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>> Hello and welcome to this author interview. This is Howard Bauchner, Editor-in-Chief of JAMA. I'm here with Alex Kemper, a member of the U.S. Preventive Services Task Force. Hello, Alex.

>> Hi, how are you doing?

>> I'm good. We're going to be talking about the new U.S. Preventive Services Task Force recommendation on interventions to prevent child maltreatment. But before we start, Alex, why don't you tell people a bit about yourself and how long you've been on the Task Force?

>> I'm a general pediatrician and I'm also the Division Chief of the Ambulatory Pediatrics at Nationwide Children's Hospital in Columbus, Ohio. And I've been on the Task Force now for almost five years.

>> How much longer do you get to serve, Alex?

>> Sadly, for me, my time on the Task Force ends at the end of the calendar year.

>> Well, I'll miss you because I think this is our third or fourth interview. Because you often do the child-oriented Task Force recommendation statements.

>> Yeah. Yeah. No, I'll, certainly, miss these conversations and I'll really miss participating in the activities of the Task Force. It's been just a real highlight for me in my career.

>> So, turning to the task at hand, interventions to prevent child maltreatment. Why don't we start, as we always do, with what the actual recommendation is? And then, we'll go through more of the details about the recommendation statement and the evidence review.

>> So, in this case, the Task Force concluded that the current evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment. And so, this is an I statement.

>> I think some in the child health community will find it disappointing and we'll return to why it is an I statement. But can you just clarify precisely what is meant by an I statement?

>> So, an I statement occurs when there's insufficient evidence to understand whether or not the preventive service will be to more benefit than harm. That is, whether or not there is clear

evidence that the preventive service can improve our patient's outcomes. Again, as we're going to discuss a little bit, that evidence wasn't there. One of the important things to recognize about an I statement is that it's not a recommendation that the service shouldn't be done or that the preventive service doesn't have any value. It's simply a statement that the evidence isn't there for the Task Force to make a recommendation. And, again, as you know, the Task Force really only looks at the evidence. And, again, this is a very important area and it signifies that there's a gap in the evidence. And one that I hope in the future could be resolved through research.

>> Why this is such an important issue?

>> Well, sadly, there are many children who are maltreated. It's hard to get to the exact number, certainly, because there are a lot of children who suffer abuse or neglect who never get identified. But the numbers, annually, are estimated to be more than 670,000 children suffer from abuse or neglect. That is really a large number. And another way to think about it is that about nine in every 1,000 children suffer some form of child maltreatment.

>> The Task Force is very good about breaking down or categorizing maltreatment into abuse, neglect, or both. And the estimate in this statement is that 75% of these children experience neglect, 18% experience physical abuse, and 8% experience sexual abuse. They go on to say that approximately 14% of the abused children experience multiple forms of maltreatment. This is based upon data from 2016. And more than 1,700 children died as a result of maltreatment. Can you provide any additional definitions around abuse, neglect? Or is that difficult to do?

>> It's certainly, difficult to do. There are many groups that have come out with definitions that are helpful, including the World Health Organization and the Centers for Disease Control and Prevention. The CDC definition of child maltreatment, I think, from a clinical standpoint makes the most sense. And they write maltreatment into problems related to omission, that is, not providing appropriative care to a child. Or problems related to commission, that is, the abuse that you were describing before. But, again, there are many definitions out there for maltreatment. It's hard to define. But I think as long as you think about it both related to abuse and neglect, it clinically is most helpful way to think of it.

>> So, Alex, you're very good about always understanding the evidence base. So, why don't you clarify precisely what the Task Force focused on and the evidence base?

>> The Task Force focused on primary prevention of maltreatment, that is, stopping maltreatment from happening before it even occurs. So, that's different than reporting to authorities when you suspect that maltreatment has occurred in the first place. And, certainly, every state in the country has laws mandating that that kind of reporting happen. What the Task Force was focusing in on is whether or not there are things that you can do within the context of primary care. Or services that you can refer families for to stop the maltreatment from happening in the first place. There are several programs that are out there that have been

designed, in part, to help prevent maltreatment from occurring in the first place. One of the most common types of programs are home visiting programs. So, for example, there's something called the Nurse Family Partnership, which visits families beginning before the child is born through a certain period of time. To other home visiting programs that are either done with clinicians or without clinicians. The Task Force looks, specifically, at trials, randomized trials. To find out whether or not those kinds of programs or other primary preventive programs out there can prevent maltreatment from happening in the first place. The Task Force found a total of 22 trials that specifically address that. And across all those trials, there simply wasn't the evidence out there to support whether or not they led to decreased maltreatment. So, for example, the data were inconclusive for whether or not referral to these home visiting programs decreased any form of maltreatment. Or if it decreased failure to thrive, failure to immunize, emergency department visits, and a wide variety of other markers that are consistent with maltreatment. Part of the problem in comparing across these different trials is that the studies these varied in terms of how the home visiting occurred or what the specific outcome measures were.

>> One of the issues that I found confusing in the Task Force recommendation statement is, oftentimes, home visiting is not organized as part of primary care. But is organized, for example, after parents leave the hospital with their child. Were the home visiting programs that you considered different than the common home visiting programs that people think about, with respect to children? Even if they weren't linked specifically to primary care?

>> You're exactly correct that the Task Force, typically, considers services that can be done within the clinic itself or other programs that children could be referred to. In this case, the Task Force really took a holistic view of these home visiting programs, thinking that if one were to be found successful in terms of decreasing child maltreatment. Then, certainly, that's something that a clinician could refer to. This is really similar to, for example, the childhood obesity recommendation, which highlighted the importance of intensive programs. Which, oftentimes, wouldn't be available within the practice itself but a clinician could refer to. So, again, the Task Force really tried to look at all the programs that were out there. Whether or not they were initially hooked directly into the clinic or not.

>> I think that's an important thing for the Task Force to do. You and I are both pediatricians. But, particularly, around child health, many issues may occur in parallel with primary care and then, can be linked to primary care. So, I'm delighted to hear that the Task Force actually expanded its traditional search to include a more holistic approach to what could be the prevention of disease.

>> Yeah. Fantastic.

>> Now, where's the evidence gap?

>> The evidence gap, here, is really focused on whether or not these programs can reduce child maltreatment. And, again, looking across the various studies that were there. There is

heterogeneity, inconsistence, and imprecise estimates around the likelihood that it would decrease this wide range of potential maltreatment. The Task Force, also, looks at harm and pays careful attention to whether or not the preventive services that it recommends could lead to harm. There is an important gap around whether or not these programs might be harmful. You can imagine a wide range of potential harms including just the time that it takes families to, perhaps, being labeled. But, in this case, the fundamental issue was around the lack of evidence around benefit.

>> Recommendation of other groups.

>> The American Academy of Family Practice is in agreement with this particular recommendation. The American Academy of Pediatrics doesn't have a specific recommendation around primary prevention of maltreatment. For example, referral to these programs. But, certainly, underscores the importance that pediatricians have in preventing maltreatment and in identifying reporting it.

>> Before we conclude and I have you restate the actual conclusion and recommendations from the Task Force- as I've mentioned, you and I are both pediatricians. And I think there may be other benefits to home visiting. And I'm wondering if you could reflect on that, both as a Task Force member, as well as a pediatrician.

>> Yeah. So, let me begin by reflecting on this is a pediatrician. I've been very fortunate to be able to have a lot of new families followed by home visiting programs. And they really provide an important array of great services. So, everything from supporting breast-feeding to early identification of depression to linking to resources addressing complex social determinants of health. Things like food insecurity that families face. In my role as a general pediatrician, I really value these home visiting programs. They've just given tremendous benefit to the families that I take care of. I would be clear, though, the Task Force was looking at these programs specifically around the issues of preventing child maltreatment. So, the Task Force didn't assess benefits and harms of these home visiting programs outside of their ability to prevent child maltreatment. Given the lack of evidence, that's where the Task Force ended up with this recommendation. Which again, was that the Task Force concludes that the current evidence is insufficient to assess benefits and harms of primary care interventions to prevent child maltreatment, or an I statement. Again, it was really limited to the issue of prevention of child maltreatment.

>> I appreciate you adding the other comments about home visiting. I'm a longtime fan of David Olds' work, which is now almost three decades old. And he, certainly, has shown benefits of home visiting, although, not necessarily around the prevention of child maltreatment. This is Howard Bauchner. I've been talking with Alex Kemper, a member of the U.S. Preventive Services Task Force. And we've been discussing the Task Force's most recent recommendation statement entitled ''Interventions to Prevent Child Maltreatment''. Thanks, so much, Alex.

>> Thanks, so much. Have a great day. And I really appreciate your attention to this important topic.

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