NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

TASK FORCE ON ESSENTIALS FOR CHILDHOOD

NORTH CAROLINA INSTITUTE OF MEDICINE
630 DAVIS DRIVE, SUITE 100
MORRISVILLE, NC 27560

JANUARY 24, 2014
10:00 am -3:00 pm

10:00 - 10:20 WELCOME & INTRODUCTIONS

Kenneth A. Dodge, Ph.D.
Founding Director
Duke Center for Child and Family Policy

Kathy Pope
Board of Directors
Prevent Child Abuse NC

Kenneth Dodge and Kathy Pope introduced themselves and welcomed the task force members to their first meeting. All members introduced themselves with their position and organization.

10:20 – 10:40 OVERVIEW OF NCIOM TASK FORCE PROCESS

Adam Zolotor, MD, DrPH
Vice President
North Carolina Institute of Medicine

Adam Zolotor delivered a brief description of the North Carolina Institute of Medicine, the history of the Essentials for Childhood task force, and an overview of the task force process and goals.

10:40 – 11:00 OVERVIEW OF ESSENTIALS FOR CHILDHOOD

Catherine Joyner, MSW
Executive Director, Childhood Maltreatment Prevention Leadership Team
Women's and Children's Health Section, Division of Public Health
North Carolina Department of Health and Human Services

Catherine Joyner, E4C steering committee member, outlined the

strategic direction taken by the CDC's Injury Center on preventing child maltreatment and how this framework will shape the perspective of the E4C task force. This presentation provided information on understanding the CDC's definition of safe, stable and nurturing relationships and environments (SSNRs and Es) and how promoting SSNRs and Es can provide a buffercontribute to preventing for adverse childhood experiences (or ACEs). Joyner also provided information on how the E4C task force fits within the CDC's national agenda for the five states, including NC, that have received grant awards to carry out a five year plan to reduce the prevalence of child maltreatment.

11:00 – 11:15 REVIEW OF ADVERSE CHILDHOOD EXPERIENCES

Adam Zolotor, MD, DrPH
Vice President
North Carolina Institute of Medicine

"The Consequences of Child Maltreatment" highlighted past studies in the field of child maltreatment that have identified risk factors as well as the long term health and social effects of child maltreatment. For example, The LONGSCAN study found that children with 6 or more identified risk factors—including single mothers, low-income, mother's history of abuse, maternal depression, unsafe neighborhood etc.—had >over a 50% chance of being reported for child maltreatment by the age of 16. The studies discussed in this presentation suggested that certain identifiable risk factors do have a strong correlation with the prevalence of ACEs (adverse childhood experiences). ACEs and maltreatment can also lead to significant short and long-term adverse health outcomes.

11:15 – 11:35 NEW DIRECTIONS FOR NORTH CAROLINA: REVIEW OF 2005 TASK FORCE

Michelle Hughes, MSW
Project Director
Benchmarks

Michelle Hughes, E4C Steering Committee Member, spoke about the paradigm change that has occurred over the past few decades surrounding issues of child maltreatment. The policy conversation has shifted from one that focuses on propagating images of the worst forms of abuse and encouraging treatment of maltreated children after the adverse experiences, to a more holistic and community-based view of prevention and fostering safe, stable, and nurturing relationships and

environments (SSNRs & Es) for children. Since the 2005 NCIOM Task Force on Child Abuse Prevention, significant progress has been made 1) in the use of well-framed communications on topics such as toxic stress and sexual abuse prevention 2) in using evidence based research to evaluate and design programs and policies and 3) in collaborative efforts between stakeholders. Future efforts should focus on the collective impact framework, changing social environments and building on evidence-based research in early childhood and pregnancy.

11:35 – 12:30 ACHIEVING "COLLECTIVE IMPACT" WITH RESULTS-BASED ACCOUNTABILITY

Laura Clark, MA
Executive Director
Renaissance West Community Initiative

Discussion

Laura Clark shared a presentation on how Collective Impact—a framework used to effectively unite disparate stakeholders to solve complex social problems—can be used to develop and sustain the five year strategic plan that will be the final product of the E4C Task Force. The collective impact model encompasses four phases: governance and infrastructure, strategic planning, community involvement, and evaluation and implementation. Success of collaborative groups of the collective impact framework also hinges upon a strong backbone organization that mobilizes stakeholders and organizes the group process, a steering committee that can set the agenda, and agreement on shared measurement systems that will track the progress of the initiative through a small but comprehensive set of key indicators.

12:30 – 1:00 LUNCH

1:00 – 3:00 DISCUSSION OF COLLECTIVE IMPACT GOALS

Facilitator: Laura Clark, MA

All task force members divided into 4 groups, each focused on an area of prevention: primary prevention, secondary prevention, early childhood, and late childhood. Each group discussion was facilitated by a member of the steering committee.

Following small group discussion, the full task force discussed their

small group conversations. All groups shared a high priority on developing a statewide comprehensive screening system that would allow for the identification of children and families at increased risk of maltreatment. Groups felt that at-risk children should also be prioritized to receive services along with children who have been reported for maltreatment or children with known behavior issues. Secondly, groups agreed that social norms have to change so that parents do not feel stigmatized for seeking resources and so that providers can speak openly with parents about these issues without parents feeling like they have been labeled as "bad parents." Group discussions reflected the need to have multi-stakeholder, cross-agency collaboration in order to foster ongoing family engagement. Collaboration is also essential for disseminating evidence-based best practices so that stakeholders can be on the same page in identifying at risk children and families and in offering them needed resources. Finally, groups emphasized the need to develop metrics that can appropriately assess the progress of initiatives to prevent child maltreatment.

Other discussion points shared in the groups included:

Primary Prevention

- Increase the infrastructure for evidence-based programs, especially in rural areas.
- Focus on parental mental health and substance abuse.
- Measure progress through cataloging currently available evidence based mental health and substance abuse programs available to parents and families.

Secondary Prevention

- Promote "family check ups" that do not criminalize parents but focus on assessing factors related to SSNRs & Es and build the appropriate infrastructure of resources so that providers have places to refer high-risk families.
- Expand child-parent psychotherapy.
- Utilize daycares as a point of intervention and/or screening.

Early Childhood

- Increase communication with families about available services.
- Change policies so that children who are identified as having toxic stress are qualified for services.
- Utilize the media to send well-framed messaging to the community around child maltreatment.
- Develop an infrastructure of support beyond childcare and primary care that can target hard to reach families as well as strategies to reach fathers (i.e. faith based organizations and

community colleges).

Late Childhood

- Develop an infrastructure to support adolescents (8-18/21).
- Prioritize youth being represented in this process.

Final Discussion

The final group discussion focused on identifying next steps for the E4C Task Force. First, the E4C Task Force must identify all current evidence based programs in NC that focus on child maltreatment prevention. The task force discussed the following method for prioritizing strategies to reduce/prevent child maltreatment:

1. Identify individual and community-level evidence based risk factors and protective factors that impact child maltreatment (i.e. single parenthood, unsafe neighborhoods etc.).
2. Evaluate these risk/protective factors on four categories: 1) evidence-based impact on child maltreatment 2) infrastructure change needed 3) ability to change in five years and 4) metrics to measure success.
3. Target a select number of protective/risk factors that show the most promise based on this assessment.

The group agreed that systems level change that could foster primary prevention could not occur in five years. Yet, through prioritization of the right protective/risk factors, progress could be made in five years that would at least begin to promote the development of the infrastructure necessary for long-term change. Emphasis should be placed on evidence-based practices that have already been adopted in the state or that have been successful. At the same time, innovation within these existing models (or with new models) should also be a priority. Ongoing success will be dependent upon engaging and organizing multiple stakeholders as well as committing to being a learning organization through continuous research, data gathering and evaluation.