Findings from the 2009 Child Maltreatment Prevention Environmental Scan of State Public Health Agencies

Public Health Leadership Initiative

The Public Health Leadership Initiative is a three-year project to identify best practice models of state public health leadership in the prevention of child maltreatment and the promotion of safe, stable, and nurturing relationships for children. The project will also disseminate recommendations for core program components and related tools to support state-based public health efforts to address child maltreatment.

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Background

In August 2009 an environmental scan of state public health agencies' (SPHAs) involvement in child maltreatment prevention efforts was conducted as part of a three-year project, the Public Health Leadership Initiative. The purpose of this environmental scan was to understand and identify the work that SPHAs are already engaging in to enhance family resiliency, foster healthy child development, and prevent child maltreatment. It is expected that the information from this scan, future case studies, and other activities of the Public Health Leadership Initiative will result in the development of new recommendations, tools, and resources to inform and enhance state efforts in the primary prevention of child maltreatment. The Public Health Leadership Initiative is supported by the Doris Duke Charitable Foundation in partnership with the CDC Foundation and the Division of Violence Prevention at the Centers for Disease Control and Prevention.*

For the purpose of this scan, child maltreatment was defined as any act or acts of commission (physical, sexual and/or psychological abuse) or omission (physical and/or emotional neglect) by a parent or other caregiver that result in harm, potential for harm, or threat of harm to a child. Primary prevention of child maltreatment was defined as the activities/services at the individual, relational, community, and/or societal levels that are targeted toward preventing child maltreatment before maltreatment has occurred. Primary prevention efforts are focused on promoting protective factors as well as reducing risk factors. These activities/services may include public education activities, governmental child care services, early education programs, parent education classes for teens and/or families, home visitation programs, and other family support programs.

The environmental scan was sent to all 50 states and the District of Columbia and all eight U.S. territories and jurisdictions. The web-based scan consisted

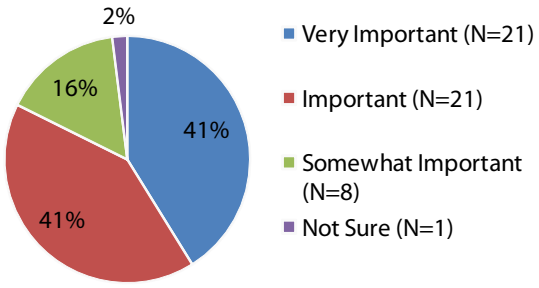
***The CDC Foundation contracted with the Education Development Center to conduct this environmental scan.**

of 50 questions. State-level Maternal and Child Health (MCH) and Injury and Violence Prevention (IVP) program directors were asked to work together to submit one, coordinated response. Respondents were advised that results would be reported in the aggregate. The results reported are based on data from all 50 states and the District of Columbia (N=51). (Only one survey was received from the U.S. territories and jurisdictions and these data are not reported for confidentiality purposes.) What follows are the findings from the scan.

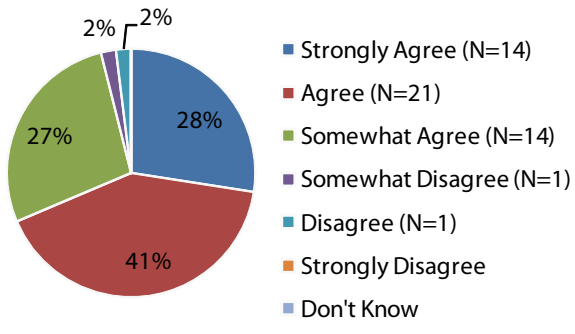
State Public Health Agency (SPHA)* Commitment to Child Maltreatment Prevention

- 42 (82%) SPHAs indicated that child maltreatment (CM) is considered to be very important or important to their agency
- 35 (69%) SPHAs strongly agreed or agreed that their agency considers child maltreatment a public health (PH) issue
- 11 (21%) SPHAs strongly agreed or agreed that they their agency was making progress in decreasing rates of CM in their state

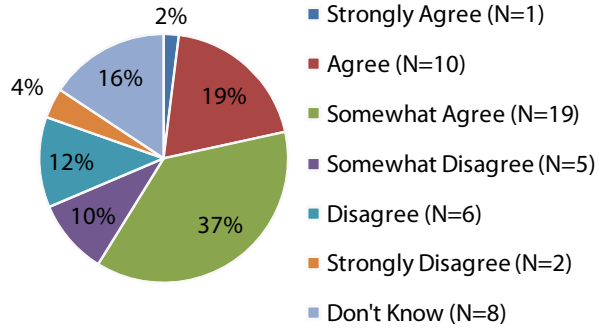
Level of Importance SPHA Places on Child Maltreatment Prevention Programs and Initiatives



SPHA Considers Child Maltreatment a PH Issue



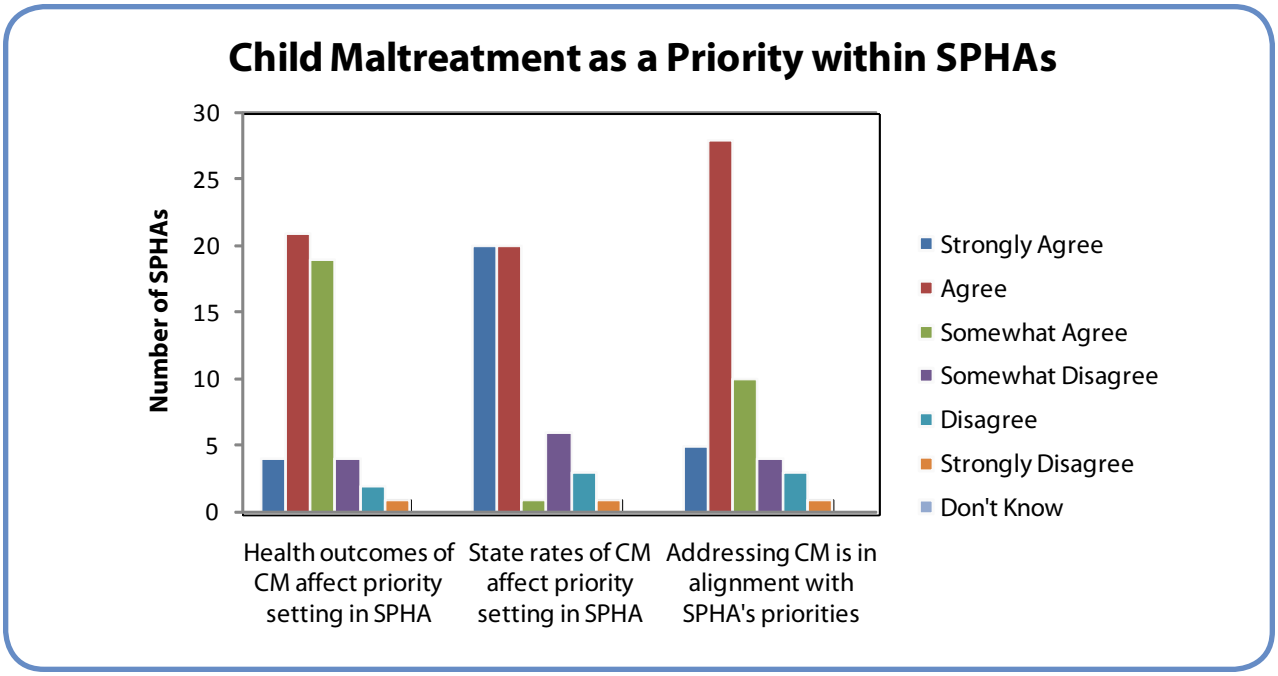
SPHA is Making Progress in Decreasing Prevalence of Chld Maltreatment



*Throughout this report, the District of Columbia is counted as a state and included in the SPHA total.

Child Maltreatment as a Priority

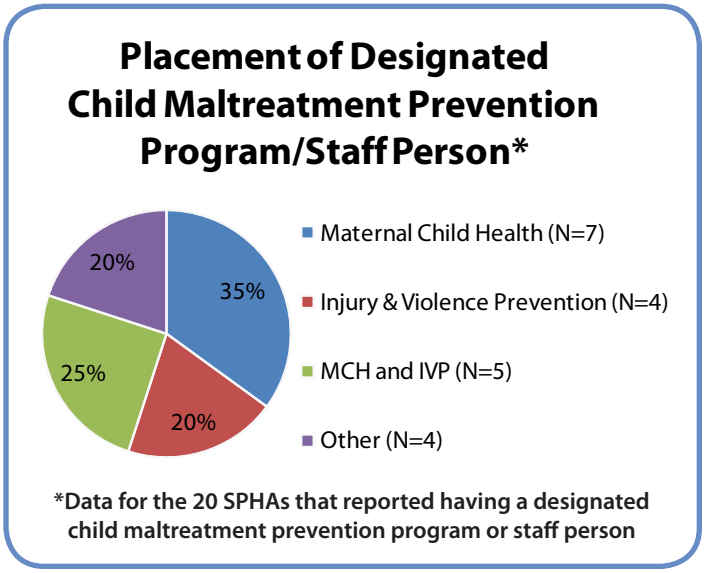
- 25 (49%) SPHAs strongly agreed or agreed that the health outcomes associated with CM affect how their agency sets priorities
- 40 (78%) SPHAs strongly agreed or agreed that prevalence rates of CM in their state affect how their agency sets priorities
- 33 (65%) SPHAs strongly agreed or agreed that CM prevention is in alignment with their agency's priorities



Designated Child Maltreatment Staff Person or Program

20 (39%) SPHAs indicated that they had a designated child maltreatment staff person or program.

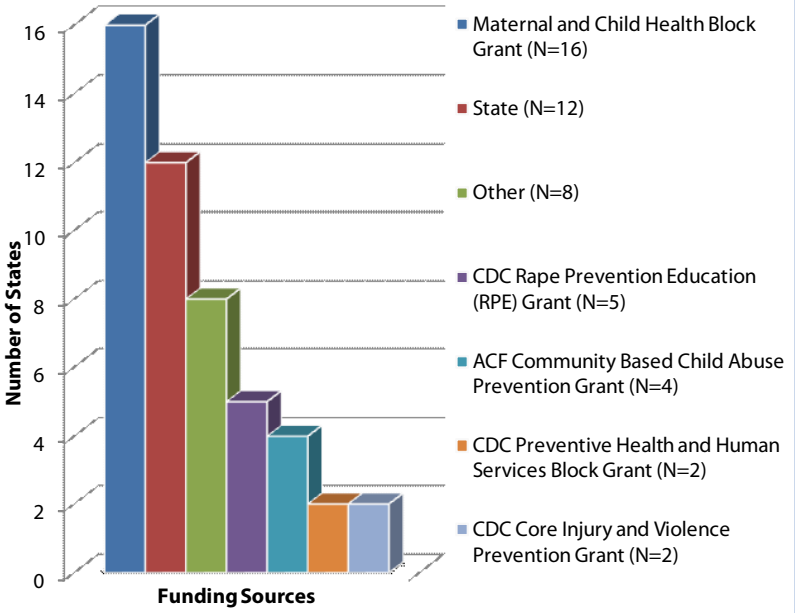
- 7 (35%) of these staff persons/programs were located in Maternal and Child Health
- 4 (20%) of these staff persons/programs were located in Injury and Violence Prevention
- 5 (25%) of these staff persons/programs were located in both Maternal and Child Health and Injury and Violence Prevention
- 4 (20%) of these staff persons/Programs were located in some other location



Of the 20 SPHAs that reported having a designated CM prevention program or staff person:

- 16 (80%) reported funding their CM prevention program/staff person through Maternal and Child Health Block Grant funds
- 12 (60%) reported funding their CM prevention program/staff person through state funds
- SPHAs also reported funding their CM prevention program/staff person through other sources such as: the CDC's Rape Prevention Education (RPE) grant; the CDC's Preventive Health and Human Services Block grant; the CDC's Core injury and Violence Prevention grant: and the Administration for Children and Families' (ACF) Community Based Child Abuse Prevention (CBCAP) grant program.

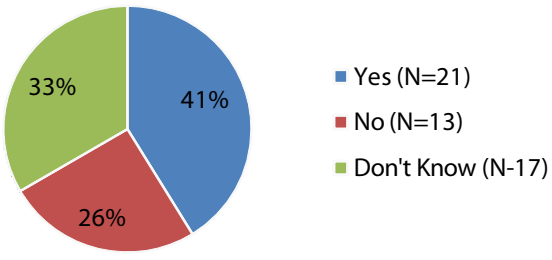
Funding Sources for 20 SPHAs with Designated Child Maltreatment Prevention Program/Person



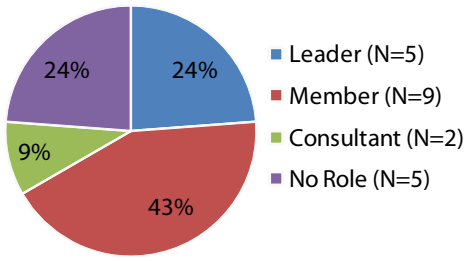
State Child Maltreatment Prevention Plan

- 21 (41%) SPHAs reported that their state had a strategic/action plan for child maltreatment prevention
- 16 (76%) SPHAs reported being involved in the development and/or implementation of this plan as leaders, members, and/or consultants.

States with a Strategic/Action Plan for Child Maltreatment Prevention



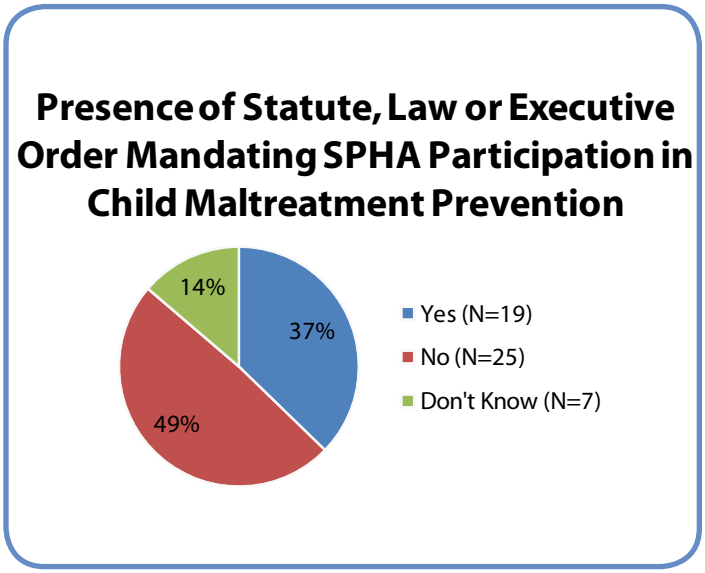
SPHA Roles in Development/ Implementation of Strategic Child Maltreatment Prevention Plan*



*Data from the 21 states that reported their state had a strategic plan for CM prevention

State Law, Mandate, or Executive Order

- 19 (37%) SPHAs reported that their state had a statute, law, or executive order mandating that the SPHA participate in state child maltreatment prevention efforts



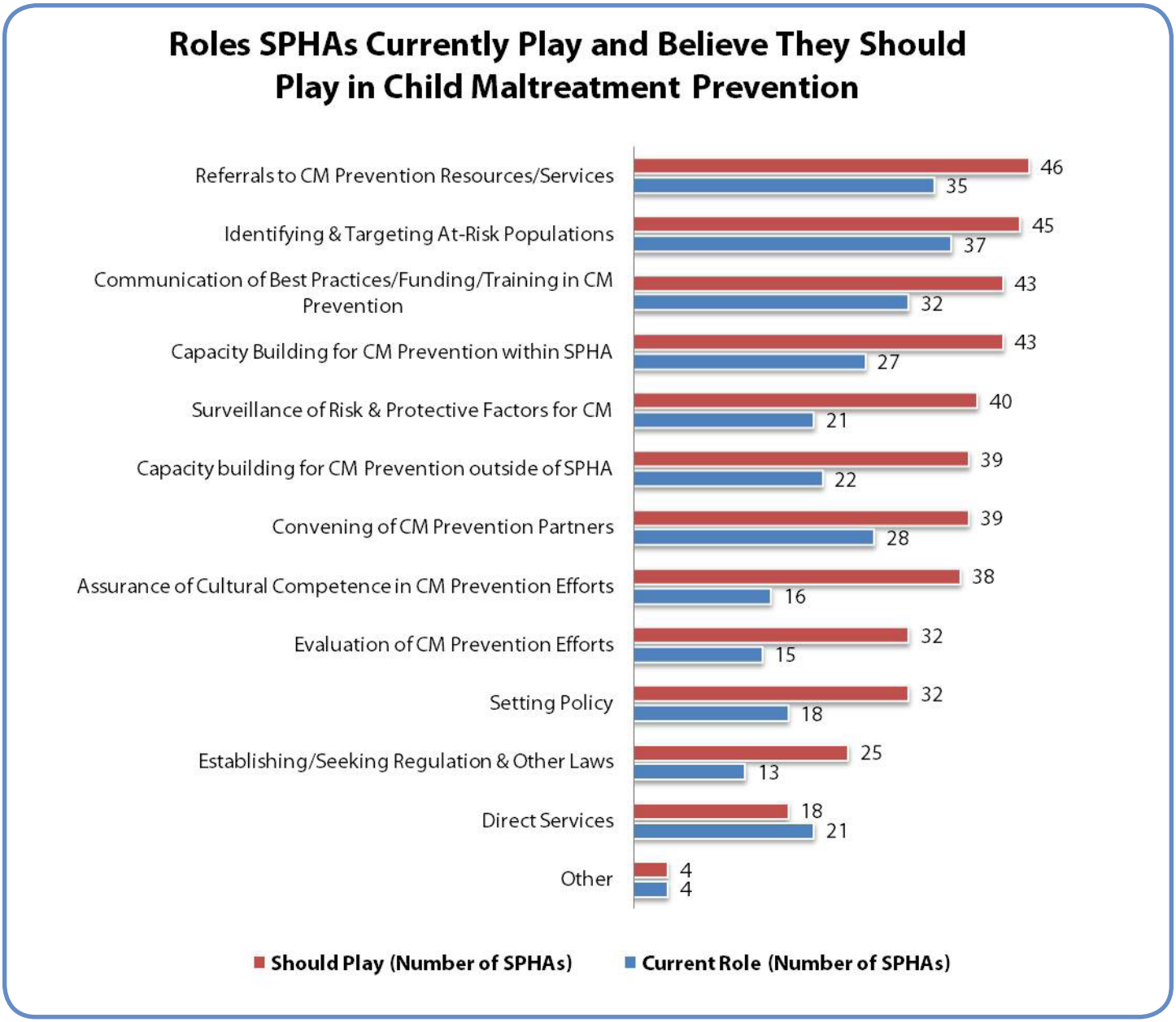
Roles of SPHAs in Child Maltreatment Prevention

Top Five Roles SPHAs Currently Play

- 37 (73%) SPHAs- Identifying and targeting at-risk populations
- 35 (67%) SPHAs- Making referrals to external child maltreatment resources
- 32 (63%) SPHAs- Communicating best practices, funding, and training for child maltreatment prevention
- 28 (55%) SPHAs- Convening child maltreatment prevention partners
- 22 (43%) SPHAs- Building capacity for child maltreatment efforts within the SPHA

Top Five Roles SPHAs Believe they Should Play

- 46 (90%) SPHAs- Making referrals to external child maltreatment resources
- 45 (88%) SPHAs- Identifying and targeting at-risk populations
- 43 (84%) SPHAs- Communicating best practices, funding, and training for child maltreatment prevention
- 43 (84%) SPHAs- Building capacity for child maltreatment efforts within the SPHA
- 40 (78%) SPHAs- Conducting surveillance of child maltreatment risk and protective factors

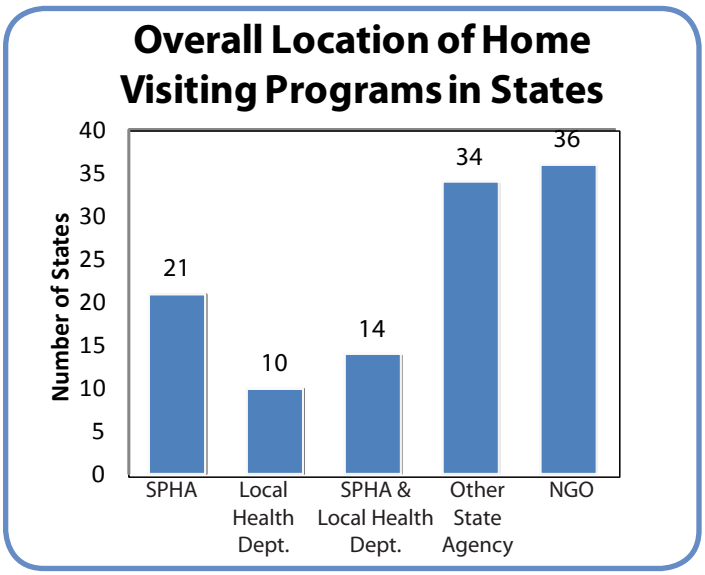


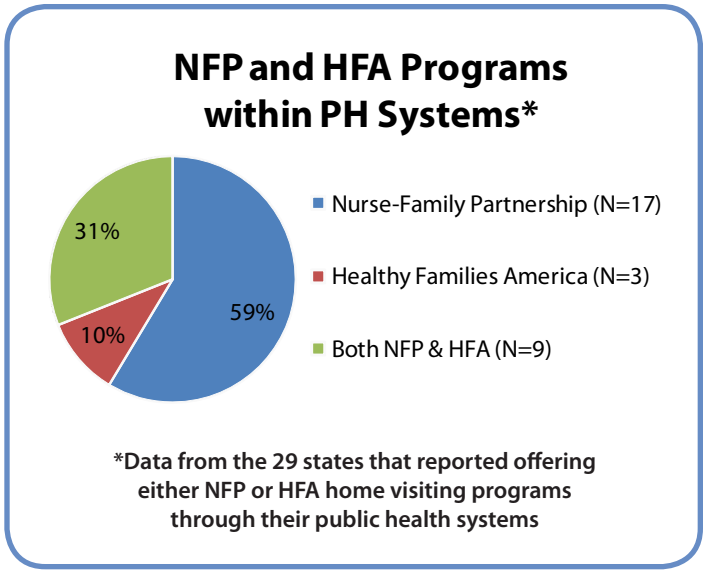
Programs and Services

Home Visiting

45 (88%) states offer home visiting programs through either state or local public health agencies

- 21 (40%) states offer home visiting programs through their state public health agency
- 10 (20%) states offer home visiting programs through their local public health agencies
- 14 (28%) states offer home visiting programs through both their state and local public health agencies





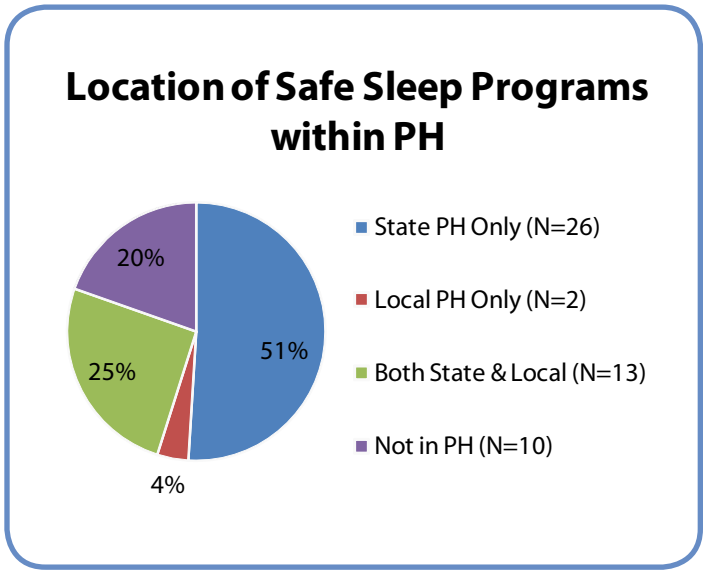
29 (57%) states offer either the Nurse Family Partnership Home Visitation Program (NFP) or Healthy Families America (HFA) or both through either state or local public health agencies.

- 17 (59%) of these states offer Nurse Family Partnerships (NFP)
- 3 (10%) of these states offer Healthy Families America (HFA)
- 9 (31%) of these states offer both NFP and HFA

Safe Sleep

41 (80%) states offer Safe Sleep programs through either their state or local PH agencies.

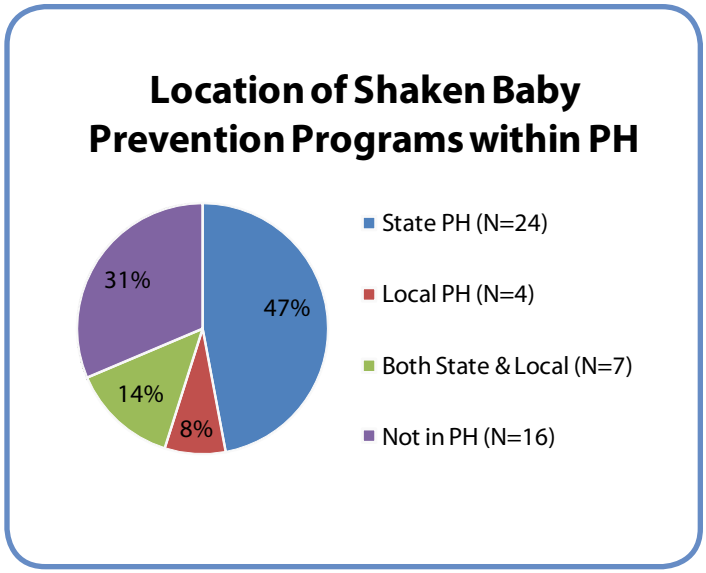
- 26 (51%) states reported delivering a Safe Sleep program through their state public health agency only
- 2 (4%) states reported delivering a Safe Sleep program through their local public health agencies only
- 13 (25%) states reported delivering a Safe Sleep program through both their state and local public health agencies



Shaken Baby Prevention

35 (69%) states offer Shaken Baby Prevention programs through either their state or local PH agencies.

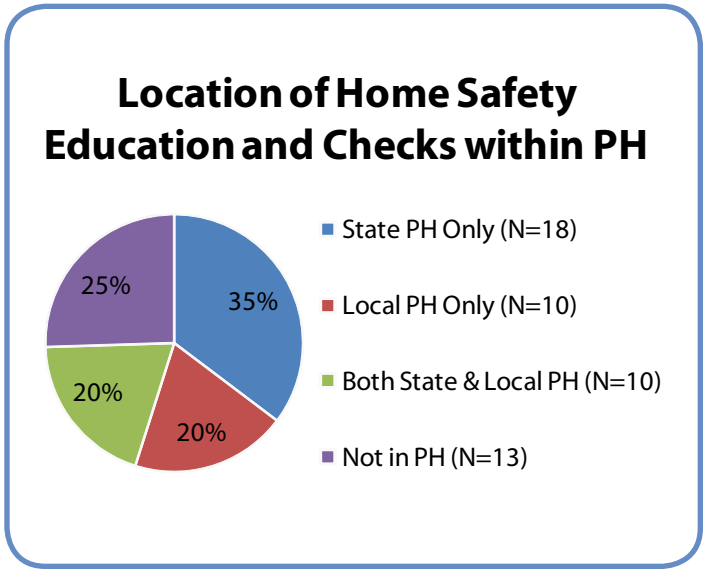
- 24 (47%) states reported delivering a Shaken Baby Prevention (SBP) program through their state public health agency only
- 4 (8%) states reported delivering an SBP program through their local public health agencies only
- 7 (14%) states reported delivering an SBP program through both their state and local public health agencies



Home Safety Education and Checks

38 (75%) states offer Home Safety Education and Checks through either their state or local PH agencies.

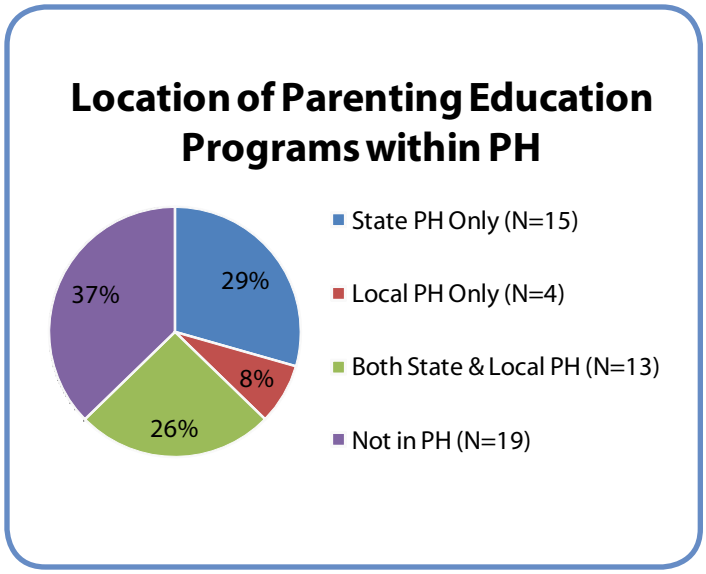
- 18 (35%) states reported delivering Home Safety Education and Checks through their state public health agency only
- 10 (20%) states reported delivering Home Safety Education and Checks through their local public health agencies only
- 10 (20%) states reported delivering Home Safety Education and Checks through both their state and local public health agencies



Parenting Education

32 (63%) states offer Parenting Education through either their state or local PH agencies.

- 15 (29%) states reported delivering a Parenting Education program through their state public health agency only
- 4 (8%) states reported delivering a Parenting Education program through their local public health agencies only
- 13 (26%) states reported delivering a Parenting Education program through both their state and local public health agencies



Fatherhood Programs

19 (37%) states offer Fatherhood Programs through either their state or local PH agencies.

- 10 (19%) states reported delivering Fatherhood Programs through their state public health agency only
- 2 (4%) states reported delivering Fatherhood Programs through their local public health agencies only
- 7 (14%) states reported delivering Fatherhood Programs through both their state and local public health agencies

Well-Child Services

(e.g., primary care medical services, developmental screening)

42 (82%) states offer Well-Child Services through either their state or local PH agencies.

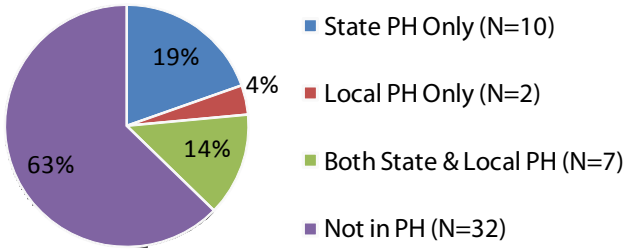
- 18 (35%) states reported delivering Well-Child Services through their state public health agency only
- 10 (20%) states reported delivering Well-Child Services through their local public health agency only
- 14 (27%) states reported delivering Well-Child Services through both their state and local public health agencies

Lead Screening

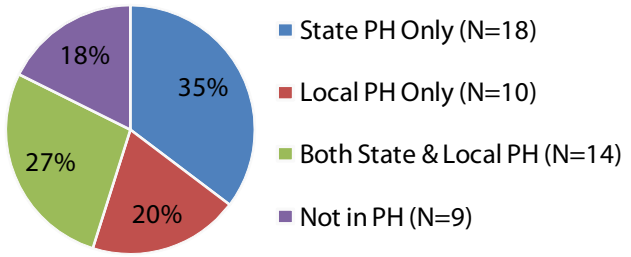
47 (92%) states offer Lead Screening Services through either their state or local PH agencies.

- 27 (53%) states reported delivering Lead Screening Programs through their state public health agency only
- 0 states reported delivering Lead Screening Programs through their local public health agencies only
- 20 (39%) states reported delivering Lead Screening Programs through both their state and local public health agencies

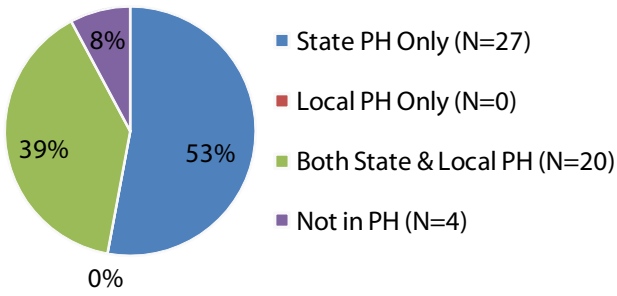
Location of Fatherhood Programs within PH



Location of Well-Child Services within PH



Location of Lead Screening Services within PH

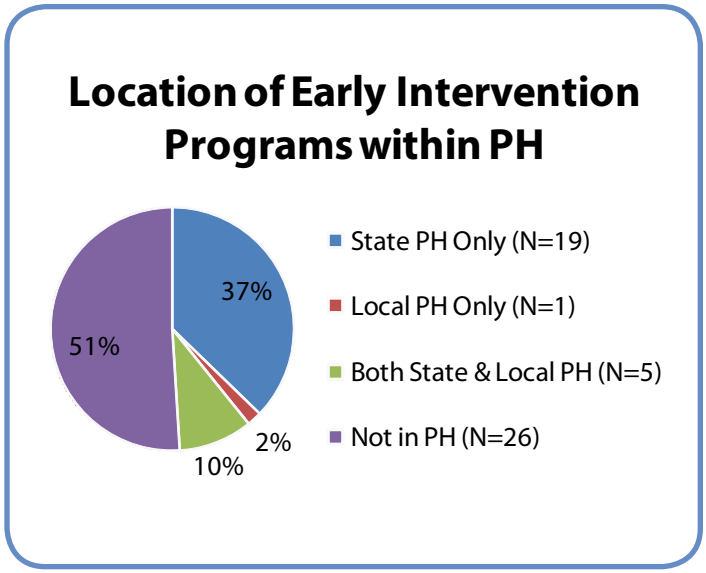


Early Intervention

(e.g., physical/speech therapy, service coordination, and assistive technology for children with developmental or physical disabilities)

25 (49%) states offer Early Intervention Services through either their state or local PH agencies.

- 19 (37%) states reported delivering Early Intervention through their state public health agency only
- 1 (2%) state reported delivering Early Intervention through its local public health agency only
- 5 (10%) states reported delivering Early Intervention through both state and local public health agencies

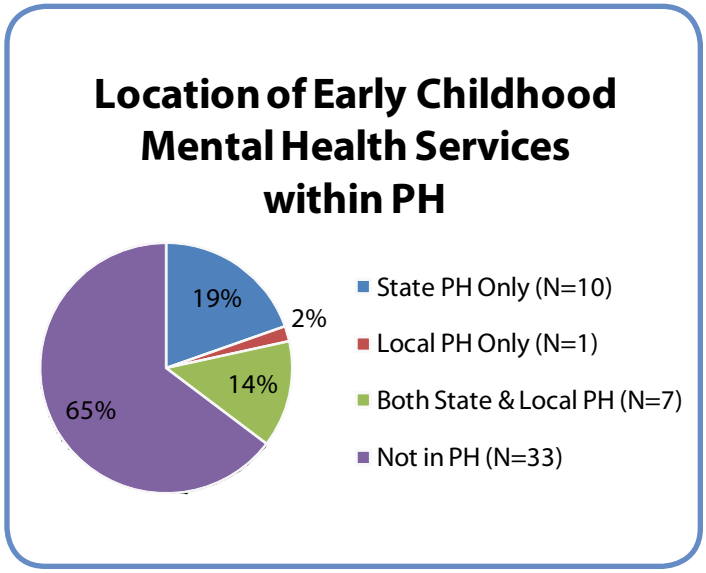


Early Childhood Mental Health

(e.g., mental health screening and mental health services and interventions for children age 0-5yrs)

18 (35%) states offer Early Childhood Mental Health Services through either their state or local PH agencies.

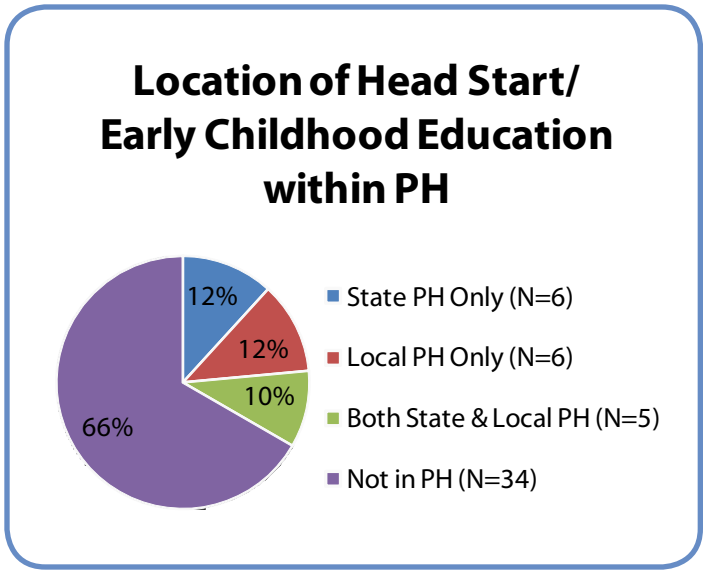
- 10 (19%) states reported delivering Early Childhood Mental Health Programs through their state public health agency only
- 1 (2%) state reported delivering Early Childhood Mental Health Programs through local public health agencies only
- 7 (14%) states reported delivering Early Childhood Mental Health Programs through both their state and local public health agencies



Head Start/Early Childhood Education

17 (33%) states offer Head Start/Early Childhood Education Programs through either their state or local PH agencies.

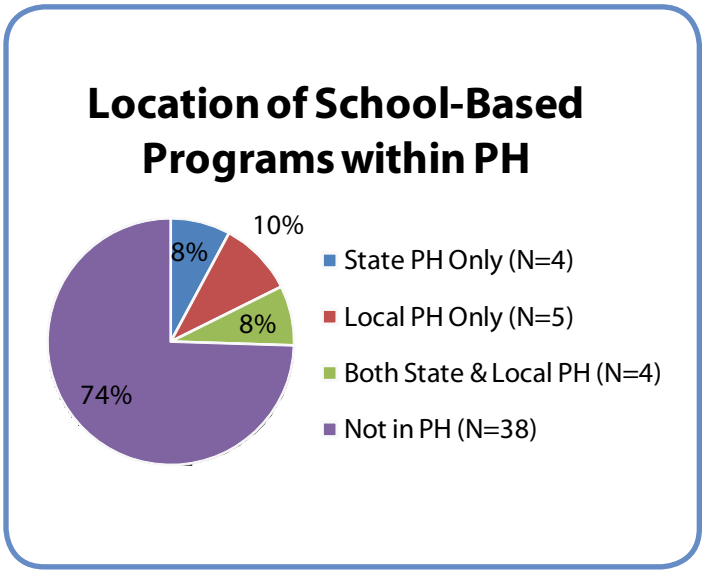
- 6 (12%) states reported delivering Head Start/Early Childhood Education Programs through their state public health agency only
- 6 (12%) states reported delivering Head Start/Early Childhood Education Programs through their local public health agencies only
- 5 (10%) states reported delivering Head Start/Early Childhood Education Programs through both their state and local public health agencies



School-Based Program

13 (26%) states offer School-Based Programs through either their state or local PH agencies.

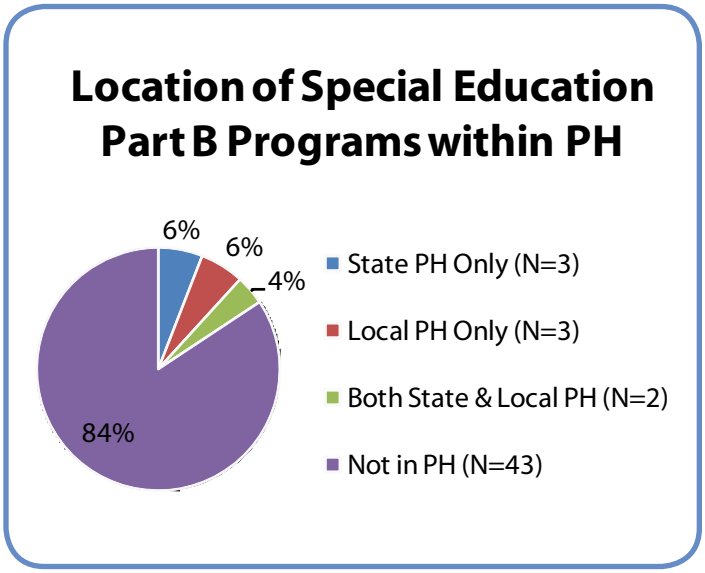
- 4 (8%) states reported delivering School-Based Programs through their state public health agency only
- 5 (10%) states reported delivering School-Based Programs through their local public health agencies only
- 4 (8%) states reported delivering School-Based Programs through both their state and local public health agencies



Special Education Part B (IDEA)

8 (16%) states offer Special Education Programs through either their state or local PH agencies.

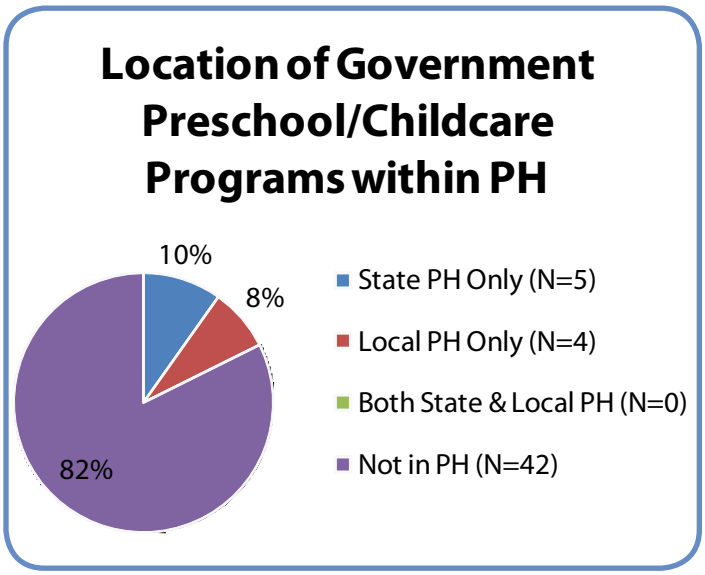
- 3 (6%) states reported delivering Special Education Programs through their state public health agency only
- 3 (6%) states reported delivering Special Education Programs through their local public health agencies only
- 2 (4%) states reported delivering Special Education Programs through both their state and local public health agencies



Government Pre-School Programs/ Childcare Services

9 (18%) states offer Government Pre-School Programs/ Childcare Services through either their state or local PH agencies.

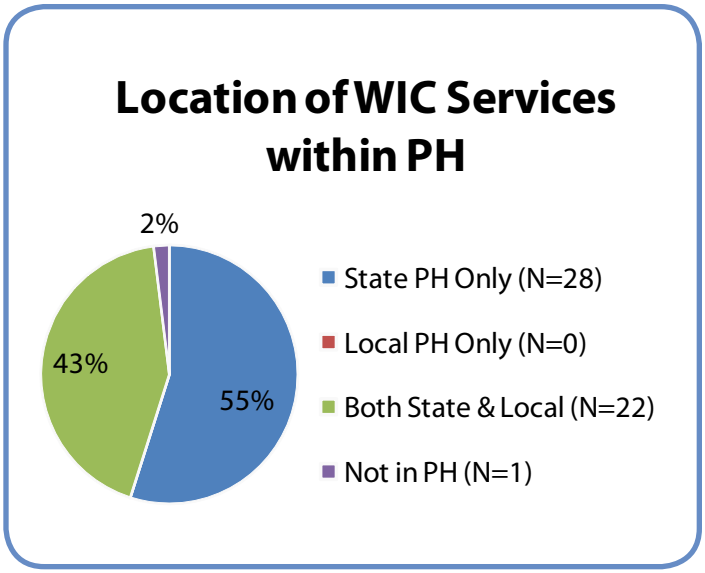
- 5 (10%) states reported delivering Governmental Pre-School Programs/Childcare Services through their state public health agency only
- 4 (8%) states reported delivering Governmental Pre-School Programs/Childcare Services through their local public health agencies only
- 0 states reported delivering Governmental Pre-School Programs/Childcare Services through both their state and local public health agencies



Women, Infants, and Children (WIC)

50 (98%) states offer WIC Services through either their state or local PH agencies.

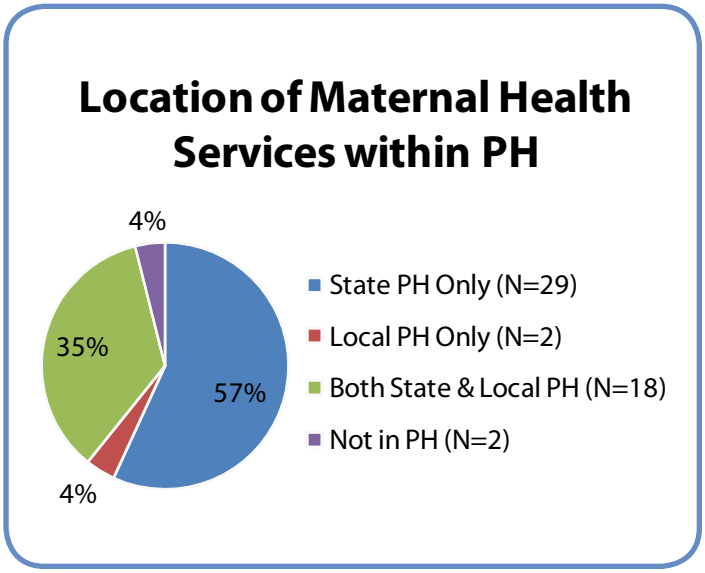
- 28 (55%) states reported delivering WIC Services through their state public health agency only
- 0 states reported delivering WIC Services through their local public health agencies only
- 22 (43%) states reported delivering WIC Services through both their state and local public health agencies



Maternal Health Services

49 (96%) states offer Maternal Health Services through either their state or local PH agencies.

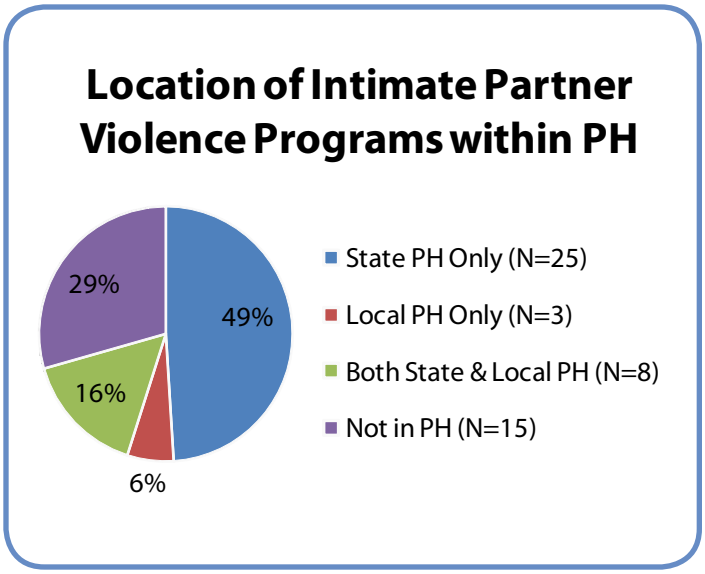
- 29 (57%) states reported delivering Maternal Health Services through their state public health agency only
- 2 (4%) states reported delivering Maternal Health Services through their local public health agencies only
- 18 (35%) states reported delivering Maternal Health Services through both their state and local public health agencies



Intimate Partner Violence (IPV) Prevention or Response Programs (including shelters)

36 (71%) states offer IPV Prevention or Response Programs through either their state or local PH agencies.

- 25 (49%) states reported delivering IPV Prevention or Response Programs through their state public health agency only
- 3 (6%) states reported delivering IPV Prevention or Response Programs through their local public health agencies only
- 8 (16%) states reported delivering IPV Prevention or Response Programs through both their state and local public health agencies



Maternal Mental Health/Depression Screening

34 (67%) states offer Maternal Mental Health and Screening Services through either their state or local PH agencies.

- 19 (37%) states reported delivering Maternal Mental Health and Screening through their state public health agency only
- 6 (12%) states reported delivering Maternal Mental Health and Screening through their local public health agencies only
- 9 (18%) states reported delivering Maternal Mental Health and Screening through both their state and local public health agencies

Substance Abuse Recovery for Pregnant Women and Women with Children

15 (29%) states offer Substance Abuse Recovery Programs for mothers through either their state or local PH agencies.

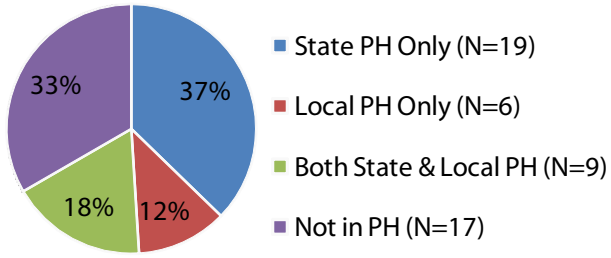
- 12 (23%) states reported delivering Substance Abuse Recovery Programs for mothers through their state public health agency only
- 2 (4%) states reported delivering Substance Abuse Recovery Programs for mothers through their local public health agencies only
- 1 (2%) state reported delivering Substance Abuse Recovery Programs for mothers through both their state and local public health agencies

Parenting Support Programs

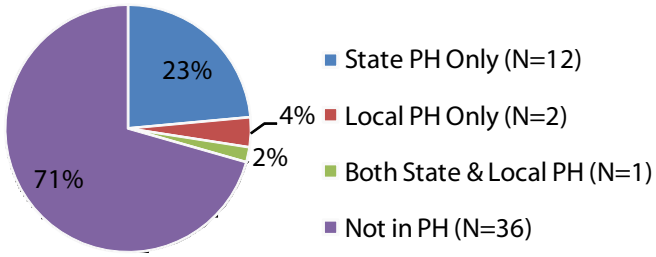
16 (31%) states offer Parenting Support Programs (e.g. parent aides and parenting resource centers) through either their state or local PH agencies.

- 6 (12%) states reported delivering parenting support through their state public health agency only
- 4 (8%) states reported delivering parenting support through their local public health agencies only
- 6 (12%) states reported delivering parenting support through both their state and local public health agencies

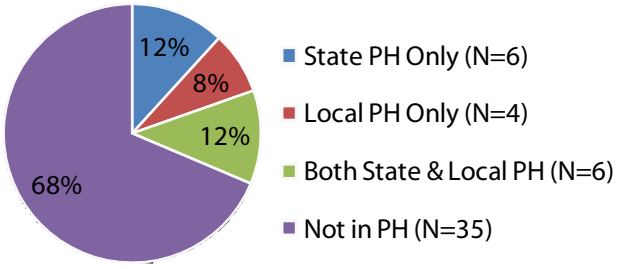
Location of Maternal Mental Health Services within PH



Location of Substance Abuse Recovery Programs for Mothers within PH



Location of Parenting Support Programs within PH

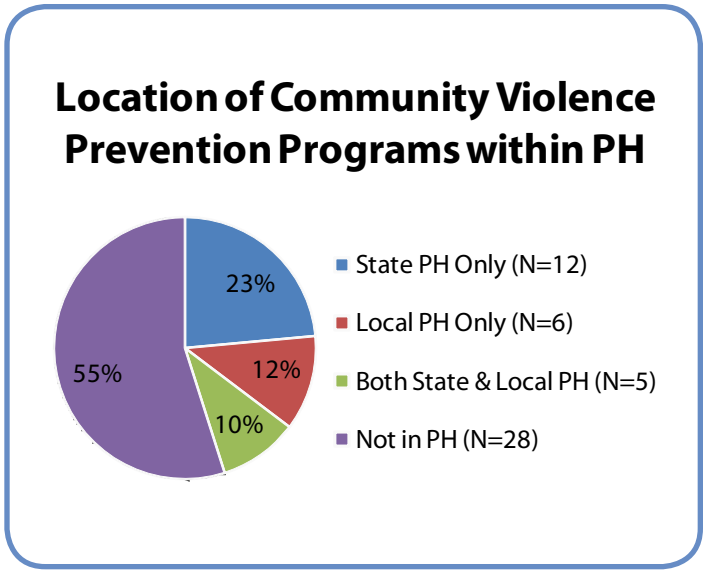


Community Violence Prevention Programs

(e.g., crisis lines, community planning)

23 (45%) states offer Community Violence Prevention Programs through either their state or local PH agencies.

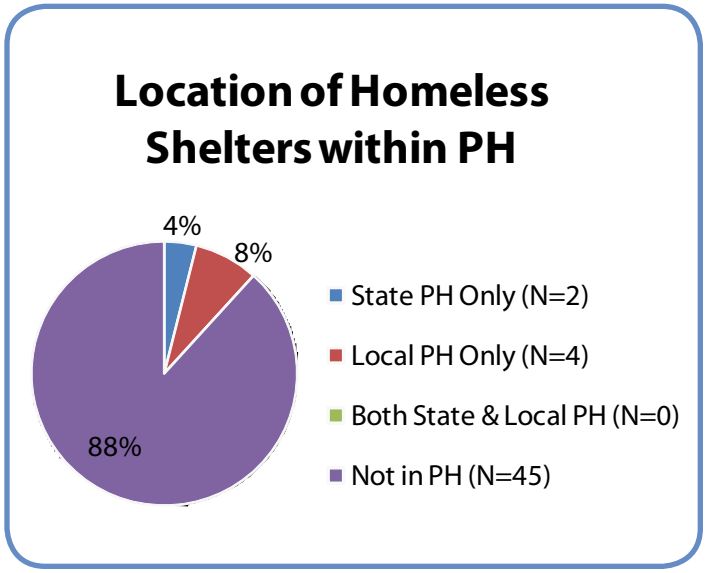
- 12 (23%) states reported delivering Community Violence Prevention Programs through their state public health agency only
- 6 (12%) states reported delivering Community Violence Prevention Programs through their local public health agencies only
- 5 (10%) states reported delivering Community Violence Prevention Programs through both their state and local public health agencies



Homeless Shelters

6 (12%) states provide Homeless Shelters through either their state or local PH agencies.

- 2 (4%) states reported providing Homeless Shelters through their state public health agency only
- 4 (8%) states reported providing Homeless Shelters through their local public health agencies only
- 0 states reported providing Homeless Shelters through both their state and local public health agencies

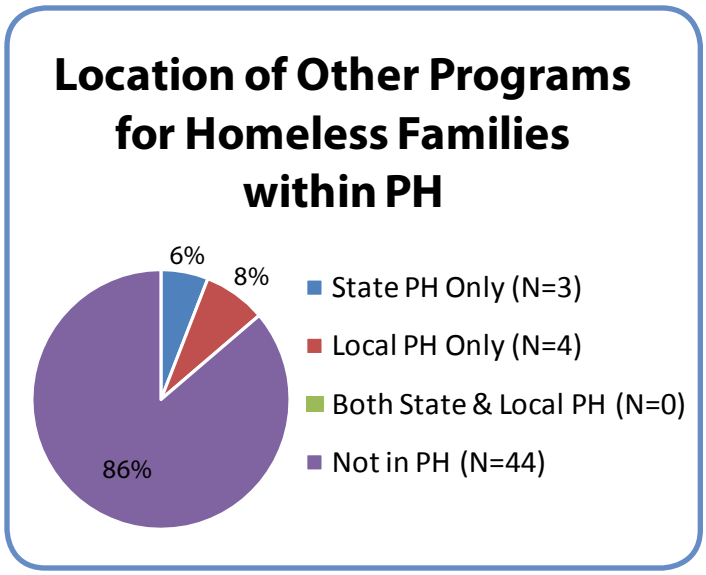


Other Programs for Homeless Families

(e.g., medical and nutritional services)

7 (14%) states offer Other Programs for Homeless Families through either their state or local PH agencies.

- 3 (6%) states reported delivering Other Programs for Homeless Families through their state public health agency only
- 4 (8%) states reported delivering Other Programs for Homeless Families through their local public health agencies only
- 0 states reported delivering Other Programs for Homeless Families through both their state and local public health agencies

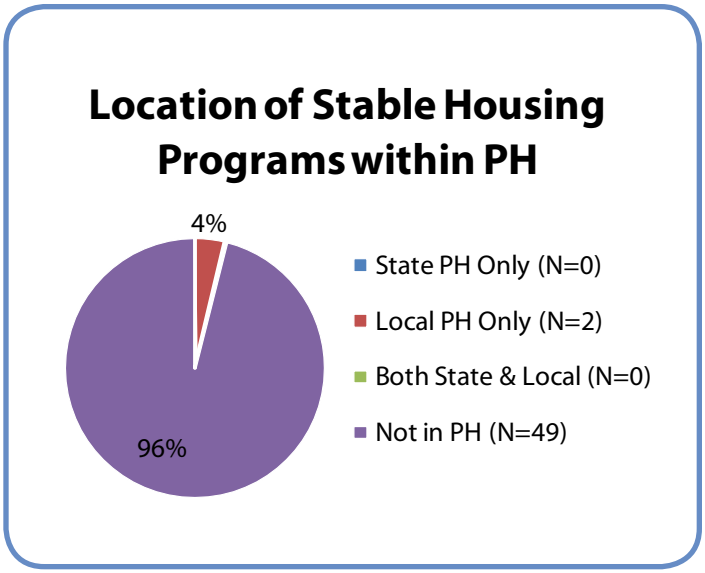


Stable Housing Programs

(e.g., rent and utility/heat assistance)

2 (4%) states provide Stable Housing Programs through either their state or local PH agencies.

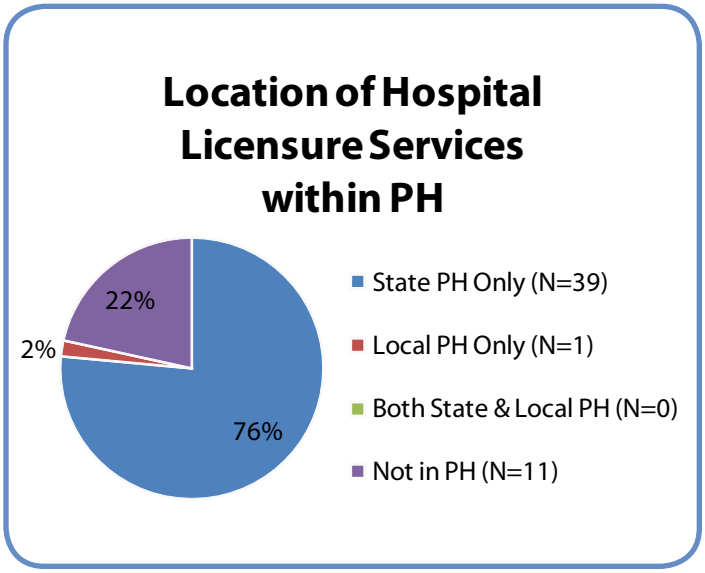
- 0 states reported delivering Stable Housing Programs through their state public health agency only
- 2 (4%) states reported delivering Stable Housing Programs through their local public health agencies only
- 0 states reported delivering Stable Housing Programs through both their state and local public health agencies



Hospital Licensure

40 (78%) states provide Hospital Licensure, Obstetric, or Prenatal Regulations through either their state or local PH agencies.

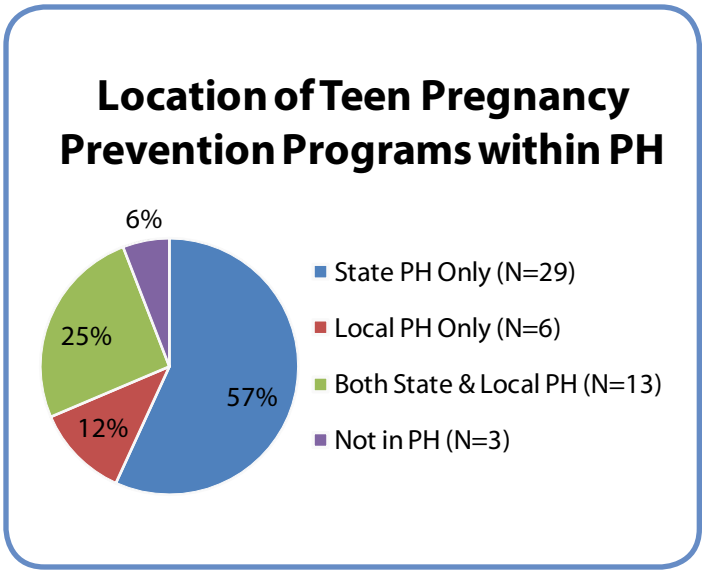
- 39 (76%) states reported that hospital licensure, obstetric, or prenatal regulations were a responsibility of their state public health agency only
- 1 (2%) state reported that hospital licensure, obstetric, or prenatal regulations was a responsibility of its local public health agencies only
- 0 states reported that hospital licensure, obstetric, or prenatal regulations were a responsibility of both their state and local public health agencies



Teen Pregnancy Prevention

48 (94%) states offer Teen Pregnancy Prevention Programs through either their state or local PH agencies.

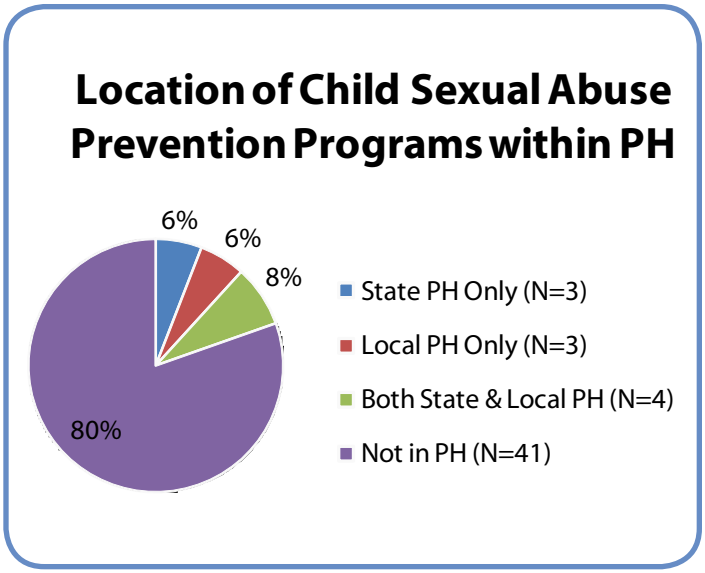
- 29 (57%) states reported delivering Teen Pregnancy Prevention Programs through their state public health agency only
- 6 (12%) states reported delivering Teen Pregnancy Prevention Programs through their local public health agencies only
- 13 (25%) states reported delivering Teen Pregnancy Prevention Programs through both their state and local public health agencies



Child Sexual Abuse Prevention

10 (20%) states offer Child Sexual Abuse Prevention Programs through either their state or local PH agencies.

- 3 (6%) states reported delivering Child Sexual Abuse Prevention Programs through their state public health agency only
- 3 (6%) states reported delivering Child Sexual Abuse Prevention Programs through their local public health agencies only
- 4 (8%) states reported delivering Child Sexual Abuse Prevention Programs through both their state and local public health agencies

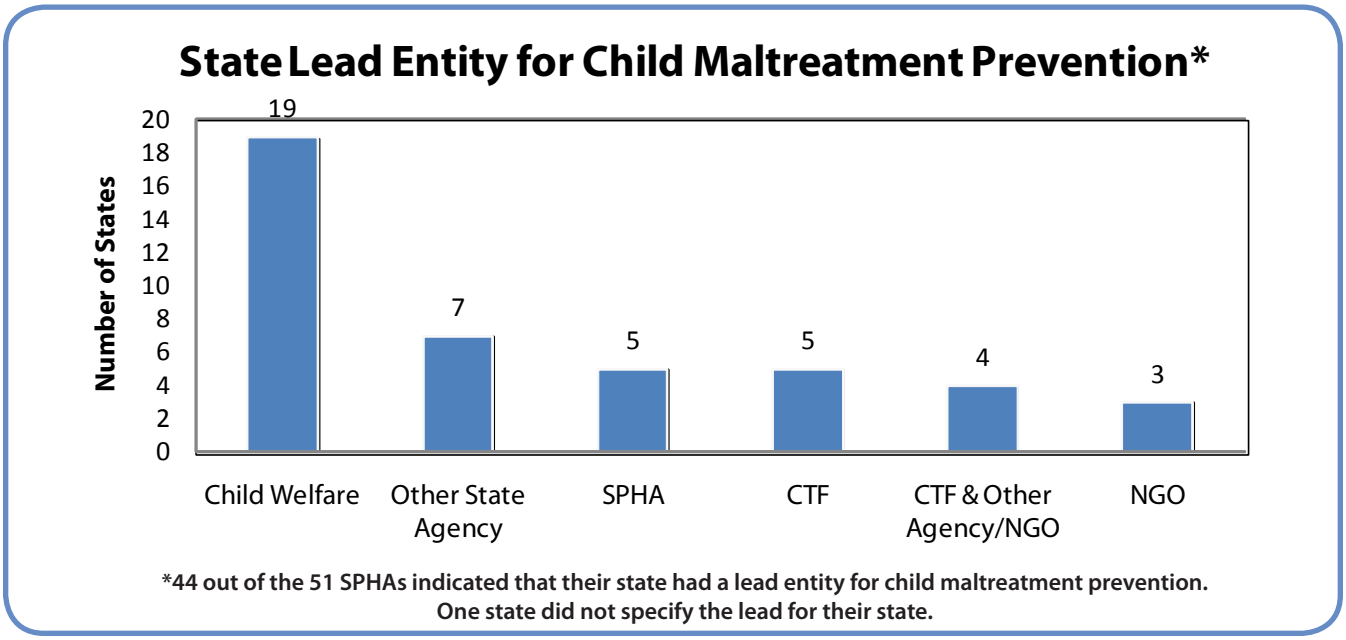


Partnerships and Collaboration

State Lead for Child Maltreatment Prevention

- 44 (86%) states reported that their state had a lead entity in charge of CM prevention efforts
- 19 (37%) states reported that the Child Protective Services/Child Welfare agency was the lead for CM prevention in their state
- 5 (10%) states reported that the SPHA was the lead for CM prevention in their state

Other lead agencies reported included NGOs, the state's Children's Trust Fund, some other state agency, or some combination of these three.



*44 out of the 51 SPHAs indicated that their state had a lead entity for child maltreatment prevention. One state did not specify the lead for their state.

Relationship between SPHA and other State Agencies/Organizations

Top Five Agencies SPHAs Reported Collaborating with on CM Prevention

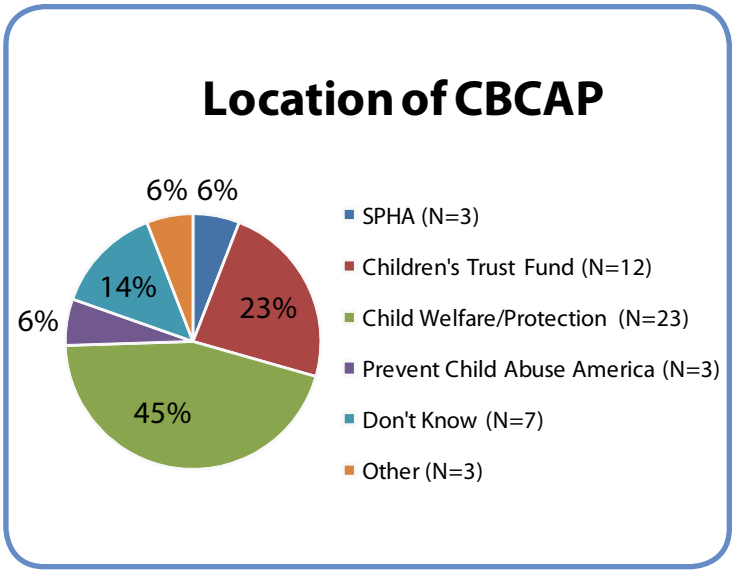
- 47 (92%) SPHAs reported collaborating with their states' Child Protective Services/Child Welfare agency on CM prevention
- 39 (77%) SPHAs reported collaborating with child care agencies in their state on CM prevention
- 38 (75%) SPHAs reported collaborating with Local Health Departments on CM prevention
- 37 (73%) SPHAs reported collaborating with hospitals in their state on CM prevention
- 37 (73%) SPHAs reported collaborating with their states' Department of Education on CM prevention

SPHAs also reported collaborating with their states' Children's Trust Fund, Department of Early Education, CB-CAP lead agency, Public Welfare agency, health care centers, Strengthening Families affiliate, and Immigrant Assistance agency.

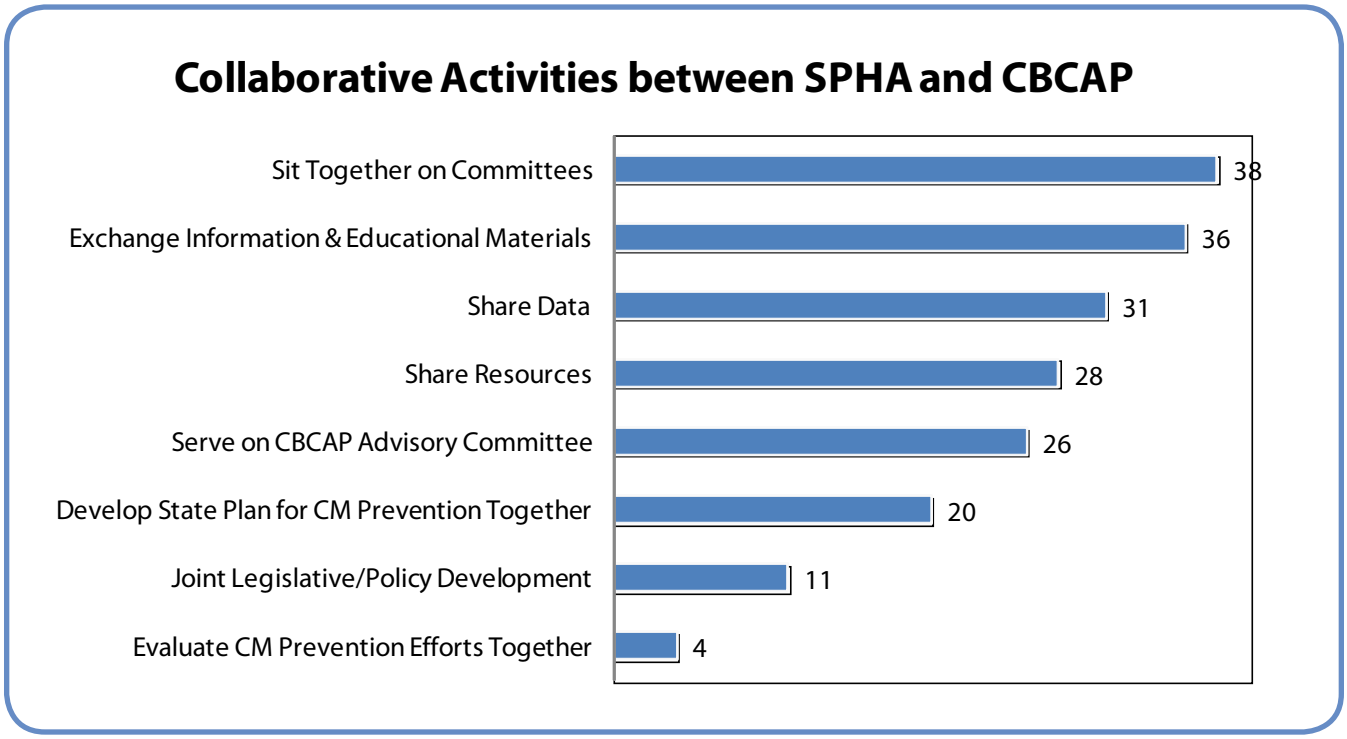
SPHA and the Community-Based Child Abuse Prevention Program (CBCAP)

Location of CBCAP Program

- 23 (45%) SPHAs reported that their states' CBCAP program was located in their states' Child Welfare/Protective Services agency
- 12 (23%) SPHAs reported that their states' CBCAP program was located in their states' Children's Trust Fund
- 3 (6%) SPHAs reported that their states' CBCAP program was located in the SPHA
- Other locations for the CBCAP program included the Prevent Child Abuse America state affiliate, or other agency/organization.



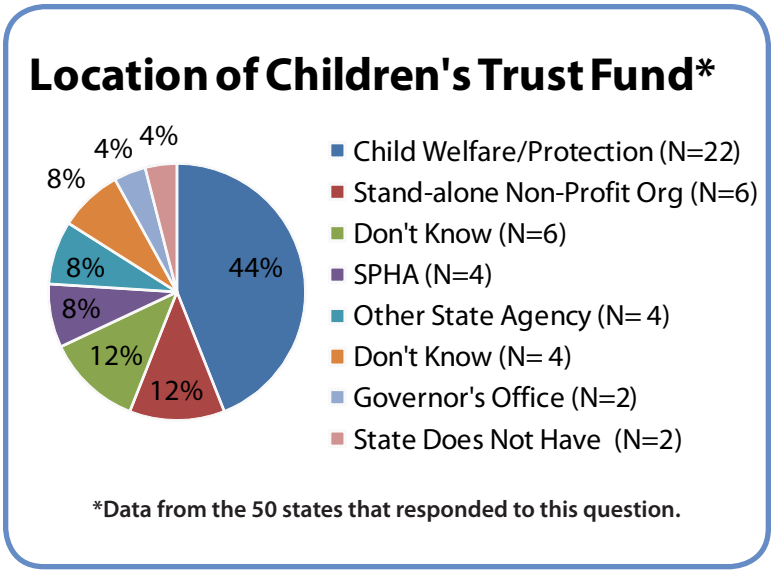
44 (86%) SPHAs reported collaborating in some way with their state's CBCAP program. SPHAs also reported sharing data, sharing resources, sitting on the CBCAP program's advisory board, developing the state CM prevention strategic plan, developing joint legislation/policy, and evaluating CM prevention efforts with the CBCAP program.



SPHA and the Children's Trust Fund

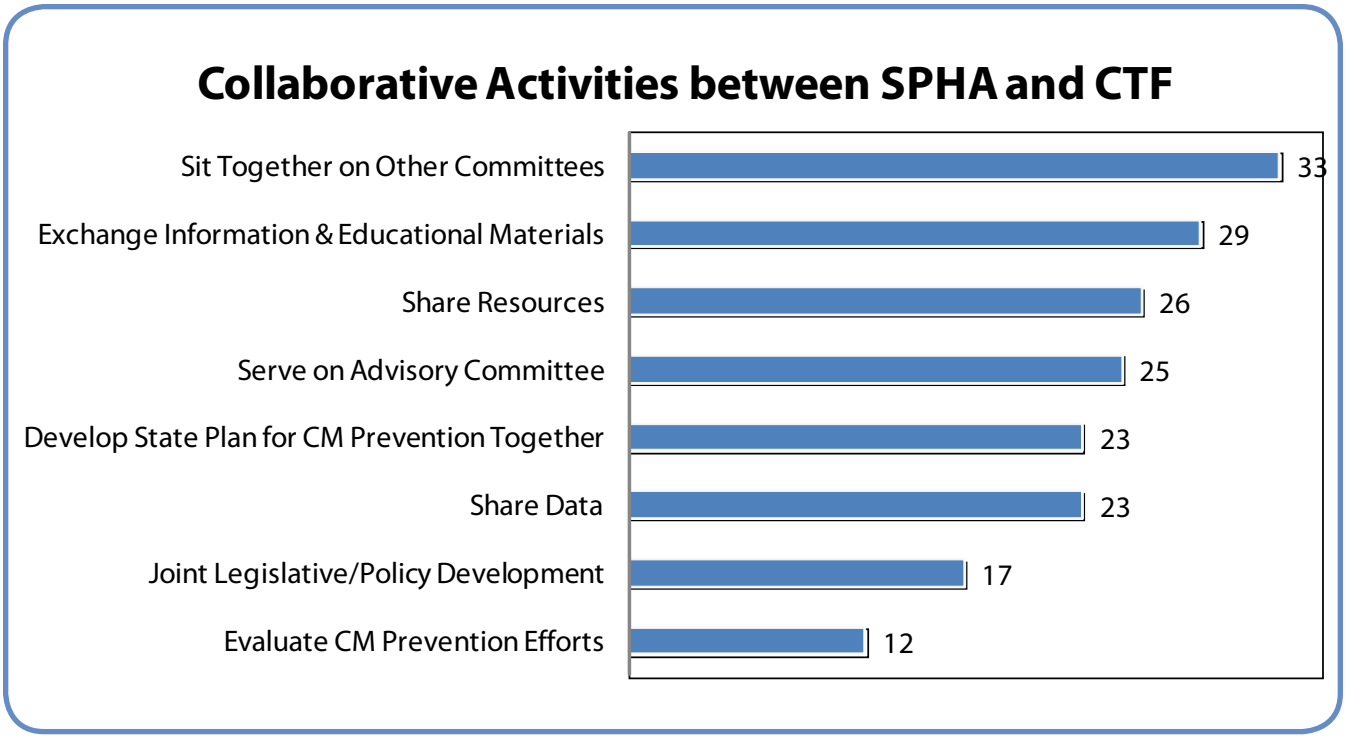
50 (98%) SPHAs reported the location of their Children's Trust Fund (CTF).

- 22 (44%) SPHAs reported the CTF was located in the state's Child Protective/Child Welfare agency
- 6 (12%) SPHAs reported the CTF was its own, stand alone agency
- 4 (8%) of SPHAs reported the CTF was located in the SPHA



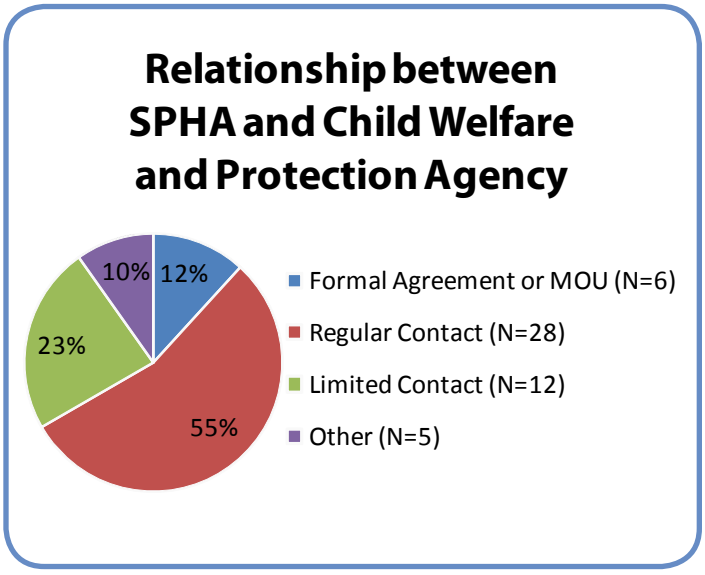
39 (76%) SPHAs reported collaborating with their state's Children's Trust Fund.

- 33 (65%) SPHAs reported that they participate with their state's Children's Trust Fund on committees
- 29 (57%) SPHAs reported that they exchange information and educational materials with their state's Children's Trust Fund
- SPHAs also reported sharing resources, serving on CTF's Advisory Committee, working with CTF to develop a state plan for CM prevention, sharing data, developing joint policies/legislation, and evaluation CM prevention efforts with their state's CTF.



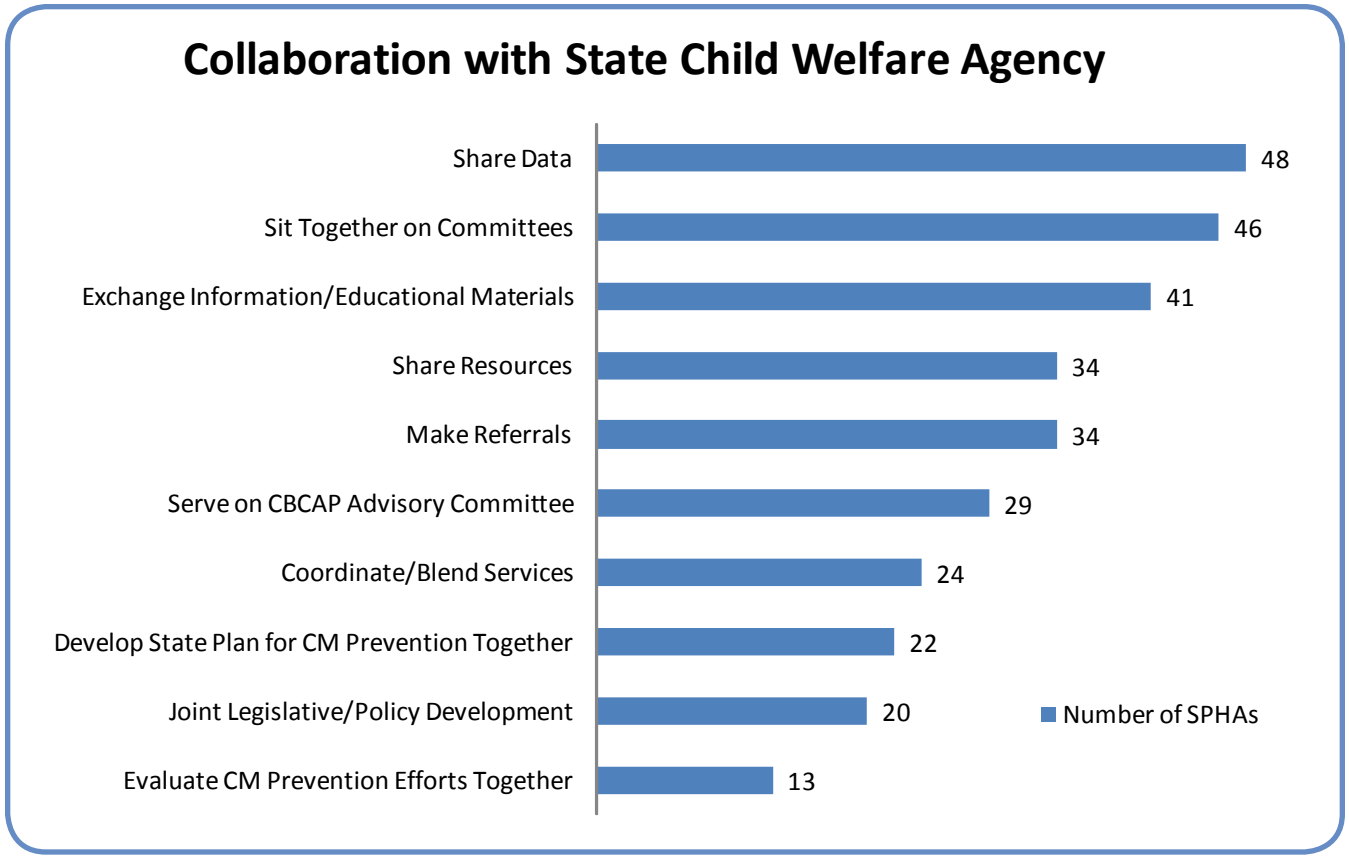
SPHA and the State Child Welfare/ Protection Agency

- 28 (55%) SPHAs reported that they maintain regular contact with the child welfare and protection agency in their state regarding CM prevention efforts.
- 6 (12%) SPHAs have formal agreements that allow them to work with the child welfare and protection agency on issues related to CM prevention.
- 12 (23%) SPHAs reported having limited contact with the child welfare and protection agency.



SPHAs also reported on the kinds of collaboration they are most likely to engage in with their states' child welfare and protection agency.

- 48 (94%) SPHAs reported that they share data on CM prevention with their states' child welfare and protection agency
- 46 (90%) SPHAs reported that they participate on their states' child welfare and protection agency on committees for CM prevention
- 41 (80%) SPHAs reported that they exchange information and educational materials on CM prevention with their states' child welfare and protection agency
- SPHAs also reported that they collaborate with their states' child welfare agency by sharing resources related to CM prevention, making referrals, serving on the child welfare advisory committee, coordinating and/or blending CM prevention services, developing the state CM prevention strategic plan, developing joint legislation/policies related to CM prevention, and evaluating CM prevention efforts.



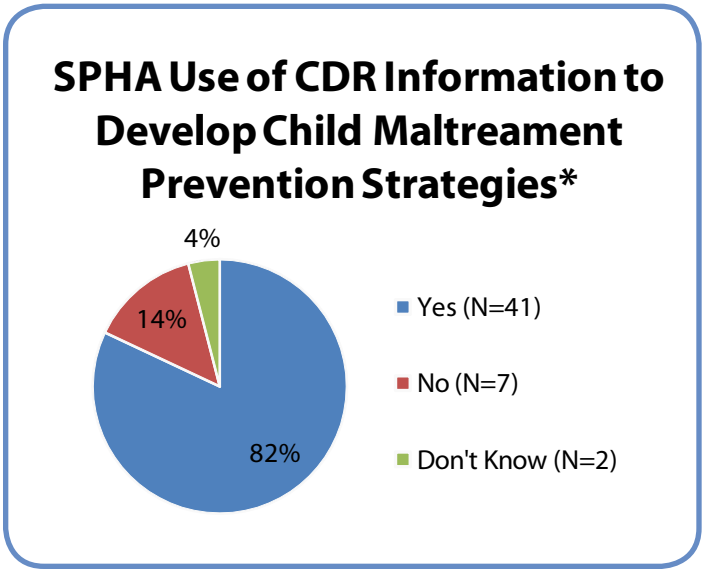
SPHA and Child Death Review

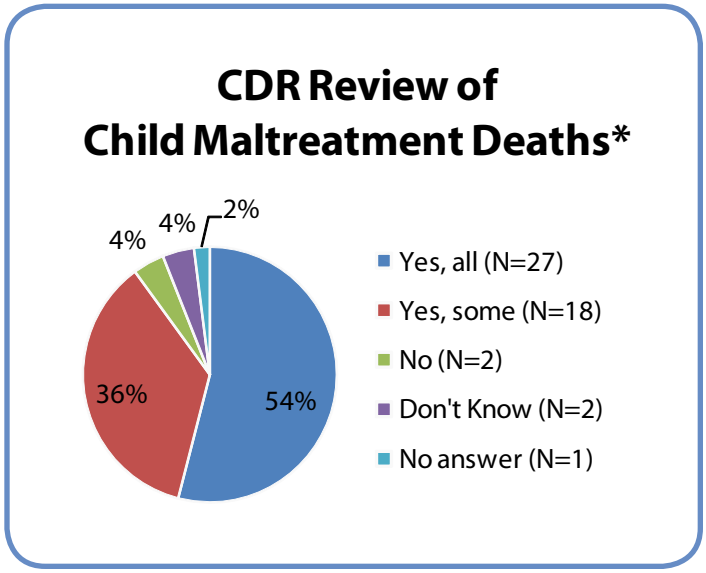
46 (90%) SPHAs reported that they are actively involved with their states' Child Death Review (CDR) process.

- 3 (6%) SPHAs reported that they are not involved with their states' Child Death Review process
- 2 (4%) SPHAs reported that they did not know if their agency is involved with their states' Child Death Review process
- 1 (2%) SPHA reported that their state does not have a Child Death Review process

Of the 50 SPHAs in states with a Child Death Review program:*

- 45 (90%) SPHAs indicated that their states' Child Death Review system reviews some or all of their CM-related deaths
- 41 (82%) SPHAs use Child Death Review data to develop strategies for CM prevention
- 7 (14%) SPHAs do not use this data to develop CM prevention strategies



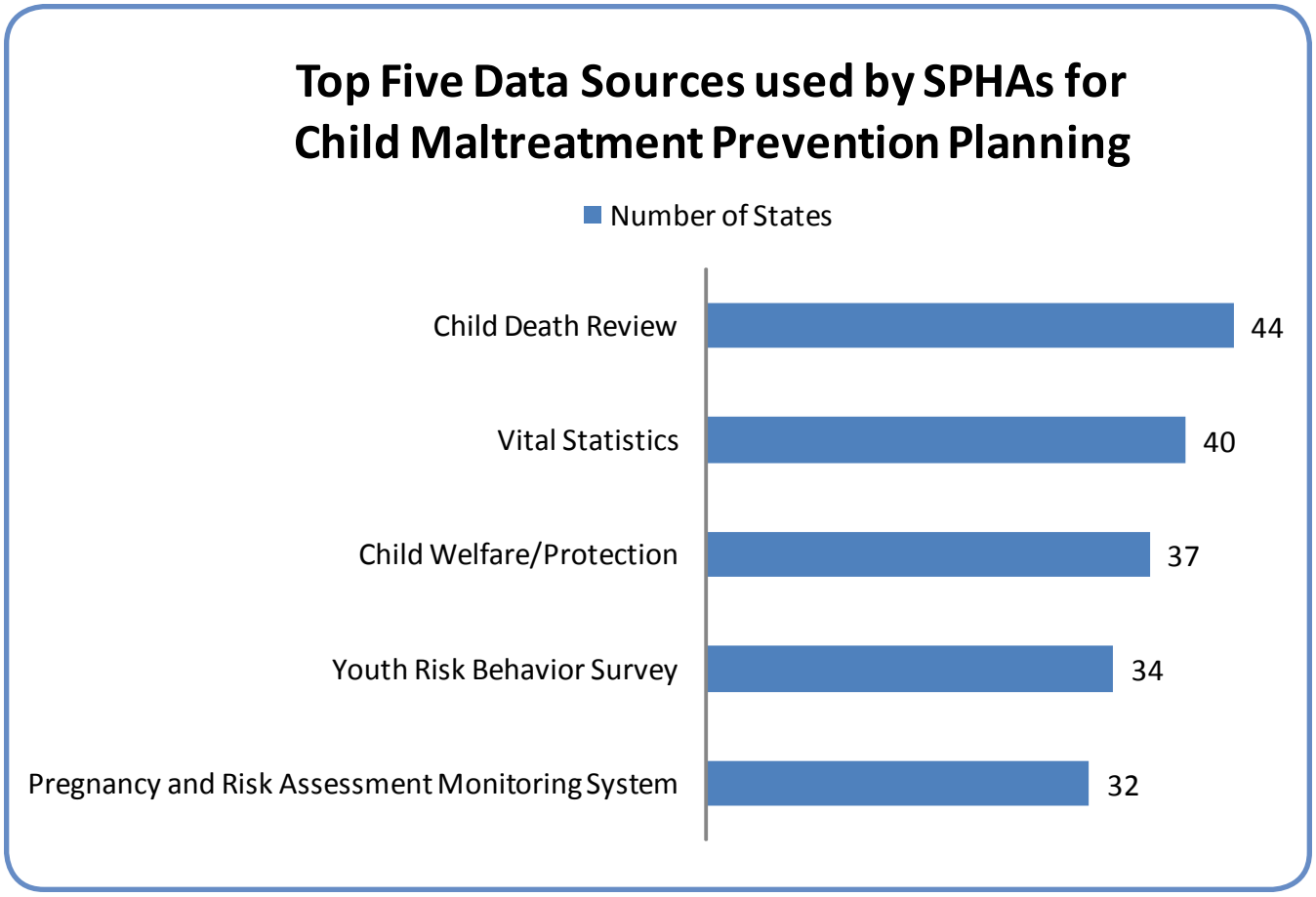


***Data from the 49 states and the District of Columbia. Idaho does not have a Child Death Review System.**

Data Collection and Surveillance

Top Five Data Sources Used by SPHAs to Inform CM Prevention Planning and Programming

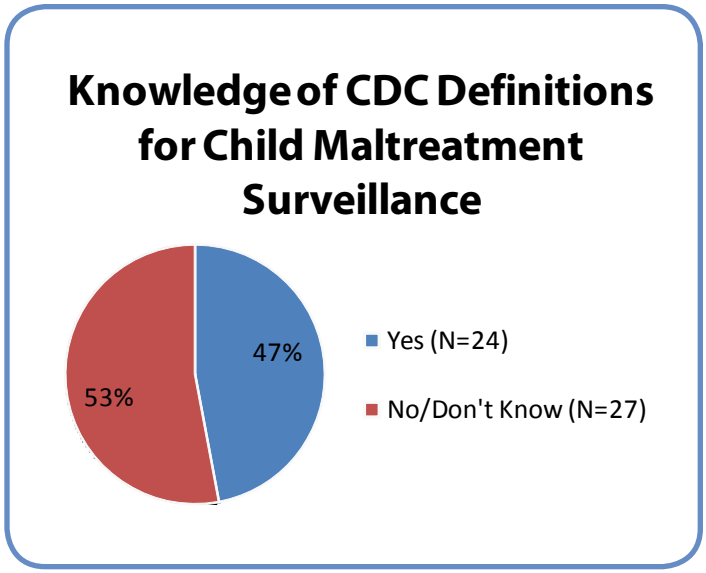
- 44 (86%) SPHAs use Child Death Review data to inform their CM prevention work
- 40 (78%) SPHAs use Vital Statistics data to inform their CM prevention work
- 37 (73%) SPHAs use Child Welfare and Protection Services data to inform their CM prevention work
- 34 (67%) SPHAs use Youth Risk Behavior Survey data to inform their CM prevention work
- 32 (63%) SPHAs use Pregnancy and Risk Assessment Monitoring System data to inform their CM prevention work
- SPHAs also reported using the Behavioral Risk Factor Surveillance Survey, Early Intervention Part C data, criminal justice data, child care services data, Medicaid claims data, Head Start/Early Childhood Education data, and Special Education Part B data to inform their CM prevention work



Surveillance of CM Prevention

SPHAs reported that a lack of uniform definitions for CM surveillance is a major barrier in CM prevention work.

- 24 (47%) of SPHAs indicated that they were aware of the CDC uniform definitions for child maltreatment surveillance.
- 20 (39%) of SPHAs had read the CDC uniform definitions for CM surveillance
- 7 (14%) of SPHAs indicated that they use the CDC uniform definitions for CM surveillance

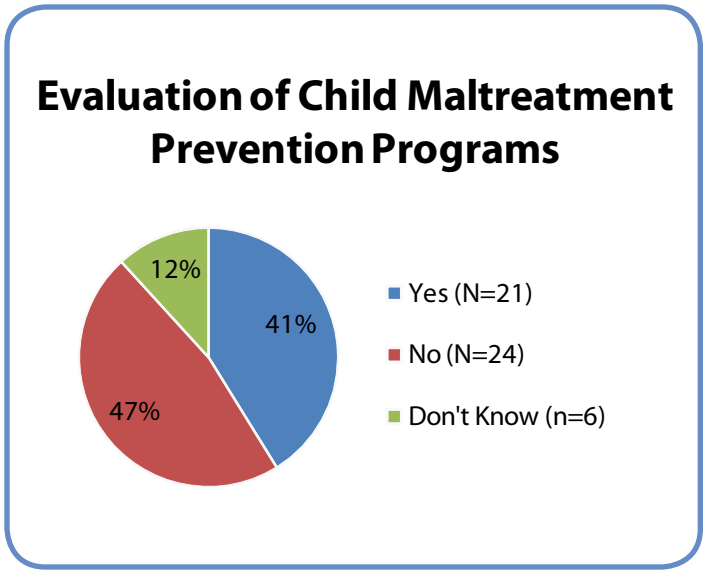


Evaluation

Evaluation of CM Prevention Programs

21 (41%) SPHAs reported that they evaluate their CM prevention programs and services. The programs that were most likely to be evaluated were:

- Home Visiting Programs
- Parenting Education Programs
- Substance Abuse Programs
- Intimate Partner Violence Programs
- Maternal Mental Health/Depression Screening Programs
- Child Mental Health Programs

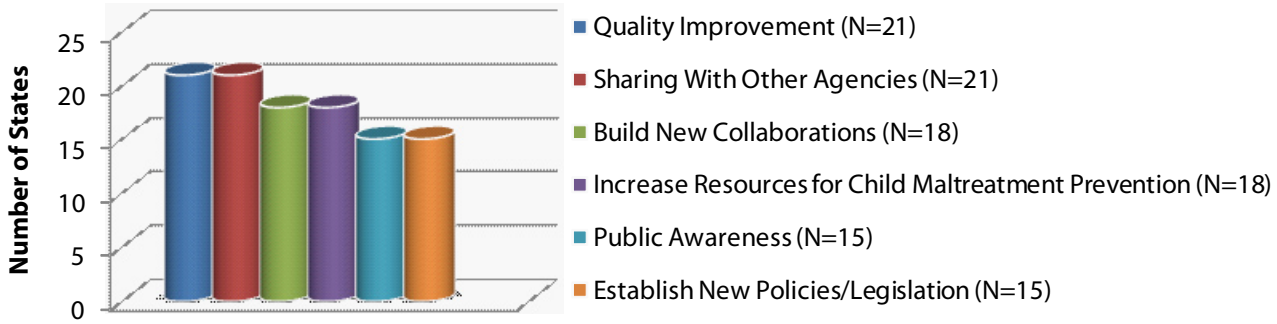


Top Four Uses of CM Prevention Evaluation Data

- 21 (41%) SPHAs reported that they use their CM prevention evaluation data to make recommendations for quality improvement
- 21 (41%) SPHAs reported that they share their CM prevention evaluation data with other agencies
- 18 (35%) SPHAs indicated that they use their CM prevention evaluation data to build new collaborations
- 18 (35%) SPHAs indicated that they use their CM prevention evaluation data to increase resources for child maltreatment prevention

SPHAs also indicated that they use their CM prevention evaluation data to increase public awareness of CM and to establish new policies and regulations related to CM

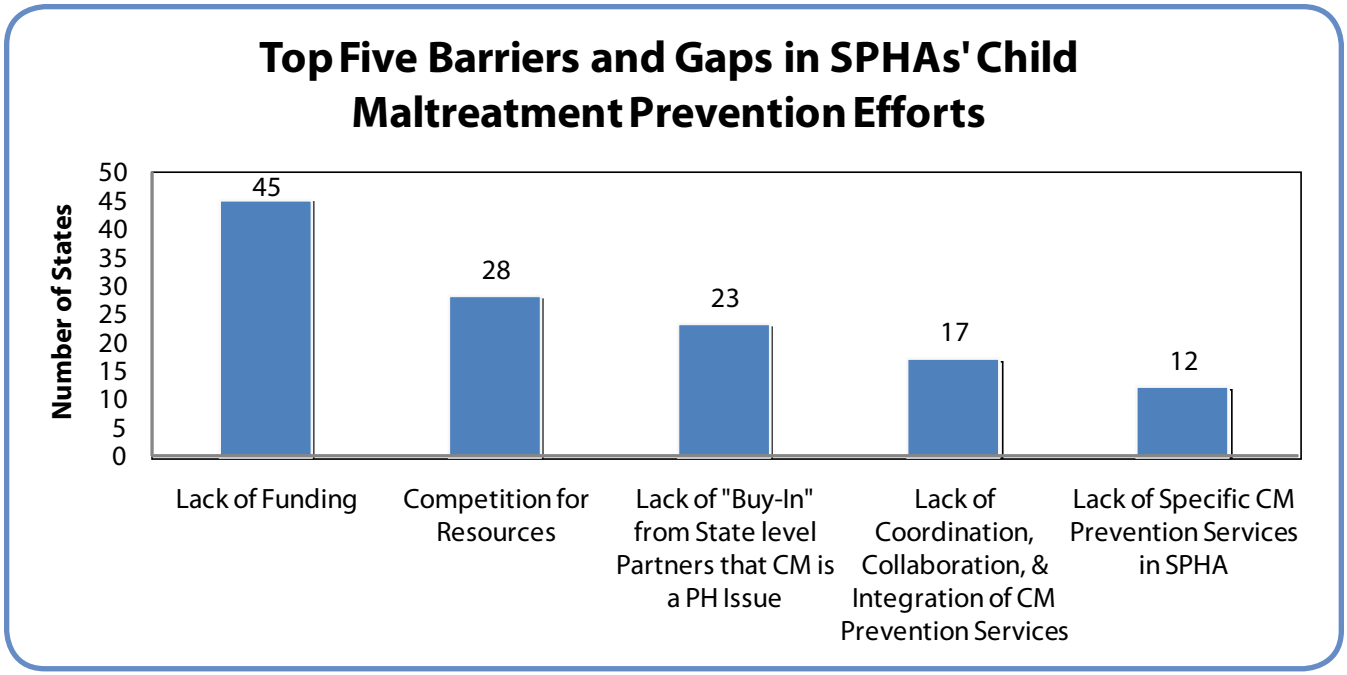
Use of Child Maltreatment Prevention Program Evaluation Information



Challenges and Barriers

Top Five Barriers and Gaps in SPHAs' Child Maltreatment Prevention Efforts

- 45 (88%) SPHAs indicated that lack of funding was a barrier limiting SPHA efforts in CM prevention
- 28 (55%) SPHAs indicated that competition for resources was a barrier limiting SPHA efforts in CM prevention
- 23 (45%) SPHAs indicated that lack of "buy in" from state level partners that CM is a PH issue was a major barrier limiting SPHA efforts in CM prevention
- 17 (33%)SPHAs indicated that lack of coordination, collaboration or integration of services was a major gap in their agency's CM prevention work
- 12 (24%) SPHAs indicated that a lack of specific services was a major gap in their agency's CM prevention work



Other barriers and gaps in CM prevention efforts listed by SPHAs included:

- Need for more/improved surveillance and evaluation of CM prevention efforts
- Inadequate primary prevention work within SPHA
- Competing public health priorities
- Absence of a designated CM prevention staff person/program
- Lack of clarity regarding SPHA's roles/ relationships/responsibilities with regard to CM prevention
- Lack of appropriate policies, laws, or statutes mandating the SPHA's involvement in CM prevention

Opportunities

39 (76%) SPHAs reported that they felt current CM prevention efforts in their SPHA could be enhanced. Their suggestions for enhancing these efforts included:

- Increase collaboration regarding CM prevention, especially with child welfare
- Create a state-wide CM prevention plan or strategy (for states that do not already have a state CM prevention plan)
- Clarify authority for CM prevention through state law, policy, or executive order mandating SPHA responsibility/involvement in CM prevention efforts within the state
- Raise awareness about CM as a public health issue within the state

- Increase focus and involvement in CM prevention within the SPHA, including dedicated funding
- Make injury prevention a priority within the SPHA, including dedicated funding
- Increase knowledge about CM prevention within the public health workforce, both internal and external to the SPHA, including health care providers
- Enhance data, surveillance, and evaluation efforts regarding child maltreatment prevention, including improved data sharing between agencies
- Provide dedicated funding for CM prevention programs, surveillance, and evaluation
- Enhance/Improve the Child Death Review process

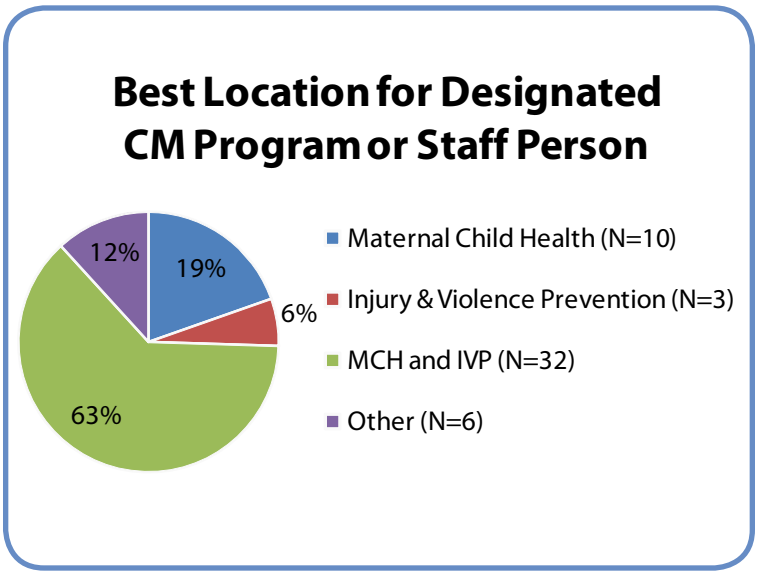
Top Five Public Health Programs for Decreasing Child Maltreatment Rates

- 50 (98%) SPHAs thought Mental Health Services were necessary for decreasing CM rates in their states
- 50 (98%) SPHAs thought Parenting Education Programs were necessary for decreasing CM rates in their states
- 47 (92%) SPHAs thought Substance Abuse Treatment Programs were necessary for decreasing CM rates in their states
- 45 (88%) SPHAs thought Targeted Home Visiting Programs were necessary for decreasing CM rates in their states
- 45 (88%) SPHAs thought Health Promotion and Prevention Education Programs were necessary for decreasing CM rates in their states

Other

Best Location in SPHA for Child Maltreatment Prevention

- 32 (63%) SPHAs reported they thought CM prevention should be jointly located in both Maternal and Child Health and Injury/Violence Prevention
- 10 (19%) SPHAs reported they thought CM prevention should be located only in Maternal and Child Health
- 3 (6%) SPHAs reported they thought CM prevention should be located only in Injury/Violence Prevention
- 6 (12%) SPHAs reported they thought CM prevention should be located in some other location



Top Five Methods for Communicating Health Messages

- 39 (76%) SPHAs indicated that public service announcements were useful or very useful for communicating health messages
- 31 (61%) SPHAs indicated that press releases were useful or very useful for communicating health messages
- 27 (53%) SPHAs indicated that newspaper articles and op eds were useful or very useful for communicating health messages
- 26 (51%) SPHAs indicated that fact sheets were useful or very useful for communicating health messages
- 24 (47%) SPHAs indicated that sample newsletter articles were useful or very useful for communicating health messages

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