

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

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)

	Strongly agree	Agree	Disagree	Strongly disagree
a. Overall, the event was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt comfortable sharing my ideas and perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I made a new connection with someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The local data shared were informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The small group discussions were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Law enforcement/corrections | <input type="checkbox"/> PreK-12 school staff/teacher |
| <input type="checkbox"/> Civic/volunteer organization | <input type="checkbox"/> Local government | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Community member | <input type="checkbox"/> Media | <input type="checkbox"/> Student |
| <input type="checkbox"/> Faith community | <input type="checkbox"/> Mental/behavioral health | <input type="checkbox"/> University/college staff/faculty |
| <input type="checkbox"/> Healthcare (public health, clinic) | <input type="checkbox"/> Parent/caregiver | <input type="checkbox"/> Youth-serving organization |
| <input type="checkbox"/> 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!!!