

GLOSSARY

ACE score: a number from zero to 10 that measures a person’s cumulative childhood stress exposure and risk for physical and mental health and socioeconomic problems. This score is based on 10 adverse childhood experiences (ACEs) identified in a study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente in the mid-1990s. Since then, researchers have identified additional adverse childhood experiences (e.g., bullying, homelessness) that also have negative consequences.

Adverse childhood experiences (ACEs): potentially traumatic experiences that occur before age 18. The 10 ACEs identified in a landmark study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente are abuse (emotional, physical, or sexual), neglect (emotional or physical), and household challenges (mother treated violently, household substance abuse, household mental illness, parental separation or divorce, or incarcerated family member). Research suggests that the more ACEs a person experiences, the greater the chances for poor physical and mental health and socioeconomic outcomes. Researchers have identified additional adverse childhood experiences (e.g., bullying, homelessness) that also have negative consequences.

Brain architecture: the billions of connections between neurons across different areas of the brain. The early years are the most active period for establishing these connections. Adverse childhood experiences and early toxic stress can weaken the architecture of the developing brain and lead to problems in learning, behavior, and physical and mental health.

Buffering relationships: caring, stable, and supportive adult relationships that help children adapt to potentially traumatic childhood adversities, especially during sensitive periods of early development.

Family Connects: a universal, “light touch” home visiting program that targets all parents of newborns in a geographic area regardless of income or socioeconomic status. Trained nurses visit families in their homes three weeks after the baby’s birth to assess child and family well-being, and connect parents to community support services, including more intensive home visiting programs, as needed.

Family Foundations Home Visiting (FFHV): Wisconsin’s home visiting program, which currently provides grants to 20 local implementing agencies that serve at-risk families in 31 counties and five tribal areas. The program uses four evidence-based home visiting models: Early Head Start-Home Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

Home visiting programs: in-home support provided to pregnant women and families by a nurse, social worker, or early childhood specialist. These trained professionals provide information on healthy child development, conduct health screenings on the infant and parents, and connect families with community resources and public benefits. Home visiting programs are often referred to as a two-generation approach because they provide support and services to parents and children at the same time. Home visiting programs can be offered to all families in a geographic area, or targeted to high-need, at-risk families. Programs vary in the frequency and number of visits and the time span over which visits are conducted.

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV): a federal program created in 2010 that provides funding to states, territories, and tribal entities to develop and implement voluntary, evidence-based home visiting programs for pregnant women and families, particularly those considered at-risk. The programs give pregnant women and new parents the resources and skills to raise children who are physically, socially, and emotionally healthy, and ready to learn. Wisconsin's home visiting program, commonly referred to as the Family Foundations program, currently receives MIECHV funds.

Paired sensitive period: the time following the birth of a child in which both children and parents are experiencing major neurobiological changes.

Positive stress: minor challenges to the body and brain that are a normal and essential part of healthy development, characterized by a brief increase in heart rate and mild elevation in stress hormone levels. Examples of positive stressors are immunization injections or taking an exam.

Protective factors: a set of characteristics or strengths of individuals, families, or communities that can help families navigate difficulties, promote family well-being, and reduce the likelihood of child abuse and neglect. The Wisconsin Five for Families campaign is an example of a statewide effort to increase knowledge of five evidence-based protective factors that strengthen families.

Pruning: the reduction of neural connections in the brain that improves the efficiency of brain circuits. The first few years of life are characterized by a rapid proliferation of new neural connections and selective pruning of other connections in response to environmental stimuli.

Resilience: the ability to recover and grow from adverse experiences.

Tolerable stress: temporary activation of a child's stress response system as a result of serious, longer-lasting adversities such as loss of a loved one, natural disaster, or significant injury. In the presence of supportive adults, a child's stress response can return to a healthy baseline, which allows the body and brain to recover from the stressor. In the absence of supportive adults, serious adversities can result in toxic stress.

Toxic stress: excessive activation of a child's stress response system that occurs when a child faces strong, prolonged, or frequent adversities, especially without the support of adults who can provide buffering protection. This type of stress can negatively impact a child's developing brain, and immune, metabolic regulation, and cardiovascular systems.

Trauma: a painful or distressing experience often resulting in lasting mental and physical effects. Adverse childhood experiences (ACEs) can be traumatic if a child lacks the support of stable, responsive adults.

Trauma-informed care (TIC): an approach in which all people at an institution, organization, or program understand the impact of trauma, recognize its signs, and seek to prevent the re-traumatization of clients and patients through responsive organizational policies and practices. Given their greater interaction with people who have experienced trauma, governments, health care systems, and service providers have increasingly adopted a TIC approach.

Two-generation approaches: policies and programs that simultaneously address the needs of children and their parents to help break the cycles of poverty and intergenerational trauma. These approaches draw from research showing that parents' well-being is critical for healthy child development, and a child's well-being affects a parent's ability to be successful in the workplace or at school.

Wisconsin Behavioral Risk Factor Survey (BRFS): an annual telephone survey that collects information about Wisconsin residents' health risk behaviors, chronic health conditions, and use of preventive services. All 50 states participate in this survey as part of the national Behavioral Risk Factor Surveillance System (BRFSS) coordinated by the Centers for Disease Control and Prevention (CDC).

Definitions for brain architecture, buffering relationships, pruning, and the three types of stress were adapted from information on the website of the Center on the Developing Child at Harvard University (<https://developingchild.harvard.edu>).