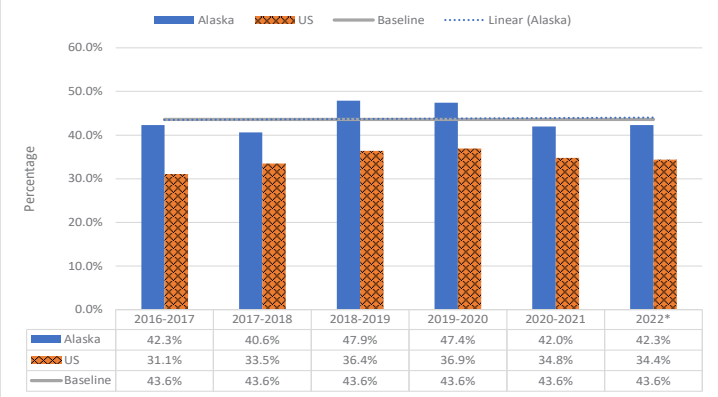
EARLY CHILDHOOD

INDICATOR 1: Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months to 35 months)

Story Behind the Baseline

Early identification of developmental and behavioral health concerns is critical to the well-being and improved outcomes of children and their families. Developmental screening has been proven as an effective strategy for identifying infants and young children who may benefit from early intervention services. Such screenings are also a way to identify areas in which a child's development differs from same-age norms so healthcare professionals can determine if further evaluation is needed. Studies have shown that early intervention can significantly improve outcomes for children with developmental delays and their families. Failure to screen can lead to delays in further evaluation, diagnosis, and treatment, as well as burden families with unnecessary stress and uncertainty, making interventions less effective and more costly.



	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2022*
Alaska	42.3%	40.6%	47.9%	47.4%	42.0%	42.3%
US	31.1%	33.5%	36.4%	36.9%	34.8%	34.4%
Baseline	43.6%	43.6%	43.6%	43.6%	43.6%	43.6%

Population: Alaska and U.S. (Ages 9 Months to 35 Months)

Data Source:

- National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau

***Note:**

- Due to imputation and weighting changes, 2022 estimates are not comparable to prior survey years.

In addition, autism-specific screening is recommended at ages 18 and 24 months, and social-emotional screening is recommended at regular intervals. Alaska's Medicaid program has adopted the American Academy of Pediatrics (AAP) Bright Futures Recommendations for Preventive Pediatric Healthcare, which includes a recommendation for developmental

screening in infancy and early childhood.

Data for this measure is from the National Survey of Children's Health (NSCH) and shows rates of parent-reported standardized screening in Alaska as higher than the national average. The measure uses age-appropriate questions to verify whether young children received standardized developmental, behavioral, and social screening using a parent-reported, standardized screening tool or instrument. Parent respondents for all children between 9 months and 35 months old were asked if, during the last 12 months, a healthcare provider offered a questionnaire about specific concerns or observations about their child's development, communication, or social behaviors.

Alaska's Early Childhood Comprehensive Systems and Maternal Child Health programs have coordinated efforts over the past several years to better coordinate and improve developmental screening rates. Help Me Grow Alaska (HMG-AK) emerged from a public-private partnership between the Department of Health (DOH) and the All Alaska Pediatric Partnership (AAPP) to establish centralized screening access and streamline data and referrals. Expansion of these efforts will continue to increase early identification and intervention supports for Alaska's youngest children.

What Works?

According to the Centers for Disease Control and Prevention (CDC), early detection and subsequent actions are central for referral to treatment and care for the estimated 15% of children with a developmental disability. Children who receive early interventions (services for children with disabilities from birth up to five years, as defined by U.S. federal law) often experience improved long-term outcomes. The AAP recommends that all children should be screened for developmental delays during their regular well-child visits at 9, 18, and 24 or 30 months.

Developmental screening is a standardized set of questions about different aspects of a child's abilities including language, movement, thinking, behavior, and emotions. Going through the process of a developmental screening can be both fun and educational for parents and caregivers and can contribute to a family's protective factors. Many tools use activities that children already engage in or view as games to assess milestones. When done with a health or education provider and a parent or caregiver, the screening tools and processes can give ideas for new activities for caregivers to try with their children, as well as help caregivers understand the types of skills the child may be developing at each new stage.

HMG-AK works closely with pediatricians, early interventionists, and behavioral health providers to promote healthy child development. HMG-AK is a centralized resource that offers

free training and technical assistance on developmental screening and the use of standardized tools for health, child care, and other community providers. HMG-AK offers free developmental screening and resource referrals directly to families and caregivers seeking information and supports.

Sources:

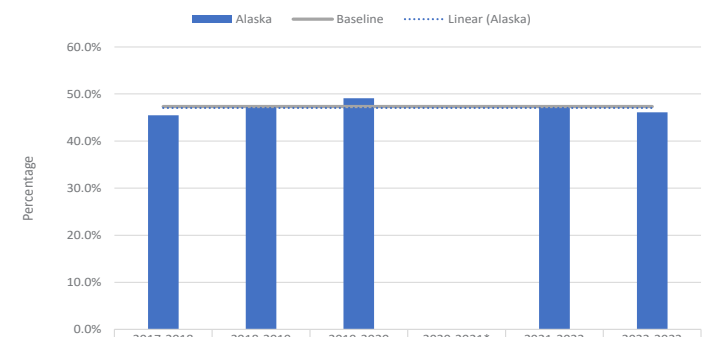
- National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau
- Alaska Infant Learning Program
- American Academy of Pediatrics
- Help Me Grow Alaska Report - Developmental Screening in Alaska: Status | Leadership | Data | Structure - Challenges and Opportunities, March 2020
- Early Childhood Technical Assistance Center

EARLY CHILDHOOD

INDICATOR 2: Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1)

Story Behind the Baseline

Life skills, also known as Social and emotional learning (SEL), are an integral part of education and human development. Life skill learning is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions, and achieve personal and collective goals.
Life skills also help people feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.



	2017-2018	2018-2019	2019-2020	2020-2021*	2021-2022	2022-2023
Alaska	45.5%	47.4%	49.1%		47.1%	46.1%
Baseline	47.3%	47.3%	47.3%	47.3%	47.3%	47.3%

Population: Alaska Statewide (Grades K-1)

Data Source:

- Alaska Department of Education & Early Development - Developmental Profile Results Domain 2 Goal 4

Data Source Contact:

- Kristen Spencer, Education Specialist II
  Section IEE Special Education
  Department of Education & Early Development
  Email: kristen.spencer@alaska.gov

***Note:**

- Due to the COVID-19 pandemic and statewide school facility closures, all statewide assessments (PEAKS, DLM, and ACCESS) were canceled in the spring of 2020. Data for 2020-2021 are not available.

Young children who enter kindergarten with strong foundational life skills, including regulation of feelings and impulses, tend to have higher academic and better lifelong health outcomes. Children who have experienced trauma, or whose families have not had access to needed supports, may have difficulty regulating their emotions when compared to peers of the same age. This difficulty is due to the effects of trauma on the brains of infants and young children, as well-documented through the Adverse Childhood Experiences (ACEs) study and decades of subsequent research. Lack of impulse control and social skills can negatively impact learning opportunities in the classroom and interpersonal relationships, leading to lower academic achievement and lifelong health and employment outcomes.

The Alaska Developmental Profile (ADP) is a tool used by school districts statewide to assess

the developmental skill levels of all incoming students in kindergarten. The purpose of the assessment is to identify, record, and summarize the skills and behaviors students demonstrate upon entry to school, based on teacher observations. Student skills and behaviors are defined by whether students are consistently demonstrating skill in the five domains from Alaska's Early Learning Guidelines, including life skills. The ADP assesses a child's ability to regulate feelings and impulses and offers insight into the level of Alaskan students' life skills through a reliable tool used in all Alaska school districts.

Data from the ADP is being incorporated into the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink), which will allow further analysis of early childhood experiences and skills, including life skills, on early lifelong educational and health outcomes. Trends analyzed through ALCANLink currently include the likelihood of a child's involvement in special education, child welfare, and other state-funded and operated services. Findings have the potential to drive education and health policy for children and families for improved population outcomes and lower public cost.

What Works?

A large body of research has demonstrated the critical importance of the first three years of a child's life. The experiences and interactions children have in these early years significantly affect brain development and help to establish the foundation for future learning. Warm and responsive interactions can create a nurturing and stable environment that enables the development of secure attachments between children and their caregivers—both those within and beyond their families. These attachments support children as they develop a sense of self and begin to understand their emotions, and as they lay the foundation for establishing successful relationships at later ages. Early learning programs, and the people who work in them, play a critical role in supporting children's development, along with their primary caregivers. Furthermore, this crucial development must be supported from infancy when brain development is at its peak. Waiting until children enter preschool or kindergarten to introduce these vital interventions is simply too late.

Life skills are highlighted in early childhood home visiting programs, such as Nurse Family Partnership, Parents as Teachers, and Early Head Start, which can have a profound impact on a young child's ability to learn self-regulation and has the advantage of being a "two-generational approach," an approach that also promotes positive parenting skills and caregiver relationships. Additionally, high-quality early care and learning environments for infants and young children, coupled with infant and early childhood mental health supports, can have a positive impact on a child's life skills prior to kindergarten.

Well-executed life skill education practices, in a variety of home- and center-based

environments, have the potential to move whole groups of children toward better academic and social outcomes. High-quality life skill education practices are especially beneficial for vulnerable children and those who have experienced trauma.

Sources:

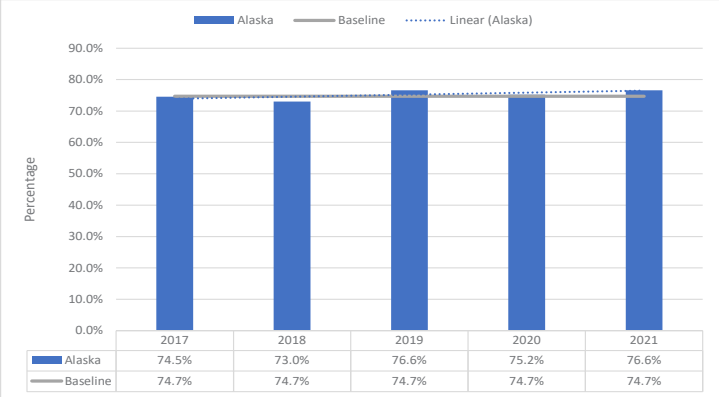
- Coalition for Evidence-Based Policy, "Social Programs That Work: Prenatal/Early Childhood"
- Hirokazu Yoshikawa and others, "Investing In Our Future: The Evidence Base on Preschool Education" (Ann Arbor, MI: Society for Research in Child Development; New York: Foundation for Child Development, 2013)
- Alaska Association for Infant and Early Childhood Mental Health
- CLEAR Trauma Informed Schools White Paper - A Selected Review of Trauma-Informed School Practice and Alignment with Educational Practice, Christopher Blodgett, Ph.D., Joyce Dorado, Ph.D.
- The Collaborative for Academic, Social, and Emotional Learning
- Harvard University Center on the Developing Child, "In Brief: The Science of Early Childhood Development, 2007
- The Heckman Curve

EARLY CHILDHOOD

INDICATOR 3: Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period

Story Behind the Baseline

Research shows that social support is a major buffer of postpartum depression and can improve outcomes for infants, young children, and their families. The presence of social supports, as reported by mothers after giving birth, can help predict early childhood experiences and provide an opportunity to increase individual and community-level supports at a critical developmental period. Culturally, social connections in Alaska are of particular significance. Tribal communities, which carry a greater burden of negative health outcomes, experience social connections as interwoven with other protective factors through the sharing of resources, responsibilities, cultural knowledge, and connections to ancestors and the land.



	2017	2018	2019	2020	2021
Alaska	74.5%	73.0%	76.6%	75.2%	76.6%
Baseline	74.7%	74.7%	74.7%	74.7%	74.7%

Population: Alaska Statewide

Data Sources:

- Alaska Division of Public Health, Women's Children's and Family Health Section, Pregnancy Risk and Monitoring System

Data Source Contact:

- Kathy Perham-Hester, MS, MPH
  Alaska PRAMS Coordinator Section of Women's, Children's and Family Health Division of Public Health Alaska Department of Health
  Email: kathy.perham-hester@alaska.gov

In 2020, Alaska's Pregnancy Risk Assessment Monitoring System (PRAMS) reported that approximately three-quarters (75.2%) of postpartum women state that they have access to all five social support items of inquiry. The questions asked about supports available after delivering their baby, including financial support (someone to loan her $50), physical support

(someone to help if she were sick and needed to be in bed; someone to take care of her baby), and emotional support (someone to talk with about her problems; someone to help if she was tired and feeling frustrated with her new baby). Affirmative responses to all these questions indicated a strong social support system and increased protective factors, which can predict more positive health outcomes for children and families.

What Works?

The presence of protective factors, such as safe, stable, and nurturing relationships, can often mitigate the consequences of Adverse Childhood Experiences (ACEs). Individuals, families, and communities can all influence the development of many protective factors throughout a child's life that can impact their development. During childhood, particularly the critical postpartum period, caregiver social supports are especially valuable to help prevent and buffer the impact of ACEs.

The State of Alaska and many community partners across the state promote the Strengthening Families approach to improve social supports and increase protective factors to improve outcomes for families and children. Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. The approach is based on engaging families, programs, and communities in building five key protective factors:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

The Centers for Disease Control and Prevention (CDC) recommends implementing strategies to prevent ACEs from occurring and to mitigate their effects. Research from the Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) project identified that the number of prebirth challenges experienced by the household is strongly associated with the accumulation of childhood ACEs. Addressing and reducing these household challenges during the prebirth period is critical for ACE prevention. The presence of protective factors, particularly safe, stable, and nurturing relationships, can help prevent or mitigate the consequences of ACEs. Individuals, families, and communities can all influence the development of many protective factors throughout a child's life that can impact their development. During childhood, particularly the critical postpartum period, caregiver social supports are especially valuable to help prevent and buffer the impact of ACEs.

Sources:

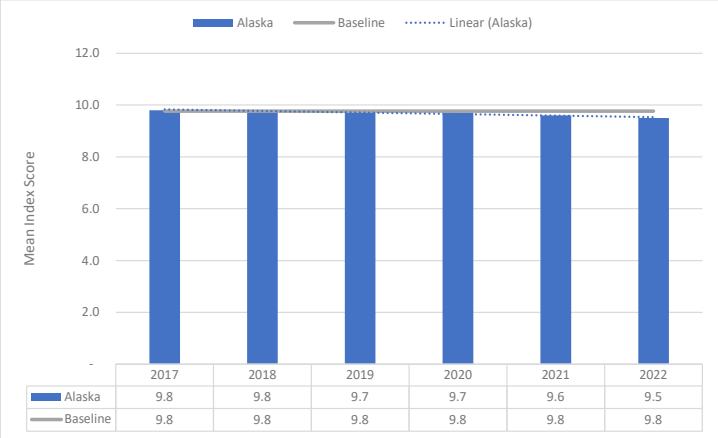
- Alaska Pregnancy Risk Assessment Monitoring System
- Centers for Disease Control And Prevention Pregnancy Risk Assessment Monitoring System
- Center for the Study of Social Policy: Strengthening Families Framework
- CDC Violence Prevention
- ALCANLink Publications

EARLY CHILDHOOD

INDICATOR 4: Mean index score of (12) indicators associated with child health and well-being that are present at birth

Story Behind the Baseline

Ensuring families are supported prebirth and immediately post-birth can provide human, social, and material supports that lay a strong foundation for protective factors shown to positively impact outcomes and resilience through their lifetime. Certain human, social, and material supports are considered "assets," i.e., resources that promote resiliency.



	2017	2018	2019	2020	2021	2022
Alaska	9.8	9.8	9.7	9.7	9.6	9.5
Baseline	9.8	9.8	9.8	9.8	9.8	9.8

Population: Alaska Statewide

Data Sources:

- Alaska Division of Public Health, Health Analytics and Vital Records Section

Data Source Contact:

- Research Unit, Health Analytics and Vital Records;
  Division of Public Health, Department of Health
  Email: healthanalytics@alaska.gov

At birth, infant's brains are not fully developed; they are built throughout childhood as experiences and interactions to create a foundation for the rest of their 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. New research is investigating the relationship between a family's social challenges before giving birth and the later accumulation of ACEs in their children. Some of the prebirth household challenges include situations such as financial challenges, housing stability, violence, someone close to the mother suffering from substance misuse, incarceration of a parent, divorce, mental health challenges, and other concerns. While every child should ideally have the opportunity to grow up in a strong and thriving family environment, this is not always the case.

Information registered at birth can be used to document assets (resources) available to each

Alaskan newborn. Specifically, Alaska's mean index score is comprised of 12 variables. The score for each birth is calculated by counting the number of criteria met (1 point for each criteria), including:

1. Legal parentage established at birth.
2. Born to non-teenage (both parents >= 20 years old).
3. Born to parents with at least a high school diploma or GED.
4. Healthy birth weight (>=2,500 grams).
5. Absence of congenital anomalies, abnormalities, or complications at birth (excluding induction or augmentation of labor, epidural use, and non-vertex births).
6. Absence of transmissible (mother-to-child) infections.
7. Access to and receipt of timely prenatal care (within three months of the start of pregnancy).
8. Receipt of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) nutrition services (among deliveries not paid using Medicaid).
9. Ability to afford and access healthcare (delivery not paid for out-of-pocket or with an unknown payment source).
10. Born to a parent with a college education.
11. Breastfeeding initiated at the time of discharge.
12. No prenatal exposure to tobacco use.

Assets and conditions at birth do not predetermine a child's future, as shown when high-quality early intervention services are accessed. Thoughtful supports and services may be required to ensure that children with fewer assets find themselves on equal footing with their peers. Monitoring the distribution of assets among newborns in different communities can help ensure investments are intentional and equitable, as well as responsible and fiscally sound.

What Works?

Just as the accumulation of certain prebirth household challenges are strongly associated with the accumulation of childhood ACEs and chronic health conditions, the positive effects of prebirth supports in a woman's life may help predict improved health for a mother and her child. Improving social determinants of health during the prebirth period and beyond may serve as a primary point of ACEs prevention. Many evidence-based, multidisciplinary intervention strategies can and should be implemented in the prebirth period to strengthen

the household unit before the introduction of a new child. Addressing ACEs should focus on improving economic capacity, supporting early childhood programs, teaching parenting skills, ensuring treatment availability and use, and normalizing positive parenting behavior. Healthcare providers should consider engaging in a continuum of prevention across the lifespan and assess household challenges at multiple time points, partnering with agencies or programs providing resources to address identified challenges impacting their lives.

Sources:

- Alaska Division of Public Health, Women's Children's and Family Health Section, Maternal and Child Health Epidemiology Unit
- Strong Start Index
- Children's Data Network