| 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
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