

**Centers for Disease Control and Prevention
Preventing Adverse Childhood Experiences Data to Action (PACE- D2A)
Massachusetts Department of Public Health Proposal Narrative**

I. PROJECT SUMMARY ABSTRACT

It is well known that adverse childhood experiences (ACEs) lead to increased risk of poor adult mental and physical health outcomes.^{1,2} We now also know that positive childhood experiences (PCEs) can mitigate the effects of ACEs.³ Collecting real-time, accurate data is critical to implementing effective ACE prevention/PCE promotion measures. The state of Massachusetts (MA) does not currently have a robust and easily accessible ACE/PCE surveillance system in place. Additionally, there is no coordinated system to utilize the data to guide outreach efforts.

In this application we propose to improve our ACE/PCE surveillance system, increase the accessibility and availability of this important data, create and disseminate customized sector-specific ACE prevention/PCE promotion toolkits and trainings, and improve outreach coordination among state agencies and community organizations. We will do this by utilizing the following strategies:

1. *Build/Enhance an ACE and PCE surveillance infrastructure that will support access to and analysis of ACE and PCE surveillance and indicator data within the state to inform primary prevention activities/efforts and assess the impact of such activities/efforts.*

We will convene a multidisciplinary ACE/PCE Surveillance Advisory Committee to guide the research team on the addition of ACE/PCE questions to two statewide school-based surveys, and to leverage data from other active surveillance systems in the state. Short-term outcomes expected include: Increased oversight, management, availability and accessibility of MA ACE/PCE data, increased stakeholder engagement, and improved capacity to use data to guide ACE prevention/PCE promotion efforts. Intermediate outcomes will include: Increased surveillance capacity, better understanding of the prevalence of ACEs/PCEs in MA and the ability to use data to monitor the effect of ACE prevention/PCE promotion outreach efforts.

2. *Implement ACE primary prevention strategies*

Activities utilized will include the creation of customized, sector specific toolkits and training curricula, and implementation of two complementary core ACE prevention strategies chosen from the Centers for Disease and Prevention's resource tool.⁴ Short-term outcomes expected include: Development of customized sector specific toolkits and trainings, implementation of two complementary ACE prevention strategies, and improved outreach coordination between state agencies and community groups. Intermediate outcomes will include: The ability to use surveillance data to inform and improve ACE prevention/PCE promotion strategies.

3. *Promote data to action activities*

The ACE/PCE surveillance system developed will be continuously utilized to guide and evaluate the impact of ACE prevention/PCE promotion outreach efforts. Short-term outcomes will include: An increased awareness of the burden of ACEs, increased awareness and access to ACE prevention/PCE promotion outreach strategies. Intermediate outcomes will include: The use of data to monitor, evaluate and make improvements to outreach strategies.

In the long term, we expect to see a decrease in ACEs and an increase in PCEs; and to address inequity experienced by children in marginalized communities, ensuring that all MA children can thrive, promoting the overall well-being and prosperity of the Commonwealth.