

Three meetings were held in 2024 with data and child health experts to discuss the development, evaluation, and dissemination of data related to adverse childhood experiences (ACEs), positive childhood experiences (PCEs), and social drivers of health (SDOH). These experts formed a data development working group to discuss, analyze, and strategize the use of data to address these issues.

The first meeting on September 19, 2024, focused on outlining foundational goals, emphasizing the importance of surveillance data for ACEs and PCEs, exploring existing data sources, and discussing data dissemination strategies. Participants highlighted challenges around data usage and the need to identify key stakeholders and action-makers. A significant focus was placed on understanding and leveraging existing surveillance systems, ensuring consistent data collection, and avoiding duplicative efforts. Discussion included planning logistics and participant engagement strategies, emphasizing clear meeting goals and parameters.

During the second meeting on October 18, 2024, the data working group reviewed potential indicators and addressed data collection disruptions due to Hurricane Helene. They considered the impacts on emergency department data from NC DETECT and potential declines in Youth Risk Behavior Survey (YRBS) participation. Conversations underscored the necessity of safeguarding against unintended harm from data usage.

The meeting emphasized enhancing data accessibility and literacy, recommending proactive sharing of data results with stakeholders and community members. Additional indicators such as bullying, emotional neglect, cultural competence in health care, and climate-related ACEs were recommended for consideration. The group began developing a resource list addressing youth-triggering topics like violence, substance abuse, and mental health.

The final meeting on November 12, 2024, focused on finalizing dissemination strategies, emphasizing collective ownership of data among multiple agencies and considering various public-facing tools such as dashboards and 1-pagers. Participants recommended creating direct action steps to accompany data dissemination, targeting community stakeholders including local health departments, social workers, educators, and prevention partners. The meeting considered how data might be presented effectively, suggesting county-level data aggregation and regionalization for small population areas to ensure meaningful interpretation and application. The discussion highlighted the importance of pairing quantitative data with local narratives and success stories to drive policy action and resource allocation.

*For more information about the data surveillance system, please see the introduction to Chapter 6: Data to Action.*

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### RECOMMENDATION #3.1

#### Establish Coordinated State Leadership Efforts to Address Essentials for Childhood Through a Collective Impact Framework

The North Carolina Department of Health and Human Services Division of Public Health (DPH) and Prevent Child Abuse North Carolina should establish membership and convene a Leadership Action Team, which will plan for and oversee investment in childhood and family programs to promote safe, stable, and nurturing relationships and environments and prevent child maltreatment.

#### HAS THIS BEEN IMPLEMENTED?

Yes, state-level coordination has been achieved, although there are still plenty of opportunities to continue and strengthen this coordination. The Leadership Action Team's work built forward momentum after it combined efforts with the [Early Childhood Action Plan](#), beginning in 2018. ACEs are being tracked and addressed as part of [Healthy North Carolina 2030](#), a comprehensive 10-year plan that was released in 2020. In 2022, NCDHHS [restructured to advance whole child and family health](#) by combining some programs in the Division of Public Health and the Division of Mental Health, Developmental Disabilities and Substance Use Services, such as nutrition programs for all ages, early intervention, child health services, and school and community mental health services for children and youth, to create a new Division of Child and Family Well-Being. [The EarlyWell Initiative](#), led by NC Child, is a collaborative that works to advance public policies to improve the landscape around infant and child mental health in North Carolina.

### RECOMMENDATION #3.2

#### Support the Establishment and Continuation of Trauma-Informed Practices and Communities

The Leadership Action Team should establish a working group to examine research on brain development; the impact of trauma on development and behavior over the lifespan; and ways in which other states and communities have established trauma-informed practices in communities, schools, and among health care providers.

#### HAS THIS BEEN IMPLEMENTED?

Partially, although there has been much progress outside the direct language of this recommendation. The Leadership Action Team's work moved forward after it combined efforts with others at NCDHHS who, along with many partners, developed the [Early Childhood Action Plan](#) in 2018, which included information on brain science and the impact of trauma on development, as well as prevention strategies and metrics. Many organizations and collaborative initiatives have developed or grown over the past decade with involvement of members of the Leadership Action Team. The NC Partnership for Children [Healthy and Resilient Communities Initiative report \(2021\)](#) and [Resilient NC website](#) provide resources and capacity building on trauma-informed practice and ACEs prevention to communities and practitioners across the state. They also developed a [Resilience Indicators Dashboard](#) to help communities identify aspects of their own adversity and resilience. The Kellin Foundation released a report in 2021 that included descriptions of ACEs prevention and resilience-building projects in other states and recommendations for building infrastructure in NC, titled [Resilient NC: Supporting Statewide Efforts to Build Community Resilience](#).

### RECOMMENDATION #4.2

#### Gather Data on Social Norms around Children and Parenting

The child data working group of the Leadership Action Team should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team.

#### HAS THIS BEEN IMPLEMENTED?

No, this recommendation was not implemented as written, and social norms data were not collected; however, there has been work on improving social norms on positive parenting, enhancing caring and nurturing connections, and improving child and family mental health. For example, Positive Childhood Alliance NC (formerly Prevent Child Abuse NC) has been implementing a campaign, [Connections Matter](#), which “is designed to engage community members in building caring connections to improve resiliency,” and has been educating about ACEs, trauma, brain development, and resilience. PCANC is collaborating with Essentials for Childhood to develop a new social norms campaign that seeks to normalize help-seeking and promote the fact that all families need support at various times. As part of this new initiative, methodology for collecting baseline social norms data will be explored, including learning from ways other states have economically completed data collection.

### RECOMMENDATION #5.1

#### Promote Positive Community Norms Around Child Development and Parenting

The North Carolina Early Childhood Foundation should continue and expand their work on changing social norms through the [First 2,000 Days campaign](#).

#### HAS THIS BEEN IMPLEMENTED?

Yes. This campaign has been successful and maintains an active set of resources. It was updated and expanded in 2020 with the latest research and resources. The campaign serves as key messaging for advocacy that encompasses children and the entire family, as well as the policies that support them.

### RECOMMENDATION #6.1

#### Ensure that Child Care Centers Provide a High Quality, Nurturing Environment

The Division of Child Development and Early Education (DCDEE), in partnership with the Child Care Commission and the Department of Public Instruction (DPI) Office of Early Learning, should continue to re-evaluate its quality star rating system and reimbursement system to identify high-quality child care programs based on updated evidence and best practices. DCDEE, in partnership with others, should continue work to grow a high-quality and well-trained early care and education work force. The North Carolina General Assembly should enhance child care subsidies by ensuring a larger portion of eligible families receive subsidy payments.

#### HAS THIS BEEN IMPLEMENTED?

Partially, but a child care “cliff” with a drastic shortfall of available child care centers and workers still looms. **Early Years** is 1 example of many other organizations that also work to promote high-quality early education and child care alongside DCDEE, the Child Care Commission, and the DPI Office of Early Learning. The Child Care Commission most recently reviewed the NC **Quality Rating Improvement System (QRIS)**, also known as the Star Rating License System, in 2023, and a report with recommendations was released in 2024. Efforts to increase the number of child care subsidies available to families have been underway for many years. For example, **Pathways to Third-Grade Reading**, an initiative led by the NC Early Childhood Foundation in collaboration with NC Child, NC Partnership for Children, and BEST NC, is working towards high-quality early care and education as well as 3 **actions related to child care subsidies**: expand child care subsidies, raise subsidy rates generally, and provide higher subsidy rates to providers in underserved communities. The NC General Assembly has increased **state allocations for child care subsidies** in most years since 2014–2015; the increase has been very small and has not kept up with inflation or other increased costs.

### RECOMMENDATION #6.2

#### Enhance Care and Reimbursement Standards to Promote Children and Families’ Mental Health

Community Care of North Carolina, and others, should establish guidelines for primary care clinicians for expanded screening of families with children for psychosocial risk factors and family protective factors. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the Division of Medical Assistance, and others should support current work to increase integrated behavioral health care under Medicaid reform.

#### HAS THIS BEEN IMPLEMENTED?

On July 1, 2021, North Carolina transitioned to a **managed care model**. Standard Plans offer physical health, pharmacy (prescriptions), care management and basic behavioral health services. Tailored Plans provide services for individuals with a serious mental illness, severe substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI), and they offer physical health, pharmacy (prescriptions), care management and behavioral health services. Beginning in December 2025, the Children and Families Specialty Plan supports Medicaid-enrolled children, youth and families served by the child welfare system in receiving seamless, integrated and coordinated health care. In the past couple of years, there have been efforts to increase rates for behavioral health care. In October 2024, **NCDHHS announced a \$5 million investment** to expand access to behavioral health care in primary care offices. Note that 2 organizations named in the recommendation have changed their names to the Division of Mental Health, Developmental Disabilities and Substance Use Services and the Division of Health Benefits.

### RECOMMENDATION #6.3

#### Ensure Economic Security for Children and Families

The North Carolina General Assembly (NCGA) should commission a non-partisan economic analysis of the impact of current North Carolina state tax policy on children and families, including impact on economic security, take home pay, and employment rates. This analysis could be conducted by the North Carolina Center for Public Policy Research, the Fiscal Research Division of the NCGA, or a similar non-partisan policy analysis firm. The NCGA should use findings from this analysis to inform future policies to address economic opportunity and security for families and children.

#### HAS THIS BEEN IMPLEMENTED?

No, this work has not been implemented.

For the full 2015 report, please visit [https://nciom.org/wp-content/uploads/2017/08/Essentials4Childhood\\_022315-2.pdf](https://nciom.org/wp-content/uploads/2017/08/Essentials4Childhood_022315-2.pdf).