



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Print Date: 6/5/23

Title: Essentials for Childhood (EfC) Preventing Adverse Childhood Experiences through Data to Action - Programmatic

Project Id: 0900f3eb82151278

Accession #: NCIPC-PPTB-2/15/23-bf4ac

Project Contact: Khiya J Marshall

Organization: NCIPC/DVP/PPTB

Status: Pending Regulatory Clearance

Intended Use: Project Determination

Estimated Start Date: 09/01/2023

Estimated Completion Date: 08/31/2028

CDC/ATSDR HRPO/IRB Protocol #:

OMB Control #:

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research / Other 45 CFR 46.102(l) Other - Programmatic	5/2/23	Duncan_Elizabeth (slz5) CIO HSC
PRA: PRA Applies		5/9/23	Angel_Karen C. (idy6) OMB / PRA

Description & Funding

Description

Priority:	Standard
Date Needed:	05/19/2023
Determination Start Date:	05/09/23
Description:	CDC will support recipients to 1) enhance a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) data to inform prevention strategy implementation; 2) support the implementation of data-driven, comprehensive, evidence-based ACE primary prevention strategies and approaches, particularly with a focus on health equity (e.g., groups that have been economically or socially marginalized, or under-resourced communities); and 3) conduct data-to-action activities on an ongoing basis to inform changes or adaptations to existing prevention strategies or selection and implementation of additional prevention strategies. Recipients are expected to leverage multi-sector partnerships and resources to improve ACE and PCE surveillance infrastructure and the coordination and implementation of ACE prevention strategies across the state and, for some recipients, communities within the state. As a result, there will be increased state capacity to develop and sustain a surveillance system that collects, uses, and disseminates data on ACEs and PCEs, including data used to identify and address health inequities; and increased implementation and reach of tailored ACE prevention strategies that bolster PCEs and help to promote safe, stable, nurturing relationships and environments where children live, learn and play.
IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission:	No
IMS Activation Name:	Not selected
Primary Priority of the Project:	Not selected
Secondary Priority(s) of the Project:	Not selected
Task Force Associated with the Response:	Not selected
CIO Emergency Response Name:	Not selected
Epi-Aid Name:	Not selected
Lab-Aid Name:	Not selected
Assessment of Chemical Exposure Name:	Not selected
Goals/Purpose	This NOFO will support the implementation of data-driven, comprehensive, evidence-based ACEs primary prevention strategies and approaches, with a particular focus on health equity, to prevent ACEs and ensure safe, stable nurturing relationships and environments for all children. Recipients will enhance a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use ACEs and PCEs data among youth; and conduct data-to-action activities to inform changes or adaptations to existing strategies or selection and implementation of additional prevention strategies.
Objective:	This NOFO will support recipients to 1) enhance a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) data to inform prevention strategy implementation; 2) implement data-driven, comprehensive, evidence-based ACEs primary prevention strategies and approaches, particularly with a focus on health equity (e.g., with a specific intent to reach groups that have been economically or socially marginalized, or under-resourced communities); and 3) conduct data-to-action activities on an ongoing basis to inform changes or adaptations to existing prevention strategies or selection and implementation of additional prevention strategies.

Does this project include interventions, services, or policy change work aimed at improving the health of groups who have been excluded or marginalized and/or decreasing disparities?:	Yes
Project does not incorporate elements of health equity science:	Not Selected
Measuring Disparities:	Not Selected
Studying Social Determinants of Health (SDOH):	Yes
SDOH Economic Stability:	Yes
SDOH Education:	Yes
SDOH Health Care Access:	Not Selected
SDOH Neighborhood and Environment:	Yes
SDOH Social and Community Context:	Yes
SDOH Indices:	County Health Rankings social vulnerability index Note: We do not know if recipients will aggregate data, but some recipients will potentially link ACEs to social determinants of health.
Other SDOH Topics:	Not Selected
Assessing Impact:	Yes
Methods to Improve Health Equity Research and Practice:	Not Selected
Other:	Not Selected
Activities or Tasks:	Programmatic Work
Target Populations to be Included/Represented:	Children ; Other - Families
Tags/Keywords:	adverse childhood experiences (ACEs) ; positive childhood experiences (PCEs) ; data to action
CDC's Role:	CDC employees will provide substantial technical assistance or oversight
Method Categories:	Analytic Services (can be data/specimen TA for non-research, research, investigations); Individual Interview (Quantitative); Individual Interviews (Qualitative); Survey; Technical Assistance
Methods:	Recipients will report performance data to CDC annually using a web-based system (i.e., Partners' Portal) and via virtual interviews. No research design or human subjects involved. Personally identifiable information will not be collected.
Collection of Info, Data or Biospecimen:	Project information will be collected from the recipients (principal investigator, implementer, surveillance lead, and evaluator). No research design or human subjects involved. Personally identifiable information will not be collected.
Expected Use of Findings/Results and their impact:	Information collected from recipients will be used to monitor and evaluate progress of program goals and objectives, identify technical assistance needs, and be accountable for the funding by responding to requests for information about the cooperative agreement from the Department of Health and Human Services (HHS), the White

House, Congress, and other sources in a timely manner. The information may be disseminated to recipients, peer-reviewed publication, conference presentations, and/or web postings.

Could Individuals potentially be identified based on Information Collected? No

Funding

Funding Type	Funding Title	Funding #	Original Budget Yr	# Years Award	Budget Amount
CDC Cooperative Agreement	Essentials for Childhood (EfC) Preventing Adverse Childhood Experiences through Data to Action	CDC-RFA-CE-23-0005	2023	5	243140.65

HSC Review

HSC Attributes

Other - Programmatic Yes

Regulation and Policy

Do you anticipate this project will be submitted to the IRB office No

Estimated number of study participants

Population - Children

Protocol Page #:

Population - Minors

Protocol Page #:

Population - Prisoners

Protocol Page #:

Population - Pregnant Women

Protocol Page #:

Suggested level of risk to subjects

Do you anticipate this project will be exempt research or non-exempt research

Requested consent process wavier

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection
Alteration of authorization under HIPPA Privacy Rule	No Selection

Requested Waivers of Documentation of Informed Consent

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection

Consent process shown in an understandable language

Reading level has been estimated	No Selection
Comprehension tool is provided	No Selection
Short form is provided	No Selection
Translation planned or performed	No Selection
Certified translation / translator	No Selection
Translation and back-translation to/from target language(s)	No Selection
Other method	No Selection

Clinical Trial

Involves human participants	No Selection
Assigned to an intervention	No Selection
Evaluate the effect of the intervention	No Selection
Evaluation of a health related biomedical or behavioral outcome	No Selection

Registerable clinical trial No Selection

Other Considerations

Exception is requested to PHS informing those bested about HIV serostatus No Selection

Human genetic testing is planned now or in the future No Selection

Involves long-term storage of identifiable biological specimens No Selection

Involves a drug, biologic, or device No Selection

Conducted under an Investigational New Drug exemption or Investigational Device Exemption No Selection

Institutions & Staff

Institutions

Institutions yet to be added

Staff

Staff Member	SIQT Exp. Date	CITI Biomedical Exp. Date	CITI Social & Behavioral Exp. Date	CITI Good Clinical Practice Exp. Date	Staff Role	Email	Phone	Organization
Angela Guinn	10/25/2024	10/11/2025	10/11/2025		Project Officer	lsj8@cdc.gov	404-498-1508	PREVENTION PRACTICE AND TRANSLATION BRANCH
Khiya Marshall	10/27/2025		01/25/2026		Program Official	fys7@cdc.gov	770-488-3911	PREVENTION PRACTICE AND TRANSLATION BRANCH
Nde Phinda Hillmon	03/14/2026		02/16/2026		Project Officer	lwg4@cdc.gov	770-488-1577	PREVENTION PRACTICE AND TRANSLATION BRANCH

Data

DMP

Proposed Data Collection Start Date: 4/1/24
Proposed Data Collection End Date: 8/30/28
Proposed Public Access Level: Non-Public

Non-Public Details:

Reason For Not Releasing Data: Other - Program Evaluation

Public Access Justification: We will not be sharing the raw data from the annual performance reporting. Recipient specific summary data will be shared only with CDC staff and the recipients. It is a small non-generalizable sample of project directors and the data are being used primarily to monitor and improve the program. However, we will share findings in aggregate form with other recipients, researchers and evaluators and public health officials to inform practice and share lessons learned. The findings will help with program improvement and our technical assistance. Data from interviews will not be useful for additional analyses beyond the summarized information that will be provided publicly through a peer-reviewed publication, fact sheets, and other communication materials.

How Access Will Be Provided for Data: These data will not be publicly released; summarized information will be provided publicly through a peer-reviewed publication, fact sheets, and/or other communication materials.

Plans for Archival and Long Term Preservation: Data will be kept through the end of the EfC funding period August 2028 plus two additional years for analysis purposes. All data will be discarded in August 2030. Data will be maintained in a secure, password-protected system, and information will be reported in aggregate form. All data will be reported in aggregate form, with no identifying information included. Recipients or their designee will provide programmatic information. The information collection does not require consent from individuals. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key recipients# program staff (e.g. program director) will be protected and maintained. While consent is not required to report aggregate data, recipient approval will be obtained if specific data are used for publications, reports, or other publicly disseminated information.

Spatiality

Spatiality (Geographic Locations) yet to be added

Dataset

Dataset Title	Dataset Description	Data Publisher/Owner	Public Access Level	Public Access Justification	External Access URL	Download URL	Type of Data Released	Collection Start Date	Collection End Date
Dataset yet to be added...									

Supporting Info

Current	CDC Staff Member and Role	Date Added	Description	Supporting Info Type	Supporting Info
	Marshall_Khiya J. (fys7) Div Project Review	03/16/2023	EfC Draft NOFO	Notice of Funding Opportunity	Foa_Content_of_CDC-RFA-CE-23-0005 (DRAFT).pdf



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