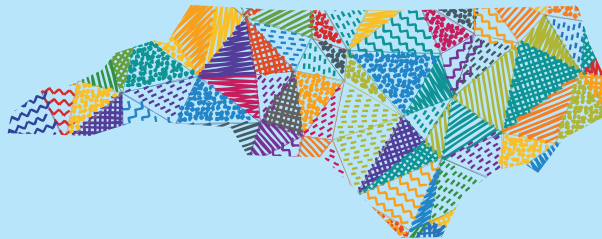
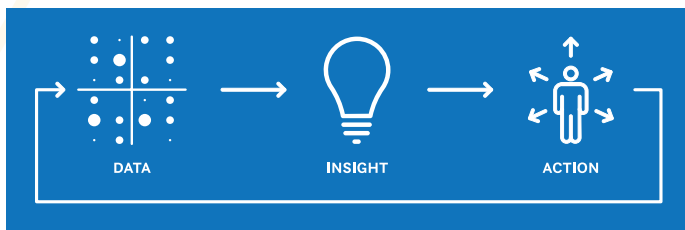


# 6

## CHAPTER SIX Data To Action

- 104**      **RECOMMENDATION 12**  
Allocate funds to ensure the long-term sustainability of a newly-developed surveillance system.
- 106**      **RECOMMENDATION 13**  
Utilize child care workforce data to inform strategies for improving family financial stability, employee retention, and overall economic development..
- 110**      **RECOMMENDATION 14**  
Establish shared goals, coordinate resources, and leverage data to mitigate child care workforce shortages.
- 115**      **RECOMMENDATION 15**  
Evaluate standard and tailored plans for their alignment with the goals of preventing adverse childhood experiences (ACEs), growing positive childhood experiences (PCEs), and promoting economic stability.





The concept of data to action refers to the process of transforming data into meaningful insights that drive informed decision-making and pragmatic actions. It involves collecting, analyzing, and interpreting data, then using those data insights to implement and/or modify strategies and policies that lead to tangible outcomes. This helps to ensure that data become a foundation for impactful actions that address specific goals, challenges, or needs. Data are used to define the problem, identify risk and protective factors, develop and test prevention strategies, and ensure widespread adoption of these strategies.<sup>1</sup>

With this Essentials for Childhood update, data to action will help build partnerships to utilize the data more effectively, driving collaborative solutions that promote safe, stable, and nurturing relationships and environments for children. These partnerships will empower stakeholders across sectors—such as health care, education, and community organizations—to share insights, align efforts, and implement evidence-based strategies. By doing so, early childhood outcomes can be enhanced, the long-term effects of adverse experiences can be reduced, and stronger, healthier communities for future generations can be built.

To begin the process of collecting data to best determine the best course of action, the Centers for Disease Control and Prevention (CDC) recommends 4 steps:

- Use partnerships to help identify, gather and synthesize relevant data
- Take stock of existing data
- Identify and fill critical data gaps
- Use the data to support other action goals and steps<sup>2</sup>

Emphasizing the role of continuous monitoring and evaluation ensures that strategies are adjusted and improved over time based on new findings and changing circumstances. Additionally, fostering a culture of data literacy and capacity building among affected parties can amplify the impact of data-driven actions, enabling more effective communication, understanding, and use of data insights.

The goal of child maltreatment data tracking or surveillance is to systematically collect and interpret data in order to inform an effective response at the population level. Data are also utilized to evaluate programs and inform the development of key performance indicators.<sup>3</sup> Data help identify patterns of child maltreatment and other ACEs, including demographic, geographic, and socioeconomic trends. Beyond risk, data also highlight PCEs and other protective factors like parental

resilience, access to support systems, or early childhood education programs.<sup>4</sup>

Historically, child welfare systems often respond after maltreatment occurs. Data to action focuses on primary prevention by identifying and addressing risk factors early. In addition, the development of surveillance systems that accurately track population-level trends in child maltreatment and other ACEs can increase awareness of the issue, helping to improve practices in child protection.<sup>3</sup>

When applied effectively, data to action transforms raw numbers into informed strategies that prevent ACEs, address social drivers of health (SDoH), promote PCEs, and improve the well-being of children and families.

There are many benefits to improving access to ACEs and PCEs data, but these data also require providing historical and contextual origins to ensure that the data are being sourced ethically.<sup>4</sup> Concerns include avoiding further harm or distress from participating in research, appropriate responses to children when they disclose abuse and risk factors, obtaining consent, and ensuring confidentiality when children are providing information about abuse. Cultural diversity and cultural competency are also important factors to consider when collecting ACEs and PCEs data; language use and belief systems can have a significant impact on the conceptualization of child maltreatment, other ACEs, and PCEs.<sup>3</sup>

Child welfare agencies, human services organizations, public health agencies, and other sources often house data in research repositories or public systems that subsequently flow into centralized data collection efforts. While some sources are designed for surveillance, others serve as performance or outcome indicators, and data are often analyzed in isolation. Combining multiple sources and ensuring comprehensive analysis can provide a clearer understanding of child maltreatment and ACEs trends and inform tailored interventions for children and families.<sup>3</sup>

Alternatively, inconsistencies in how child maltreatment and other ACEs are reported and defined across jurisdictions create challenges for interpretation. Variations in state and local laws, reporting thresholds, and agency protocols can result in disparities in data collection and analysis, making it difficult to accurately compare trends or assess the effectiveness of prevention efforts. For instance, what constitutes neglect in 1 state might not meet the same criteria in another, leading to gaps in understanding the true scope of the issue. These inconsistencies can also hinder cross-sector collaboration, as agencies working together may operate with different definitions and reporting practices.

Moreover, effective use of shared maltreatment data requires that stakeholders agree on the purpose of data engagement, agree on methodologies for gathering and interpreting information, and articulate

shared values and goals to ensure mutually beneficial outcomes. To fully support prevention, data processes should be inclusive, equitable, and reflect the entire continuum of prevention efforts. Addressing these challenges requires standardized definitions, improved data-sharing agreements, and consistent training for professionals involved in identifying and reporting child maltreatment and other ACEs.

## NEW NORTH CAROLINA SURVEILLANCE SYSTEM

The Centers for Disease Control and Prevention defines public health surveillance as “the collection, analysis, and use of data to target public health prevention.”<sup>5</sup> A critical first step in preventing ACEs is to use surveillance to understand the scope of the problem. Therefore, surveillance strategies are needed to understand where ACEs and PCEs occur and who is at greatest risk for ACEs and their related consequences. An ACEs surveillance system will allow agencies and organizations within NC to track this information, as well as use it to inform prevention strategies and evaluate the effectiveness of those approaches.

The development of the North Carolina ACEs surveillance system is funded by the Centers for Disease Control and Prevention through the Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action initiative.<sup>6</sup> The system is being created in partnership between the Injury and Violence Prevention Branch (IVPB) in the NCDHHS Division of Public Health (DPH) and researchers from the Injury Prevention Research Center at UNC-Chapel Hill. Once the CDC funding ends in 2028, the surveillance system will be housed in the IVPB and will be managed by individuals with expertise in injury epidemiology. The surveillance system will compile indicators of ACEs, PCEs, social drivers of health, and risk factors for ACEs from existing data sources into 1 dataset to track the magnitude of these indicators at the state and county levels. Potential indicators to include in the system were identified in the academic literature and finalized through a series of meetings with a working group comprised of individuals with expertise in child and family data sources.

Table 1 includes examples of indicators that will be included in the surveillance system. Staff at DPH will use the surveillance system to monitor trends in the magnitude of these indicators. Specifically, they will analyze the data to identify significant trends indicating an increase in ACEs/decrease in PCEs. When these trends are identified, agencies such as local health departments and Smart Start partnerships in the county will be contacted and connected to prevention strategies specific to their concerns, as identified by the data.

**Table 1.**  
**Surveillance system indicators**

	INDICATOR	DATA SOURCE
ACE	Investigated child abuse or neglect case records	Child Welfare Data
ACE	Mental health status (adult)	National Syndromic Surveillance Program
ACE	Substance use disorder (adult)	National Syndromic Surveillance Program
PCE	Adult mentor	National Survey of Children’s Health
PCE	Participated in 1 or more organized activity	National Survey of Children’s Health
PCE	Supportive neighborhood	National Survey of Children’s Health
SDOH	Food insufficiency	American Community Survey
SDOH	Unemployment	County Health Ranking
SDOH	% Children in poverty	County Health Ranking

### RECOMMENDATION #12

**The North Carolina General Assembly should allocate funds to ensure the long-term sustainability of the newly developed surveillance system.**

#### Strategy 1

**These funds will support the creation of a new data analyst role in the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health to support regular data updates and related communication strategies, as well as staff time dedicated to continuous monitoring and analysis of critical data related to ACEs, PCEs, and other types of child and family injury and violence.**

#### CONTEXT

Comprehensive data collection and analysis are critical for shaping effective public health policies and programs, particularly those aimed at preventing adverse childhood experiences (ACEs) and promoting positive childhood experiences (PCEs). In North Carolina, efforts to monitor child and family injury, violence, and related risk factors have been historically challenged by fragmented data systems, inconsistent reporting, and limited resources for ongoing data analysis.

The development of a new surveillance system will allow for the consolidation and tracking of key indicators related to childhood adversity and protective factors. However, for this system to remain effective and drive actionable policy changes, it requires sustained funding, dedicated personnel, and continuous updates. Without long-term investment, the system risks becoming outdated, limiting its ability to identify trends, target interventions, and inform decision-making at both state and local levels.

Data evaluation and dissemination is critical to continuously assess whether current strategies are achieving the goal of prevention.<sup>1</sup> Increased capacity for this surveillance system will inform statewide prevention needs.

#### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Developing a surveillance system that reliably and accurately captures trends in ACEs, PCEs, and social drivers of health (SDoH) can increase public awareness of the issues, inform the need for new or modified programs and policies, maximize the impact of resources, and improve prevention initiatives.

By allocating funds to support a new data analyst role within the NCDHHS Division of Public Health, North Carolina can ensure that the surveillance system remains a reliable and responsive tool for tracking progress in ACEs prevention and PCE promotion. Additionally, securing dedicated staff time for data monitoring and communication strategies will allow for regular dissemination of findings to policymakers,

community organizations, and other stakeholders—ensuring that data-driven solutions remain at the forefront of public health efforts. Having a dedicated data analyst in the Division of Public Health will help improve the accuracy, timeliness, and accessibility of data related to ACEs, PCEs, SDoH, and child and family injury and violence. This will allow state agencies, community organizations, and policymakers to make data-driven decisions, allocate resources more effectively, and adapt policies and programs based on emerging trends.

#### DESIRED RESULT

To ensure the long-term sustainability and effectiveness of North Carolina's surveillance system by securing dedicated funding and personnel to support continuous data collection, analysis, and dissemination, enabling data-driven policies and interventions that prevent ACEs and promote PCEs.

#### ALIGNMENT ACROSS NC

- **The North Carolina Child Fatality Task Force** advocates for better data collection and surveillance systems related to child maltreatment, injury prevention, and family violence.
- **UNC Chapel Hill's Jordan Institute for Families** conducts statewide evaluations on child health and welfare and contributes to policy development using evidence-based data.
- **Positive Childhood Alliance NC (PCANC)** encourages data-driven child well-being policies, including monitoring ACEs and PCEs through public policy and community-based interventions.
- **NCDHHS** has a Child Behavioral Health Dashboard, which includes key metrics on behavioral health diagnoses for children and adolescents, as well as risk factors and utilizations of emergency departments.

## Strategy 2

The data analyst and additional supporting staff should disseminate this information by connecting to communities and child health partners to support the implementation of evidence-based strategies.

### CONTEXT

Community and child health partners can support the implementation by:

- **Integrating Data into Practice:** Using state and local data on ACEs, PCEs, SDoH, and child health outcomes to guide program development, service delivery, and targeted interventions.
- **Expanding Preventive Services:** Implementing universal screenings, early intervention programs, and trauma-informed care models in pediatric and family health settings.
- **Enhancing Community Partnerships:** Collaborating with schools, social services, mental health providers, and community organizations to strengthen a coordinated system of care for children and families.
- **Advocating for Policy Change:** Using existing data and evidence-based research to inform policymakers, secure funding, and support legislative efforts that promote financial stability, child well-being, and equitable access to services.
- **Training and Education:** Providing ongoing training for health care providers, educators, and caregivers on best practices for addressing childhood adversity and fostering resilience.
- **Improving Access to Resources:** Helping families navigate Medicaid, early childhood programs, behavioral health services, and social supports to reduce barriers to care.
- **Evaluating Program Effectiveness:** Regularly assessing and adjusting interventions based on outcomes and new research, ensuring that strategies remain relevant and effective.

### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

For data to be actionable, it must be effectively communicated to those who can implement solutions, such as community organizations, health care providers, child welfare agencies, and policymakers.

Currently, many communities and child health partners in North Carolina lack access to timely, user-friendly data that could help them tailor interventions, secure funding, and advocate for policies that improve child and family well-being. By ensuring that a dedicated data analyst and other staff are responsible for disseminating key findings, translating complex data into actionable insights, and fostering partnerships with local stakeholders, North Carolina can bridge the gap between research and real-world application. Through collaborative efforts with child health networks, community leaders, and service providers, this strategy will ensure that evidence-based strategies are informed by the latest data, adapted to local needs, and continuously refined based on outcomes.

### DESIRED RESULT

To ensure that data on ACEs, PCEs, SDoH, and child health outcomes are effectively shared with communities and child health partners, enabling them to implement evidence-based strategies that improve child and family well-being across North Carolina.

### ALIGNMENT ACROSS NC

- **NC Child** address policies affecting the whole child, including health and well-being, early childhood education, and family financial economic security through evidence-based approaches. NC Child also releases annual data cards that are county-level snapshots providing key indicators on child health, well-being, education, and economic security in North Carolina.
- **Positive Childhood Alliance NC (PCANC)** collaborates with statewide partners to support policies that strengthen families and prevent child maltreatment, focusing on research-based approaches to create safe, stable, and nurturing environments for children.
- **The Duke Center for Child & Family Policy** researches child well-being metrics and evidence-based policy solutions for child health and family stability.
- **The North Carolina Early Childhood Foundation (NCECF)** uses statewide early childhood data to inform best practices in health, education, and economic stability for families.
- **NCPC/Smart Start** implements early childhood interventions informed by statewide and local child health data.

### RECOMMENDATION #13

**Utilize child care workforce data to inform strategies for improving family financial stability, employee retention, and overall economic development.**

#### Strategy 1

**The NC Department of Health and Human Services Division of Child Development and Early Education (DCDEE), in partnership with local Resource and Referral Agencies and Early Years, should leverage data from the annual child care workforce study. Based on these findings, the listed organizations should provide policymakers with recommendations to address workforce gaps impacting parental employment.**

#### CONTEXT

The Division of Child Development and Early Education (DCDEE) is a division within the North Carolina Department of Health and Human Services (NCDHHS) that oversees early childhood education and child care programs across the state. DCDEE is responsible for licensing and regulating child care facilities, administering child care subsidies, supporting the NC Pre-K program, and promoting workforce development for early childhood educators. It also manages initiatives to improve child care quality, ensure health and safety standards, and expand access to high-quality early learning opportunities for families and children.<sup>7</sup>

North Carolina's Child Care Resource and Referral (CCR&R) Agencies provide local-level support for families, child care providers, and communities to enhance access to high-quality early childhood education and child care services. These agencies operate under the NC Child Care Resource & Referral (CCR&R) Network, which is supported by Early Years (formerly Child Care Services Association) and the North Carolina Division of Child Development and Early Education (DCDEE). Key roles of local R&R agencies include helping families find child care, supporting child care providers, promoting high-quality early learning environments, and assisting with emergency and disaster response for child care.<sup>8</sup>

Early Years NC (formerly Child Care Services Association, or CCSA) is a nonprofit organization dedicated to improving access to high-quality early childhood education in North Carolina. Early Years NC provides resources, technical assistance, and advocacy to support families, child care providers, and policymakers in strengthening the early childhood system.<sup>9</sup>

The North Carolina Annual Child Care Workforce Study is a comprehensive analysis conducted to assess the state of the early childhood education workforce across North Carolina. It is typically led by Early Years NC in collaboration with DCDEE and other stakeholders. The study collects critical workforce data to inform policy, funding, and workforce development initiatives aimed at strengthening the child care

system. It provides data-driven insights to shape early childhood policy and funding priorities; supports efforts to increase wages, benefits, and career pathways for child care workers; and helps track the impact of workforce initiatives such as wage supplements and education programs. The findings from the study are used by policymakers, advocates, and early childhood leaders to strengthen North Carolina's early learning system and address the critical workforce crisis in child care.<sup>10</sup>

#### **The 2023 report, "Working in Early Care and Education in North Carolina," found that:<sup>11</sup>**

- The **statewide average** for early childhood education (ECE) center teaching staff was **\$14.42 per hour**.
- The average director wage was **\$21.63 per hour**.
- **93%** of directors and **99%** of teaching staff **identified as female**.
- **12%** of Family Child Care (FCC) providers had **no health insurance** at all.

#### **WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?**

Gaps in the child care workforce directly impact parents' ability to work and maintain financial stability. Without a sufficient supply of early childhood educators, child care centers struggle to remain open or operate at full capacity, leading to long waitlists and reduced access to care—particularly in rural and underserved areas. This directly affects parental employment by making it harder for families to find affordable, high-quality child care that aligns with their work schedules. By leveraging data from the study, policymakers can better understand workforce shortages, wage disparities, and the challenges faced by child care providers. This evidence-based approach ensures that state and local decision-makers have the necessary information to craft policies and funding solutions that stabilize the child care workforce, improve retention, and expand access to working families.

### DESIRED RESULT

To ensure that child care workforce data informs policy decisions that strengthen family financial stability, improve employee retention, and support economic development by addressing workforce gaps impacting parental employment.

### ALIGNMENT ACROSS NC

- **The NC Center on the Workforce for Health** examines workforce data to guide policy recommendations.
- **The NC Chamber Foundation** promotes family-friendly workplace policies, employer-supported child care solutions, and economic strategies.
- **NCPC/Smart Start** develops early childhood workforce strategies at the local level.
- **The North Carolina Early Childhood Foundation** utilizes data from workforce studies to inform policymakers about early childhood education workforce challenges and promotes family-friendly workplace policies.



### Strategy 2

**North Carolina Early Childhood Foundation, Moms Rising, NC Child, NC Chamber Foundation, NC Department of Commerce, Early Years, and the North Carolina Partnership for Children/Smart Start should develop and implement outreach strategies to improve awareness of the connections between a qualified, robust child care workforce and overall economic stability for families and communities. Audiences should include the North Carolina General Assembly, local elected officials, employers and business associations, higher education, and others. Some of these strategies may build on existing work, such as those implemented by Family Forward NC and recommended in the 2024 Untapped Potential report.**

### CONTEXT

A strong and qualified child care workforce is essential not only for early childhood development, but also for economic stability in North Carolina. Families rely on accessible, high-quality child care to participate in the workforce, and businesses benefit from improved employee retention and productivity when workers have reliable child care options. However, chronic workforce shortages, low wages, and high turnover in the child care sector threaten the availability of care, creating barriers for both families and employers.

The North Carolina Early Childhood Foundation (NCECF) specializes in data-driven policy solutions and public awareness campaigns related to childhood and workforce issues. NCECF also leads efforts that highlight early childhood investments and their long-term impact on North Carolina's economy.<sup>12</sup> MomsRising NC is an advocacy organization that mobilizes parents to support family-friendly workplace policies, paid leave, and child care funding. MomsRising NC also engages families, business leaders, and policymakers in promoting investments in the early childhood workforce.<sup>13</sup> NC Child works to ensure that child care policies support low-income and marginalized communities while advocating for family economic security, child care accessibility, and early learning policies.<sup>14</sup> The NC Chamber Foundation focuses on business-driven solutions for child care as an economic issue<sup>15</sup> and partners with Family Forward NC, an NCECF initiative that encourages employers to invest in child-friendly policies.<sup>16</sup> The NC Department of Commerce leads statewide workforce development and economic stability efforts, and works with businesses, higher education, and local governments to address workforce shortages, including in child care.<sup>17</sup> Early Years NC (formerly CCSA) conducts the annual child care workforce study, providing critical data on workforce size, wages, and turnover.<sup>18</sup> NCPC/Smart Start helps to identify and address regional child care workforce challenges.<sup>19</sup>

Family Forward NC is an initiative of the North Carolina Early Childhood Foundation that promotes family-friendly workplace policies to strengthen North Carolina's workforce and economy. It provides research, resources, and employer toolkits to help businesses implement policies such as paid family leave, flexible work arrangements, child care benefits, and health and wellness supports. The initiative highlights how family-supportive policies improve employee retention, productivity, and economic growth while also fostering PCEs for working families. Through employer education, case studies, and advocacy, Family Forward NC encourages North Carolina businesses to invest in workplace practices that support both business success and family well-being.<sup>16</sup>

*Untapped Potential* is a 2024 report developed in partnership with the NC Chamber Foundation and NC Child. It examines the economic impact of child care challenges on North Carolina's workforce and economy. The report highlights how a lack of accessible, affordable child care limits workforce participation, particularly for parents of young children, and contributes to labor shortages across industries. It quantifies the financial toll of these challenges, including lost earnings, reduced business productivity, and decreased tax revenues. *Untapped Potential* also offers policy recommendations and employer strategies to improve child care access, strengthen the workforce, and enhance economic stability for families and businesses.<sup>20</sup>

### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

By developing and implementing outreach strategies, the named organizations can raise awareness among policymakers, business leaders, and higher education institutions about the economic impact of a well-supported child care workforce. These efforts can build on initiatives like Family Forward NC and insights from the 2024 *Untapped Potential* report, which highlight how family-friendly workplace policies and investments in child care strengthen North Carolina's economy. Aligning child care workforce stability with economic development strategies will encourage cross-sector collaboration and targeted policy solutions to support working families and drive economic growth. This cross-sector approach ensures that outreach efforts engage multiple audiences, leverages data and economic research, amplifies parent and employers' voices, and aligns existing initiatives to create a cohesive strategy for workforce and economic development.

### DESIRED RESULT

To increase public and policymaker awareness of the vital connection between a strong child care workforce and overall economic stability, leading to informed policy decisions and investments that support families, businesses, and North Carolina's economy.

### ALIGNMENT ACROSS NC

- **The NC Justice Center** engages in policy advocacy for financial supports, including child care affordability and workforce investments.
- **United Way of North Carolina** works on local and statewide initiatives to expand access to child care and improve family economic mobility.



### Strategy 3

The North Carolina General Assembly should ensure that the Early Childhood/School Age Workforce Registry, currently being developed by Early Years NC using funds received by the state through the American Rescue Plan Act, is sufficiently and sustainably funded in order to inform ongoing policy development. This registry should also be made mandatory.

## CONTEXT

A child care workforce registry is a statewide system designed to collect and track data on early childhood educators, including their qualifications, professional development, and employment history. The registry serves as a tool to support workforce planning, inform policy decisions, and provide resources for child care professionals. It aims to improve workforce data collection, support professional development, enhance workforce planning, and facilitate credentialing and licensing. The registry is funded in part by American Rescue Plan Act (ARPA) funds, as part of broader federal efforts to stabilize and strengthen the child care sector in response to the COVID-19 pandemic. ARPA funding, allocated to North Carolina through the Division of Child Development and Early Education (DCDEE), was used to help develop the registry as a critical workforce tool. The funds were used to establish the infrastructure needed for a comprehensive, statewide system to collect, manage, and analyze workforce data.<sup>21</sup>

However, as of February 2025, North Carolina is 1 of only 7 states without a formal Early Childhood/School Age Workforce Registry.<sup>22</sup> Significant progress has been made, as efforts have been underway to establish a registry; in 2021, Early Years, supported by the Z. Smith Reynolds Foundation, partnered with Public Consulting Group to plan and develop this registry.<sup>22</sup> And while North Carolina does have multiple systems that support early care and education, these systems cannot interface with each other, making it challenging to understand what data are being collected and reported.<sup>22</sup>

Making the child care workforce registry mandatory once implemented ensures that the data collected is comprehensive, accurate, and representative of North Carolina's child care workforce. A mandatory registry would improve workforce data accuracy; a voluntary registry can lead to incomplete data, limiting its usefulness for workforce planning and policy decisions.

## WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Although ARPA funding provides a foundation for launching the registry, sustained funding will be necessary to maintain and expand its capabilities beyond the federally funded period. A comprehensive, well-funded, and mandatory child care workforce registry is essential for addressing North Carolina's child care workforce crisis and ensuring data-driven policy decisions that support workforce stability and child care access. By ensuring sufficient and sustainable funding for the

child care workforce registry, the NCGA can help create long-term infrastructure that tracks workforce trends, qualifications, wages, and retention rates.

## DESIRED RESULT

To secure sustainable funding and mandatory participation for North Carolina's child care workforce registry to support informed and effective policy development.

## ALIGNMENT ACROSS NC

- **The North Carolina Early Childhood Integrated Data System (NC ECIDS)** serves as a single source for integrated early childhood data across education, health, and social services programs. It aims to provide insights into early childhood service utilization, which can inform policy and program decisions.
- **The North Carolina Early Education Coalition** is dedicated to promoting high-quality, accessible, and affordable child care. Their initiatives emphasize the importance of effective policies and programs for young children.

### RECOMMENDATION #14

**A Collaborative Action Council including the NCDHHS Division of Child Development and Early Education, NC Child, North Carolina Partnership for Children/Smart Start, NC Chamber Foundation, NC Department of Commerce, North Carolina Child Care Resource and Referral Council, Cape Fear Collective, child care employers, philanthropic organizations, business leaders, community organizations, and policymakers should establish shared goals, coordinate resources, and leverage data to mitigate child care workforce shortages.**

*See Recommendation 3.1 in the Appendix for the original recommendation.*

### Strategy 1

**Early Years, NCPCC/Smart Start, NC Child, and the Division of Child Development and Early Education, along with other early childhood-focused partners, should serve as the designated sources identifying existing data, coordinating stakeholders, providing data-driven insights, and identifying successful initiatives.**

#### CONTEXT

In January 2021, Early Years, formerly known as Child Care Services Association (CCSA), with the support of the Z. Smith Reynolds Foundation, launched the process for a North Carolina Early Childhood/School Age (EC/SA) Workforce Registry<sup>21</sup> (see Recommendation 12 above). This positions Early Years as a key organization for collecting, analyzing, and coordinating workforce data.

NCPCC/Smart Start is a statewide network that supports early childhood programs, workforce development, and community-based solutions. NCPCC/Smart Start also coordinates funding, technical assistance, and local partnerships to improve child care quality and access. Additionally, NCPCC's role in early childhood data collection and its relationships with child care providers, businesses, and policymakers make it effective in scaling solutions statewide.<sup>19</sup>

NC Child is a statewide organization focused on improving outcomes for children and families and plays an important role in ensuring that child care workforce strategies align with broader efforts to improve early childhood systems, economic mobility, and family support.<sup>14</sup>

The Division of Child Development and Early Education (DCDEE) is the primary state agency responsible for overseeing North Carolina's early childhood education system, including child care licensing, workforce standards, and funding distribution. As the entity managing key programs such as the child care subsidy system and the workforce registry, DCDEE plays a central role in collecting and utilizing data to inform policy decisions. Its inclusion ensures alignment between workforce strategies and state-level regulations, funding priorities,

and long-term planning efforts. Additionally, DCDEE's authority and partnerships with local agencies, child care providers, and policymakers make it essential for coordinating statewide efforts to strengthen the early childhood workforce.<sup>23</sup>

#### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

These organizations already play critical roles in workforce development, child care quality, and policy advocacy, but their efforts are often siloed. By formalizing their role in identifying existing data sources, coordinating stakeholders, and providing data-driven insights, this strategy aims to ensure that decisions about child care funding, workforce development, and program effectiveness are based on accurate, comprehensive information. Additionally, identifying and scaling successful initiatives will help maximize impact and sustainability, allowing North Carolina to build a stronger, more resilient early childhood system. This coordinated effort will support policymakers, businesses, and community organizations in making informed choices that benefit children, families, and the workforce.

In several states, such as Kentucky, New York, and Ohio, workforce registries have been utilized to analyze the educational backgrounds and professional development needs of early childhood educators. These data have informed policy decisions to establish or revise credentialing requirements and professional development standards. For instance, registries have helped identify gaps in qualifications, leading to the implementation of targeted training programs to elevate workforce competencies.<sup>24,25</sup>

**DESIRED RESULT**

To ensure a coordinated, data-driven approach to child care policy and workforce development, leveraging existing expertise and resources to inform effective, sustainable solutions.

**ALIGNMENT ACROSS NC**

- **The NC Department of Commerce** focuses on workforce development strategies, aligning with efforts to improve compensation, training, and career pathways for early childhood education.
- **NC Child** advocates for statewide workforce investment and policy improvements to ensure a strong child care system.
- **The NC Association for the Education of Young Children** supports child care workforce development through professional training, policy advocacy, and compensation improvement efforts.
- **The Duke Center for Child and Family Policy** researches early childhood workforce trends and employer-based solutions for child care access issues.

### Strategy 2

The responsible parties should collaborate to utilize child care workforce data, labor market trends, and employment surveys to monitor and track child care workforce shortages.

#### CONTEXT

Possible employment surveys include the Workforce Needs Assessment conducted by the NC Department of Commerce or labor markets organizations to identify labor shortages, skill gaps, and regional workforce needs, which can inform child care workforce strategies. Large scale surveys providing comparative data on workforce trends, compensation, and workforce stability across states may also be used as a resource.

Addressing North Carolina's child care workforce shortages requires a data-driven approach to understand trends, identify gaps, and implement effective solutions. Currently, workforce data is collected across multiple agencies and organizations, but there is no fully coordinated effort to analyze and apply this data in a way that directly informs workforce policies and funding strategies. By collaborating to utilize child care workforce data, labor market trends, and employment surveys, responsible parties—including DCDEE, Early Years, NCPC/Smart Start, NC Child, and other early childhood stakeholders—can create a comprehensive picture of workforce shortages.

Tracking workforce supply and demand will help policymakers, businesses, and advocates anticipate future shortages, assess the impact of policy changes, and design targeted workforce investments. This approach also aligns with broader labor market strategies, as child care workforce stability is crucial for North Carolina's overall economy and workforce participation. Ensuring that accurate, up-to-date data is used in decision-making will lead to more effective recruitment, retention, and compensation strategies, ultimately strengthening the child care sector and improving access to quality early learning opportunities for families across the state.

#### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Integrating workforce data with broader labor market trends ensures that child care workforce strategies align with economic and workforce development initiatives, ultimately strengthening North Carolina's child care system and expanding access to quality early learning opportunities for families. Additionally, this strategy allows for more targeted workforce investments by identifying geographic areas with the greatest shortages and assessing the impact of compensation initiatives, professional development programs, and retention strategies. It also supports stronger collaboration between child care providers, policymakers, and business leaders by providing clear, data-backed insights into workforce challenges and potential solutions. By leveraging

existing data sources and filling in gaps where needed, this coordinated effort ensures that child care workforce policies are both responsive to immediate needs and sustainable for long-term system stability.

#### DESIRED RESULT

To centralize and analyze workforce data, streamline stakeholder coordination, and identify effective initiatives that strengthen North Carolina's child care workforce.

#### ALIGNMENT ACROSS NC

- **The NC Office of State Budget and Management** tracks labor market trends, employment data, and workforce participation rates, which can be integrated with child care workforce data.
- **The Duke Center for Child and Family Policy** conducts research on early childhood workforce challenges and their impact on child care access.
- **The NC Chamber Foundation** engages in workforce development discussions, as child care shortages impact business productivity and labor force participation.

### Strategy 3

**Cape Fear Collective, in partnership with NCPC/Smart Start and Child Care Resource and Referral agencies, should identify methods of incentivizing child care providers to report their child care workforce data in order to improve diversity of included providers.**

#### CONTEXT

Cape Fear Collective specializes in data-driven solutions and economic development. They strive to ensure that strategies for incentivizing provider participation are designed with a strong emphasis on workforce diversity, inclusion, and community impact. Their experience in leveraging data for workforce solutions makes them well-positioned to help improve the representation of diverse child care providers in workforce reporting.

NCPC/Smart Start is a statewide early childhood network with local partnerships across North Carolina and has direct relationships with child care providers. Their infrastructure and experience in supporting providers through technical assistance and funding mechanisms allow them to help implement and promote effective incentives.

Child Care Resource & Referral (CCR&R) agencies work directly with child care providers to offer professional development, business support, and licensing guidance. Their inclusion ensures that workforce data collection efforts align with the realities of provider operations and that incentives address key barriers, such as the administrative burden of reporting.

Incentives should focus on reducing the administrative burden of data reporting. These incentives could be:

- **Financial**, such as subsidies or reduced license fees
- **Administrative**, such as dedicated technical assistance or simplified reporting requirements
- **Professional development**, such as training discounts and certifications
- **Operational benefits**, such as networking opportunities and priority access to workforce support programs

#### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Increasing participation in workforce data reporting is essential for understanding and addressing North Carolina's child care workforce challenges, particularly among underrepresented providers. Currently, workforce data is incomplete, limiting the ability to develop equitable, data-driven policies and targeted support for child care programs. Many providers, especially small, home-based, or minority-owned businesses, face barriers to participation due to the administrative burden of reporting, lack of time, or limited access to technical support.

By combining financial, administrative, and professional incentives, this strategy can make workforce data reporting more attractive and manageable for child care providers, ultimately improving the diversity and accuracy of workforce data.

#### DESIRED RESULT

To increase participation in workforce data reporting, particularly among diverse and underrepresented child care providers, and to create a more comprehensive understanding of North Carolina's child care workforce needs.

#### ALIGNMENT ACROSS NC

- **The NC Chamber Foundation** addresses critical challenges impacting North Carolina's economy, including access to quality, affordable child care. By conducting research and disseminating information on child care's economic impact, the foundation supports strategies that strengthen provider sustainability and workforce participation.
- **The NC Division of Child Development and Early Education (DCDEE)** oversees child care provider licensing and workforce regulations, making it a key partner in expanding workforce data collection efforts and ensuring reporting compliance.

### Strategy 4

The Collaborative Action Council should leverage data analysis to identify geographic areas and populations most impacted by child care workforce shortages and develop targeted recruitment and retention strategies.

- a) Using insights from labor market trends, workforce data, and community feedback, policymakers should prioritize efforts in underserved regions and communities disproportionately affected by shortages.

### CONTEXT

North Carolina, like many states, faces a critical shortage of early childhood educators, exacerbated by low pay, limited benefits, and high job demands.<sup>26</sup> This shortage is particularly severe in rural areas and lower-income communities, where providers struggle to attract and retain qualified staff, leading to reduced child care availability and workforce instability.<sup>27</sup> As a result, families face limited options for high-quality early learning programs, which can affect children's development and parents' ability to participate in the workforce.

This impacts both child care availability and affordability for families, making it harder for parents to find reliable care that meets their needs and forcing some to reduce work hours or leave the workforce altogether. Limited access to child care can also contribute to economic instability for families and businesses,<sup>28</sup> as employers struggle with workforce retention and productivity when employees face child care challenges.

By using data from the Collaborative Action Council, local child care providers will be able to use data from the central sources identified in Strategy 1 to address workforce challenges, allowing them to identify trends in staffing shortages, anticipate future needs, and implement targeted solutions. This data-driven approach can support efforts such as wage incentives, professional development opportunities, and pipeline programs that strengthen the workforce and improve job stability within the sector.

The targeted recruitment and retention strategies could include incentives such as wage supplements, scholarships, training programs, and partnerships with local businesses to improve workforce retention and recruitment. These strategies should be designed to address the root causes of workforce shortages, such as low compensation, limited career advancement opportunities, and geographic disparities in access to training and employment. Expanding public-private partnerships can help create sustainable solutions by engaging philanthropy, workforce development agencies, and local employers to invest in child care workforce stability. Additionally, offering loan forgiveness programs, tax incentives, or stipends for early childhood educators working in high-need areas could make the profession more attractive and financially viable.

### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

Addressing these workforce challenges through data-driven strategies ensures that recruitment and retention efforts are targeted to the areas and populations most in need, maximizing the effectiveness of policy interventions and resource allocation. A strong, stable child care workforce is essential for maintaining child care availability, which directly impacts family economic mobility, as parents rely on these services to participate in the workforce.

Beyond workforce stabilization, policymakers and community organizations will be equipped with region-specific insights that allow them to implement tailored solutions and enact regulatory changes informed by real-time workforce data. By ensuring coordinated, data-driven decision-making, this strategy promotes long-term solutions to workforce shortages, strengthens North Carolina's child care infrastructure, and expands access to high-quality early childhood education.

### DESIRED RESULT

To create a stable, well-supported child care workforce by using data-driven insights to target recruitment and retention efforts in high-need areas, ensuring that families across North Carolina have consistent access to quality early childhood education.

### ALIGNMENT ACROSS NC

- **The North Carolina Center on the Workforce for Health** focuses on addressing the state's health workforce challenges through comprehensive data and analysis and develops targeted strategies to strengthen the workforce.
- **The North Carolina Health Talent Alliance (NC HTA)** is a strategic public-private partnership between the NC Chamber Foundation and the NC Center on the Workforce for Health, established to address critical shortages in the state's health care workforce. The Alliance aims to create sustainable, employer-led talent pipelines across North Carolina by leveraging real-time data to inform workforce development strategies.<sup>29</sup>

## RECOMMENDATION #15

**The Cecil G. Sheps Center for Health Services Research (UNC Sheps) should collaborate with NC Medicaid to evaluate standard and tailored plans for their alignment with the goals of preventing adverse childhood experiences (ACEs), growing positive childhood experiences (PCEs), and promoting economic stability.**

Strategy  
1

As part of this evaluation, a focused review of recent Medicaid policy changes should be conducted by UNC Sheps to identify lessons learned.

- a) The review should specifically address the application of prevention-based strategies such as Healthy Opportunities Pilots, early childhood intervention programs, parenting support and education, mental health screenings, and proactive social services that address the root causes of family stressors.

## CONTEXT

UNC Sheps is a leading research center affiliated with the University of North Carolina at Chapel Hill with expertise in health policy evaluation, workforce research, and health service analysis. UNC Sheps can identify gaps, strengths, and opportunities for improvement in addressing social drivers of health and preventing childhood adversity. A key component of this evaluation involves a focused review of recent Medicaid transformation policy changes to extract lessons learned and inform future policy decisions.

An example of a recent transformation was the July 2021 move to NC Medicaid Managed Care.<sup>30</sup> These plans aimed to improve care coordination and health outcomes by shifting risk and service management to value-based prepaid health plans (PHPs). These PHPs offer comprehensive services for children and families, including physical health care, behavioral health services, pharmacy benefits, and long-term services and supports. Additionally, PHPs address unmet health-related resource needs, such as housing, food, transportation, and interpersonal violence, through tailored care management.<sup>31</sup> Notably, the Children and Families Specialty Plan, set to launch on December 1, 2025, will provide integrated and coordinated health care specifically for Medicaid-enrolled children, youth, and families involved in the child welfare system.<sup>32</sup>

Tailored Plans were launched in July 2024, offering tailored plans for children with complex needs, those with serious mental illness, severe substance use disorders, intellectual and developmental disabilities, and traumatic brain injuries.<sup>33</sup> Tailored Plans are designed to provide coordinated services across multiple systems, including schools, child welfare, and social services.

North Carolina's ongoing Medicaid transformation, which includes the implementation of tailored plans and innovative health initiatives such as the Healthy Opportunities Pilots, provides an opportunity to assess how well these changes align with evidence-based strategies for early childhood intervention and family support.

## WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

North Carolina's Medicaid transformation presents a critical opportunity to strengthen its role in preventing ACEs, promoting PCEs, and supporting family economic stability. Given Medicaid's significant reach in serving children and families, ensuring that its policies align with evidence-based prevention strategies is essential for improving long-term health and well-being. As a primary provider of health care, mental health services, and social supports for children and families, it is a key tool in reducing family stressors related to health care costs. North Carolina's shift to Medicaid Managed Care introduced major policy changes, and a systemic evaluation is necessary to identify the effective implementation of prevention-based strategies, gaps in early intervention, parenting support, mental health screenings, and lessons learned from initiatives like HOP.

Medicaid transformation presents a critical opportunity to assess and strengthen policies that prevent ACEs and promote PCEs. Medicaid plays a central role in supporting early childhood health and well-being, yet its effectiveness depends on how well its policies and services align with prevention-focused approaches.

By leveraging the expertise of UNC Sheps, this strategy ensures a data-driven assessment of Medicaid plans to identify strengths, gaps, and areas for improvement. This is essential for understanding how Medicaid policies support parenting education, mental health screenings, early childhood interventions, and proactive social services—all of which are proven strategies to reduce family stressors, mitigate childhood adversity, and improve long-term health outcomes.

## DESIRED RESULT

To ensure that North Carolina's Medicaid policies effectively integrate prevention-based approaches that reduce ACEs, promote PCEs, and support family economic stability through data-driven evaluation and policy refinement.



### ALIGNMENT ACROSS NC

- **The Division of Child Development and Early Education (DCDEE)** works to ensure that Medicaid policies align with early childhood programs, child care subsidies, and developmental screenings.
- **The Jordan Institute for Families** focuses on family economic stability and child welfare research and other aspects of program implementation and evaluation.
- **NC Child** advocates for early childhood health and family economic security.
- **The Duke Margolis Institute for Health Policy** conducted a qualitative study of the Healthy Opportunities Pilots.
- **Positive Childhood Alliance NC** supports initiatives that prevent ACEs and promote PCEs and aligns with Medicaid early learning systems.
- **NCPC/Smart Start** collaborates with Medicaid to expand early intervention, home visiting, and child care health consultation programs.

## Strategy 2

**Cape Fear Collective, in partnership with NCPC/Smart Start and Child Care Resource and Referral agencies, should identify methods of incentivizing child care providers to report their child care workforce data in order to improve diversity of included providers.**

### CONTEXT

The Division of Health Benefits (DHB) is the state agency within the NC Department of Health and Human Services (NCDHHS) responsible for administering NC Medicaid and NC Health Choice programs.<sup>34</sup> DHB oversees policy development, program implementation, and funding management to ensure that Medicaid provides access to high-quality, cost-effective health care services for eligible North Carolinians. As North Carolina's Medicaid program continues to evolve, DHB plays a critical role in ensuring that policies align with efforts to improve child and family well-being.

Medicaid serves as a key driver of health and economic stability for low-income families, providing essential coverage for services such as maternal and child health, behavioral health, and social services integration. However, to maximize their impact, Medicaid policies should be continuously evaluated and adjusted to ensure they address the economic and social drivers of health that help to shape long-term family outcomes. This includes factors such as housing stability, food security, access to child care, and workforce participation—all of which influence family stability and child development.

By using evaluation findings to guide policy adjustments, NC Medicaid can implement evidence-based strategies that scale effective interventions statewide. Adjustments may include expanding prevention-based services, integrating Medicaid more deeply with early childhood initiatives, and aligning Medicaid benefits with workforce and economic mobility efforts. Ensuring that Medicaid policies proactively address non-medical factors impacting health will help create a stronger, more resilient system that supports families beyond traditional medical care.

### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

North Carolina's Medicaid program plays a critical role in supporting family well-being, particularly for children and families experiencing economic hardship. However, to be most effective, Medicaid policies must evolve to better address the social and economic drivers of health that impact family stability and child development. This strategy ensures that NC Medicaid actively uses evaluation findings to refine and scale effective policy adjustments statewide. The ongoing evaluation (conducted by UNC Sheps) will assess the effectiveness of Medicaid's Standard and Tailored Plans in preventing ACEs, promoting PCEs, and improving economic stability. The findings from this evaluation will highlight gaps, strengths, and best practices that can inform policy changes to ensure Medicaid's approach to prevention and early

intervention is both comprehensive and equitable. By leveraging these insights, NC Medicaid can adjust policies to better address economic and social factors that contribute to childhood adversity and family instability.

### DESIRED RESULT

To ensure that NC Medicaid implements data-driven policy adjustments that enhance family stability, reduce childhood adversity, and promote positive early development by addressing economic and social drivers of health statewide.

### ALIGNMENT ACROSS NC

- **The Jordan Institute for Families at the UNC School of Social Work** focuses on family well-being, child welfare, and policy research. It has also previously been involved in research and policy recommendations related to Medicaid expansion, social services integration, and economic mobility.
- **The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS)** works on behavioral health initiatives within Medicaid that address childhood trauma and family stability.
- **NCPC/Smart Start** works on early childhood interventions that intersect with Medicaid services, such as early screenings and home visiting programs.

### Strategy 3

**Philanthropy and other related funders should provide funding for the dissemination and application of lessons learned from this initiative.**

#### CONTEXT

Medicaid is 1 of the largest funders of health and social services for low-income families,<sup>35</sup> yet policy improvements are needed to ensure it effectively addresses social drivers of health, economic stability, and early childhood well-being. Philanthropic funding can help identify and scale best practices within Medicaid, ensuring the program moves beyond reactive medical care to preventing ACEs and fostering PCEs.

Philanthropic funding has the ability to accelerate progress and innovation where it is needed most. It plays a critical role in funding initiatives by providing flexibility, innovation, and sustainability beyond what government or private sector funding alone can achieve. While public funding can be constrained by bureaucratic processes, political cycles, and regulatory limitations, philanthropy can fill gaps, accelerate progress, and catalyze systemic change. It can also strengthen cross-sector collaboration by bridging the gaps between government, business, and community organizations.

#### WHY DOES THE UPDATE COMMITTEE RECOMMEND THIS STRATEGY?

This strategy leverages Medicaid as a powerful tool for improving child and family well-being while advancing data-driven, sustainable policy changes that address the root causes of adversity. By investing in the evaluation and refinement of North Carolina's Medicaid policies, funders can drive systemic change that improves health equity, economic mobility, and childhood development at scale.

Medicaid is a federally and state-funded program, meaning that philanthropic investments can serve as a means for larger-scale public funding. By funding targeted pilot programs, evaluation efforts, and capacity-building initiatives, philanthropy can prioritize innovation and position successful models for long-term public investment.

#### DESIRED RESULT

To sustainably invest in programs and strategies identified by Medicaid evaluations to ensure effective reduction of ACEs, promotion of PCEs, and to improve overall child well-being.

#### ALIGNMENT ACROSS NC

- **Kate B. Reynolds Charitable Trust** has provided funding to support Medicaid transformation, rural health access, and health equity efforts in North Carolina.
- **Dogwood Health Trust** helps to fund the Healthy Opportunities Pilots (HOP) in Western North Carolina and provides funding for other social drivers of health initiatives in Western North Carolina.
- **The Duke Endowment** invests in early childhood health, education, and social service integration, including work related to home visiting programs and maternal health initiatives that are often covered by Medicaid.
- **Blue Cross and Blue Shield of North Carolina Foundation** supports health equity initiatives, integrated care models, and community-based interventions that improve Medicaid's role in addressing social drivers of health. It has also recently invested in Medicaid-enrolled maternal and child health services.
- **The HopeStar Foundation** focuses on building family resilience and advancing economic mobility and supports efforts to prevent ACEs and foster PCEs.

## THE ROLE OF MEDICAID EXPANSION IN REDUCING ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Children who experience adverse childhood experiences (ACEs) are at an elevated risk for chronic physical and mental health conditions, developmental delays, and diminished academic and social achievements. Access to health insurance can help mitigate ACEs by addressing important physical and mental health issues that can impact family dynamics. For lower-income families, the expansion of Medicaid eligibility in North Carolina has been a key driver in improving access to care, with around one-third of eligible adults being parents.<sup>36</sup>

ACEs can stem from intergenerational cycles of trauma, where caregivers themselves may be grappling with unresolved adversities that can lead to neglect or abuse. Medicaid expansion has been shown to improve parental health by increasing access to mental health care. By covering counseling and therapy services, Medicaid helps parents address their own challenges, enabling them to be more present and engaged with their children. Research has found that reports of neglect decreased by between 13%–16% in states that expanded Medicaid eligibility.<sup>37</sup>

Substance use disorders are another significant risk factor for ACEs. Expanded Medicaid coverage allows parents to access substance use disorder treatment, helping to break cycles of addiction and reduce related adverse experiences for children.<sup>38</sup> This access not only supports parental recovery but also creates a safer, more stable home environment.

Improved access to health care also supports parents in addressing their physical health needs, further enhancing their ability to nurture and engage with their children.<sup>39</sup> Physical and mental well-being are essential for parents to establish positive, stable relationships that serve as protective factors against ACEs. Additionally, Medicaid expansion helps families stay financially secure by covering medical costs.<sup>39</sup> This financial stability reduces stress and creates an environment conducive to healthy relationships and positive childhood experiences.

North Carolina's expanded Medicaid coverage for maternal health, including prenatal and postpartum care, is another critical component in reducing ACEs. Helping mothers receive the care they need during and after pregnancy sets the foundation for healthy early childhood development. Comprehensive maternal care reduces the risk of complications that could lead to stress or adversity in a child's early years, setting the stage for more positive outcomes.

*When parents and caregivers have access to health insurance, they experience healthier outcomes.*

*This translates to health and well-being for children while they are young and as they grow. The benefits of health insurance are intergenerational. Parents*



*who get the physical and emotional support they need are better able to offer similar support for their children. Families with insurance are less likely to face financial pressures that lead to stress and poorer health outcomes.”*

<https://ncmedicaljournal.com/article/87526-the-impact-of-north-carolina-medicaid-expansion-on-young-adults-infant-maternal-health-and-caregiver-well-being>

### HIGHLIGHTING DATA-TO-ACTION: HOW INCREASED SDOH SCREENINGS AND NCCARE360 COULD DECREASE ACES

The environment and circumstances we live in—family income, neighborhood safety, and access to nutritious foods, for example—play a significant role in our health status and outcomes.<sup>40,41</sup> These non-medical factors that impact health are called social drivers of health (SDoH) and are not typically dependent on individual choice, although SDoH may have a direct effect on the choices and opportunities people have related to healthy behaviors.

SDoH can also have a correlation with ACEs when SDoH “contribute to health and social inequities for groups with disparities in access to money, power and resources. These inequities impact both risk for ACEs and their effect on long-term physical, mental, and behavioral health outcomes and life opportunities, leading to disproportionate effects in certain populations, particularly in communities of color and under-resourced communities.”<sup>42</sup> This link can inform a data-to-action framework, wherein screening for SDoH can identify families who are experiencing conditions that put them at an increased risk for ACEs so that early interventions can help mitigate those stressors.

*“ACEs and SDoH are closely linked, some SDoH can be a source of childhood adversity and toxic stress, like experiencing housing insecurity or homelessness. The social conditions that a person or family experiences can shape or mitigate the pile up of stress.”*

Minnesota Department of Health. ACEs and Social Determinants of Health.  
<https://www.health.state.mn.us/communities/ace/sdoh.html>

In North Carolina, families who are enrolled in Medicaid Managed Care are screened by care managers working with Medicaid Prepaid Health Plans for social needs related to food, housing, transportation, and personal safety. If any of these needs are identified, the NCCARE360 platform—an electronic “statewide network that unites health care and human services organizations with a shared technology that enables a coordinated” approach to meeting social needs—can be used.<sup>43</sup> The platform can be used by care managers and the public to find resources to meet family needs in the geographic area where the person lives and to help link them to the organizations that provide the services. These real-time connections to community resources can thus be protective against economic crisis and family stress that can lead to ACEs.

The data collected from families through SDoH screenings and attempted connections to NCCARE360 resources also help identify high-risk areas and populations throughout North Carolina. This information can inform where additional resources should be prioritized to meet social needs and can inform strategies to prevent ACEs across different communities.<sup>44</sup> This is a prevention-based approach that could lead to long-term benefits by decreasing the experience of ACEs early through data-driven interventions. Societal benefits of this approach include reduced health care costs and improved community well-being.

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## CONCLUSION

The 15 recommendations and 43 strategies put forth by the Essentials for Childhood update committee suggest key evaluations and activities needed to build a stronger foundation for the prevention of child maltreatment and other adverse childhood experiences (ACEs). Implementing these recommendations will require sustained collaboration across state agencies, community organizations, health care providers, and philanthropic partners. By prioritizing strategic investments in early screening, trauma-informed practices, and accessible family supports, North Carolina can establish comprehensive prevention systems that proactively address vulnerabilities before they escalate into long-term harm.

Fostering safe, stable, and nurturing environments for children demands a collective commitment from all sectors involved. The proposed strategies not only provide clear pathways to prevent ACEs, but also empower communities to build resilience, enhance family well-being, and promote lifelong positive health outcomes. By translating these critical recommendations into concrete actions, North Carolina can ensure healthier futures for all children and families across the state.

“All children deserve the best chance at lifelong health and well-being. Preventing, identifying, and responding to ACEs is the most powerful way to achieve this. Working together, we can help create neighborhoods, communities, and a world in which every child can thrive.”

CDC, Preventing Adverse Childhood Experiences, <https://www.cdc.gov/aces/prevention/index.html>