



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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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

Presenters



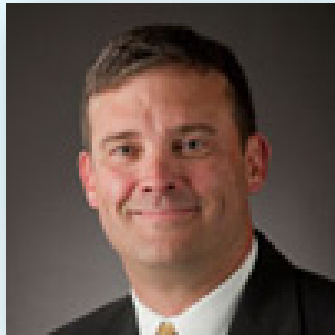
**Laura Gerald,
MD, MPH**

**State Health Director
*N.C. Division of Public
Health***



**Catherine Joyner,
MSW**

**Executive Director
Child Maltreatment Prevention
Leadership Team
*N.C. Division of Public Health***



Rhett N. Mabry

**Vice President
*The Duke Endowment***



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

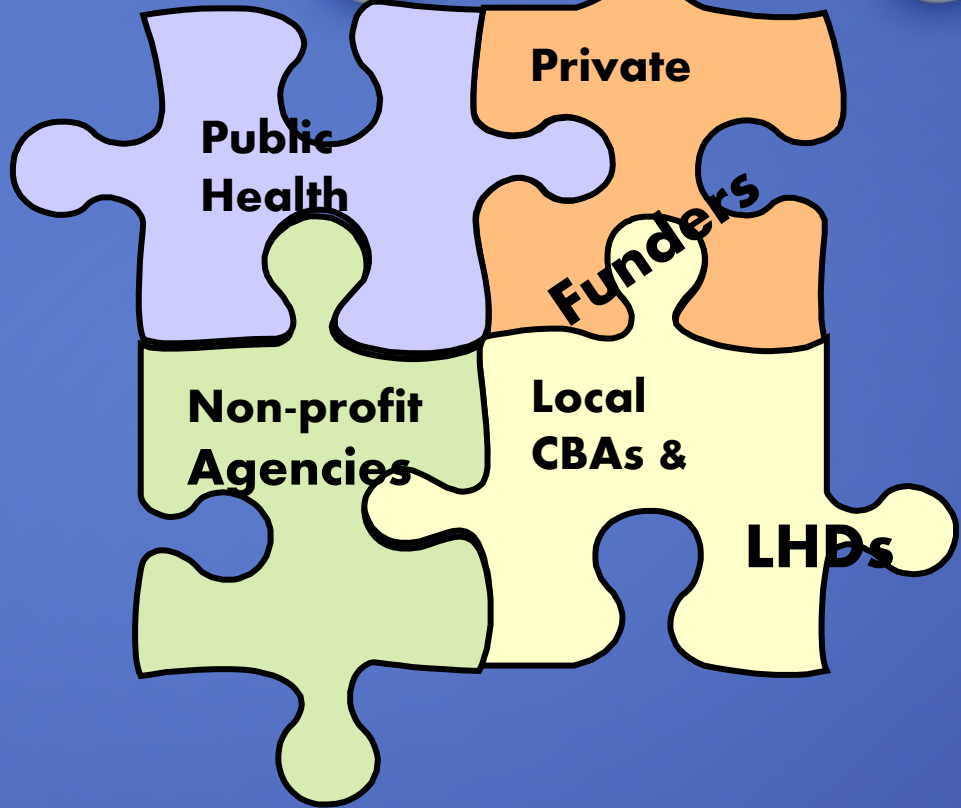


DSS – Child Welfare

CPS

Foster Care

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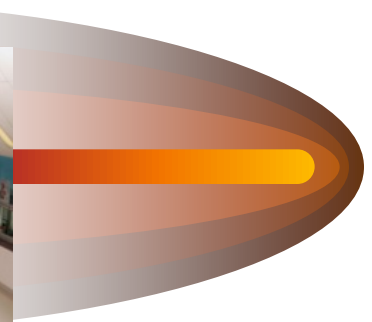
Laws

Criminal Justice

**Law
Enforcement**

**The
Courts**

A Common Vision

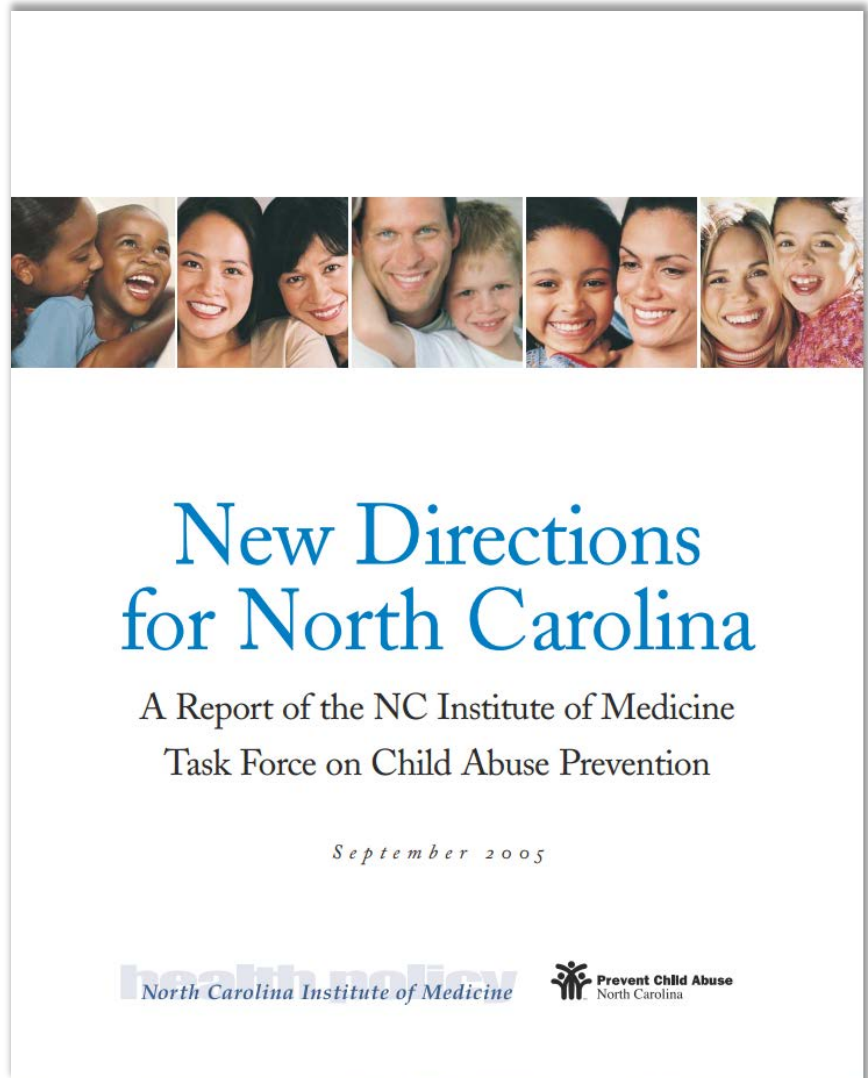




History

- ò **NC Institute of Medicine Task Force on Child Abuse Prevention**
 - ò **Funded by The Duke Endowment and Staffed by PCA NC**
 - ò **Enhance the Capacity of NC to Prevent Child Maltreatment**
- ò **Co-Chaired by the Secretary of DHHS and Marian Earls, a leading Developmental Pediatrician**
- ò **51 Members**
 - ò **A Steering Committee**
 - ò **Child Abuse Prevention Program Subcommittee**
 - ò **Measurements Subcommittee**

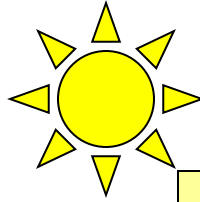
- ò **Thirty-seven (37) recommendations:**
- ò **State-level leadership**
- ò **Surveillance system**
- ò **Social norms and policies**
- ò **Evidence-based practice**
- ò **Enhancing existing systems**
- ò **Increased and/or Shifted funding for primary prevention**



**The Full report is available at
<http://www.nciom.org/publications/?childabuseprevention>**

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)



Pool of Programs:

Nurse Family Partnership, Strengthening Families, Incredible Years

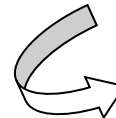


Intermediate Outcomes:

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)

Population Level Impact:

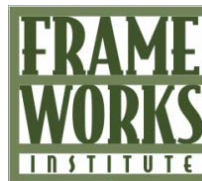
Improved School Readiness
Reduction of Child Maltreatment



Effective Messaging



	Reactive Approach to Child Maltreatment Prevention	Proactive Approach to Child Maltreatment Prevention
What is the “REAL” problem?	Bad Parents	Lack of formal/informal societal support of parents & access to new information
Who created it?	Genetics, upbringing, substances, parental choice	Society w/short-term vision, outdated theories on raising children, declining communities
Who solves it?	CPS, police, foster parents, parents fixing themselves	Community leaders, friends & neighbors, healthcare systems, faith groups, doctors, schools, etc.
How?	Rescue children, punish parents, etc.	New info about development, more social interactions and parent support, reinforcement of positive behaviors







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

 CHILD MALTREATMENT
prevention
LEADERSHIP TEAM


NCPH
North Carolina
Public Health


Prevent Child Abuse
North Carolina



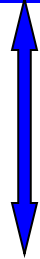
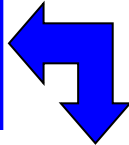
State-Level Leadership – *Priority Recommendations*

- × **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

State Level Leadership

Child Maltreatment Prevention
Legislative Oversight Council



DPH
Co-chair

**Child Maltreatment Prevention
Leadership Team**
State Agencies, nonprofits, advocacy
groups, universities, local agencies,
parents

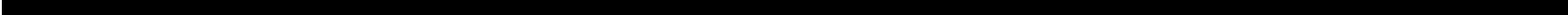
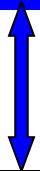
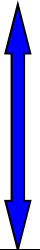
PCA
Co-chair



PCA- NC



Executive
Director



Other
Study
groups

Infant
Mental
Health

Reframing
Social
Norms

Surveillance

EBP

CVP

Maternal
Depression

New work
groups

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

Internal partners

- # Injury and Violence Prevention**
- # OCME**
- # Early intervention**
- # School health**
- # Women's health**
- # Family Planning**
- # SIDS prevention**
- # Family health resource line**
- # ECCS**
- # Teen Pregnancy Prevention**
- # Oral health**
- # TIPPI**
- # CC4C**
- # Home Visiting**
- # Project LAUNCH**

External partners

- # Philanthropic Organizations**
- # Division of Social Services**
- # Division of MH/DD/SAS**
- # Division of Child Development**
- # Child Fatality Task Force members**
- # Alliance members**
- # IPRC**
- # PURPLE**
- # Universities**
- # State Collaborative**
- # Non-profit groups such as Action for Children, Prevent Child Abuse, Pediatric Society, Covenant for NCs Children, etc.**
- # And Many, Many Others**

School Readiness Shared Indicators

Indicator ID #	INDICATOR	DATA SOURCES	DATA STATUS	NC DATA (Note: if school year data, data are for the SY ending in the year given)										STATE/ COUNTY/ REGIONAL DATA AVAILABLE	Full Source Information	
				2000	2001	2002	2003	2004	2005	2006	2007	2008	2009			
1	1. READY COMMUNITIES: HEALTH															
1.1	Percent of children born at a healthy birth weight (>2500 g).	State Center for Health Statistics		91.0%	91.0%			90.9%		90.9%		90.8%		County	N.C. DHHS, State Center for Health Statistics. http://www.schs.state.nc.us/SCHS/data/births/bd.cfm	
1.2a	Percent of children between 12 and 24 months who were screened for elevated blood lead levels (>=10 micrograms/dL).	Department of Environment and Natural Resources, Children's Environmental Health Branch		33.60%	35.10%	36.20%	37.40%	39.10%	40.60%	42.80%	44.90%	46.80%	49.40%	County	Special data request to the N.C. Childhood Lead Poisoning Prevention Program, Department of Environment and Natural Resources, May 2010.	
1.2b	Number of children ages 6 mos - 5 yrs who were screened for elevated blood lead levels (>=10 micrograms/dL).	Department of Environment and Natural Resources, Children's Environmental Health Branch		115,489	120,161	120,940	121,717	124,436	128,055	135,555	143,903	152,181	160,563	County		
1.3	Percent of children ages 6 mos - 5 yrs found to have elevated blood lead levels (>=10 micrograms/dL).	Department of Environment and Natural Resources, Children's Environmental Health Branch		2.2%	1.7%	1.8%	1.8%	1.2%	0.9%	0.8%	0.6%	0.5%	0.5%	County		
1.4	Percent of children <18 years old without health insurance.	CPS data		10.4%	11.0%				12.0%	13.2%		9.3%		State	Annual Social and Economic Supplement, Current Population Survey, U.S. Census Bureau and Bureau of Labor Statistics. http://www.census.gov/hhes/www/cpstables/032009/health/h05_00.htm for 2008	
1.5	Percent of children under 5 without health insurance.	Child Health Assessment and Monitoring Program (CHAMP)		n/a	n/a	n/a	n/a	n/a	11.6%	12.4%	11.7%	11.3%		State	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?	
1.6	Percent of children (under age 5) receiving preventive care.	Child Health Assessment and Monitoring Program (CHAMP)		n/a	n/a	n/a	n/a	n/a	79.8%	78.6%	80.7%	84.9%		State	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 http://www.schs.state.nc.us/SCHS/champ/index.html	

Child Maltreatment Surveillance System



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



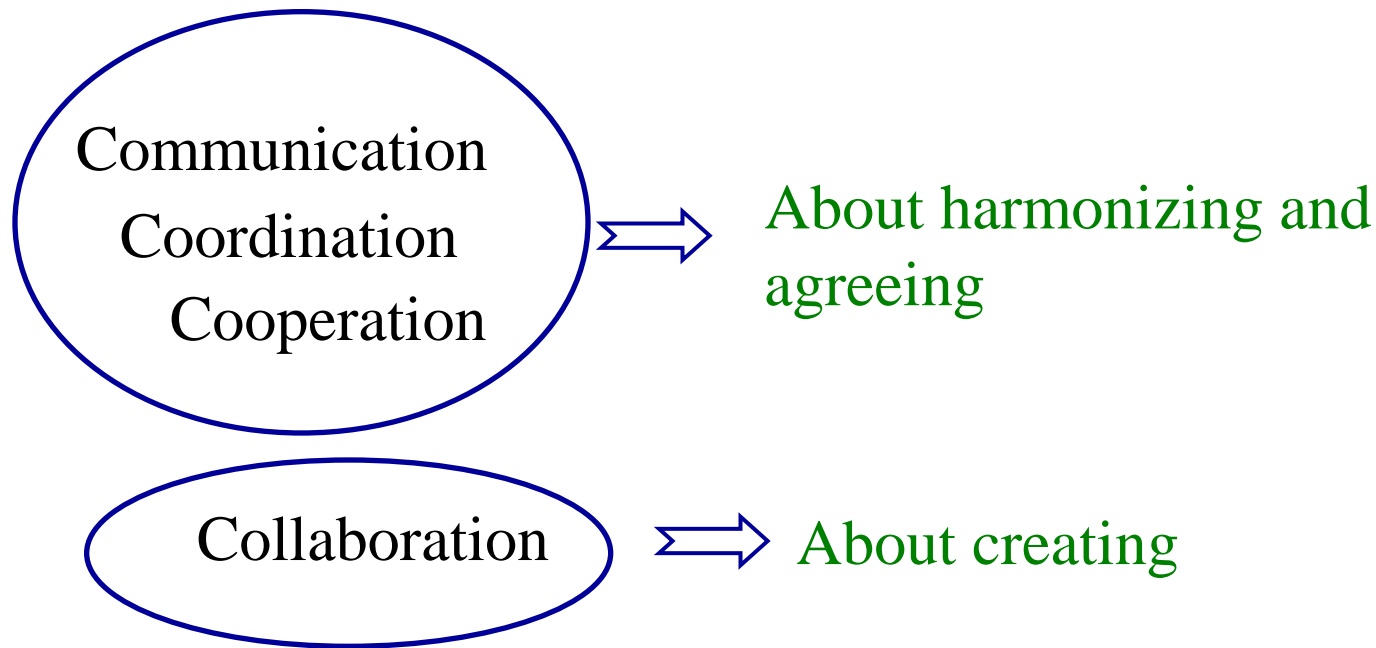
Rhett N. Mabry

Vice President

***The Duke
Endowment***



Speaking of words, here are some “C” words...



Collaboration: creating a solution that no party to the collaboration could separately achieve.

BACKGROUND

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

**Public & Private
Fundors**

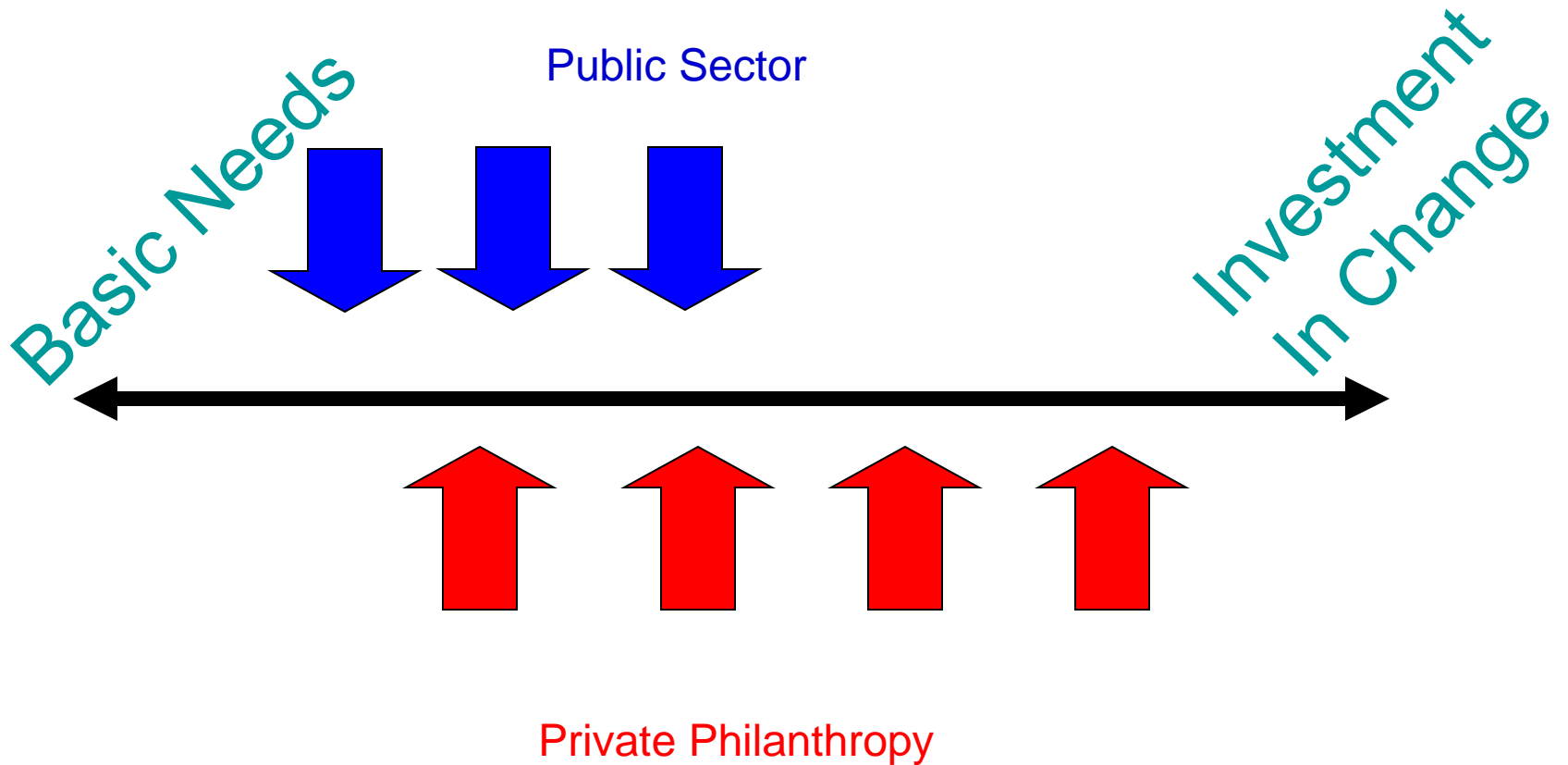
GUIDING PRINCIPLES

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



KEY ADVANTAGES

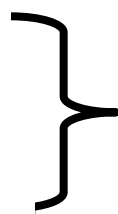
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RESULTS (THUS FAR...)

NURSE FAMILY PARTNERSHIP

Evidence-Based Home Visitation Program

- 8 North Carolina sites
- 6 South Carolina sites



1,300 first-time, low-income mothers per year

INCREDIBLE YEARS

Evidence-Based Curriculum for Parents, Teachers and Children

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



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

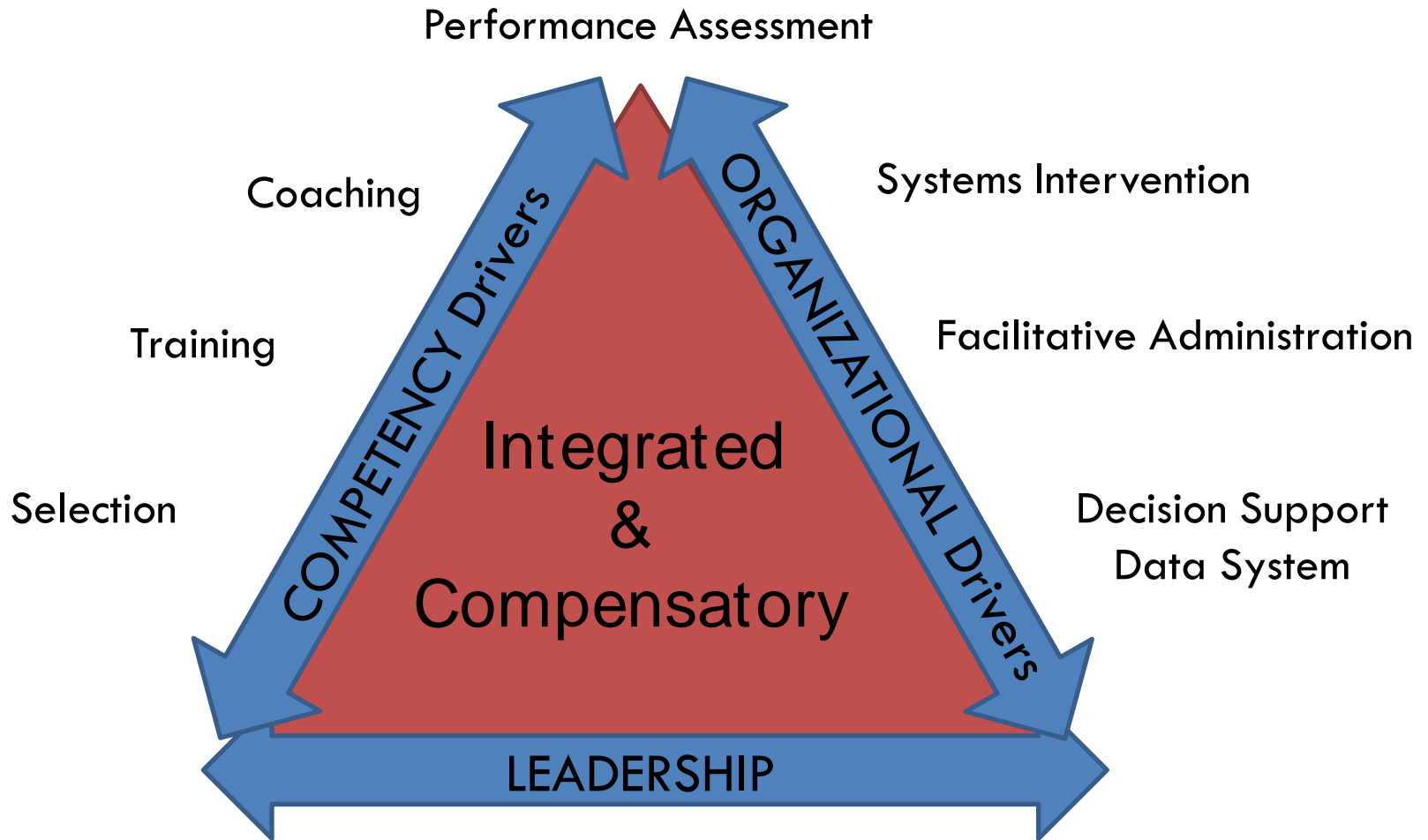


EBP Implementation Infrastructure

- Nurse-Family Partnership (NFP)
- The Incredible Years BASIC Parent Training Program (IY)
- Strengthening Families Program 6-11 (SFP 6-11)



Implementation Infrastructure



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

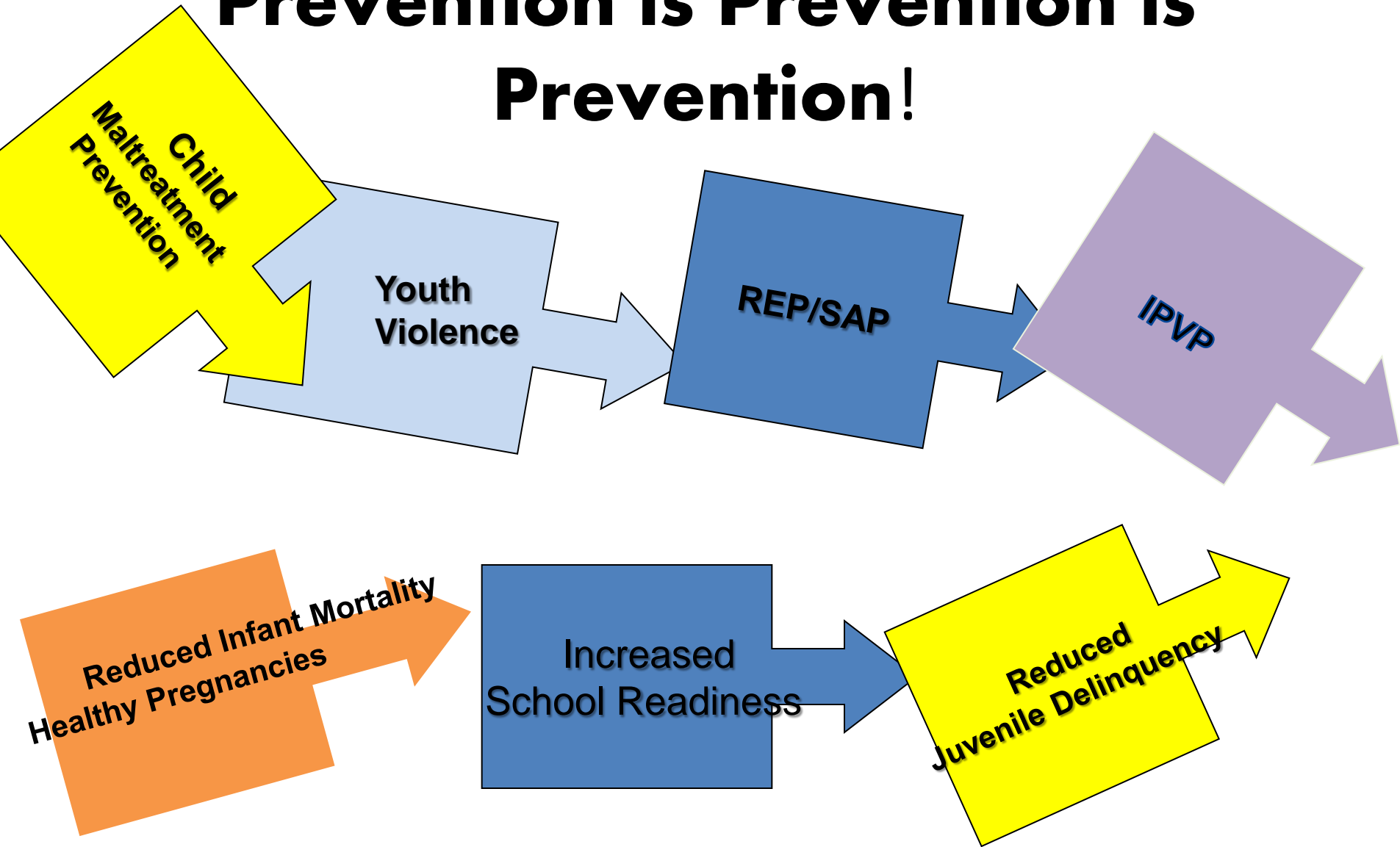


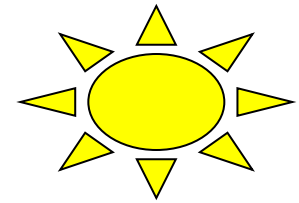


Lessons Learned



Prevention is Prevention is Prevention!



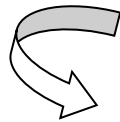


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Working as an Alliance:

Community planning,
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Pool of Programs:

Nurse Family Partnership, Strengthening Families, Incredible Years

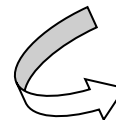


Intermediate Outcomes:

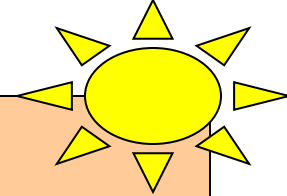
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Parents receive and provide appropriate social support.
(issues for further discussion, such as measures)

Population Level Impact:

Improved School Readiness
Reduction of Child Maltreatment



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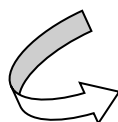
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Population Level Outcomes:

Decreased Child Maltreatment

Increased School Readiness

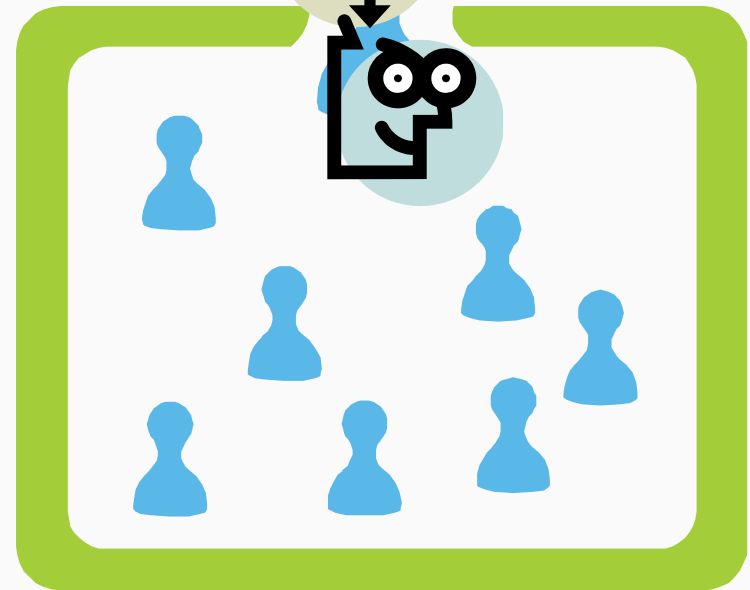
Reduced Juvenile Delinquency



We *CAN Not* do this work alone!



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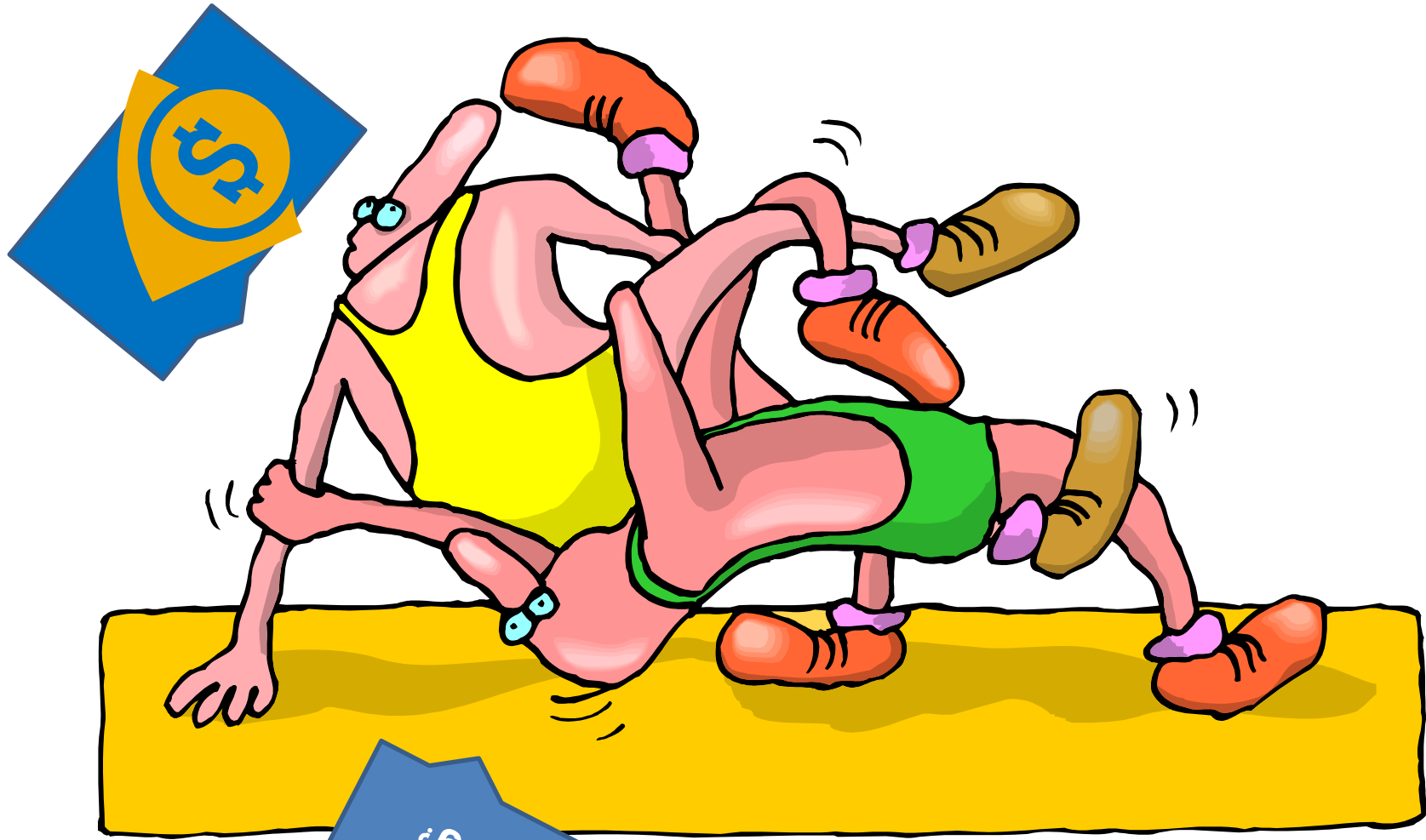


WOULD YOU MIND CHANGING
THAT  INTO A  ?

Are you kidding? I don't
have the time or the
money to make that
change!!



Jan '11



What was I thinking?



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.