

GOAL 1

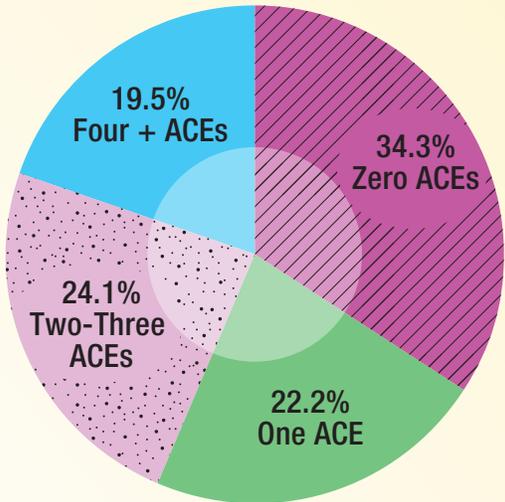
PROGRAMS SERVING YOUNG CHILDREN PROMOTE RESILIENCY, PREVENT AND ADDRESS TRAUMA, AND PROVIDE ACCESS TO EARLY INTERVENTION SERVICES.

- 1.1 Objective:** Promote practice-informed, universal screening efforts and early intervention services.
- 1.2 Objective:** Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification.
- 1.3 Objective:** Reduce the instances and impact of Adverse Childhood Experiences (ACEs) through community engagement and by improving social determinants of health.

GOAL 1: EARLY CHILDHOOD

At birth, brains are not fully developed; they are built throughout childhood as experiences and interactions create a foundation for the rest of life. Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences during childhood, including abuse, neglect, witnessing domestic violence, or growing up with a caregiver struggling with substance misuse, mental illness, or incarceration. Studies demonstrate these types of childhood trauma increase the risk of serious health problems that last into adulthood and may affect future generations.

Figure 1: Percentage of Alaska Adults (18+) Who Experienced Adverse Childhood Experiences Prior to Age 18



Sources

2013-2015 Alaska BRFSS, Section of Chronic Disease and Prevention, Alaska Division of Public Health, Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Module

Many health and social problems are attributed to and can be predicted by childhood experiences. Life expectancy in adults who experience six or more ACEs is reduced by 20 years. The Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) data indicates that 32% of Alaska children born between 2009-2011 experienced at least one report to child welfare before the age of 8 years.¹ ALCANLink data also found that children born to mothers reporting six or more life stressors during the 12 months prior to giving birth are 4.7 times as likely to be reported to child welfare compared to those mothers reporting zero life stressors.¹ ACEs are strong risk factors for a child's future involvement in domestic violence, alcohol misuse, and suicide attempts.² ACEs raise the chances of juvenile arrest by 59%, the likelihood of criminal behavior in adulthood by 28%, and violent crime by 30%. ACEs are also risk factors for medical conditions including heart disease, chronic lung diseases, and cancer.³

Considering these statistics, it is clear that preventing adverse experiences during early childhood is key, because it reduces a lifetime of adverse health issues. Effective primary prevention strategies deliver a five-to-one return on investment in five years. High-quality early childhood education decreases high-risk behaviors and their associated costs and also provides a foundation for the economic development of Alaska by promoting a skilled, healthy, and reliable workforce. Prevention programs in early childhood can also improve resiliency in Alaskans who experience ACEs for better life and health outcomes. Supporting caregivers in their local communities and cultural practices, including grandparents caring for grandchildren, is vital to the success of this goal.

PREVENTION: includes a wide range of activities — known as “interventions” — aimed at reducing risks or threats to health⁴

1.1 Objective: Promote practice-informed, universal screening efforts and early intervention services.

- a. Strategy:** Establish standards of care that ensure developmental screenings and caregiver education is a normal part of the well-child check-up for all Alaska children.
- b. Strategy:** Create and utilize a centralized registry for collecting developmental screening data using a standardized, developmental screening tool.
- c. Strategy:** Provide early intervention for infants born with fetal alcohol spectrum disorders (FASDs) and neonatal abstinence syndrome (NAS) and their caregivers.
- d. Strategy:** Provide training and technical assistance on trauma-engaged strategies for providers serving young children to assess children and their caregivers for service needs.
- e. Strategy:** Promote training for pediatricians in a tiered screening process for neurodevelopmental disabilities.

1.2 Objective: Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification.

- a. Strategy:** Establish standards of care to ensure access to trauma-informed services for children and their caregivers.
- b. Strategy:** Provide training on social-emotional development and behavioral health to providers serving children.

TRAUMA-INFORMED CARE: adoption of principles and practices that promote a culture of safety, empowerment, and healing⁵

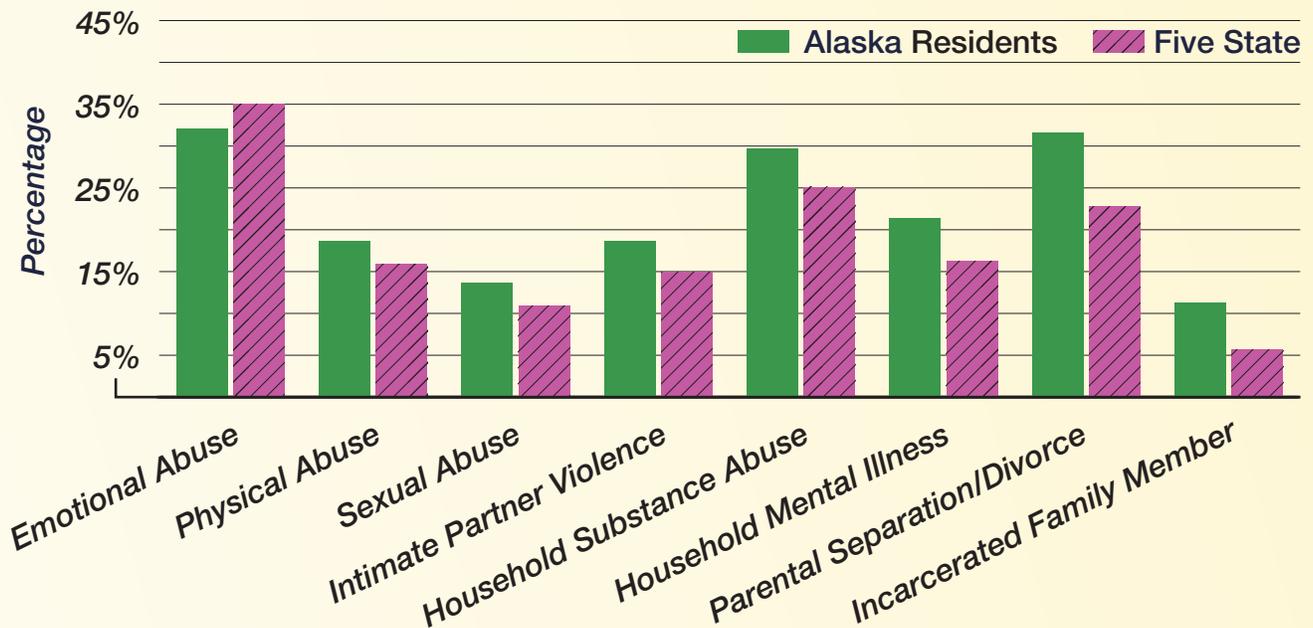
- c. **Strategy:** Ensure programs have qualified staff who have training and understanding of various cultures.
- d. **Strategy:** Create resources, opportunities, and training for caregivers, including grandparents and other extended family members.

1.3 Objective: Reduce the instances and impact of Adverse Childhood Experiences (ACEs) through community engagement and by improving social determinants of health.

- a. **Strategy:** Support community education on ACEs.

ADVERSE CHILDHOOD EXPERIENCES (ACEs): traumatic events occurring before age 18; include all types of abuse and neglect, as well as parental mental illness, substance use, divorce, incarceration, and domestic violence⁶

Figure 2: Adverse Childhood Experiences Scores for Alaska Adults and Their Five-State ACEs Study Peers



Sources

Five States Study data from the Centers for Disease Control and Prevention, Adverse Childhood Experiences Reported by Adults — Five States, 2009: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm>

2013-2015 Alaska BRFSS, Section of Chronic Disease and Prevention, Alaska Division of Public Health, Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Module

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- b. Strategy:** Increase access to family and peer support services that address resiliency by reducing early adversity, toxic stress, and childhood trauma, and by building protective relationship supports, cultural identity, and self-regulation skills.
 - c. Strategy:** Support parenting skill development through community programs and activities, building upon local, natural supports.
 - d. Strategy:** Support resiliency development efforts with training and technical assistance on practice-informed interventions for trauma-engaged providers and communities.
 - e. Strategy:** Support services and staff training that address trauma and resiliency for youth involved with the juvenile justice and child welfare systems.
 - f. Strategy:** Promote trauma-informed practices through cross-departmental collaboration.

ENDNOTES

1. Alaska Longitudinal Child Abuse and Neglect Linkage Project: <http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/ALCANlink/default.aspx>
2. Adverse Childhood Experiences in Alaska: <http://dhss.alaska.gov/abada/ace-ak/Pages/default.aspx>
3. Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/>
4. <https://www.iwh.on.ca/what-researchers-mean-by/primary-secondary-and-tertiary-prevention>
5. https://www.integration.samhsa.gov/clinical-practice/trauma#trauma_informed_care
6. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>