A Public Health Approach to Child Maltreatment Prevention

Presenters:
Malia Richmond-Crum | Laura Gerald, MD, MPH
Catherine Joyner | Rhett Mabry | Rosie Allen Ryan

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Meeting Orientation

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Developing a Public Health Approach to Child Maltreatment Prevention: The North Carolina Experience

A Public Health Leadership for Child Maltreatment Prevention Initiative Webinar

May 10, 2012
Malia Richmond-Crum, MPH

CDC Foundation Fellow

Division of Violence Prevention National Center for Injury Prevention and Control, Center for Disease Control and Prevention
Public Health Leadership for Child Maltreatment Prevention (PHL) Initiative

- Raise awareness about child maltreatment prevention as a public health issue.

- Support and enhance child maltreatment prevention efforts in public health agencies.
PHL Toolkit online in June 2012!

PHL Initiative webpage

www.cdc.gov/violenceprevention/phl
Laura Gerald, MD, MPH
State Health Director
N.C. Division of Public Health

Rhett N. Mabry
Vice President
The Duke Endowment

Catherine Joyner, MSW
Executive Director
Child Maltreatment Prevention Leadership Team
N.C. Division of Public Health

Rosie Allen Ryan
President and CEO
Prevent Child Abuse North Carolina
Webinar Objectives

- Learn about North Carolina’s experience:
  - Establishing a leadership role for the health department;
  - Using public-private partnerships to leverage resources to increase uptake of evidence-based practice;
  - Developing cross-sector partnerships and collaborations

- Gain an understanding of challenges, successes, and lessons learned in implementing a comprehensive system to prevent child maltreatment.
Laura Gerald, MD, MPH
State Health Director
NC Division of Public Health
A Public Health Approach to Child Maltreatment Prevention
DSS – Child Welfare
CPS
Foster Care
Criminal Justice
Laws
Enforcement
Statutes
The Courts
Public Health
Private Funders
Non-profit Agencies
Local CBAs & LHDs
A Common Vision
NC Institute of Medicine Task Force on Child Abuse Prevention

- Funded by The Duke Endowment and Staffed by PCA NC
- Enhance the Capacity of NC to Prevent Child Maltreatment

Co-Chaired by the Secretary of DHHS and Marian Earls, a leading Developmental Pediatrician

51 Members

- A Steering Committee
- Child Abuse Prevention Program Subcommittee
- Measurements Subcommittee
Thirty-seven (37) recommendations:

- State-level leadership
- Surveillance system
- Social norms and policies
- Evidence-based practice
- Enhancing existing systems
- Increased and/or Shifted funding for primary prevention

The Full report is available at http://www.nciom.org/publications/?childabuse prevention
Population Level Impact:
Improved School Readiness
Reduction of Child Maltreatment

Intermediate Outcomes:
Children have a medical home.
Mothers have healthy pregnancies.
Parents demonstrate child development knowledge and effective parenting skills.
Parents provide care that promoted attachment.
Parents receive increased education and employment support.
Parents utilize family planning services.
Parents receive effective treatment for maternal depression and other mental illness.
Parents receive appropriate treatment and services for domestic violence.
Parents receive appropriate treatment and support for substance abuse.
Parents receive and provide appropriate social support.
(issues for further discussion, such as measures)

Pool of Programs:
Nurse Family Partnership, Strengthening Families, Incredible Years

Constellation of Partners:
Prevent Child Abuse of NC,
Smart Start,
The Duke Endowment,
Kate B. Reynolds Charitable Trust
BCBS Foundation
Division of Social Services,
Division of Public Health,
Division of MH/DD/SAS
DJJDP
GCC
Center for Child and Family Policy

Working as an Alliance:
Community planning,
Secure funding,
Training and technical assistance,
Evaluation,
Quality assurance,
Coordination
(agreements to be established)

Population Level Impact:
Improved School Readiness
Reduction of Child Maltreatment
Effective Messaging

<table>
<thead>
<tr>
<th></th>
<th>Reactive Approach to Child Maltreatment Prevention</th>
<th>Proactive Approach to Child Maltreatment Prevention</th>
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</thead>
<tbody>
<tr>
<td>What is the “REAL” problem?</td>
<td>Bad Parents</td>
<td>Lack of formal/informal societal support of parents &amp; access to new information</td>
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<tr>
<td>Who created it?</td>
<td>Genetics, upbringing, substances, parental choice</td>
<td>Society w/short-term vision, outdated theories on raising children, declining communities</td>
</tr>
<tr>
<td>Who solves it?</td>
<td>CPS, police, foster parents, parents fixing themselves</td>
<td>Community leaders, friends &amp; neighbors, healthcare systems, faith groups, doctors, schools, etc.</td>
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<tr>
<td>How?</td>
<td>Rescue children, punish parents, etc.</td>
<td>New info about development, more social interactions and parent support, reinforcement of positive behaviors</td>
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</tbody>
</table>
How can they work together if they don’t learn together?
Catherine Joyner, MSW

Executive Director
Child Maltreatment Prevention
Leadership Team

NC Division of Public Health
State Level Leadership
State-Level Leadership – *Priority Recommendations*

**✗ 4.1** The NC General Assembly should establish a standing Child Maltreatment Prevention Legislative Oversight Council that has a diverse membership representation and strong leadership from state and local agencies and community providers.

**✓ 4.2** The NC Department of Health and Human Services and the NC Division of Public Health should develop a Child Maltreatment Prevention Leadership Team to assist in supporting the work of the Child Maltreatment Prevention Legislative Oversight Council.
North Carolina’s Public Health Approach to Child Well-Being

Focused on Child Outcomes

Engaging Public and Private State-Level Leadership

Maximizing Funding and Resources
Coordinating Division of Public Health Activities

<table>
<thead>
<tr>
<th>Internal partners</th>
<th>External partners</th>
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</thead>
<tbody>
<tr>
<td>Injury and Violence Prevention</td>
<td>Philanthropic Organizations</td>
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<tr>
<td>OCME</td>
<td>Division of Social Services</td>
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<tr>
<td>Early intervention</td>
<td>Division of MH/DD/SAS</td>
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<tr>
<td>School health</td>
<td>Division of Child Development</td>
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<tr>
<td>Women’s health</td>
<td>Child Fatality Task Force members</td>
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<tr>
<td>Family Planning</td>
<td>Alliance members</td>
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<td>SIDS prevention</td>
<td>IPRC</td>
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<td>Family health resource line</td>
<td>PURPLE</td>
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<td>ECCS</td>
<td>Universities</td>
</tr>
<tr>
<td>Teen Pregnancy Prevention</td>
<td>State Collaborative</td>
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<tr>
<td>Oral health</td>
<td>Non-profit groups such as Action for Children, Prevent</td>
</tr>
<tr>
<td>TIPPI</td>
<td>Child Abuse, Pediatric Society, Covenant for NCs Children, etc.</td>
</tr>
<tr>
<td>CC4C</td>
<td>And Many, Many Others</td>
</tr>
<tr>
<td>Home Visiting</td>
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<td>Project LAUNCH</td>
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</tbody>
</table>
## School Readiness Shared Indicators

<table>
<thead>
<tr>
<th>Indicator ID #</th>
<th>Indicator</th>
<th>Data Sources</th>
<th>Data Status (Note: if school year data, data are for the SY ending in the year given)</th>
<th>NC Data</th>
<th>State/County/Regional Data Available</th>
<th>Full Source Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1. READY COMMUNITIES: HEALTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Percent of children born at a healthy birth weight (&gt;2500 g).</td>
<td>State Center for Health Statistics</td>
<td>91.0% 91.0% 90.9% 90.9% 90.8%</td>
<td></td>
<td>County</td>
<td>N.C. DHHS, State Center for Health Statistics. <a href="http://www.schs.state.nc.us/SCHS/data/births/bd.cfm">http://www.schs.state.nc.us/SCHS/data/births/bd.cfm</a></td>
</tr>
<tr>
<td>1.2a</td>
<td>Percent of children between 12 and 24 months who were screened for elevated blood lead levels (&gt;=10 micrograms/dL).</td>
<td>Department of Environment and Natural Resources, Children's Environmental Health Branch</td>
<td>33.60% 35.10% 36.20% 37.40% 39.10% 40.60% 42.80% 44.90% 46.80% 49.40%</td>
<td></td>
<td>County</td>
<td>Special data request to the N.C. Childhood Lead Poisoning Prevention Program, Department of Environment and Natural Resources, May 2010.</td>
</tr>
<tr>
<td>1.2b</td>
<td>Number of children ages 6 mos - 5 yrs who were screened for elevated blood lead levels (&gt;=10 micrograms/dL).</td>
<td>Department of Environment and Natural Resources, Children's Environmental Health Branch</td>
<td>115,489 120,161 120,940 121,717 124,436 128,055 135,555 143,903 152,181 160,563</td>
<td></td>
<td>County</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Percent of children ages 6 mos - 5 yrs found to have elevated blood lead levels (&gt;=10 micrograms/dL).</td>
<td>Department of Environment and Natural Resources, Children's Environmental Health Branch</td>
<td>2.2% 1.7% 1.8% 1.8% 1.2% 0.9% 0.8% 0.6% 0.5% 0.5%</td>
<td></td>
<td>County</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Percent of children under 5 without health insurance.</td>
<td>Child Health Assessment and Monitoring Program (CHAMP)</td>
<td>n/a n/a n/a n/a n/a 11.6% 12.4% 11.7% 11.3%</td>
<td></td>
<td>State</td>
<td>N.C. Child Assessment and Monitoring Program (CHAMP) Survey. Question: Child currently does not have or at some point in the past 12 months did not have insurance?</td>
</tr>
<tr>
<td>1.6</td>
<td>Percent of children (under age 5) receiving preventive care.</td>
<td>Child Health Assessment and Monitoring Program (CHAMP)</td>
<td>n/a n/a n/a n/a n/a 79.8% 78.6% 80.7% 84.9%</td>
<td></td>
<td>State</td>
<td>N.C. Child Assessment and Monitoring Program (CHAMP) Survey. Question: Preventive care visits include things like a Well Child check-up, a routine physical exam, immunizations, or health screening tests? During the past 12 months has (CHILD) had a preventive care visit, or Well Child check-up?, available online at <a href="http://www.schs.state.nc.us/SCHS/champ/index.html">http://www.schs.state.nc.us/SCHS/champ/index.html</a></td>
</tr>
</tbody>
</table>
CULTURAL AND MANAGEMENT TRANSFORMATION

• Transform from silo approach in the delivery and management of services to a coordinated, open and interrelated approach.

• Improve decisions and accountability based on solid information/data.

www.dhhs.state.nc.us
Rhett N. Mabry
Vice President
The Duke Endowment
Speaking of words, here are some “C” words…

Communication
Coordination
Cooperation

About harmonizing and agreeing

Collaboration

About creating

Collaboration: creating a solution that no party to the collaboration could separately achieve.
NC Institute of Medicine Task Force on Child Abuse Prevention

“Create an alliance of funders to focus on the dissemination of Evidence-Based Practices”
PLAYERS & PROCESS

Prevent Child Abuse NC
Duke University’s Center for Child & Family Policy
NC Division of Social Services
NC Division of Public Health
NC Division of Mental Health
NC’s Children’s Trust Fund
NC Partnership for Children
Kate B Reynolds Charitable Trust
The Duke Endowment
GUIDING PRINCIPLES

1. Dissemination of Evidence-Based Practices

2. Accompanying Dissemination with the **Requisite Infrastructure:**
   - Training & Technical Assistance
   - Ongoing Monitoring (Model Fidelity)
   - Data Collection
KEY ADVANTAGES

• Build Trust & *Plan* Together
• Leverage Funding
• Compensate for Each Others’ Funding Limitations
• Uniform Vision Strengthens Case for Long-Term Sustainability
FUNDING CONTINUUM

Basic Needs

Public Sector

Investment In Change

Private Philanthropy
KEY ADVANTAGES

• Build Trust & *Plan* Together

• Leverages Funding

• Compensate for Each Others’ Funding Limitations

• Uniform Vision Strengthens Case for Long-Term Sustainability
RESULTS (THUS FAR...)

NURSE FAMILY PARTNERSHIP

Evidence-Based Home Visitation Program

– 8 North Carolina sites
– 6 South Carolina sites

INCREDIBLE YEARS

Evidence-Based Curriculum for Parents, Teachers and Children

– 25+ North Carolina sites currently established
– The Duke Endowment & NC DSS funding infrastructure

1,300 first-time, low-income mothers per year
Rosie Allen Ryan
President and CEO
Prevent Child Abuse
North Carolina
History

• Gaining Ground Initiative

• NC Institute of Medicine Task Force

• Child Maltreatment Prevention Leadership Team
EBP Implementation Infrastructure

• Nurse-Family Partnership (NFP)

• The Incredible Years BASIC Parent Training Program (IY)

• Strengthening Families Program 6-11 (SFP 6-11)
Implementation Infrastructure

- Performance Assessment
- Coaching
- Systems Intervention
- Facilitative Administration
- Decision Support
- Data System
- Integrated & Compensatory

www.fpg.unc.edu
IY Program Outcomes

➢ Statistically significant increases in:
   ✓ Parents’ appropriate discipline practices
   ✓ Parents’ positive parenting practices
   ✓ Parents’ clear expectations of the child’s behavior

➢ Statistically significant decreases in:
   ✓ Children’s problematic behavior
   ✓ Parents’ inconsistent and harsh discipline practices
SFP 6-11 Program Outcomes

Statistically significant increases in:

- Parental involvement
- Parental supervision
- Parenting efficacy
- Positive parenting
- Parenting skills
- Family cohesion
- Family communication
- Family strengths and resilience
- Family organization
- Child’s concentration
- Child’s social behavior

Statistically significant decreases in:

- Family conflict
- Child’s depression
- Child’s overt aggression
- Child’s covert aggression
Social Norms and Policy Change

• The FrameWorks Institute

• NC Framing Learning Community
Lessons Learned
Prevention is Prevention is Prevention!

Increased School Readiness

Reduced Infant Mortality
Healthy Pregnancies
Population Level Impact:

Improved School Readiness
Reduction of Child Maltreatment

Intermediate Outcomes:

Children have a medical home.
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Working as an Alliance:
Community planning,
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Population Level Impact:
Improved School Readiness
Reduction of Child Maltreatment
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(issues for further discussion, such as measures)

Population Level Outcomes:
Decreased Child Maltreatment
Increased School Readiness
Reduced Juvenile Delinquency
We CAN Not do this work alone!

Constellation of Partners:
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DJJDP
GCC
Center for Child and Family Policy
WOULD YOU MIND CHANGING THAT INTO A?

Are you kidding? I don’t have the time or the money to make that change!!
Questions?
Save the Date

Using Data and Surveillance for Public Health Child Maltreatment Prevention

May 31, 3pm ET

Register on the PHL webpage:
www.cdc.gov/violenceprevention/phl
This project was supported by the Doris Duke Charitable Foundation and made possible through a partnership with the CDC Foundation.

The findings and conclusions in this webinar are those of the presenters and do not necessarily represent the official position of the Centers for Disease Control and Prevention.