

**Investing in Prevention:
Working Together in Early
Childhood for Healthy
Alaskan Children, Families,
and Communities**

2015



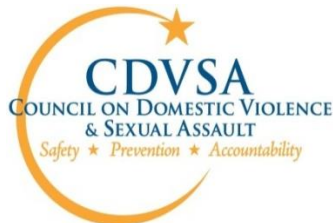
**Priorities for
Prevention**



Investing in Prevention: Working Together in Early Childhood for Healthy Alaskan Children, Families, and Communities

The Interagency Prevention Workgroup

In February 2013, subject matter experts from the State of Alaska Departments of Public Safety, Health and Social Services, and Education & Early Development came together to identify opportunities for information sharing, coordinating, planning, and policy development on primary prevention programming. The goal of this interagency workgroup is to identify and strengthen efforts to work collaboratively towards the prevention of Alaska's pervasive health and social challenges.



For more information, please contact:
Ann K Rausch, Program Coordinator
Council on Domestic Violence and Sexual Assault
907-465-5015
ann.rausch@alaska.gov

Table of Contents

Executive Summary	4
Why Focus on Prevention	5
Adverse Childhood Experiences	6
Why Prevention in Early Childhood	7
A Call to Action	10
Conclusion	11
References	12



Executive Summary

High rates of suicide, child abuse and neglect, domestic and sexual violence, and substance abuse are widespread in Alaska and continually reflect some of the highest per capita rates in the nation.

Suicide. Alaska continues to report some of the highest rates of suicide in the nation and is generally twice the US rate.¹ In 2012, *suicide was the leading cause of death of Alaskans ages 15-24.*²

Child Abuse and Neglect. Alaska's rates of child abuse, neglect, and sexual maltreatment – already some of the highest in the nation – have increased. Alaska's rate of reported and substantiated child abuse and neglect is 1.7 times the national rate.³

Domestic Violence and Sexual Assault in Alaska. *Alaska has the highest rate of forcible rape in the nation⁴ and a rate of reported rape that is three times the national average.*⁵ More than 9% of Alaskan high school students have experienced sexual violence.⁶ According to the 2010 UAA/CDVSA Alaska Victimization Survey, about 59% of adult women in Alaska have experienced intimate partner violence, sexual violence or both in their lifetime.

Substance Abuse. Alaska has some of the highest mortality and injury rates for alcohol and alcohol-related injuries in the nation.^{7 8} Alaska's adults and youth have higher rates of per capita substance abuse.^{9 10} About one in three Alaskan adolescents - approximately 10,000 Alaskan teens - perceive no great risk from drinking five or more alcoholic drinks once or twice per week.¹¹

These problems are best addressed through a coordinated effort to implement prevention programs across multiple settings and populations. Research indicates the majority of these health and social challenges are interconnected and often share the same root causes. In order to reduce health care costs and improve the health and well-being of Alaskans, the following steps need to be taken to address these root causes:

- 1. Support quality early childhood programs**
- 2. Ensure access to health care including behavioral health care**
- 3. Strengthen capacity for social emotional learning throughout Alaska's schools**
- 4. Maintain and expand prevention efforts that have proven to be effective**

Why Focus on Prevention?

Along the bank of a wide, fast-moving stream, small wood houses line a path that winds through the cottonwood, connecting one family's camp to the next. Uluks are sharpened as strong Russian tea stays hot in a pot set over glowing coals. Suddenly, a shout is heard from the stream. A mother looks and sees a man struggling to stay afloat as he is carried down the river. She calls to her husband and eldest son to come and help. Together, they rescue the shivering man from the water. No sooner is he seated on the shore than they hear another cry from the stream. The father runs back into the freezing water. The mother fetches more blankets and the rest of their children come out to help. As more cries from the stream are heard, neighbors come and quickly jump into the stream to help.

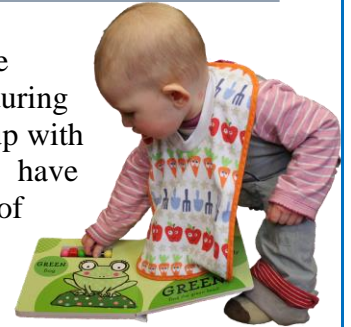
Exhausted, the mother pauses to look upstream and sees several more people struggling to stay afloat as they are carried down. "Husband!" She calls. "Stay here and do what you can with our neighbors to rescue these people." She turns and begins up the path. "But where are you going?" asks her husband. As she hurries up the path, she turns over her shoulder to say "*I'm going upstream to find out why all of these people are falling in!*"

This story is an example of primary **prevention**. Primary prevention works to reduce incidences of life-harmful situations. For example, rather than addressing the life-long, devastating ramifications of child abuse, primary prevention works to stop child abuse before it occurs. At its core, primary prevention work seeks to understand the varied and often complex social and environmental elements that can increase or decrease the likelihood of an individual's risk. Once identified, primary prevention programming either reduces the identified risks (**risk factors**) or builds upon the elements that have been shown to be protective (**protective factors**).



Adverse Childhood Experiences

Brains are not born; they are built throughout childhood, with experiences and interactions creating lifelong foundations. Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences during childhood, including abuse, neglect, witnessing domestic violence, or growing up with substance abuse, mental illness, or a parent in jail. Countless studies have demonstrated these types of childhood trauma dramatically increase the risk of serious health problems that last into adulthood and even affect future generations.



Many of our health and social problems can be attributed to and even predicted by our childhood experiences. Brain science demonstrates that in an absence of protective factors, toxic stress occurs, damaging developing brains. Toxic stress can be the response to growing up in a family where violence, substance abuse, neglect, abuse, or depression is prevalent. Childhood exposure to these kinds of chronic stressful events disrupts neurodevelopment; the brain's ability to learn, make responsible decisions, and think rationally may shut down. As a result, children may develop cognitive and emotional impairments. In this way, trauma from exposure to ACEs can have an enormous impact on the process of learning, forming relationships, and the choices youth make throughout their lives.

Life expectancy for adults who experienced six or more ACEs is reduced by 20 years.

Life expectancy in adults who have experienced six or more ACEs is reduced by 20 years.¹² ACEs are potent risk factors for involvement in domestic violence⁶, alcohol dependence,⁷ and suicide attempts.⁹ They are also risk factors for medical conditions well into adulthood, including heart disease, chronic lung diseases and cancer.¹⁰ The risk of

suicide increases by two to five times when adverse childhood experiences are present.¹³ Multiple ACEs increases the risk for domestic violence, alcohol abuse, and drug use by as much as 400-500%. Attempted suicide risks increase by as much as 5000% and heart disease risk increases by over 300%.¹⁴

Adverse Childhood Experiences in Alaska¹⁶

Before their 18th birthday...

- More than 11% of Alaskans lived in a household where someone is incarcerated.
- More than 21% of Alaskan girls and more than 17% of Alaskan boys were physically abused. Of these, 55% witnessed domestic violence.
- More than one third lived in a household where substance abuse was present.
- More than one in five lived in a household where mental illness was present.
- Almost 15% of Alaskan adults reported having been sexually abused; 23.1% of girls and 7.2% of boys.

Types and prevalence of ACEs in Alaska¹⁵

Substance abuse	19%
Parental separation/divorce	32%
Mental illness	22%
Witnessed domestic violence	19%
Criminal behavior	11%
Psychological abuse	31%
Physical abuse	19%
Sexual abuse	15%

Why Prevention in Early Childhood?

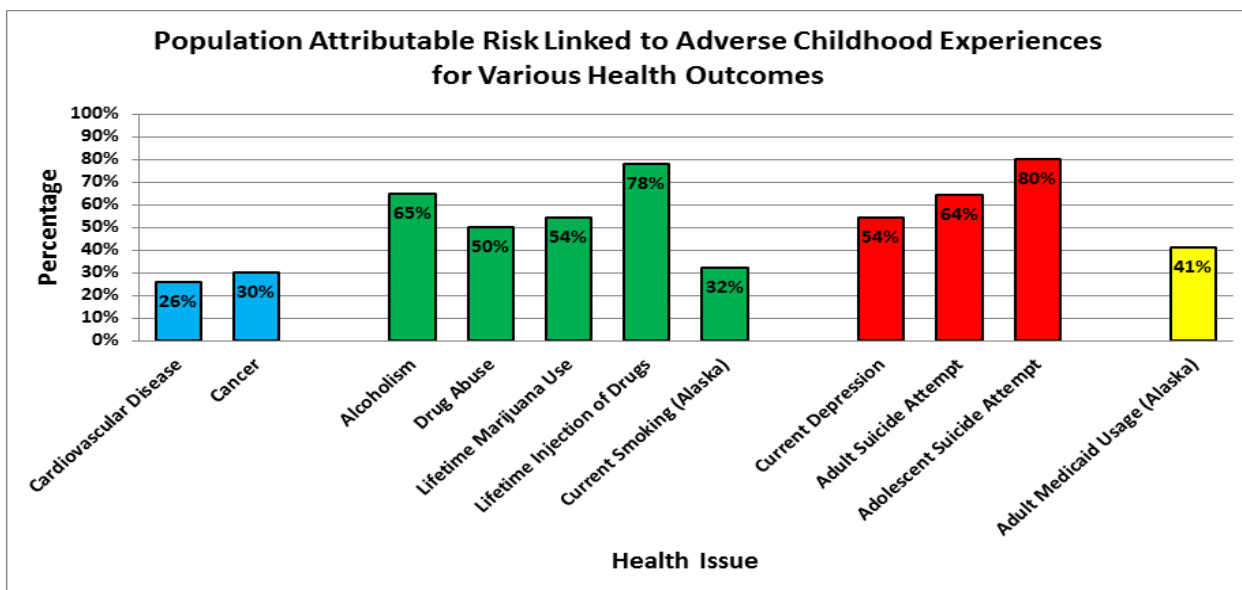
“An ounce of prevention is worth a pound of cure.”- Benjamin Franklin

Prevention Reduces Incidence and Improves Long-Term Health and Wellness



Intervention and crisis response are necessary to save lives. But we can reduce the need for life saving interventions by *reducing the circumstances that are putting these lives at risk*. Instead of treating illness, primary prevention uses proven strategies to prevent people from getting sick in the first place. And this saves significant money down the line.

Prevention during early childhood is key because it reduces *a lifetime* of adverse health issues. For example, preventing early age alcohol use reduces substance use related problems. People who begin drinking before age 15 are four times more likely to develop alcohol dependence and 2.5 times more likely to become alcohol abusers.¹⁷ As early substance abuse is linked to violence, depression, mental illness, and a range of other issues, preventing substance abuse at an early age, prevents a lifetime of escalating and co-occurring problems. And it's not just alcohol-related adversity. As demonstrated by the table below, ACEs are linked to a myriad of health problems.



Through prevention we can reduce ACEs, thereby reducing countless health problems that may occur throughout an individual's lifespan; health problems that ripple out to affect not only their lives, but the lives of their family, friends, and community.

Prevention is Cost Effective

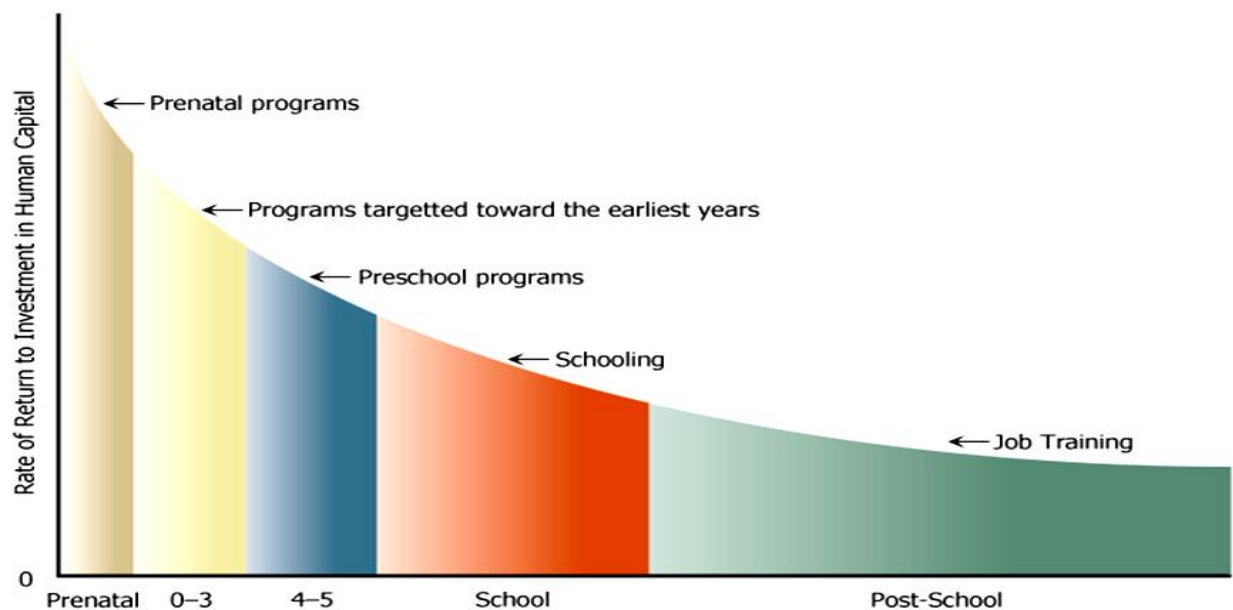
Effective primary prevention strategies deliver a five-to-one return on investment in five years.¹⁸ It could potentially save Alaska millions of dollars each year.

- 💰 Nationally, **suicide** costs more than \$44 billion per year.¹⁹
- 💰 In 2010, **substance abuse** cost Alaska over \$1,191,900,000, which is equivalent to \$38,000 for every child in Alaska aged 0-5.²⁰
- 💰 Nationally, the total lifetime costs associated with just one year of confirmed cases of **child maltreatment** is approximately \$124 billion.
- 💰 Alaskan adults with four or more **ACEs** are 27% more likely to be unable to work, 92% more likely to make less than \$20,000 per year, and three times more likely to rely on government or community food assistance programs than Alaskans with zero ACEs. Conservative estimates suggest 20% of Alaska's substance abuse costs and 41% of Alaska's Medicaid costs are directly linked to ACEs.

Investing in Early Childhood is Cost Effective

Investing in high quality early childhood education is essential to the economic development of Alaska. When more is spent on early childhood education, the returns to society per dollar spent are higher.²¹ Not only does high quality early childhood education decrease high risk behaviors and their associated costs, it also provides a foundation for the economic development of Alaska by developing a skilled, reliable workforce. Neuroscience research demonstrates healthy development in early childhood increases the likelihood children will succeed in school, succeed economically, and contribute to society and our economy as adults. Conversely, a lack of support during early childhood increases the likelihood children will drop out of school, rely on government programs, earn low wages, or be incarcerated.²²

James J. Heckman, a Nobel Laureate in Economics, has done significant research into the economic benefits of early childhood investment. As demonstrated by the graph below, his research demonstrates that the rate of return to investment in human capital is *significantly higher* with programs focused on prenatal and early childhood than at any other stage of life.



Source: Heckman (2008)

Prevention Programs in Early Childhood can Reverse Negative Consequences

It is essential that we provide high-quality early childhood care and education. Positive experiences – such as exposure to environments rich in a range of developmentally appropriate opportunities for social play and exploration – can compensate for *and even reverse* the negative consequences of stress and neglect by creating adaptive changes in the developing brain. In order to create these positive changes, however, efforts during early childhood are essential. The developing brain is not infinitely malleable; over time, some stress-induced detriments are increasingly resistant to reversal.²³



A Call to Action

Priorities for Prevention

The reduction of childhood adversities, the early identification of health, mental health and developmental concerns, and access to quality, age-appropriate services are key to ensuring the healthy development of Alaskans in the most cost effective manner. With this in mind, the workgroup has identified the following priorities for prevention:

1. Support quality early childhood programs. As demonstrated, investing in Alaska’s children through programs like Head Start, Early Head Start, Parents as Teachers, Pre-Kindergarten, and other quality child care programs will pay enormous dividends in the future. Support for evidence-based programs such as Strengthening Families – which supports family strengths and resiliency focused on protective factors – is a cost effective, proven way to improve health and well-being.

2. Ensure access to health care including behavioral health care. Comprehensive health care services provide opportunities for preventing and identifying adverse experiences and the resulting poor health outcomes. Care for children should include regular well child check-ups with comprehensive screening for developmental delays, social and emotional concerns, and exposure to high risk environments. Screening for depression, domestic violence and substance abuse should be available for pregnant women and new parents. Routine care should provide information about healthy relationships and the health effects of victimization. Parents should receive anticipatory guidance on child development and information about the effects of interpersonal violence and other adverse experiences on children.

3. Strengthen capacity for social emotional learning throughout Alaska’s schools. Social and Emotional Learning (SEL) is the process through which children and adults acquire the knowledge, attitudes, and skills to:

- Recognize and manage their emotions
- Set and achieve positive goals
- Demonstrate caring and concern for others
- Establish and maintain positive relationships
- Make responsible decisions
- Handle interpersonal situations effectively

These critical social-emotional competencies involve skills that enable children to calm themselves when angry, initiate friendships and resolve conflicts respectfully, make ethical and safe choices, and contribute constructively to their community.²⁴ SEL programming promotes students’ social-emotional skills and positive attitudes, which, in turn, lead to improved adjustment and academic performance as reflected in more positive social behaviors, fewer conduct problems, less emotional distress, and better grades and achievement test scores.²⁵

4. Maintain and expand prevention efforts that have proven to be effective. Collaborative prevention efforts increase opportunities for braided and blended funding streams and provide additional infrastructure for collaboration. All parties with a vested interest should be engaged, including seemingly unlikely partners, such as the business community, law enforcement, faith communities, etc. Successful community led efforts should be supported with technical assistance and information on practice informed and evidence-based practices.

Conclusion

The reduction of childhood adversities, the early identification of health, mental health and developmental concerns, and access to quality, age-appropriate services are key ingredients for ensuring the development of a healthy child and adult. By focusing on shared prevention priorities and strategies across different health concerns, our efforts are more efficient, more cost effective, and more relevant throughout Alaska. Working collaboratively, we strengthen each other's prevention efforts, programs, and funding streams. As domestic and sexual violence, child abuse and neglect, suicide, and substance abuse are so often interrelated, this shared focus will allow each of our individual efforts to help construct the foundation for healthy communities.

Focusing on the priorities for prevention in this report is essential not only to improve the health and wellness of Alaskans, but to build a statewide culture of health that encourages everyone in our community of Alaska to lead healthier lives now, and generations from now.



“We are depending on our young to have the inner strength and productivity to see future generations through... That is a lot to put on their shoulders, but I know they can do it.”

-Georgianna Lincoln

References

- ¹ Alaska Bureau of Vital Statistics
- ² Alaska Youth Risk Behavior Surveillance System, YRBS, Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services
- ³ *2014 Alaska Dashboard Key Issues Impacting Domestic Violence and Sexual Assault in Alaska*, Alaska Council on Domestic Violence and Sexual Assault
- ⁴ State of Alaska, Department of Public Safety, accessed at <http://dps.alaska.gov/dpsfaq.aspx>
- ⁵ Federal Bureau of Investigations, 2012 Crime Statistics, accessed at <http://www.fbi.gov/stats-services/crimestats>
- ⁶ *2014 Alaska Dashboard Key Issues Impacting Domestic Violence and Sexual Assault in Alaska*, State of Alaska, Council on Domestic Violence and Sexual Assault
- ⁷ *Healthy Alaskans 2010 Health Status Progress Report on Leading Health Indicators* (January 2013) <http://hss.state.ak.us/ha2020/assets/HA2010HealthStatusProgress.pdf>
- ⁸ State of Alaska Epidemiologic Profile on Substance Use, Abuse and Dependency, accessed at <http://dhss.alaska.gov/dbh/Documents/Prevention/EPI2013.pdf>
- ⁹ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alaska, 2014. HHS Publication No. SMA-15-4895AK. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015
- ¹⁰ *ibid*
- ¹¹ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alaska, 2014. HHS Publication No. SMA-15-4895AK. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.
- ¹² Storrs, Carina, *Is Life Expectancy Reduced by a Traumatic Childhood?* Scientific America October 7, 2009
- ¹³ Casting the Net Upstream, Alaska Statewide Suicide Prevention Council, FY 2011-2012 Annual Reports, http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/2011-12SSPCAnnualReport.pdf
- ¹⁴ Dube SR¹, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH, *Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study*, 2001 Dec 26;286(24):3089-96.
- ¹⁵ The 2013 Alaska Behavioral Risk Factor Surveillance Survey, State of Alaska Division of Public Health
- ¹⁶ *ibid*
- ¹⁷ Alaska's Strategies to Prevent Underage Drinking, accessed at <http://dhss.alaska.gov/dbh/Documents/Prevention/UnderagedrinkingUpdated.pdf>
- ¹⁸ Benjamin, Dr. Georges, Cohen, Larry *Prevention and Public Health Fund: Good for our health, good for small business*
- ¹⁹ Xu JQ, Kochanek KD, Murphy SL, Arias E. Mortality in the United States, 2012, Hyattsville, MD: National Center for Health Statistics, 2014
- ²⁰ McDowell Group, *The Economic Costs of Alcohol and Other Drug Abuse in Alaska, 2012 Update*, accessed at <http://dhss.alaska.gov/abada/Documents/pdf/EconomicCostofAlcoholandDrugAbuse2012.pdf>
- ²¹ MacEwan, Arthur, *Early Childhood Education as an Essential Component of Economic Development with Reference to the New England States*, Political Economy Research Institute University of Massachusetts, Amherst, January 2013
- ²² National Scientific Council on the Developing Child. (2005/2014). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Updated Edition. <http://www.developingchild.harvard.edu>
- ²³ *ibd*
- ²⁴ *Collaborative for Academic, Social, and Emotional Learning*, 2005; Elias, Zins, Weissberg, Frey, Greenberg, Haynes, Kessler, Schwab-Stone, & Shriver, 1997; Zins & Elias, 2006
- ²⁵ *Collaborative for Academic, Social, and Emotional Learning*, 2005; Zins et al., 2004