

# Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action: CDC-RFA-CE23-0005

Informational Call  
April 21, 2023  
1:00 – 2:30 pm EST



# Agenda

- 1 CDC Introductions
- 2 General Overview of the Notice of Funding Opportunity (NOFO)
- 3 Evaluation Components
- 4 Eligibility Criteria
- 5 Award Information
- 6 Key Dates & Application Requirements
- 7 Questions

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# CDC Introductions



# CDC Introductions



Khiya Mullins, DrPH,  
Team Lead



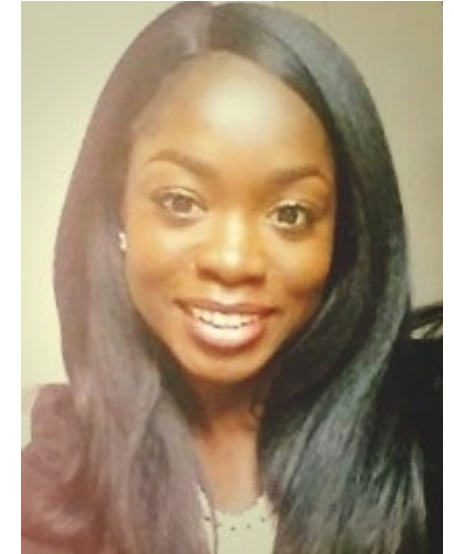
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# General Overview of the Notice of Funding Opportunity (NOFO)

## ACEs Can Accumulate and Their Effects Last Beyond Childhood

The effects of ACEs can add up over time and affect a person throughout their life.



Children who repeatedly and chronically experience adversity can suffer from **toxic stress**.



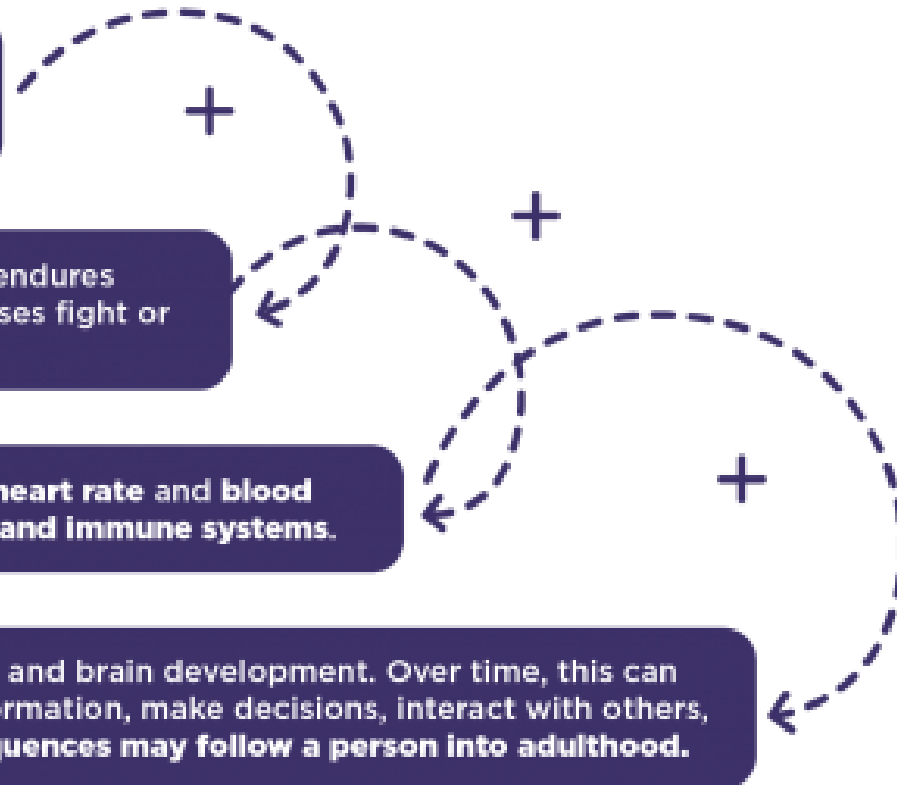
Toxic stress happens when the brain endures **repeated stress or danger**, then releases fight or flight hormones like cortisol.



This internal alarm system **increases heart rate and blood pressure** and **damages the digestive and immune systems**.

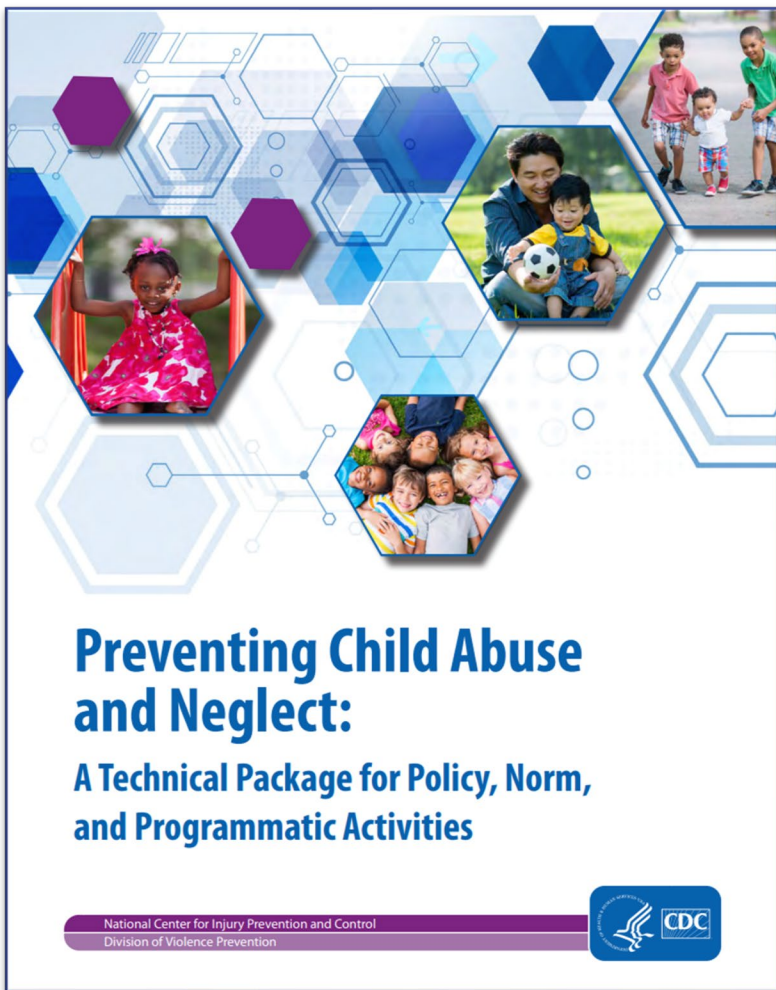


Toxic stress can disrupt organ, tissue, and brain development. Over time, this can limit a person's ability to process information, make decisions, interact with others, and regulate emotions. **These consequences may follow a person into adulthood.**





# Safe, Stable, Nurturing Relationships & Environments for All Children

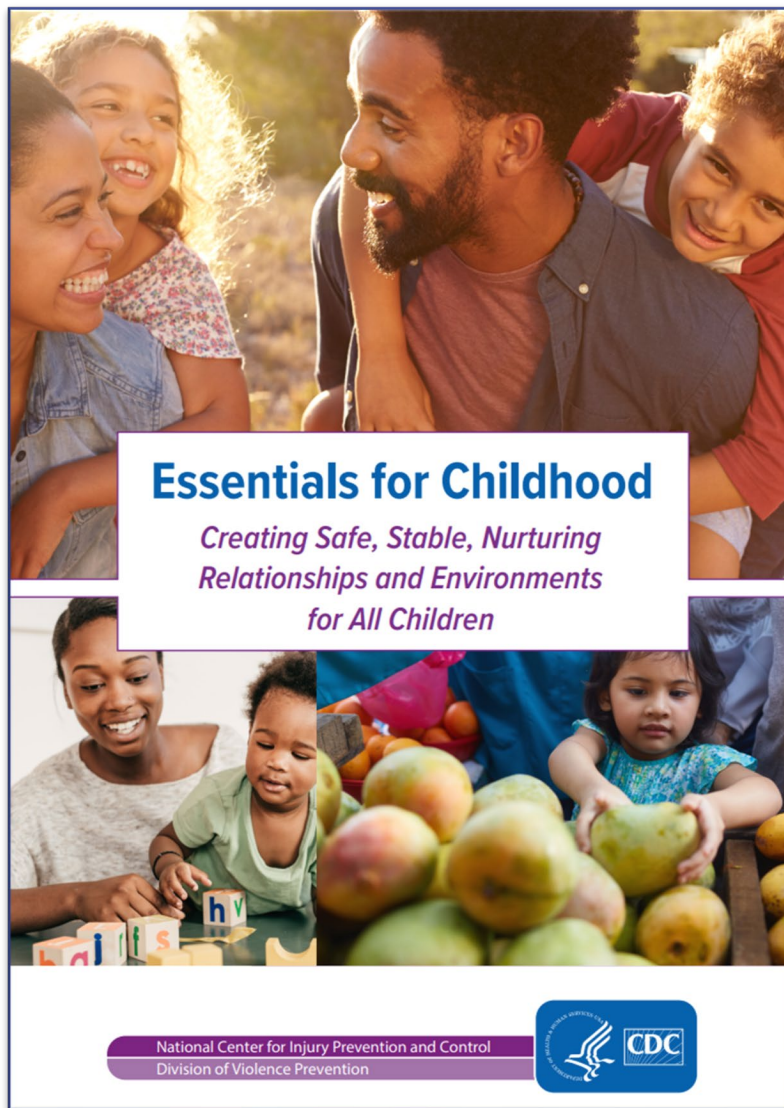



The cover features a blue and purple hexagonal pattern on the left side. Several hexagons contain photographs: a young girl in a pink floral dress, a man holding a child, a group of children, and a family of four. The text is in blue and white.

## Preventing Child Abuse and Neglect:

**A Technical Package for Policy, Norm, and Programmatic Activities**

National Center for Injury Prevention and Control  
Division of Violence Prevention

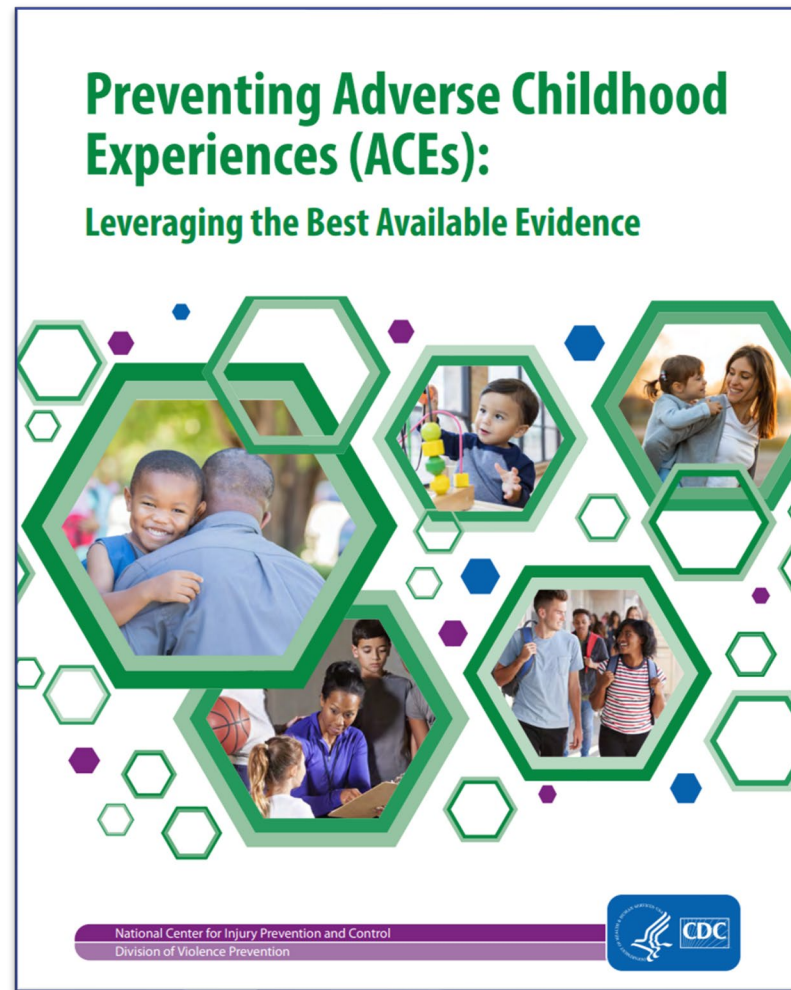



The cover features a large photograph of a family (mother, father, and two children) smiling. Below the photo is a white text box with blue and purple text. The bottom section shows a woman and a child playing with blocks and a child with fruit.

## Essentials for Childhood

*Creating Safe, Stable, Nurturing Relationships and Environments for All Children*

National Center for Injury Prevention and Control  
Division of Violence Prevention




The cover features a green and purple hexagonal pattern on the left side. Several hexagons contain photographs: a child hugging an adult, a child playing with blocks, a woman holding a child, a man and woman talking, and a group of people. The text is in green and white.


## Preventing Adverse Childhood Experiences (ACEs):

**Leveraging the Best Available Evidence**

National Center for Injury Prevention and Control  
Division of Violence Prevention



# ACEs Strategies & Approaches for Prevention

 Preventing ACEs	
Strategy	Approach
<b>Strengthen economic supports to families</b>	<ul style="list-style-type: none"><li>• Strengthening household financial security</li><li>• Family-friendly work policies</li></ul>
<b>Promote social norms that protect against violence and adversity</b>	<ul style="list-style-type: none"><li>• Public education campaigns</li><li>• Legislative approaches to reduce corporal punishment</li><li>• Bystander approaches</li><li>• Men and boys as allies in prevention</li></ul>
<b>Ensure a strong start for children</b>	<ul style="list-style-type: none"><li>• Early childhood home visitation</li><li>• High-quality child care</li><li>• Preschool enrichment with family engagement</li></ul>
<b>Teach skills</b>	<ul style="list-style-type: none"><li>• Social-emotional learning</li><li>• Safe dating and healthy relationship skill programs</li><li>• Parenting skills and family relationship approaches</li></ul>
<b>Connect youth to caring adults and activities</b>	<ul style="list-style-type: none"><li>• Mentoring programs</li><li>• After-school programs</li></ul>
<b>Intervene to lessen immediate and long-term harms</b>	<ul style="list-style-type: none"><li>• Enhanced primary care</li><li>• Victim-centered services</li><li>• Treatment to lessen the harms of ACEs</li><li>• Treatment to prevent problem behavior and future involvement in violence</li><li>• Family-centered treatment for substance use disorders</li></ul>



# Essentials for Childhood: Preventing ACEs through Data to Action Goals



ACEs Surveillance



Implementation of ACEs Prevention Strategies



Data to Action

# Essentials for Childhood (EfC): Preventing ACEs through Data to Action Purpose

[CDC-RFA-CE23-0005](#)

- + CDC will support all recipients to:
  - **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
  - Implement data-driven, comprehensive, evidence-based **ACEs primary prevention strategies and approaches**, particularly with a focus on health equity
  - Conduct **data-to-action activities** to inform changes or adaptations to existing prevention strategies or selection and implementation of additional prevention strategies

# Essentials for Childhood (EfC): Preventing ACEs through Data to Action

- + 12 recipients
- + Five-year NOFO
- + Applications due June 2023
- + Starting September 2023

- + Applicants may also apply to implement optional enhanced activities:
  - **Collect ACEs data** using syndromic surveillance approaches (Goal 1),
  - Implement ACEs primary prevention strategies at the **local level** (Goal 2), and/or
  - Link state and local data on the **social determinants of health** to youth-based ACEs data (Goal 1).



# Goal 1: Build or Improve Surveillance Infrastructure and Capacity



## Strategies & Activities

- 1) Build or improve ACEs and PCEs surveillance infrastructure and data collection capacity.
- 2) Collect or gather state-level youth-based data on ACEs, PCEs, and related risk and broader protective factors.
- 3) Use data on the social determinants of health.
- 4) Synthesize and use ACEs, PCEs, near real-time data, and related risk and protective factor data from across systems to inform prevention strategies.



# Build or improve ACEs and PCEs surveillance infrastructure and data collection capacity

- + Acquire, maintain, or add staff and/or contracted staff to support surveillance activities
- + Acquire diverse, multisector partners that can be leveraged to enhance capacity for data collection, use, and dissemination
- + Improve or expand an existing data collection system (e.g., youth-based surveillance system) to conduct ongoing surveillance of ACEs and PCEs

# Collect or gather youth-based data on ACEs, PCEs, and related risk and broader protective factors

- + Use state, territorial, or tribal Youth Risk Behavior Survey (YRBS) or equivalent state-level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data
- + Include core ACEs data elements in routine youth-based surveillance data collection cycles throughout period of performance, starting no later than 2025
- + Include at least one new PCEs data element during the period of performance

## Concepts for Core ACEs Data Elements that must be Included in Youth Based Surveillance by 2025:

- Lifetime prevalence of emotional abuse
- Lifetime prevalence of physical abuse
- Lifetime prevalence of sexual abuse
- Lifetime prevalence of physical neglect
- Lifetime prevalence of witnessing intimate partner violence
- Lifetime prevalence of household substance abuse
- Lifetime prevalence of household mental illness
- Lifetime prevalence of incarcerated parent/guardian

## Concepts for 1+ new PCEs Data Elements that must be included in Youth Based Surveillance:

- Lifetime prevalence of being able to talk to adults about feelings
- Lifetime prevalence of feeling support by friends
- Incidence of feeling a sense of belonging at school

# Concept & Questions used by CDC's YRBS to Monitor Core ACEs

Concept	Question
Emotional abuse	During your life, how often has a parent or other adult in your home insulted you or put you down?
Physical abuse	During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
Sexual abuse	Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse).
Physical neglect	During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
Witnessed IPV	During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
Parent/guardian substance abuse	Have you ever lived with a parent or guardian who was having a problem with alcohol or drug use?
Parent/guardian mental illness	Have you ever lived with a parent or guardian who had severe depression, anxiety, or another mental illness, or was suicidal?
Parent/guardian incarcerated	Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?



# Collect or gather youth-based data on ACEs, PCEs, and related risk and broader protective factors

- + Commit to sharing state-level YRBS or other local equivalent survey data during the period of performance
- + Provide evidence of partnership with the state entity who administers the Youth Risk Behavior Survey or similar jurisdiction-wide survey of adolescents through a Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA). If the recipient is the administration, a letter of support stating this is needed.

# Key Elements for Youth-Based Surveillance MOU, MOA, or LOS:

- + Describe, if any, ACEs and PCEs data elements that were include in previous YRBS or similar survey cycles. Please explicitly identify data elements outlined as part of core ACEs and PCEs.
- + Optional additional ACEs or PCEs may be described, but should be clearly distinguished from core ACEs and PCEs data elements.
- + Commitment to include and share core ACEs data elements in the YRBS or equivalent in regular data cycles throughout the period of performance. For the YRBS, this includes the 2025 and 2027 cycles. States or jurisdictions that use another survey equivalent should describe the surveys' data collection cycle timing and plans to include core ACEs throughout the period of performance.
- + Recipients should describe inclusion of at least one new PCEs data element.

## Use data on the social determinants of health

- + Utilize data to more effectively monitor social and structural inequities related to the social determinants of health
- + Recipients can utilize publicly available data from sources such as the County Health Rankings or other data sources
- + Select indicators relevant to ACEs prevention and intervention strategies
- + Collaborate with CDC to determine relevant indicators

**Synthesize and use ACEs, PCEs, near real-time data, and related risk and protective factor data, including from across systems, to inform prevention strategies**

- + Use state-level youth-based ACEs and PCEs surveillance infrastructure to inform selection, implementation, and delivery of prevention strategies
- + Triangulate and use different forms of data to tailor prevention, intervention, and evaluation efforts
- + Monitor and use near-real time data to increase use of timely, geographic specific information on ACE indicators
- + Recipients will collaborate with CDC to identify near-real time data



**There are two opportunities for optional enhanced activities to support Goal 1 (Surveillance)**

# Optional Enhanced Activities Option 1: Synthesize and use syndromic surveillance (near-real time) data

- + Recipients who reside in states, territories, or tribal lands that participate in CDC's National Syndromic Surveillance Program are encouraged to commit to leveraging emergency department data through this mechanism.
- + Recipients will conduct surveillance of selected ACE indicators using data from this platform. Recipients must commit to using standard CDC syndrome definitions.
- + CDC will provide more information around the use of which definitions should be monitored upon funding.
- + If recipients choose to share data with CDC, surveillance reports will be provided by CDC highlighting the burden of ACEs-related ED visits.
- + An MOU/MOA with the CDC-funded entity that implements the syndromic surveillance program should be provided. If the recipient is this administrator, a letter of support documenting this should be provided.

## Optional Enhanced Activities Option 2: Link social determinants of health data with youth- based ACEs and PCEs surveillance data.

- + Data will be used by the recipient and CDC to identify social and structural risk and protective factors for individual and cumulative types of ACEs and evaluate the effectiveness of prevention strategies in reducing health inequities.
- + Report on data linkage challenges and successes and ways that these linked data will be used to inform prevention.

# Goal 2: Implement and Sustain ACEs Prevention Strategies



## Strategies & Activities

- 1) Enhance an existing state action plan to support implementation and sustainability of ACEs prevention strategies
- 2) Implement comprehensive ACEs prevention strategies at the state level as outlined in the CDC's ACEs Prevention Resource Document
- 3) Leverage multi-sector partnerships and resources toward preventing ACEs among state agencies and other sectors

# Enhance an existing state action plan to support implementation and sustainability of ACEs prevention strategies

- + Enhance an existing state action plan to include specific guidance, planning, and activities for the implementation and evaluation of prevention approaches related to ACEs. Enhancements should include:
  - Use of public health approach to planning
  - A vision for the state regarding ACEs prevention
  - Details about strategies and approaches to be implemented
  - Details about how recipients will include partners
  - Details about how partners will advance health equity



# Implement comprehensive ACEs prevention strategies at the state level as outlined in the CDC's ACEs Prevention Resource Document

- + Implement data-driven, comprehensive, evidence-based ACEs primary prevention strategies and approaches, particularly with a focus on health equity
- + Begin implementation of at least one prevention strategy within the first six months of the period of performance
- + Current Essentials for Childhood and Preventing ACEs: Data to Action recipients must demonstrate they are implementing new strategies, new approaches, or substantially expanding a strategy already being implemented under current funding.

# Preventing Adverse Childhood Experiences (ACEs):

Leveraging the Best Available Evidence



National Center for Injury Prevention and Control  
Division of Violence Prevention



## We Can Create Positive Childhood Experiences



### Strengthen families' financial stability

- Paid time off
- Child tax credits
- Flexible and consistent work schedules



### Promote social norms that protect against violence

- Positive parenting practices
- Prevention efforts involving men and boys



### Help kids have a good start

- Early learning programs
- Affordable preschool and childcare programs



### Teach healthy relationship skills

- Conflict resolution
- Negative feeling management
- Pressure from peers
- Healthy non-violent dating relationships



### Connect youth with activities and caring adults

- School or community mentoring programs
- After-school activities



### Intervene to lessen immediate and long-term harms

- ACEs education
- Therapy
- Family-centered treatment for substance abuse

Leverage multi-sector partnerships and resources toward preventing ACEs among state agencies and other sectors

- + Serve as a convener and coordinator of multi-sector partnerships focused on ACEs prevention
- + Demonstrate how existing or expanded partnerships will reduce inequities in ACEs at the state level

**There is one opportunity for optional enhanced activities to support Goal 2 (Strategy Implementation)**

# Optional Enhanced Activities Option 1: Implement Comprehensive ACEs Prevention Strategies at the Local Level

- + Recipients will select at least two strategies and approaches from CDC's Preventing ACEs: Leveraging the Best Available Evidence resource tool to help states and communities take advantage of the best available evidence to prevent ACEs.
- + Leverage multi-sector partnerships and resources toward preventing ACEs among local agencies and other sectors.



# Goal 3: Use ACEs/PCEs Data for Action



## Strategies & Activities

- 1) Conduct or update ACEs and PCEs capacity assessments for surveillance and current state-wide prevention strategies.
- 2) Utilize surveillance and program evaluation findings to tailor and improve strategy implementation at the state level, with a specific focus on improving health equity.
- 3) Develop and implement a data to action dissemination plan to translate state ACEs, PCEs, and associated risk and protective factor data.
- 4) Conduct a process and outcome evaluation of program activities related to ACEs surveillance and prevention.

# Conduct or update ACEs and PCEs capacity assessments for surveillance and current state-wide prevention strategies

- + Conduct or update capacity assessments to develop recommendations for improvement within the first 6 months of the period of performance.
- + Utilize information from the ACEs and PCEs surveillance capacity assessment to develop recommendations for building or enhancing an integrated, comprehensive ACEs and PCEs surveillance system.

Utilize surveillance and program evaluation findings to tailor and improve strategy implementation at the state level, with a specific focus on improving health equity

- + Surveillance and program evaluation findings should be utilized on an ongoing basis to inform prevention strategy implementation.
- + Recipients will develop and implement a process and outcome evaluation plan for enhancing ACEs and PCEs surveillance and ACEs prevention strategies.

# Develop and implement a data to action dissemination plan to translate state ACEs, PCEs, and associated risk and protective factor data

- + Develop and implement a data dissemination and data to action plan to monitor or evaluate the impact of prevention strategies.
- + Utilize effective data visualization and data storytelling tools, with technical assistance provided by CDC.
- + Share draft data dissemination and data to action plans with CDC within the first year of the period of performance.

Conduct a process and outcome evaluation of program activities related to ACEs surveillance and prevention

- + Recipients will utilize the identified social determinants of health data from youth-based ACEs and PCEs surveillance, to conduct an evaluation (process and outcome) of whether prevention strategy implementation is reaching subpopulations with disproportionate need due to the social determinants of health.



**There are two opportunities for optional enhanced activities to support Goal 3 (Data for Action)**

# Optional Enhanced Activities Option 1: Use Surveillance and Program Evaluation Findings to Tailor and Improve Strategy Implementation at the Local Level

- + Surveillance and program evaluation findings should be utilized on an ongoing basis, *as data are obtained*, to inform prevention strategy implementation.
- + Recipients will include **local level** implementation efforts within the process and outcome evaluation plan for enhancing ACEs and PCEs surveillance and ACEs prevention strategies.
- + **Recipients must be implementing comprehensive ACEs prevention strategies at the local level to complete these activities.**

## Optional Enhanced Activities Option 2: Conduct a process and outcome evaluation of program activities related to ACEs surveillance and prevention in communities with disproportionate need due to the social determinants of health using linked data

- + Recipients will utilize 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).
- + Recipients should utilize the linked data from youth-based ACEs and PCEs surveillance, to conduct an evaluation (process and outcome) of whether prevention strategy implementation is reaching subpopulations with disproportionate need due to the social determinants of health.
- + **Recipients must be linking social determinants of health data with youth-based ACEs and PCEs surveillance data to complete these activities.**

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# Evaluation Components

# Evaluation Plan

- + Detailed Evaluation Plan
- + Data Management Plan within the first 6 months of award
- + Data Management Plan updated at least annually and provided as part of Evaluation Plan
- + For more information visit CDC's DMP policy:  
<https://www.cdc.gov/grants/additional-requirements/ar-25.html>



# Requirements for Submission of Evaluation Plan

- + Recipients will be required to submit a draft of the evaluation plan within the first 45 days of award (including potential indicators) which should be finalized by six months post award.
- + CDC will provide a recommended template, as well as detailed guidance and technical assistance, as recipients specify and operationalize indicators and related measures for the collective NOFO efforts.
- + A logic model is not due at the time of application for applicants.

# Timeline for Implementation and Evaluation Deliverables

- + Recipients will be required to submit five separate draft deliverables within 45 days from the start of the NOFO period of performance.
- + Recipients must submit:
  - **ONE** ACEs and PCEs surveillance capacity assessment
    - **ONE** prevention capacity assessment
    - **ONE** implementation plan
  - **ONE** evaluation and performance measurement plan, including data management plan
    - **ONE** data dissemination plan
- + Implementation, evaluation and performance measurement, and data dissemination plans should be finalized by month six.

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# Eligibility Criteria

# Eligibility Criteria

- + Open Competition
- + All applicants must apply for required activities.
- + Applicants may apply for optional enhanced activities.
  - Applicants applying for the enhanced activities will be required to do one or more additional activities as described in the Approach, Evaluation and Performance Measurement, and Organizational Capacity sections of this NOFO.

# Capacity Expectations

- + Strong applicants will provide specific details about their capacity to implement the NOFO activities within these specific areas:
  - Capacity to use, analyze, integrate, and disseminate complex data
  - Knowledge of ACEs, ACEs prevention, and the public health approach
  - Capacity to translate and communicate about ACEs
  - Existence of multi-sectoral partnerships for ACEs surveillance and prevention
  - Evaluation and performance management expertise



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# Award Information

# Award Information

- + **Total Project Funding:** \$29,114,065
- + **Period of Performance:** 5 years
- + **Budget Period:** 12 months
- + **Expected Number of Awards:** 12
- + **Award Floor:** \$400,000 (per budget period)
- + **Award Ceiling:** \$485,000 (per budget period)

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# Key Dates & Application Requirements

# Key Dates

<b>Activity</b>	<b>Date</b>
<b>Letter of Intent due</b> <i>(requested, but not required)</i>	May 9, 2023
<b>Last Day to Submit Questions</b>	May 19, 2023
<b>NOFO Application to Grants.gov</b>	June 12, 2023, 11:59pm EST
<b>NOFO Funding Begins</b>	September 1, 2023
<b>NOFO Funding Ends</b>	August 31, 2028

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# Application Requirements

- + **Letter of Intent (requested)**
- + **Table of Contents (no page limit)**
- + **Project Abstract Summary (max 1 page)**
- + **Project Narrative (max 20 pages)**
  - Background
  - Approach (purpose, outcomes, strategies and activities, collaboration, target populations, and health disparities)
  - Evaluation and Performance Management Plan (including data management plan)
  - Organizational Capacity Description
- + **Work Plan (included in the project narrative page limit)**
- + **Budget Narrative**



# Recipient Deliverables & Timeline



# CDC Support to Recipients

- + **Training and Technical Assistance (TTA) via webinars, guidance documents, individual & group calls, etc.**
  - Violence Prevention Technical Assistance Center (VPTAC)
- + **Rapid Feedback**
- + **Tools & Resources**
- + **Consultation on activities & deliverables**

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# Questions

# Thank you!

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

- + Visit CDC's National Center for Injury Prevention and Control website: [Violence Prevention Home Page \(cdc.gov\)](https://www.cdc.gov/violenceprevention/home)
- + Visit the EfC Notice of Funding Opportunity website: [Essentials for Childhood \(EfC\): Preventing Adverse Childhood Experiences through Data to Action | Violence Prevention | Injury Center | CDC](https://www.cdc.gov/efc/essentialsofchildhood/)
- + Agency Contact: Dr. Khiya Mullins, [kmarshall@cdc.gov](mailto:kmarshall@cdc.gov)