| Strategies & Activities | **Short-Term Outcomes** | **Intermediate Outcomes** | **Long-Term Outcomes** |
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| **Focus 1:** ***Build and enhance surveillance infrastructure for ACE data collection and use.***   * Develop infrastructure to more proactively track ACEs information * Incorporate ACEs and PCEs data into relevant stakeholder tools, like the Population Health Information Tool (PHIT) * Identify or develop data sources to fill information/source gaps * Implant new ACEs and Positive Childhood Experiences (PCEs) modules into YRBS/YHS surveys * Conduct 2021 YRBS/YHS surveys * Ensure infrastructure includes Healthy People 2030 Injury & Violence Prevention Strategies * Develop links between ACE and PCE data to other datasets * Explore usage of the NSCH and EDSyS to augment statewide surveillance data * Convene ACEs surveillance system advisory committee to define infrastructure and identify gaps/weaknesses * Develop/strengthen multi-sector partnerships and resources to build ACE surveillance * Finalize State Work Plan * Finalize State Action, Implementation and Evaluation Plans * Hire staff   **Focus 2*: Implement ACE Prevention Strategies and PCE promotion strategies***   * Enhance existing state Action Plan to include PCEs and to support implementation and sustainability of the Plan * Review/Analyze prevention materials available to the general public and youth serving professionals * Update & Define primary prevention approach for preventing ACEs and promoting PCEs in communities across the State * Develop, publish, and disseminate data analysis summary reports on ACEs and PCEs * Develop ACEs prevention and PCEs community toolkits with resources, training modules, etc., using CDC’s “Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence” resource tool strategies * Customize prevention, outreach, and training materials for different users/professions * Coordinate and implement ACE prevention and PCE promotion strategies to engage men and boys as allies in ACE prevention * Connect Youth with Caring Adults to encourage PCEs * Implement marketing campaign aimed at men and boys around ACEs and PCEs * Incorporate CDC’s 10 Essential Public Health Services in description of community public health activities * Implement awareness campaign for paid family leave * Leverage multi-sector partnerships and resources to implement a statewide train-the-trainer campaign to prevent ACEs and promote PCEs.   **Focus 3:** ***Conduct foundational activities that promote Data to Action***   * Utilize available data to inform statewide strategic plans, including Suicide Prevention and Essentials for Childhood. * Develop training for use and interpreting ACEs / PCE data * Analyze ACEs data and work with partners to identify further ACEs prevention efforts * Participate in CDC sponsored activities designed to improve the use of data to inform action * Inventory current ACE prevention strategies implemented within the State and identify gaps in meeting the needs of populations at risk of experiencing ACEs * Conduct trainings with communities across the State * Develop and implement a process and outcome evaluation * Share evaluation findings | **1.1** Increased oversight and management of MA ACE surveillance system  **1.2** Increased accessibility and usability of ACE and PCE data  **1.3** Increased engagement with stakeholders on ACE/PCE data  **1.4** Increased capacity to use data to identify ACE prevention strategies at state and program-level  **2.1** Updated State Action Planwith ACE and PCE primary prevention strategies included  **2.2** Increased awareness of evidence-based ACE prevention / PCE promotion strategies  **2.3** Increased implementation of ACE prevention / PCE promotion strategies  **2.4** Increased coordination among MA state departments (DPH, DESE, DMH) and between other sectors (non-profits, police, Dept. of Justice, etc.) for ACE prevention and PCE promotion  **3.1** Increased ability to use ACEs / PCEs data to inform prevention strategies among community stakeholders  **3.2** Increased awareness of evidence-based ACEs prevention / PCEs promotion strategies  **3.3** Increased evaluation of prevention strategies and surveillance infrastructure  **3.4**  Increased data sharing on evaluation findings | **1.6** Increased linkages among data sets tracking ACE / PCE data  **1.5** Better and more frequent state-level monitoring of ACE / PCE data  **1.7** Increased understanding of prevalence of ACEs / PCEs and related risk and protective factors  **1.8** Increased capacity to maintain an ACE / PCE surveillance system  **2.5** Increased reach of ACE / PCE interventions across MA  **2.6** Increased understanding of PCEs and how to promote them as protective factors for children, ages 0-22 years old  **2.7** Increased connections between children and youth, ages 0-22 and caring adults through PCE-building activities  **2.8** Increase in number of communities that employ PCE promotion strategies to engage men and boys for ACE prevention  **2.9** Increase in number of men and boys engaged in ACEs prevention  **2.10** Increase in number of families taking paid family leave  **2.11** Increased PCEs among young people engaged in PCE promotion strategies  **3.5** Increased use of data to inform design and implementation of ACEs prevention / PCE promotion strategies  **3.6** Increased use of data (program and surveillance) to monitor and evaluate prevention strategies | * Information to inform increased allocation of fiscal and programmatic resources to support healthy youth development * Decreased prevalence of ACEs and increase in PCEs. * Increase in # of healthy and thriving children, especially in marginalized communities * Decrease in chronic health conditions most associated with ACEs * Increased use of PCEs to decrease risk factors for ACEs * Improved and sustainable surveillance system infrastructure created and managed in MA for ACE prevention and PCE promotion strategies. * Men and Fathers throughout MA understand the impact of ACEs and PCEs M and have knowledge and tools to actively work to promote PCEs and prevent ACEs * Children and Youth across the State are connected to caring adults through mentoring and/or afterschool programs to encourage and increase positive childhood experiences. * Massachusetts child-serving agencies will have staff trained in evidence-based approaches to promote PCEs and prevent ACEs * Massachusetts communities will have access to data, program information, and training to promote PCEs and reduce ACEs * Men and boys will be included in programmatic and community-based efforts to raise healthier children by promoting PCEs and reducing ACEs * MA DPH will include up -to -date ACEs/PCEs in their assessment and reporting of the state’s public health * MA communities will develop a learning community to implement and improve evidence-based programs to increase PCEs and reduce ACEs, based on shared evaluation data * MA children will grow up to become mentally and physically healthy, promoting the wellbeing and prosperity of the Commonwealth |