

Attachment 6. Essentials Instrument and Protocol Evaluation and Surveillance Survey

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Public Reporting burden of this collection of information is estimated at 1 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS H21-8, Atlanta, GA 30333; Attn: PRA (0920-1425).

Recipient:	
Reporting Period:	
Contact Person:	

Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action

Introduction

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?

Evaluation

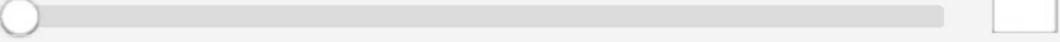
3. Is your evaluation role internal to the Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action recipient organization or external (e.g., contractor)?

Internal
External

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

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

0% 100%



Planning and Capacity

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 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.

Progress Toward Goals

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.

14. 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
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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
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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 for all and especially for those at greatest risk					
Objective 3.3. Increased data dissemination on ACEs and PCEs to state partners, policymakers, and the public					
Objective 3.3a. Increased data dissemination on ACEs and PCEs to local* partners, policymakers, 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.

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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
1.5. Increased state-level monitoring of trends in ACEs and PCEs over time, and use of data from youth populations					
1.6. Increased use of data on health inequities and the social determinants of health to contextualize risk factors for ACEs, and reduce inequities					
1.7. Increased sustainability of a comprehensive ACEs and PCEs surveillance system that informs tailored prevention strategies					
2.4. Increased uptake and implementation of comprehensive ACEs prevention strategies at state (and local*) levels					
2.5. Increased reach of prevention strategies, with a focus on communities with disproportionate needs due to social determinants of health					

2.6. Increased evidence for population-based approaches to prevent ACEs					
3.5. Increased use and translation of surveillance and evaluation data to inform tailored prevention strategy implementation to reduce ACEs and improve health for all and especially for those at greatest risk					
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.

Evaluation Progress

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

A little behind	Slowly gearing up	On track	Full steam ahead
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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
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Technical Assistance

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.

Sustainability

43. 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?

Thank you for your time! We appreciate your contribution to the CDC Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action initiative-level evaluation.