Appendix G: Community Conversation: Building Self-Healing Communities—Evaluation

Thank you for participating in today’s Conversation around Building Self-Healing Communities. We’d really appreciate your feedback as we plan for future Conversations as well as development of a Community Resilience Plan.

1. Before coming today, had you seen a presentation of Understanding ACEs: Building Self-Healing Communities?
   - Yes
   - No
   - I’m not sure

2. Why did you decide to attend today’s Community Resilience Conversation?

________________________________________________________________________

3. How much do you agree or disagree with the following statements? (Please skip any items that were not part of this event or your experience)

   a. Overall, the event was well organized.  □ Strongly agree □ Agree □ Disagree □ Strongly disagree

   b. I felt comfortable sharing my ideas and perspectives.  □ Strongly agree □ Agree □ Disagree □ Strongly disagree

   c. I made a new connection with someone.  □ Strongly agree □ Agree □ Disagree □ Strongly disagree

   d. The local data shared were informative.  □ Strongly agree □ Agree □ Disagree □ Strongly disagree

   e. The small group discussions were useful.  □ Strongly agree □ Agree □ Disagree □ Strongly disagree

4. What was the most helpful thing you learned from this Conversation?

________________________________________________________________________

5. What is one new step you plan to take, in your work, community, or personal life, as a result of this Conversation?

________________________________________________________________________

6. Do you have any suggestions for how to improve future Conversations?

________________________________________________________________________

7. Which of the following do you represent? (Please select all that apply.)

   □ Business  □ Law enforcement/corrections  □ PreK-12 school staff/teacher

   □ Civic/volunteer organization  □ Local government  □ Social services

   □ Community member  □ Media  □ Student

   □ Faith community  □ Mental/behavioral health  □ University/college staff/faculty

   □ Healthcare (public health, clinic)  □ Parent/caregiver  □ Youth-serving organization

   □ Other: ____________________________

8. Have you, or someone close to you, been personally impacted by ACEs?  □ Yes  □ No  □ I’m not sure

9. Which community (i.e., town, township, city) do you live in? ____________________________

10. Which community (i.e., town, township, city) do you work in? ____________________________

   Thank you!!!