Commonly Used Data Sources for Adverse and Positive Childhood Experiences Surveillance

*This document has been adapted from the exercise to accompany the **From** Pixels to Progress Presentation*

Data Source	Population & Frequency	Geographic Level	ACEs Indicators Available/ Of Interest*	Other Indicators Available/ Of Interest*	Benefits	Challenges
Youth Risk Behavior Survey (YRBS) (Slides 26-32)	Middle & High School Youth School-based Biannual	Local State National	Core ACEs Expanded ACEs PCEs	-Demographics -Risk behaviors (i.e., violence, sexual behaviors) -Overweight or obesity	-Youth reported -Proximity to exposure -Risk behaviors and health outcomes	-Limited space on survey to add additional questions -Availability by jurisdiction -Limited SDoH indicators -Cross sectional
Behavioral Risk Factor Surveillance System (BRFSS) (Slides 33-41)	US residents over age 18 Annual	State National†	Core ACEs PCE module starting 2025	-Demographics -Risk behaviors (i.e., alcohol use, health practices) -Health outcomes	-Data for all 50 states & DC at least once since 2009 -Wide range of health topics -Exposure precedes outcome	-Recall, social desirability bias -Space on survey -Cost -Non-response -Outcomes/covariables depends on optional modules -Cross sectional
Syndromic Surveillance (SyS) (Slides 42-60)	Medical records (i.e., emergency department, urgent care) of people seeking care Near-real time	Local State National‡	Core ACEs Expanded ACEs	-Demographics -Comorbidities -Potential outcomes of ACEs (i.e., substance use, suicide)	-Timely data -Geographic coverage -Can be used to facilitate rapid response -Helpful for evaluation of policies or programs	-Limited to ACEs that present to emergency departments -Household challenges are only a proxy -Dependent on coding/recognition from provider -"Outcomes" are indirect
National Survey of Children's Health (NSCH) (Slide 61)	Parents of children aged 0-17 years Annual	Census tract (restricted)¶ State National	Core ACEs except abuse Expanded ACEs PCEs	-Demographics -Health outcomes, disability -Neighborhood characteristics	-Rich contextual information -Health outcomes -Can be linked to census	-No abuse-related ACEs -Parent-reported data -Only indirect violence measurement -Cross sectional
Pregnancy Risk Assessment and Monitoring System (PRAMS)	People who had a recent live birth Annual	Local State	Core ACEs Expanded ACEs Select PCEs	-Demographics -Risk behaviors -Pregnancy and infant health outcomes -SES -Access to healthcare	-Association between ACEs and pregnancy -Adds to understanding of intergenerational transmission of ACEs	-Cross-sectional -Limited to those with recent live birth -Limited uptake by states

(Slide 62)						
Web Panel[§] (Slide 63)	Depends on web panel sample Usually "one time"	Local State National	Core ACEs Expanded ACEs PCEs	-Any indicators of interest, as included on survey	-Potentially large sample size -Cost-effective -Rapid data collection	-Lack of representativeness -Biases in sample -Inaccuracies due to self-reporting - Cross-sectional (one-time) or cohort (series)
Hotline (Slide 63)	Convenience sample of people contacting hotline (e.g., National Child Abuse Hotline, 988 suicide prevention hotline)	State National	Core ACEs Expanded ACEs	-Services received -Circumstances around ACEs -Comorbidities	-Near real-time	-Limited data fields -Primary purpose is providing help, not collecting data -Undercount of ACEs -Convenience sample
Administrative (Slide 63)	Administrative datasets such as child welfare, insurance claims	Local State National	Core ACEs Expanded ACEs	-Demographics -Circumstances around ACEs -Comorbidities -Health outcomes	-Can cover wide range of people -Historical records allow for longitudinal analysis -Can be linked with other data	-Data siloing -Limited ACEs/PCEs variables -Missing or incomplete data

*Some of these modules are optional and depend on the jurisdiction agreeing to include the questions.

[†]All 50 states and DC have participated since 2011 so state-representative datasets can be "stacked" to conduct a national analysis but it is not weighted to be nationally representative.

[‡]78% of US Emergency Departments participate from all 50 states, DC, and Guam. While SyS is not nationally representative, it does have broad geographic coverage.

[¶]Sub-state geographic indicators are only available on restricted-access microdata files to protect the confidentiality of respondents. Local area estimates can only be produced using restricted-access data files available through the Federal Statistical Research Data Centers (RDC). To access data in the RDC, researchers must submit a research proposal or be added to an existing proposal for NSCH sub-state oversamples, and secure Special Sworn Status.

[§]Web panels are typically one-off surveys and can be designed to assess any measures of interest.