Healthy Spaces

Promoting Healthy and Resilient Communities

The New Jersey Chapter, American Academy of Pediatrics (NJAAP) program, Educating Practices in Their Communities on Child Abuse and Neglect (EPIC CAN), has been in operation for 17 years. The EPIC CAN curriculum covered the entire spectrum of child abuse prevention – primary, secondary, and tertiary - using three educational platforms:

1) **Suspected Child Abuse and Neglect (SCAN)** addresses the risk factors and red flags of child abuse and neglect and how to respond when abuse or neglect is suspected.

2) **Prevention of Child Abuse and Neglect (PCAN)** focuses on primary prevention by addressing four global triggers: crying, toileting, discipline and Post-Partum Depression within the context of the Pediatric Medical Home (PMH).

3) **Strengthening Pediatric Partners (SPP)** is a 6-month American Board of Pediatrics (ABP)-approved Maintenance of Certification (MOC) Part 4 Quality Improvement (QI) program. Beginning in 2011, this program focused on reducing and preventing the occurrence of child abuse and neglect by providing education and guidance around the four global triggers of child abuse at the 2-month and 24-month well visits. Core components included improving practice screening and assessment and providing anticipatory guidance and resources to families.

**Adverse Childhood Experiences (ACEs)**

Over two decades ago, the Centers for Disease Control and Prevention and Kaiser Permanente embarked on a landmark longitudinal study on the relation of ACEs (stressful or traumatic events that children experience before age 18) to future health outcomes. This research has been replicated in various populations and the results are virtually identical every time. Exposure to ACEs without a positive buffer can cause a toxic stress response in children - leading to higher risk for health problems, such as asthma, diabetes, learning difficulties, and behavioral issues.

In 2018, the NJAAP began work to focus its statewide, 6-month MOC Part 4 Program on ACEs screening at all well-child and new patient visits. Parents, children (parent-report) and teens (parent and self-report) were screened for ACEs.

Feedback from participating pediatric practice teams:
- “It made us realize that it would be a disservice to our community if we did not conduct the screenings.”
- “Opened the conversation with parents about trauma history.”
- “Improved timing of discussing the past with patients.”
- “Staff became more aware of trauma informed care and became more culturally sensitive.”
- “ACEs tool allowed staff to become more aware of trauma-informed care and services available.”

Participation in the program provided practice teams with the skills to: facilitate discussions regarding ACEs, toxic stress and trauma; change processes in the office to implement and sustain QI projects; and institute innovative measures to better manage care of children and families. The program utilized Quality Improvement Data Aggregator (QIDA), a state-of-the-art platform for data collection and resource sharing.

The nine pediatric practices engaged in the NJAAP MOC Part 4 QI program had the potential to impact approximately 3,285 families per month or 19,710 potential patients during the 6-month program. An estimated 14,617 patients received anticipatory guidance and 3,683 were referred to community services for families in need.

“I believe ACE scores should become a vital sign, as important as height, weight, and blood pressure.” - Dr. Jeffrey Brenner, founder and former Executive Director of the Camden Coalition of Healthcare Providers

The New Jersey Chapter, American Academy of Pediatrics (NJAAP) program, Educating Practices in Their Communities on Child Abuse and Neglect (EPIC CAN), has been in operation for 17 years. The EPIC CAN curriculum covered the entire spectrum of child abuse prevention – primary, secondary, and tertiary - using three educational platforms:

1) **Suspected Child Abuse and Neglect (SCAN)** addresses the risk factors and red flags of child abuse and neglect and how to respond when abuse or neglect is suspected.

2) **Prevention of Child Abuse and Neglect (PCAN)** focuses on primary prevention by addressing four global triggers: crying, toileting, discipline and Post-Partum Depression within the context of the Pediatric Medical Home (PMH).

3) **Strengthening Pediatric Partners (SPP)** is a 6-month American Board of Pediatrics (ABP)-approved Maintenance of Certification (MOC) Part 4 Quality Improvement (QI) program. Beginning in 2011, this program focused on reducing and preventing the occurrence of child abuse and neglect by providing education and guidance around the four global triggers of child abuse at the 2-month and 24-month well visits. Core components included improving practice screening and assessment and providing anticipatory guidance and resources to families.

**Adverse Childhood Experiences (ACEs)**

Over two decades ago, the Centers for Disease Control and Prevention and Kaiser Permanente embarked on a landmark longitudinal study on the relation of ACEs (stressful or traumatic events that children experience before age 18) to future health outcomes. This research has been replicated in various populations and the results are virtually identical every time. Exposure to ACEs without a positive buffer can cause a toxic stress response in children - leading to higher risk for health problems, such as asthma, diabetes, learning difficulties, and behavioral issues.

In 2018, the NJAAP began work to focus its statewide, 6-month MOC Part 4 Program on ACEs screening at all well-child and new patient visits. Parents, children (parent-report) and teens (parent and self-report) were screened for ACEs.

Feedback from participating pediatric practice teams:
- “It made us realize that it would be a disservice to our community if we did not conduct the screenings.”
- “Opened the conversation with parents about trauma history.”
- “Improved timing of discussing the past with patients.”
- “Staff became more aware of trauma informed care and became more culturally sensitive.”
- “ACEs tool allowed staff to become more aware of trauma-informed care and services available.”

Participation in the program provided practice teams with the skills to: facilitate discussions regarding ACEs, toxic stress and trauma; change processes in the office to implement and sustain QI projects; and institute innovative measures to better manage care of children and families. The program utilized Quality Improvement Data Aggregator (QIDA), a state-of-the-art platform for data collection and resource sharing.

The nine pediatric practices engaged in the NJAAP MOC Part 4 QI program had the potential to impact approximately 3,285 families per month or 19,710 potential patients during the 6-month program. An estimated 14,617 patients received anticipatory guidance and 3,683 were referred to community services for families in need.

“I believe ACE scores should become a vital sign, as important as height, weight, and blood pressure.” - Dr. Jeffrey Brenner, founder and former Executive Director of the Camden Coalition of Healthcare Providers
Healthy Spaces

In July 2018, the NJAAP was one of five AAP Chapters awarded a $20,000 Healthy People 2020 Grant from the national AAP. This provided the Chapter with the seed money needed to conduct a pilot program – Healthy Spaces - in the City of Camden with one pediatric practice and one school. Camden not only has one of the highest rates of child abuse and neglect in the state, but it also has one of the highest incidences of violent crimes in the nation. Healthy Spaces uses a three-pronged approach to target protective factors and customize interventions needed to avoid downstream costs. The program integrates a primary prevention approach that is trauma informed and includes resilience building practices, all based on ACEs science.

Three prongs:

1. **Pediatric Healthcare Learning Collaborative:**
   The pediatric healthcare team at CAMcare, Camden’s Federally Qualified Healthcare Center (FQHC), is provided education about ACEs science and how to integrate trauma-informed and resilience-building practices. The team is learning how to utilize the ACE Questionnaires during well-child and new patient visits, providing anticipatory guidance to families, and linking them with local resources including schools and school nurses, expanding the PMH.

2. **Educator Collaborative:** School staff and administrators at Mi Casita Daycare Center are being educated about ACEs science and how to integrate trauma-informed and resilience-building practices into the school settings. The education includes topics such as violence, adverse peer and school experiences, and how ACEs impact readiness to learn, behavior, and academic performance. Key components are linking nurses with pediatric healthcare teams and improving communication.

3. **Community Collaborative:** School nurses, pediatric healthcare teams, and other community members and organizations meet quarterly at the Camden Coalition of Healthcare Providers. The purpose of these meetings is to foster an open dialogue between school nurses, pediatric healthcare teams, and other community stakeholders to ensure coordinated care for Camden’s most vulnerable children within a PMH.

In 2019, with funding from the New Jersey Department of Children and Families, we are applying this three-pronged approach within Cape May and Cumberland Counties, working with one school and two pediatric practices in each county, and hosting bi-annual Community Collaborative meetings to enhance communication between schools, pediatricians, and other community members and organizations. According to Kids Count 2018, these counties are ranked lowest in Safety and Well-being.

**Our Goal**

Our goal is to expand the number of practices and schools we are working with in the City of Camden, Cape May County and Cumberland County in an effort to saturate each of these communities. Over time, we aim to bring this program statewide, while still maintaining a focused and strategic framework community by community.

For more information, contact Aldina M. Hovde, MSW, Director, Safety and Trauma Informed Care Initiatives at ahovde@njaap.org or Kyle Shupp, MPH, Program Manager, Safety and Trauma Informed Care Initiatives at kshupp@njaap.org or 609-842-0014.