

The Defending Childhood Initiative: Opportunities to Prevent and Address Violence and Trauma through the Community Based Health System

Stephanie Doyle, MS

Director, Boston Defending Childhood Initiative

Boston Public Health Commission

**DEFENDING
CHILDHOOD**
PROTECT HEALTHRIVE





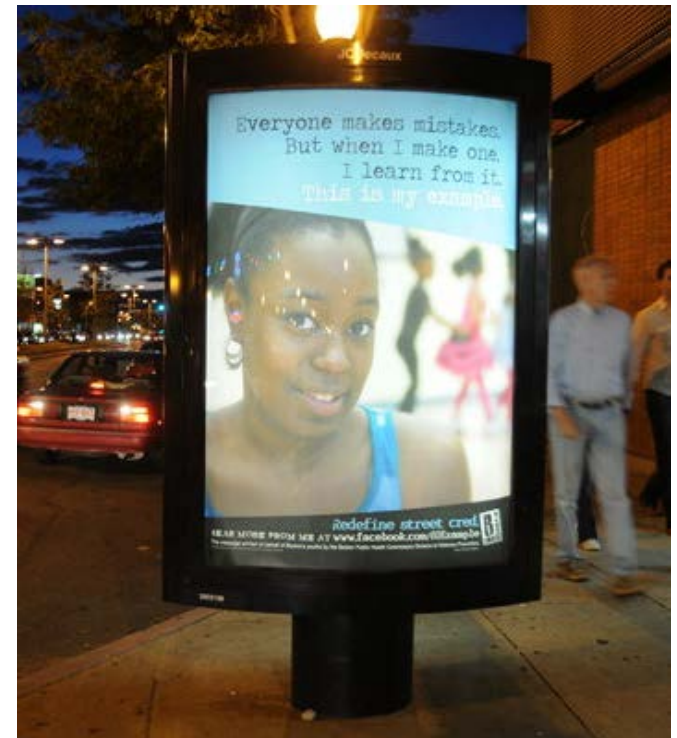
Defending Childhood Initiative

- An Initiative of the United States Department of Justice Department. Boston is one of 8 sites across the country.
- The goal of the Initiative is to prevent and reduce the impact of exposure to violence in homes, schools, and communities for children aged 0 to 17 years old.
- In 2010, the Boston Public Health Commission, in partnership with the Child Witness to Violence Project at the Boston Medical Center, received a planning grant to bring together a collaborative of community partners that addresses all aspects of children's exposure to violence to conduct an assessment and develop a strategic plan.



Defending Childhood Initiative Strategic Plan

1. Training and Capacity Building
2. Family Nurturing Programs
3. Direct Services
4. Youth Engagement and Social Marketing
5. Policy and Data





Children Who Received Preventive Medical Care in Past Year, Ages 0-17

	%
United States	84.4
New Hampshire	91.2
Race/Ethnicity of Child	
Other	85.1
Black	70.8
Latino	84.1
White	92.3
Health Insurance	
Public Insurance	85.7
Private	94.0
Uninsured	72.4

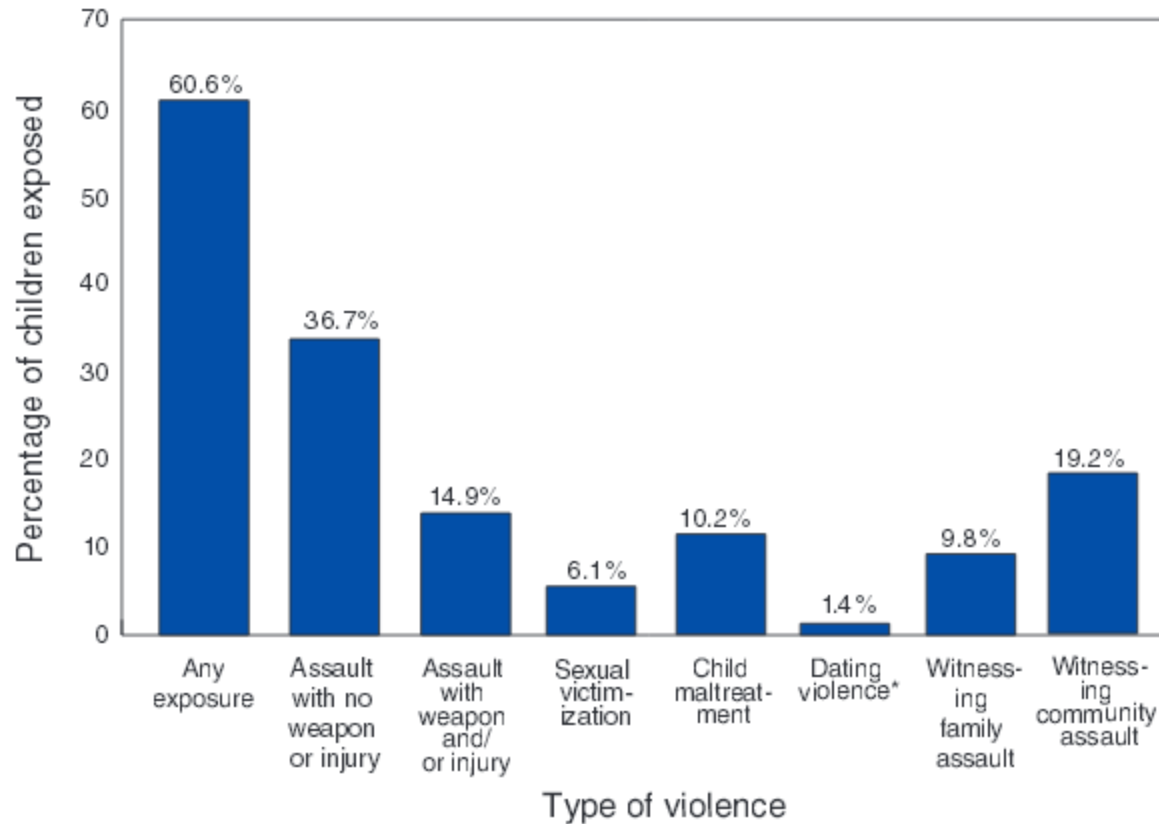
Federal Household Poverty Level	
Below FPL	82.2
100-199% FPL	87.8
200-299% FPL	93.9
400% FPL or Above	92.6

NOTE: Data for multiracial/other race are not shown. DATA SOURCES:
National Survey of Children's Health, 2011-2012



Exposure to Violence, Children Ages 0-17

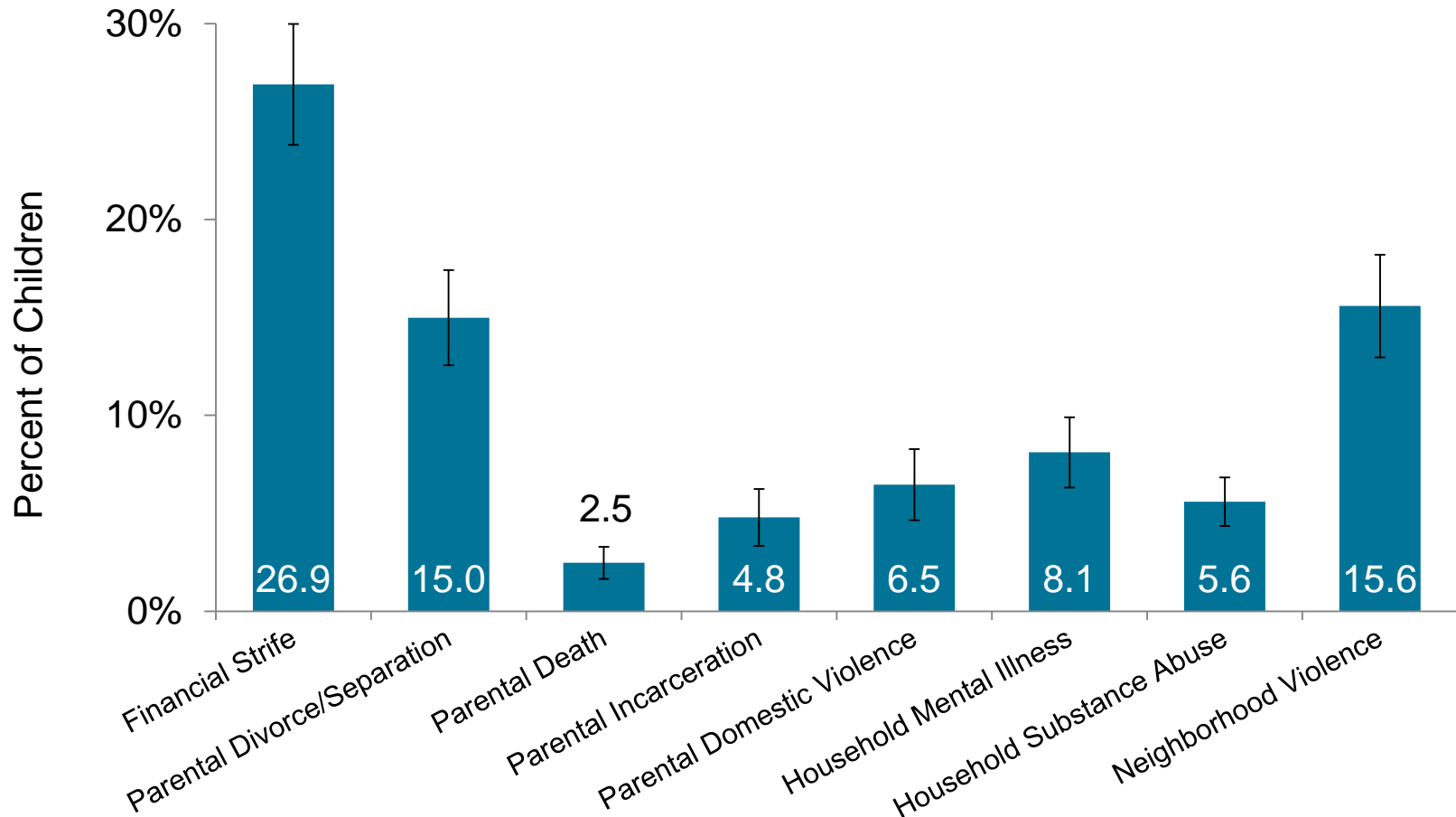
Exhibit 1: Past-Year Exposure to Selected Categories of Violence for All Children Surveyed



* Figures for dating violence are only for children and adolescents age 12 and older.



Adverse Childhood Experiences (ACEs), Children Ages 0-17



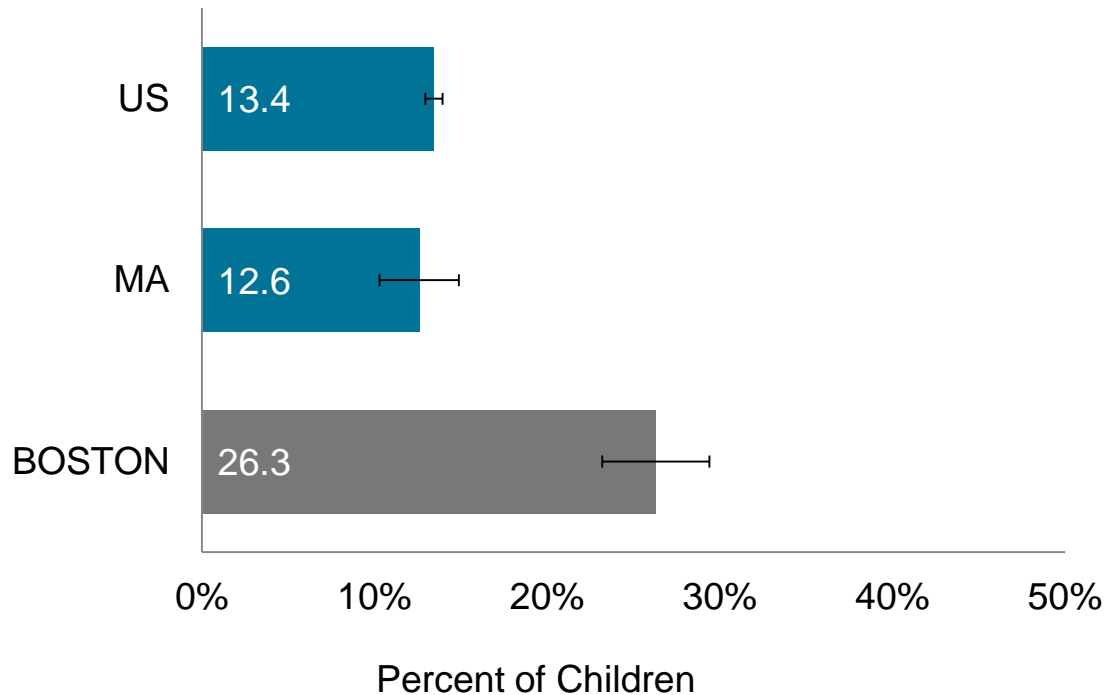
DATA SOURCE: Boston Survey of Children's Health, 2012

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office



Parent/Caregiver Neighborhood Perceptions, Children Ages 0-17

Neighborhood Unsafe*



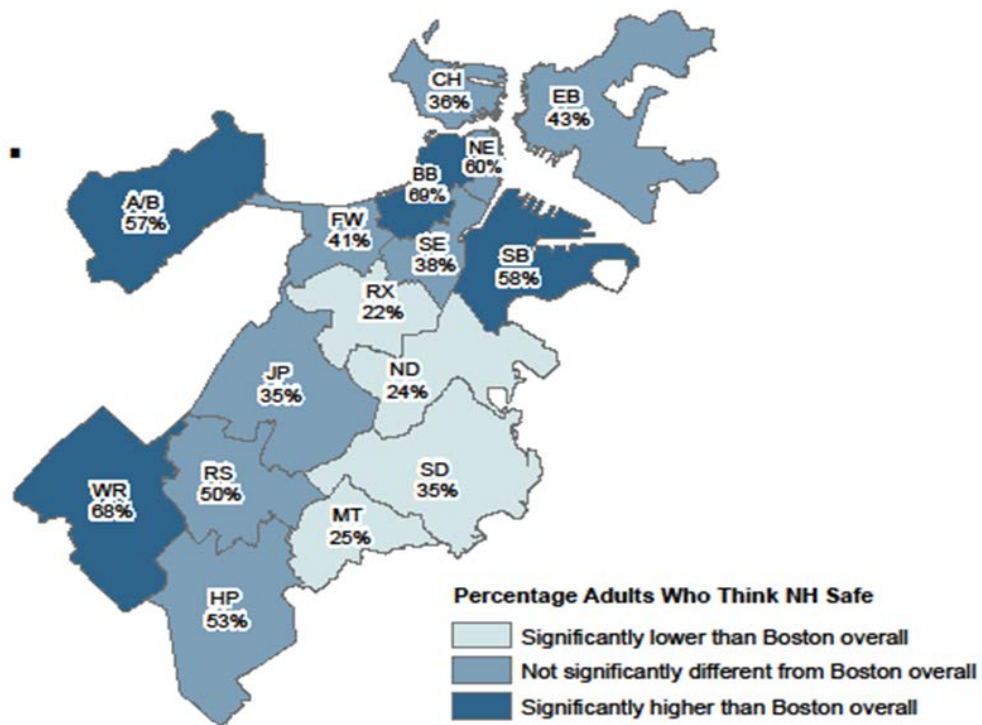
*Parents/caregivers reported that they felt that child is either sometimes or never safe in community or neighborhood.



Defending Childhood Initiative

Figure 30.12 Adults Who Think Their Neighborhood is Safe, 2008

DRAFT





Health Care Transformation

- In 2012, passage of *Ch 224: An Act Improving the Quality of Healthcare and Reducing Costs Through Increased Transparency, Efficiency and Innovation*
- Boston has a network of 24 community health centers that serve over 300,000 people
- Opportunity for Defending Childhood to:
 - Integrate primary prevention of exposure to violence.
 - Ensure quality supports for children and families exposed to violence.





Workforce Development

- Increase the capacity of the workforce to address trauma.
 - Trained over 100 clinicians in evidence based models for addressing trauma through year long learning communities.
 - Models include CPP, ARC, and TF-CBT





What we have learned:

- ***Opportunities:*** Building a community of providers who can practice skills, share resources, build a referral network and identify and discuss challenges (both policy and day to day implementation)
- ***Challenges:***
 - Financial constraints
 - Implementing in non-clinical settings
 - Parent Engagement
 - Sustainability: turnover, spread, etc.



Community Health Center Trauma Recovery Teams

- Funding family partner and mental health clinician teams
 - In 2012, funded two health centers; in 2014, increase to 8 health centers
 - Offering a menu of prevention/promotion, response, and recovery
 - Wraparound care plan that includes clinical and family support goals
- Ongoing supervision and quality improvement





Opportunities within Health Care Reform and the Medical Home

- Increase care coordination with patients and with community partners.
 - Family partners to support connection to natural supports and enhance family protective factors.
 - Greater integration with primary care
 - Community collaborations for prevention programming.
 - Collaborative quality improvement methods.

