

OMB Control No.	ICR Title
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0920-0001 CDC ICR Test 1

0920-0001 CDC ICR Test 1

0920-0002 CDC ICR Test 2

Type	Name of INSTRUMENT/FORM to be modified
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Focus Group Discussion Guide

Focus Group Discussion Guide

All Data Collection Instruments

Question - PREVIOUS**Question - REVISED**

Q4 - Do you currently describe yourself
as Male, Female, or Transgender?

Male

Female

Transgender

None of these

Q4 - What is your sex?

-Male

-Female

N/A

Addition of 15 questions (Q20-Q35)

Addition of questions to focus on
testing for Diabetes and Hepatitis

N/A

N/A

Other

Data collection to be migrated from Survey Monkey to REDCap

Change in Burden

No Change

Increase in 5 minutes per response

No Change

OMB Control No.	ICR Title
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Addition Form 1: Workplan

Revision Form 1: Workplan

Revision Form 1: Workplan

Revision Form 1: Workplan

Revision Form 1: Workplan

Revision Form 1: Workplan

Revision Form 1: Workplan

Deletion

Form 1: Workplan

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Form 1: Workplan

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Form 1: Workplan

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Form 1: Workplan

Addition Form 1: Workplan

Addition Form 1: Workplan

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Addition Form 1: Workplan

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Addition Form 1: Workplan

Revision Form 2: Continuation Application

Revision Form 2: Continuation Application

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Deletion	Form 2: Continuation Application
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Revision

Form 2: Continuation Application

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Form 3: Challenges, Supports and Accomplishments

Deletion

Form 3: Challenges, Supports and Accomplishments

Deletion Form 3: Challenges, Supports and Accomplishments

Deletion Form 3: Challenges, Supports and Accomplishments

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Deletion Form 3: Challenges, Supports and Accomplishments

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Form 3: Challenges, Supports and Accomplishments

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Form 3: Challenges, Supports and Accomplishments

Revision

Form 3: Challenges, Supports and Accomplishments

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Form 3: Challenges, Supports and Accomplishments

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Form 3: Challenges, Supports and Accomplishments

Deletion

Form 3: Challenges, Supports and Accomplishments

Revision

Form 4: Action Plan

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Form 4: Action Plan

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Form 4: Action Plan

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Form 4: Action Plan

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Form 4: Action Plan

Revision

From 5: Implementation

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Form 5: Implementation

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Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

Revision

Form 6: Evaluation

Addition

Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

Revision

Form 6: Evaluation

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Form 6: Evaluation

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Form 6: Evaluation

Revision

Form 7: Data to Action

Deletion

Form 7: Data to Action

Revision

Form 7: Data to Action

Addition

Form 7: Data to Action

Addition

Form 7: Data to Action

Revision

Form 7: Data to Action

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Form 7: Data to Action

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Form 7: Data to Action

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Form 7: Data to Action



Question - PREVIOUS

Instructions for Recipients:

The Work Plan form collects information about your progress on work plan goals, objectives, and milestones during the reporting period (February 1, 2024 – August 1, 2024). The required goals and objectives are prefilled for all recipients.

Objective 1.1. Increased capacity to create, use, and disseminate data from a comprehensive ACEs and PCEs surveillance system

Objective 1.3. Increased capacity to collect data on the social determinants of health

Objective 1.3a. Increased capacity to link data on the social determinants of health

Objective 1.4. Increased access to ACEs and PCEs, risk and protective factors, and social determinants of health data to inform prevention strategies and identify inequities

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

Objective 2.1. Increased partner awareness of existing state prevention strategies and approaches that address ACEs

Objective 2.5. Increased reach of prevention strategies, with a focus on communities with disproportionate needs due to social determinants of health

Objective 3.2. Increased capacity to use ACEs and PCEs surveillance and evaluation data to identify and tailor ACEs prevention strategies, improve health for all and especially for those at greatest risk

Objective 3.4. Increased knowledge about the effectiveness of ACEs prevention strategies to improve health and wellbeing, and reduce inequities

Objective 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

There is a section of this form for each NOFO objective. Report on the objectives and add milestones for each. For each objective, you will need to select the Objective Status and provide Comments on Objective if the status is delayed or discontinued. Provide Milestones and Key Activities to achieve the milestone. You will also need to select the Milestone Status and Program Year Completed for each milestone for the objective.

The status options are for describing progress made during the reporting period. Report the status for all existing and new items. The table below describes each status option.

PROGRESS STATUS

DESCRIPTION

IN PROGRESS (ON TRACK)

Work was in progress and on track as planned

DELAYED

Work had some delays (please add comments)

COMPLETE

All Work has been completed

DISCONTINUED

Work has been stopped and discontinued (please add comments)

Select an Objective Status as described above to indicate your program's progress during this reporting period. Make comments for delayed or discontinued work.

Objective ## Status: [Choose one from dropdown]

Not Started

In Progress (on track)

Delayed: Please add comments

Completed

Discontinued: Please add comments

Please provide comments on delayed or discontinued work. (2000)

At least one milestone is required for each objective. Provide milestones and activities that make sense for your program. The milestone status provided should fall within the status of the corresponding objective. For example, a Milestone Status of "In Progress (on track)" would not be selected when the Objective Status is "Completed." Provide the Program Year the Milestone was completed. Options are Not Yet Complete and Year 1 (with corresponding reporting year being added as an option each year).

Milestone Table

Question, Row 1: Description [100]

Question/Instruction Option, Row 1: Provide a concise statement of the milestone.

Question, Row 2: Key Activities [700]

Question/Instruction Option, Row 2: Provide a brief description of activities conducted to complete the milestone

Question, Row 3: Expected Milestone Achievement Date

Question/Instruction Option, Row 3:

Question, Row 4: Milestone Status [Choose one from dropdown]

Question/Instruction Option, Row 4:

In Progress (on track)

Delayed: Please add comments

Completed

Discontinued: Please add comments

Question, Row 6: Please provide reasons for delayed or discontinued work [3000]

Question/Instruction Option, Row 6: *only if Milestone Status = Delayed or Discontinued

Instructions for Recipients

The Continuation Application Narrative Form is a summary of each aspect of your program for the next budget period (September 1, 2023 – August 31, 2024). This form is not prefilled. The separate Work Plan form provides space for you to describe specific details for the program objectives, milestones, and activities. This form has five sections.

Section 1: Summary of Work Plan Activities for Next Budget Year: Describe the activities planned for the next budget period. Please include references and reasons for any key changes to the work plan for the next budget period. [6000]

Section 2: Implementation of New or Revise Program, Practice or Policy Efforts: Describe the planned implementation of new program or policy efforts in the next budget period. Explain any requests to change the current program or policy efforts being implemented or changes to the approach or strategy. [6000]. The CDC Project Officer must approve any changes to the program or policy efforts approved upon award.

Section 2a: Implementation of New or Revised Surveillance Efforts: Describe the planned implementation of new surveillance efforts in the next budget period. Explain any requests to change the current surveillance efforts being implemented. [6000]. The CDC Project Officer and Surveillance Officer must approve any changes to the surveillance efforts approved upon award.

Section 3: Budget Implications: Provide any comments about budgetary issues that might impede the success or completion of the project as originally proposed and approved for the next budget period. Describe any implications the changes to the work plan may have on the budget. [6000]

Section 4: Needed Resources: What additional tools or resources do you need in order to accomplish the proposed planned activities for the next budget period? How do you plan to obtain these resources? [6000]

Section 5: Technical Assistance Needs: What types of training and technical assistance (TTA) would benefit your program in the next budget period? Include all TTA needed for the next budget period even if you have already submitted a TTA request in the portal. Please describe the areas or topics for TTA (e.g., program, evaluation, surveillance). This information will help us to understand what types of TTA are needed across recipients and will be used to plan program wide TTA for the upcoming budget year. Your Project Officer will also go over any requests you enter here to determine any next steps (e.g., TA request, program wide TTA). If TTA is not needed, please explain.

Would your program like additional training or technical assistance in any specific area?

No (Please explain)

Yes (Include existing requests already entered in VPTAC. Complete table below)

Training and Technical Assistance Table

If your program would like additional training or technical assistance, you would enter your requests in the table provided. Create a new row for each distinct TTA request, providing the Topic and Timeframe for each request. You will also need to describe the TTA requested. Please note that this is not a replacement for a TTA request with the VPTAC.

When reporting TTA needed, make sure that:

- Each entry is a distinct TTA request based on the drop-down for the topic.
- The "Other" answer option for topic is selected only if the TTA request does not fall within the existing answer options.

Section 6: Challenges: What general challenges/problems do you anticipate in the next funding year? What do you plan to use to solve or address those challenges or problems? [6000]

Form 3: Challenges, Supports and Accomplishments

Section 1: Barriers Encountered

This section collects information about the barriers and challenges that your (Initiative) Program encountered during the reporting period. This section is not prefilled. A Barrier is an identified person, resource, relationship, or circumstance that hinders progress on a specific outcome or goal.

Barrier Status

Did you experience challenges or barriers during this reporting period?

No, we did not experience any challenges or barriers (Save, Validate, and Check in)

Yes, we experienced challenges or barriers (Record barriers in the table below).

Challenges and Barriers Table

If barriers were encountered you will enter them in the table provided, creating a new row for each distinct barrier. For each barrier entered you will need to provide the Barrier Type and Program Component(s) that it affected. You will also need to describe the barrier and how it impacts your program's work, detail the actions planned/taken to address the barrier, and describe the resources that were used or needed to overcome the barrier.

When reporting barriers, make sure that:

Each entry is a distinct barrier or challenge encountered during the reporting period based on the drop- down for the barrier type.

The "Other" answer option for barrier type is selected only if the barrier does not fall within the existing answer options.

Barrier Type [Choose one from dropdown]

Lack of buy-in from partners

Lack of community engagement

Insufficient funding or resources

Inability to access/collect data

Implementation issues

Evaluation issues

Staffing issues

Lack of skills or capacity

State or local climate

Other (not listed): Please specify

Describe the barrier and how it impacts your program's work:

[2000]

Program Component: [Select all that apply]

What actions were taken or would be helpful to address the barrier? [2000]

What resources are used or would be helpful to address the barrier? [2000]

Barrier Comments: [500]

Facilitators Encountered

This section collects information about the facilitators that enabled, accelerated, or expedited implementation during the reporting period. This section is not prefilled. A Facilitator is an identified person, resource, relationship, or circumstance that helps to reach a specific outcome or goal.

Facilitator Status

Did you experience facilitators during this reporting period?

No facilitators experienced (Save, Validate, and Check in).

Yes, we experienced facilitators (Record facilitators in the table below).

Facilitators Table

If facilitators were experienced you will enter them in the table provided, creating a new row for each distinct facilitator. For each facilitator entered you will need to provide the Facilitator Type and Program Component(s) that it affected. You will also need to describe the facilitator and how it impacts your program's work as well as the resources that were related to this facilitator.

When reporting facilitators, make sure that:

Each entry is a distinct facilitator encountered during the reporting period based on the drop-down for the barrier type.

The "Other" answer option is selected only if the facilitator does not fall within the existing answer options.

Facilitator Type: [Choose one from dropdown]

Strong partners

Connection to community

Access to funding or resources

Access to data

Strong implementation

Strong evaluation

Adequate, experienced staff

Access to training/technical assistance

Other (not listed): Please Specify

Describe the facilitator and how it impacts your program's work:

[2000]

Program Component: [Select all that apply]

What resources were used [2000]

Facilitator Comments: [500]

Section 3: Successes

This section collects information about the successes and accomplishments of your (Initiative) program during the reporting period through an open-end question. This section is not prefilled. You can add more than one success or accomplishment.

Successes Table

To share your programs successes and accomplishments, you will enter them in the table provided, creating a new row for each distinct success. For each success entered you will need to provide the program components involved in the success and describe the success/accomplishment as well as the factors that made it possible. You should enter at least one success for each of the three NOFO goals.

When reporting successes and accomplishments, make sure to:

Make each response a specific story about a success or accomplishment, adding a new row for each separate accomplishment.

Report all distinct program successes or accomplishments your program had during the reporting period.

To add a success/accomplishment, click on "+ Add" to open the modal (pop-out window) shown below. You can add a row to the table by completing the modal and selecting "Save" when you are done.

Program Component: [Select all that apply]

Work Plan

State Action Plan/Strategic Plan

Prevention Strategies

Data to Action

Evaluation

Sustainability

Capacity Assessment

What key accomplishments related to this NOFO has your organization/state/territory/tribe achieved during this reporting period? [6000]

Instructions for Recipients

The Challenges, Supports and Accomplishments form collects information about challenges, facilitators, and successes that your program experienced. This form has five sections: 1) Barriers Encountered, 2) Facilitators Encountered, 3) Successes, 4) Technical Assistance and 5) Capacity Building.

Add all barriers and facilitators encountered during the reporting period.

Report on at least one success or accomplishment during the reporting period. (Or explain why no successes are being reported)

Do not leave any section blank. If no barriers or facilitators were encountered for the reporting period, please select No barriers/facilitators encountered and then Save, Validate, and Check in.

Section 4: Technical Assistance

Question 1: During this reporting period, how often have you used CDC or VPTAC resources when selecting, planning, implementing, or evaluating your program or strategies? (For example, technical packages, VETO Violence, technical assistance resources) (Select one)

Frequently (5 or more times)

Sometimes (3-4 times)

Rarely (1-2 times)

Never

Question 2: Which CDC or VPTAC resources have you found most useful during this reporting period (optional)? [1000]

During this reporting period, how often have you shared these CDC or VPTAC resources with subrecipients or partners?

Frequently (5 or more times)
Sometimes (3-4 times)
Rarely (1-2 times)
Never

Question 7:

To what extent has your organizational capacity to use data for action, such as tailored prevention strategy implementation to reduce inequities, improved during this reporting period?

Not at all
To a small extent
To a moderate extent
To a great extent

Capacity Building and Training Table

Please list any capacity building, training, and educational activities related to health for all, and especially for those at greatest risk and community and societal level primary prevention that you provided within the state during this reporting period. Include activities related to the NOFO as a whole and NOT specific trainings or activities related to the implementation of your selected approaches.

Type of Activity

Topic

Audience

Date

Instructions for Recipients

The Action Plan form collects information about progress on the Action Plan (e.g., enhancing partnerships, state violence prevention planning and coordination) during the reporting period (February 2, 2024 – August 2, 2024). This form has three sections:

Progress on Action Plan

Progress on Implementing Action Plan

Partnerships

Section 1: Progress on State Action Plan

This section collects information on changes made to the components in the State Action Plan. This section is not prefilled.

Were there any changes to the State Action/Strategic plan during this reporting period?

- No (Save, Validate, and Check in)
- Yes (Complete table below)

Changes to the Action Plan Table

Report on any changes to specific section(s) of the Action Plan changed during the reporting period. Choose each component of the Action Plan that was changed, describe the change, the reason for the change, and how the change affects your program's work.

Type of Change: [Choose one from dropdown]

Approach or Strategy

Partner

State/Local collaboration

Resources/Funding

Training/Technical Assistance

Sustainability

Assures optimal health for all, and especially for those at greatest risk

Data Use/Sources

Capacity Assessment

Other (not listed): Specify

Section 2: Progress and Planned Activities for Action Plan

Please describe any key activities/accomplishments specifically related to implementation of the Action Plan. This does not include activities or accomplishments that are specific to your selected approaches. Those will be reported on in other forms.

Type of Accomplishment/Activity [Choose one from dropdown]

Funding Acquisition

Training/Capacity Building

Community engagement

Partner convening

Implementation planning

Surveillance

Data to Action

Mass Media

Sustainability planning

Other (not listed)

Description of activity and how it was leveraged for violence prevention. [1000]

Activity Status: [Select one from dropdown]

In Progress (on track)

Delayed

Completed

Discontinued

Project Year Completed: [Select one from dropdown]

Not Yet Complete

Year X

Additional years added as appropriate

Social Determinants of Health [2800]: Provide a description of progress made to reduce health inequities by addressing social determinants of health that impact violence that are prioritized for your state-, community-, and tribal-level activities.

Describe key planned Action Plan activities in the next budget period (February 1, 2025 – January 31, 2026) (700 characters)

Resources Needed for Implementing Action Plan Activities in Upcoming Year (700 characters)

This section collects information about all partner organizations you are engaged with.

Information previously entered will be prefilled in this table. Report on all existing and new partners that your program engaged with during this reporting period. Unless you need to add new partners, you will only need to update three areas for existing partners: the status of the partnership, whether you provided any CDC funding to the organization during the reporting period, and how your organization engaged this partner during the reporting period.

Report on the partner status during this reporting period. If there are changes in how the partner is engaged in the recipients' EfC work, please make updates. Each row is a distinct partner.

When entering any new partners that have not previously been entered, make sure that:

The organization name is spelled out. Do not use acronyms.

All current partner organizations, especially those listed in your State Action/Strategic Plan, are included.

Only choose "other" for organization Type or Sector if your answer does not fall within the existing answer options.

Include state-level and community partners.

Name of Partner Organization

Partnerships and Resources Table

Primary Sector

Coalition

Business/Lab or

Education (schools)

Justice (e.g., law enforcement, prisons, public safety)

Research Evaluation/Academic

Health Care/Services

Housing

Media

Public Health

Social Services

Victim Service

Government (Federal, State, County, Local)

Social Justice/Community Organizations (e.g., grassroots)

Faith-based

Other (not listed)

Partnerships and Resources Table

Role of Partner

Evaluation

Plan or implement efforts

Assist with data collection/monitoring

Engage/convene partners

Train and Educate community members

Capacity building

Provide resources other than funding

Provide funding

Communications/promotions

Involved in strategic planning

Other (not listed)

Partnerships and Resources Table

Describe how your [Initiative] program engaged this partner in your violence prevention work during the reporting period. [1000]

Partner Status during this reporting period [Choose one from dropdown]

New, acquired during this reporting period

Existing partner

Re-engaged partner

Increased engagement

No longer a partner

Partnerships and Resources Table

State-, Community-, or Tribal-level Partner [Select all that apply]

State

Community

Tribal

Instructions for Recipients

The Implementation Form collects information about each state-level program, policy, or practice that your organization implemented using Essentials for Childhood: Preventing ACEs Through Data to Action funding during the reporting period of (September 1, 2023 – March 1, 2024). One implementation form submission should be submitted for each program, policy, or practice. This form has five sections: 1) Description of Program, Policy, or Practice, 2) Changes to Implementation Plan, 3) Implementation Progress and Activities, 4) Adaptations, and 5) Population of Focus & Reach. A strategy is one of the focus areas from CDC's Technical Packages that the cooperative agreement focuses on.

An approach is a specific way to advance the strategy. Examples include street outreach and community- norm change, public engagement and education campaigns, family-friendly work policies, and modifying the physical and social environment.

A program, policy, or practice is a specific group of activities that work together to achieve the intended outcome of the approach.

When creating new Implementation submissions, make sure:

Each program, policy, or practice is reported separately. If you are implementing a program, practice or policy in multiple settings you will complete one implementation submission form and provide details about separate implementations in the Section 5 (Reach).

If you are implementing a program, policy, or practice across multiple sub-recipients you should submit one implementation form for that program, policy, or practice and list out sub-recipient specific activities, adaptations, and reach in those sections.

Any training associated with TA, capacity building, or strategic planning should be reported in other forms instead of the Implementation Form.

The name of your implementation form submission should be the name of the program, policy, or practice being implemented.

Section 1: Description of Implementation Effort

This section collects information about the program, policy, or practice. In this section you will need to provide the type of implementation (program, policy, or practice), the name of the program, policy, or practice, and the associated approaches from CDC's VetoViolence Approach Search tool.

Indicate which of the following aspects you are implementing as part of this implementation effort? [Select all that apply]

Program

Policy

Practice

Unknown/Unsure

Implementation effort name and description

Program, Policy, or Practice Name:

Please provide a short description of how your organization is implementing this program, policy, or practice: [500]

In a few sentences describe the program, policy, or practice in way that someone who is not familiar with the effort would understand. This should include what it intends to do, how it's implemented, where it will occur, and evidence of effectiveness. Specific activities implemented as part of this program, policy, or practice will be collected in Section 3.

Please select the Approach for this implementation effort: [Select one or two that apply]

Strengthening household financial security

Which SEM Level(s) does this Implementation Effort target? (Select all that apply)

Section 2: Changes to the Implementation Plan

This section collects information on changes that have been made to the Implementation Plan during the reporting period.

Implementation Plan Status

Were there any changes made to the Implementation Plan during this reporting period?

No (Select Save, Validate, and Check in below)

Yes (Complete table below)

Implementation Plan Changes Table

Report on any changes made to the Implementation Plan, referring to your Program's Implementation Plan document as appropriate. If you answered No to the question above, you do not need to fill out this table.

When you report on any changes made during the reporting period, make sure to only select the "Other" answer option for Type of Change if your answer does not fall within the existing answer options.

Implementation Plan Changes Table

Type of Change: [Select one from dropdown]

Recruitment and Retention

Delivery Method

Setting/Population of Focus

Timeline

Monitoring

Staffing/Implementers

Partnership

Other: Please Specify

Describe the Change [1000] Provide a concise description of the change and the reason for the change.

Section 3: Implementation Progress and Activities

This section collects information about the progress made on the implementation of the prevention strategy.

Implementation Progress table

This table collects information on the progress made implementing the prevention strategy. Each reporting period you will need to add new activities started during the reporting period and update the information for activities from previous reporting periods if anything has changed. When entering new activities, make sure that each entry is a discrete type of activity that best measures and demonstrates implementation progress. You will need to enter the Activity Type, a description of the activity, Activity Status, and the Project Year the activity was completed.

Implementation Progress table

Activity Type: [Select one from dropdown]

Planning

Training/Coaching

Executing

Coordinating

Monitoring

Collecting and using data to improve implementation

Other (not listed): specify

Implementation Progress table

Description of Activity: [2000]

Provide a description of the activity and include with sufficient detail what the activity entailed, who was involved, and if any resources are needed.

Implementation Progress table

Number of Sites/Locations Activity Implemented at

Insert numeric value

Activity Status: [Select one from dropdown]

In Progress (on track)

Delayed

Completed

Discontinued

Implementation Progress table

Project Year Completed: [Select one from dropdown]

Not Yet Complete

Year X

Additional years added as appropriate

Implementation Progress Checkbox

Please click the checkbox at the bottom of this section to confirm that you have added any new activities from the reporting period and have also updated any information that has changed for previously entered activities.

Have you added any new activities from this reporting period and updated the activity status for existing activities in the table above?
[Tick checkbox to confirm]

Section 4: Adaptations

This section collects information about the adaptations made to the program, policy, or practice. For resources on using essential elements to track adaptations, see <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>.

Adaptation Table

This table collects information on any adaptations made to the essential elements of the prevention strategy. Each reporting period you will need to add new adaptations started during the reporting period and update the information for adaptations from previous reporting periods if anything has changed. If an adaptation is no longer being implemented during this reporting period, please delete that row from the table.

Adaptation Table

Type of Adaptation: [Choose one from dropdown]

Added content

Deleted content

Changed sequence

Modified population of focus

Modified delivery or methods

Added or deleted policy component

Modified an environmental design element

Changed the type of recommended implementer

Other (not listed): specify

Adaptation Table

Adaptation Description [1000]

Describe in adequate detail what change was made to the design and implementation of the effort. What essential what, how, and who is changed? How is it changed?

Number of Sites/Locations Adaptation Implemented At

Insert numeric value

Adaptation Table

Reason for Adaptation: [Choose one from dropdown]

To increase participation

To respond to a resource, space, or time limitation

To increase relevancy to or fit with context

To align with the implementer's facilitation style

To address shared risk and protective factors

To address multiple forms of violence

To address inequities

To address social determinants of health

Used data to inform tailored implementation

Other (not listed): specify

Adaptation Table

What resources are needed for this adaption? (700 characters)

How was this adaptation evaluated and what was the impact of the adaptation? [2000]

Describe the impact this adaptation has had on the prevention effort including the impact on the implementers of the effort and the population targeted by the effort.

Adaptation Checkbox

Please click the checkbox at the bottom of this section to confirm that you have added any new adaptations from the reporting period, have updated any information that has changed for previously entered adaptations, and have deleted any discontinued adaptations.

Have you added any new adaptations from the reporting period, updated any information that has changed for previously entered adaptations, and deleted any discontinued adaptations in the table above? [Tick checkbox to confirm]

Section 5: Population of Focus and Reach

Population of Focus

Provide a narrative description of the population or setting of focus for this implementation effort. If there is more than one implementation setting, please describe any differences in population of focus. [2000]

Why was this population or setting selected and how is the implementation effort appropriate for the selected population or setting? [2000] Provide reasons and data sources that were used for selecting the population and setting of focus for this prevention effort. Also provide reasons and data sources that were used to show that the selected program, policy, or practice will be effective for reaching these populations.

If your program is focusing on a specific population, please select all that are applicable from below. If your program is not focused on a specific population, you do not need to select any of the checkboxes below. Only select "other" if your answer does not fall within the existing options.

Racial/ethnic groups [Select all that apply]

Black/African American

Asian

Arabic/North African

Pacific Islander

American Indian/Alaskan Native Peoples

Hispanic/Latinx

White

Mixed race persons

Other: Please Specify

Age groups: [Select all that apply]

Infants (0-2)

Young children (2-10)

Youth (11-17)

Young adults (18-24)

Adults (25+)

Older adults (65+)

Other: Please Specify

Sexual orientation groups: [Select all that apply]

Gay/lesbian

Straight (heterosexual)

Queer

Bisexual

Pansexual

Other: Please Specify

Non-citizen groups: [Select all that apply]

Immigrants

Migrant workers

Refugees

Asylum seekers

Undocumented status

Setting Reach Table

Implementing Organization [500]

Setting Reach Table

Name of Setting

Year 5 Target for Settings

Progress Notes (2000 characters)

Setting Reach Table

Setting (select one)

Community

County

Frontier

Territory

State

Tribe

NGO

CBO

Business

Faith-based Organization

Elementary School

Middle School

High School

College/University

Bar

Other: Please Specify

Setting Reach Table

Geographic Location

Setting Reach Table

Number of Settings Reached this Reporting Period

List the number of settings in which implementation has begun as of the end of the reporting period. This should include actual number of settings where implementation has started and should not include any projected data.

Data are missing (program unable to collect this reporting period)

Data are not applicable
(program does not collect)

Setting Reach Table

Description (1000 characters)

Individual Reach Table

Implementing Organization [500]

Number of Total Individuals Reached Since Start of NOFO

Individual Reach Table

Year 5 Target for Individuals Reached

Progress Notes (2000 characters)

Number of Individuals Reached This Reporting Period

List the number of individuals reached during the reporting period across all settings (primary and secondary) that began implementation by the end of the reporting period. This should include number of individuals reached and should not include individuals that you anticipate reaching in the future.

Data are missing (program unable to collect this reporting period)

Data are not applicable (program does not collect)

Individual Reach Table

Reach Type [Choose one from dropdown]

Individuals reached can be described in terms of Primary Reach – that is individuals directly impacted by the prevention strategy (e.g., employees, parents, youth serving providers, students); and Secondary Reach – which is an estimate of individuals with potential exposure to the prevention strategy, but not necessarily directed at them (e.g., community members).

Primary

Secondary

Instructions for Recipients

The Evaluation Form collects information about state-level evaluation and progress on evaluation activities conducted during the reporting period of (September 1, 2023 – March 1, 2024). Information from the recipient evaluation plan will be reported here. This form has three sections: 1) Evaluation Plan, 2) Progress on Addressing Evaluation Questions, and 3) Outcomes & Indicators.

Section 1: Evaluation Plan

Changes to the Evaluation Plan

Were there any changes to the evaluation plan during this reporting period?

No (Select Save, Validate, and Check in below)

Yes (Complete table below)

Changes to the Evaluation Plan Table

Report on any changes to specific section(s) of the evaluation plan changed during the reporting period. Choose each component of the Evaluation Plan that was changed, describe the change, the reason for the change, and how the change affects your program's work.

Changes to the Evaluation Plan Table

Evaluation Plan Change: [Choose one from dropdown]

Evaluation Design

Evaluation Question

Data Analysis, Synthesis, and Interpretation

Data Collection Method/Source

Outcomes and Indicators

Translation, Communication, and Dissemination

Evaluation Team

Other (not listed): Specify

Changes to the Evaluation Plan Table

Description of change: [1000]

Describe the reason for the change and how it will impact your overall work: [1000]

Section 2: Progress on Addressing Evaluation Questions

Evaluation Questions Table

This section collects information about the progress your program has made on the evaluation questions. Required evaluation questions are included below, and you may add # additional evaluation questions specific to your program (optional). For each question provide a summary of findings, including any qualitative results.

Quantitative results will be collected in the next section: Outcomes & Indicators. * Evaluation questions shown below may be updated to reflect specific NOFO requirements.

Evaluation Questions

Q1/Q8: How has the recipient achieved the overall goals and objectives of the NOFO, and achieved the short term and intermediate outcomes in their logic model?

Q3: In what ways has the recipient built or enhanced their state-level surveillance system to monitor ACEs, PCEs, and the social determinants of health?

Q4: How has the recipient integrated and addressed racial and health inequities and social determinants of health in preventing ACEs?

Q10: To what extent has the recipient demonstrated ability to link ACEs and PCEs data to those on the social determinants of health, and utilize these data to inform prevention strategies? (if applicable)

Q13: To what extent has the recipient demonstrated use of surveillance and evaluation data to inform prevention strategy allocation and implementation, including to improve optimal health for all, and especially for those at greatest risk?

Q11: ADDITIONAL RECIPIENT EVALUATION QUESTION(S)

Summary of Findings (include any qualitative results) [2000]

Provide a summary of the progress your organization has made in relation to the evaluation question. You may also summarize any qualitative results you have collected related to the evaluation question.

Planned Evaluation Activities in Next Reporting Period: Please provide a general description of evaluation activities planned for the next reporting period. [2250]

Section 3: Outcomes and Indicators

This section collects data on the indicators you are using to measure your selected outcomes.

Outcome and Indicator Table

Only enter one outcome per row. If an outcome has more than one indicator, add a row for each indicator. Data entered in this table will be pulled forward each APR and you will only need to update the Current Value in future APRs. For this NOFO, recipients may be assessing numerous outcomes. However, for the purpose of reporting in the partners portal, we ask that you enter a maximum of 30 outcomes with up to 5 indicators per outcome. To help streamline your efforts, we recommend entering 20 of the most relevant, high-priority outcomes each with 1-3 indicators. Recipients can continue to assess other outcomes, but report on the high-priority ones annually.

Outcome and Indicator Table

Associated Effort(s) (Select all that apply)

Goal 1

Goal 2

Goal 3

Goal 4

Other

Outcome and Indicator Table

Type

Select one (1)

Process

Program/Policy Specific

Risk Factor

Protective Factor

Violence Outcome

NOFO Level

Other (not listed)

Outcome and Indicator Table

Indicator Population

Baseline Value

[Enter a Unit and Number] OR N/A

[Chose one from dropdown] This value will be entered in Year 1 and will be locked in future APRs.

Data are missing (program unable to collect this reporting period)

Data are not applicable (program does not collect)

Outcome and Indicator Table

Change in Outcome since last reporting period

Moving Towards Target

No Change

Moving Away From Target

Target Met

Target Exceeded

Unknown

Progress Notes

Outcome and Indicator Table

Evaluation Questions Addressed [Select all that Apply]

Questions #1-10

Outcome and Indicator Table

Description of Outcome

Describe the outcome that is being measured. As a reminder, outcome statements typically include directionality (increase, decrease, maintain), what will change (specific outcome) and for whom (target population).

Year 5 Goal
Insert Numeric Value

Instructions for Recipients

The Data to Action form collects information about your state-level ACEs and PCEs surveillance activities and data to action efforts achieved during the reporting period (September 1, 2023 – March 1, 2024). This form has six sections: 1) Surveillance and Data to Action Infrastructure Enhancements; 2) Data Collection and Use; 3) Data Dissemination; 4) Other Surveillance and Data to Action Funding; 5) Data Management Plan Changes; and 6) Data to Action and Dissemination Plan Changes.

Enhancements to the Surveillance and Data to Action Infrastructure Table

Surveillance Infrastructure Activity: [Choose the most appropriate category for the enhancement activity conducted from the dropdown]

- Built or improved ACEs and PCEs surveillance infrastructure and data collection capacity
- Collected or gathered state-level youth-based data on ACEs, PCEs, and related risk and broader protective factors
- Shared state-level YRBS or other local equivalent survey data to facilitate CDC's provision of technical assistance in support of data to action efforts
- Used data on the social determinants of health
- Synthesized and used near real-time ACEs and PCEs data, and related risk and protective factor data, including from across systems to inform prevention strategies
- [ENHANCED FUNDING RECIPIENTS ONLY] Synthesized and used syndromic surveillance (near-real time) data to track ACEs and PCEs, and related risk and protective factor data from across systems to inform prevention strategies
- [ENHANCED FUNDING RECIPIENTS ONLY] Link social determinants of health data with youth-based ACEs and PCEs data
- Conducted or updated ACEs & PCEs capacity assessments for surveillance and state-wide prevention strategies
- Utilized surveillance and program evaluation findings to tailor and improve strategy implementation at the state level, with a focus on reducing differences in health outcomes across population groups.

[ENHANCED FUNDING RECIPIENTS ONLY] Utilized surveillance and program evaluation findings to tailor and improve strategy implementation at the local level, with a focus on reducing differences in health outcomes across population groups.

- Implemented aspects of a data to action dissemination plan to translate state ACEs, PCEs, and associated risk and protective factor data
- Conducted an interim process and outcome evaluation of program activities related to ACEs surveillance and prevention
- [ENHANCED FUNDING RECIPIENTS ONLY] Conducted an interim process and outcome evaluation of program activities related to ACEs surveillance and prevention using linked data

Enhancements to the Surveillance and Data to Action Infrastructure Table

Surveillance Infrastructure Enhancement: [Choose the most appropriate category for this from dropdown]

- Acquired staff to enhance a surveillance system
- Developed/leveraged multi-sector partnerships or resources
- Improved or expanded an existing infrastructure and data collection system
- Used or obtained state, territorial, or tribal state-level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data
- Have (or identified the ability to include and/or access) core ACEs data elements
- Have (or identified the ability to include and/or access) core PCEs data elements
- Shared state-level YRBS or other local equivalent survey data with CDC
- Selected social determinants of health indicators relevant to ACEs prevention and intervention strategy selection, in collaboration with CDC
- Used data to more effectively monitor social and structural inequities related to social determinants of health
- Utilized state level youth-based ACEs and PCEs surveillance infrastructure to inform selection, implementation, and delivery of prevention strategies
- Generated, triangulated, and utilized different forms of data to tailor prevention, intervention, and evaluation efforts
- Used indicators of ACEs from near-real time data to increase use of timely data to aide in prevention and intervention planning

Section 2: Data Collection and Use

This section collects information about the progress you have made in the collection, analysis, and use of ACEs and PCEs data on social determinants of health and data on shared risk and protective factors. To best mirror the types of data that are often available and used for prevention and intervention purposes, there are three tables that align with broad types of data that may be used by your program.

The first table should be used to provide data on ACEs, PCEs, and broader risk and protective factors that are contained within survey data sources. The second table should be used to provide data on social determinants of health indices. The third table should be used to provide data on additionally identified data sources, including but not limited to data from syndromic surveillance, other hospital records (e.g., hospital discharge data; electronic health record data), administrative data from the child welfare system, substance misuse and mental health services resources or law enforcement records, or data from crisis or service hotlines.

Please add ONE row for each data source AND data collection year. For example, if you have from the Youth Risk Behavior Survey from 2021 and 2023, please add two rows: one row for the 2021 YRBS and one row for the 2023 YRBS.

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data

Data Collection Year [Select one]

- Prior to 2021 (specify)
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026
- 2027
- 2028

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data

Please select which geographic areas analyses can be conducted at [select all that apply]

- State
- Region within state
- County
- City
- Census tract
- Other (specify)

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data

Variable Concept Collected [Select all that apply]

- Age
- Race and ethnicity
- Disability
- Socio-economic status
- Educational attainment
- Lifetime emotional abuse
- Past-year emotional abuse
- Lifetime physical abuse
- Past-year physical abuse
- Lifetime sexual abuse
- Lifetime physical neglect
- Lifetime witnessed intimate partner violence
- Lifetime household or parent substance misuse
- Lifetime household or parent mental illness
- Lifetime household or parent incarceration
- Racial or ethnic discrimination
- Weight discrimination
- Disability-based discrimination
- Witnessed community violence
- Victim of bullying
- Victim of peer violence
- Victim of other form of sexual violence
- Victim of partner violence
- Victim of community violence
- Experienced housing instability or homelessness
- Experienced food insecurity
- Experienced basic needs instability
- Parent or caregiver death
- Parent or caregiver divorce or separation
- Feeling able to talk to family or other adults about feelings
- Family stands by you in difficult times
- Felt safe and protected by an adult in your home
- Had at least two non-parental adults who took an interest in you
- Feeling supported by friends
- Feeling a sense of belonging at school
- Parental monitoring
- Feeling safe at school
- Living in a supportive or connected neighborhood
- Living in a safe neighborhood
- Participated in school, extra-curricular, or community activities or traditions
- Other (please specify)

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data

Were data collected or accessed in this reporting period?

- Yes
- No

Were data analyzed in this reporting period?

- Yes
- No

Were data used and disseminated in this reporting period? (Note: If yes, details about data use and dissemination will be provided in other sections of this form)

- Yes
- No

Data Collection and Tracking Table – Social Determinants of Health Indices

Were data collected or accessed in this reporting period?

- Yes
- No

Were data analyzed in this reporting period?

- Yes
- No

Were data used and disseminated in this reporting period? (Note: If yes, details about data use and dissemination will be provided in other sections of this form)

- Yes
- No

Data Collection and Tracking Table: Administrative Medical, Social Service, Law Enforcement, or Hotline Data

Variable Concept Collected [Select all that apply]

- Age
- Race and ethnicity
- Disability
- Socio-economic status
- Educational attainment
- Public or private insurance
- Medical record for child abuse or neglect
- Medical record for other sexual violence (child)
- Medical record for dating violence (child)
- Medical record for firearm injury (child)
- Medical record for mental health condition (adult)
- Medical record for suicidal ideation or attempt (adult)
- Medical record for drug overdose (adult)
- Medical record for alcohol misuse (adult)
- Medical record for intimate partner violence (adult)
- Medical record for sexual violence (adult)
- Medical record for firearm injury (adult)
- Medical record for mental health condition (child)
- Medical record for suicidal ideation or attempt (child)
- Medical record for drug overdose (child)
- Medical record for alcohol misuse (child)
- Crisis service call volume (specify)
- Service support call volume (specify)
- Substantiated child abuse or neglect case records
- Reported child abuse or neglect case records
- Mental health service referral or use records
- Substance misuse treatment referral or use records
- Police records for arrests
- Police records for victimization
- Other (please specify)

Data Collection and Tracking Table: Administrative Medical, Social Service, Law Enforcement, or Hotline Data

Were data collected or accessed in this reporting period?

- Yes
- No

Were data analyzed in this reporting period?

- Yes
- No

Were data used and disseminated in this reporting period? (Note: If yes, details about data use and dissemination will be provided in other sections of this form)

- Yes
- No

Additional Data Access and Use

- ☐ Select prevention strategies/approaches/programs
- ☐ Select sub-recipients or community partners
- ☐ Address health disparities
- ☐ Inform State or Tribal Action Plan
- ☐ Inform program or policy effort implementation
- ☐ Complete Evaluation
- ☐ Select population of focus

Additional Data Access and Use

Describe Use [500]

Section 3: Data Dissemination

This section collects data on efforts you have made to disseminate data to partners, the public, the media, or policymakers during the reporting period, in alignment with your data dissemination plan. Please report on completed efforts (i.e., dashboards, infographics, fact sheets, or other data tools that were released – not in development – during the reporting period). Progress on activities in development can be listed in Section 1.

Choose which data dissemination activity was conducted and provide a description of the activity, the core audience, and the potential reach.

Data Dissemination Table

Data Dissemination Activity [Choose the most appropriate category for this activity]

Description of Activity [1000]

Released new or updated data dashboard or data website

Released new or updated infographic

Released new or updated fact sheets

Released new or updated report

Published manuscript/scientific publication

Other (please specify)

Section 3: Data Dissemination

Description of Activity [1000]

Section 3: Data Dissemination

Core Audience [Select all that apply]

Reach of Efforts [50]

This section collects data on any changes or updates that have been made to your data management plan during the performance period .

This section collects data on changes or updates that were made to your data to action and dissemination plan during the performance period.

What type of modification was made to your data dissemination and data to action plan during this reporting period? [Select all that apply]

☐ Synthesized data to tailor implementation of prevention strategies (state level)

Question - REVISED**Change in Burden**

Instructions for Recipients:

None

The Work Plan form collects information about your progress on work plan goals, objectives, and milestones during the reporting period (xx/xx/xxxx to xx/xx/xxxx). The required goals and objectives are prefilled for all recipients.

Objective 1.1. Increased capacity to create, use, and disseminate data from a comprehensive adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) surveillance system

None

Objective 1.3. Increased capacity to collect data on the conditions that impact health and safety

None

Objective 1.3a. Increased capacity to link data on the conditions that impact health and safety*

None

Objective 1.4. Increased access to ACEs and PCEs, risk and protective factors, and conditions for health and safety data to inform prevention strategies and identify differences among populations

None

Objective 1.6. Increased use of data on centering and engaging communities and the conditions that impact health and safety to contextualize risk factors for ACEs, and reduce identified gaps

None

Objective 1.7. Increased sustainability of a comprehensive ACEs and PCEs surveillance system that informs tailored prevention strategies

None

1.8 Synthesize syndromic surveillance data to track ACEs and PCEs, and related risk and protective factor data across systems to inform prevention strategies (optional) None

Objective 2.1. Increased partner awareness of existing state prevention strategies None

Objective 2.5. Increased reach of prevention strategies, with a focus on communities with higher burden of need than other groups. None

Objective 3.2. Increased capacity to use ACEs and PCEs surveillance and evaluation data to identify and tailor ACEs prevention strategies, center and engage communities, and address the conditions that impact health and safety. None

Objective 3.4. Increased knowledge about the effectiveness of ACEs prevention strategies to improve health and wellbeing, and reduce identified gaps.

Objective 3.5. Increased use and translation of surveillance and evaluation data to inform tailored prevention strategy implementation to reduce ACEs and improve conditions that impact health and safety. None

There is a section of this form for each NOFO objective. Report on the objectives and add milestones for each. Decreased

Decreased

Decreased

For each objective, report on one key milestone for the reporting period of (xx/xx/xxxx to xx/xx/xxxx).

Decreased

Milestones represent significant achievements that contribute to fulfilling the objective. For example, milestones can refer to points at which a large scheduled events or series of events have been planned or completed, and a new phase or phases are set to begin. Milestones related to each objective should be high-level but specific enough to show your achievement (or progress) towards the objectives and associated outcomes. Milestones should be reflective of how you are measuring success in completing the objectives and associated outcomes. Each milestone should be listed under only one objective. If a milestone fits under more than one objective, select the one it is most directly linked to.

None

If applicable, provide additional information on any barriers, facilitators, and/or accomplishments/successes experienced during the reporting period.

A barrier is an identified person, resource, relationship, or circumstance that hinders progress on a specific outcome or goal.

A facilitator is an identified person, resource, relationship, or circumstance that helps to reach a specific outcome or goal.

Accomplishments or successes are completed actions from your program plan applicable to the program year, for example, descriptions of initial research, participation numbers, events, discoveries, or violence rate differences.

Helpful information regarding the development of Success Stories can be found on the VetoViolence website: [Success Stories](#)

Key Milestones

Decreased

What key milestones did you achieve for this objective [2000]

Barrier Status None

Were there any barriers related to this objective?

- ☐ Yes
☐ No (Save and Skip to the Facilitators Section)

Barrier Type None

If you answer "yes," select the barrier type.

Select all that apply:

- ☐ Lack of buy-in from partners
☐ Lack of community engagement
☐ Insufficient funding or resources
☐ Inability to access/collect data
☐ Implementation issues
☐ Evaluation issues
☐ Staffing Issues
☐ Lack of skills or capacity
☐ State or local climate
☐ Other (please specify):

Barrier Description None

If you answer "yes," report on at least one barrier for this objective and how it impacts your program's work [6000]

Facilitator Status None

Were there any key facilitators related to this objective?

- ☐ Yes
☐ No (Save, Validate, and Skip to the Successes Section)

Facilitator Type None

If you answer "yes," select the facilitator type.

Select all that apply:

- ☐ Strong partners
☐ Connection to community
☐ Access to funding or resources
☐ Access to data
☐ Strong implementation
☐ Strong evaluation
☐ Adequate, experienced staff
☐ Access to training/technical assistance
☐ Other (please specify): Click or tap here to enter text.

Facilitator Description None

If you answer "yes," report on at least one facilitator for this objective and how it impacts your program's work [6000]

Successes Status
Were there any key successes/accomplishments related to this objective?

None

- ☐ Yes (Report on at least one program accomplishment/success for this objective that happened during the reporting period)
☐ No (Save, Validate, and Check in)

Success Story Title
Create a brief title summarizing your success [1000]

Increased

Example: Establishing a Statewide Suicide Prevention Collaborative

Story Development: The Situation
Briefly describe the problem your work was addressing [1000]

Increased

Example: During the environmental scan and program inventory, the Team identified a lack of coordinated suicide prevention efforts across the state

Story Development: The Narrative
Briefly describe your work and how it addressed or provided more data about the problem. [1000]

Increased

Example: The Team spent several months meeting and speaking with suicide prevention stakeholders to gather their insight on needs and gaps and to create a robust, multi-sector list of suicide prevention partners.

The team facilitated an in-person meeting in October 2022 to conduct a SWOT analysis, identify priorities, share data and resources, and gauge interest in forming a Statewide Suicide Prevention Collaborative

Story Development: Outcomes and Impact
Briefly describe the outcomes or impact you have achieved with your work after addressing the problem. [1000]

Increased

Example:

50 partners were invited and 40 partners attended the in-person meeting with representation from multiple sectors and across all regions of the state

A SWOT analysis was completed, the group identified three priorities to address in 2023, and the group expressed a desire to continue to meet

The newly formed Statewide Suicide Prevention Collaborative met again in January 2022 and developed three working groups based on the priorities identified.

Each working group developed an action plan with goals, activities, timeline. and measures for success

Story Development: Lessons Learned

Increased

Briefly describe any lessons learned or insights you've learned that could help other communities and grow their prevention efforts.

[1000]

Example: Giving the partners time, support, and a facilitated approach (someone to lead the charge) really catalyzed the creation of the Collaborative and workgroups.

Instructions for Recipients

None

The Continuation Application Narrative Form collects information about each program, practice, or policy that your organization plans to implement using EfC funding during the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx.

Section 1: List of Work Plan Activities for Next Budget Year: Provide a bulleted list (including no more than 5-7 bullet points) of the activities PLANNED for the next budget period. Please include references and reasons for any key changes to the work plan for the next budget period. [6000]

Section 2: Planned and New Program, Practice or Policy Efforts: None

Provide a description of the planned and new implementation of program, practice, or policy efforts for the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx.

Describe the planned and new program or policy efforts in the next budget period. [6000]

Section 2a: Planned and New Surveillance Efforts: Provide a None

description of the planned and new implementation of surveillance efforts for the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx.

Describe planned and new surveillance efforts in the next budget period. [6000]

Section 3: Budget Implications: Provide comments about any None

budgetary concerns for the NEXT budget period of xx/xx/xxxx to xx/xx/xxxx.

Provide any comments about budgetary issues that might impede the success or completion of the project as originally proposed and approved for the next budget period. Describe any implications the changes to the work plan may have on the budget. [6000]

Decreased

Section 4: Technical Assistance Needs: What types of training and technical assistance (TTA) would benefit your program in the next budget period? Include all TTA needed for the next budget period even if you have already submitted a TTA request in the portal. Please describe the areas or topics for TTA (e.g., program, evaluation, surveillance). This information will help us to understand what types of TTA are needed across recipients and will be used to plan program wide TTA for the upcoming budget year. If TTA is not needed, please explain.

Please note that reporting on a TTA need in this table does not constitute a formal request for TTA. Requests for TTA must be submitted separately through the DVP Partners Portal. Reach out to vptac@cdc.gov if you need more information about how to request TTA.

Would your program like additional training or technical assistance in any specific area?

Yes (Include existing requests already entered in VPTAC. Complete table below)

No (Please explain) [Click on the box to enter text](#)

Training and Technical Assistance Table

None

If your program would like additional training or technical assistance, enter your requests in the table provided. Create a new row for each distinct TTA request, providing the Topic and Timeframe for each request. You will also need to describe the TTA requested. Please note that this is not a replacement for a TTA request with the VPTAC. For all TTA requests, please submit to the DVP Partners Portal <https://dvppartnersportal.cdc.gov/>.

When reporting TTA needed, make sure that:

- Each entry is a distinct TTA request based on the drop-down for the topic.
- The "Other" answer option for topic is selected only if the TTA request does not fall within the existing answer options.

Section 5: Anticipated Challenges: Describe any anticipated challenges you may encounter in the next budget period of xx/xx/xxxx to xx/xx/xxxx and your plans to address them. What general challenges/problems do you anticipate in the next funding year? What do you plan to use to solve or address those challenges or problems? [6000]

None

Form 3: Training and Technical Assistance (TTA) and Capacity Building

None

Decreased

Decreased

Decreased

Decreased

None

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

This form consists of two sections:

Decreased

Section 1: Technical Assistance: Use this section to describe any technical assistance received by your program during the reporting period.

Section 2: Capacity Building: In this section, provide details about any capacity-building activities undertaken by your program.

Section 1: Technical Assistance

None

The purpose of this form is to collect information about what VetoViolence or other CDC resources recipients used, how often, and which ones were most useful. Please answer the following questions about technical assistance during the reporting period of xx/xx/xxxx to xx/xx/xxxx.

During this reporting period, how often have you used VetoViolence, other CDC resources, or VPTAC TTA providers when selecting, planning, implementing, or evaluating your program or strategies? (For example, technical packages, VETO Violence, technical assistance resources) (Select one)

None

- ☐ Frequently (5+ times)
- ☐ Sometimes (3-4 times)
- ☐ Rarely (1-2 times)
- ☐ Never (Skip to Section 2)

Which VetoViolence, other CDC resources, or VPTAC TTA providers have you found most useful during this reporting period ? [1000] Decreased

- ☐ CDC's Resources for Action
- ☐ ACEs Infographic
- ☐ Beyond the Headlines: Media Communication Training
- ☐ Community HealthSim
- ☐ Connecting the Dots
- ☐ Dating Matters Interactive Guide to Informing Policy
- ☐ Dating Matters Training for Educators
- ☐ Dating Matters Toolkit
- ☐ EvaluACTION
- ☐ General Capacity Assessment for Violence Prevention
- ☐ Making the Case: Engaging Business
- ☐ Preventing Adverse Childhood Experiences (ACEs)
- ☐ Principles of Prevention
- ☐ Select, Adapt, Evaluate!
- ☐ Social Norms
- ☐ STRVE: Striving to Reduce Youth Violence Everywhere
- ☐ Success Stories
- ☐ Understanding Evidence
- ☐ Violence Indicators Guide & Database
- ☐ Violence Prevention in Practice
- ☐ YVPC Toolkit
- ☐ Resources (blogs, podcasts, tools, etc.) from VPTAC's TTA Providers (PreventConnect, NSVRC NRCDV)
- ☐ Haven't used CDC, VetoViolence, or VPTAC resources
- ☐ Haven't found CDC, VetoViolence, or VPTAC resources useful
- ☐ Other(s) (please list): Click or tap here to enter text.

During this reporting period, how often have you shared these VetoViolence, other CDC resources, or VPTAC TTA providers with subrecipients or partners? None

- ☐ Frequently (5+ times)
- ☐ Sometimes (3-4 times)
- ☐ Rarely (1-2 times)
- ☐ Never

Section 2: Capacity Building None

Question 4: To what extent has your organizational capacity to use data for action, such as tailored prevention strategy implementation to center and engage communities, improved during this reporting period?

- Not at all
- To a small extent
- To a moderate extent
- To a great extent

Decreased

Instructions for Recipients

Decreased

This form collects information about progress on the State Action Plan. Report on any changes to specific section(s) of the State Action Plan during the reporting period xx/xx/xxxx to xx/xx/xxxx.

Section 1: Changes to the State Action Plan

None

This section collects information on changes made to the components in the Action Plan. This section is not prefilled.

Were there any changes to the State Action Plan during this reporting period?

- Yes (Complete table below)
- No (Save, Validate, and Check in)

Changes to the Action Plan Table

None

Choose each component of the State Action Plan that was changed, describe the change, the reason for the change, and how the change affects your program's work. Report each change on a separate row.

Type of Change: [Choose one from dropdown]

None

Approach or Strategy

Partner

State/Local/Tribal collaboration

Resources/Funding

Training/Technical Assistance

Sustainability

Centering and Engaging Communities

Data Use/Sources

Capacity Assessment

Other (not listed): Specify

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

This section collects information about key partner organizations the you are engaged with. None

Report on the partner status during this reporting period. If there are changes in how the partner is engaged in the recipients' EfC work, please make updates. Each row is a distinct partner. None

When entering any new partners that have not previously been entered, make sure that:

The organization name is spelled out. Do not use acronyms.

All current partner organizations, especially those listed in your State Action Plan, are included.

Only choose "other" for organization Type or Sector if your answer does not fall within the existing answer options.

Include state-level, community-level, and tribal partners.

Name of Key Partner Organization

None

Partnerships and Resources Table

None

Primary Sector

Coalition

Business/Lab or

Education (schools)

Justice (e.g., law enforcement, prisons, public safety)

Research Evaluation/Academic

Health Care/Services

Housing

Media

Public Health

Social Services

Victim Service

Government (Federal, State, Tribal, County, Local)

Social Justice/ Community Organizations (e.g., grassroots)

Faith-based

Other (not listed)

Decreased

Decreased

Decreased

Instructions for Recipients

Decreased

The purpose of this form is to provide information about each state-level program, policy, or practice that your organization implemented using Essentials for Childhood: Preventing ACEs Through Data to Action funding during the reporting period of xx/xx/xxxx to xx/xx/xxxx. One implementation form submission should be submitted for each program, policy, or practice.

Defining differences between strategy, approach, and program, practice, or policy. None

Strategy – A strategy is a focus area from the CDC’s Resources for Action that lays out the direction or actions to achieve the goal of preventing violence. Example(s): Promote Social Norms that Protect Against Violence.

Approach – An approach is a specific way to advance a strategy. Approaches can be accomplished through programs, policies, or practices. Example(s): Bystander Approaches, Mobilizing Men and Boys as Allies.

Program, practice, or policy – A program, practice, or policy is a specific group of activities that work together to achieve the intended outcome of an approach. Example(s): Green Dot, Bringing in the Bystander, Coaching Boys into Men.

SEM Levels

None

Individual – Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Examples include conflict resolution and life skills training.

Relationship – Prevention strategies here focus on communication, parenting practices, and other bonds and connections. Examples include parenting and family-focused prevention programs, mentoring, and peer programs.

Community – Prevention strategies at this level impact the social, economic, and environmental characteristics of settings. Examples include reducing social isolation; enhancing economic and housing opportunities; and improving the processes, policies, and settings in schools and workplaces.

Societal – Prevention strategies at this level impact broad societal factors that help create a level of intolerance for violence. Examples include strategies to change social norms that support violence as an acceptable way to resolve conflicts, state and federal policies that offer economic and other support to families, and policies that support early childhood education to help pave the way for children to achieve lifelong opportunity and well-being.

When creating new Implementation submissions,:

Decreased

1. Each program, practice, or policy should be reported separately.
2. If implementing in multiple settings, complete one form and provide details in Section 5 (Reach).
3. If implementing across multiple sub-recipients, submit one form and list specific activities, adaptations and reach for each.
4. Report training associated with TA, capacity building, or strategic planning using other forms.
5. Name your form submission after the program, practice, or policy being implemented.

Section 1: Description of Implementation Effort

None

This section collects information about the program, practice, or policy that your organization implemented during the reporting period. In this section, you will need to provide the program, practice, or policy name of the program, practice, or policy, and the associated approaches from CDC's VetoViolence Approach Search tool. One implementation form should be submitted for each program, practice, or policy.

Describe the program, practice, or policy in a way that someone who is not familiar with the effort would understand. This should include what it intends to do, how it's implemented, where it will occur, and evidence of effectiveness. Specific activities implemented as part of this program, practice, or policy will be collected in Section 3.

Indicate which of the following aspects you are implementing as part of this implementation effort? [Select all that apply]

None

Program/Practice

Policy

Unknown/Unsure

Name of Effort: [100]

None

Is this an implementation or adaptation of any of the example programs, policies, or practices listed in DVP's Resources for Action? If so, please select from the list below.

Alcohol Policies (e.g. outlet density)
Alcohol-related Policies
Bringing in the Bystander
Cardiff Violence Prevention Model
Coaching Boys into Men
Comparable Worth/Pay Equity Policies
Crime Prevention Through Environmental Design (CPTED) strategies
Families for Safe Dates
Family Assistance Programs (TANF, SNAP)
Flexible and Consistent Work Schedules
Green Dot
Greening Urban Spaces
Housing First Programs
Income Supports (e.g., tax credits, childcare subsidies, cash transfers)
Intimate Partner Violence and the Workplace Training
Microfinance Programs
Paid Leave Policies and Benefits (parental, sick, vacation, job protected)
Public Education Campaign
Safe Streets
Shifting Boundaries Building-Level Intervention
Social Marketing or Messaging Campaign
U.S Airforce Suicide Prevention Program
Other (not listed above)

Please provide a short description of this program, practice, or policy: [500]

None

Describe the program, practice or policy, in a way that someone who is not familiar with the effort would understand. This should include what it is, how it's implemented, where it occurs, and any evidence of effectiveness (e.g., research evidence, experiential evidence, contextual evidence, indigenous knowledge, etc).
program, practice, or policy [6000]

Please select the Approach for this implementation effort:

None

Strengthening household financial security

Family-friendly work policies

SEM Level

Decreased

Which SEM Level(s) does this Implementation Effort most directly impact? (Select one)

☐ Individual ☐ Relationship ☐ Community ☐ Societal

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Decreased

Section 2: Population of Focus and Reach

None

This section collects information about the population/setting of focus and reach for this program, practice, or policy.

Population Groups: Please select all populations that are applicable to your program from below. It is likely that your implementation effort may reach most populations. However, if applicable, select populations that your implementation effort is specifically focusing on or trying to reach due to high rates of violence. Select "Other" if your answer does not fall within the existing options.

Population of Focus

None

Provide a description of the population and setting of focus for this implementation effort. If there is more than one implementation setting, please describe any differences in population of focus.

Provide reasons and data sources that were used for selecting the population and setting of focus for this prevention effort. Also provide reasons and data sources that were used to show that the selected program, practice, or policy will be effective for reaching populations with high rates of violence.

Provide a narrative description of the population and setting of focus for this implementation effort. If there is more than one implementation setting, please describe any differences in population of focus. Also describe why this population or setting was selected and how the implementation effort is appropriate for the selected population or setting [6000]

If your program focuses on a specific population, please select all that are applicable from below. If your program is not focused on a specific population, you do not need to select any of the checkboxes below. Only select other if your answer does not fall within the existing options.

None

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer Not to Answer/Decline

Race (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

Age groups: [Select all that apply]

None

Infants (0-1)

Young children (2-10)

Youth (11-17)

Young adults (18-24)

Adults (25+)

Older adults (65+)

Other: Please Specify

Sexual orientation groups: [Select all that apply]

None

- Gay (lesbian or gay)
- Straight, this is not gay (or lesbian or gay)
- Bisexual
- Something else
- I don't know the answer

Decreased

Setting Reach Table

None

Number of Implementing Organization(s) [2000]

Decreased

Setting Reach Table

None

Type of Setting (aggregated data)

Community

Community-based Organization (CBO)

Non-governmental Organization (NGO)

Business

Faith-based Organization

Elementary School

Middle School

High School

College/University

Bar

Other: Please Specify

Setting Reach Table

None

Geographic Location [Select all that apply]

Statewide

County

Tribal

Rural

Urban

Low-income neighborhoods

Suburban

Other: Please Specify

Setting Reach Table

Decreased

Total Number of Settings Reached Since the Start of the NOFO

Setting Reach Table

None

Description of Setting [1000]

Describe the setting you are reaching (e.g., community health centers in rural communities)

Individual Reach Table

None

Number of Implementing Organization(s)

Total Number of Individuals Reached Since the Start of the NOFO

Decreased

Decreased

Instructions for Recipients

None

The Evaluation Form collects information about state-level evaluation and progress on evaluation activities conducted during the reporting period of xx/xx/xxxx to xx/xx/xxxx.

Decreased

Decreased

Decreased

Section 1: Progress on Addressing Evaluation Questions
Evaluation Questions Table

Decreased

This section collects information about your program’s progress on the evaluation questions during the reporting period of xx/xx/xxxx to xx/xx/xxxx. For each question, provide a summary of findings, including any quantitative or qualitative results.

Additional quantitative results will be collected in the next section: Outcomes & Indicators.

Evaluation Questions

Decreased

Q1: What has the recipient accomplished to achieve the overall goals and objectives of the NOFO, and the short term and intermediate outcomes in their logic model?

Q3: In what ways has the recipient built or enhanced their state-level surveillance system to monitor ACEs and PCEs?

Q4: How has the recipient integrated and addressed centering and engaging communities and conditions for health and safety in preventing ACEs?

Q9: To what extent has the recipient demonstrated ability to link ACEs and PCEs data to those on conditions for health and safety, and utilize these data to inform prevention strategies? (if applicable)

Q11: To what extent has the recipient demonstrated use of surveillance and evaluation data to inform prevention strategy allocation and implementation, including where we see the greatest impact?

Decreased

This section collects data on the indicators you are using to measure your selected outcomes.

Outcome and Indicator Table

For this NOFO, recipients may be assessing numerous outcomes. However, for the purpose of reporting in the partners portal, we ask that you enter a maximum of 8-10 outcomes with 1-2 indicators per outcome. To help streamline your efforts, we recommend entering the most relevant, high-priority outcomes, including at least one implementation and one risk/protective factor or violence outcome, if available. Recipients should continue to assess other outcomes, but report on 8-10 high-priority outcomes annually.

EVALUATION QUESTION(S) ADDRESSED

Increased

Select the evaluation question(s) that the outcome addresses. You may select more than one question applicable to the outcome.

OUTCOME

Select the NOFO-level outcome(s) that the indicator(s) address. You may select more than one outcome applicable to the indicator(s).

INDICATORS AND DATA SOURCES

List 1-2 distinct indicators for each outcome, ensuring no overlap across outcomes to maintain clarity and specificity. Indicators serve as measurable evidence to assess if the prevention efforts are executed as planned and are achieving the intended results. For each indicator provide:

Indicator Description define the indicator being used to measure the outcome. An indicator is a documentable piece of information, from a specific data source, used to determine if the outcome was achieved.

Data Source Type identify the corresponding data source type (e.g., needs assessment, surveillance data, law enforcement data, hospital data, surveys, etc.)

Data Source Name and Description specify the data source name with a brief description

CURRENT VALUE

Enter a number representing the value of your selected indicator based on the most recently available data at the time of reporting. If data cannot be reported or are not applicable for your selected indicator, you may select from the appropriate "No data to report" category to indicate no data are available.

YEAR 5 GOAL

Enter a number representing the desired goal to be achieved for your selected indicator at the end of the five-year NOFO. This is optional in years 1-2 but will be required starting in year 3.

Decreased

Decreased

Decreased

Decreased

Outcome and Indicator Table

None

Primary Evaluation Question(s) Addressed (make sure each evaluation question is addressed)

- ☐ Question 1
- ☐ Question 2
- ☐ Question 3
- ☐ Question 4
- ☐ Question 5
- ☐ Question 6
- ☐ Question 7
- ☐ Question 8
- ☐ Question 9
- ☐ Question 10
- ☐ Question 11

Description of Outcome

- ☐ 1.1 Increased capacity to create, use, and disseminate data from a comprehensive ACEs and PCEs surveillance system
- ☐ 1.2 Increased state-level collection of ACEs and PCEs data through youth-based surveillance
- ☐ 1.3 Increased capacity to collect data on the conditions that impact health and safety
- ☐ 1.3a. Increased capacity to link data on the conditions that impact health and safety
- ☐ 1.4 Increased access to ACEs and PCEs, risk and protective factors, and conditions for health and safety data to inform prevention strategies and reduce identified gaps
- ☐ 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 centering and engaging communities and the conditions that impact health and safety to contextualize risk factors for ACEs, and reduce identified gaps
- ☐ 1.7 Increased sustainability of a comprehensive ACEs and PCEs surveillance system that informs tailored prevention strategies
- ☐ 1.8 Synthesize syndromic surveillance data to track ACEs and PCEs, and related risk and protective factor data across systems to inform prevention strategies (optional)
- ☐ 2.1 Increased partner awareness of existing state prevention strategies
- ☐ 2.2 Increased coordination and collaboration between state agencies and other sectors
- ☐ 2.2a. Increased coordination and collaboration between local agencies and other sectors
- ☐ 2.3 Increased capacity to implement comprehensive ACEs prevention strategies at the state level
- ☐ 2.3a. Increased capacity to implement comprehensive ACEs prevention strategies at the local level
- ☐ 3.1 Increased understanding of state surveillance and prevention capacity related to ACEs and PCEs
- ☐ 3.2 Increased capacity to use ACEs and PCEs surveillance and evaluation data to identify and tailor ACEs prevention strategies, center and engage communities, and address the conditions that impact health and safety
- ☐ 3.3 Increased data dissemination on ACEs and PCEs to state partners, policy-makers and the public
- ☐ 3.3a. Increased data dissemination on ACEs and PCEs to local partners, policy-makers, and the public
- ☐ 3.4 Increased knowledge about the effectiveness of ACEs prevention strategies to improve health and wellbeing, and reduce identified gaps

Intermediate Outcomes

- ☐ 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 centering and engaging communities and the conditions that impact health and safety to contextualize risk factors for ACEs, and reduce identified gaps
- ☐ 1.7 Increased sustainability of a comprehensive ACEs and PCEs surveillance system that informs tailored prevention strategies

Year 5 Goal (optional in years 1-2; required starting in Year 3)	None
☐ Year 1 (not applicable)	
☐ Year 2 (not applicable)	
☐ Insert numeric value	
Instructions for Recipients	None

The Data to Action Form collects information about progress on data to action activities conducted during the reporting period of xx/xx/xxxx to xx/xx/xxxx.

None

Surveillance Infrastructure Enhancement

Choose the most appropriate category for the enhancement activity conducted from the dropdown:

- ☐ Acquired staff to enhance a surveillance system
- ☐ Developed/leveraged multi-sector partnerships or resources
- ☐ Used or obtained state, territorial, or tribal -level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data
- ☐ Have (or identified the ability to include and/or access) core ACEs data elements
- ☐ Have (or identified the ability to include and/or access) core PCEs data elements
- ☐ Shared state-level YRBS or other local equivalent survey data with CDC
- ☐ Selected indicators related to factors that disproportionately place populations of focus at risk relevant to ACEs prevention and intervention strategy selection, in collaboration with CDC
- ☐ Utilized state or tribal level youth-based ACEs and PCEs surveillance data to inform selection, implementation, and delivery of prevention strategies
- ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Leveraged syndromic surveillance data using standard CDC definitions to track ACEs indicators
- ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Linked factors that disproportionately place populations of focus at risk and ACEs and PCEs surveillance data to inform prevention strategy selection, alteration, and effectiveness

Enhancements Table – Goal 3

None

Surveillance Infrastructure Enhancement

Choose the most appropriate category for the enhancement activity conducted from the dropdown:

- ☐ Used information from the ACEs and PCEs surveillance capacity assessment to develop recommendations for building or enhancing an integrated, comprehensive ACEs and PCEs surveillance system
- ☐ Developed and implemented a process and outcome evaluation plan for enhancing ACEs and PCEs surveillance and ACEs prevention strategies
- ☐ Shared updated data dissemination and data to action plans with CDC as part of annual reporting; all plans should be approved by CDC
- ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Included local level implementation efforts within the process and outcome evaluation plan for enhancing ACEs and PCEs surveillance and ACEs prevention strategies
- ☐ [ENHANCED FUNDING RECIPIENTS ONLY] Utilized publicly available data from sources such as the County Health Rankings (<https://www.countyhealthrankings.org/>) or other data sources (e.g., social vulnerability index (SVI) data)
- ☐ Other (not listed): Specify Click or tap here to enter text.

Enhancements Table – Goal 3

None

Description of Activity and/or Enhancement

Describe the reason for the activity and/or enhancement and how it will impact your overall work

Section 2: Data Collection and Use

None

This section collects information about the progress you have made in the collection, analysis, and use of ACEs and PCEs data, data on social factors or conditions for health and safety and data on shared risk and protective factors. To best mirror the types of data that are often available and used for prevention and intervention purposes, there are three tables that align with broad types of data that may be used by your program.

The first table should be used to provide data on ACEs, PCEs, and broader risk and protective factors that are contained within survey data sources. The second table should be used to provide data on health indices related to conditions for health and safety. The third table should be used to provide data on additionally identified data sources, including but not limited to data from syndromic surveillance, other hospital records (e.g., hospital discharge data; electronic health record data), administrative data from the child welfare system, substance misuse and mental health services resources or law enforcement records, or data from crisis or service hotlines.

Please add ONE row for each data source AND data collection year, only for data you have engaged with in the reporting period. For example, if you have engaged with data from the Youth Risk Behavior Survey from 2021 and 2023, please add two rows: one row for the 2021 YRBS and one row for the 2023 YRBS.

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data None

Survey Data Collection Year

Select one:

- ☐ Prior to 2021 (specify)
- ☐ 2021
- ☐ 2022
- ☐ 2023
- ☐ 2024
- ☐ 2025
- ☐ 2026
- ☐ 2027
- ☐ 2028

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data None

Select all areas analysis can be conducted at:

- ☐ State
- ☐ Tribal
- ☐ Region within state
- ☐ County
- ☐ City
- ☐ Census tract
- ☐ Other (not listed): Specify Click or tap here to enter text.

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data Decreased

Survey Data Core ACE Variable Concepts Collected

Select all Core ACEs that apply:

- ☐ Lifetime emotional abuse
- ☐ Past-year emotional abuse
- ☐ Lifetime physical abuse
- ☐ Past-year physical abuse
- ☐ Lifetime sexual abuse
- ☐ Lifetime physical neglect
- ☐ Lifetime witnessed intimate partner violence
- ☐ Lifetime household or parent substance misuse
- ☐ Lifetime household or parent mental illness
- ☐ Lifetime household or parent incarceration

Survey Data Core PCE Variable Concepts Collected

Select all Core PCEs that apply:

- ☐ Feeling able to talk to family or other adults about feelings
- ☐ Feeling supported by friends
- ☐ Feeling a sense of belonging at school

Data Collection and Tracking Table: ACEs and, PCEs in Survey Data Decreased

How were the survey data employed during this reporting period?

Choose how the data were employed. Select all that apply:

- ☐ Collected or accessed
- ☐ Analyzed
- ☐ Disseminated

Data Collection and Tracking – Health Indices Table

Decreased

How were the survey data employed during this reporting period?

Choose how the data were employed. Select all that apply:

- ☐ Collected or accessed
- ☐ Analyzed
- ☐ Disseminated

Data Collection and Tracking Table: Additional Administrative
Medical, Social Service, Law Enforcement, or Hotline Data

Decreased

Additional Data Core ACE Variable Concepts Collected

Select all Core ACEs that apply:

- ☐ Lifetime emotional abuse
- ☐ Past-year emotional abuse
- ☐ Lifetime physical abuse
- ☐ Past-year physical abuse
- ☐ Lifetime sexual abuse
- ☐ Lifetime physical neglect
- ☐ Lifetime witnessed intimate partner violence
- ☐ Lifetime household or parent substance misuse
- ☐ Lifetime household or parent mental illness
- ☐ Lifetime household or parent incarceration

Additional Data Core PCE Variable Concepts Collected

Select all Core PCEs that apply:

- ☐ Feeling able to talk to family or other adults about feelings
- ☐ Feeling supported by friends
- ☐ Feeling a sense of belonging at school

Data Collection and Tracking Table: Additional Administrative
Medical, Social Service, Law Enforcement, or Hotline Data

Decreased

Additional Data Employed

Choose how the data were employed. Select all that apply:

- ☐ Collected or accessed
- ☐ Analyzed
- ☐ Disseminated

Additional Data Access and Use None

- ☐ Select prevention strategies/approaches/programs
- ☐ Select sub-recipients or community partners
- ☐ Address differences in health outcomes
- ☐ Inform State or Tribal Action Plan
- ☐ Inform program or policy effort implementation
- ☐ Complete Evaluation
- ☐ Select population of focus

Additional Data Access and Use None

Describe Data Use [500]

Section 3: Data Dissemination None

This section collects data on efforts you have made to disseminate data to partners, the public, the media, or policymakers during the reporting period of xx/xx/xxxx to xx/xx/xxxx, in alignment with your data dissemination plan. Please report on completed efforts (i.e., dashboards, infographics, fact sheets, or other data tools that were released – not in development – during the reporting period). Include all data sources and data dissemination activities. Choose which data dissemination activity was conducted and provide a description of the activity, the core audience, and the potential reach.

Data Dissemination Table None

- Data Dissemination Activity [Select one]
- Released new or updated data dashboard or data website
 - Released new or updated infographic
 - Released new or updated fact sheets
 - Released new or updated report
 - Published manuscript/scientific publication
 - Conducted a presentation
 - Other (please specify)

Section 3: Data Dissemination Decreased

Description of Activity [500]

Section 3: Data Dissemination None

Core Audience [Select all that apply]

Reach of Efforts [500]

This section collects data on any changes or updates that have been made to your data management plan during the performance period of xx/xx/xxxx to xx/xx/xxxx. Please refer to the CDC DMP Guidelines when completing the relevant sections below. None

This section collects data on changes or updates that were made to None
your data to action and dissemination plan during the
performance period of xx/xx/xxxx to xx/xx/xxxx .

What type of modification was made to your data dissemination None
and data to action plan during this reporting period? [Select all that
apply]

☐ Synthesized data to tailor implementation of prevention
strategies (state- or tribal level)