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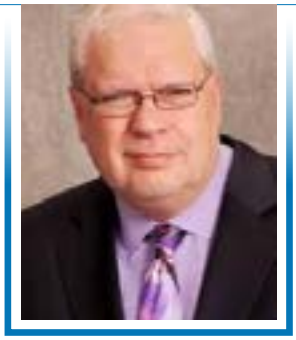

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BIOGRAPHY

Gary B Melton is Professor of Pediatrics and of community and behavioural health at the University of Colorado Anschutz Medical Campus in the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. Currently he is also Visiting Professor of Psychology and Education at the University of Virginia and Adjunct Professor of Youth, family and community studies at Clemson University. He is the author or editor of approximately 375 publications; he is Editor-in-Chief of *International Journal on Child Maltreatment: Research, Policy, and Practice*, Senior Editor of *American Journal of Orthopsychiatry* and past Co-Editor of *Child Abuse & Neglect*. He is the only four-time recipient of distinguished contributions awards from the American Psychological Association. He has also received awards for distinguished contributions to research and public service from two APA divisions, the American Psychological Foundation, Prevent Child Abuse America and Psi Chi.

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USING GROUP ORIENTED PEDIATRIC WELL CARE TO BUILD AND CAPITALIZE ON STRONG COMMUNITIES FOR CHILDREN

Derived from the recommendations of the US Advisory Board on Child Abuse and Neglect for a neighbourhood based child protection system, strong communities for children is a community wide approach to primary prevention of child maltreatment. It relies on outreach workers to mobilize communities so that every child and every parent know that, if they have reason to celebrate, worry or grieve, someone will notice and someone will care. The strategy focuses on the development of a natural social support in primary community institutions (e.g., civic clubs; fire stations and places of worship). In the largest trial (A multi-year quasi-experiment comparing neighbourhoods matched at the block group level), strong communities was implemented in an area of mixed population density, wealth, race and ethnicity and a population of about 125,000 residents in northwest South Carolina; comparisons were with communities in Central South Carolina. More than 500 organizations and more than 6,000 individual volunteers participated. Compared to the unserved communities across time in a multi-method design, communities engaged in strong communities showed decreases in substantiated cases of child maltreatment, hospital admissions of children because of injuries perhaps related to maltreatment, self-described child neglect and parental stress. Increases were observed in perceived safety to, from and at elementary schools, elementary schools= receptiveness to parents, home safety practices, social support and collective efficacy. Positive changes in children's safety were observed in both high and low-resource communities but participating low-resource communities showed greater mobilization, accompanied by increases in neighbourly assistance, perceived household safety and observed positive parenting. The South Carolina initiative relied, roughly speaking, on one outreach worker per town. Efforts are currently underway to demonstrate even more cost-effective and sustainable implementation through: reliance on university students as volunteer outreach workers and use of pediatric group well visits as the foundations for social support both in the health care system itself and in other primary community institutions. The latter approach will be described in detail with attention to preliminary findings showing positive effects on health care for young children and their families.