DOCUMENT RESUME

ED 478 667 PS 031 419

AUTHOR	Leask, Linda, Ed.
TITLE	Kids Count Alaska Data Book, 2002.
INSTITUTION	Alaska Univ., Anchorage. Inst. of Social and Economic Research.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	2002-00-00
NOTE	56p.; For the 2001 Data Book, see ED 466 330.
AVAILABLE FROM	University of Alaska-Anchorage, Institute of Social and Economic Research, 3211 Providence Drive, Anchorage, AK 99508. Tel: 907-786-7710; Fax: 907-786-7739; Web site: http://www.kidscount.alaska.edu. For full text: http://www.kidscount.alaska.edu/ 2002db.htm.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01/PC03 Plus Postage.
DESCRIPTORS	Academic Achievement; *Adolescents; Alaska Natives; Asian Americans; Blacks; Child Abuse; Child Neglect; Child Welfare; *Children; Demography; Dropout Rate; Early Parenthood; Elementary Secondary Education; Juvenile Justice; Mortality Rate; One Parent Family; Poverty; *Social Indicators; Substance Abuse; Tables (Data); Trend Analysis; Violence; *Well Being; Whites; Youth Problems
IDENTIFIERS	*Alaska; Arrests; *Indicators

ABSTRACT

This Kids Count Data Book examines statewide trends in the well-being of Alaska's children. The statistical portrait is based on key indicators in six areas: (1) infancy, including prenatal care, low birth weight, and infant mortality; (2) economic well-being, including child poverty, children with no parent working full-time, children in single parent homes, teen births, child care, and health care coverage; (3) education, including dropout rates, teens not in school and not working, and school achievement; (4) child safety, including child death rate, teen violent death rate, child abuse and neglect, and child injuries; and (5) juvenile crime, including arrests for violent crimes. Following an introduction describing the uniqueness of Alaska and summarizing the report's findings, the report details the indicators in the areas mentioned above. Among the findings, the report indicates that Alaska's population has increased, but its birth rate has declined. Alaska fared better than the national average for babies born with low birth weight, infant mortality rate, and percentage of teens who drop out of school. Alaska was at or near the national average for percentage of children living in poverty, percentage of single-parent families, births to teens, and child death rate. Alaska fared worse than the national average for percentage of children with no parent working full-time, teen violent death rate, and percentage of teens not in school and not working. The report concludes with suggested family resources and information on the indicator data sources. (HTH)

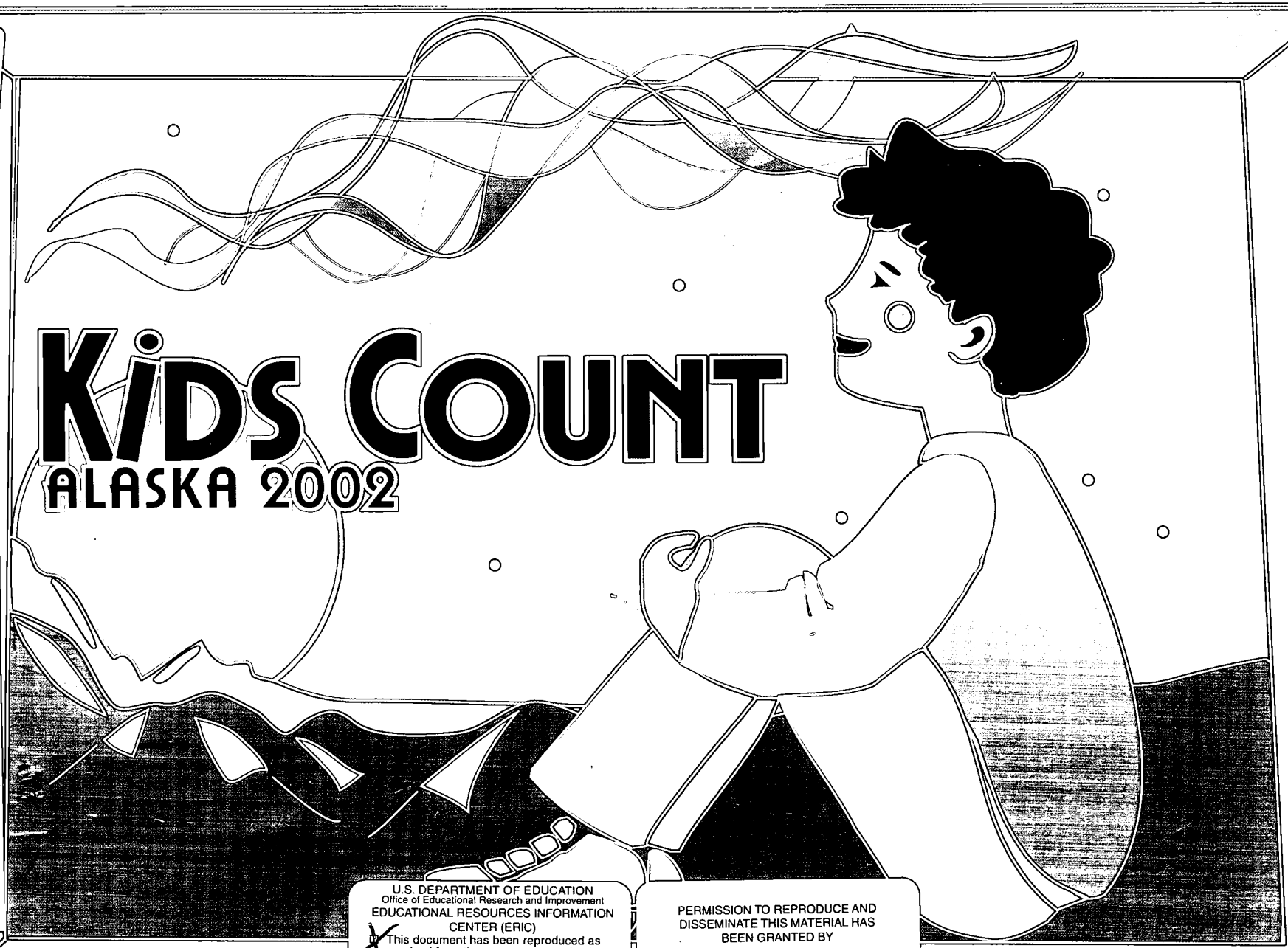
Reproductions supplied by EDRS are the best that can be made
from the original document.

ERIC

ED 478 667

PS 031419

KIDS COUNT
ALASKA 2002



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

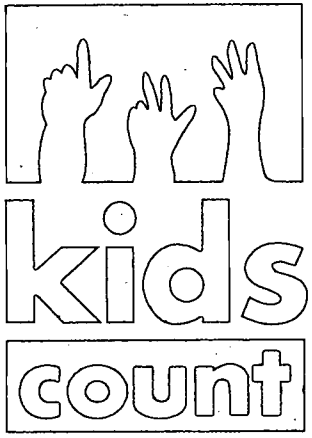
Virgene Hanna

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

BEST COPY AVAILABLE

ALASKA 2002 KIDS COUNT

DATA BOOK



Prepared by Institute of Social and Economic Research (ISER)
University of Alaska Anchorage

Study Team
Project Director: Virgene Hanna, ISER
Researchers: Molly Ridout, Research Associate/Web Designer, ISER
Claudia Lampman, Associate Professor of Psychology, UAA
Editor: Linda Leask, ISER
Graphic Designer: Clemencia Amaya-Merrill, ISER

Call Kids Count Alaska: 907-786-7710 • Web site: www.kidscount.alaska.edu

ERIC

BEST COPY AVAILABLE

Kids Count is a nationwide program funded by the Annie E. Casey Foundation. The national program collects and publicizes information about the well-being of America's children. The Casey Foundation also sponsors state programs, including *Kids Count Alaska.* Learn more at the national *Kids Count* Web site: www.aecf.org/kidscount/

Changes and Issues in 2002

In 2002, Virgene Hanna marked her first full year as director of the *Kids Count Alaska* project. During the year she spent time tracing changes the project has seen since its beginnings in 1996. Because the long-time director, Norman Dinges, suffered a debilitating stroke, he was unable to help document what had gone on before or explain what had prompted changes. (Someone who could and did help was Dr. Claudia Lampman, who has been with the project since it started.)

During the year, Ms. Hanna got to know knowledgeable people working in *Kids Count* programs in other states—and they helped her think about potential changes in the Alaska program.

Also in 2002, Molly Ridout took on many additional responsibilities for the project—researching most sections of the data book and expanding the project's Web site.

A challenge we faced in putting together this year's data book was getting race and age figures for children in rural areas—which are critical for our regional indicator calculations. We learned that the U.S. Census Bureau had inadvertently failed to record all the information from census forms filled out in 2000 by some rural households with more than six members. When the bureau discovered that error, it made incorrect assumptions about the likely ages of children omitted from the census count. So we had to delay a number of our regional calculations until early 2003, when the Alaska Department of Labor issued revised numbers. (The revisions are described more on the department's Web site, http://almis.labor.state.ak.us.)

Acknowledgments

Contributors

Kids Count Alaska thanks many people and organizations for information they provided us.

Alaska Department of Health and Social Services

Matt Anderson
Section of Community Health

Elvin Asay
Division of Public Health

Robert Buttcane
Division of Juvenile Justice

Craig Kahklen
Stacy Goade
Division of Public Assistance

Muriel Kronowitz
Office of Fetal Alcohol Syndrome/CARE

Susan Merrick, FAS Surveillance Project
Section of Maternal, Child, Family Health

Martha Moore, Section of Community Health and Emergency Medical Services

Kelly Shattuck
Todd Mosher
Michael Matthews
Bureau of Vital Statistics

Deborah Smith
Denali KidCare

MaryAnn VandeCastle
Kristen Tromble
Division of Family and Youth Services

Al Wall
Nancy Weller
Division of Medical Assistance

Alaska Department of Education and Early Development

Erik McCormick
Research Analyst

Mike Huelsman
Research Analyst

Cecily Skoog-Moore
Child Care Subsidy Program

Other Agencies and Organizations

Catherine Schumacher, MD
Anchorage Access to Health Care Coalition

Ellen Vickery, Alaska Comprehensive Health Insurance Association (ACHIA)

Roger Withington
Legislative Affairs Division

Jack Jacob
Leah Holman
Providence Alaska Medical Center, Neonatal Intensive Care Unit

Jan Pfenninger
Alaska Neonatology Associates, Inc.

Mike VonAh
Alaska Regional Hospital

Valerie McCormick
Bartlett Regional Hospital Juneau

Debra Hall, RNC
Fairbanks Memorial Hospital

University of Alaska Anchorage

Darla Siver, ISER

John Petraitis, Department of Psychology

Contents

7 Introduction

9 Introduction
14 Highlights

17 Infancy

19 Prenatal Care in Alaska
21 Babies with Low Birth Weight
22 Infant Mortality

25 Economic Well-Being

27 Children Living in Poverty
28 Children With No Parent Working Full-Time
29 Children in Families Headed by Single Parents
30 Births to Teens
31 Child Care
32 Health Care Coverage

35 Education

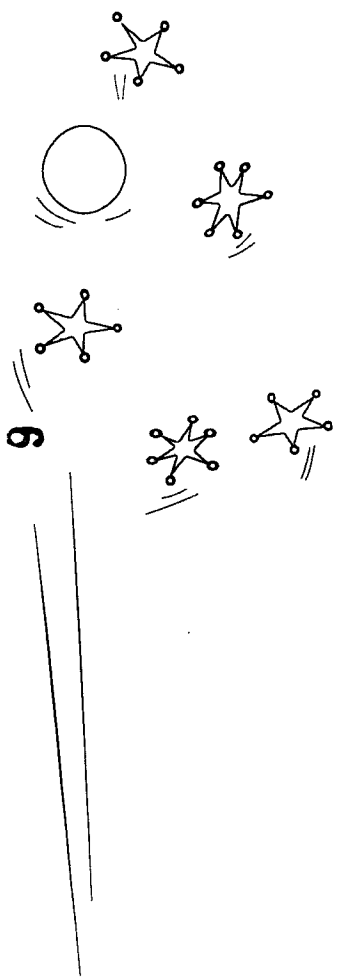
37 Teens Who Drop Out
38 Teens Not in School and Not Working
39 School Achievement

41 Children In Danger

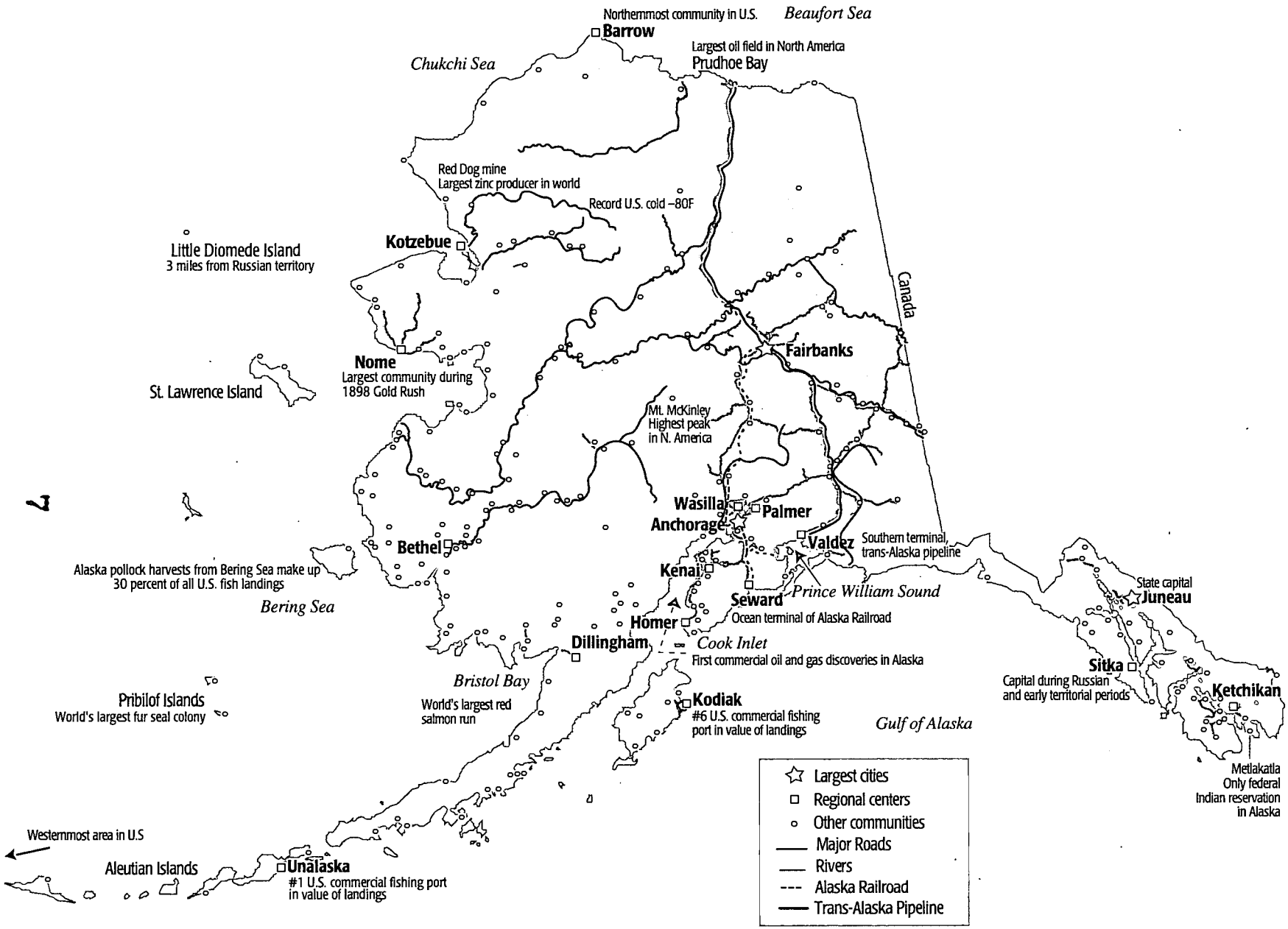
43 Child Death Rate
44 Teen Violent Death
46 Child Abuse and Neglect
48 Child Injuries

51 Juvenile Crime

53 Juvenile Crime

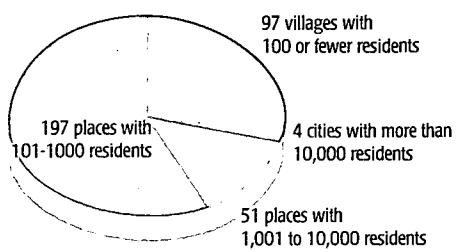


INTRODUCTION



BEST COPY AVAILABLE

What Size are Alaskan Communities?



Total: 349 communities

About the Alaska Map: Alaska claims the continent's highest mountain and largest oil field; the farthest north and west communities in the U.S; the world's largest red salmon run and fur seal colony; and the coldest temperature ever recorded in the U.S. It's huge–375 million acres–with only about 630,000 residents. Most people live in just a few large communities, but there are hundreds of scattered communities (each shown by a dot on the map) where only a handful of people live.

WHAT'S UNIQUE ABOUT ALASKA?

Alaska's huge size, geographic isolation, Arctic climate, and vast roadless expanses make it unlike any other state. It is stunningly beautiful, but likewise dangerous—with sudden weather changes and hazardous conditions always at hand.

Half the terrain in Alaska is tundra, and mountains and glaciers cover large areas. There are hundreds of miles of coastline and thousands of lakes and rivers. Because Alaska is so far north, much of the state is underlain by permafrost—permanently frozen ground.

Alaska became a state only in 1959—and even then, many Americans thought it was a mistake to grant statehood to a place so far north, with so few people, and a fragile economy that relied on military activities and a handful of resource industries.

Today, largely as a result of North Slope oil development, Alaska has three times the people and five times the jobs it had 40 years ago. Most of the growth has been in a handful of urban areas. Nearly 70 percent of Alaskans live in or near Anchorage, Fairbanks, and Juneau.

So a majority of Alaskan children live in urban areas, and despite the state's different geography and climate, most now grow up with about the same amenities and services as other American children enjoy.

But there are also hundreds of small villages—many accessible only by air or water—and dozens with fewer than 100 residents. Most residents of these villages are Alaska Natives. Children living in small, isolated places lead much different lives from those in bigger communities on the road system. Many villages still lack adequate water and sewer systems, and some still rely on honey buckets. In the past 20 years, state and federal agencies have built sanitation systems in many rural places–but it's an enormous, continuing, and expensive job. Many areas of Alaska require specially adapted systems that are very expensive to build and operate.

Incomes in most villages are low, and jobs are scarce. At the same time, costs of living are high, partly because it's so expensive to get supplies to small, remote locations. Costs of building and maintaining schools, community facilities, and houses are also high. Wild fish and game remain important sources of food.

Whether living in cities or villages, all children in Alaska face some special risks posed by very cold weather, dangerous waterways, and other hazards. Alaska's children drown or die in fires more frequently than children elsewhere.

Rural children—who are mostly Alaska Native—are at especially high risk of being hurt or killed in accidents. And a staggering share of young people in rural areas commit or attempt suicide. Suicide and attempted suicide are among the leading causes of death and serious injury among Alaska Native teenagers.

In this data book, we look at (1) the indicators of children's well-being the *Kids Count* program uses nationwide; and (2) other measures that reflect conditions Alaskan children face—and that illustrate the sharp differences among regions of a state twice the size of the 13 original American colonies.

WHAT IS KIDS COUNT ALASKA?

The *Kids Count Alaska* program is part of a nationwide effort, sponsored by the Annie E. Casey Foundation, to collect and publicize information about children's health, safety, and economic status. The goals of *Kids Count Alaska* are to:

- Present additional indicators important to Alaska
- Report regional figures for indicators, where available
- Broadly distribute information about the status of Alaska's children
- Create an informed public, motivated to help children
- Enhance efforts to improve the lives of Alaska's children and families

ALASKA'S CHILDREN BY REGION AND RACE

The adjacent table and the map on the facing page show how Alaska's 203,000 children are divided by age, sex, race, and region.

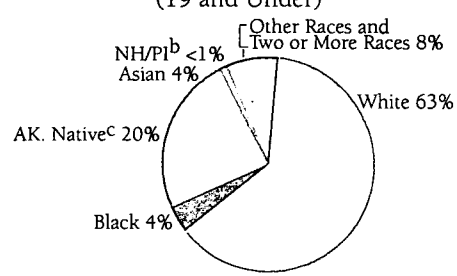
The geography, climate, economy, and level of development differ in each region of Alaska. Anchorage and the adjacent Mat-Su Borough are more urbanized (although areas of the borough are still quite rural); the Gulf Coast region includes many fishing communities, as does the Southeast region (where the state capital, Juneau, is also located). The Southwest, Northern, and Interior regions mostly have smaller, scattered communities (with the exception of Fairbanks and the surrounding area in the Interior). The Southwest depends heavily on fishing; the Northern region has oil development and mining, as does the Interior.

ALASKA'S CHILDREN BY AGE AND SEX, 1990 AND 2001*

	1990				2001			
	Total		Male	Female	Total		Male	Female
Total Alaska Population	550,043		289,868	260,175	633,630		326,680	306,950
Children by Age	**Number**	**Percent**			**Number**	**Percent**		
Under 1	11,963	6.6%	6,109	5,854	10,190	5.0%	5,313	4,877
1-4	44,014	24.5%	22,616	21,398	39,675	19.5%	20,382	19,293
5-9	51,508	28.6%	26,543	24,965	52,762	26.0%	26,899	25,863
10-14	42,939	23.9%	22,333	20,606	57,217	28.2%	29,265	27,952
15	7,652	4.3%	4,021	3,631	11,192	5.5%	5,823	5,369
16	7,341	4.1%	3,786	3,555	11,090	5.4%	5,712	5,378
17	7,453	4.1%	3,887	3,566	10,467	5.1%	5,432	5,035
18	7,069	3.9%	3,834	3,235	10,104	4.9%	5,248	4,856
Total 18 and under	**179,939**	**100%**	**93,129**	**86,810**	**202,697**	**100%**	**104,074**	**98,623**

*Alaska Department of Labor estimates, July 2001

Alaska's Children By Race, 2000[a]
(19 and Under)



[a]U.S. census figures, adjusted by Alaska Department of Labor for errors in age imputation.
[b] Native Hawaiian and other Pacific Islanders
[c] Includes other Native Americans; numbers of other Native Americans in Alaska are small.

RACIAL COMPOSITION OF CHILDREN, (19 AND UNDER) BY REGION, 2000*
(In Percentages)

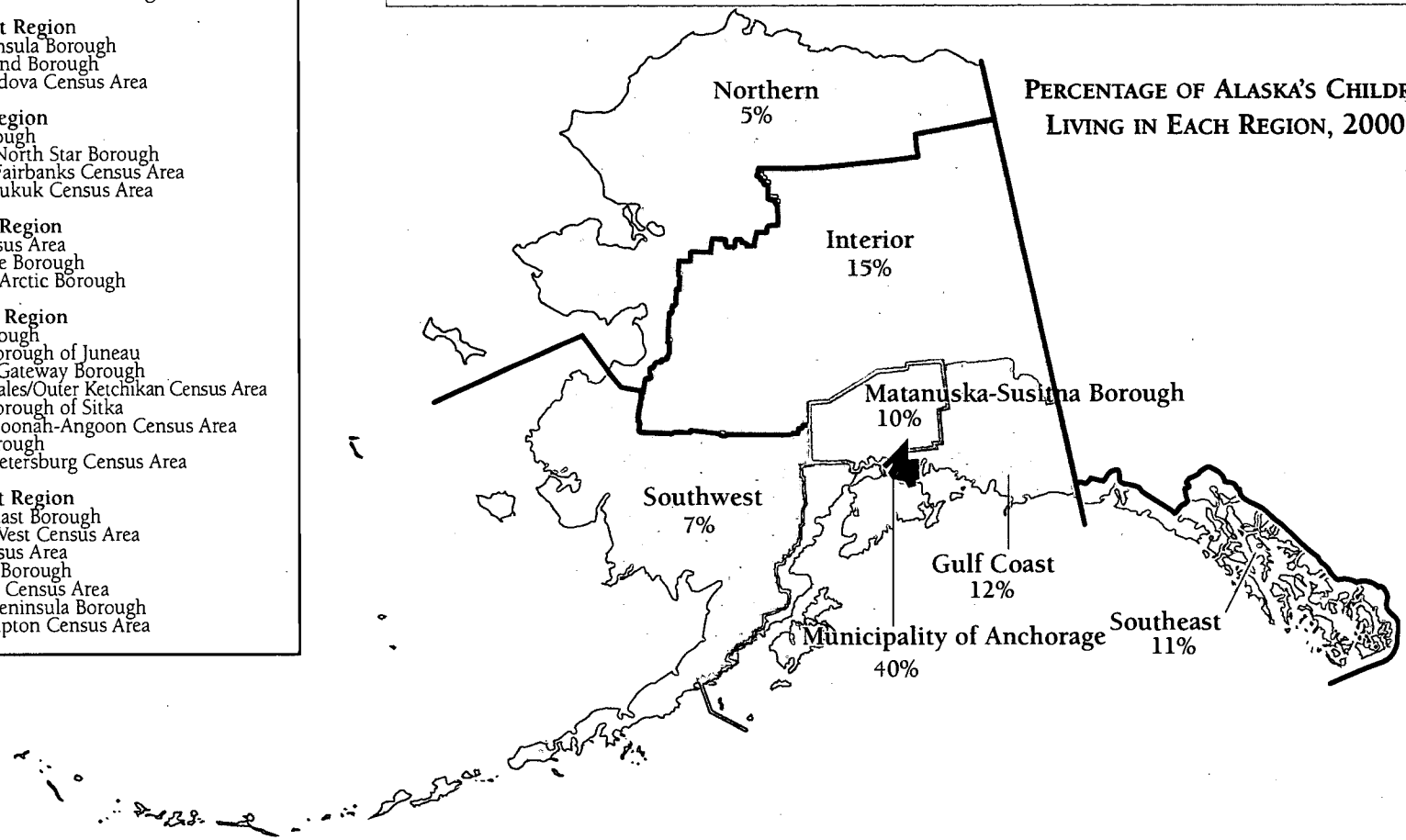
	White	Alaska Native	Black	Asian	NH/PI**	Two / More Races
Anchorage	67%	9%	7%	6%	1%	10%
Mat-Su	84%	7%	<1%	<1%	<1%	7%
Gulf Coast	77%	12%	<1%	4%	<1%	6%
Interior	70%	14%	6%	2%	<1%	8%
Northern	8%	83%	<1%	2%	<1%	7%
Southeast	63%	21%	<1%	4%	<1%	11%
Southwest	10%	83%	<1%	1%	<1%	6%

**Native Hawaiian/Pacific Islanders

Boroughs and Census Areas, by Region

- **Municipality of Anchorage**
- **Matanuska-Susitna Borough**
- **Gulf Coast Region**
  Kenai Peninsula Borough
  Kodiak Island Borough
  Valdez-Cordova Census Area
- **Interior Region**
  Denali Borough
  Fairbanks North Star Borough
  Southeast Fairbanks Census Area
  Yukon-Koyukuk Census Area
- **Northern Region**
  Nome Census Area
  North Slope Borough
  Northwest Arctic Borough
- **Southeast Region**
  Haines Borough
  City and Borough of Juneau
  Ketchikan Gateway Borough
  Prince of Wales/Outer Ketchikan Census Area
  City and Borough of Sitka
  Skagway-Hoonah-Angoon Census Area
  Yakutat Borough
  Wrangell-Petersburg Census Area
- **Southwest Region**
  Aleutians East Borough
  Aleutians West Census Area
  Bethel Census Area
  Bristol Bay Borough
  Dillingham Census Area
  Lake and Peninsula Borough
  Wade Hampton Census Area

PERCENTAGE OF ALASKA'S CHILDREN LIVING IN EACH REGION, 2000*



*Based on 2000 census figures, adjusted by Alaska Department of Labor for errors in age imputation.

BEST COPY AVAILABLE

How Does Alaska Compare with U.S.?

Alaska's rates of low-birth-weight babies, infant mortality, and high-school dropouts were better than the U.S. average in 1999 (see facing page). But Alaska's teen death rates were among the highest in the nation. On several other measures—including the teen birth rate—Alaska stood at about the national norm.

Interpreting the Indicators

(Adapted from Utah Kids Count 1999 Data Book)

The indicators are presented as either percentages or rates per 1,000 or per 100,000. Using rates—and percentages are simply rates per 100—allows us to compare groups or track trends.

Keep in mind that the base rates differ among indicators. Generally we use a smaller base (the rate per 100) for the most common events and a larger base (rates per 1,000 or 100,000) for less common events.

This allows us to present the rates in whole numbers, which are easier to understand than fractions. For instance, we present the poverty indicator as a percentage—because poverty is unfortunately widespread. In contrast, the numbers of children who die each year are (mercifully) much smaller, so we present the child death rate in numbers per 100,000.

We calculate rates by taking the number of incidents in any given category (for example, the number of high-school dropouts), dividing it by the total number of children in the category (all teenagers 16-19 in the state), and multiplying—depending on the base—by 100, 1,000, or 100,000. The example in the next column shows different calculations, if 5 teenagers among 500 dropped out of school.

$$\frac{\text{Number of Dropouts}}{\text{Total teenagers 16-19}} \times \text{Multiplier}$$

$$\frac{5 \text{ dropouts}}{500 \text{ teenagers}} \times 1{,}000 = 10 \text{ dropouts per 1,000 teenagers}$$

$$\frac{5 \text{ dropouts}}{500 \text{ teenagers}} \times 100 = 1 \text{ percent of teenage dropouts}$$

Effects of Small Population

Keep in mind that only about 203,000 children (18 and under) live in Alaska. Some regions have just 10,000 or 15,000 children—and those numbers get much smaller when you break them down by sex, race, or age. Those small numbers have implications for statistics:

- *Rates for most indicators are based on a small number of actual events.* So a small change in the number of events can make a big change in the rate. The table on the facing page shows, for instance, that Alaska's teen violent death rate in 1999 was based on 39 actual deaths statewide. If that number goes up or down, it can sharply change the rate of teen violent death. That's why, on the trend graph for teen violent death (page 44), the Alaska rate fluctuates sharply from year to year.

- *In any given region, numbers of events will be even smaller—which means that the regional rates also fluctuate sharply with small changes in numbers.* To minimize chance variations, we use 5-year averages for most of our regional indicators. But even then, the rates are based on small numbers.

- *Some of the indicators are based on samples—and samples drawn from a small, geographically-dispersed population like Alaska's are especially subject to error,* if they're not carefully drawn and weighted to accurately represent the entire population.

About the Indicators

A few important points about the indicators are worth emphasizing at the outset.

- *Indicators don't measure the effectiveness of particular programs.* They are broad indications of social conditions rather than specific measures of program performance.

- *Regional indicators are mostly averages for the period 1996-2000.* We used more recent data when available.

- *Not all areas or communities* within a region have the same indicator levels as the region as a whole.

Organization of the Data Book

On the next few pages we highlight some of the data discussed in more detail later in the book. Then we present five sections of indicators: Infancy, Economic Well-Being, Education, Children in Danger, and Juvenile Crime.

Notes for the indicators are at the end of each section. Several sections also include descriptions of special programs or other information that helps shed light on the indicator.

U.S. AND ALASKA AVERAGE, 1999 NATIONAL KIDS COUNT INDICATORS

	U.S. Rate	U.S. No. of Cases	Alaska Rate	Alaska No. of Cases	Alaska Rank in U.S.
Alaska Better Than National Average					
Percentage of babies with low birth weight	7.6%	301,183	5.8%	577	3rd
Infant mortality rate (per 1,000 live births)	7.1	27,937	5.7	57	6th
Percentage of teens (ages 16-19) who drop out of school	10%	1,513,667	8%	3,000	14th
Alaska At or Near National Average					
Percentage of children living in poverty[a]	19%	12,280,321	15%	21,176	18th
Percentage of single-parent families	27%	9,390,000	28%	24,000	25th
Teen birth rate (per 1,000 girls 15-17)[b]	29	163,588	25	396	24th
Child death rate (per 100,000 children 1-14)[c]	24	12,844	23	35	21st
Alaska Worse Than National Average					
Percentage of children with no parent working full-time[d]	25%	18,005,087	31%	65,107	47th
Teen violent death rate (per 100,000 teens 15-19)[c]	53	10,396	69	39	37th
Percentage of teens not in school and not working	8%	1,290,667	10%	4,000	38th

[a] Based on the U.S. Census Bureau's poverty threshold figures, which are not adjusted for Alaska's higher living costs and may underestimate poverty in Alaska.

[b] Before 1993, this indicator measured the rate of births to teenage girls 15-19. The Alaska regional figures, which appear printed later in this book are based on that previous definition.

[c] Remember that these rates are based on small numbers of deaths and can, therefore, fluctuate sharply from year to year.

[d] The national *Kids Count* program added this indicator in its 1999 data book. We have not calculated regional breakdowns for Alaska because the definition of full-time employment does not take into account different employment patterns in rural Alaska.

Note: Alaska figures in this table may differ from later figures in the regional graphs. The figures above are from the national *Kids Count* program; our regional figures may be based on different years and are sometimes measured differently.

Source: Annie E. Casey Foundation, *Kids Count Data Book*, 2002.

IGHLIGHTS

Since we published the first *Kids Count Alaska* data book in 1996, Alaska's children and teenagers have seen changes for the better and for the worse. On the next few pages we highlight some of those changes as well as some of the new information from this year's data book.

This information comes from many sources, as cited in the tables and figures. Our contribution is mostly pulling it all together—to help adults see trends and think about how to make life healthier and safer for Alaska's children.

More People, Fewer Babies

Over the 1990s, the number of births reported in Alaska declined 10 percent, as the table above shows. Yet the state population grew about 8 percent. So how did that happen?

The drop in births reflects a trend in Alaska: the population is aging. Specifically, there are more women in their 40s and 50s, and fewer in their 20s and 30s, than there were a decade ago. That change shows up in Alaska's declining birth rate—from 20.6 per 1,000 women of childbearing age in 1991 to 16.0 just a decade later.

Historically, Alaska has had a young population, relative to the national average. And although it's still true that Alaska has a higher share of children and a smaller share of adults over 55, those differences are narrowing.

A number of changes are contributing to this shift. Alaska now has fewer military personnel—and military personnel tend to be young adults. Also, many people who were drawn to Alaska as young adults by the economic booms of the 1970s and 1980s have stayed on, getting older and often retiring here. And in Alaska, as is true nationwide, the large number of baby boomers (born between 1946 and 1964) are getting older.

Bigger Population. Fewer Babies

	1991-95	1996-2000	Percent Change
Number of Births in Alaska	55,398	49,873	-10%
	1991-92	2000-01	
Birth Rate (per 1,000 Women 15-44)	20.6	16.0	-22%
	1991-92	2000-01	
Total Population	586,722	633,630	+8%

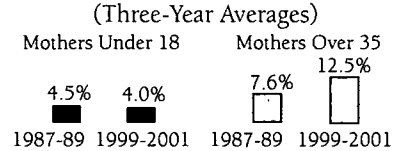
Source: *Alaska Department of Labor*

More Babies Surviving, More Older Mothers

In Alaska and across the country, infant mortality declined steadily over the 1990s (see page 22). And a national trend that also seems to be holding true in Alaska is that more of the women having babies are over 35. We don't know the share of all Alaska women having babies when they're over 35. But a good indication of the trend in Alaska is shown in the graph below: the increase in the share of older mothers with premature babies in Alaska's largest neonatal intensive care unit (NICU). That share increased from 7.6 percent in the late 1980s to 12.5 percent by the end of the 1990s.

Share of Younger and Older Mothers of Premature Babies in Alaska*

(Three-Year Averages)



*Mothers of babies treated in Providence Hospital's neonatal intensive care unit in Anchorage.

Source: *Alaska Neonatology Associates*

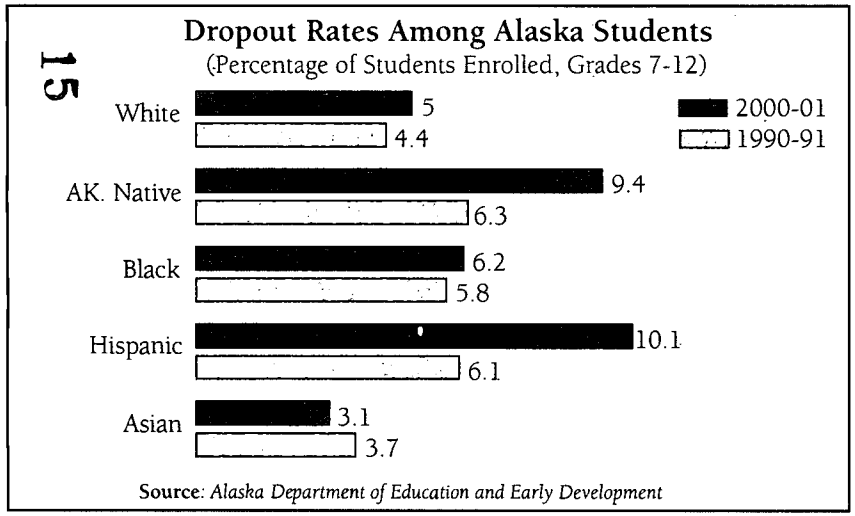
But during the same period, as the graph also shows, the share of very young mothers with babies in the NICU remains almost unchanged. That tracks broadly with what we know about teen birth rates in Alaska and nationwide—fewer rather than more teenage girls are having babies (see page 30).

DROPOUT RATES UP

A change for the worse in the 1990s is that dropout rates among Alaska students (grades 7 through 12) seem to have increased—especially among Alaska Native and Hispanic students (as the figure below shows).

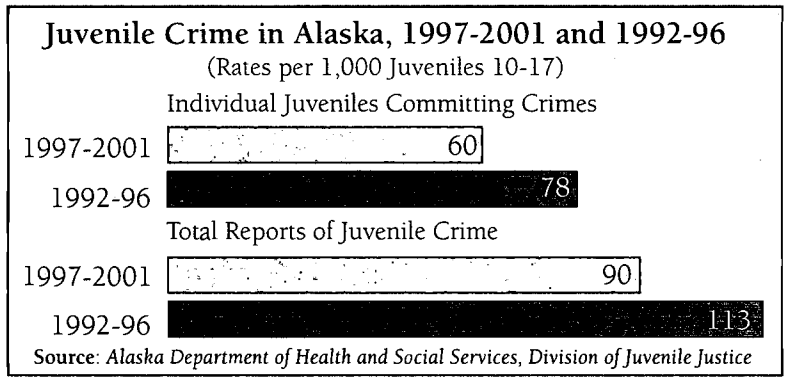
The dropout rate among Hispanic students increased from 6.1 to 10.1 percent of those enrolled—making Hispanic students the most likely to drop out in Alaska, as is also true nationwide (see page 37). The rate among Native students increased from 6.3 to 9.4 percent, and rates among Black and White students were also up slightly.

But keep in mind that there are only a few thousand Black, Hispanic, and Asian students in Alaska—so a relatively small change in the numbers of those students dropping out can influence the dropout rate.



JUVENILE CRIME CONTINUES TO DROP

Crime among juveniles in Alaska dropped by nearly one-fourth from the first half of the 1990s to the most recent period, as the graph below shows. This continues a trend we reported in last year's data book. Analysts attribute the drop, at least in part, to recent changes in Alaska's juvenile justice system; those include requiring juveniles to be more accountable for their crimes and encouraging more community involvement in reducing crime (see *Kids Count Alaska 2001*, page 66).



Health Coverage Different in Alaska

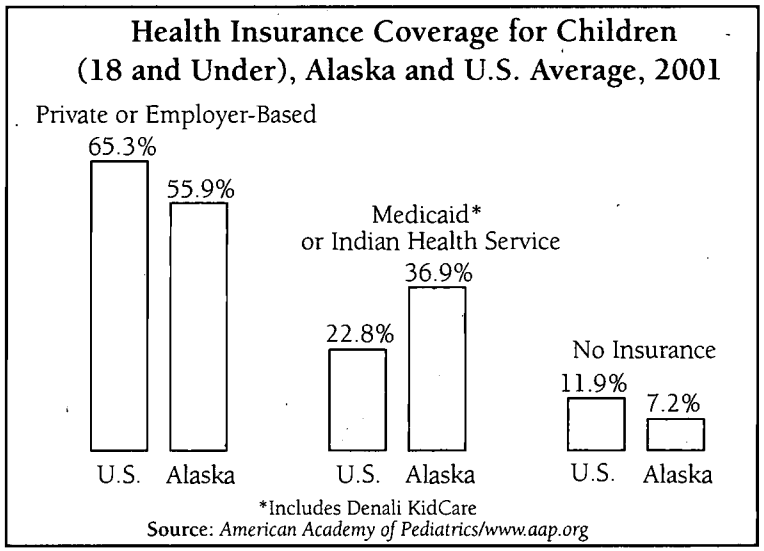
Children in Alaska are less likely than those elsewhere in the U.S. to be covered by their parents' employer-based insurance and more likely to be covered under Medicaid or through the Indian Health Service, according to the American Academy of Pediatrics (adjacent graph).

That difference makes sense if we remember that 20 percent of Alaska's children are Alaska Native (see page 10) and all Native children are eligible to receive health care through the Indian Health Service. Nationwide, only about one percent of children are Native Americans. And many Alaska Native children are also eligible for coverage under Medicaid, because poverty is so widespread in rural Alaska (see page 27).

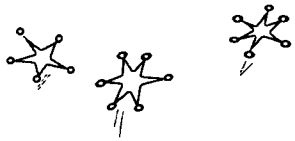
The American Academy of Pediatrics also puts the percentage of uninsured children in Alaska below the national average—about 7 percent in Alaska, as compared with nearly 12 percent nationwide. That figure is considerably below what the U.S. Census Bureau reports for Alaska—the bureau estimates the share of uninsured Alaska children at about 16 percent.

We can't entirely reconcile those two sources, but we do know that at least part of the difference is in the way each treats children eligible for care through the Indian Health Service (IHS). The Census Bureau considers those children "uninsured" because IHS eligibility is not health insurance but rather health care that is available only at IHS hospitals and clinics.

The American Academy of Pediatrics, by contrast, includes IHS coverage in a joint category with Medicaid, since both are forms of government-provided health care. When IHS-eligible children are shifted out of the "uninsured" category, the share of uninsured children in Alaska is reduced.



INFANCY



Behind the Illustration: Story courtesy of Clemencia Merrill, graphic artist with the Institute of Social and Economic Research

Winters are long in Alaska, so children growing up here think of ways to keep doing the things they like to do, despite the weather. Clemencia Merrill remembers looking out her kitchen window in Anchorage one Saturday morning and seeing her neighbor clearing snow off the trampoline in his yard. A while later she was drawn back to the window as children began bobbing up and down. Something in the scene enchanted her: the children were wearing gloves—brightly colored, gloriously mismatched gloves—on their hands *and* their feet. These gloves-on-the-feet flopped as the jumpers somersaulted through the air, giving them a strange resemblance to ducks in winter gear. As Clemencia later learned, the family rule was no shoes on the trampoline—and it was just too cold for socks.

DEFINITION

The Alaska Bureau of Vital Statistics uses the Kessner index to classify prenatal care as adequate, intermediate, or inadequate. Both the intermediate and the inadequate categories are considered "less than adequate" care.

Pregnant women who see doctors or other health professionals at least once during their first trimesters, and at least nine times during their entire pregnancies, are classified as having "adequate" prenatal care. Those who see doctors at least once during their first or second trimesters, and at least four more times during their pregnancies, are classified as having "intermediate care." Those who don't see doctors at all during the first or second trimester, or fewer than five times throughout their pregnancies, are considered to have "inadequate" prenatal care.

SIGNIFICANCE

The federal Secretary of Health and Human Services has called adequate prenatal care "one of the best ways to insure the health of mothers and infants," identifying and monitoring any health problems and encouraging healthy habits.[1] Nationwide, the share of women getting adequate prenatal care increased in the past decade, especially among Hispanic and black women.[2] But pregnant teenagers of all races are still far less likely than older women to get early prenatal care and more likely to smoke and to gain too little weight during pregnancy—all behaviors that make teenage mothers more apt to have small babies at higher risk of dying in their first year.[3]

DATA

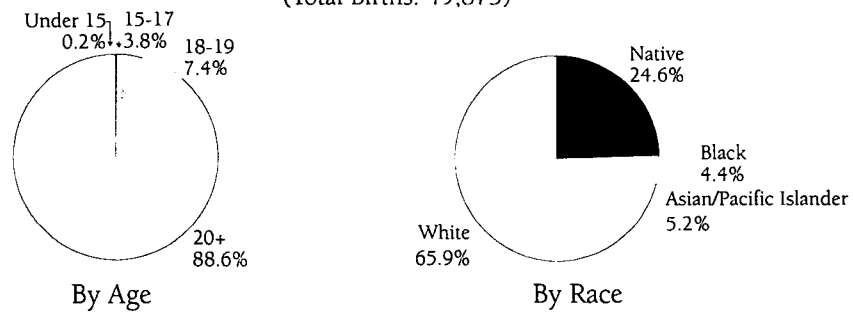
Nearly 50,000 babies were born in Alaska between 1996 and 2000, about 1 in 9 to teenage mothers. Most (66 percent) were born to White mothers or Alaska Native mothers (25 percent). About 3 in 10 mothers of all ages got less than adequate prenatal care between 1996-2000.

But the youngest mothers in Alaska (like very young mothers nationwide) were far less likely to get adequate care. Nearly half of pregnant teens 15 to 17 failed to see health professionals often enough during their pregnancies, and more than 60 percent of those under 15 got inadequate care.

Alaska Native and Asian women were less likely than White and Black women to obtain adequate prenatal care. Nearly half of pregnant Native women and more than one-third of pregnant Asian women got less than adequate prenatal care between 1996-2000, compared with about one in four pregnant White and Black women.

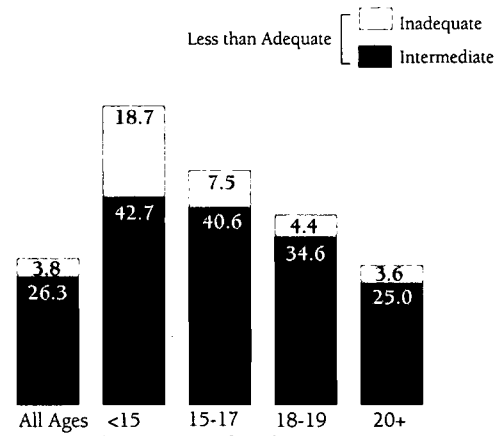
Pregnant women in Anchorage were much more likely to get adequate prenatal care than women elsewhere in the state. Less than 20 percent of pregnant women in Anchorage received inadequate prenatal care between 1996 and 2000, compared with about 30 percent in the Mat-Su and Southeast areas and 35 percent in the Gulf Coast and Interior. The percentage of pregnant women receiving inadequate prenatal care was highest in the Southwest (56 percent) and Northern (46 percent) regions.

Births in Alaska, 1996-2000, By Age and Race of Mother
(Total Births: 49,873)



Source: *Alaska Bureau of Vital Statistics*

Percentage of Mothers Receiving Less Than Adequate Care, By Age
(5-Year Average, 1996-2000)

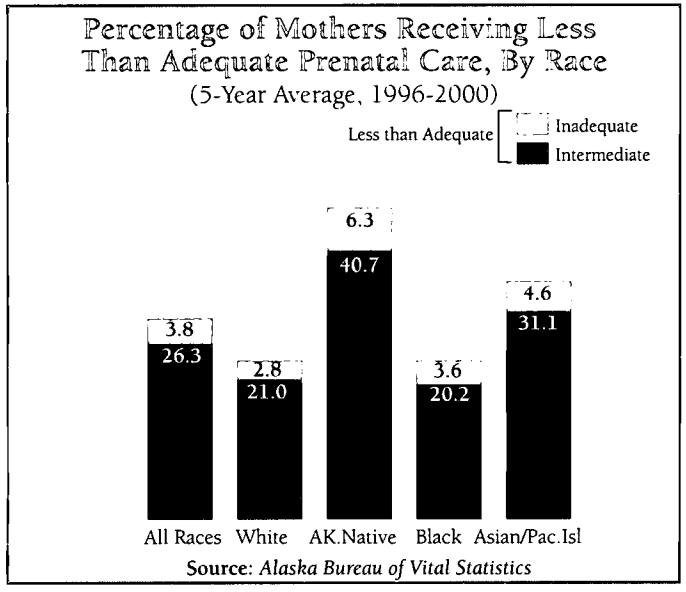


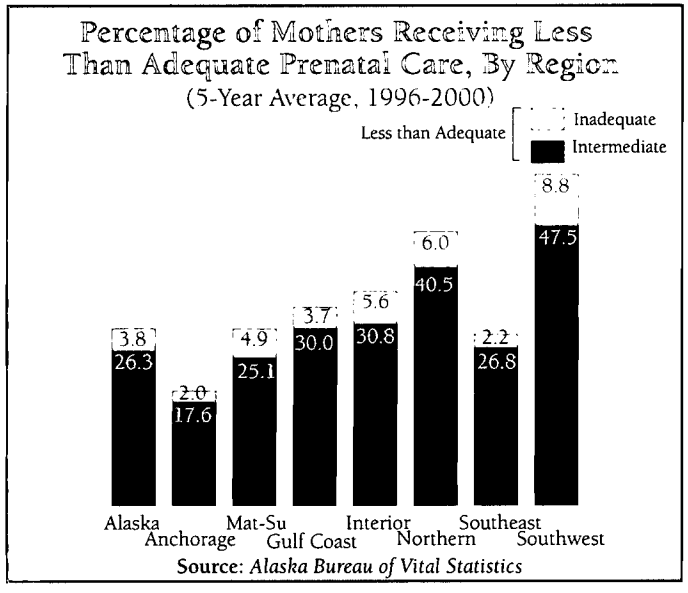
Source: *Alaska Bureau of Vital Statistics*

Overall, Alaska women are somewhat more likely than other American women to get late (or no) prenatal care—in 2000, about 4.7 percent of pregnant women in Alaska got late or no care, compared with 3.9 percent nationwide (page 20). Still, this is a relatively small difference, given that Alaskans in remote communities have limited access to health care.

BEST COPY AVAILABLE

'RENATAL CARE IN ALASKA (CONTINUED)





PERCENTAGE OF MOTHERS RECEIVING LATE OR NO PRENATAL CARE,* 2000

U.S 3.9%	Alaska 4.7%

*Care only in third trimester or not at all

Source: *National Vital Statistics Report*, Volume 50, Number 5

In Alaska, about 15 percent of women of childbearing age (18-44) are what the National Institute on Alcohol Abuse and Alcoholism (NIAA) defines as "frequent" drinkers (in the month before they were surveyed, those who had seven or more drinks per week or five drinks at the same time). That puts Alaska toward the high end among the states (see figure), but at least a dozen states have higher rates.

Still, Alaska's rate of fetal alcohol syndrome (FAS) was about three times the national average in the late 1990s, largely because the FAS rate among Alaska Native women is high—about 10 times the national average, according to the Alaska Fetal Alcohol Syndrome Project. Babies born to women who drink while they are pregnant can suffer a lifetime of mental and physical problems. Aside from the heavy toll of FAS on the children themselves, the cost to taxpayers is also high—an estimated $1.8 million over the course of a child's lifetime, according to the NIAA.

One new effort to fight alcohol and drug abuse among Alaskan women with children is the Family Court Assisted Recovery Effort (CARE), started in 2002. This is a program for mothers who are facing civil charges through the Alaska Division of Family and Youth Services and are in danger of losing their children because of alcohol or substance abuse. The program is voluntary, but women who enter must agree to the DFYS charges against them and waive future rights to contest the charges. CARE is intended to reunite mothers with their children by teaching them how to be better parents, providing treatment for alcohol and drug abuse, and helping them become self-sufficient. The program works through a court team made up of a judge, an attorney general, a public defender, a contract attorney, a social worker, a guardian ad litem, and a coordinator.

The coordinator regularly talks with counselors, employers, and other professionals with whom the clients are dealing. The coordinator then reports to the CARE court team. The CARE team decides if clients need to make changes. Once a week the clients appear before the CARE judge. CARE team members help clients in many ways, from looking for alcohol-abuse treatment for mothers with newborns to setting up haircuts for clients with job interviews.

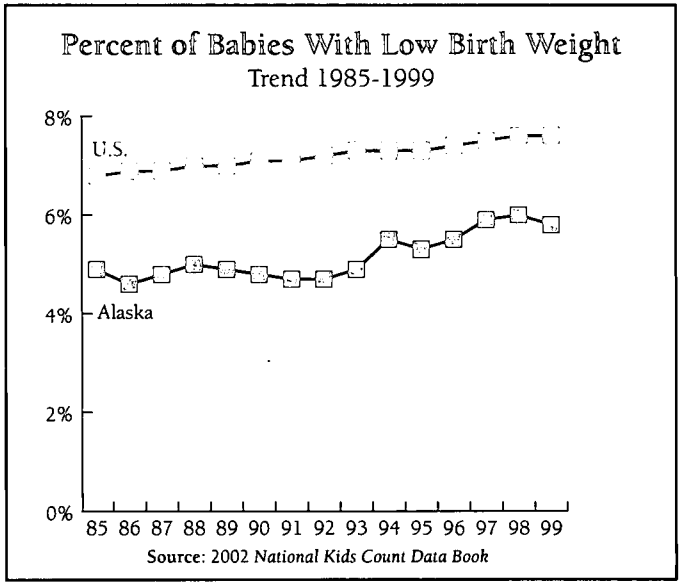
At the end of 2002 only a handful of women were in the program. CARE was started with a grant from the Office of Fetal Alcohol Syndrome in the Alaska Department of Health and Social Services. It also relies on community donations and in-kind services. Muriel Kronowitz, the project coordinator, summarizes the reason for the program this way: "These moms are going to be a part of this community. We all have a vested interest in seeing them become stable, healthy, contributing members." For more information, call Muriel Kronowitz at (907) 264-0523 or send an e-mail to: muriel_kronowitz@admin.state.ak.us.

(Range Among States, 1995)

4.0% — 15.0% — 19.4%

*See text above. Alaska

BEST COPY AVAILABLE



DEFINITION

Infants born weighing less than 5.5 lbs (2,500 grams) are classified as having low birth weight. Regional data reflect the mother's place of residence, not the infant's place of birth.

SIGNIFICANCE

The risk of dying during the first year of life is nearly 25 times greater for very small babies than for those born at normal weight, and in 1999 babies with low birth weight accounted for two-thirds of infant deaths in the U.S.[4] Small babies are also at higher risk of mental retardation, blindness, language delays, cerebral palsy, learning disabilities, and many other problems.[5]

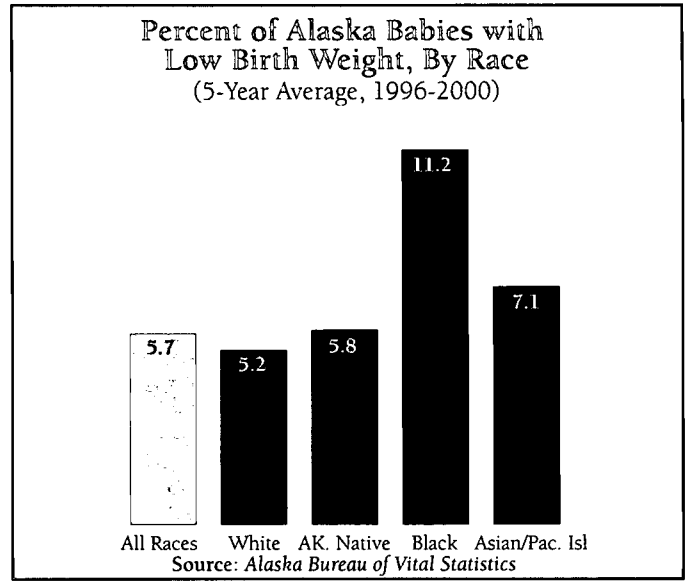
Women who smoke during pregnancy sharply increase their risk of having low-birth-weight babies. Pregnant teenagers are the most likely to smoke; in 1999, nearly 20 percent of pregnant women ages 18 and 19 smoked, compared with 12 percent of all pregnant women.[6]

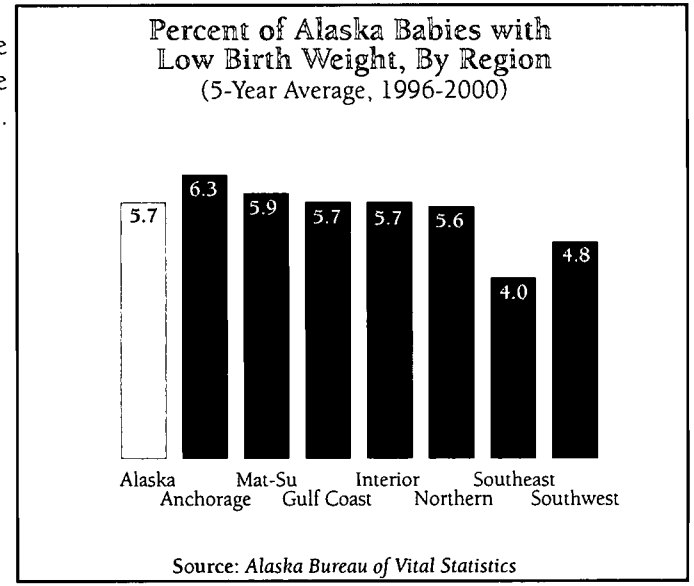
DATA

Approximately 6 percent, or 1 in 14 babies born in Alaska in 1999, weighed less than 5.5 pounds—a rate significantly lower than the national average. Alaska ranked third in the nation on this indicator in 1999. Still, as the adjacent trend graph shows, the percentage of Alaska babies born with low birth weight was substantially higher in 1999 than in 1990, when it was below 5 percent.

Infants born to Black mothers in Alaska were nearly twice as likely to be under 5.5 pounds than babies from other racial groups; a similar trend has been documented nationwide.[7]

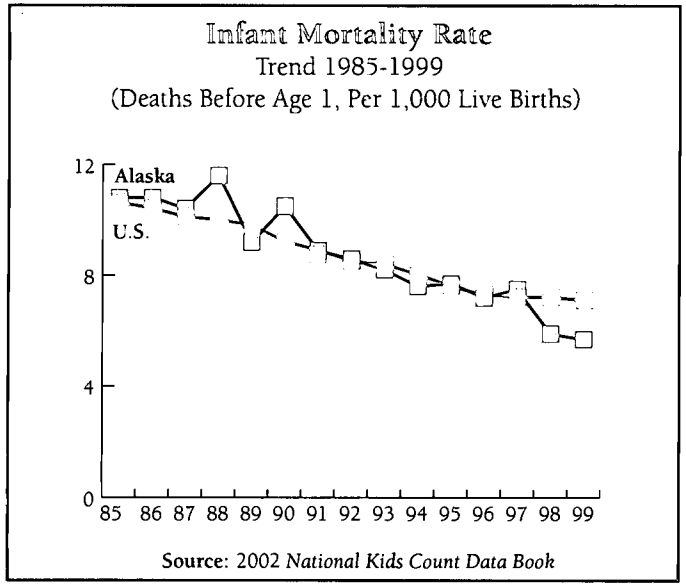
The share of small babies by region in the late 1990s varied from 4 percent in the Southeast region to 6.3 percent in Anchorage.





BEST COPY AVAILABLE

FANT MORTALITY



DEFINITION

The infant mortality rate is the number of deaths among infants under 1 year, per 1,000 live births. Infant deaths are recorded by place of infant residence, not death.

SIGNIFICANCE

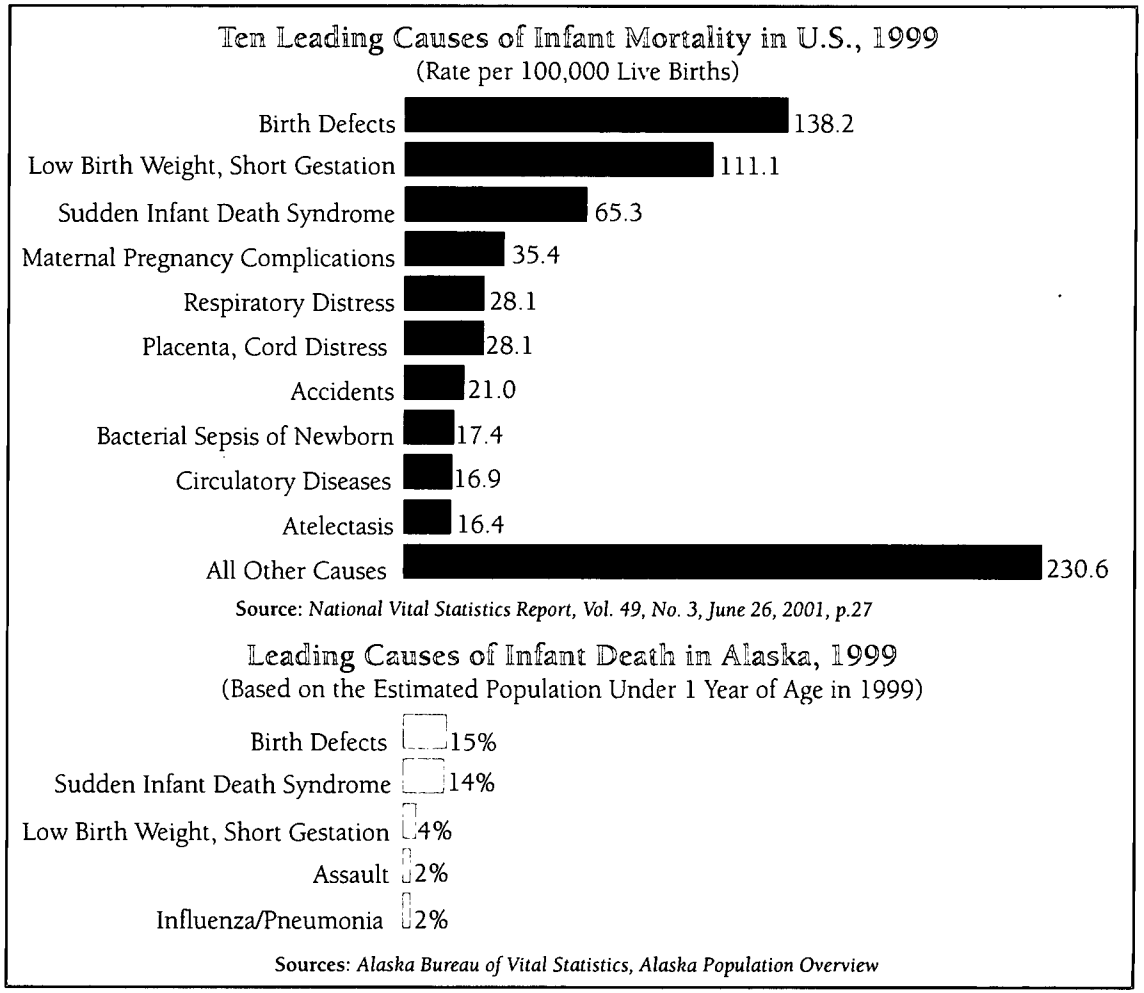
The infant mortality rate, a standard index of community health, is approximately 7 deaths per 1,000 live births in the U.S. That's 75 percent below what it was in 1950—but the U.S. rate remains higher than that of many industrialized countries.[8] The three most common causes of infant mortality—birth defects, disorders related to low birth weight, and Sudden Infant Death Syndrome (SIDS)—together account for close to half of all U.S. infant deaths.[9]

The leading causes of infant deaths in Alaska are similar to those nationwide (as the adjacent figure shows), but we can't make an exact comparison because available figures for Alaska and the U.S. are not calculated in the same way.

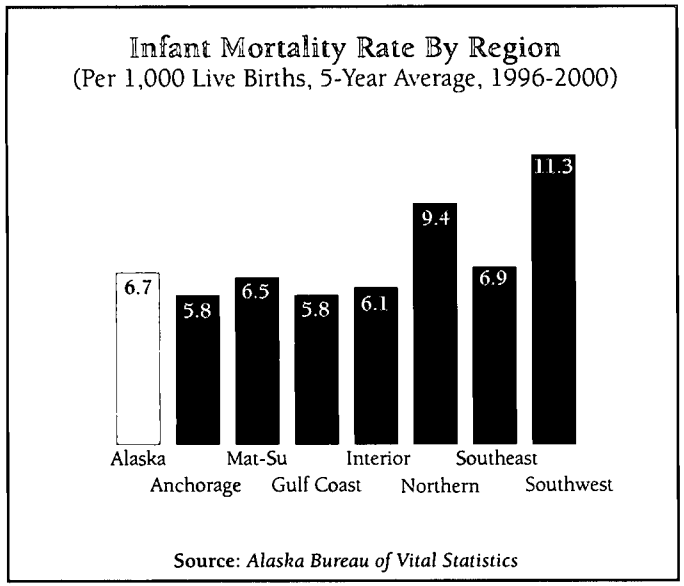
DATA

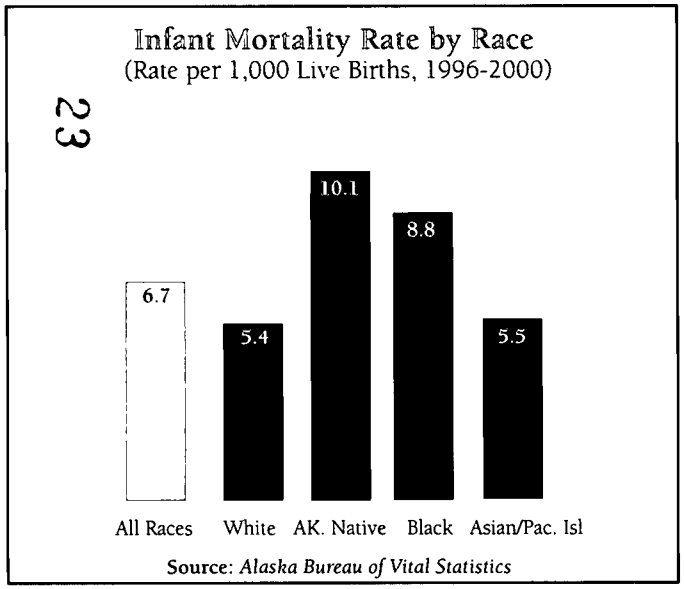
In 1999, Alaska ranked sixth in the nation on this indicator, with approximately 6 infant deaths per 1,000 live births—a 46 percent improvement since 1990.

Between 1996 and 2000, nearly 7 of every 1,000 infants born in Alaska died before their first birthday. The infant mortality rate was highest in the Southwest and Northern regions and lowest in Anchorage and in the Gulf Coast region. Infant mortality among Black and Alaska Native infants was nearly twice the rate as among White and Asian infants.



BEST COPY AVAILABLE





[1]J. Martin, et al. (2002). *Births: Final Data for 2001*, National Vital Statistics Reports, Vol. 51, Number 2. Available at: www.cdc.gov/nchs/data/nvsr/nvsr51/nvs51_02.pdf

[2]See note 1.

[3]S. Ventura, S. Curtin, and T. Matthews (2000). *Variations in Teenage Birth Rates*, 1991-1998, National Vital Statistics Reports, Volume 48, Number 6. Available at: www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_06.pdf

[4]*Kids Count Data Book 2002*, Annie E. Casey Foundation, page 26.

[5]T. Bereczkei, A. Hofer, and Z. Ivan (1999). "Low Birth Weight, Maternal Birth-Spacing Decisions, and Future Reproduction: A Cost-Benefit Analysis," in *Human Nature*, Volume 11, No. 22, pages 183-205.

[6]T.J. Matthews (2001). *Smoking During Pregnancy in the 1990s*, National Center for Health Statistics, Volume 49, Number 7. See: www.cdc.gov/nchs/data/nvsr/nvsr49nvsr49_07.pdf

[7]*Kids Count Data Book 2002*, page 28.

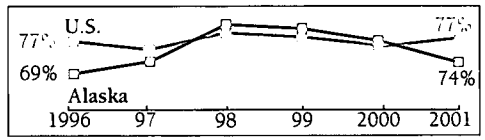
[8]National Center for Health Statistics, HHS News, September 12, 2002. "HHS Issues Report Showing Dramatics Improvement in America's Health over the Past 50 Years." See: www.cdc.gov/nchs/releases/02news/hus02.htm. Also, see *Kids Count Data Book* 2002, page 29.

[9]Robert Anderson, National Center for Health Statistics, National Vital Statistics Reports (2002). "Deaths: Leading Causes for 2000." See: www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_16.pdf

IMMUNIZATIONS AT AGE TWO

(SHARE OF CHILDREN, 19 TO 35 MONTHS, WITH [illegible])

To protect children from polio and other diseases that in the past crippled and killed many children, the federal and state governments recommend a series of immunizations for children by the time they're two years old. In the late 1990s, Alaska stepped up its efforts to immunize toddlers and quickly boosted the share of two-years-old immunized to the national average. But in 2001, Alaska's rate again dropped below the national average.



*Including all recommended doses of DTP (diphtheria, tetanus, and pertussis); polio; MMR (measles, mumps, rubella) and Hib (Haemophilus influenzae, type b meningitis). Additional immunizations are required for children in child-care facilities and for older children attending public schools.

Source: *National Immunization Survey, 1996-2001*

BEST COPY AVAILABLE

Caring for Alaska's Premature Babies

Babies born prematurely—generally defined as those weighing less than 5.5 pounds or with fewer than 37 weeks of gestation—are surviving in much larger numbers now than in earlier times. The National Institute of Child Health and Human Development recently reported that nationwide more than 90 percent of newborns who weigh at least 1,000 grams (about 2 pounds, 4 ounces) survive. More surprising, close to half of those who weigh only 500 to 750 grams (roughly, more than 1 pound but under 2 pounds) survive.[a]

Those high survival rates can be traced in large part to the medical technology and methods of care at neonatal intensive care units. Providence Alaska Medical Center's Neonatal Intensive Care Unit (NICU) in Anchorage is Alaska's largest such facility, providing advanced care for about 450 premature babies a year and up to 38 at any given time. An estimated 35 percent of these babies are born to mothers from outside Anchorage.[b]

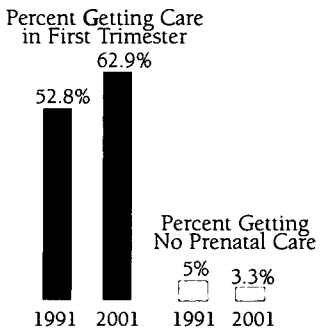
Providence's NICU has a number of features that reduce noise and overhead light, which research has found to be hard on premature babies. Those include sound-absorbing tiles and indirect lighting that brightens and dims with daylight patterns. The unit also has six enclosed infant rooms with attached rooms for parents—making Providence among the first hospitals in the country with accommodations for parents in a neonatal intensive care unit. Statistics for Providence's NICU from the late 1980s through 2001 show:

- On average, about half the babies admitted to the NICU weigh at least 2,500 grams, or 5.5 pounds. The tiniest babies (those weighing under 1,000 grams, or about 2 pounds, 4 ounces) make up on average 5 to 10 percent of those admitted to the NICU.
- Like other pregnant women in Alaska and nationwide, the mothers of premature babies are more likely to get prenatal care now than they were a decade ago. Between 1991 and 2001, the share getting prenatal care in the first trimester increased from 53 percent to almost 63 percent, and the share getting no prenatal care dropped from 5 percent to less than 3.5 percent.
- The proportion of Alaska women over 35 giving birth to premature babies has increased, from 7.6 percent in the late 1980s to an average of 12.5 percent from 1999-2001. This increase reflects a nationwide trend of older women having babies. By contrast, the percentage of very young mothers (under 18) having premature babies stayed roughly the same—around 4 percent—over the decade.

[a]As reported on Babyzone Web site: www.babyzone.com/drnathan/premature/survival.asp

[b]We thank Dr. Jack Jacob and Leah Holman of Providence's Neonatal Intensive Care Unit and Jan Pfenninger of Alaska Neonatology Associates for information on the unit and characteristics of Alaska's premature infants.

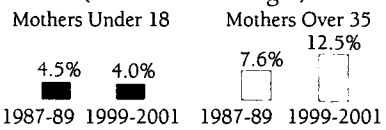
Changes in Prenatal Care Among Mothers of Babies in Providence NICU



Source: *Alaska Neonatology Associates*

Share of Younger and Older Mothers of Premature Babies in Alaska*

(Three-Year Averages)



*Mothers of babies treated in Providence Hospital's neonatal intensive care unit in Anchorage.

Source: *Alaska Neonatology Associates*

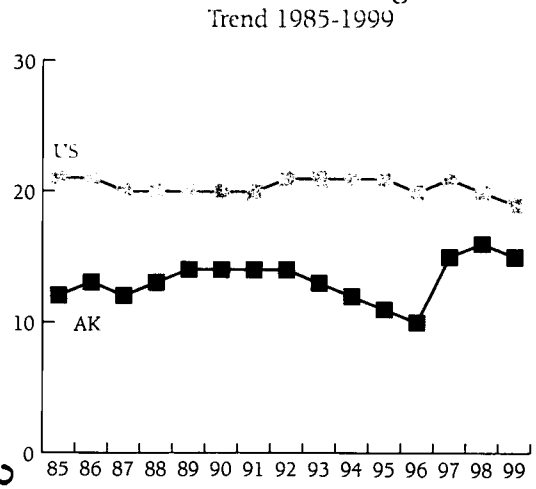
BEST COPY AVAILABLE

ECONOMIC WELL-BEING

BEST COPY AVAILABLE

Behind the Illustration: Story courtesy of Suzanne Sharp, research associate with the Institute of Social and Economic Research

When Suzanne Sharp was growing up in Kotzebue, in northwest Alaska, she often saw family members making an Inupiat delicacy called akutuq. The akutuq-maker starts by putting chopped caribou fat and seal oil in a large bowl. She then sits, with the bowl between her legs, and uses her hands to mix the fat and oil, adding water (or snow) as needed, until the mixture has a light, fluffy consistency and is a bright white color. This requires patience, because it can take more than an hour of hand-mixing to get the right consistency. Then she adds berries—usually blueberries, but black berries or salmon berries are also fine—and sometimes whitefish that has been cooked and chopped in advance. Other ingredients can include sugar, raisins, nuts, or cooked fruit. Then the akutuq is chilled—and it's ready to eat. Traditionally, Inupiat women told stories to pass the time as they mixed the akutuq.



Source: 2002 *National Kids Count Data Book*

DEFINITION

The trend data above show the percentage of children under 18 living in poor families, as measured by the poverty threshold (U.S. Bureau of the Census). Figures since 1997 are not comparable to earlier figures, because the *Kids Count* program changed data sources.[1] A family of four with an annual income below $16, 895 was considered poor in 1999; by 2002, that threshold was $18,022.

SIGNIFICANCE

Children from poor families often do without a lot of the things that make life healthy and safe—adequate food and clothing, good medical care, schools with strong academic standards, and much more. Many grow up in dangerous neighborhoods, in rundown housing, without the advantages parents with more money can give their children.

DATA

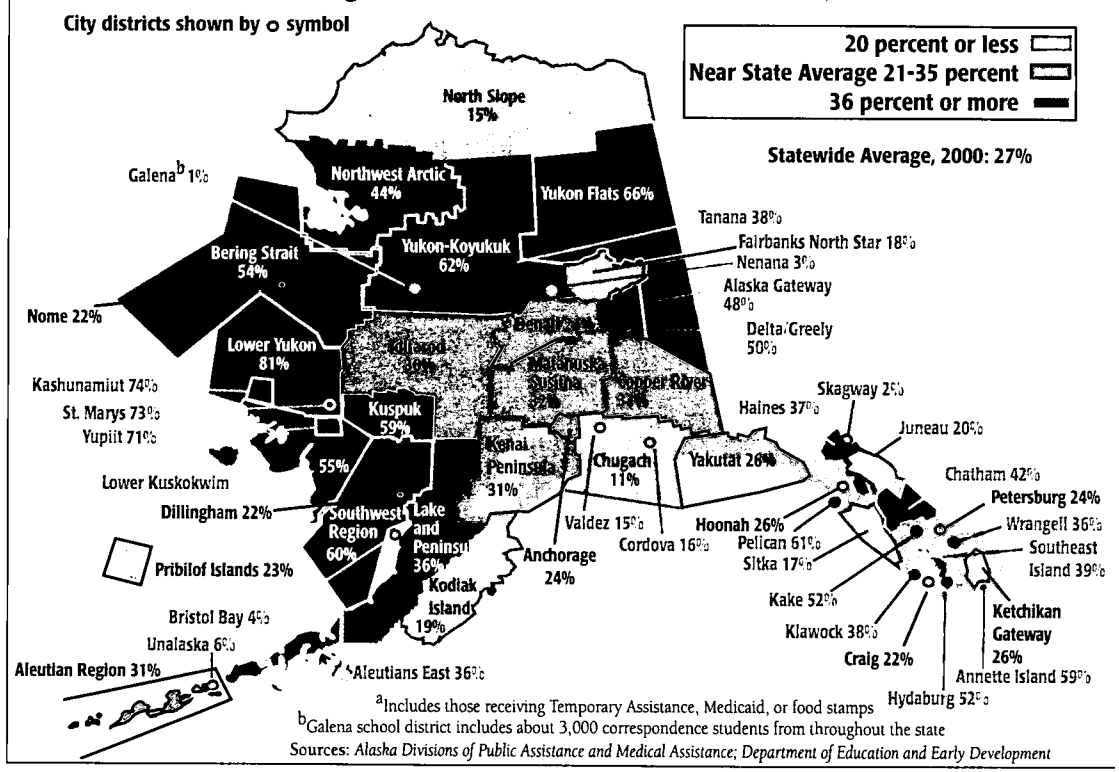
At the end of the 1990s, close to 1 in 5 children nationwide lived in poor families. In Alaska, the share was lower; about 1 in 6, were under the federal poverty threshold.

But that threshold isn't adjusted for Alaska's higher cost of living. And a growing number of analysts question whether the federal threshold—based on spending patterns of the 1960s—is a reasonable measure of poverty nationwide. One recent study estimated that the actual costs of a "minimum needs" budget for a family of four would be about double the federal figure.[2]

Another measure of poverty is relying on public assistance. The map shows the share of Alaska school children receiving some form of public assistance in each of Alaska's 53 school districts during the 2000-01 school year. Assistance includes Temporary Assistance to Needy Families, Medicaid (including Denali KidCare), and food stamps.

The share of children receiving some form of public assistance that year was as high as 60 to 80 percent in some rural interior and western districts and as low as 2 to 4 percent in a few districts. In the state's largest districts—Anchorage, Fairbanks, Mat-Su, Kenai Peninsula—the share was roughly 20 to 30 percent.

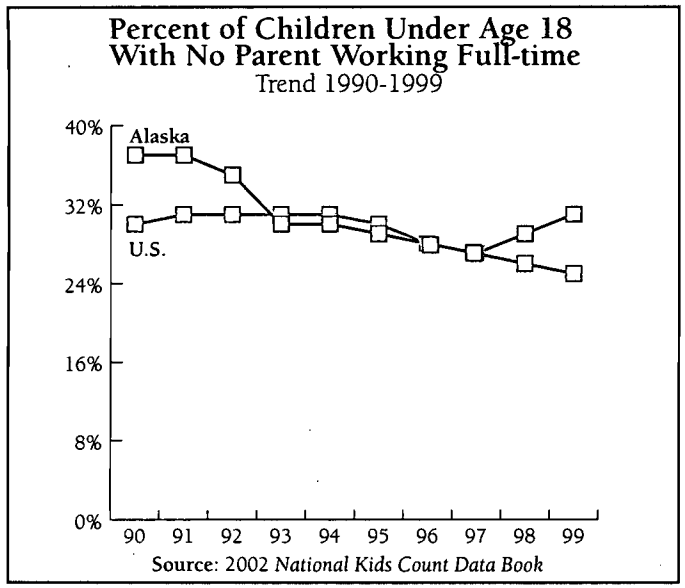
Share of School Children Ages 5-17 Receiving Public Assistance[a]
(Among 53 School Districts, 2000-2001 School Year)



[a]Includes those receiving Temporary Assistance, Medicaid, or food stamps
[b]Galena school district includes about 3,000 correspondence students from throughout the state
Sources: *Alaska Divisions of Public Assistance and Medical Assistance; Department of Education and Early Development*

BEST COPY AVAILABLE

Children With No Parent Working Full Time



Definition and Significance

This indicator estimates the percentage of children under 18 living in households where neither parent has a full-time, year-round job. This is a relatively new *Kids Count* indicator, estimated back to 1990. It's a measure of the number of children who lack the stability of having at least one full-time working parent.

Data

In 1999, approximately 3 in 10 children in Alaska lived in households where neither parent was employed at a full-time year-round job, compared with 1 in 4 nationwide. Alaska ranked 47th on this indicator in 1999. However, the estimated share of Alaska children with no working parents was considerably lower in 1999 than in 1990.

Limitations of Indicator in Alaska

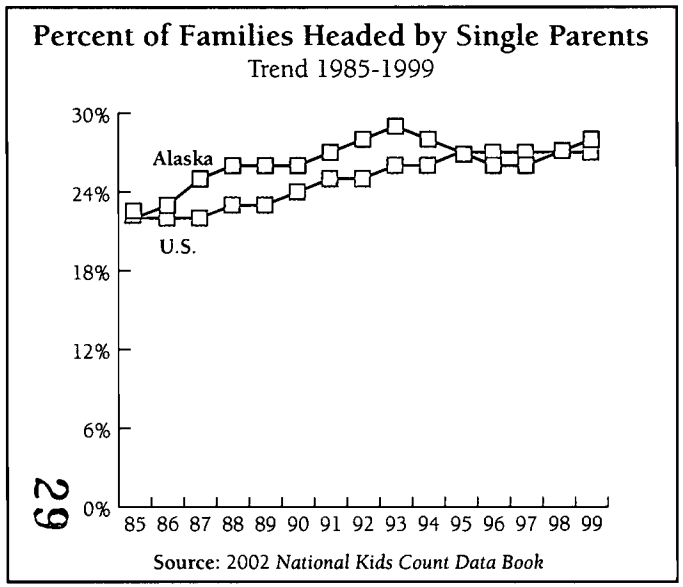
Although this indicator provides a reasonable measure of the economic well-being and stability of families nationwide, it has some shortcomings in Alaska—particularly rural Alaska.

First, it is based on a sample. Samples taken from small, geographically-dispersed populations like Alaska's are especially subject to error.

Also, full-time, year-round work is scarce in many of Alaska's small rural places, including hundreds of remote Alaska Native villages. Seasonal jobs like commercial fishing or construction are the main sources of income for thousands of rural families.

Many rural families that depend on seasonal incomes also get a big share of their food through hunting and fishing. Estimates of the monetary value of subsistence foods vary sharply. But it is unquestionably true that for rural families, the wild meat and fish they harvest annually is a very substantial supplement to their cash incomes.

For some rural families, the combination of earnings from seasonal work and the "in kind" income they get from harvests of fish and game may provide an income that is effectively equivalent to that provided by having a full-time working parent. But that way of life cannot be accounted for in this indicator.



DEFINITION

This indicator measures the percentage of families headed by single parents with children under 18. Single parents can be either men or women, but nationwide the overwhelming majority are women. The children may be related to the parents by birth, adoption, or marriage.

SIGNIFICANCE

The number of children living with single parents in the U.S. more than tripled from 1960 to 2000, and just in the 1990s the number increased more than 30 percent—from 12.8 million to 16.8 million.[3]

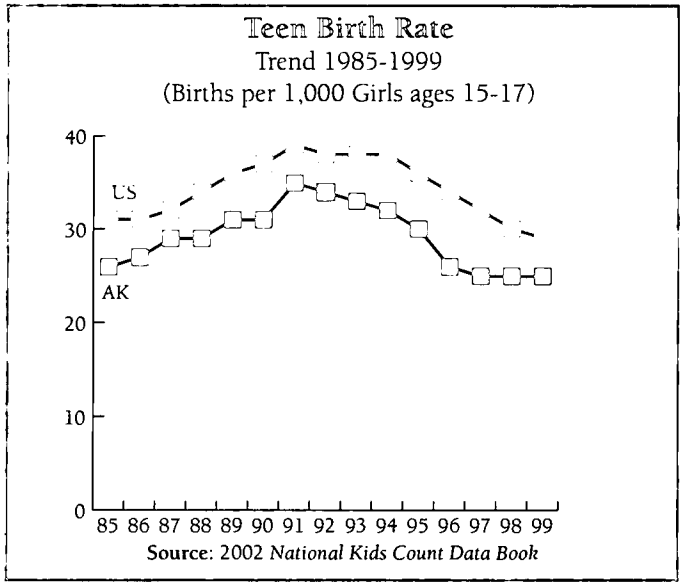
Children who grow up with just one parent don't usually have the economic and social support two-parent households can provide. They are much more likely to grow up poor—an estimated 40 percent of children in families headed by single women lived below the poverty line in 2000—to drop out of school, and to have children when they are very young.[4]

And when single parents work—as more and more are doing under national welfare reforms—they have no one to share the difficulties of coordinating child care with work schedules; of arranging transportation to and from school, child care, and work; and of carrying out the dozens of other daily responsibilities of raising children.

These problems are compounded for single mothers who are still teenagers; many teenage mothers are poor and get little or no support from the fathers of their children.

DATA

In 1999, an estimated 28 percent of family households in Alaska were headed by single parents. That proportion is about the national average; Alaska ranks 25th in the U.S. on this indicator. The percentage of single-parent families in the U.S. and Alaska climbed from the mid-1980s to the mid-1990s, but has leveled off somewhat in the past five years.



DEFINITION

The trend data above, from the national *Kids Count Data Book*, show the birth rate per 1,000 girls 15 to 17. The regional rates in Alaska are higher, because they include not only girls 15 to 17 but also those 18 and 19.

SIGNIFICANCE

Most teenage mothers have many strikes against them: only about a third finish high school; very few get any financial support from the fathers of their children; they and their children are much more likely to be poor.[5] And children born to single, teenage mothers also face an uphill struggle; they're much more likely to drop out of school, to become teenage parents themselves, and to be unemployed in their late teens and early twenties.[6] The children of teenage mothers are also about three times more likely to go to jail during adolescence and early adulthood.[7]

As we discussed in the Infancy section, teenage mothers are less likely than older women to get prenatal care in the first three months of pregnancy. They're also more likely to smoke and to give birth to premature or low-birth-weight infants, who are at risk of developmental and behavioral problems later in life. In the mid-1990s, one study estimated the cost to society, in public money spent for teenage parents and their children, at $15 billion annually.[8]

DATA

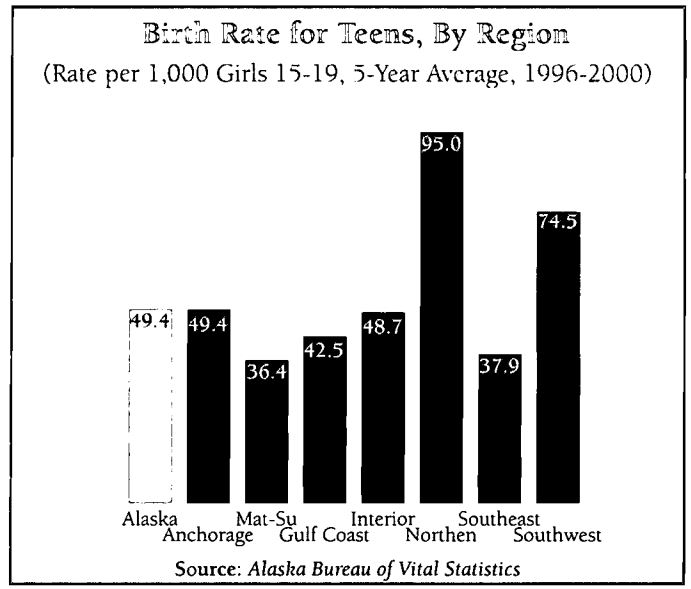
The good news is that teen birth rates nationwide have declined every year since 1991. Between 1991 and 2001, the birth rate among girls 15-17 dropped 35 percent and the rate among those 18-19 dropped 20 percent.[9] Nationwide in 1999, 29 of every 1,000 girls 15-17 had babies. In Alaska the rate was significantly lower, at 25 per 1,000, ranking Alaska 24th on this indicator in 1999.

What accounts for this decline, which Secretary of Health and Human Services Tommy Thompson calls "a milestone in our fight against teen pregnancy"?[10] Analysts have cited increased condom use, long-acting contraceptives, declines in teen sex, and changing attitudes toward premarital sex.[11]

If we include all Alaska teenage girls, 15 through 19, about 5 percent—or 1 in 20—had babies annually from 1996 through 2000. The rate was much higher in the Northern region, with nearly 1 in 10 teenage girls having babies. The rate was also high in the Southwest region, where about 75 per 1,000 girls had babies on an annual average. The lowest rates were in the Mat-Su, Southeast, and Gulf Coast regions, at about 40 per 1,000, or 4 percent of teenage girls.

Nearly 80 percent of teenage mothers in Alaska were unmarried in 2000; that proportion changed little in recent years. Teen births made up about 1 in 9 of all births in Alaska in 2000, and roughly 1 in 5 births to teenagers were among girls who had previously had babies.

Recent data show that the teen birth rate in Alaska is considerably higher among Alaska Native and Black teenagers than among White and Asian teenagers. We know that the birth rate among Alaska teenagers of all races declined in the late 1990s, but especially among Black teenagers.[12]



SIGNIFICANCE

A recent study by the Urban Institute found that close to half the working families with young children nationwide pay for child care—and on average, that care costs them nearly 10 percent of their earnings. For many of those families, the costs of child care are second only to mortgage or rent payments.[13]

The other half of U.S. working families don't pay for child care—either because parents adjust their work schedules, relatives provide free care, or government programs pay the full cost. But those families still face the difficulties of working and making sure their children are cared for.

Welfare reforms that began in the late 1990s have also made it necessary for millions of additional families to find child care, since the reforms limit time on welfare and require recipients to begin working or looking for work while they're receiving benefits.

DEMAND FOR CHILD CARE

We don't have complete information on what working families in Alaska pay for child care, but the limited information we have confirms that it's a major expense; in Anchorage, the full cost of private day care (five days a week, all day) for a young child is in the range of $7,000 a year.[14]

Nor can we report the total demand for child care in Alaska, because complete information does not exist. We do know how many families received state-subsidized care in 2001 and 2002; those figures give us some idea of shifting demand.

Families that are receiving welfare benefits but also working (or doing some "work activities") can get subsidized child care directly through the Alaska Division of Public Assistance. In December 2002, 662 families receiving welfare benefits and also working had subsidized child care—about 12 percent fewer than in December 2001. That drop makes sense, given that welfare caseloads have been declining since the late 1990s.

A second program, the Child Care Subsidy Program, administered by the Alaska Department of Education and Early Development, subsidizes a share of child-care costs for working families earning less than 85 percent of the state median income. Families that have been off welfare less than a year get priority in the program. Other families—that may never have been on welfare or been off longer than a year—can get subsidies if they meet income requirements and there's enough funding.

As of December 2002, 695 families that had been off welfare less than a year were receiving subsidized child care—an increase of more than 50 percent from the previous year. Among other low-income families, 4,425 were receiving subsidized child care at the end of 2002; that was up 46 percent from the previous year. These increases make sense, given that families continue to move off welfare and that in late 2000 the state increased funding for the subsidy program, to allow more low-income families to get into the program.

With growing numbers of low-income families in the Child Care Subsidy Program, the Alaska Department of Education and Early Development has been working since 2000 to increase the share of child care providers who are licensed. Providers who take in up to four children have to be approved by the state, but don't have to be licensed—which requires meeting certain quality and safety standards. To improve child care and boost the share of licensed providers, the state has:

- Revised standards
- Provided technical help to unlicensed providers trying to meet licensing standards
- Restructured the payment system to create incentives for care providers in order to improve their early-education skills and offer safer care
- Developed a way to help parents who must pay more of child-care costs because their income has increased

These efforts are paying off: between 2000 and October 2002, the percentage of children in the child care subsidy program being cared for in licensed facilities increased from about 53 percent to more than 65 percent.[15]

ALASKA FAMILIES RECEIVING SUBSIDIZED CHILD CARE UNDER STATE-RUN PROGRAMS, DECEMBER 2002

	Number	Percent Change, 2001-2002
Families receiving child care, working or participating in work activities, and receiving welfare[1]	662	-12%
Families receiving child care that left welfare within the past year[2]	695	+57%
Other low-income families receiving child care[2]	4,425	+46%

Note: Figures do not include assistance programs administered by Alaska Native non-profit organizations.

[1]Overall, 2,292 families were receiving welfare benefits and working or participating in work activities in late 2002– so about 29% were receiving subsidized child care. The total state-administered caseload (excluding cases administered by Native organizations) in December 2002 was 5,246, including all of those working and not working.

[2]Families within the first year of leaving welfare have priority in this program. Other low-income families can qualify, when there is adequate funding.

HEALTH COSTS AND COVERAGE

Health care costs a lot everywhere in the U.S., but especially in Alaska. A 2001 study by the Alaska Division of Medical Assistance reported that charges for nearly 80 percent of Alaska's medical and surgical procedures were higher than the U.S. average.[16]

A national survey of 311 cities found that in 1999 health care costs in Anchorage, Fairbanks, Kodiak, and Juneau were 53 to 62 percent higher than the U.S. average.[17] And not only are costs higher in Alaska, they have increased faster: between 1995 and 2000, medical costs recorded in the consumer price index rose more than 27 percent in Anchorage, compared with about 18 percent nationwide.[18]

WHO COVERS ALASKA'S CHILDREN?

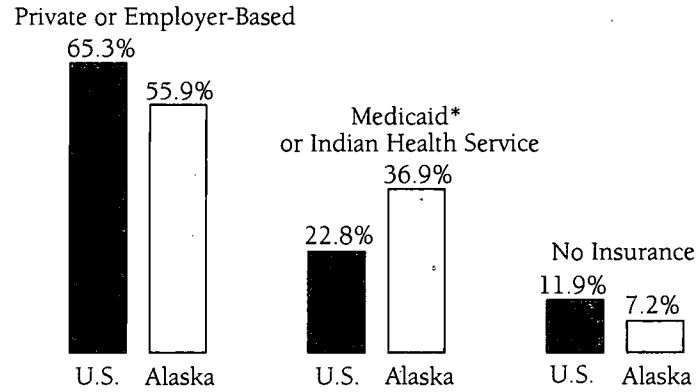
Given the high and rising costs of medical care in Alaska, the issue of how to get Alaska's children the health care they need is especially important.

The rising costs of health insurance have been in the headlines throughout the U.S. in the past few years. Nationally, the average cost to employees for health care benefits rose from $4,924 in 2001 to $5,646 in 2002—or 14 percent, compared with the general inflation rate of 2 percent.[19]

In Alaska, health care benefits in 2002 cost families anywhere from as little as $900 to as much as $8,000, depending on whether they worked for private or public employers, how many employees were covered under a given plan, how extensive the coverage was, and their individual health histories.[20]

The adjacent figure shows what types of health care coverage children in Alaska and in the U.S. as a whole had in 2001.[21]

Health Insurance Coverage for Children (18 and Under), Alaska and U.S. Average, 2001



*Includes Denali KidCare

Source: *American Academy of Pediatrics/www.aap.org*

An estimated 56 percent of Alaska's children (through age 18) were covered by their parents' employer-based health insurance (or in a few cases, by private insurance which families bought themselves.) That was considerably below the 65 percent of children covered by employer-based insurance nationwide in 2001.

Many children come from poor families that qualify for coverage through Medicaid, a joint federal-state program that pays medical costs for low-income families. Native Americans are entitled to another form of government-paid coverage through the federal Indian Health Service (IHS), which operates hospitals and clinics specifically for Native Americans.

The middle bars in the figure show that in 2001, an estimated 37 percent of Alaska's children were either covered by Medicaid or were eligible to get care at IHS hospitals or clinics—compared with about 23 percent nationwide. A big reason why the share of children covered through Medicaid or the Indian Health Service is much larger in Alaska than nationwide is that Alaska Natives make up a much larger share of Alaska's population (about 16 percent) than Native Americans do of the total U.S. population (around 1 percent). Also complicating the numbers in Alaska is the fact that many of the Alaska Native children who are eligible for IHS care are also eligible for Medicaid.

About a third of the Alaska children covered by Medicaid are in a special program called Denali KidCare. That covers only children and pregnant women from families that make too much to qualify for traditional Medicaid, but still have relatively low incomes and don't have other health coverage.[22]

Finally, an estimated 12 percent of children nationwide and 7 percent in Alaska have no health care coverage at all. These are children from families whose parents don't have or can't afford employer- based insurance and who make too much to qualify for Medicaid coverage.

WHAT ARE THE PROBLEMS WITH MEDICAID?

Given the importance of Medicaid coverage to so many of Alaska's children, it's valuable to look at some of the problems the Medicaid system faces in Alaska and nationwide.

A 2001 study by the Alaska Division of Medical Assistance says that "provider participation and access to health care" are problems for the Medicaid program in almost every state. But those problems are exacerbated in Alaska by the high costs of medical care, the vast size of the state, the small population, and the lack of doctors and dentists in many remote communities.[23]

The study looked at complaints about Alaska's Medicaid system and possible ways to resolve them. Based on interviews with doctors, dentists, administrators, community organizations, and others, the evaluation found:

- Many primary care physicians and dentists say they are unable to recover their costs. They blame an inadequate pay scale and sluggish pay system.
- The ratio of Medicaid payments to charges has declined dramatically in recent years. In 1998 a doctor who charged $100 for a service would have been paid $80 by Medicaid. In 2001, he would be paid only $67 for the same service.
- Many doctors and dentists have been alienated by financial and fraud auditors and are no longer willing to provide services to Alaskans covered by Medicaid.
- In remote areas without doctors, community health aides provide essential basic services —like child-wellness checkups—but are paid less than doctors would be for the same services.
- Because many medical services aren't available in remote areas, transporting patients to urban areas is a vital part of the Medicaid system in Alaska. But doctors and transportation providers complain that getting transportation approved and paid for is difficult and often causes patients to miss appointments.

Combined, these problems have reduced access to medical and dental care for many Alaskans with low incomes, especially in remote areas. The Division of Medical Assistance's evaluation makes a number of recommendations about how to improve the system. Those include:

- Increasing Medicaid payment rates for primary and preventive medical care
- Paying community health aides more to encourage community-based services
- Paying physician's assistants or nurse practitioners at the same rate as doctors, when they provide the same services
- Simplifying the system for medical transportation

In 2001, the division launched a pilot program with the Yukon-Kuskokwim Health Corporation as a step toward resolving some of the problems identified in the study. This health corporation is the Native nonprofit organization that serves dozens of villages in the Yukon-Kuskokwim Delta area of southwest Alaska.

Under the pilot program, community health aides and practitioners receive special training in basic health care, including instruction in preventive and screening services. Registered nurses, serving as both instructors and coordinators, provide oversight. Doctors with the Yukon-Kuskokwim Health Corporation provide remote oversight and have overall responsibility for diagnoses.

A 2002 assessment found that early response to this pilot program had been positive. Child wellness visits were up 15 percent in 2001 in the Yukon-Kuskokwim Delta region. Village participants said the services provided by aides and practitioners benefited communities by identifying previously undiagnosed health problems, referring patients to doctors, providing a written record of medical problems, and in general offering services that had previously been unavailable.[24]

Endnotes For Economic Well-Being

[1]See *Kids Count Data Book 2000*, Annie E. Casey Foundation, pages 178-179, for a discussion of this change.

[2]Holly Skylar, Laryssa Mykyta, Susan Wefald (2001). *Raise the Floor*, Ms. Foundation for Women; cited in "Census Bureau Poverty Thresholds Too Low," available at csf. colorado.edu/m-fem/2001/msg00307.html

[3]*Kids Count Data Book 2002*, Annie E. Casey Foundation, page 38.

[4]See note 3; also, Jason Fields, et al. (1994). U.S. Bureau of the Census, *Current Population Reports*, "A Child's Day: Home, School, and Play."

[5]*Kids Count Data Book 2002*, pages 32 and 33.

[6]See note 5.

[7]R. A. Maynard (1996). *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Urban Institute Press: Wash., D.C.

[8]See note 7.

[9]National Center for Health Statistics, *News Release* (2002). "HHS Report Shows Teen Birth Rate Falls to New Record Low in 2001." See: www.cdc.gov/nchs/releases/02news/birthlow.htm

[10]See note 9.

[11]National Center for Health Statistics (2001). *Trends in Pregnancy Rates for the United States, 1976-1997: An Update*, Volume 4, Number 4. See: www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr4

[12]See *Kids Count Alaska 2001 Data Book*. Because of problems with census counts by age and race in some rural areas, the state Bureau of Vital Statistics was unable to calculate teen births by race in time for this year's data book.

[13]Urban Institute (2000). *Child Care Expenses of America's Families*. See this and other reports at www.urban.org

[14]ISER telephone survey of selected day-care providers (2002).

[15]Information on DEED's child care licensing efforts provided by Mike Huelsman, a research analyst with Department of Education and Early Development.

[16]Alaska Division of Medical Assistance (2001). *Are Medical Care Costs Higher?* Health Care Cost Project Analysis, November 2001.

[17]American Chamber of Commerce Researchers Association, Urban Area Index, 1999, cited in Alaska Division of Medical Assistance (2001) *Access to Health Care and Provider Participation in the Alaska Medicaid Program*. Prepared by Vernon Smith, Health Management Associates.

[18]*Access to Health Care* (see note 17).

[19]2002 Mercer U.S. Health Care Survey. See "Rate hikes pushed employers to drop health plans, cut benefits" (December 2002) at: mercerhr.com/pressrelease/details

[20]ISER telephone survey of selected public and private employers (2002).

[21]American Academy of Pediatrics, *Children's Health Insurance Status*, State Reports 2001. See www.aap.org. The percentage of uninsured children AAP reports for Alaska (7.2) is considerably below that reported by the U.S. Bureau of the Census (about 16 percent in 1999). We can't reconcile those numbers, but at least part of the discrepancy is in the way the two sources count Alaska Native children eligible for Indian Health Services. The Census Bureau counts those children as "uninsured," because care is available only at IHS facilities, while the AAP counts them in a joint category with Medicaid recipients, since both are government-funded programs.

[22]Al Wall of the Alaska Division of Medical Assistance provided us with background information on Medicaid, including the Denali KidCare program.

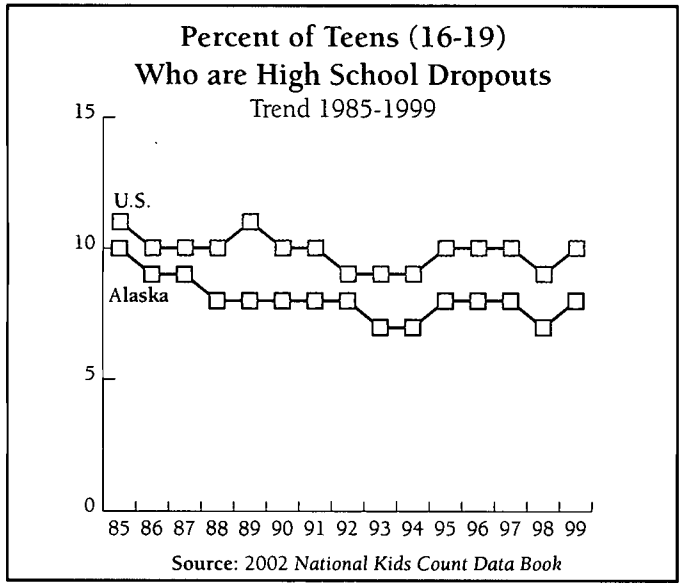
[23]*Access to Health Care*; see note 17.

[24]U.S. Health Resources and Services Administration (2002). *An Assessment of the Alaska YKHC EPSDT Pilot Project*. No. 240-99-00281.

EDUCATION

Behind the Illustration: Story courtesy of Darla Siver, research technician with the Institute of Social and Economic Research

In the early 1970s, Darla Siver and her family lived on Adak, in the western Aleutian Islands, where at the time the U.S. Navy had a large station. Adak is a very windy place, with average prevailing winds of 15 knots and gusts between 50 and 100 knots common. Darla's son attended second grade on Adak, and when Darla first visited the school at recess, she was puzzled by what she saw: the center of the schoolyard was empty, with all the children playing along the fence that circled the school. Then she realized why– "So they could grab the fence and keep the wind from blowing them off the playground!"



DEFINITION

The trend graph is based on the national *Kids Count* definition of dropouts: the percentage of teenagers 16 through 19 who are not in school and who have not graduated from high school.

Alaska's dropout rates by race and region are calculated somewhat differently, based on available information, and therefore differ from the the trend figures. The map shows dropout rates by region, among those in grades 9 through 12. The figure shows dropout rates by race for those in grades 7 through 12, roughly ages 13 through 19.

The Alaska Department of Education and Early Development classifies students as dropouts if they (1) left school without graduating or completing an approved program; (2) moved out of the school district or state and are not known to be enrolled elsewhere; (3) enrolled in adult education programs or schools not approved by the district; or (4) were suspended or expelled from school and didn't return.

SIGNIFICANCE

In recent decades, lack of education has made it increasingly hard for people without high-school degrees to make a living. A national organization that provides help for teenagers in trouble recently reported some grim statistics for dropouts: they can expect to earn, in a lifetime, about $200,000 less than high-school graduates and $800,000 less than college graduates; nearly half the households on welfare are headed by high-school dropouts; and half the inmates of U.S. prisons are dropouts.[1]

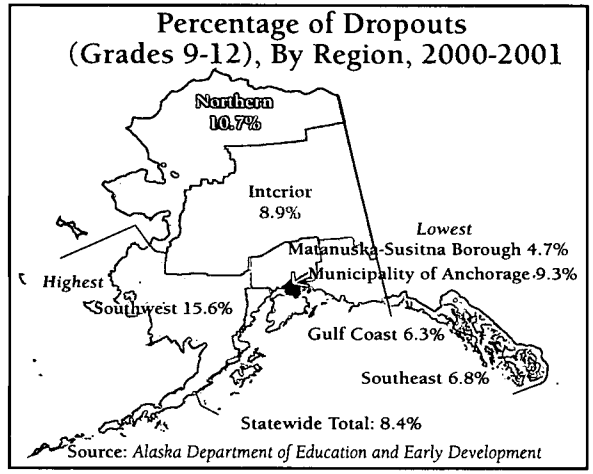
DATA

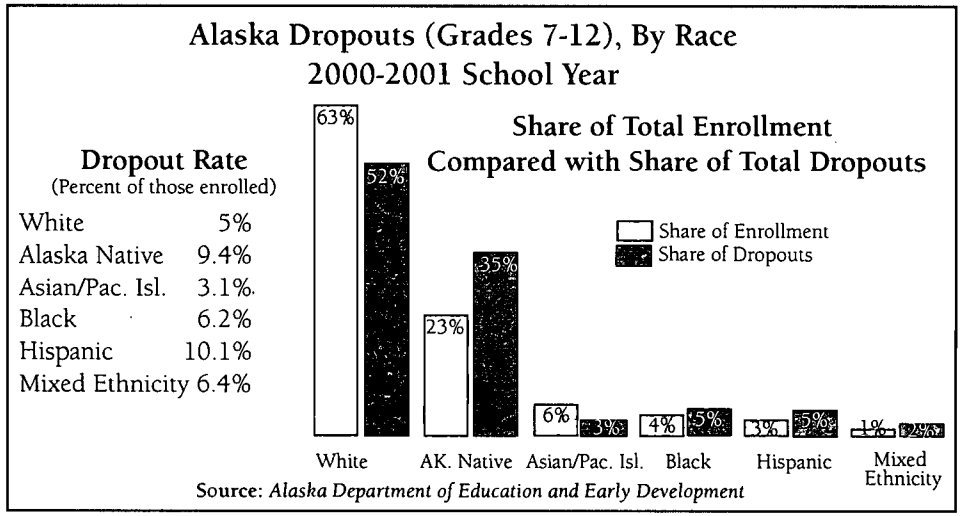
The share of Alaska teenagers 16 to 19 who aren't in high school and haven't graduated has been below the national average since 1985. In 1999, 8 percent of Alaska's 16-to-19 year olds dropped out, compared with 10 percent nationwide.

The dropout rate among Alaska students in the 2000-2001 school year varied sharply by race and region. About 1 in 10 Hispanic students dropped out; Hispanics are also the most likely to drop out nationwide, with 1 in 4 leaving before graduating.[2] The rate among Native students was close to 1 in 10—higher than the rate among Black students, nearly double the rate among White students, and triple the rate among Asians.

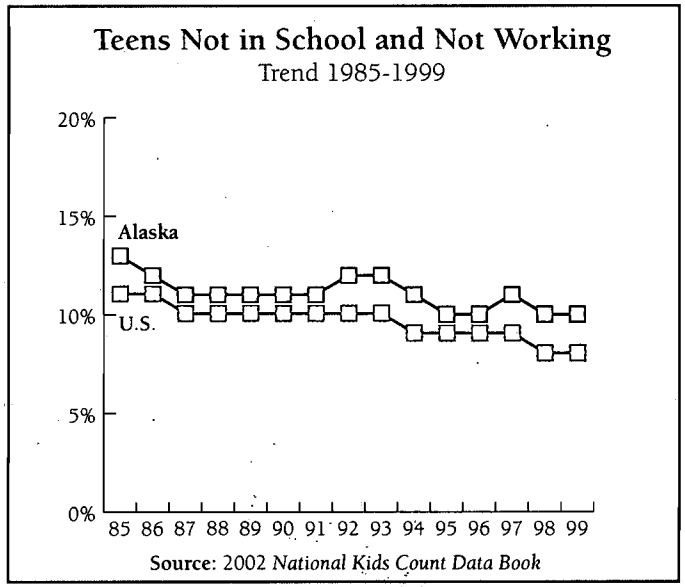
About 3,300 high school students (grades 9-12) dropped out of Alaska schools during the 2000-2001 school year—8.4 percent of the nearly 39,000 students enrolled that year.

The dropout rate was highest (15.6 percent) in the Southwest region and lowest in the Mat-Su area (4.7 percent). The dropout rate ranged from about 6 to 11 percent in the other regions.





Teens Not in School and Not Working



Definition

This indicator measures the percentage of teenagers, ages 16 through 19, who are not in school, not working, and not in the military. It includes high-school dropouts as well as those who have either high-school or General Education Development (GED) diplomas but are not working.

This is a measure of teenagers who are not doing anything productive during a critical period of their lives. Idle teenagers are establishing histories of unemployment and disengagement that may follow them as they get older.

Significance

A big share of these idle teenagers are dropouts, who face the same kinds of problems described in the previous section. And while the trend graph does include some teenagers with GED diplomas, recent information shows that in general they are much more likely to be in the labor force and to earn more than high school dropouts.[3]

Statistics show that students attending school in large cities are twice as likely to drop out as are students in smaller communities.[4] There are also many signs of what makes teenagers more likely to drop out and to then face problems in the job market. Those include coming from low-income families, being held back a grade, changing schools frequently, using alcohol or drugs, and becoming pregnant.[5]

Data

About 1 in 10 Alaska teenagers 16 to 19 were not working or attending school in 1999. That, compared with the U.S. average of 8 percent, places Alaska 38th on this indicator. The share of Alaskan teenagers not working and not in school fluctuated somewhat over the last decade, but did drop during the 1990s.

CALIFORNIA ACHIEVEMENT TEST

Scores on standardized tests help show how Alaska's students are doing academically, by comparing their school achievement with that of students nationwide. Students in Alaska take the California Achievement Tests, 5th edition (CAT-5), in the fourth and seventh grades. This is a widely used test that assesses skills in reading, math, and language arts.

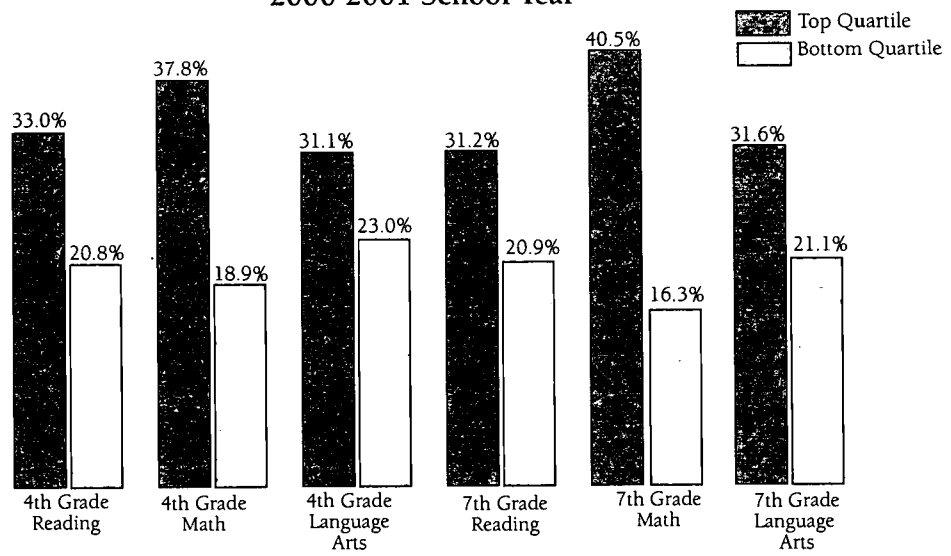
The test scores of all school-age children nationwide are divided into four quartiles—so 25 percent score in the top quartile, 25 percent in the bottom, and 50 percent in the two middle quartiles. A state using the CAT-5 can compare the distribution of scores among its students to the distribution nationwide. In any given state, if more than 25 percent of students score in the top quartile, and less than 25 percent score in the bottom quartile, students in that state are doing better than the national average. Stated another way, relatively more students are scoring higher and fewer are scoring lower.

Alaska's fourth and seventh graders scored well above the national average in all three areas tested during the 2000-2001 school year. Alaska's math scores were strongest at both grade levels, with 38 to 41 percent of students scoring in the top quartile and only 16 to 19 percent in the bottom quartile.

Reading scores of Alaskan students were also above the national average, with around 32 percent scoring in the highest quartile and 21 percent in the lowest quartile in both fourth and seventh grades.

In language arts, about 31 percent of fourth and seventh graders scored in the top quartile, while 21 to 23 percent scored in the bottom quartile.

Percentage of Alaska Students in 4th and 7th Grades Scoring within the First and Fourth Quartiles on the California Achivement Test (CAT-5) 2000-2001 School Year



Source: *Alaska Department of Education and Early Development, Report Card to the Public, 2000-2001 School Year*

NDNOTES

[1]Focus Adolescent Services, *Youth Who Drop Out*. Available at: www.focusas.com/Dropouts.html. See also discussion in 2002 *Kids Count Data Book*, Annie E. Casey Foundation, pages 34-35.

[2]National Center for Education Statistics (2001). *Dropout Rates in the United States: 2000*. U.S. Department of Education, Office of Educational Research and Improvement, NCES 2002-114, November 2001.

[3]See note 1.

[4]See note 1.

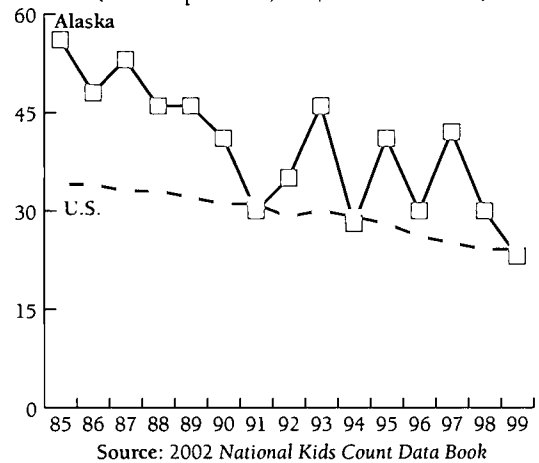
[5]See notes 1 and 2.

CHILDREN IN DANGER

Behind the Illustration: Story courtesy of Sebastian Garber, Anchorage student

Anchorage is home to about 260,000 people and nearly 2,000 moose. Children growing up in Anchorage get used to seeing moose close at hand, and for the most part moose and people get along fine. But moose are big—they can easily weigh 1,000 pounds or more—unpredictable, and by no means harmless. They don't often attack people, but when they do they can seriously injure or kill people by stomping and kicking with their hooves. And they will sometimes chase people, as Sebastian Garber discovered one winter morning when he was on his way to the school bus. Hearing a noise behind him, he turned to see a bull moose headed in his direction. Luckily, the school bus driver also saw the moose and was able to quickly stop and get Sebastian aboard the bus.

BEST COPY AVAILABLE



DEFINITION AND SIGNIFICANCE

The child death rate is the number of deaths per 100,000 children, ages 1-14, from both illness and injury. Regional statistics are based on the child's place of residence, not place of death.

Injuries kill most of the children who die in Alaska and nationwide—including injuries from vehicle accidents, drownings, fires, poisonings, and gunshot wounds. Many of those deaths could be prevented if parents and other adults used infant car seats; made sure children wore helmets while riding bicycles, snowmachines, and all-terrain vehicles; maintained smoke detectors in homes; and kept firearms and poisons away from children.

Only about one in four—27 percent—of the deaths among Alaska children (through age 17) between 1996 and 2000 were due to natural causes; the rest were from injuries. Accidents accounted for nearly half the deaths, and homicides and suicides almost one-quarter.

DATA

In 1999 Alaska's child death rate was lower than the national average (which has happened only 3 times since we began tracking that indicator). The U.S. average was 24 while Alaska's child death rate was 23 per 100,000 children, ages 1-14.

The rate in the U.S. declined steadily in the past decade. But Alaska's rate fluctuates sharply from year to year, partly because the total number of children in Alaska is relatively small, and the number who die in any given year is—mercifully — very small. So a slight change in the number of deaths can make a significant difference in the rate of death in a given year. Calculating an average rate over a five-year period (as we do in the regional graph below) helps smooth out those year-to-year fluctuations.

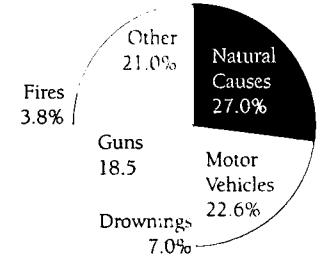
From 1996 through 2000, the death rate among Alaskan children averaged 31 deaths per 100,000 children. But the rate varied sharply among regions—much higher in the Northern and Southwest regions and lower in Anchorage and Southeast Alaska.

But causes of death differed among younger (1-9) and older children. Younger children are more likely to die of natural causes or accidents and older children are more likely to be murdered or commit suicide. Still, 1 in 10 of the young children who died were murdered.

How Did Alaska Children Die?

(Ages 1-17, 5-year Average, 1996-2000)

Causes of Death (In Percentages)



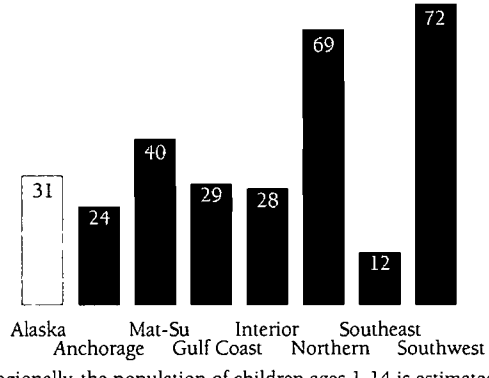
Manner of Death
(Number of Deaths, by Age, 1996-2000)

	1-4	5-9	10-17	Total	Percent
Natural Causes	41	21	39	101	27.1%
Accidents	41	28	101	170	45.7%
Suicides	0	1	55	56	15.0%
Homicides	10	5	20	35	9.4%
Other	4	0	6	10	2.7%
Total	96	55	221	372	100%

Source: *Alaska Bureau of Vital Statistics*

Child Death Rate by Region*

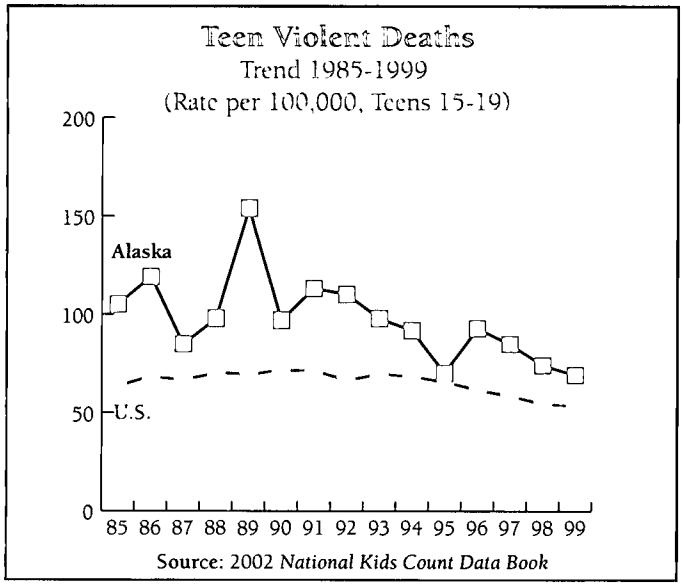
(Deaths per 100,000, Children Ages 1-14)
5-Year Average, 1996- 2000



*Regionally, the population of children ages 1-14 is estimated by subtracting births from official estimates of children ages 0-14.

Source: *Alaska Bureau of Vital Statistics*

TEEN VIOLENT DEATH



DEFINITION AND SIGNIFICANCE

This indicator measures the rate of violent deaths (from accidents, homicides, and suicides) per 100,000 teenagers 15 to 19. The 2002 national *Kids Count Data Book* reports that 75 percent of deaths among teenagers nationwide in 1999 resulted from these three causes, with accidents accounting for about two-thirds of all those violent deaths.

The good news is that the number of both suicides and homicides dropped among teenagers nationwide in recent years. The trend in accidental deaths is less clear, but at least the number has not increased significantly.[1] Still, many of these deaths could be prevented.

DATA

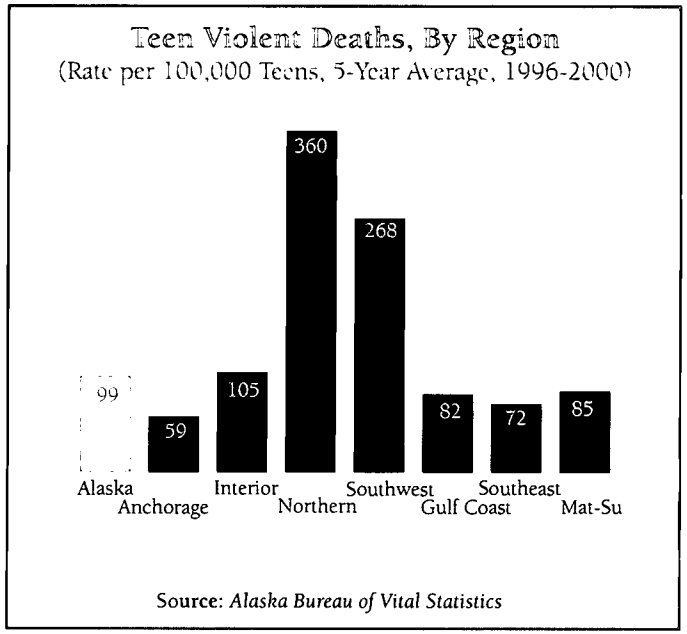
The rate of teen violent deaths in Alaska has been consistently higher than the national rate for 15 years—but how much higher varies sharply by year. That's because Alaska's rate is based on a small number of deaths (39 in 1999), so relatively modest changes in the number of deaths can cause fluctuations in the death rate.

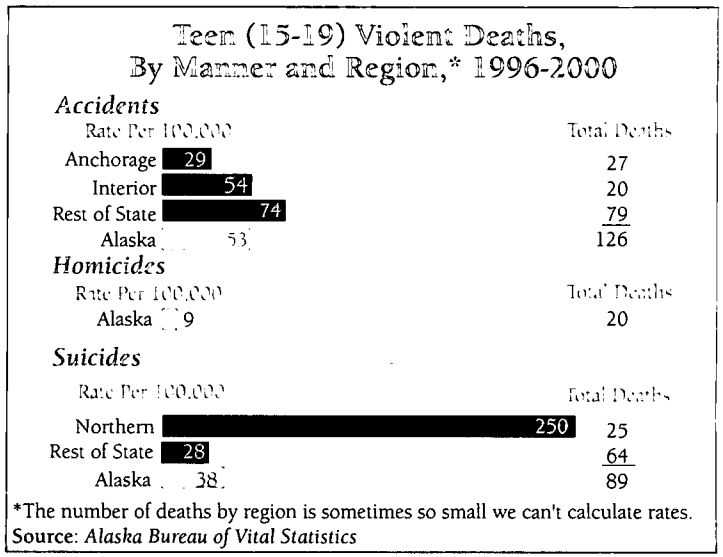
In 1999, Alaska's rate of 69 deaths per 100,000 teenagers was the lowest since 1985, but still much higher than the national rate of 53. Since 1985, Alaska's rate has gone as high as 154 deaths per 100,000 in 1989 and as low as 69 in 1999.

To help adjust for sharp year-to-year fluctuations, we calculate regional rates in Alaska over a five-year period. On an annual average from 1996 through 2000, the violent death rate among Alaska's teenagers was 99 per 100,000. (Alaska's most current population estimates are the basis for our five-year averages; the resulting rates are somewhat different from the national *Kids Count* calculations for Alaska.)

The violent death rate among teenagers varies sharply by region. From 1996 through 2000, rates were more than four times higher in the Northern (360 per 100,000) and Southwest (268) regions than in Anchorage (59). Rates in the Mat-Su, Gulf Coast, Interior, and Southeast regions were in between. Again, remember that actual numbers of deaths in regions of Alaska are very small—so even a modest change in the numbers can make a big change in the rates.

Accidents accounted for 53 percent of all violent deaths among Alaska's teenagers from 1996-2000; suicides, another 38 percent; and homicides, about 9 percent.





BEST COPY AVAILABLE

The rates of violent death varied by region, with the accidental death rate in Anchorage considerably below the state average and the rate of suicide especially high in the Northern region.

If we compare Alaska's violent death figures with U.S. averages, we can see a grim statistic: nearly 40 percent of Alaska teenagers who died in the late 1990s took their own lives, compared with about 15 percent nationwide.[2]

The adjacent figure shows suicide rates by region for the decade from 1991 through 2000. During that period 172 Alaska teenagers committed suicide, a rate of 40 per 100,000 among those 15-19. But the rate was vastly different around the state, with Anchorage's rate about half the statewide average and the rate in the Northern region nearly six times higher.

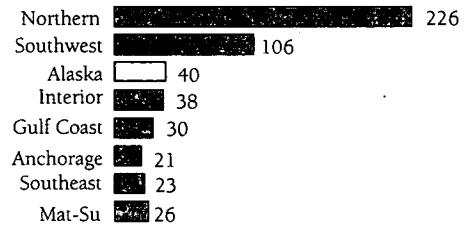
The regions where the rates are highest are also those with predominantly Alaska Native populations. We know that suicide takes an especially heavy toll on Alaska Native teenagers, who in the 1990s took their own lives at a rate six times that among other Alaska teenagers.

In 2001, then-governor Tony Knowles established a Suicide Prevention Council to find ways of stopping Alaskans—especially young Alaska Native men—from killing themselves. In early 2003, under Alaska's new governor, Frank Murkowski, the council issued a draft suicide prevention plan and asked for public comments.

The plan calls for broad community involvement and a number of steps that include suicide-awareness campaigns, school-based programs, depression and suicide screening for teenagers, family support training, and crisis intervention. The plan is available online at the council's Web site, www.hss,state.ak.us/suicideprevention.

Teen (15-19) Suicides by Region, 1991-2000

Rate Per 100,000



Source: *Alaska Bureau of Vital Statistics*

CHILD ABUSE AND NEGLECT

DEFINITION AND SIGNIFICANCE

Child abuse or neglect happens when parents or other adult guardians hurt or endanger children in their care—physically or mentally—or fail to protect them from such harm.

Throughout the U.S. every year, hundreds of children, especially the youngest and most vulnerable (those under age 5), are killed by abuse. Thousands more are seriously hurt. Among those who survive, many spend the rest of their lives with severe physical and mental disabilities—and research has shown that children who are abused often grow up to abuse their own children.

INVESTIGATION PROCEDURES AND STATISTICS

The Division of Family and Youth Services (DFYS) in the Alaska Department of Health and Social Services investigates reports of suspected child abuse and neglect in Alaska. Anyone who believes a child is in danger can file a report with DFYS, which screens the reports and assigns investigation priority by assessing the degree of potential risk to the child.

In fiscal year 2001, DFYS investigated about 80 percent of the reports it received. (The state's fiscal year is from July 1 through June 30.) DFYS cites lack of staff as the chief reason for not investigating some reports of abuse it assesses as posing the lowest risk to children.

DFYS received more than 17,400 *total* reports of abuse in 2001 and 12,555 *unduplicated* reports. Total reports include multiple or duplicated reports of suspected abuse of the same child. Unduplicated counts include each child only once, even if there are several reports about the same child. So total reports measure DFYS's workload; unduplicated reports show the number of individual children who may have been abused.

Not all reports of abuse are substantiated. Of the investigations DFYS completed in fiscal year 2001, about 45 percent of total reports and 42 percent of unduplicated reports—involving 4,800 children and 7,600 reports—were substantiated.

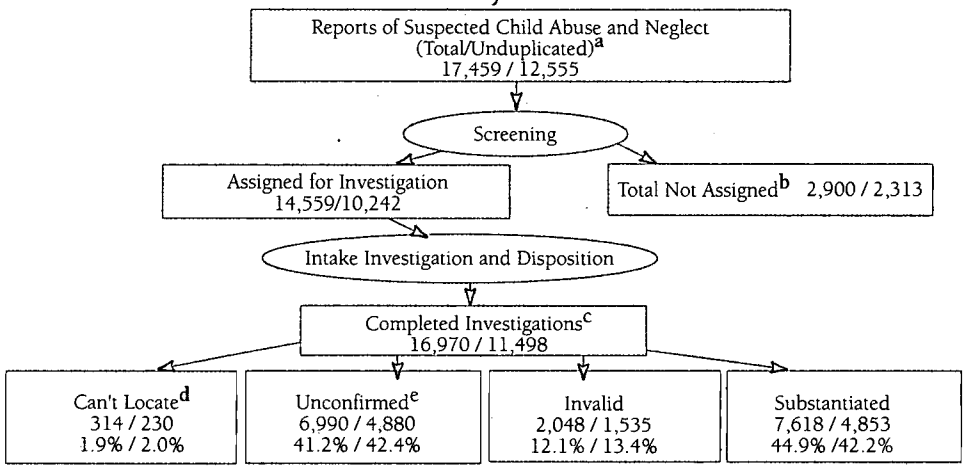
DFYS classified another 42 percent of cases, involving more than 4,800 children and nearly 7,000 reports, as "unconfirmed," which means the DFYS investigator couldn't determine from the evidence whether a child had in fact been abused or neglected.

In 12 percent of reports in 2001, DFYS found there had been no abuse ("invalid" reports). In a few cases (2 percent) it couldn't locate the children who had been reported as abused.

CHILD ABUSE BY TYPE

Neglect was the most frequent type of substantiated child abuse in Alaska in the past five years, as the adjacent figure shows. From fiscal year 1997 through 2001, DFYS found evidence that an annual average of about 13 in 1,000 Alaskan children had been neglected; 5 per 1,000 children had been physically abused; and about 2 per 1,000 had been sexually abused.

Overview of Child Protective Services, Fiscal Year 2001
Division of Family and Youth Services



[a] *Total reports of harm is a duplicated count of all reports received; the unduplicated count includes only one report for each child, even if there is more than one report for the same child.*

[b] *Some reports are not assigned for investigation because DFYS does not have sufficient staff to investigate all reports classified as low priority; some can't be assigned for lack of information; and some are in fact not reports of child abuse but rather inquiries (like questions about food stamps) that DFYS records but refers to other divisions.*

[c] *These are investigations completed in FY 2001. The number completed doesn't necessarily match the number assigned for investigation. Some reports assigned in FY 2001 may not have been completed that year, and some reports completed in FY 2001 may have been assigned in an earlier year.*

[d] *Agency can't locate child or family.* [e] *Cases that may show evidence of abuse but not enough to confirm.*

Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

CHILD ABUSE BY RACE

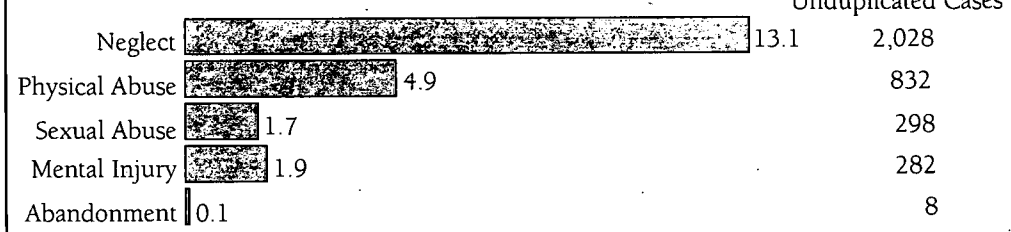
Alaska Native children are the most likely to be neglected or abused. Native children make up about 20 percent of all children in the state (see page 10), but suffered more than half the substantiated abuse among Alaska's children in recent years. Black children are also abused at a disproportionately high rate, accounting for about 4 percent of children statewide but close to 8 percent of substantiated abuse.

TRENDS IN CHILD ABUSE

Reported child abuse and neglect in Alaska increased between 1997 and 2001. DFYS received about 55 unduplicated reports of abuse for every 1,000 Alaskan children under 18 in 1997. By 2001, the rate had jumped to almost 66. Rates of substantiated abuse also increased, from about 16 per 1,000 in 1997 to more than 25 per 1,000 by 2001.

Alaska's high rates of child abuse have long worried policymakers. One of the many efforts to stop children from being hurt is the Alaska Child Abuse Prevention Network, a statewide coalition of public and private organizations.[3]

Substantiated Child Abuse and Neglect Among Alaskan Children, By Type of Abuse
(Annual Average, Fiscal Years 1997-2001)



Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

SUBSTANTIATED CHILD ABUSE AND NEGLECT BY RACE AND TYPE OF ABUSE (ANNUAL AVERAGE FY 1997-2001)
(Unduplicated Cases Among Alaska Children Under 18)

	Neglect	Physical Abuse	Sexual Abuse	Mental Injury	Abandonment	Total
	#	#	#	#	#	#
White	546	384	137	133	2	1,202
AK Native	1,217	280	111	81	5	1,694
Black	131	68	14	28	0.4	241
Asian/PI	39	35	8	10	0	92

Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

TRENDS IN CHILD ABUSE AND NEGLECT, FISCAL YEARS 1997-2001
(Number of Unduplicated Cases and Rates per 1,000 Children Under Age 18)

	FY97		FY98		FY99		FY00		FY01*	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Reported	10,547	55.1	11,120	57.6	11,294	58.2	11,814	61.0	12,555	65.8
Not Assigned	3,513	-	3,224	-	3,208	-	2,422	-	2,313	-
Completed Investigations**	7,869	41.1	7,720	40.0	6,894	35.5	8,233	42.5	11,498	60.3
Substantiated	3,036	15.9	3,126	16.2	2,827	14.6	3,401	17.6	4,853	25.4
Unconfirmed	4,158	21.7	3,694	20.5	3,144	16.2	3,294	17.0	4,880	25.6
Invalid	575	3.0	770	4.0	810	4.2	386	7.2	1,535	8.0
Can't Locate	100	0.5	130	0.7	113	0.6	152	0.8	230	1.2

*In 2001 because there was an increase in the number of reports, more cases were assigned. The increase in completed investigations was in part due to efforts by DFYS to catch up on a backlog of completed investigation information.
**Investigations completed in any given year may have begun in an earlier year.
Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

HILD INJURIES

DEFINITION AND SIGNIFICANCE

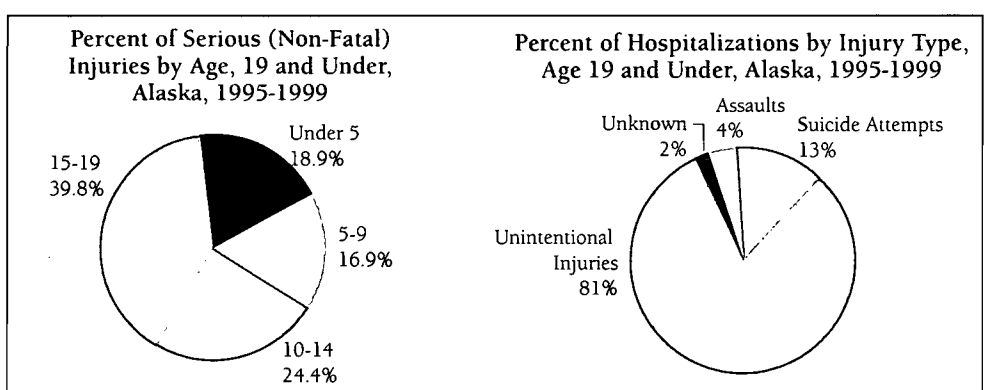
The figures here include physical injuries to Alaskan children (through age 19) that are serious enough to require medical attention or to cause death. Injuries can be either accidental or intentional. Hospitalizations or deaths caused by illnesses are not included.

It would be impossible for parents or other adults to keep children safe from all injuries. But we could spare children many serious or fatal injuries if we tried harder—to make sure they always buckled their seatbelts in cars, or wore helmets when they rode bikes or snowmachines, or any one of a dozen other things that would make their lives safer.[4]

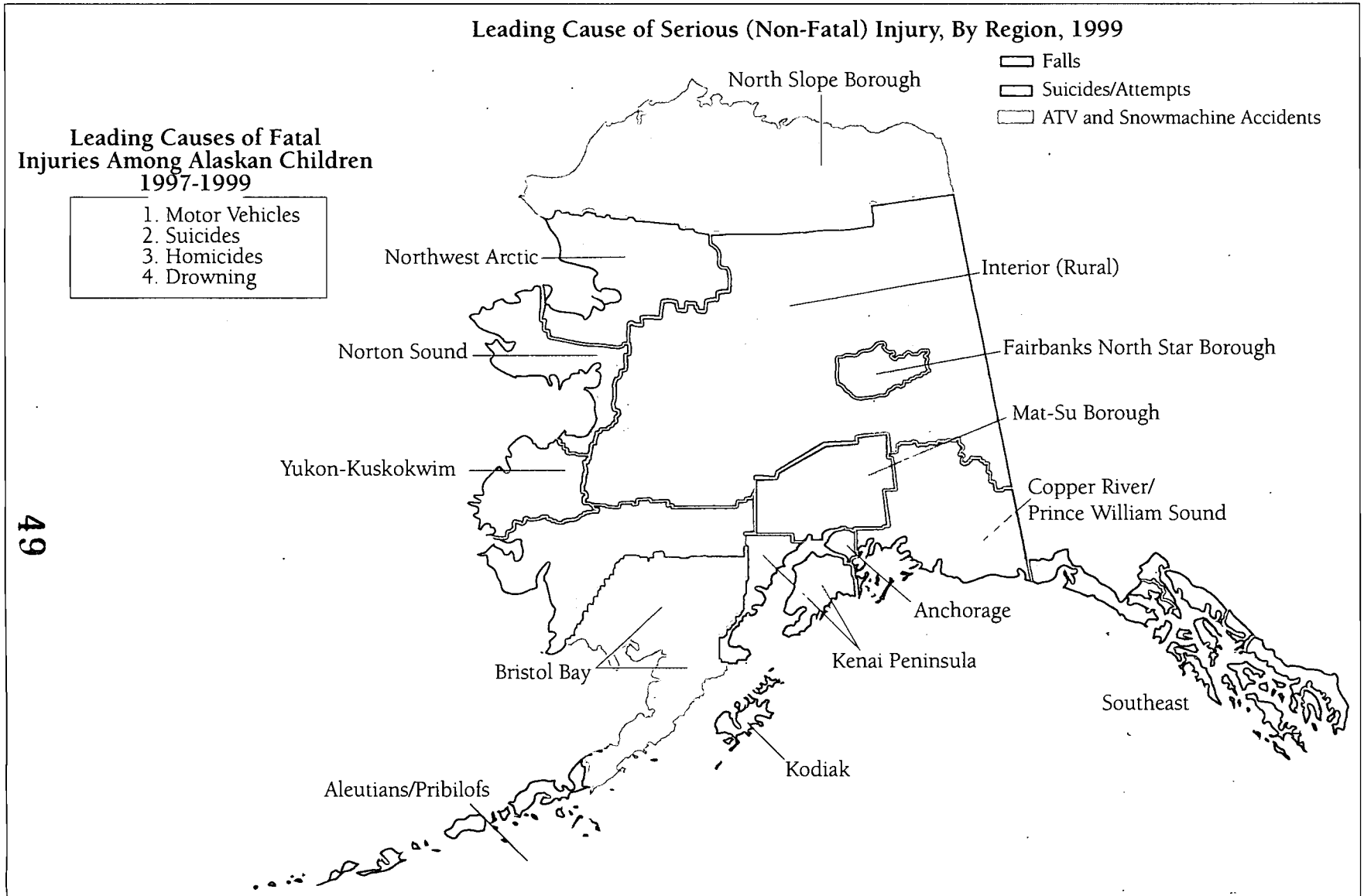
DATA

The Alaska Department of Health and Social Services reports that among Alaska's children and adolescents in the late 1990s:

- Teenagers were the most likely to be hurt, with 40 percent of serious injuries among those 15-19 and another 25 percent among those 10-14.
- Most—8 in 10—of the injuries that put children in the hospital were unintentional. But more than 1 in 10 were suicide attempts, and 1 in 25 were assaults.
- Motor vehicle accidents killed more children statewide than any other single cause, but deaths by suicide were a discouraging second. Homicides were third and drownings were fourth.
- Rural children were far more likely to be injured or killed than those in urban areas. Between 1994 and 1998, children in remote communities in northern, western, and interior areas were two to three times more likely to be seriously or fatally injured than those in Anchorage or Fairbanks.[5]
- The leading cause of serious injury among children and adolescents throughout interior and western Alaska in 1999 was attempted suicide. Those are areas with predominantly Alaska Native populations; as we discussed earlier (page 45), Alaska Natives commit and attempt suicide at very high rates. Young Native men are more likely to kill themselves, but young Native women attempt suicide twice as often.[6]
- On the North Slope and in the Bristol Bay area, accidents with snowmachines and all-terrain vehicles seriously hurt more children than any other single cause in the late 1990s. Alaska in 2003 had no requirements for children driving off-road vehicles to wear helmets, to have safety training, or to be licensed.
- Falls seriously injured more children than any other cause in southcentral Alaska, on Kodiak Island, and in Southeast Alaska in 1999. Falls are also the leading cause of serious injury among children (1-14) nationwide.[7]



Source: *Alaska Department of Health and Social Services, CHEMS*



Sources: *Alaska Department of Health and Social Services, Section of Community Health and Emergency Medical Services; Alaska Bureau of Vital Statistics*

ENDNOTES

[1]2002 *Kids Count Data Book*, Annie E. Casey Foundation, page 32.

[2]See note 1.

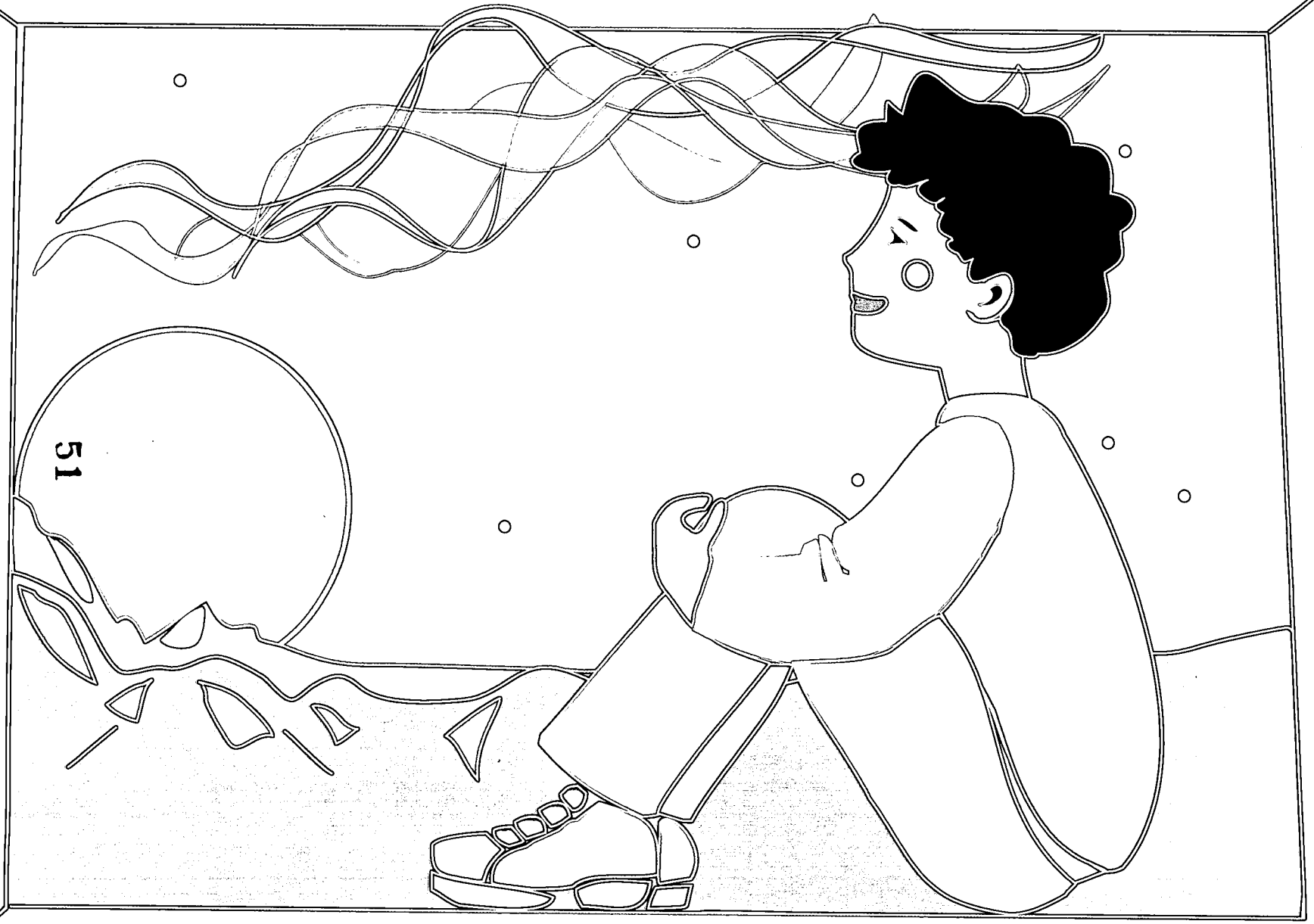
[3]Information about the network and links to other abuse-prevention resources are available at: www.akchildabuseprevention.org

[4]For example, in 2002 the Institute of Social and Economic Research surveyed seatbelt use for the Alaska Highway Safety Office and found that only 52 percent of children riding in the front seats of passenger cars and trucks in Alaska's most populated areas were wearing seatbelts. Also, no Alaska law requires children (or adults) to wear helmets while driving snowmachines or all-terrain vehicles.

[5]Alaska Department of Health and Social Services, Section of Community Health and Emergency Medical Services (2001). *Serious and Fatal Child and Adolescent Injuries in Alaska, 1994-1998.*

[6]Statewide Suicide Prevention Council (April 2003). *Draft Alaska Suicide Prevention Plan.* Online at: www.hss.state.ak.us/suicideprevention

[7]United States Maternal and Child Health Bureau, National Highway Traffic Safety Administration, (1997). *Child and Adolescent Emergency Department Visit Data Book.* Pittsburgh, Pennsylvania: Allegheny University of the Health Sciences.



ERIC

ERIC

Behind the Illustration: Looking at the northern lights

One of the benefits of living in Alaska is being able to watch the northern lights (aurora borealis) more often than Americans in any other state. Beautiful, shimmering bands of color frequently grace the sky, especially in Interior Alaska in the winter. The northern lights are caused by charged particles from the sun, streaming into the earth's atmosphere. Most often the bands of light are green or green-yellow, but occasionally they are a spectacular red.

DEFINITION

The tables and figures in this section are calculated with data from the Division of Juvenile Justice in the Alaska Department of Health and Social Services. They are based on delinquency reports the division receives from police departments. They include all reports of juvenile crime in Alaska—both violent and other. Keep in mind that while these delinquency reports are the best measure we have of "juvenile crime," a report is not the same as proof of guilt. Almost all the juveniles who go through the state's juvenile justice system are ages 10-17.[1]

Until the late 1990s, "Arrests for Juvenile Crime" was a national *Kids Count* indicator. But the Casey Foundation has now stopped using this indicator for national comparisons, citing incomplete data and other problems.[2]

SIGNIFICANCE

A recent federal study reported that "Allowing one youth to leave high school for a life of crime and drug abuse costs society $1.7 to $2.3 million."[3] That, of course, doesn't measure the hardship and grief crime costs victims and families.

If we can stop teenagers from committing crimes, we've taken at least a step toward preventing some from going on to adult crimes. And, as one publication put it, we can reduce juvenile crime through "effective prevention, early intervention, and graduated sanctions."[4] For example, federal statistics show that about 20 percent of juvenile crimes are committed in the hours immediately after school.[5] So it makes sense that involvement in after-school activities can reduce the chances an adolescent will commit crimes.[6]

Researchers have also identified circumstances that could lead children to juvenile crime—early exposure to drugs; failing grades; or frequently changing schools, for instance.[7] So it also makes sense that to the extent families, schools, and communities can try to help teenagers deal with such problems, they can cut the rate of juvenile crime.

DATA

On average, the Division of Juvenile Justice received about 7,720 reports of juvenile crime annually between 1997 and 2001. The rate of *individual juveniles* cited in crime reports during that period was 60 per 1,000. Looked at another way, police referred about 6 percent of Alaska's juveniles to the juvenile justice system. The rate of *juvenile crime* (which counts multiple referrals of the same juvenile) was 90 per 1,000—or 9 percent of juveniles.

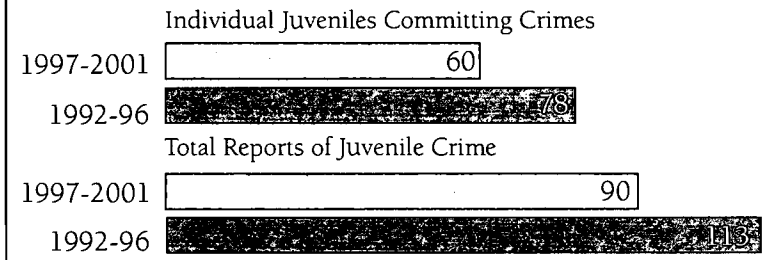
As the figure above shows, the rate of juvenile crime in Alaska has dropped significantly since the early 1990s. The average share of individual juveniles committing crimes in the 1992-96 period was nearly 8 per 1,000, compared with 6 from 1997-2001—a drop of nearly 25 percent.

The total number of crime reports in the 1992-96 period was 113 per 1,000, compared with 90 per 1,000 from 1997-2001—a drop of about 20 percent.

Analysts attribute that drop, at least in part, to changes in Alaska's juvenile justice system in the late 1990s. Those included more emphasis on juvenile accountability for crimes; increased availability of information about juvenile crime; and increased community involvement.[8] That assessment also tracks with findings of the national research we cited earlier.

Juvenile Crime in Alaska, 1997-2001 and 1992-96

(Rates per 1,000 Juveniles 10-17)



Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice*

As is true nationwide, boys in Alaska are much more likely to commit crimes than are girls. Nearly three-quarters (72 percent) of the juveniles referred to the Division of Juvenile Justice from 1997 through 2001 were boys.

The table (on page 54) breaking out crimes by type and region is a measure of overall juvenile crime, because it is based on all reports (including multiple reports for the same juvenile).

Crimes against property are by far the most common type of juvenile crime in Alaska, accounting for more than half of all juvenile crime from 1997-2001. Crimes against persons made up about 18 percent of juvenile crime statewide. Violations of drug and alcohol laws accounted for about 8 percent of juvenile crime statewide. Other kinds of juvenile crime—including violations of weapons laws and public order laws—accounted for the remaining 19 percent of reported juvenile crimes statewide.

The breakdown of juvenile crime by region was similar to the statewide breakdown from 1997-2001. Crimes against property were the most common crimes in all regions, accounting for roughly 50 to 60 percent of the total.

Crimes against persons made up close to 20 percent of crimes in most regions, with a low of 14 percent in Anchorage and nearly 32 percent in the Southwest region.

Violations of drug and alcohol laws ranged from 3 to 4 percent of crimes in the Southwest and Northern regions to more than 13 percent in the Interior. Other crimes—including violations of weapons laws—made up 13 percent of crimes in the Mat-Su region and 25 percent in Anchorage.

The table on the facing page, showing the share of juvenile delinquents by region and race, is a measure of individual crime—that is, in any given year it includes juveniles only once, regardless of how many crimes they committed.

Statewide for the period 1997-2001, about 52 percent of the reported juvenile delinquents were White; 31 percent were Alaska Native; 7 percent were black; 6 percent were Hispanic; and 4 percent were Asian or Pacific Islanders.

How do those shares compare with the proportion of all juveniles by race in the total Alaska population? In 2000, about 65 percent of all those 10-19 were White; 19 percent were Alaska Native; nearly 4 percent were Black; 4.5 percent were Asian/Pacific Islander. The remaining children were of two or more races. Hispanic children can be of any race; the U.S. Census Bureau considers Hispanic an ethnicity rather than a race.

So Alaska Native and Black juveniles were reported as delinquent at disproportionately higher rates, compared with their representation in the population, and White juveniles at lower rates. Delinquency rates among Asians were similar to their share of the population.

JUVENILE DELINQUENCY REPORTS[a] BY REGION AND TYPE OF CRIME
(AGES 10-17, 5-YEAR AVERAGE, FISCAL YEARS 1997-2001[b])

Region	Crimes Against Persons		Crimes Against Property		Drug/Alcohol Laws		Other[c]		Total[d]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Anchorage	419	13.8%	1,615	53.2%	239	7.9%	760	25.1%	3,033	100%
Mat-Su	129	17.9%	428	59.5%	66	9.2%	96	13.4%	719	100%
Gulf Coast	145	19.5%	410	55.3%	69	9.3%	118	15.9%	742	100%
Interior	214	21.4%	507	50.8%	132	13.2%	145	14.5%	998	100%
Northern	134	19.9%	393	58.3%	26	3.9%	121	17.9%	674	100%
Southeast	193	20.0%	524	54.4%	95	9.9%	151	15.7%	963	100%
Southwest	187	31.6%	303	51.2%	16	2.7%	86	14.5%	592	100%
Alaska	**1,421**	**18.4%**	**4,180**	**54.1%**	**643**	**8.3%**	**1,476**	**19.1%**	**7,720**	**100%**

[a] Reports police send to probation officers, who then investigate. These are duplicate counts–meaning they include more than one reported crime by the same juvenile; duplicated counts show the overall level of reported juvenile crime.

[b] The state fiscal year is from July 1 through June 30.

[c] Includes violations of public order laws, weapons laws, and miscellaneous other offenses.

[d] Annual average number of crimes.

Note: *Percentages may total slightly more or less than 100 because of rounding.*

Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice*

JUVENILES* (10-17) COMMITTING CRIMES, BY RACE AND REGION

(In Percentages, Fiscal Years 1997-2001)

Region	Native	Black	White	Asian/ Pacific Isl.	Hispanic and Other	Total Number
Anchorage	17.0%	13.3%	56.9%	7.9%	4.8%	10,217
Mat-Su	8.0%	1.4%	85.7%	0.3%	4.6%	2,421
Gulf Coast	12.6%	1.2%	76.1%	4.9%	5.3%	2,557
Interior	29.6%	8.9%	55.8%	0.9%	4.9%	3,250
Northern	90.1%	1.0%	4.2%	1.0%	3.8%	1,999
Southeast	37.3%	0.9%	45.9%	1.7%	14.2%	3,196
Southwest	91.6%	0.3%	6.6%	0.2%	1.3%	1,960
Alaska	**31.3%**	**6.9%**	**52.1%**	**4.1%**	**5.7%**	**25,600**

*Unduplicated reports of juvenile crime–which means if a juvenile was the subject of three delinquency reports in fiscal year 1997 and four in fiscal year 1999, the juvenile would be counted once in each year.
Notes: Percentages may total slightly more or less than 100 because of rounding.
Persons of Hispanic origin can be of any race.
Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice.*

ALASKA POPULATION AGES 10-19, BY RACE AND REGION, 2000

Region	White	Native	Black	Asian/ Pacific Isl.	More than one race
Anchorage	68.7%	8.4%	7.06%	7.7%	8.0%
Mat-Su	85.6%	6.9%	0.6%	<1.0%	5.9%
Gulf Coast	78.6%	11.0%	0.5%	4.5%	5.3%
Interior	71.0%	14.4%	5.4%	1.9%	7.0%
Northern	7.7%	84.1%	0.2%	1.5%	6.4%
Southeast	64.6%	20.8%	0.5%	3.9%	10.2%
Southwest	10.7%	82.2%	0.3%	1.3%	5.3%
Alaska	**65.0%**	**19.2%**	**3.8%**	**4.5%**	**7.3%**

Note: Persons of Hispanic origin can be of any race.
Source: *U.S. 2000 census figures, adjusted by Alaska Department of Labor*

NDNOTES

[1]Juveniles who commit certain violent crimes are charged as adults and go through the court system rather than the juvenile justice system. Numbers of juveniles tried as adults are very small.

[2]For a more detailed discussion of data problems with this indicator, see 2001 *Kids Count Data Book*, Annie E. Casey Foundation, pages 168-169.

[3]U.S. Department of Justice, Office of Juvenile Justice and Delinquency Programs (2000). *Juvenile Offenders and Victims: 1999 National Report*. Available at: www.ncjrs.org/html/ojjdp

[4]*The Advocate* (March 1998). "The Truth About Juvenile Crime Statistics." Available at: dpa.state.ky.us/library/advocate/mar98/juvstats/html

[5]See note 3.

[6]J. Mahoney (2000). "School extracurricular activity participation as a moderator in the development of antisocial patterns," *Child Development*, 71(2), pages 502-516.

[7]P. Ellickson and K. McGuigan (2000). "Early predictors of adolescent violence," in *American Journal of Public Health*, 90(4), 566-572.

[8]For more information on those changes in Alaska's juvenile justice system, see *Kids Count Alaska*, 2001, page 66.

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

[X] This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

[ ] This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").

P2031419