

## THE IMPACT OF CHILD MALTREATMENT IN NORTH CAROLINA

Child maltreatment is a critical public health and policy issue that affects thousands of children and families across North Carolina each year, with long-term consequences for health, well-being, and economic stability. North Carolina spends more than \$4,000 a minute on the downstream consequences of child maltreatment.<sup>1</sup> These downstream consequences include a cascade of effects, such as negative impacts on physical health, mental health, and behavioral outcomes.<sup>2</sup>

Addressing this issue requires a comprehensive, evidence-based approach that prioritizes prevention, early intervention, and systemic reform. The Essentials for Childhood Update Committee examined the role of economic and social supports in reducing risk factors, the impact of changing social norms, mental and behavioral health, and the importance of turning data into action. This report summarizes recommendations across these areas and addresses the vital role of cross-sector collaboration in strengthening protective factors. By leveraging data-driven strategies, policy innovations, and community partnerships, North Carolina has the opportunity to prevent adverse childhood experiences (ACEs), promote positive childhood experiences (PCEs), and create sustainable solutions that improve outcomes for children and families statewide.

## ESSENTIALS FOR CHILDHOOD

The Centers for Disease Control and Prevention (CDC) has funded the Essentials for Childhood initiative since 2013. This initiative, focused on preventing adverse childhood experiences (ACEs) and promoting positive childhood experiences (PCEs), aims to ensure a strong start for children, reducing the likelihood of child abuse and neglect, health risk behaviors, and mental health challenges.<sup>3</sup> In 2023, as a part of the Essentials for Childhood initiative, the CDC chose the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health (DPH) and 11 other nationwide recipients to receive funding to implement the Essentials for Childhood framework.

## NCIOM UPDATE COMMITTEE

In 2014, the North Carolina Institute of Medicine convened a statewide task force on Essentials for Childhood. In collaboration with NCDHHS DPH, the task force issued a series of recommendations to inform the development of an evidence-based state action plan for reducing child maltreatment.

With the clear need to revisit recommendations from this task force, the NCIOM, in collaboration with NCDHHS DPH, convened an update committee in summer–fall 2024. The update committee discussed the prevention of ACEs and the importance of the inclusion of PCEs in framing policy solutions that support child and family well-being. The committee assessed progress on priority recommendations from the 2014 task force, examined data trends, and identified opportunities for cross-sector collaboration to enhance positive outcomes for children and families in North Carolina.

The update committee was co-chaired by Sharon Hirsch, BA, President and CEO of Positive Childhood Alliance North Carolina, and Meredith Archie, BA, President of the NC Chamber Foundation. They helped guide 7 steering committee members and over 30 update committee members through facilitated discussions that led to the revision and creation of the recommendations in this report. In addition, NCIOM and DPH staff conducted many individual interviews and consulted a parent advisory group to reflect on drafted recommendations.

Chapter 1 offers an overview of the creation process for this report, background context on ACEs, and a look into how ACEs and PCEs are affecting children and families in North Carolina. Recommendations from the update committee are described in chapters 2–6 of this report.

## SOCIAL NORMS

Recommendations in Chapter 2 focus on social norms, which are the shared beliefs, values, and expectations within a community. This chapter highlights the ways in which promoting positive community norms around parenting programs and behaviors encourages practices that prevent child maltreatment.

### RECOMMENDATION #1

**Promote the incorporation of PCEs throughout state and local initiatives, maximize the impact of existing supports, and identify additional resources needed.**

**Strategy 1:** Assess existing organizations that promote PCEs, identify gaps where trauma-informed practices are underutilized, and identify where additional state, local, and philanthropic investment is needed.

**Strategy 2:** Prioritize the promotion of positive childhood experiences in current initiatives.

**Strategy 3:** Identify appropriate metrics for evaluating initiatives' impact on positive childhood experiences.

**Strategy 4:** Identify methods for philanthropic support, which will provide for expanded parenting programs.

### RECOMMENDATION #2

**Identify methods to collect and share data on social norms related to economic supports for families and prioritize targeted data collection that can inform strategies to enhance financial stability and economic mobility.**

**Strategy 1:** Include indicators of how family perceptions of economic assistance influence parent engagement with existing programs and use that data to reduce barriers.

**Strategy 2:** Provide funds for capacity-building.

## EXECUTIVE SUMMARY

### RECOMMENDATION #3

**Continue the development and expansion of public awareness campaigns that focus on the role of economic supports.**

**Strategy 1:** Highlight the direct impact of financial stability on child and family well-being.

**Strategy 2:** Communicate the importance of financial supports.

### ECONOMIC MOBILITY AND FINANCIAL STABILITY

Recommendations in Chapter 3 highlight families' access to financial resources they need to thrive. An increasing number of studies show the value of economic and concrete supports in stabilizing families and reducing child maltreatment.

### RECOMMENDATION #4

**A cross-sector task force should examine factors affecting financial stability for families.**

**Strategy 1:** Identify strategies to improve financial resilience.

**Strategy 2:** Use existing research to identify barriers and solutions to increase access to employment, lending, and housing.

**Strategy 3:** Provide funding for this task force.

### RECOMMENDATION #5

**Conduct an economic analysis of the impact of policies such as the Child Tax Credit, Earned Income Tax Credit, and paid leave.**

**Strategy 1:** Ensure disaggregated data when possible.

**Strategy 2:** Include a detailed analysis of the benefits of the Child Tax Credit and Earned Income Tax Credit, and provide a comparison to other states.

### RECOMMENDATION #6

**Convene leaders and employers across sectors to identify actions towards establishing family-friendly workplace policies.**

**Strategy 1:** Provide additional resources to develop family-friendly workplace policies and improve awareness of these policies' importance.

**Strategy 2:** Promote family-friendly environments in schools.

a) Implement family-friendly workplace policies.

b) Explore other sources to improve employee wellness.

**Strategy 3:** Ensure that current collaborations with workforce organizations incorporate family-friendly policies into overall workforce development discussions.

### CHILD CARE

Recommendations in Chapter 4 focus on child care and the importance of accessible, high-quality, affordable child care for parents. There is also a child care crisis in North Carolina, with a dearth of providers due to various factors, including compensation. Additionally, child care issues often impact parents' participation in the workforce.

### RECOMMENDATION #7

**Enhance child care subsidies to ensure a larger portion of eligible families receive subsidy payments.**

**Strategy 1:** Conduct an analysis to estimate the necessary investment.

**Strategy 2:** Develop and implement initiatives to increase the availability of child care programs in underserved areas.

### RECOMMENDATION #8

**Child care workforce salaries should be increased and prioritized.**

**Strategy 1:** Create targeted financial incentives to attract and retain skilled child care workers.

**Strategy 2:** Support ongoing professional, credentialing, and career advancement opportunities for child care workers.

**RECOMMENDATION #9**

**Enhance opportunities for cross-sector collaboration to improve quality of care.**

**Strategy 1:** Prioritize alignment to ensure cross-collaboration.

**Strategy 2:** Ensure that perspectives and experiences of diverse parenting roles are represented in policies, program design, and services.

**Strategy 3:** Provide expanded resources to work within child care centers and early childhood programs to offer screenings.

**Strategy 4:** Ensure the inclusion of parent and child care worker perspectives and experiences when defining quality of care.

**RECOMMENDATION #11**

**Establish guidelines for primary care clinicians to expand screening for social and emotional risk factors.**

**Strategy 1:** Collaborate to support ongoing efforts to increase integrated primary, mental, and behavioral health care under Medicaid reform.

**Strategy 2:** Continue and expand training opportunities for pediatric primary care providers to identify and address mental and behavioral health needs in children.

**Strategy 3:** Endorse guidelines for primary care clinicians for expanded screening of families with children for psychosocial risk factors and family protective factors.

**Strategy 4:** Prioritize mental and behavioral health workforce development by increasing training programs, scholarships, and incentives to attract and retain professionals in the field.

- a) Invest in Historically Black Colleges and Universities to ensure that the number of mental health providers of color is increased.

**Strategy 5:** Sustain and expand ongoing telehealth services focused on mental and behavioral health access in rural and underserved areas.

**Strategy 6:** Provide additional funding to increase funding for school-based health centers as well as co-located behavioral health services.

**MENTAL AND BEHAVIORAL HEALTH**

The years from infancy to preschool significantly shape children's mental and behavioral health, impacting emotional development, relationships, and lifelong well-being; during this time, traumatic experiences pose risks and positive experiences foster resilience. Recommendations in Chapter 5 highlight the importance of early screenings, trauma-informed care, and integrating children's mental health into Medicaid. There is also an emphasis on reimbursement for providers, innovative care strategies, and expanding the available workforce.

**RECOMMENDATION #10**

**Create a strategy to integrate infant and children's mental health into the Medicaid services and initiatives centered around social drivers of health.**

**Strategy 1:** Require integration of early and periodic screening for infants and children into the Healthy Opportunities Pilots.

- a) Expand the inclusion of social and development services to existing networks.

**Strategy 2:** Ensure parity in payment for services provided by infant and early childhood mental health clinicians, including screenings, assessments, and family-centered interventions.

**Strategy 3:** Seek statewide expansion of Healthy Opportunities Pilots and opportunities through HOP to include additional services focused on family protective factors and positive childhood experiences.

**DATA TO ACTION**

Chapter 6 targets the use of gathering and evaluating child well-being data to inform decision-making. By systematically assessing this data, policymakers, educators, and health care professionals can make evidence-based decisions, efficiently allocate resources, and develop targeted interventions that directly address the needs of children and families. Additionally, continuous monitoring and evaluation ensures that strategies are adjusted and improved over time based on new findings and changing circumstances, amplifying the impact of data-driven initiatives.

**RECOMMENDATION #12**

**Allocate funds to ensure the long-term sustainability of a newly-developed surveillance system.**

**Strategy 1:** Support the creation of a new data analyst role to support regular data updates.

**Strategy 2:** Disseminate the information by connecting to communities and child health partners.

## EXECUTIVE SUMMARY

### RECOMMENDATION #13

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

**Strategy 1:** Leverage data from the annual child care workforce study and provide policymakers with recommendations to address workforce gaps impacting parental employment.

**Strategy 2:** 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.

**Strategy 3:** Ensure that the workforce registry is sufficiently funded and mandatory.

### 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.**

**Strategy 1:** A focused review of recent policy changes should be conducted to identify lessons learned.

a) The review should address the application of prevention-based strategies

**Strategy 2:** Use the results of the evaluation to identify actionable changes such as policy adjustments to more comprehensively address economic and social factors that impact family stability and child development.

**Strategy 3:** Provide funding for dissemination and the application of lessons learned.

### MOVING FORWARD

The recommendations presented by the update committee represent necessary actions for ongoing data analysis, collaboration, and action. For these recommendations to lead to sustainable results, relevant parties across sectors must commit to ongoing partnership, resource alignment, and policy implementation that prioritizes long-term impact. By fostering a coordinated approach, North Carolina can drive meaningful improvements in child well-being and family outcomes.

### RECOMMENDATION #14

**Establish shared goals, coordinate resources, and leverage data to mitigate child care workforce shortages.**

**Strategy 1:** Identify existing data, coordinating stakeholders, providing data-driven insights, and identifying successful initiatives.

**Strategy 2:** Collaborate to utilize child care workforce data, labor market trends, and employment surveys to monitor and track child care workforce shortages

**Strategy 3:** Identify methods of incentivizing child care providers to report on the child care workforce data in order to improve diversity of included providers.

**Strategy 4:** Leverage data analysis to identify geographic areas and populations most impacted by child care workforce shortages and develop targeted recruitment and retention strategies.

a) Prioritize efforts in underserved regions and communities disproportionately affected by shortages.

### REFERENCES

1. Panetta K. Advocates raise awareness for Child Abuse Prevention Month. *Spectrum News 1*. <https://spectrumlocalnews.com/nc/charlotte/news/2024/04/01/advocates-raise-awareness-for-child-abuse-prevention-this-april>. April 1, 2024. Accessed April 3, 2025.
2. Jedd K, Hunt RH, Cicchetti D, et al. Long-term consequences of childhood maltreatment: Altered amygdala functional connectivity. *Development and Psychopathology*. 2015;27(402):1589. doi:10.1017/S0954579415000954
3. Program: Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action. Centers for Disease Control and Prevention. Accessed April 3, 2025. <https://www.cdc.gov/aces/programs/index.html>