)**

Overall Section Score: \_\_\_\_\_ [range: 20% - 100%]

<b>Surveillance Infrastructure</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Data sharing agreements or MOUs between my organization and the data owner for each data source have been developed and completed, if applicable.					
My organization has the ability to securely store, manage, and transfer data in accordance with the requirements outlined by the data owner.					
My organization has the ability to manage the data, as well as a process to identify or correct errors, in collaboration with the data owner.					
My organization has approval for data dissemination from the data owner, with detailed descriptions of what is and is not approved (including suppression rules).					
The data owner and my organization have defined a plan to collect information about the core ACEs within this data system.					
My organization has a plan to collate, display, or disseminate data (e.g. data dashboard, data factsheets, other planned analyses or reports), and the capacity to execute these planned activities.					
My organization can provide staff with advanced statistical packages for analyses of these data, if needed					
My organization has plans for and the capacity for long term data storage					

Note. If the recipient organization is the data owner, consider whether the surveillance infrastructure for collection, management, and dissemination of the data are in place and well maintained. Please also consider whether IRB or other approvals are needed, and if there is a timeline for these to be obtained that is reasonable within public health needs.

<b>Surveillance Staff Expertise and Time</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Staff have knowledge and expertise with the collected data sources, or expertise in the type of data collection methods needed to obtain these data.					
Staff have knowledge and expertise with the analytic methods needed to use these data, including use of needed statistical software.					
My organization has the expertise to create dissemination materials (e.g., fact sheets, data dashboards).					
Staff have the knowledge and expertise to perform data linkages, if relevant for these data.					
Staff have the time necessary to collect, analyze, and disseminate these data.					

**Surveillance of PCEs Among Youth (e.g., state/local Youth Risk Behavior Surveillance [YRBS], state/local Youth Health Survey [YHS], or other similar survey of youth)**

Overall Section Score: \_\_\_\_\_ [range: 20% - 100%]

<b>Surveillance Infrastructure</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Data sharing agreements or MOUs between my organization and the data owner for each data source have been developed and completed, if applicable.					
My organization has the ability to securely store, manage, and transfer data in accordance with the requirements outlined by the data owner.					
My organization has the ability to manage the data, as well as a process to identify or correct errors, in collaboration with the data owner.					
My organization has approval for data dissemination from the data owner, with detailed descriptions of what is and is not approved (including suppression rules)					
The data owner and my organization have defined a plan to collect information about PCEs within this data system.					
My organization has a plan to collate, display, or disseminate data (e.g. data dashboard, data factsheets, other planned analyses or reports), and the capacity to execute these planned activities.					
My organization can provide staff with advanced statistical packages for analyses of these data, if needed					
My organization has plans for and the capacity for long term data storage					

Note. If the recipient organization is the data owner, consider whether the surveillance infrastructure for collection, management, and dissemination of the data are in place and well maintained. Please also consider whether IRB or other approvals are needed, and if there is a timeline for these to be obtained that is reasonable within public health needs.

<b>Surveillance Staff Expertise and Time</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Staff have knowledge and expertise with the collected data sources, or expertise in the type of data collection methods needed to obtain these data.					
Staff have knowledge and expertise with the analytic methods needed to use these data, including use of needed statistical software.					
My organization has the expertise to create dissemination materials (e.g., fact sheets, data dashboards).					
Staff have the knowledge and expertise to perform data linkages, if relevant for these data.					
Staff have the time necessary to collect, analyze, and disseminate these data.					

## Near-Real Time Surveillance of ACEs or PCEs Among Youth (e.g., syndromic surveillance, web panels, hotline data)

Overall Section Score: \_\_\_\_\_ [range: 20% - 100%]

<b>Surveillance Infrastructure</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Data sharing agreements or MOUs between my organization and the data owner for each data source have been developed and completed, if applicable.					
My organization has the ability to securely store, manage, and transfer data in accordance with the requirements outlined by the data owner.					
My organization has the ability to manage the data, as well as a process to identify or correct errors, in collaboration with the data owner.					
My organization has approval for data dissemination from the data owner, with detailed descriptions of what is and is not approved (including suppression rules).					
The data owner and my organization have defined a plan to collect information about ACEs or PCEs within this data system.					
My organization has a plan to collate, display, or disseminate data (e.g. data dashboard, data factsheets, other planned analyses or reports), and the capacity to execute these planned activities.					
My organization can provide staff with advanced statistical packages for analyses of these data, if needed.					
My organization has plans for and the capacity for long term data storage.					

Note. If the recipient organization is the data owner, consider whether the surveillance infrastructure for collection, management, and dissemination of the data are in place and well maintained. Please also consider whether IRB or other approvals are needed, and if there is a timeline for these to be obtained that is reasonable within public health needs.

<b>Surveillance Staff Expertise and Time</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Staff have knowledge and expertise with the collected data sources, or expertise in the type of data collection methods needed to obtain these data.					
Staff have knowledge and expertise with the analytic methods needed to use these data, including use of needed statistical software.					
My organization has the expertise to create dissemination materials (e.g., fact sheets, data dashboards).					
Staff have the knowledge and expertise to perform data linkages, if relevant for these data.					
Staff have the time necessary to collect, analyze, and disseminate these data.					

## Data on Risk and Protective Factors for ACEs, including Social Determinants of Health

Overall Section Score: \_\_\_\_\_ [range: 20% - 100%]

Surveillance Infrastructure	1	2	3	4	5
Data sharing agreements or MOUs between my organization and the data owner for each data source have been developed and completed, if applicable.					
My organization has the ability to securely store, manage, and transfer data in accordance with the requirements outlined by the data owner.					
My organization has the ability to manage the data, as well as a process to identify or correct errors, in collaboration with the data owner.					
My organization has approval for data dissemination from the data owner, with detailed descriptions of what is and is not approved (including suppression rules).					
The data owner and my organization have defined a plan to collect these data, including as part of other surveys, if applicable.					
My organization has a plan to collate, display, or disseminate data (e.g. data dashboard, data factsheets, other planned analyses or reports), and the capacity to execute these planned activities.					
My organization can provide staff with advanced statistical packages for analyses of these data, if needed.					
My organization has plans for and the capacity for long term data storage.					

Note. If the recipient organization is the data owner, consider whether the surveillance infrastructure for collection, management, and dissemination of the data are in place and well maintained. Please also consider whether IRB or other approvals are needed, and if there is a timeline for these to be obtained that is reasonable for the public health problem. If data are publicly available, consider each of these infrastructure components without reference to a data owner.

Surveillance Staff Expertise and Time	1	2	3	4	5
Staff have knowledge and expertise with the collected data sources, or expertise in the type of data collection methods needed to obtain these data.					
Staff have knowledge and expertise with the analytic methods needed to use these data, including use of needed statistical software.					
My organization has the expertise to create dissemination materials (e.g., fact sheets, data dashboards).					
Staff have the knowledge and expertise to perform data linkages, if relevant for these data.					
Staff have the time necessary to collect, analyze, and disseminate these data.					

## Retrospective Surveillance of ACEs Among Adults (e.g. BRFSS, PRAMs)

Overall Section Score: \_\_\_\_\_ [range: 20% - 100%]

Surveillance Infrastructure	1	2	3	4	5
Data sharing agreements or MOUs between my organization and the data owner for each data source have been developed and completed, if applicable.					
My organization has the ability to securely store, manage, and transfer data in accordance with the requirements outlined by the data owner.					
My organization has the ability to manage the data, as well as a process to identify or correct errors, in collaboration with the data owner.					
My organization has approval for data dissemination from the data owner, with detailed descriptions of what is and is not approved (including suppression rules).					
The data owner and my organization have defined a plan to collect information about ACEs or PCEs within this data system.					
My organization has a plan to collate, display, or disseminate data (e.g. data dashboard, data factsheets, other planned analyses or reports), and the capacity to execute these planned activities.					
My organization can provide staff with advanced statistical packages for analyses of these data, if needed.					
My organization has plans for and the capacity for long term data storage.					

Note. If the recipient organization is the data owner, consider whether the surveillance infrastructure for collection, management, and dissemination of the data are in place and well maintained. Please also consider whether IRB or other approvals are needed, and if there is a timeline for these to be obtained that is reasonable for the public health problem.

Surveillance Staff Expertise and Time	1	2	3	4	5
Staff have knowledge and expertise with the collected data sources, or expertise in the type of data collection methods needed to obtain these data.					
Staff have knowledge and expertise with the analytic methods needed to use these data, including use of needed statistical software.					
My organization has the expertise to create dissemination materials (e.g., fact sheets, data dashboards).					
Staff have the knowledge and expertise to perform data linkages, if relevant for these data.					
Staff have the time necessary to collect, analyze, and disseminate these data					

### Notes