

Kids Corps, Inc.  
2015 Community Assessment  
Updated June 2018

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*The Strengths & Needs of Low-Income Children & Families in Anchorage*

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March 2015

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## Table of Contents

I.	Introduction	3
II.	Overview of the Municipality of Anchorage	4
III.	Head Start in Anchorage	15
IV.	Early Learning Needs for Low-Income Children in Anchorage	20
V.	Children's Health & Well Being in Anchorage	32
VI.	Conclusions	56

## I. Introduction

Kids Corps, Inc. (KCI) is the largest Head Start provider in Anchorage. KCI provides Head Start and Early Head Start services, as well as child care for low-income children, in stand alone locations and through partnerships with the Anchorage School District (ASD). This Community Assessment was specifically designed to provide an:

- Overview of the community of Anchorage, including:
  - Demographics;
  - Economy & wages;
  - Housing;
  - Transportation;
  - Education level;
- Outline of current Head Start services in Anchorage;
- Estimate of children potentially eligible, but currently un-served by Head Start, and where they may be located;
- Summary of specific issues facing low-income children and families in Anchorage, including:
  - Health & nutrition
  - Special Needs
  - Housing
  - Poverty
  - Preschool access
  - School readiness
  - Adverse childhood experiences
  - Use of public assistance programs

Throughout the Community Assessment, there was a focus on providing additional details about the specific populations served by KCI including 1) children aged 0-5 and 2) low-income families. This focus was to tease out the current and emerging needs of this population that would be useful for planning programs and services. A secondary focus was on looking at trends or issues that might impact KCI's child care workforce.

### Methodology

Information and data was gathered from existing sources for this assessment. Sources included:

- Anchorage School District (ASD)
- US Census Bureau, American Community Survey (ACS)
- Pregnancy Risk Assessment Monitoring Survey (PRAMS)
- Childhood Understanding Behaviors Survey (CUBS)
- Alaska Department of Labor (DOL)
- Alaska Department of Health & Social Services (DHSS)
- KCI family data

Other community organizations also provided data about their programs and services in Anchorage and various other sources were consulted for specific pieces of information or the

results of prior research. Wherever possible, Anchorage specific data was used. When Anchorage specific data was not available, or not reliable, statewide data was used.

## II. Overview of the Municipality of Anchorage

The Municipality of Anchorage stretches from the Native Village of Eklutna to the Portage Glacier. The city limits span over 1900 square miles, and include a military base, several outlying communities and a large state park.<sup>1</sup> It is bordered by the waters of Turnagain Arm to the South and Knik Arm to the north and east, and the Chugach Mountains to the west.

Originally incorporated just 100 years ago in 1915, Anchorage has a rich history from before its incorporation. The first people to settle in the region were the Denai'na Athabascans, the Native people of Southcentral Alaska who settled in the area over 1000 years ago. Today, Anchorage is home to the largest Alaska Native community in Alaska, and Native people from all regions of Alaska live here.

Anchorage is the hub of Alaska, and 95% of all goods that come into the State come through the Port of Anchorage. The Ted Stevens International Airport is also a major transportation hub, and the Alaska Railroad moves goods and people throughout the State. Major industries in Anchorage include transportation, military, municipal, state and federal government, corporate headquarters, tourism, and resource development.

### Population Growth

Anchorage is the most populous community in Alaska and now estimated to have 300,549 people in its city limits, over 40% of the State's total population.<sup>2</sup> Another 98,063 people are estimated to live in the nearby Matanuska-Susitna Borough,<sup>3</sup> and many of them commute to work and take advantage of services and amenities available in the Anchorage.

The population in Anchorage has not grown much over the last five years. From 2010-2014 the growth rate was just .69%, just slightly less than the State's, and a net growth of almost 9000 people. In comparison, faster growing regions such as the Mat-Su Borough, saw growth of 2.28% during this same time period.<sup>4</sup>

From 2012 – 2042, the population in Alaska was projected to grow by 26% to over 925,000. In Anchorage, the population growth was expected to be slightly slower at 22%. Statewide, the percent of young children in the 0-4 age group was projected to rise 26%, while in Anchorage it will only grow by 19%.<sup>5</sup>

Projected Population Growth for 0-4 Year Olds, 2012-2022				
	July 2012	July 2017	July 2022	% Change
Anchorage	21,950	23,966	24,031	9.5%
Alaska	54,724	60,036	61,103	11.7%

<sup>1</sup> US Census Quick Facts, 2010 <http://quickfacts.census.gov/qfd/states/02/02020.html>.

<sup>2</sup> Alaska Department of Labor, Population of Alaska by Economic Region, Borough & Census Area, 2010-14.

<sup>3</sup> Ibid.

<sup>4</sup> Alaska Department of Labor, Population Estimates by Borough/Census Area, 2010-2014.

<sup>5</sup> Alaska Department of Labor, Alaska Population Projections 2012-20142, April 2014.

Source: Alaska Department of Labor, 2012-22 Population Estimates.

The population of young children is highly impacted by the net migration, and so the estimates for this age group are also the most likely to change from the baseline as outside factors influence population growth. In 2014, fewer people moved into Anchorage than expected, possibly because of improving job opportunities in other states. Although the population was expected to resume growing in 2015,<sup>6</sup> this has not been the case. Census Bureau results for 2010-2015 (American Fact-finder) show that the number of Anchorage children under the age of five has remained flat, with a population of 21,961 children 0-4 years old in 2010 rising only to 22,297 in 2015, an increase of just 1.5% in five years. This is about half the growth rate expected (previous paragraph).

### Demographics

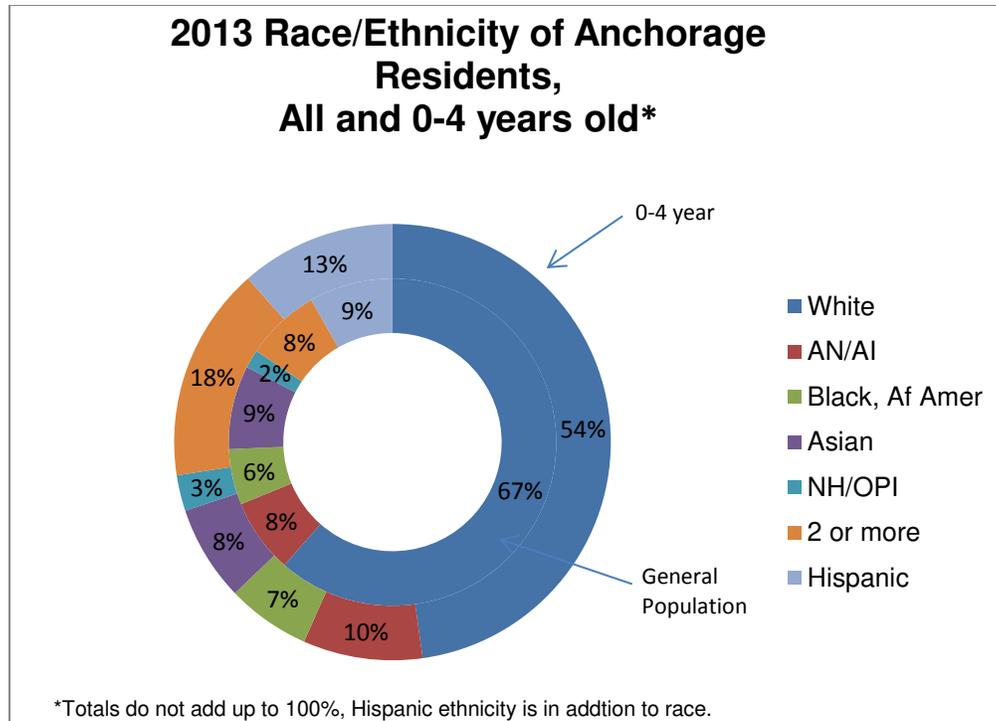
Alaska is a very diverse state, and Anchorage is very representative of that diversity. There are some differences between Anchorage and the State. Most significantly, a larger percentage of the total population in Anchorage is Alaska Native/American Indian (AN/AI) than in the rest of the State.

2013 Race/Ethnicity in Anchorage		
<i>Race</i>	<i>Alaska</i>	<i>Anchorage</i>
Caucasian	67%	67%
Alaska Native/American Indian	8%	15%
Black, African American	6%	4%
Asian	9%	6%
Native Hawaiian/Other Pacific Islander	2%	1%
Two or More	7%	8%
<i>Ethnicity</i>		
Hispanic	9%	7%

Source: Alaska Department of Labor, Alaska Population by Age, Race (Alone) and Hispanic Origin, Sex and Borough/Census Area, July 2013.

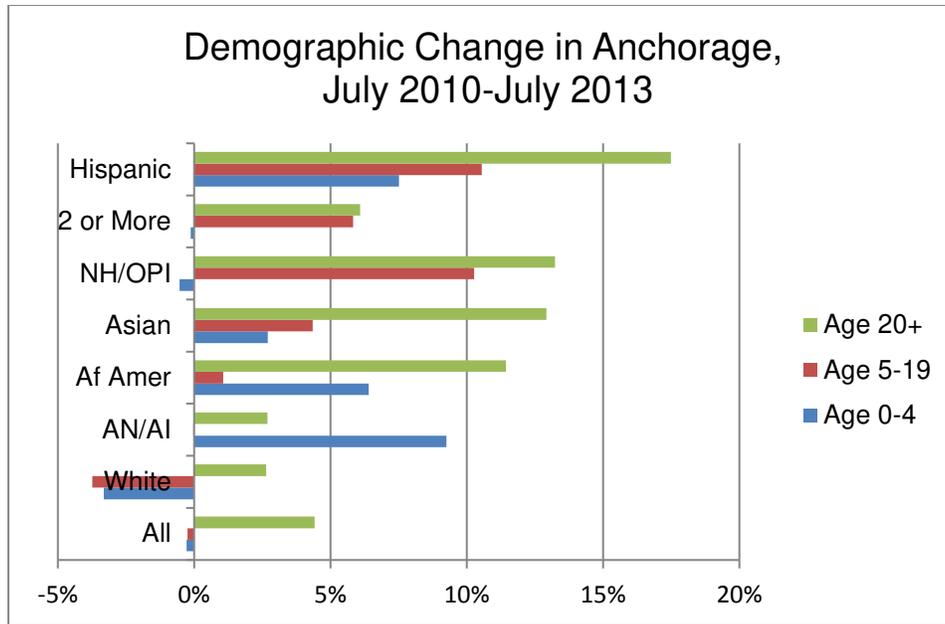
The diversity in Anchorage continues to increase, and this is especially apparent in young children. While 67% of Anchorage residents are Caucasian, only 54% of the children aged 0-4 are. Eighteen percent are mixed race, and another 13% have Hispanic ethnicity.

<sup>6</sup> 2015 Economic Forecast for Anchorage, Anchorage Economic Development Corporation, February 5<sup>th</sup>, 2015.



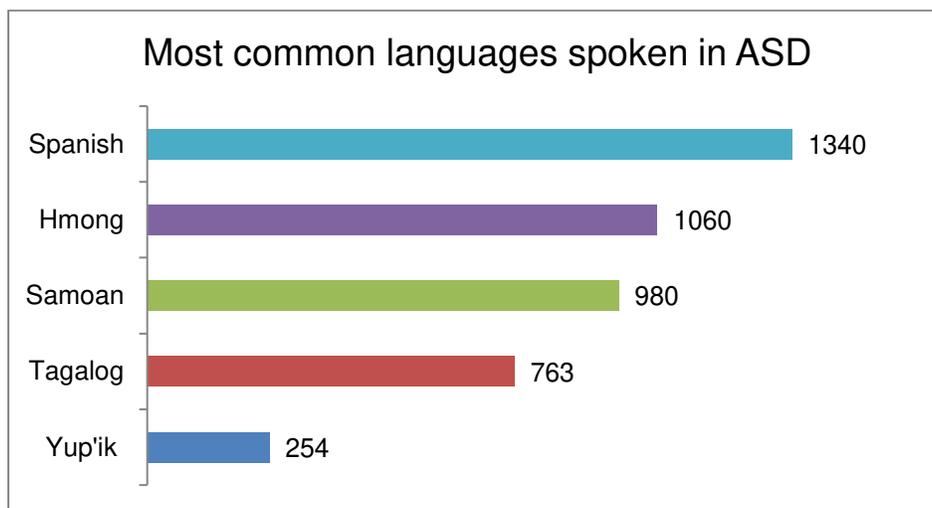
Source: Alaska Department of Labor, Alaska Population by Age, Race (Alone) and Hispanic Origin, Sex and Borough/Census Area, July 2013.

From 2010 to 2013, there was a slight decrease in the population of youth 19 and younger, and a slight increase in the total number of adults. Each group has experienced a different level of demographic change. Children aged 0-4 appear to have seen the least change, but this is likely because they are already more diverse, and most population change in this age group is a result of births, rather than migration in or out. For children 0-4, the AN/AI population saw the biggest growth, with a 9.3% increase, significantly larger increase than in other age groups. The percent of African Americans also grew significantly, by 6.4%. Also of interest, and unexpected, is the slight decrease in the population of NH/OPI and multiracial children. In other age groups, these were areas of growth.



Source: AK Department of Labor, Population by age, sex and race/ethnicity alone, 2010-2014

In the Anchorage School District (ASD) 80% of families speak English at home; among the 20% who do not, 99 languages are spoken. Nearly 12% of ASD students qualify for English Language Learner Services.<sup>7</sup>

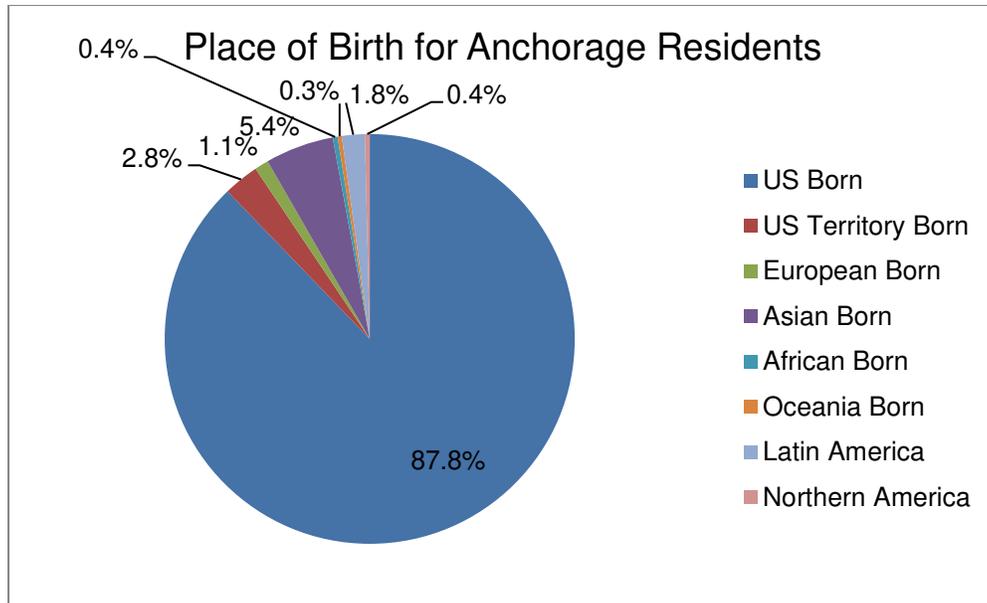


Source: Anchorage School District, [www.asdk12.org/aboutasd](http://www.asdk12.org/aboutasd)

In Anchorage, 17% of residents speak a language other than English at home and over 12% of Anchorage residents were born outside of the United States. Asia is the most common region of foreign origin for Anchorage residents.<sup>8</sup>

<sup>7</sup> Retrieved from ASD website on 2/4/2014. <http://www.asdk12.org/aboutasd/>

<sup>8</sup> American Community Survey, 2009-13, Select Social Characteristics, Anchorage, AK.



Source: 2009-13 American Community Survey, Select Social Characteristics.

The top 10 countries of origin for Foreign-born Alaskans in 2013 were Philippines, Mexico, Korea, Canada, Thailand, Laos, Germany, Russia, China and the Ukraine, in descending order. Just over half of all foreign-born Alaskans reside in Anchorage.<sup>9</sup>

### Transience

In addition to being diverse, the population in Anchorage is also very transient, only 35.5% of Anchorage residents were born in Alaska.<sup>10</sup> The national average is significantly higher with 58.7% of people born in the state they currently live in.<sup>11</sup> Alaska has one of the highest migration rates in the nation, with 5 to 7% of the population entering or leaving the state each year. In addition, Anchorage also sees seasonal and economically based in and out migration from rural areas.

Younger people are more likely to move than older people, and parents of young children are more likely to relocate than those with middle or high school aged children. The level of migration generally peaks in individual's mid-20's, and declines thereafter as people settle down.<sup>12</sup>

### Educational Attainment

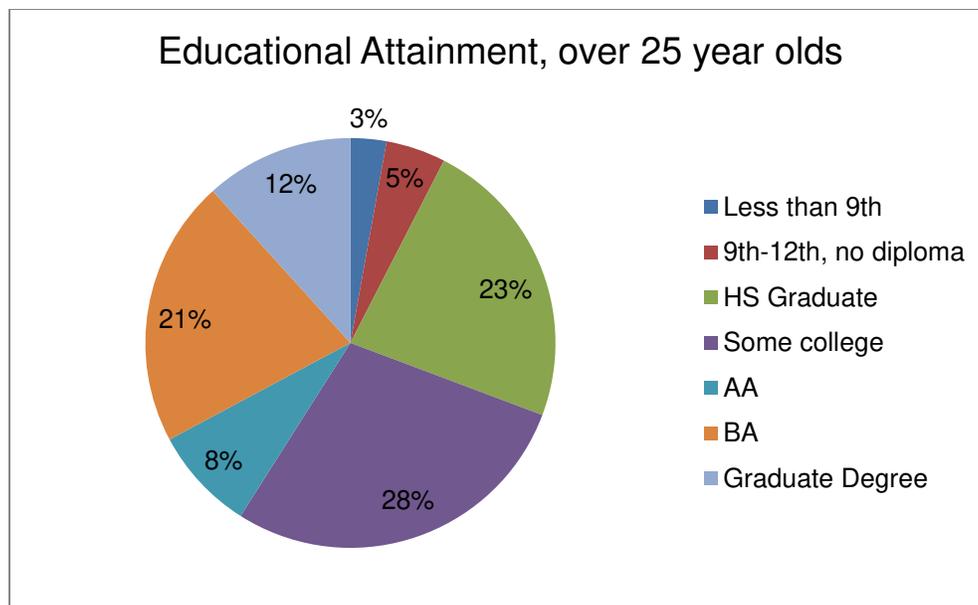
In Anchorage, only 33% of adults over the age of 25 have a four year degree or higher. Another 8% has an associate's degree. Eight percent failed to graduate from high school.

<sup>9</sup> Alaska Department of Labor & Economic Development, "Foreign-Born Alaskans," Alaska Economic Trends, March 2015.

<sup>10</sup> American Community Survey, 2009-13 Select Social Characteristics for Municipality of Anchorage.

<sup>11</sup> American Community Survey, 2009-13, Select Social Characteristics for United States.

<sup>12</sup> Alaska Department of Labor & Economic Development, "Alaska's Highly Migratory Population," Alaska Economic Trends, April 2012.



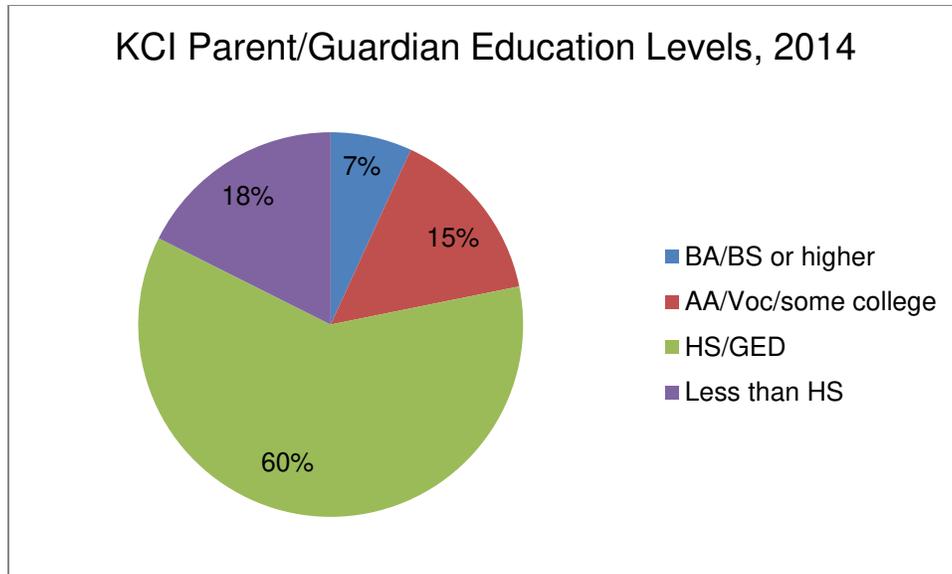
Source: 2009-13 American Community Survey, Select Social Characteristics, Anchorage AK

This is similar to the statewide education levels for the same demographic group and above the US average, for attainment of a high school diploma or above.

Local, State & National Education Levels, Over 25 year olds			
<i>Education Level</i>	<i>Anchorage</i>	<i>Alaska</i>	<i>USA</i>
Less than 9th grade	2.8%	3.0%	5.9%
High school, no diploma	4.7%	5.3%	8.0%
High School Diploma (or equivalent)	23.2%	27.3%	28.1%
Some College	28.3%	28.8%	21.2%
Associate's Degree	8.2%	8.0%	7.8%
Bachelor's Degree	21.1%	17.7%	18.0%
Graduate Degree	11.7%	9.8%	10.8%

Source: 2009-13 American Community Survey, Select Social Characteristics

In contrast, Kids Corps, Inc (KCI) parents are less likely to have graduated from high school, and less likely to have a college degree or any other form of higher education. In 2014, 18% of KCI parents hadn't graduated from high school or been awarded a GED, over double the rate in Anchorage. They are also less likely to have gone to college or received any career or technical training. While nearly 33% of those in Anchorage have a BA/BS or higher, only 7% of KCI parents do, and only 15% have an AA or any college or vocational training, while 37% of all adults in Anchorage do.



Source: KCI Family Demographic Data

In 2014, 67 KCI parents were referred for adult education services, and 20 job training referrals were made. The number of referrals for adult education and job training has increased from 2012 referrals.

### Income/Earnings in Anchorage

While in many census areas in Alaska the per capita income is far below the state or national average, in Anchorage it is above the national average, and also above the Alaska average. However the per capita income gap between national and Anchorage has shrunk; in 2010 the national per capita was 78% of Anchorage's, growing to 85% in 2016.

This per capita estimate does not consider the differences in cost-of-living between communities in rural and urban Alaska or the lower 48 states.

2016 Real Per Capita Income – Anchorage, Alaska & USA Comparison					
	2010	2012	2014	2016	2016, % of State
Anchorage	\$36,560	\$34,710	\$34,758	\$36,476	107%
Alaska	33,684	33,336	33,519	34,187	100%
USA	28,687	28,588	29,288	31,128	91%

Source: ACS 1 year survey, December 2017

According to the American Community Survey (ACS), the median family income in Anchorage in 2016 was \$95,872. Over the last 3 years the median family income increased by 4.96% compared to 7.71% nationally. The percent of families whose income was below the federal poverty level in the last 12 months was only 5%. This is less than half of the the US average of 12% during the same time period.

Over the last decade, wages in Alaska have stagnated. When adjusted for inflation, per capita income peaked in 2008 (at the start of national Great Recession) and actually decreased by .33% between 2008 and 2016. Nationally per capita income increased slightly (.06%) during the same period. In short, due to oil prices and the state's dependence on income from oil production, Anchorage escaped much of the economic pain the rest of the country suffered between 2008-2012 when oil prices were high and the Great Recession peaked. By the same token, with the collapse of oil prices in 2014 Alaska and Anchorage have missed out on the current national economic recovery.

### Poverty in Anchorage

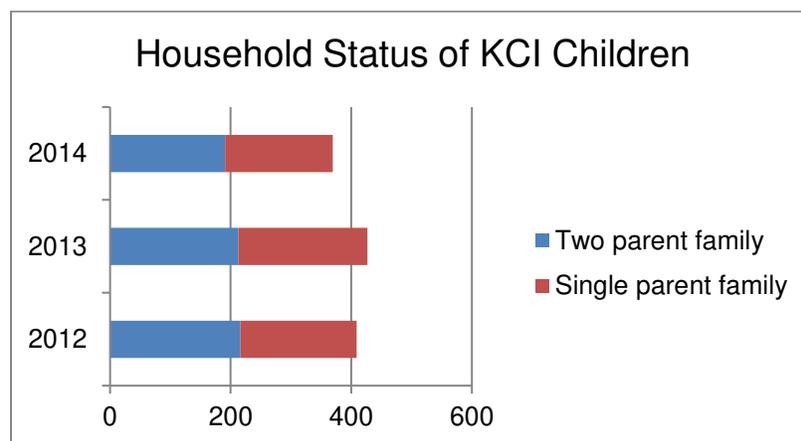
In Anchorage, like in other parts of the United States, children are more likely to live in poverty, and young children are even more likely to live in poverty. In Anchorage:

- 8% of the general population has an income below 100% of the federal poverty level (FPL);
- 11% of children under 18 live below 100% of the FPL;
- 14% of children under 6 live below 100% of the FPL.<sup>13</sup>

Anchorage families with children are also more likely to live below 100% of the FPL:

- 9% of families with children under 18;
- 11% of families with children under 5;
- 23% of families with a female head of household and children under 18;
- 37% of families with a female head of household and children under 5.<sup>14</sup>

About half of all KCI families are single parent, rather than two-parent households. This trend continued during the 2016-2017 program year, with 141 two parent families and 138 single parent families enrolled.



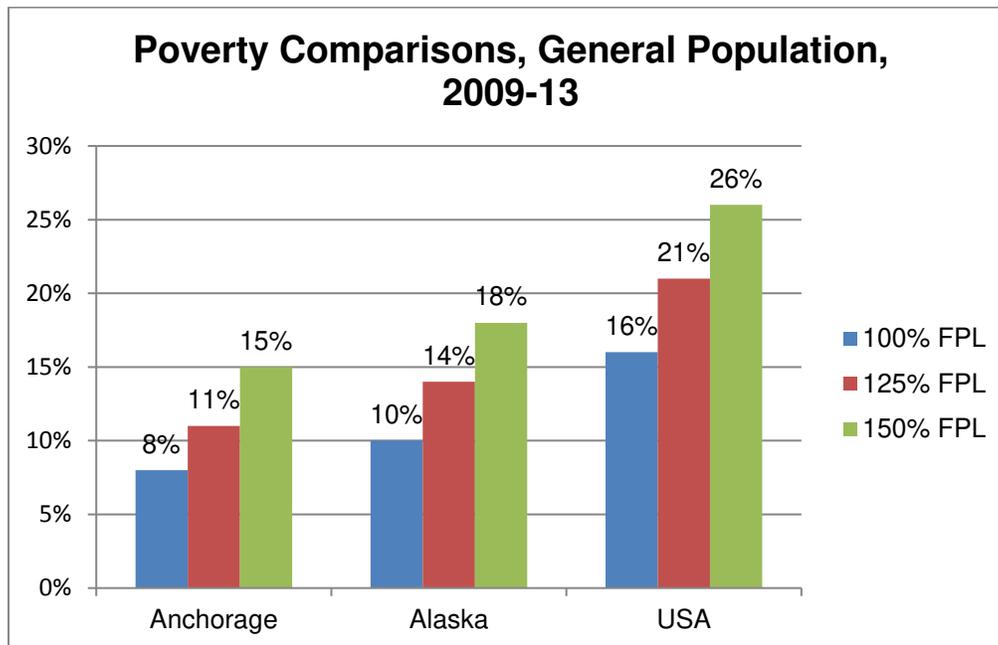
Source: KCI Family Demographic Data

US Census and ACS estimates do not take into account the adjusted federal poverty rate for Alaska, when completing their national rankings, or calculating poverty levels in Alaska. This

<sup>13</sup> American Community Survey 2009-13, Poverty Status in the last 12 months.

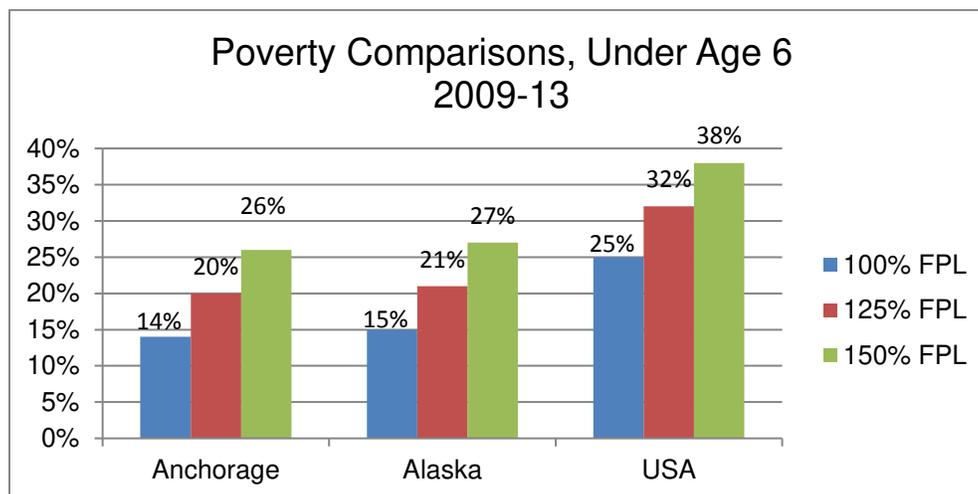
<sup>14</sup> Ibid.

means that US Census poverty estimates for Alaska are low. The Alaska Federal Poverty Level table is 25% higher than the standard Federal Poverty Level tables.<sup>15</sup> The adjusted federal poverty guidelines for Alaska (AkFPL) is 125% of the FPL. Under those numbers, poverty in Alaska starts to grow.



Source: 2009-13 American Community Survey, ratio of income to poverty.

Anchorage's rate of poverty is lower than Alaska's rate of poverty. There are still fewer individuals in Anchorage and Alaska, who are at 125% of the FPL (100% of AKFPL) than who are only at 100% of the FPL. This means, even when adjusted for Alaska poverty rates, poverty in Alaska is still slightly lower than the US average of 16%, with 14% of Alaskan's and 11% of Anchorage residents living below the AK FPL.



Source: 2011-13 American Community Survey, ratio of income to poverty.

<sup>15</sup> 2015 Alaska Federal Poverty Guidelines. <http://aspe.hhs.gov/poverty/15poverty.cfm>.

Across the United State, young children are more likely than adults, or the general population to live in poverty. Alaska is no exception to this. In Anchorage, 20% of children under 6 live below the AK FPL (125% FPL), 9% higher than the general population of Anchorage residents. This is on par with the US average, which has 25% of children living under 6 living in poverty, versus only 16% of the general population, also a 9% difference.

### Economic Forecasts for Anchorage

Anchorage avoided much of the pain felt during the recent economic recession because oil prices remained high in Alaska, fueling the economy and contributing to overall job growth. During that period, unemployment rates in Anchorage were lower than the national average. In Anchorage, unemployment rose from 5.2% in 2008 to a high of 6.8% in 2010, a rise of only 1.6%. Nationally, during this time, unemployment rose from 5.8% to 9.6%, a rise of 3.8%. While the national unemployment rate continues to fall, employment in Anchorage has been declining since 2014, when oil prices crashed. In 2017 Anchorage lost 2,200 jobs during the year, a decline of 1.5%. As a result, Anchorage unemployment as of March 2018 was 6.4%, compared to 4.1% nationally. As of March 2018, Alaska has the highest state unemployment rate in the country.

According the 2017 Anchorage Economic Development Corporation (AEDC) forecast, the one employment bright spot since 2014 has been health care. Anchorage health care employment has increased from 15,039 jobs in 2008 to 20,100 in 2016. AEDC predicted this sector will add 400 jobs in 2017. While employment in the health care field is increasing, many of the positions are fueled by a growth in nursing care facilities, retirement communities and home health services to serve the growing senior population. These tend to be less skilled and lower paid positions.

AEDC predicted that all other sectors of the Anchorage economy, including construction, leisure & hospitality, and retail trade would lose jobs in 2017. At a presentation at the March 17, 2017 Anchorage United Way directors meeting, AEDC's executive director, Bill Popp cited several structural factors in the Anchorage economy that support a pessimistic outlook in the short term. These factors include the ongoing lack of a state fiscal plan to address the loss of income created by declining oil production and prices; uncontrolled health insurance and health care cost increases; the relative unavailability of a trained workforce; the robust condition of the national economy, which is likely to continue to inspire out migration from the state.

According to Mr. Popp, Anchorage can point to several economic assets that should limit the depth of the current local recession. The Ted Stephens International Airport continues to thrive as a transportation hub for international trade, the community has a large military presence at Joint Base Elmendorf Richardson and Alaska Native Corporations continue to grow and expand their business holdings.

In 2012 child care related jobs were ranked 17<sup>th</sup> in the State for number of openings expected, although most are replacement openings created by vacancy and not new jobs. More than 70% of the available job openings projected for this period will require a high school diploma or less.

For KCI, and other employers, the slackening labor market may present a challenge as the workforce shrinks through outbound migration. High unemployment may also slow wage growth, which had been robust earlier in the decade. For example, according to the Anchorage Economic Development Corporation, from 2007 to early 2012, the average hourly wage was \$25/hour. In 2013, it jumped to more than \$27/hour. At the time, this jump was attributed to employers having to pay more to attract qualified help.<sup>16</sup>

Preschool teachers and child care workers make well below the average wages. The mean wage for preschool teachers in Anchorage/Mat-su region is just \$14.93/hour and 90% of them make \$18.75/hour or less. For child care workers wages are even lower. In Anchorage/Mat-Su area, the mean wage is \$12.40/hour, and 90% of childcare workers make \$13.77/hour or less.

### Housing

Housing has become a pressing issue recently in the Municipality of Anchorage. The relative cost of housing has risen every year since 2009 in Anchorage<sup>17</sup>, and Anchorage ranks 21<sup>st</sup> highest housing costs in the nation. The average cost of a home was \$358,456 in 2014, a 3.23% increase over 2013.<sup>18</sup> Rental prices have also been on the increase, and the average rent for an apartment was \$1112/month, and \$1780/month for a single family home. The vacancy rate for rental units is just 3.2%, the lowest in the State, for 2 bedroom units, the vacancy rate is even lower at 2.9%.<sup>19</sup>

The recent study projected a need for 18,000 housing units in the Anchorage Bowl, and another 3200 in Chugiak/Eagle River by 2030. The report also recommended looking at more low-cost higher density housing models for development, in part because of a decline in available land for building.<sup>20</sup> The availability of housing and particularly low-cost housing, will remain a concern in Anchorage, especially as low wage jobs are projected to be added to the Anchorage economy.

Housing is also a concern for KCI families. Sixty referrals were made for housing assistance in 2014 and nearly 80 families were experiencing homelessness. Only 24% of them acquired stable housing during that year.

### Transportation

The majority of Anchorage residents, 87%, drive to work, either in their own car, or by carpooling with someone else. Public transportation is less common than walking, or using other means such as taxi's or biking.

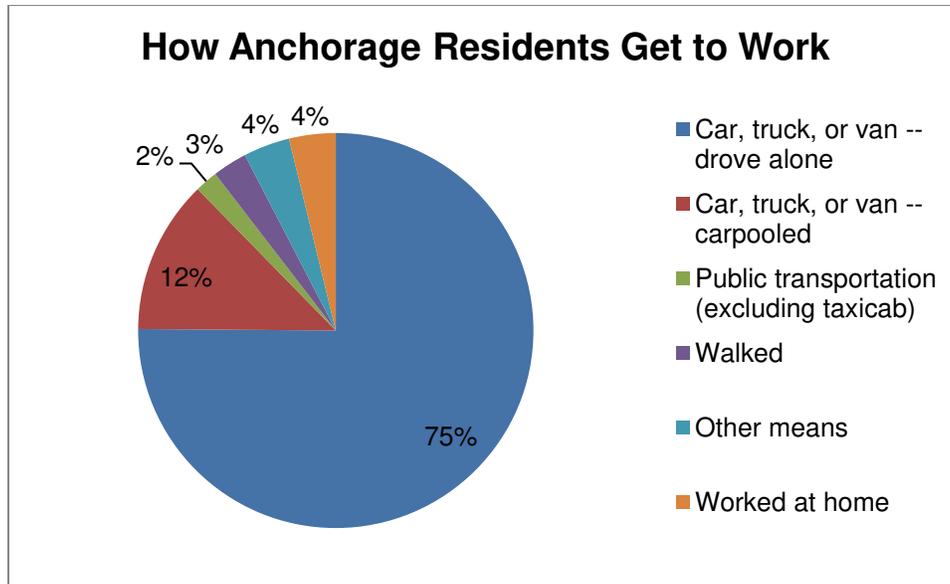
<sup>16</sup> Brehmer, Elwood, "Low unemployment pushes wages higher in Anchorage," Alaska Journal of Commerce December 31, 2013.

<sup>17</sup> <http://www.adn.com/article/20141124/broad-effort-focuses-increasing-housing-anchorage>.

<sup>18</sup> Anchorage Economic Development Corporation, 2014 Cost of Living Index for Anchorage, AK.

<sup>19</sup> Alaska Housing Finance Corporation, 2014 Residential Rental Market Survey.

<sup>20</sup> The McDowell Group, 2012 Anchorage Housing Market Analysis, March 2012.



Source: 2009-13 Selected Economic Characteristics, American Community Survey

In Anchorage, public transportation is through the People Mover bus system. Students, Staff and Faculty at the University of Alaska Anchorage, Alaska Pacific University, and Alaska Career College Anchorage Charter College can all ride the bus for free. A day pass on the people mover is \$5.00 and a one-way trip is \$2.00.<sup>21</sup>

For students in the Anchorage School District, the Anchorage School District provides transportation for those who live at least a 1.5 miles from their home schools. ASD also provides limited bus service for some of its preschool students, as does KCI and other Anchorage Head Starts. For school-aged children, many child care centers and before and after-school programs will provide bus service to and from a select number of schools and the program location.

For KCI families, 20% of those who left in 2014 cited transportation issues as the primary reason for withdrawing their child.

### Cost of Living

According to AEDC, the overall cost of living in Anchorage is 30% above the national average. In other words, overall it takes \$1.30 in Anchorage to pay for goods and services that average \$1.00 nationally. Of course, the cost of living varies by sector. E.g., utility costs in Anchorage are close to the national average. Groceries are 32% higher, housing is 49.9% higher, health care 43.5% higher, and miscellaneous goods and services like fast food and haircuts are 25% higher.

### III. Head Starts in Anchorage

Kids Corps, Inc. (KCI) has been serving children and their families in Anchorage, Alaska since 1990 by providing federally funded Head Start and Early Head Start services for children birth to five years old in eight locations. Today, KCI serves over three hundred children each year in its full and half-day preschool programs. In addition to preschool programs, Head Start also

<sup>21</sup> <http://www.muni.org/departments/transit/peoplemover/Pages/default.aspx>, retrieved on March 23<sup>rd</sup>, 2015.

provides Early Head start through home based and center based programming. KCI also partners with the Anchorage School District (ASD) to have Head Start classrooms in four local elementary schools during the school year.

Eligibility and services vary by location.

3 ASD/Head Start collaborations offer:

- 5 Classes per week
- 2 Education Home Visits
- 2 Parent/Teacher Conferences per year
- Limited transportation provided by Anchorage School District
- August-May
- For children who are 3--5 years old (pre-school ages)

4 Head Start Part-Day Centers (including one ASD collaboration)

- 5 Classes per week at Davis, Mt. View and Gladys Wood
- 4 classes per week at East Center
- 3 Education Home Visits
- 2 Parent/Teacher Conferences per year
- Transportation provided at East Center only
- August-May
- For children who are 3--5 years old

1 Head Start Full Day Center

- Children aged 3 to 5 years (pre-kindergarten)
- Year Round
- 2 Education Home Visits
- 2 Parent/Teacher Conferences per year
- Children may attend year round
- Center is open from 7:00 a.m. to 6:00 p.m.
- No transportation provided

Early Head Start – Center based

- Children 4 months to 3 years old
- 2 Education Home Visits
- 2 Parent/Teacher Conferences per year
- Children may attend year round
- Center is open from 7:00 a.m. to 6:00 p.m.
- No transportation provided

Early Head Start - Home Based

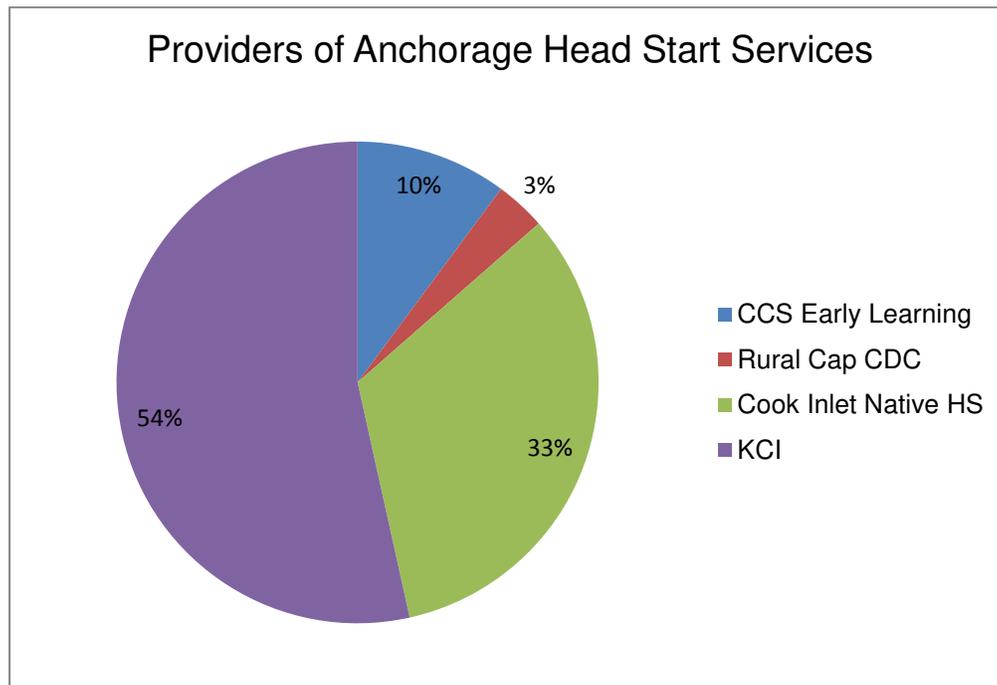
- Families with children pre-birth to 3 years old
- Weekly Education Home Visits with home visitor (Parents as Teachers curriculum)
- 46 home visits per year
- 2 group socializations activities per month
- No fees

KCI also offers many other services to the children and families that they serve. These include:

- Family Services & Resource referrals
- Health Services for Children

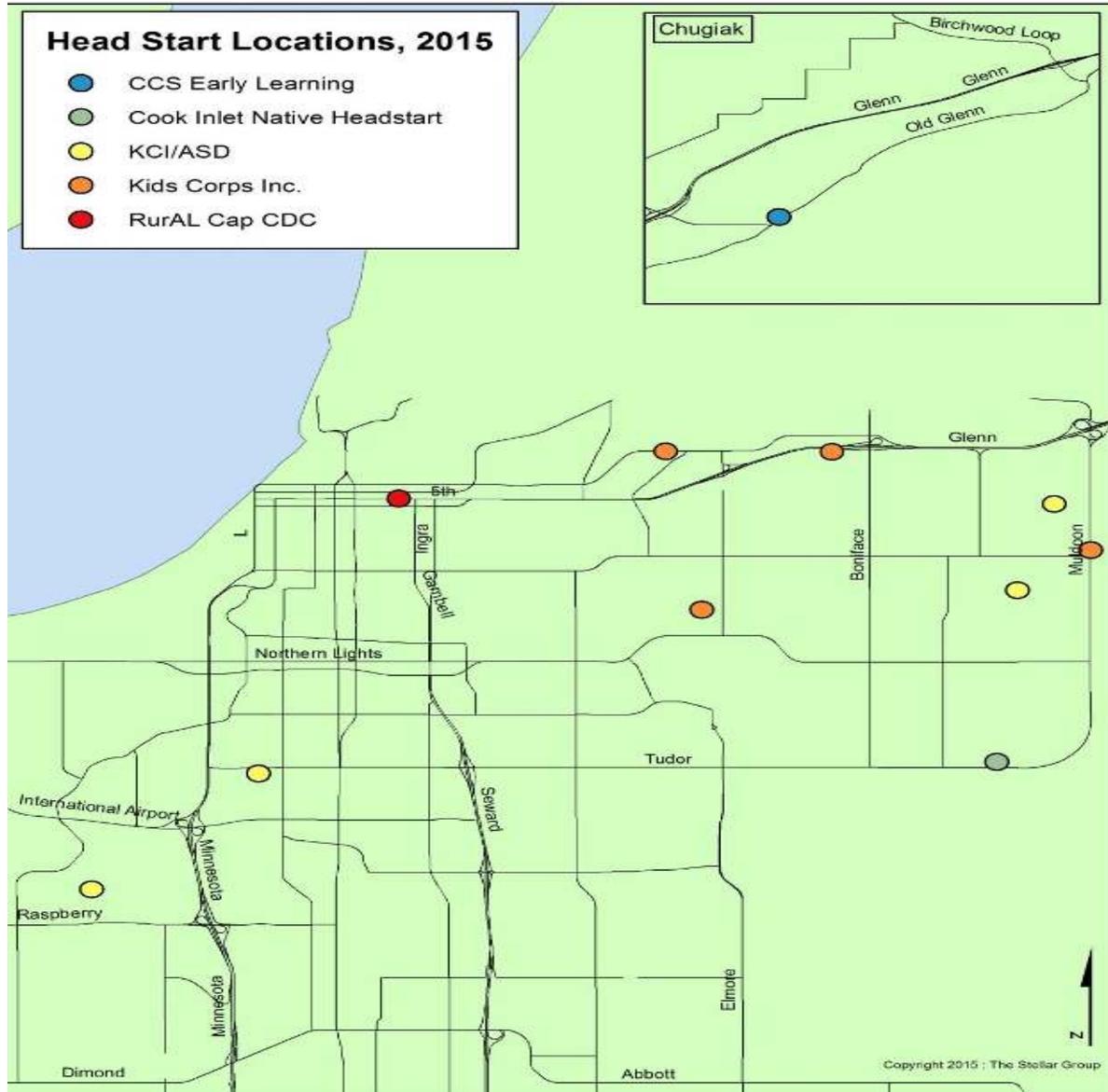
### Other Providers of Head Start Services

KCI is not the only Head Start provider in the Municipality of Anchorage, but we are the largest. Head Start and Early Head Start services are also provided by Cook Inlet Native Head Start, RuralCAP and CCS Early Learning. Cook Inlet Native Head Start serves only Alaska Native youth, and CCS Early Learning serves only youth in the Chugiak/Eagle River communities as well as the Mat-Su Valley. The chart below shows what percentage of the total Head Start attendees are served by each Head Start agency.



Source: Total served provided by ASD, KCI, CCS, and Rural Cap staff, February 2015

Head Starts are primarily located in the North of Anchorage, with some locations in the south, including KCI/ ASD collaboration sites. The map below shows where they are located throughout Anchorage.



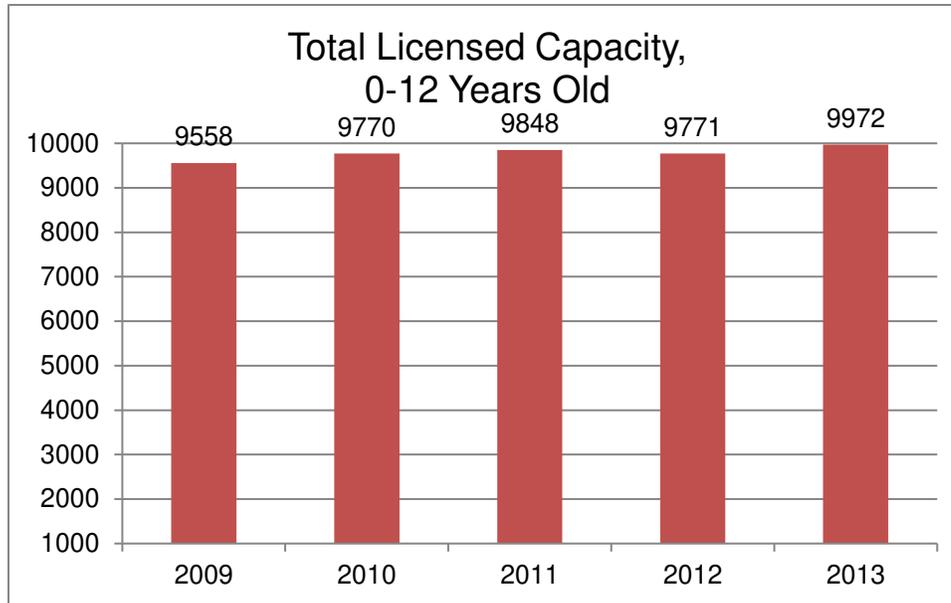
### Other Early Care & Education Programs in Anchorage

Cost is not the only barrier to accessing early care and education opportunities. There is a significant gap between the population demands, and the provider spaces. There are less than 300 licensed programs in all of Anchorage.<sup>22</sup> Meanwhile, there are about 26,000 children who are five and under in Anchorage.<sup>23</sup>

While the number of licensed programs has declined slightly, the number of spaces in the available programs is just shy of 10,000. These spaces are for children of all ages, from infants all the way to before and after school care for school aged youth.

<sup>22</sup> Data on MOA child care licensing provided by thread, Alaska's Childcare Resource Referral Agency.

<sup>23</sup> American Community Survey, 2009-13, Population under 18 years old in Anchorage, AK.



Source: MOA Licensing Data, provided by thread

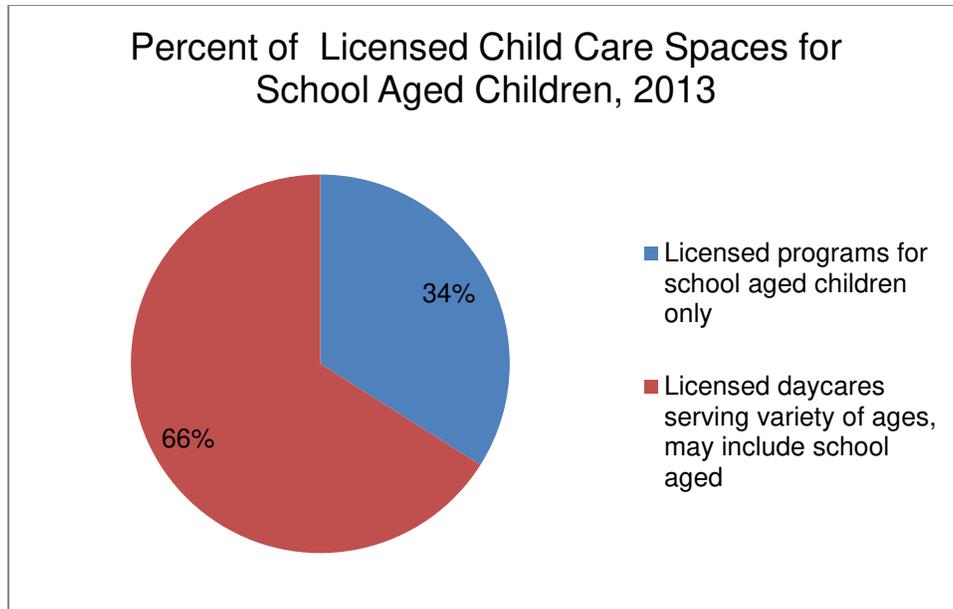
While child care centers and homes may serve any age range that they would like, including school aged children; school-aged programs do not serve young children. In Anchorage, just over one-third of all available capacity is in programs serving only school aged children. Daycare programs, which are about two-thirds of all capacity may serve any variety of ages. Some serve infants, others do not serve any children under 18 months, while others serve just preschool aged children. Many of the daycare programs serve school aged children, in addition to infants, toddlers and school aged children.

The exact number of slots available for any age group is difficult to determine because providers are not required to set aside or predetermine who they will serve with their available capacity. One-third of all available slots are for programs serving only school-aged children. The remaining 6300 are for children of any age.

The 2017 Alaska Child Care Market Price Survey Report released by the state Child Care Program Office in June 2018 surveyed 224 home and center based licensed child care providers statewide, including 110 in Anchorage. In Anchorage over 80% of respondents report charging above the market rate for care for children 3-5 years old, with a median cost of \$825 per full time month. 90% charge above market rate for toddlers (15 months-3 years), with a median cost of \$950 per month. Home based care (8 or fewer children) has considerably lower median costs: \$650 per month for pre-k aged children and \$700 for toddlers.

The survey reports that 32% of Anchorage respondents are operating at full capacity as listed on the provider's child care license. 39% report waitlists; almost all the respondents reporting waitlists are center-based providers. The survey reports 233 pre-k children and 321 toddlers on wait-lists for center based care for Anchorage.

The survey response for Anchorage was 64% for center providers and 22% for home providers. 119 centers and 152 home providers were emailed surveys.



Source: MOA Licensing Data provided by thread, 2013.

In 2013, there are additional spaces available from 687 unlicensed but approved providers, such as in home providers, relatives, and other approved providers. It is unknown if any approved providers or relatives offer preschool programs. More than half, 386 of the 687 are approved relatives.<sup>24</sup>

#### **IV. Early Learning Needs for Low-Income Children in Anchorage**

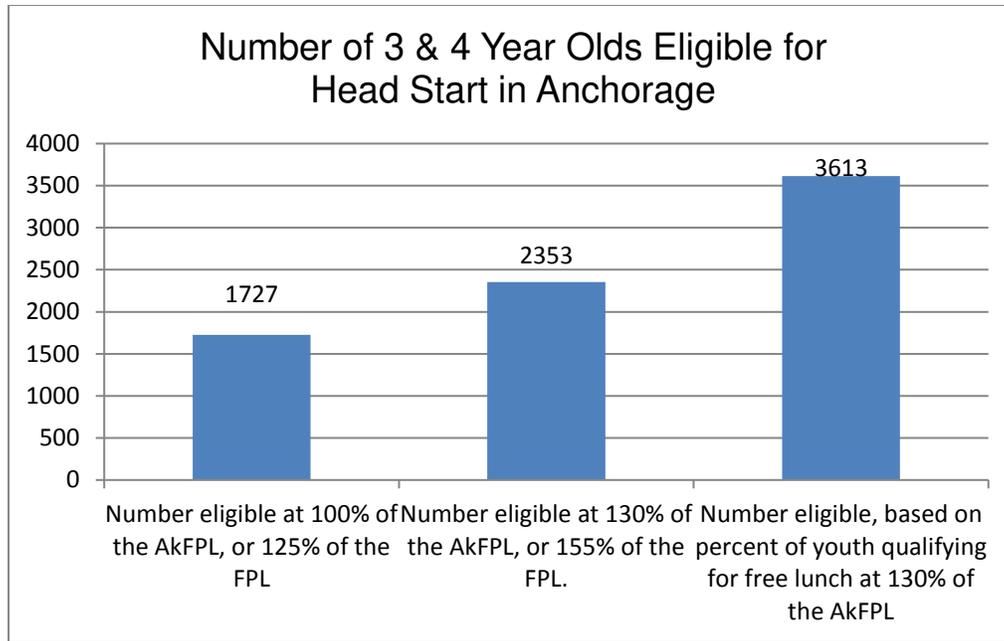
Head Start provides preschool for three and four year old children who are income eligible. Currently, to qualify for Head Start, a family must have an income at or below 130% of the FPL. In Alaska, the AkFPL is used to determine eligibility for Head Start.

There are 8811 three and four year old children in Anchorage.<sup>25</sup> Twenty percent are estimated to live below 100% of the AkFPL, and another 27% are estimated to live below 130% of the AkFPL.<sup>26</sup> An estimated 2353 three and four year old children are eligible for Head Start in Anchorage at 130% of the AkFPL. For just 4 year olds, the number eligible at 100% of the AkFPL would be 864, and at 130% of the AkFPL it would be 1177.

<sup>24</sup> Municipality of Anchorage, "FY 13 Number of Child Care Slots By Zip Code," provided by thread, Alaska's Childcare Resource Referral Agency.

<sup>25</sup> American Community Survey, 2009-13, Population Under 18 years, Anchorage, AK.

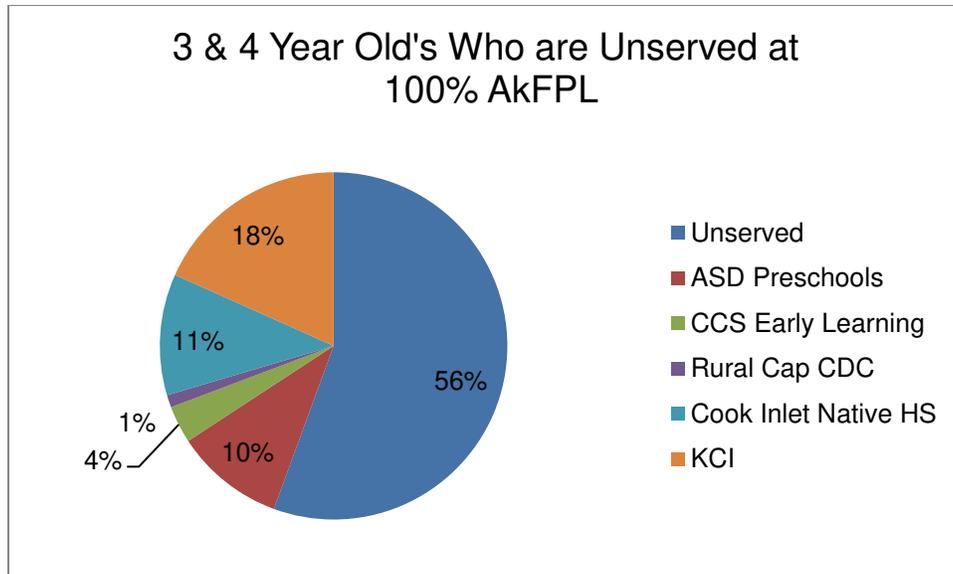
<sup>26</sup> American Community Survey, 2009-13, Age by Ratio of Income to Poverty Level in the Last 12 Months, Anchorage, AK.



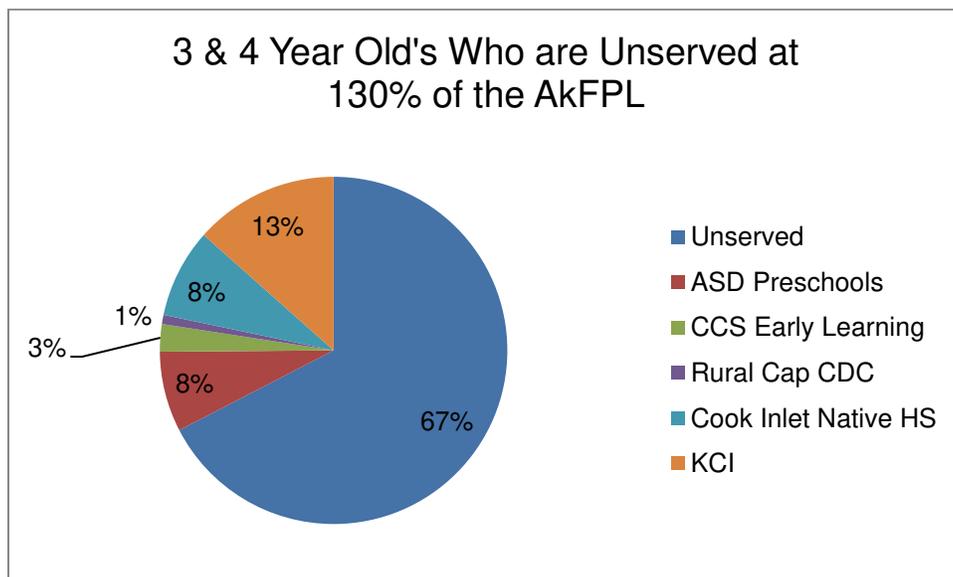
Another method sometimes used to calculate potential eligibility is through free lunch eligibility. In Anchorage elementary schools, 41% of elementary school children qualify for a free lunch, either through direct certification, because of participation in another State benefit program such as Supplemental Nutrition Assistance Program (SNAP) or filling out an application and indicating a family income below 130% of the AkFPL. If the percent of youth qualifying for free lunch eligibility is used to estimate eligibility, then the number of potentially eligible children rises by more than 50%, to 3613.

In Anchorage, the four Head Start agencies currently serve 591 students. ASD serves another 176 4-year old students through their preschool programs. Although eligibility for the ASD programs is not based on income, the preschools are all located in Title 1 school communities, which are predominantly low-income. The charts below shows how many eligible 3 and 4 year old children are currently being served by existing programs at each poverty threshold.

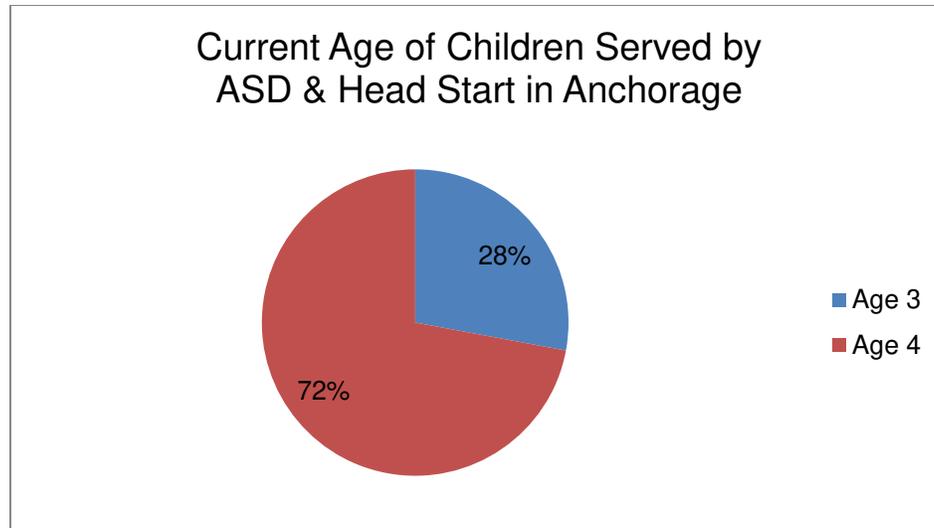
At 100% of the AkFPL, there are 960 three and four year olds who are eligible for Head Start but are not currently enrolled in Head Start or ASD programs



At 130% of the AkFPL, there are 1586 three and four year olds who are eligible for Head Start but are not currently enrolled in Head Start or ASD programs.



Currently, KCI, along with other Head Start agencies primarily targets four year olds at 100% of the AkFPL. The ASD preschool programs only serve four year olds. While three year olds are eligible for KCI and other Head Start programs, they are a minority of the total children served. As a result, there are fewer un-served 4 year olds than 3 year olds.



Source: ASD & Head Start Program Staff, 2015.

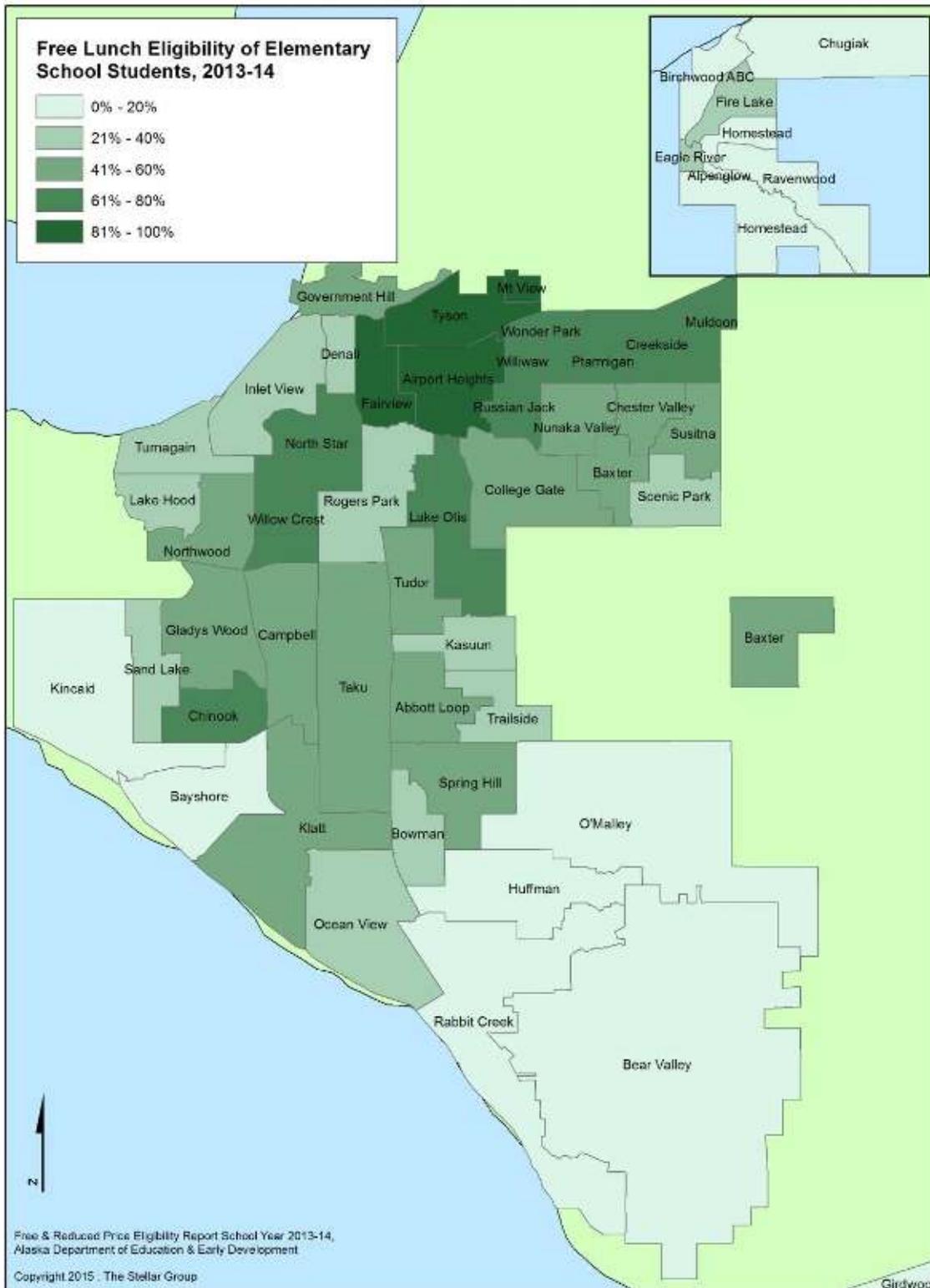
There are an estimated 312 un-served four year olds and 649 un-served 3 year olds at 100% of the AkFPL. At 130% of the AkFPL, the estimate grows to 625 un-served 4 year olds and 962 un-served 3 year olds. This estimate does not take into account that children in families living below the poverty level may also be in the ASD special education preschool or a private early learning or preschool program, either through parent-pay, or subsidized care, such as the State's Child Care Assistance Program (CCAP) Parent's Achieving Self-Sufficiency (PASS) program.

### Neighborhood Poverty

Typically US census data from the American Community Survey is used to identify neighborhoods have the highest levels of poverty, but the small sample size in Anchorage makes the neighborhood level data unreliable. The distribution of free lunch eligibility in Anchorage's neighborhood elementary schools is another method for identifying neighborhoods with a high concentration of children living in poverty.

Across ASD, 41% of all elementary school students qualify for free lunch.<sup>27</sup> Schools located in Northeast Anchorage, such as William Tyson, Mountain View, Williwaw, Airport Heights and Fairview Elementary Schools all have more than 80% of children on the free lunch program. Higher concentrations of 60-79% eligible for free lunch are also found at Chinook Elementary school in South Anchorage, in Midtown around the school communities of Willow Crest, North Star and Lake Otis Elementary Schools and in East Anchorage for Russian Jack, Chester Valley, Wonder Park, Ptarmigan, Creekside and Muldoon Elementary Schools. The map on the next page shows free lunch eligibility at neighborhood schools.

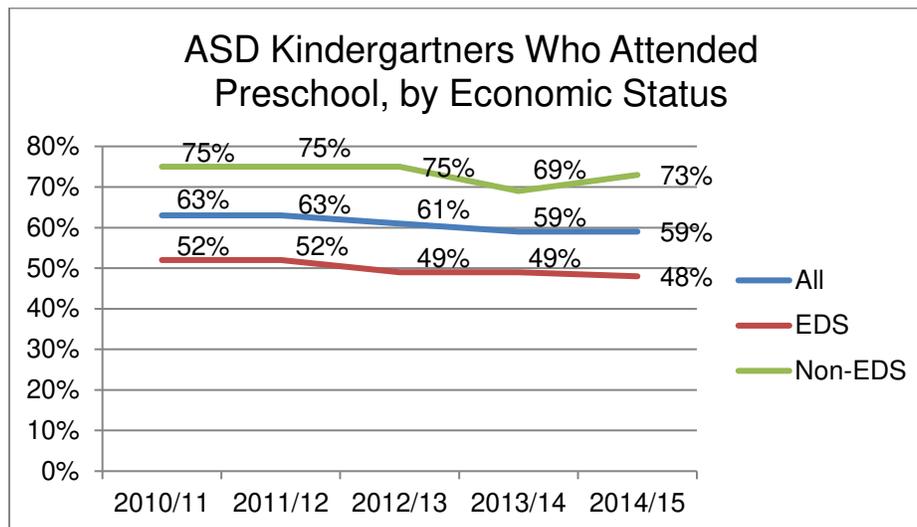
<sup>27</sup> Alaska Department of Education & Early Development, Child Nutrition Programs, National Free & Reduced Lunch Report, 2014.



### School Readiness & Preschool Attendance

Across the Anchorage School District, the number of families sending their children to preschool has remained fairly stagnant over the last few years. Information about preschool attendance is collected from parents at school entry, and does not speak to any quality measures of the preschool that the incoming kindergartners attended. Within the ASD, EDS is used to describe children from low-income families who qualify for free lunch at 130% of the AkFPL, or reduced price lunches at 185% of the AkFPL, and non-economically disadvantaged (non-EDS) is for children who do not qualify for free/reduced price lunches.

Children from economically disadvantaged (EDS) backgrounds are not as likely to attend preschool as their non-economically disadvantaged peers. For the 2014/15 school year, EDS kindergartners have a rate of preschool attendance that is 25% lower than non-EDS kindergartners.<sup>28</sup>



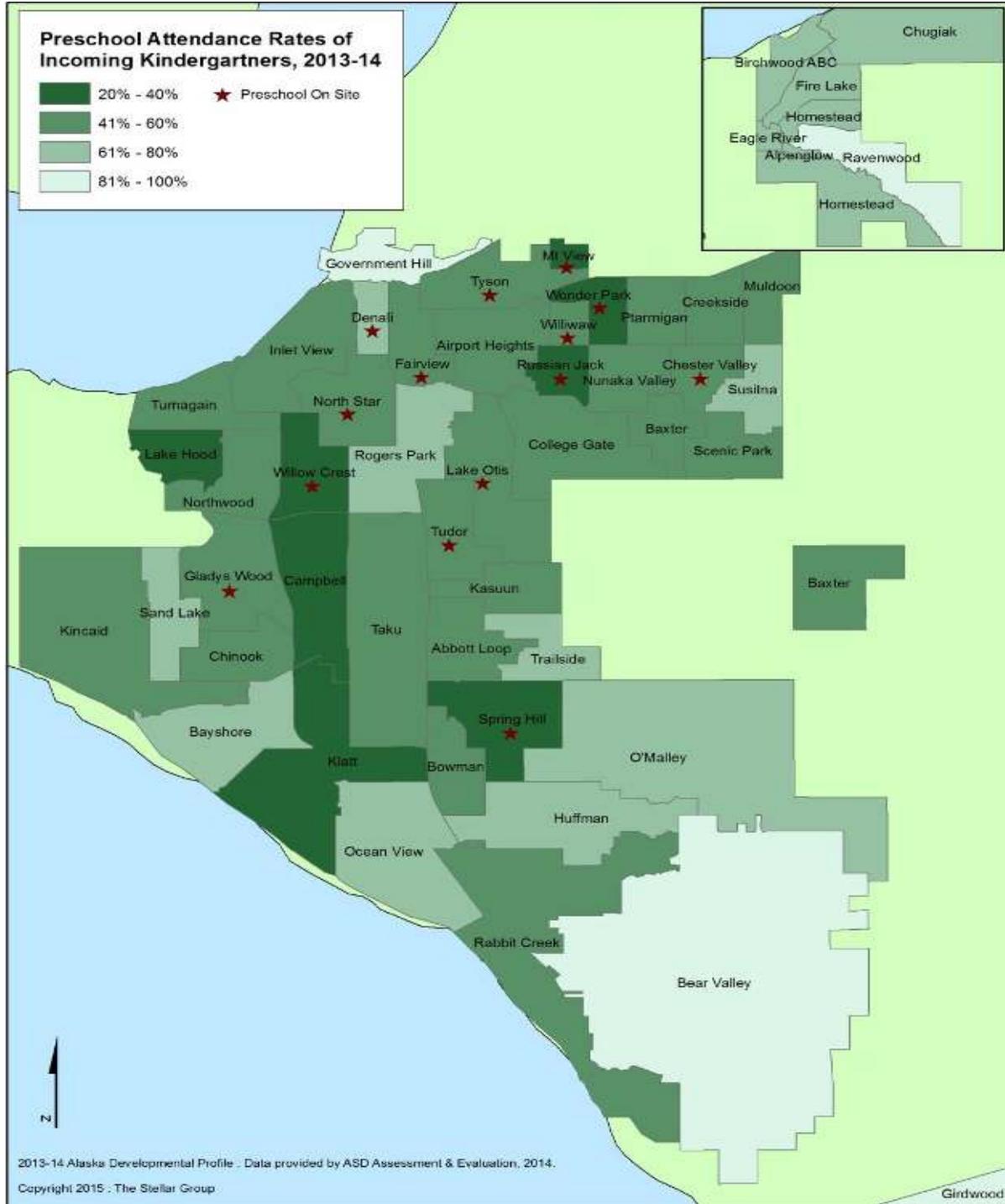
Source: ASD Assessment & Evaluation, Alaska Developmental Profile

Data.

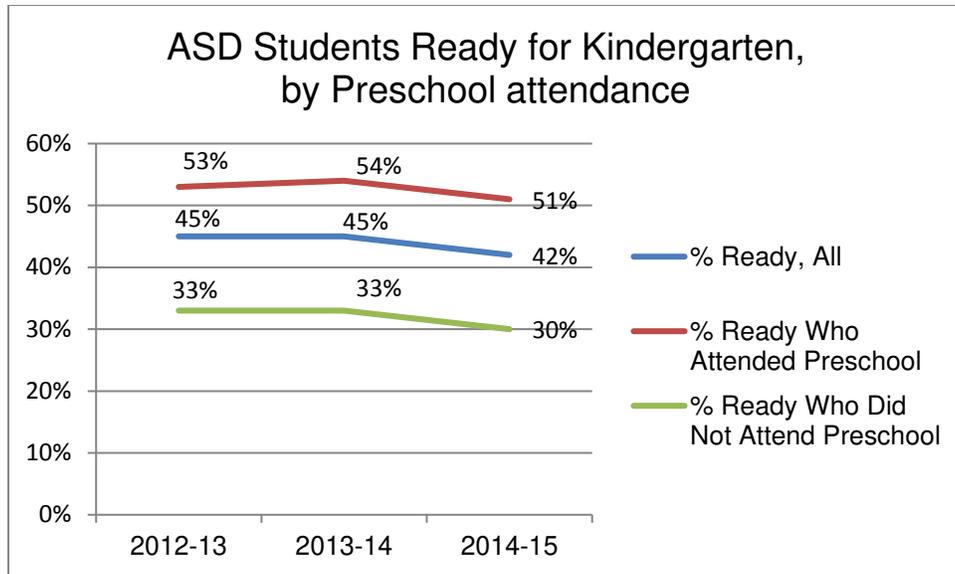
In 2013-14, 59% of all incoming kindergartners attended preschool.<sup>29</sup> However, the percent of kindergartners who have attended preschool before kindergarten entry varies significantly by school. In 2013-14, only 20-40% of incoming kindergartners at Mountain View Elementary school, Wonder Park or Russian Jack Elementary Schools attended preschool, although these schools all have preschool programs on site. A similarly low percentage attended preschool at Lake Hood, Willow Crest, Campbell, Spring Hill and Klatt Elementary Schools. The map on page 25 shows preschool attendance rates at neighborhood elementary schools across Anchorage.

<sup>28</sup> Anchorage School District, Assessment & Evaluation, Alaska Developmental Profile Data, 2010/11 – 2014/15.

<sup>29</sup> Anchorage School District, Assessment & Evaluation, Alaska Developmental Profile Data.

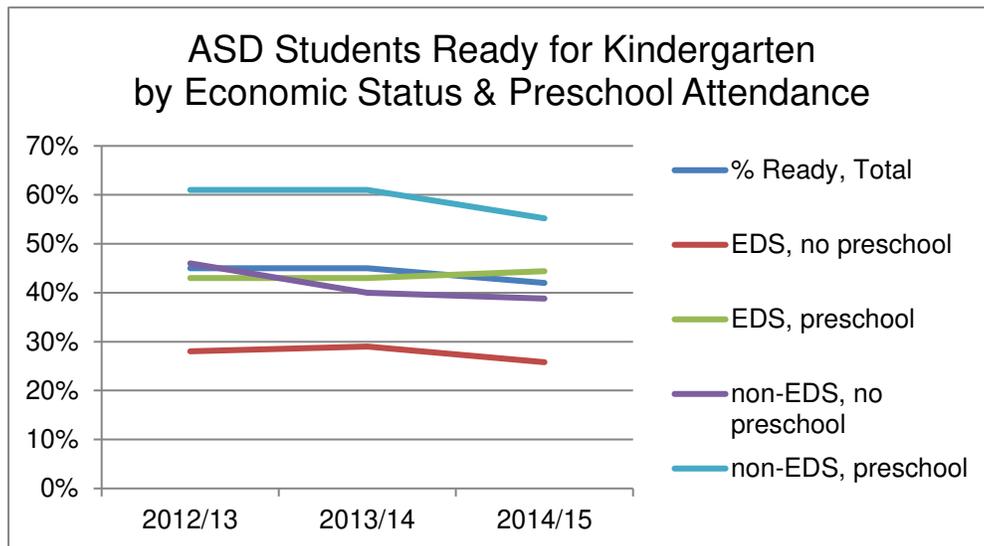


Going to preschool has an impact on how ready children are when they start school. ASD kindergartners who attend preschool have a rate of school readiness that is 20% higher than that of their non-preschool attending peers. Children who did not attend preschool are less likely to be ready than those who did attend preschool.



Source: ASD Assessment & Evaluation, Alaska Developmental Profile data.

The impact of preschool is even more pronounced when looking at the difference in readiness between EDS and non-EDS kindergartners who have not attended preschool.



Source: ASD Assessment & Evaluation, Alaska Developmental Profile data.

EDS children are not only less likely to be ready for school if they do not attend preschool, there are also less likely to have attended preschool at all. In ASD's kindergarten class of 2014/15, only 469 non-EDS kindergartners did not go to preschool while 1049 EDS kindergartners did not attend preschool.

Kindergarten readiness is defined by the 90% by 2020 Community Partnership as a sum score of 20 or higher on the Alaska Developmental Profile (ADP). All incoming kindergartners in Alaska are assessed with the ADP during their first six weeks of kindergarten. A score of 20 or higher

has been found to be predictive of scoring at or above proficient on standardized tests in reading and math when they are in the 3<sup>rd</sup> grade.<sup>30</sup>

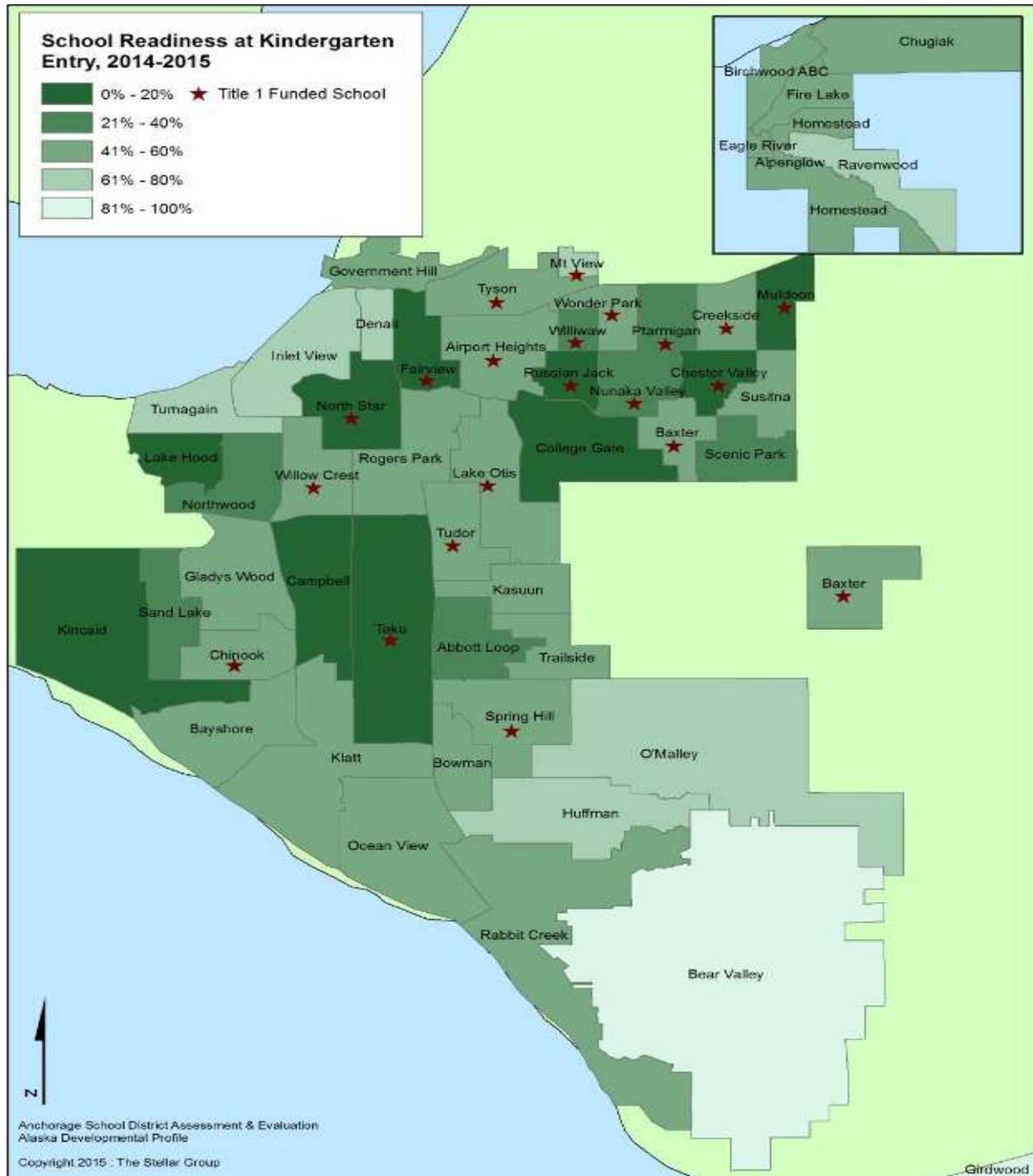
As the map on page 28 shows, kindergarten readiness rates at each of the neighborhood schools is highly varied. Many factors influence kindergarten readiness. This map is intended to provide a snapshot in time of the community.

While Mountain View is one of the most low-income schools in Anchorage, it has a high rate of kindergarten readiness, compared to similar schools. Kindergartners at Wonder Park were also more likely to be ready. This could be because of the benefits of the ASD preschool program. However, Russian Jack, and Chester Valley, also have preschool programs and have low -rates of readiness. This could be because the programs serve a low percentage of all incoming kindergartners, or because of the special populations that the schools serve. For example Russian Jack has a special program for hearing impaired students. Muldoon, Fairview, North Star and Taku also have lower than average rates of readiness. Non-Title 1 schools with low rates of readiness include Kincaid, Campbell, Taku, Lake Hood and Chester Valley.

Schools in South Anchorage and Eagle River and Girdwood lead in readiness and have low-levels of children in poverty.

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<sup>30</sup> ASD Assessment & Evaluation, Alaska Developmental Profile, Cut Score Analysis, January 2015.



## V. Children's Health & Well Being in Anchorage

Early childhood is considered to be the most important phase of life and a time of great opportunity as well as great vulnerability for children. How well children grow and develop depends largely on the opportunities and experiences that they have early in life. Home, community and care settings all play an important role.

### Prenatal Care & Birth

Most women receive some form of prenatal care while they are pregnant. In Anchorage, from 2011-13:

- 78.4% of women received prenatal care in their first trimester;
- 62.3% received prenatal care that was adequate or better during their pregnancy;
- 11.3% reported smoking while pregnant;
- 3.1% reported drinking while pregnant (2012 only).<sup>31</sup>

Most of the babies born in Anchorage are healthy:

- 10.1% were pre-term births.
- 6.3% had low-birth weight.<sup>32</sup>

Nationwide, the US average for premature births was 11.4% in 2014, its lowest rate ever. Being uninsured, inadequate prenatal care and smoking are all risk factors for premature births.<sup>33</sup> In Anchorage, Providence Hospital has the only Level 3, Neonatal Intensive Care Unit, and many women with high risk pregnancies come to Anchorage specifically for these services, which could increase the number of pre-term and low-birth weight babies born in Anchorage.

In 2015, over one-fifth of Alaska women who delivered a live birth did not receive prenatal care beginning in the first trimester.

- The percentage was 20.2% for all Alaskans and 24.3% for Alaska Native women who delivered live births.
- Due to the changes on the birth certificate on the timing of the first prenatal care visit, rates from 2013 and later are more precise and not directly comparable to earlier years. (32)

Nearly 30% of women giving birth in the northern (28.2%) and southwest regions (28.6%) did not receive prenatal care beginning in the first trimester for the 5-year period of 2011-2015.

- Although there has been improvement in the rate of prenatal care beginning in the first trimester of pregnancy, particularly among Alaska Native mothers, the rates for both all Alaskan mothers and Alaska Native mothers have not declined sufficiently to make the Healthy Alaskans 2020 objective of 19%. (32)

- Alaska PRAMS surveyed women who recently delivered a live birth about their ability to obtain prenatal care when they wanted it, and asked them to list the corresponding reasons if they were unable to. During 2002-2011, the prevalence of Alaskan women who received prenatal care as early as they wanted it increased from 80.4% to 85.0%. The most common reason that Alaskan women gave for not getting prenatal care as early in their pregnancy as they wanted was because they didn't know they were pregnant (36.5%). Not having a Medicaid or Denali KidCare card (35.6%) or not being able to get an appointment when they wanted one (35.0%) were also common reasons given. (32)

<sup>31</sup> Alaska Bureau of Vital Statistics, Birth Profile for Anchorage, 2011-2013.

<sup>32</sup> Ibid.

<sup>33</sup> March of Dimes, 2014 Premature Birth Report Card. <http://www.marchofdimes.org/materials/premature-birth-report-card-united-states.pdf>.

- The Adequacy of Prenatal Care Utilization (APNCU) index makes use of two types of prenatal care information obtained from birth certificate data: when prenatal care began (adequacy of initiation) and the number of prenatal visits from when prenatal care began until delivery (adequacy of received services). In 2015, only 58.4% of mothers of live births received adequate prenatal care. (33)

### Breastfeeding Initiation & Perseverance

In Alaska breastfeeding initiation rates are among the highest in the nation. Women with higher levels of education were more likely to breastfeeding. Statewide, from 2009-11:

- 93.4% of women reported initiating breastfeeding;
- 72.5% are still breastfeeding at 8 weeks post-partum;
- White women are more likely than Alaska Native women to continue breastfeeding.<sup>34</sup>

### Childhood Immunizations

Only 64.5% of Alaskan children aged 19-35 months have completed the recommended immunization series. Between 2007-2012 there was no significant change in immunization rates and Alaska's immunization rates are similar to the US average.<sup>35</sup> These are still well below the Healthy Alaskans 2020 goal of 75% of children vaccinated on time.

Mothers of 3 years olds reported that the most common reason for delaying or deciding not to get shots for their children were:

- 61% felt too many shots given at once;
- 48% thought some shots given too early;
- 39% think that shots do more harm than good;
- 17% have religious beliefs or concerns
- 12% do not think the diseases affect their child.<sup>36</sup>

Other reasons cited included lack of insurance, forgetting to make appointments, allergies, family history of allergic response, child sick at time, and shots not available in clinic as reasons for not getting their child immunized.<sup>37</sup>

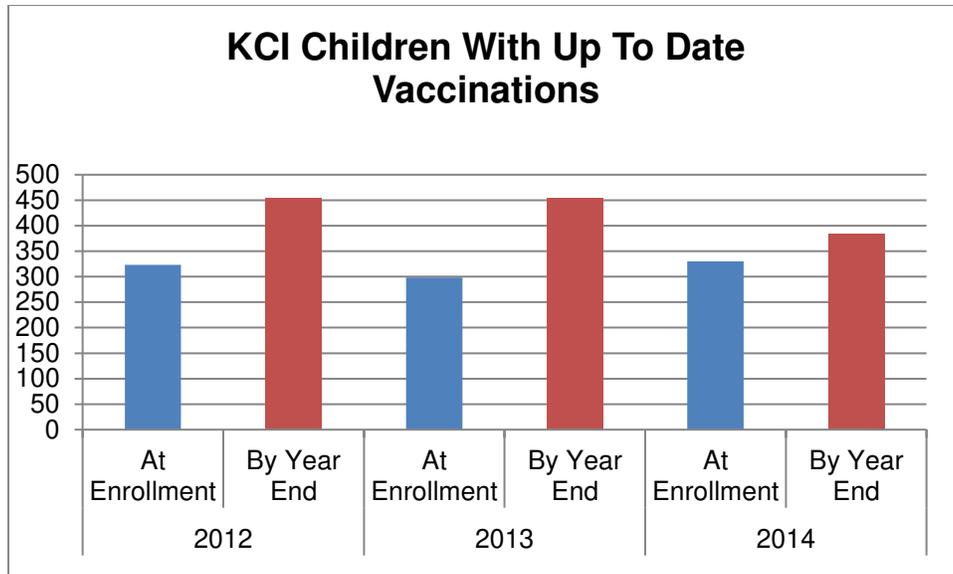
For children entering KCI, a number are not up to date on their vaccinations at enrollment. Childcare licensing requires children to have all of the required immunizations before attending, so between enrollment and beginning the program parents must bring their children up to date. In 2012, 86% of children were up to date on their enrollments at enrollment, in 2013 only 66% were and in 2014, 71%. Recent years are above the Alaskan average, but below the Healthy Alaskans 2020 goals.

<sup>34</sup> Alaska Maternal and Child Health Data Book 2014, p. 30-31.

<sup>35</sup> Healthy Alaskans 2020 25 Leading Health Priorities, <http://hss.state.ak.us/ha2020/25LHI.htm#17>.

<sup>36</sup> Alaska Childhood Understanding Behaviors Survey (CUBS) 2013 Data Sheet, Immunizations.

<sup>37</sup> Ibid.



Source: KCI Program Data, 2012-14.

### Prevalence of communicable diseases

#### PERTUSSIS

- During 2015, 106 cases of pertussis were reported to the state office of epidemiology, yielding an incidence rate of 14 cases per 100,000 persons; nearly half of the cases were reported as part of an outbreak in the Interior (Figure 16). (1)

- A breakdown of pertussis cases reported to SOE by age group for 2011–2015 is displayed (Figure 17).

An outbreak of pertussis that began in 2012 accounted for significant increases in cases reported in 2012 and 2013. (2) Data from 2012 and 2013 were also summarized in a report that estimated epidemic conditions are reached after monthly cases counts exceed 30. (3)

Figure 16. Reports of Pertussis by Year — Alaska, 2011–2015

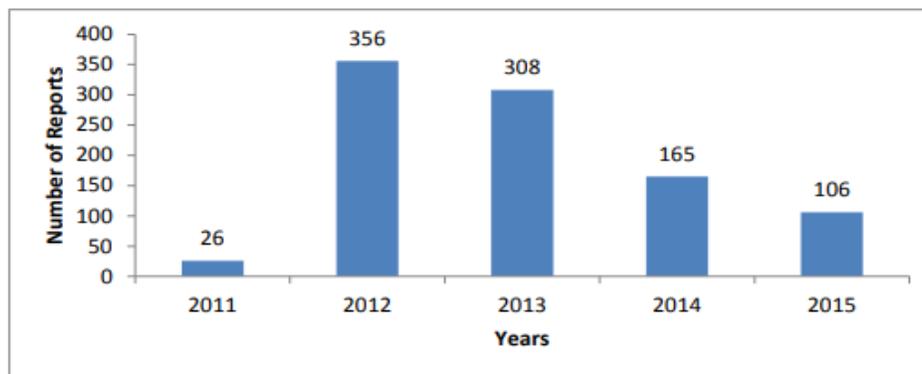
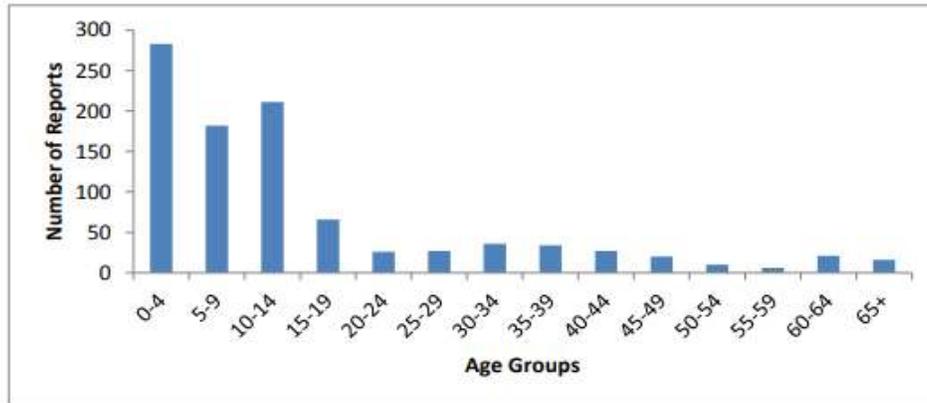


Figure 17. Reports of Pertussis by Age Group — Alaska, 2011–2015



## References

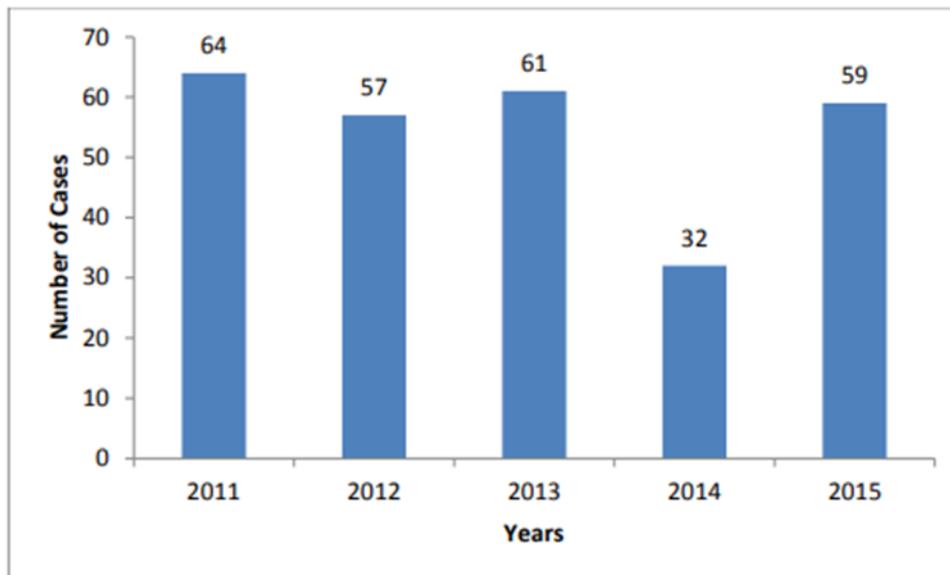
- (1) CDC. Tuberculosis Data and Statistics. Available at: <http://www.cdc.gov/tb/statistics>
- (2) Alaska Section of Epidemiology Bulletin. The Financial Cost of a Large Tuberculosis Outbreak in an Alaska Village. No. 14, June 25, 2015. Available at: [http://www.epi.alaska.gov/bulletins/docs/b2015\\_14.pdf](http://www.epi.alaska.gov/bulletins/docs/b2015_14.pdf)

## VARICELLA

- Alaska averaged 55 cases of varicella annually from 2011 to 2015 (Figure 24). A spike in varicella cases occurred in the fall of 2012 in Kenai Peninsula communities with low vaccination rates. A Public Health Advisory was published and an investigation completed. (1)

- Twelve cases were confirmed among school age children attending four schools in Homer. The majority of cases reported to SOE are only clinically diagnosed without laboratory confirmation; health care providers are encouraged to test to more accurately describe varicella epidemiology and ensure that appropriate disease control measures are implemented. (2)

Figure 24. Reports of Varicella — Alaska, 2011–2015



## References

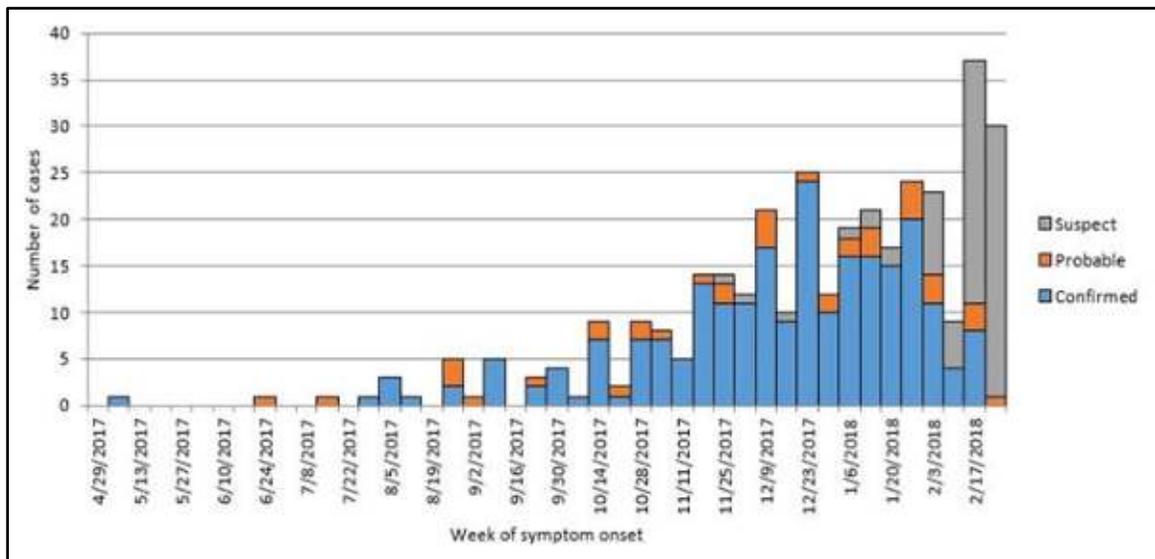
(1) Alaska Section of Epidemiology Bulletin. Outbreak of Chickenpox at a Child Care Facility Kenai Peninsula, 2011. No. 6, March 7, 2012. Available at:

[http://www.epi.alaska.gov/bulletins/docs/b2012\\_06.pdf](http://www.epi.alaska.gov/bulletins/docs/b2012_06.pdf)

(2) Alaska Section of Epidemiology Bulletin. Chickenpox (Varicella) Update. No. 2, January 13, 2015. Available at: [http://epi.alaska.gov/bulletins/docs/b2015\\_02.pdf](http://epi.alaska.gov/bulletins/docs/b2015_02.pdf)

## MUMPS

Confirmed, Probable, and Suspect Cases of Mumps by Week of Symptom Onset — Alaska, May 1, 2017 to March 2, 2018



Confirmed and Probable Cases of Mumps by Month of Symptom Onset and Region — Alaska, May 1, 2017 to March 2, 2018

	Region							TOTAL
	Anch	Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	
May-17	1	0	0	0	0	0	0	1
Jun-17	1	0	0	0	0	0	0	1
Jul-17	2	0	0	0	0	0	0	2
Aug-17	10	0	0	0	0	0	0	10
Sep-17	12	0	0	0	0	0	0	12
Oct-17	22	1	0	0	0	0	0	23
Nov-17	47	0	0	0	0	0	0	47
Dec-17	66	2	1	1	0	0	0	70
Jan-18	80	3	0	0	0	2	0	85
Feb-18	15	4	0	0	0	1	0	20
<b>TOTAL</b>	<b>256</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>271</b>

-Cases are defined according to national standards <https://wwwn.cdc.gov/nndss/case-definitions.html>.

-Data are provisional; therefore, case counts may be updated as new data become available.

-By national convention, cases are assigned by patient residence which may not always be the location of exposure.

-Areas with low or no case counts may reflect absence of testing rather than absence of disease.

*Source:* Alaska Mumps Outbreak Surveillance; March 2, 2018

### Birth Defects and Other Special Needs

The overall percentage of children born with birth defects is low. For 2013, in Anchorage, 99.4% of children are born without any noticeable birth defects; the rate is the same Statewide. The most commonly reported birth defects observed are gastroschisis, cleft lip, down syndrome, chromosomal disorder or hypospadias. In 2013, 3-5 children in Anchorage were diagnosed with each of these conditions at birth. A child may have more than one reported birth defect.<sup>38</sup> This number is likely lower than the actual occurrence, because of the short time frame between birth and discharge by hospital or birthing staff. Many more birth defects, or special needs are discovered as children grow and approach different developmental milestones.

The Program for Infants & Children (PIC) provides early intervention services for infants and toddlers with special needs who are age 0-3, and their families. In 2015, 362 children in Eagle River and Anchorage are receiving services from PIC.<sup>39</sup> When children age out of PIC, they often transfer to an ASD program that provides special education for children aged 3 to 5 who experience developmental delays or other disabilities. In 2014-15, approximately 450 children are being served by the ASD Special Education preschool program.<sup>40</sup>

Statewide, 8.1% of 3-year olds have been enrolled in an early intervention or infant learning program, and another 3.9% have been enrolled in a school district special education or special needs program.

The most common specialized services that parents reported receiving for their children were:

- 6% Hearing specialist;
- 5.5% Speech or language therapist;
- 4.4% Eye specialist;
- 3.8% Physical or occupational therapist.<sup>41</sup>

### Nutrition & Oral Health

From 2008 to 2012, there was a significant decline in the overall proportion of Alaskan mothers who reported that their 3-year old had had no health insurance of any kind at some time. It fell from 16.2% in 2008 to 7.9% in 2012. In 2012, Alaska Native mothers were more likely (10.2%) than Caucasians (7.8%) to report that their 3-year old was ever not covered by health insurance.<sup>42</sup> From 2009-2011, 79% of mothers in Anchorage/Mat-Su region reported having health care coverage before becoming pregnant.<sup>43</sup> Having health care makes it more likely that people will

<sup>38</sup> Alaska Bureau of Vital Statistics, Birth Defects for Anchorage, 2013.

<sup>39</sup> PIC program participant data, 2015.

<sup>40</sup> E-mails with Beth Snyder, Early Childhood Specialist, Anchorage School District, February 2015.

<sup>41</sup> Alaska Childhood Understanding Behaviors Survey, 2013 Data Sheet.

<sup>42</sup> State of Alaska, Department of Health & Social Services, Alaska Maternal Child Health Data Book 2014, p.54.

<sup>43</sup> Ibid.

get the health care they need, and avoid delaying or missing needed health care, and increases the likelihood of receiving preventative care.

The most common conditions that children served by KCI are receiving medical treatment for include anemia, asthma and hearing or vision problems. Since 2012, the number of children being treated for asthma has more than tripled (to 55 from 14) and the number of children with anemia has more than doubled (from 3 to 8).

The prevalence of overweight and obesity in children is a public health concern in Alaska. A study of Alaska DHSS program records found a high prevalence of obesity and overweight in Alaskan children in a variety of age groups:

- 41% of 2-4 year olds in WIC statewide;
- 40% of 3-year olds statewide;
- 35% of kindergartners statewide;
- 36% of ASD K-12<sup>th</sup> graders.<sup>44</sup>

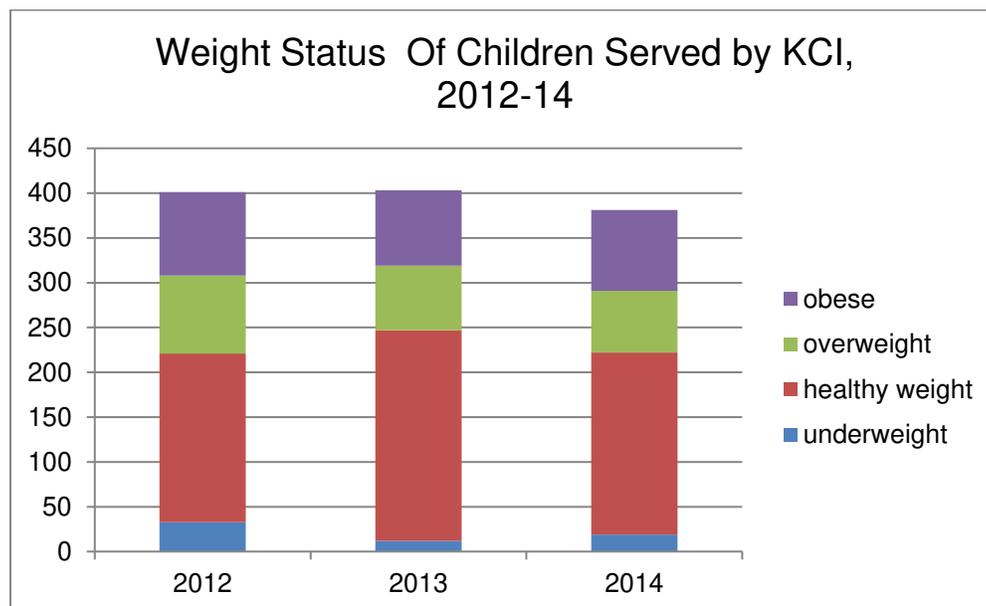
#### Childhood obesity rates

In 2017, nearly 18% of Alaskan students were overweight (an increase from 13.7% in 2013) and about \$114,750,000 of Medicaid funds pay for the cost of obesity-related medical costs (37)

- The amount of sugar sweetened beverages consumed have decreased since 2007 (37)
- The amount of students watching 3 or more hours of screen time a day has increased from 23.4% in 2007, to 40.6% in 2017 (37)

- In 2016 20.6% of 2-4 year olds in WIC were obese in Alaska (38)

- In KCI, 74 (29.9%) of our children were obese in the fall of 2017 and 81 (32.8%) were overweight



<sup>44</sup> State of Alaska, Department of Health & Social Services, Alaska Obesity Facts Report 2012, p. 18.

Source: KCI Program Data, 2012-14.

Public health experts agree that good nutrition and physical activity play a significant role in decreasing the prevalence of overweight and obesity. Sugar sweetened beverage consumption is a particular concern. In the 2013 CUBS survey, Anchorage mothers of 3 year olds were asked what drinks their child had had the previous day:

- 97% had water, in any amount;
- 95% had milk, in any amount;
- 52% had 100% fruit juice, in any amount;
- 20% had a sweetened drink, in any amount;
- 12% had soda, in any amount.<sup>45</sup>

Many children also do not get the recommended five servings of fruit or vegetables each day. In the 2013 CUBS survey, Anchorage mothers of 3 year olds were asked about specific foods their child had had the previous day, 74% had 2 or more servings of fruit in the day prior, but only 20% had had two or more servings of vegetables that day (not including French fries). 39% had at least one serving of French fries and 68% had one or more servings of candy or cookies.<sup>46</sup> Survey results for 2014 show a very modest increase (2-3%) re: the consumption of fruits and vegetables (released in 2017). Future surveys will show whether a positive trend is developing. According to the 2013 Youth Risk Behavioral Surveillance Survey (YRBSS), only 20% of Alaskan youth consumed vegetables or fruits five or more times per day over the last seven days.<sup>47</sup>

A Gallup survey ranked Anchorage d the lowest out of 189 metro communities for having easy access to affordable fruits and vegetables. Only 67.3% of Anchorage residents reported easy access to affordable fruits and vegetables, and Anchorage has been the lowest ranked community since 2008.<sup>48</sup>

#### Local initiatives to address child obesity

- Lets Move! Child Care initiative in 22 ECE sites
- State of Alaska Obesity Prevention Program provided training to 30 ECE providers through AAIEYC
- Alaska Alliance for Healthy Kids- group focusing on 5 different priorities to attack childhood obesity
- Play Everyday- Campaign that promotes 60 minutes of play a day and no sugar sweetened beverages, via funding from the State of Alaska Childhood Obesity Prevention Program

<sup>45</sup> 2013 Childhood Understanding Behaviors Survey, Anchorage, AK responses, provided by State of Alaska, DHSS, DPH, Maternal Child Health Epidemiology, March 2015.

<sup>46</sup> Ibid.

<sup>47</sup> State of Alaska, Department of Health & Social Services, 2014 SNAP-Ed Program Needs Assessment, p. 13.

<sup>48</sup> Gallup-Healthways Well-Being Index, January 2012-December 2013. <http://www.gallup.com/poll/168368/anchorage-access-fruits-vegetables-remains-lowest.aspx>

- Healthy Futures Challenge- Challenge in elementary schools to get kids moving for 60 minutes a day, prizes are given out to those who complete the challenge, via the Alaska Sports Hall of Fame
- Providence and ASD Sqord Program 2015  
<https://alaska.providence.org/news/2015/09/providence-anchorage-school-district-promotes-fitness>

### Food Insecurity

A recent study conducted for the Food Bank of Alaska (FBA) estimates that 1 in 7 Alaskans can not count on their next meal. In any given week, 6,300 Alaskan households visit a food pantry, soup kitchen or other program for food assistance. Nearly 155,000 people are served annually. FBA estimates that 32% of those served are children under 18.<sup>49</sup>

According to FBA, hungry Alaskans make difficult choices, including:

- 64% decide between food and transportation;
- 59% choose whether to heat or eat;
- 56% choose between medicine and meals;
- 53% decide whether to pay rent or buy food.<sup>50</sup>

Participation in SNAP:

- Kids' Corps, 2017 program year: 143 families (57%)
- 74% of SNAP households are families with children (40)
- In 2016 328,410 meals were generated by Food Bank of Alaska's SNAP Outreach program during FY16 (40)
- -89,000 (12%0 Alaskans participated in SNAP in 2017 (41)

- Women, Infants and Children (WIC) program participants:

- Kids' Corps, 2017 program year: 104 families @ enrollment (42%)
- 18,188 Alaskan families used WIC in 2017 (42)

- Participants in food distribution programs:

- In 2017, St. Francis House in Anchorage distributed 750,000 pounds of food to over 17,000 Alaskans (39)

### Access to pediatric oral health care and treatment

#### Current oral Health Status

- Oral health has been selected by USDHHS as one of the leading health indicators for the Healthy People 2020 process – noting the growing body of evidence that has linked oral disease, particularly periodontal disease, to several other chronic diseases. The indicator for oral health for the leading indicator is:

<sup>49</sup> Food Bank of Alaska, Hunger in America Alaska Report 2014 Executive Summary.

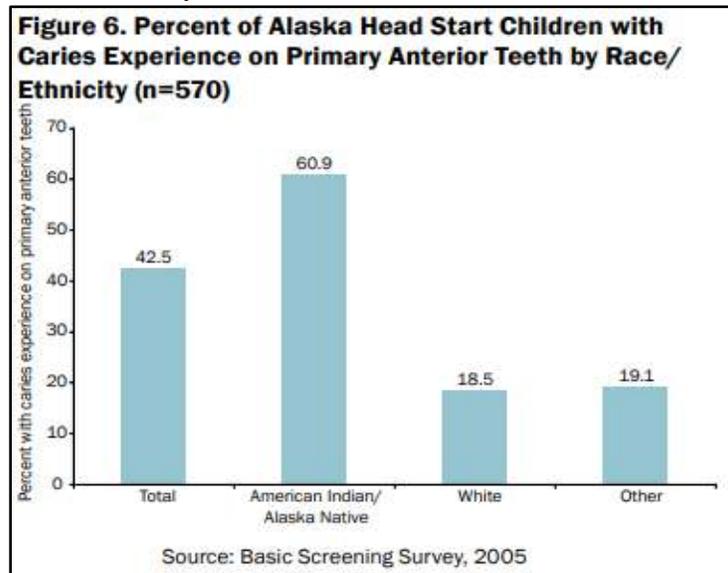
<sup>50</sup> Ibid.

- Persons aged 2 years and older who used the oral health care system in the past 12 months (OH-7 listed on Table 2).

62% children 6-8 years old have experienced dental caries and 24% have untreated caries (34) Dental decay (caries) remains the most common chronic disease of childhood – five-times more common than asthma and seven-times more common than hay fever. It is estimated 52 million school hours are missed annually by children with oral health problems. Other consequences of extensive tooth decay include pain, affect on learning and/or behavior management problems. Loss of teeth, especially front teeth, can affect speech development. Additionally, extensive decay results in expensive dental care – early childhood caries may require hospital-based dental care under general anesthesia. Children with decayed or missing teeth may also suffer embarrassment and problems with self-esteem. (35)

Recent national dental assessment information indicates dental decay in preschool age children is increasing.

- Data from the National Health and Nutrition Examination Survey (NHANES) indicates that caries in primary teeth is increasing in 2-5 year olds; from 24% in the 1988-1994 NHANES to 28% in 1999-2004 NHANES.
- Decayed and filled primary teeth (dft) also increased from 1.39 dft in the 1988-1994 assessments to 1.58 dft in 1999-2004.
- The rate of untreated decay remained stable at 23%.(35)



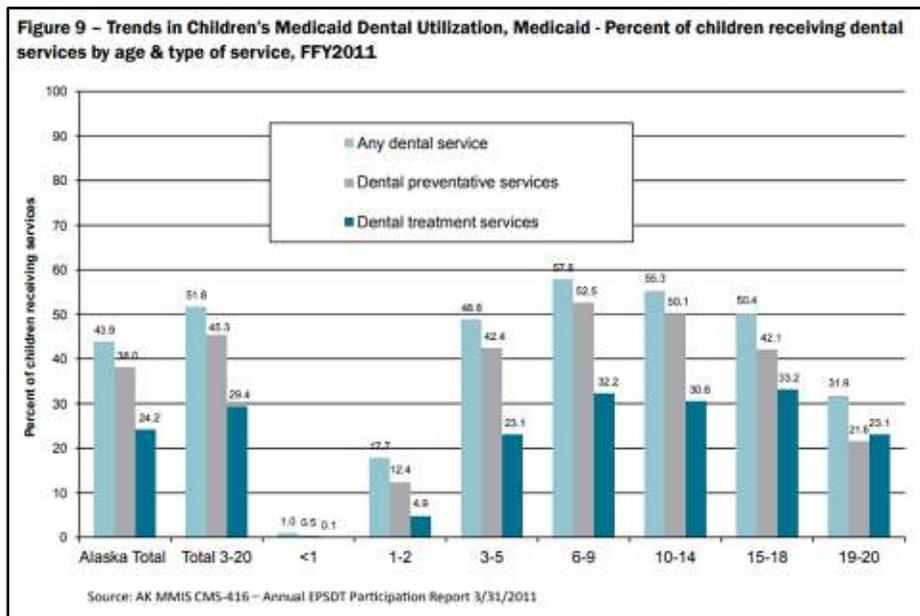
- Alaska lacks data on the oral health needs of CSHCN [children with special health care needs] in the state. In a “CSHCN Oral Health Forum” held in February 2007, parents reported dental access issues including:

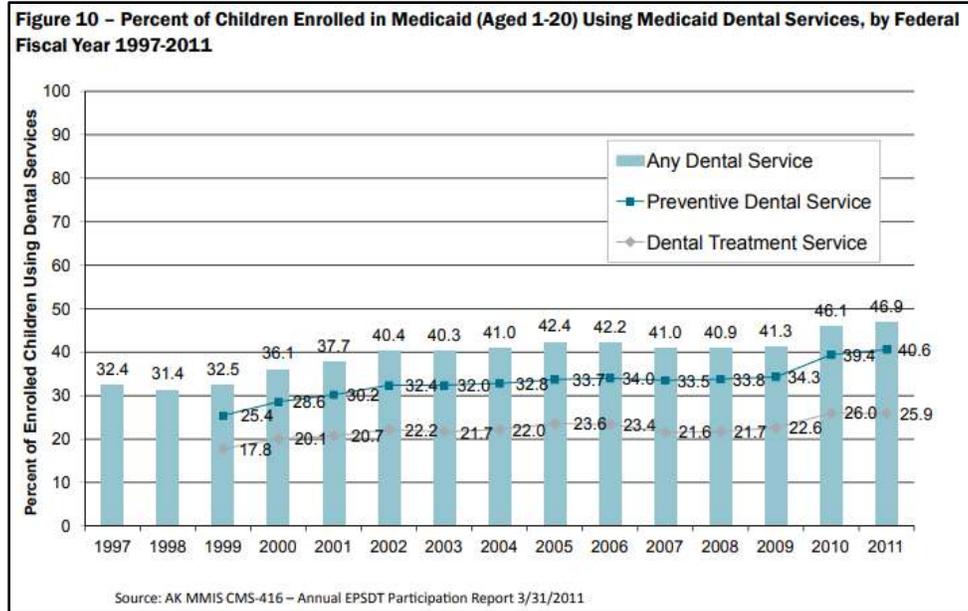
- Finding private dentists accepting Medicaid;
- Long wait times for appointments and difficulties coordinating with children’s medical care;
- Not seeing the same dentist on subsequent appointments and having to spend the first appointment repeating the child’s medical history; and

- Limited general dentists treating children with special health care needs – reliance on pediatric dentists for dental services for adolescents and young adults. (35)

### Medicaid Data

Currently, in the Medicaid program about 47% children receive any dental service during a given year - only 1 in 4 children receive a dental treatment service. Figure 9 illustrates the dental utilization for children enrolled in Medicaid by age group in federal fiscal year (FFY) 2011 (Source CMS 416 EPSDT utilization reports). Trends in child Medicaid dental utilization from FFY1999-2011 are illustrated in Figure 10. Child dental utilization in Medicaid increased with implementation of Denali KidCare in FFY1999 and then remained stable for the period from FFY2002-2009. The increased utilization in FFY2010-2011 is partly due to changes in reporting on the CMS 416 report, which now looks at dental utilization for children continuously enrolled in Medicaid for at least 90 days instead of all children enrolled during the fiscal year. (35)





(35)

### Socioeconomic Status

Higher rates of tooth loss reported in the Behavioral Risk Factor Surveillance System are associated with lower education level and lower socioeconomic status... There is increasing evidence and attention being paid to differences in health related to societal inequalities – this difference is often evident even among individuals of the same racial/ethnic groups. Social determinants of health include factors like education and health literacy. Health literacy includes the ability to understand health information and use the information to make good discussions on health and medical care. Generally the lower a person's socioeconomic position the worse their health. This association is seen often in risk behaviors such as tobacco use, and also in health status – including oral health. Typically, lower socioeconomic status is associated with increased prevalence of dental decay and periodontal disease as illustrated in Basic Screening Survey results on dental decay in children and reported tooth loss in adults from the Behavioral Risk Factor Surveillance System. Healthy People 2020 highlights the importance of social determinants of health by encouraging changing environments that promote health for all – optimal water fluoridation would be one example of supporting healthy environments. (35)

### Access to dentists

While individual circumstances may vary, dentists often now retire in their mid- to late-50's. A significant number of Alaska dentists aged 60 years and older will likely retire in the next few years. Analysis of the Alaska dental professional licensing files indicates 20 dentists aged 60 and older with active licenses in 2008 who did not have an active license in 2009. This demographic trend in Alaska and nationally indicate that over the next decade the number of dentists retiring will be greater than the number of dental graduates to replace them, thus further restricting dental access. The workforce implications are especially significant for rural areas, for Medicaid recipients and the elderly. In 2000, just over 10% of Alaska dentists were aged 60 years or older. By 2009 the percentage in that age group was up to 26%. Anchorage, the community with the greatest number of dentists, has a similar percentage of dentists in that age group, at 30% in 2009. (35)

From the Medicaid perspective, most Alaska dentists are enrolled in the Medicaid program. However, only 295 dentists were active in the program in state fiscal year 2010 at a level of \$10,000 or more in paid Medicaid claims – an amount typically less than 3% of gross receipts for a private dental practice. Pediatric dentists are major providers of dental care for children enrolled in the Medicaid/Denali KidCare Program in Alaska and nationally. Table 4 provides information on dentist participation levels by paid Medicaid claim amount for dentists that were reimbursed at least \$10,000 for Medicaid claims in SFY2010. Dental participation in Medicaid has increased since 2008, when the Medicaid program updated dental reimbursement rates that had previously been frozen at 1997 Medicaid dental payment levels. (35)

**Table 4 – Dentist Medicaid Participation, SFY2010**

Paid Claim Amount	Total Dentists	Tribal General Dentists (1)	Non-Tribal FQHC General Dentists	Specialists	Private General Dentists
\$10,000 - 49,999	117	40	1	12	64
\$50,000 - 99,999	53	25		6	22
\$100,000 or more	125	27	6	28	64
Total	295	92	7	46	150

### Oral Health Initiatives

Alaska's Early & Periodic Screening, Diagnosis and Treatment (EPSDT) program guidance for children enrolled in Medicaid is to refer children for a dental exam at age 3, or earlier if a problem is detected during screenings. Guidance from the American Academy of Pediatrics and American Academy of Pediatric Dentistry are for a dental referral with the eruption of the first tooth and no later than age 1. This earlier dental referral would be recommended for Alaska, especially given the extent of dental decay in young children. Discussions regarding the change in EPSDT guidance for the first dental visit are occurring at this time. In July 2010, the Alaska Medicaid program adopted coverage for reimbursement of trained physicians, nurse practitioners and physician assistants for provision of oral evaluation to children under age 3 and fluoride varnish application. This policy offers the opportunity for medical and dental collaboration to reduce early childhood caries in young children but implementation of the services by medical providers is still in the very early stage of development.

### Homelessness

Homelessness affects many families in Anchorage, including those with children. The homeless can be found in the streets, in cars, in emergency housing such as homeless shelters, in transitional housing, and at friends and relatives houses. A 2013 point in time count of the

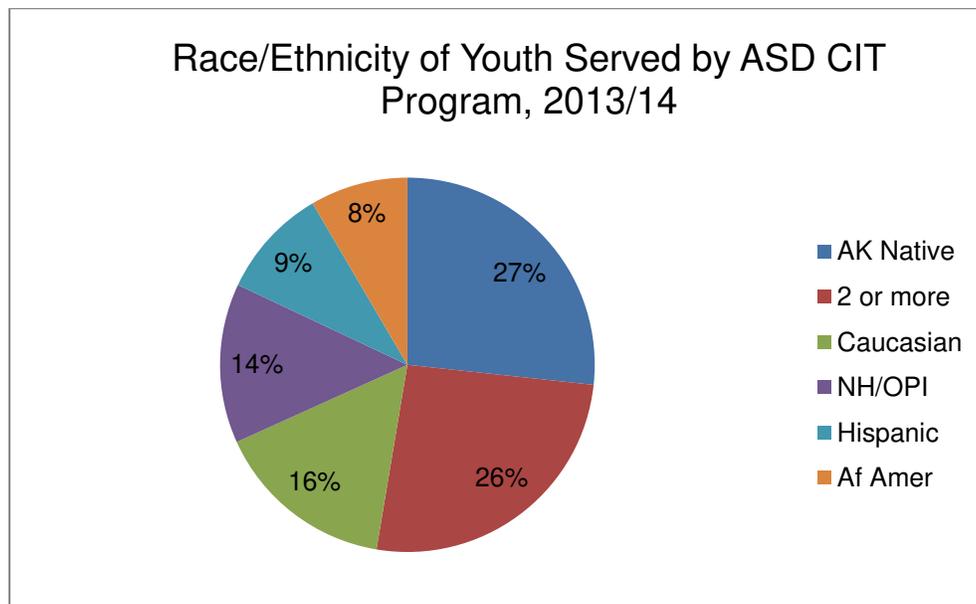
homeless in Anchorage's streets and shelters found that 1,112 people, including 165 children under the age of 18.<sup>51</sup> It is difficult to count all homeless people, such as those who are staying with friends and relatives, or in makeshift or substandard housing. In the 2012 PRAMS survey, 3% of women in Anchorage reported being homeless in the 12 months prior to their baby being born.<sup>52</sup>

KCI families also experience homelessness. In 2014, 79 KCI families with 85 children were identified as homeless, nearly 20% of the total families served. Only 19 (24%) of those families found housing during the enrollment year. Sixty families received referrals for housing assistance in 2014. In 2017 36% of homeless KCI families (26 of 72) found housing. Due to the small sample size, it is not possible to know whether the family housing crisis is lessening.

ASD has a Child in Transition (CIT) program that provides services to children who lack a fixed, regular and adequate residence. During the 2013/14 school year, the program identified 3453 homeless children.<sup>53</sup> Of those children, there were:

- 472 infants/toddlers;
- 380 Preschool aged; of those:
  - 68 were served by ASD Pre-K programs;
  - 85 were served by KCI;
  - 24 were served by Cook Inlet Native Head Start.<sup>54</sup>

Of those who disclosed race/ethnic data to the program, 84% were non-Caucasian, while only 55% of the ASD student population is.<sup>55</sup>



<sup>51</sup> Anchorage Coalition to End Homelessness, Point in Time Summary, January 28, 2013.

<sup>52</sup> 2012 PRAMS Survey Results, Anchorage, AK responses, provided by State of Alaska, DHSS, DPH, Maternal Child Health Epidemiology, March 2015.

<sup>53</sup> Anchorage School District Child in Transition Program, 2013/14 Program Data provided on February 2015.

<sup>54</sup> Ibid.

<sup>55</sup> Anchorage School District website, About ASD, <http://www.asdk12.org/aboutasd>, retrieved on March 10<sup>th</sup>, 2015.

Source: Anchorage School District, Child in Transition Program.

Some of the elementary schools with the highest numbers of homeless children attending include Williwaw (57), Willow Crest (45), Fairview (44), Northwood (44), and North Star (42), and Russian Jack (41).

### Family Stress & Adverse Childhood Experiences (ACES)

#### Incidence of child abuse/neglect

- Over 1 million children in America Experience child maltreatment each year (1)
- Research shows that the societal impacts of child maltreatment are major: (1)
  - First, it impairs a child's physical, social and intellectual development. This, in turn, increases the risk of poor performance in school, mental health problems, substance abuse, and problems with the law. (Source: U.S. Department of Health and Human Services, 2004)
  - Second, childhood trauma contributes to serious long-term health problems. Researchers have found compelling evidence that traumatic childhood experiences are surprisingly common, happen in all kinds of families, and have damaging consequences throughout a person's lifetime. Adults who were abused or otherwise traumatized as children have much higher rates of chronic disease, disability and premature death. (Source: Adverse Childhood Experiences (ACE) Study, Centers for Disease Control, 1998)
  - Finally, the financial toll of childhood trauma is staggering. Dealing with the immediate and long-term consequences of child abuse and neglect is estimated at \$80 billion per year in the United States. (Source: Prevent Child Abuse America, 2012)

Table 1: Count of Children in Out-of-Home Placement during each of the last Five Calendar Years

Region	2012	2013	2014	2015	2016
Anchorage	1,059	1,176	1,322	1,580	1,727
Northern	422	510	575	671	757
Southcentral	716	723	832	926	1,108
Southeast	245	251	255	269	267
Western	339	243	277	281	282
Alaska, unique count (includes children in Trial Home Visits)	2,776	2,902	3,254	3,723	4,133

Source: State of Alaska (SOA) Online Resources for Children in Alaska (ORCA) Report Children in Out of Home Placement RR00161

- In 2015 Alaskans made more than 16,000 reports of child maltreatment (2) and in 2016 the number rose to 17,402 (3)
- In 2015 7,474 of those reports were investigated through a face-to-face interaction with an OCS caseworker and victim; in 2016 that number rose to 8,309 (3)

A study of ACES in Alaska, found that those with 4 or more ACES, were:

- More likely to smoke (34.5% vs. 14.4% with zero ACES);
- More likely to have been told they have a depressive disorder (35.3% vs. 6.8%);
- Less likely to own their own home (57.9% vs. 70.2%);
- Less likely to report being able to work (9.6% vs. 3.5%).<sup>56</sup>

The 2012 Alaska PRAMS survey asks women about 14 life stressors that may have happened to them in the 12 months prior to their new baby's birth. Statewide, the number of women experiencing two or more has declined from 50% in 2002 to 41% in 2011.<sup>57</sup> In the 2012 PRAMS survey, the most common stressors reported by Anchorage women were:

- 40% moved to a new address;
- 21% had a close family member who was very sick and had to go into the hospital;
- 19% reported having someone close to them die;
- 17% reported arguing with their with partner more than usual;
- 15% were apart from their husband or partner due to military deployment or extended work travel;
- 13% had someone close to them have a problem with drinking, drugs or other substance abuse.<sup>58</sup>

Anchorage women also reported financial stressors

- 15% reported being unable to pay bills such as rent, mortgage or other bills;
- 14% reported reduced income;
- 7% reported losing a job they wanted to keep;
- 6% reported their husband or partner lose his job.<sup>59</sup>

In 2013, Anchorage mothers of 3 year olds reported that in their child's life, they had experienced any of the following events (multiple events may be reported for each child):

- 43% change in household member (including birth of a sibling);
- 31% witnessing conflict between family members;
- 17% being away for more than a month;
- 8% overnight stay in a hospital;
- 8% death of a close family member;
- 8% alcoholism or mental health issues in a family member.<sup>60</sup>

3% of Anchorage mothers of 3 year olds also reported having a controlling partner, and less than 1% reported having been a victim of domestic violence in the last month;<sup>61</sup> the same percentage of women reported experiencing domestic violence while pregnant.<sup>62</sup>

<sup>56</sup> Alaska Mental Health Board, "Adverse Childhood Experiences in Alaska," Presentation on October 9<sup>th</sup>, 2014.

<sup>57</sup> State of Alaska, Department of Health & Social Services, Alaska Maternal Child Health Data Book 2014, p.23.

<sup>58</sup> 2012 PRAMS Survey Results for Anchorage, provided by State of Alaska, DHSS, DPH, MCH, March 2015.

<sup>59</sup> Ibid.

<sup>60</sup> 2013 CUBS Survey Results for Anchorage, provided by State of Alaska, DHSS, DPH, MCH, March 2015

<sup>61</sup> Ibid.

<sup>62</sup> 2012 PRAMS Survey Results for Anchorage, provided by State of Alaska, DHSS, DPH, MCH, March 2015.

Many of these experiences reported are potential ACES for children in the families, such as witnessing or experiencing violence in the house, substance abuse or having a family member with mental health or substance abuse issues, and experiencing homelessness or the death of a close family member.

### Child Maltreatment

Statewide, there were 1422 protective service reports received in February 2015 and the majority of allegations were for neglect.<sup>63</sup> Also in February of 2015 investigations of allegations received resulted in 271 substantiated victims, of whom 47% were five or younger. Just over half of all substantiated victims were AN/AI.<sup>64</sup> 2396 children are in out of home placements, 983 of them in Anchorage, forty-one percent of the total.<sup>65</sup>

Between 2006 and 2013, the average monthly number of children in State custody who were five or younger, went up by 15%.<sup>66</sup> In April 2014, the Office of Children's Services (OCS) had 726 children under the age of five in foster care statewide, and 57% of those children who had been in care for more than a year had a permanent placement identified.<sup>67</sup> No KCI referrals were made for child abuse or neglect from 2012-14.

In 2015 the Office of Children's Services (OCS) implemented a new process to improve consistency across the state in evaluating reports of harm to children. A brief summary follows:

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<sup>63</sup> State of Alaska, DHHS, Office of Children's Services, Protective Service Report, February 2015.

<sup>64</sup> State of Alaska, DHHS, Office of Children's Services, Substantiated Victims by Age & Race, February 2015.

<sup>65</sup> State of Alaska, DHHS, Office of Children's Services, Children in Placement Report, February 2015.

<sup>66</sup> Alaska Mental Health Board, "Adverse Childhood Experiences in Alaska," Presentation on October 9<sup>th</sup>, 2014.

<sup>67</sup> State of Alaska, DHHS, Office of Children's Services, 2014 Progress & Services Report.

- The Maltreatment Assessment Protocol (MAP) effort requires users to follow a standardized decision tree process to determine when maltreatment allegations should be substantiated. The MAP began as a paper process in February, 2015, and was incorporated into ORCA in June, 2015. There were three goals: 1) reduce the wide variances in regional substantiation rates by incorporating a research-based substantiation model; 2) allow substantiations based on risk by including AS 47.10.011 statutory definitions; 3) improve due process for alleged perpetrators by automating notices informing them of findings and attaching the form required to appeal the finding. The following chart shows that although the statewide substantiation rate has remained nearly constant, variations between regions have decreased. Continued work in these areas may reduce these differing rates further, but other factors are involved. For example, case reviews conducted by the OCS Division Operations Manager for Field Operations indicate that reporters are less likely to report maltreatment events deemed minor or questionable, which are the types of reports that are more likely to be not substantiated. Fewer, potentially “not substantiated” reports, result in a higher substantiation rate.

#### Substantiation Rate

REGION	2014	2015	2016
Anchorage	11%	19%	21%
Northern	33%	35%	31%
Southcentral	30%	36%	30%
Southeast	22%	27%	18%
Western	41%	33%	37%
<b>Statewide</b>	<b>23%</b>	<b>26%</b>	<b>26%</b>

Source: OCS ORCA Report, RR 00050 Completed Initial Assessments Between Dates

\*PSRs substantiated during the year (regardless of report date)

#### Perpetrators of Maltreatment

Year	Foster Parent Perpetrator	Parent Perpetrator	Other Perpetrator*
2016	35.0%	65.0%	13.0%
2015	30.9%	60.3%	13.2%
2014	27.3%	65.7%	14.1%

Source: OCS CFSR 002 Maltreatment in Foster Care.

\*Note: “Other Perpetrator” is generally another adult resident, often a paramour, in the home.

**Incidence of drug and alcohol abuse and the impact on children**  
-Fetal Alcohol Syndrome

- Often children with fetal alcohol disorders are not identified until they reach school age or later as symptoms do not become apparent until later childhood developmental stages. FASD symptoms can include difficulties with attention, memory and problem solving. Additionally, heart, liver, and kidney disease as well as vision and hearing problems are common among children with FASD (10)
- FASD causes the most common childhood developmental disorders and they are 100 percent preventable. The Center for Disease Control and Prevention (CDC) conducted several studies on FAS and have found that the prevalence of FAS across the nation varies from 0.2 to 1.5 cases per 1,000 live births...Studies have also found that rates are even higher among high risk populations such as American Indians/Alaska Natives, other minorities and families living in poverty, where rates can be as high as 0.5 to 5.0 per 1,000 live births.(11)
- From 1995 to 2000, Alaska was one of five states involved in the CDC's Fetal Alcohol Syndrome Surveillance Network (FASSNET), a program set up to track FAS prevalence rates. Participating states included Alaska, Arizona, Colorado, New York, and Wisconsin. In the 1997 study, Alaska reported 1.5 per 1,000 live births, significantly higher than the other states in the program, with Arizona and New York at 0.3 and 0.4 per 1,000 live births, respectively. (12)

#### -Long Term Health Effects

- Of the ten leading causes of death in Alaska, all except Alzheimer's disease have been associated with substance abuse as a potential contributing cause of death (Chart 2.1). Chronic liver disease, cirrhosis and diseases of the heart can be strongly associated with alcohol abuse. Chronic lower respiratory disease (chronic obstructive pulmonary disease-COPD), diseases of the heart, cerebrovascular disease and many cancers also have strong association with tobacco use. In 2011, unintentional injury was the third leading cause of death in Alaska and shown to have a strong association with alcohol and drug use. Substance abuse was also a major contributing factor for non-fatal recreational, home, and occupational injuries. (20)

-Financial cost of alcohol abuse in AK is \$1.8B (9)

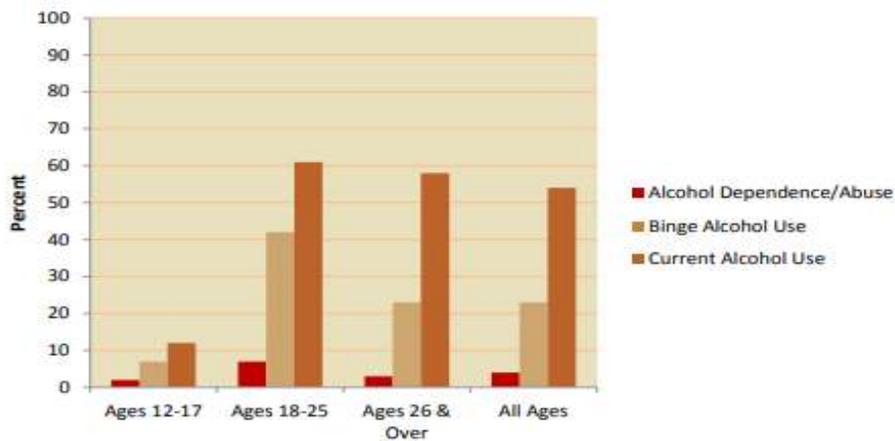
-Financial cost of drug abuse in AK is \$1.22B (9)

#### -Current Trend in Alaska

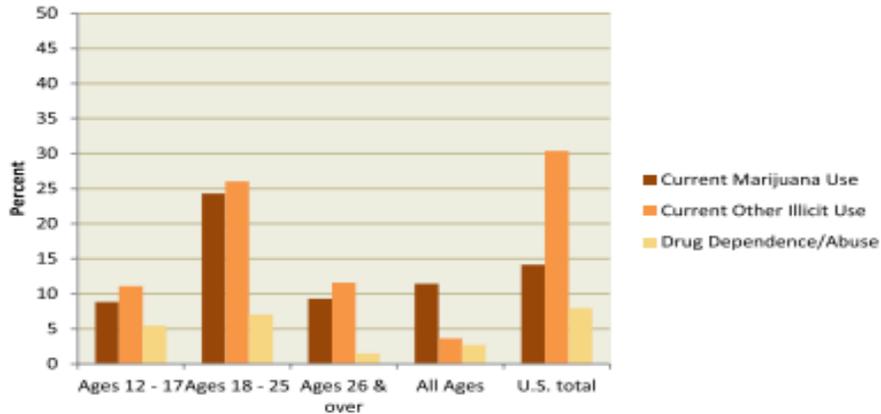
- In the 2010-2011 National Survey on Drug Use and Health (NSDUH), indicated little change from previous surveys in adult alcohol use; binge (episodic) alcohol use was reported by 23% of adults in Alaska, of which persons aged 18-25 reported 42% binge alcohol use. (17)

**Table 1.6. Trends in Reported Alcohol Use, by Age Group, Alaska NSDUH**

	2006-2007	2006-2009	2010-2011	U.S. 2010-2011
<b>Ages 12 thru 17</b>				
% Alcohol Dependency/Abuse	5.9	1.8	1.6	3.2
% Binge Alcohol Use	9.5	9.7	7.4	7.6
% Current Alcohol Use	15.0	14.2	12.4	13.5
% Needing Treatment in Past Year	5.2	4.8	4.2	4.0
<b>Ages 18 thru 25</b>				
% Alcohol Dependency/Abuse	17.6	6.8	6.8	6.3
% Binge Alcohol Use	40.8	40.1	42.2	40.2
% Current Alcohol Use	61.2	60.3	60.8	61.0
% Needing Treatment in Past Year	16.7	15.9	15.1	14.5
<b>Ages 26 and over</b>				
% Alcohol Dependency/Abuse	6.2	3.6	3.3	2.8
% Binge Alcohol Use	21.5	43.3	22.9	21.8
% Current Alcohol Use	58.8	59.3	58.2	55.0
% Needing Treatment in Past Year	5.6	6.1	6.4	5.4
<b>All Ages</b>				
% Alcohol Dependency/Abuse	7.8	4.1	3.6	3.2
% Binge Alcohol Use	22.7	41.1	22.9	22.9
% Current Alcohol Use	53.9	59.5	53.8	51.8
% Needing Treatment in Past Year	7.1	7.7	7.4	6.5

**Chart 1.10. Trends in Reported Alcohol Use, by Age Group, Alaska NSDUH, 2010-2011**

**Chart 1.21. Reported Illicit Drug Use, Dependency or Abuse, by Age Groups, Alaska NSDUH, 2010-2011**



**Table 1.9. Trends in Reported Illicit Drug Use, by Age Group, Alaska NSDUH**

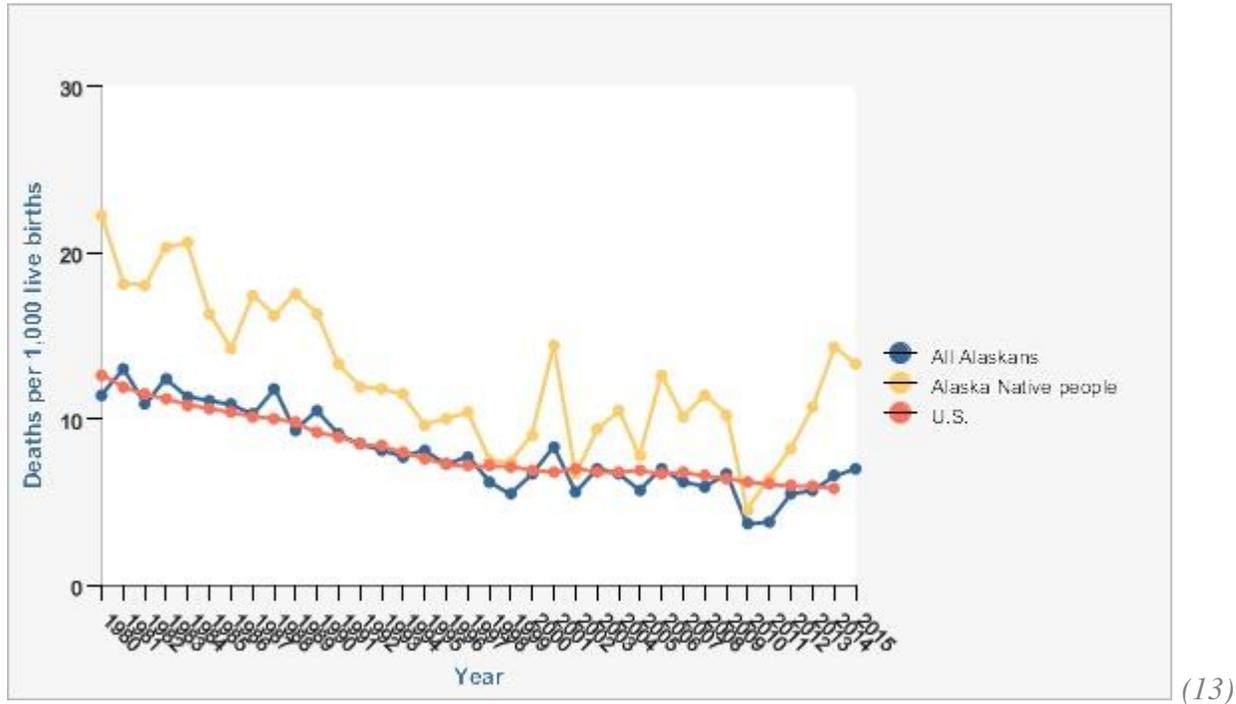
	2006-2007	2008-2009	2010-2011	U.S. 2010-2011
<b>Ages 12 thru 17</b>				
% Current Marijuana Use	8.0	9.2	8.8	14.1
% Current Other Illicit Use	4.6	11.1	11.1	10.1
% Drug Dependence/Abuse	4.7	2.3	5.5	4.7
% Needing Treatment in Past Year	4.1	4.1	5.2	4.3
<b>Ages 18 thru 25</b>				
% Current Marijuana Use	19.2	25.2	24.3	30.4
% Current Other Illicit Use	8.7	28.6	26.0	21.5
% Drug Dependence/Abuse	9.0	5.2	7.0	7.7
% Needing Treatment in Past Year	7.8	6.9	6.6	7.1
<b>Ages 26 and over</b>				
% Current Marijuana Use	6.0	9.3	9.3	8.0
% Current Other Illicit Use	2.8	11.1	11.6	6.5
% Drug Dependence/Abuse	1.9	1.2	1.5	1.6
% Needing Treatment in Past Year	1.7	1.9	1.7	1.3
<b>All Ages</b>				
% Current Marijuana Use	8.1	11.4	11.4	7.0
% Current Other Illicit Use	3.9	13.9	3.6	3.3
% Drug Dependence/Abuse	3.2	1.9	2.7	2.7
% Needing Treatment in Past Year	2.8	2.7	2.8	2.4

## Infant and child death rates

-How We Are Doing:

- Alaska's infant mortality rate for 2015 was 7.0 per 1,000 live births. Infant mortality rates for Alaska Native people have been higher than the Alaska average. After a period of steady declines in infant mortality culminating in 2010, there has been a recent increase in infant mortality in Alaska. (13)
- Alaska's infant mortality rate varies by region of the state. The lowest rate per 1,000 live births was in other Southeast (2.8), ranging from 3.9 to 4.9 in urban areas (Fairbanks North Star Borough, Matanuska-Susitna Borough, Kenai Peninsula, City and Borough of Juneau, and Municipality of Anchorage), increasing in the rural areas of Southwest (5.3) and other

Interior (5.7) and reaching a near doubling of the rates in the Y-K Delta (8.9) and Northwest (9.6) regions for the 5-year average from 2010-2014 time period. (13)



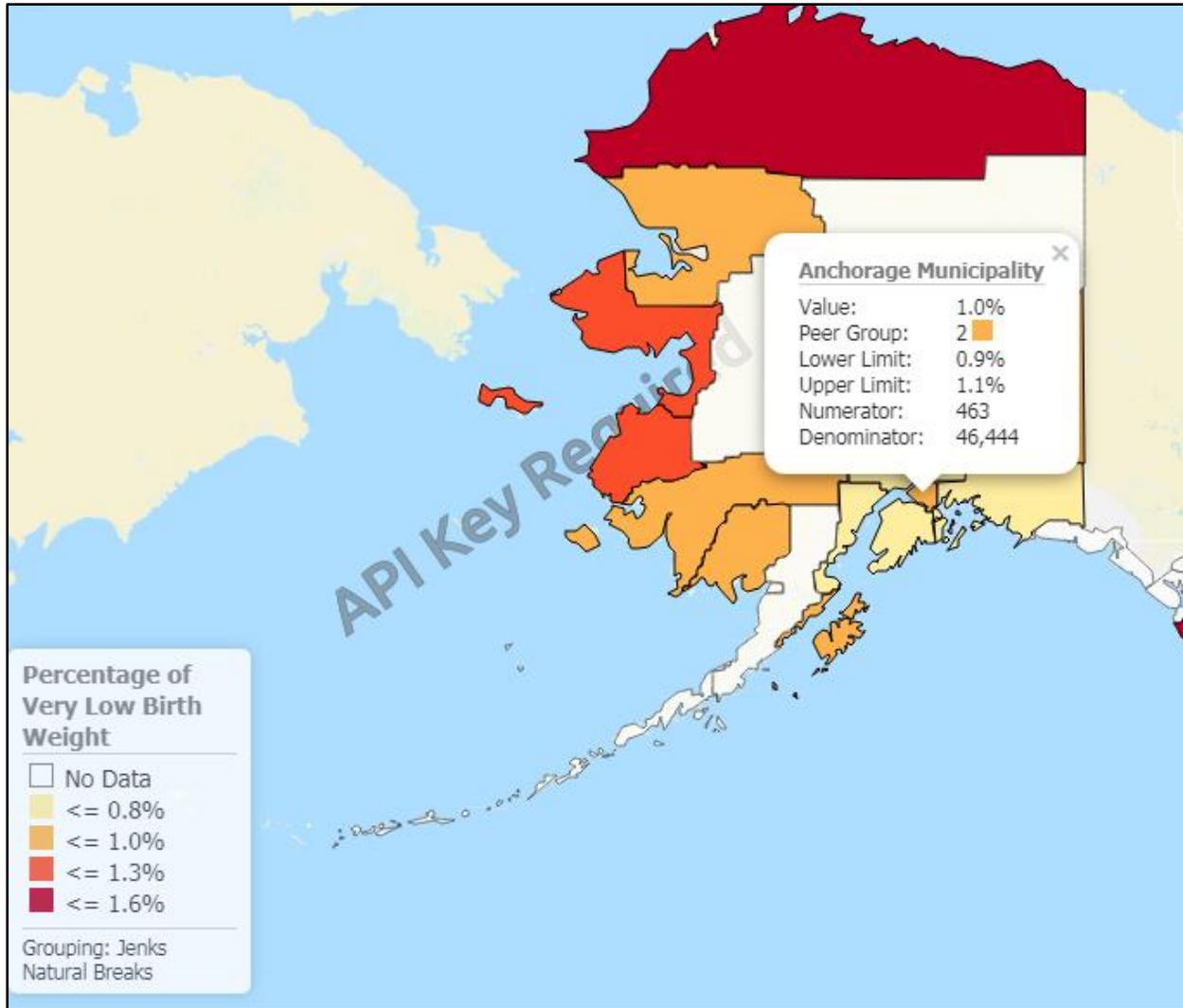
#### - How We Compare With the U.S.

- In 2014, the U.S. rate of infant mortality reached a record low of 5.82 per 1,000 live births. In 2014, Alaska's infant mortality rate of 6.6% per 1,000 live births was ranked 15th among all states and was 13.8% higher than the national rate of 5.8 per 1,000 live births. (13)
- Infant mortality (deaths at under 1 year of age) have been declining in the U.S. and Alaska since 1980. Neonatal infant mortality (deaths at less than 28 days) in Alaska have closely tracked the U.S. rate as a whole, while postneonatal deaths (deaths at 28 days to 1 year) have been typically been higher in Alaska than the U.S. average. (13)

#### Number of low-birth weight and extreme low birth weight babies

-1% of live born infants with very low birth weight 2006-2015 in Municipality of Anchorage

- Very low birth weight (VLBW) infants are those weighing less than 1,500 grams (3 lbs 5 oz) at birth, regardless of gestational age.



Data provided by the MCH Epidemiology, a unit within the Section of Women's, Children's, and Family Health, based upon birth certificates from the Alaska Bureau of Vital Statistics.

<http://ibis.dhss.alaska.gov/indicator/view/Pov.HAP.html>

### Teen pregnancy rates

-Research indicates that bearing a child during adolescence is associated with long-term difficulties for the mother, her child, and society. These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.

- Teens are more likely than women aged 25-34 years to have preterm birth and low birth weight infants. (23) These babies are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn a high school diploma. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earning potential.(24-25)

-The teen birth rate in Alaska decreased from 57.7 births per 1,000 females aged 15-19 years in 1980 to 28.9 in 2015, a reduction of 49.9%. In addition to the decline in the rates, the absolute number of teen births has been on a decline from the most recent high of 1,122 in 2008 to 662 in 2015. The 662 births to females aged 15-19 represented 5.9% of the total of 11,291 births in 2015.

- The Alaska teen birth rate of 28.9 per 1,000 in 2015 is above the national rate of 22.3 births per 1,000 females aged 15-19 years for the same period. The teen birth in Alaska has been higher than the national average since 2008, although both regions are showing similar declines.
- The teen birth rate of 54.5 per 1,000 for Alaska Native women aged 15-19 years of age in 2015 was significantly higher than those of Asian/Pacific Islander (29.3 per 1,000), Black (25.1 per 1,000), and White (18.2 per 1,000) races.
- Teen births were predominantly (57.3%) to married females aged 15-19 years in 1980. By 2014, over 80% of teen births occurred to unmarried females aged 15-19 years.

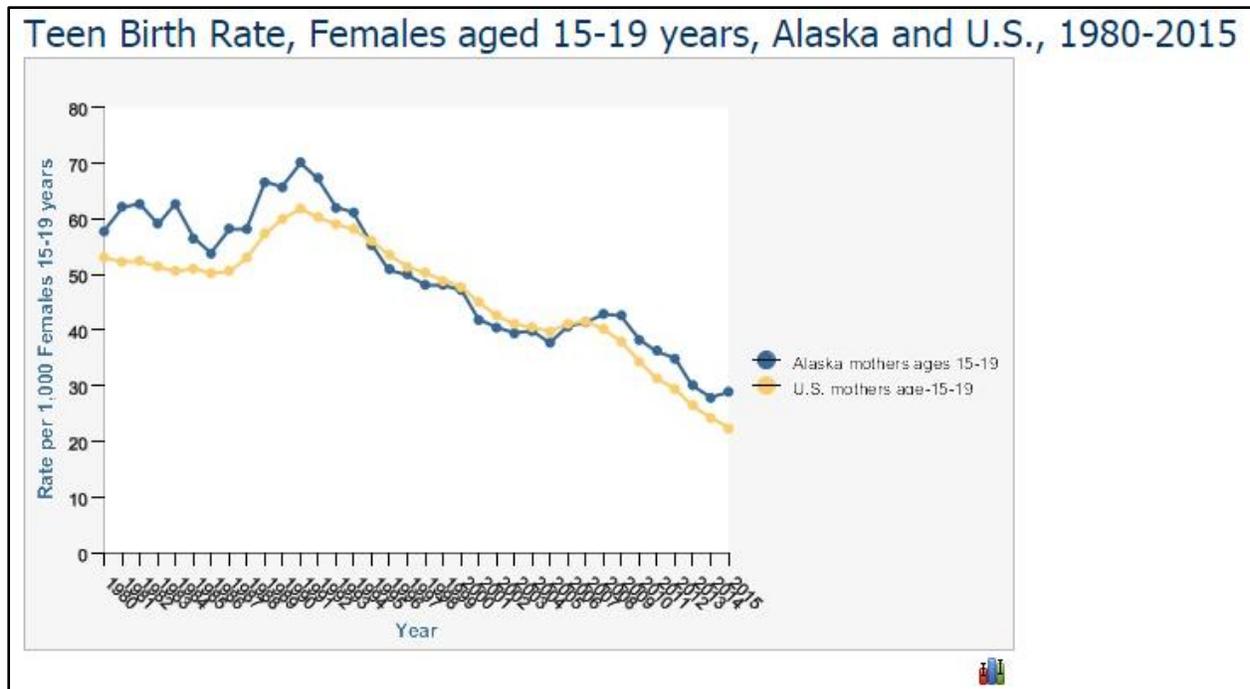
-Since 2006, the overall teen mother (15-19) birth rate has declined 28.8 percent, with black teen mother birth rate seeing the largest decrease. (26)

- As the two predominant races in Alaska, births to American Indian/Alaska Native and white teens mothers comprised the majority of teenaged births. (26)
- American Indian/Alaska Native teen mother birth rates remain approximately three times higher than white teen mother birth rates. In 2015, the teen birth rate for AI/AN teens was 55 per 1,000 population, compared to 29 per 1,000 for white teens. (26)

-Females aged 15-19 years in the northern and southwest economic regions had significantly higher teen birth rates than the remainder of the state for the five-year period between 2010-2014. Teen birth rates ranged from 0.0 per 1,000 females aged 15-19 in Yakutat Borough to 99.7 per 1,000 in the Kusilvak census area for the 5-year period of 2010-2014, with a statewide average of 33.5 per 1,000. (27)

-A comparison of teen birth rates in Alaska for 2008 and 2014, reported 82% of teen births occurred among teens who were enrolled in Medicaid, this includes 81% of births to teens aged 18-19 years and 86% of births to teens aged 15-17 years. (28)

-In a national comparison of the 50 states and District of Columbia, the US birth rate for females aged 15-19 years was 25.4 for 2013-2014. Alaska with a rate of 29.1, ranked 34th from having the lowest teen birth rate.<sup>7</sup> The birth rate for white teens in Alaska at 20.5 was higher than the national rate of 18.0 for the group. U.S. county-level teen birth rates for 2013-2014 ranged from 3.1 to 199.0. (21-22)



### Appropriate access to health care (health literacy)

-More than 90 million adults in the United States have low health literacy. It affects their ability to make health decisions. This can harm their health. They may have trouble managing chronic diseases, and leading a healthy lifestyle. They may go to the hospital more often, and have poorer health overall. (30)

-Although limited health literacy affects most adults at some point in their lives, there are disparities in prevalence and severity. Some groups are more likely than others to have limited health literacy. Certain populations are most likely to experience limited health literacy:

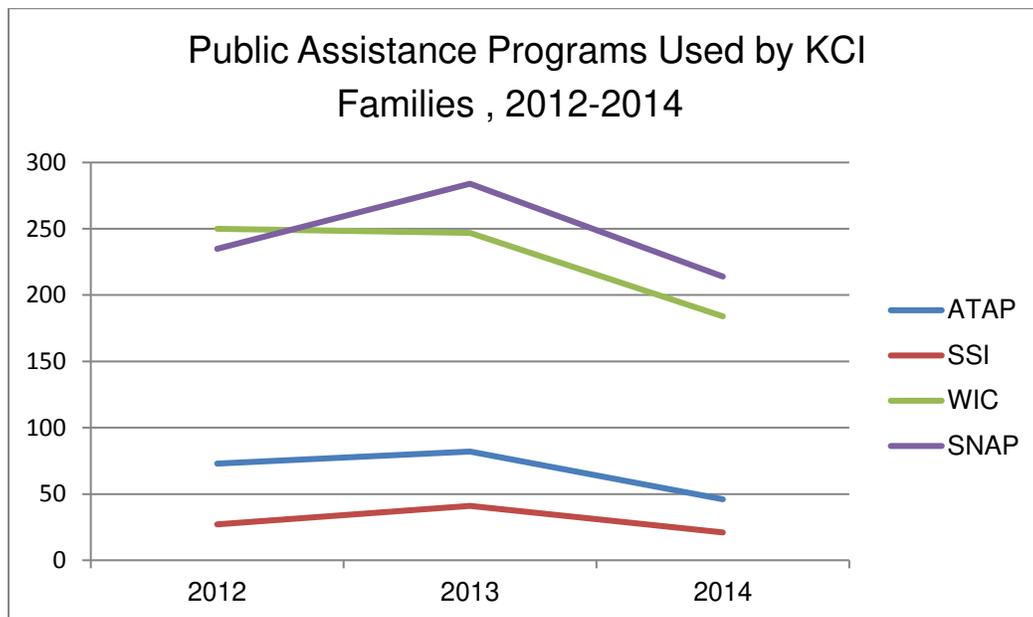
- Adults over the age of 65 years
- Racial and ethnic groups other than White
- Recent refugees and immigrants
- People with less than a high school degree or GED
- People with incomes at or below the poverty level
- Non-native speakers of English

- Of great concern are the 14 percent of adults (30 million Americans) who are unable to perform even the simplest everyday literacy tasks, many of whom are not literate in English. Most of the adults with Below Basic health literacy skills would have difficulty reading a chart or simple instructions. These same adults are more likely to report that their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy. Additionally, the 54 million adults with any type of disability, difficulty, or illness are especially vulnerable and more likely to perform at the lowest literacy levels. (30)

- Limited health literacy has psychological costs. Adults with limited health literacy skills report feeling a sense of shame about their skill level. (34-35) They may hide their struggles with reading or vocabulary.(36) As a result of this and other issues, limited health literacy is often invisible to health care providers and other public health professionals. (37, 38, 39)

### Use of Public Assistance Programs by Children

There are a number of public assistance programs that are available for families with young children. Many of these programs are used by KCI families. Overall the number of families using these programs has gone down slightly since 2012, which is consistent with statewide enrollment in these programs.



Source: KCI Program Data, 2012-14.

### *Women, Infants, and Children Program*

The Women, Infants and Children (WIC) program provides supplemental food and nutrition support for pregnant and breastfeeding women and their children from birth to age five. To qualify for WIC, family income must be at or below 185% of the AkFPL. In Anchorage, the WIC program has 6675 clients, and estimates that another 3600 are un-served. Forty-four percent of all clients are located in 99508 and 99504 zip codes of Northeast and Midtown Anchorage.<sup>68</sup> In 2012, 40% of pregnant women in Anchorage reported using WIC services while pregnant.<sup>69</sup>

### *Denali Kid Care*

Denali Kid Care is the State's Medicaid program for low-income pregnant women and children under 18. While the State no longer reports Denali Kid Care separately from other Medicaid

<sup>68</sup> Women, Infants & Children Program Data, provided by State of Alaska, DHSS, WIC program, on February 1, 2015.

<sup>69</sup> 2012 PRAMS survey results, Anchorage, AK responses, provided by State of Alaska, DHSS, DPH, Maternal Child Health Epidemiology, March 2015.

data, since February 2010 through February 2015, the total number of cases has grown. Statewide, the caseload peaked at 70,232 in February 2013, and has since dropped to 62,861 cases in February 2015. Of those cases, 24,488 are in Anchorage, or 39%.<sup>70</sup>

According to the Center for Medicaid Services, which provides part of the funding for Denali Kid Care – the number of children served increased between FY11 and FY13, the most recent year data was available. In FY 11, 14,278 children in Alaska were served, while in FY13, 16,566 children were served.<sup>71</sup>

#### *Alaska Temporary Assistance Program*

Alaska Temporary Assistance Program (ATAP) provides cash assistance and work services to low-income families with children to help with meeting basic needs. There are 1,479 families in Anchorage currently receiving ATAP benefits. Statewide, 61% of all ATAP households have only one parent present, and 24% of cases provide benefits only for children.

#### *Parents Achieving Self-Sufficiency (PASS)*

The PASS I program provides daycare assistance to families currently receiving Temporary Aid for Needy Families benefits (TANF) and participating in job training or related activities. In December 2014, 717 children were served by the PASS I Program. Another 3,969 children were served by the Pass II & PASS III Program, which provides day care assistance for families who are transitioning off of assistance programs and/or lower income.<sup>72</sup> For PASS II and III, the amount of assistance is sliding scale based on family income. The PASS program serves infants, toddlers, preschool and school-aged children up to the age of 12. Children with a PASS authorization may go to any type of approved provider. Only 19% of the PASS benefits were redeemed at licensed child care centers. In comparison, 34% went to approved relative care providers.

## **VI. Conclusions**

Families in Anchorage are generally better off than in other parts of Alaska. However, the city like the state has been experiencing a serious economic downturn since 2014 when oil prices crashed. The lack of a long term state fiscal plan for addressing the transition from an oil production based economy has reduced business and consumer confidence, possibly prolonging the recession. Although the economic future is uncertain due to the low-price of oil, the royalties from which fund most state government programs and services, Anchorage's economy is diverse and broad enough to support a recovery.

The State's uncertain economic future makes program planning challenging at this time. Early childhood education programs in Anchorage are facing significant cuts, and the extent of those cuts and the impact on services to low-income children and families is unknown at this time.

<sup>70</sup> AK Department of Health & Social Services- Division of Public Assistance, Monthly Caseload & Benefits Summary, February 2015. Retrieved from

<sup>71</sup> CHIP Enrollment by State, 2012 & 2013 Number of Children Ever Served Report, <http://medicaid.gov/chip/reports-and-evaluations/reports-and-evaluations.html>.

<sup>72</sup> State of Alaska, Division of Public Assistance, Child Care Services Monthly Report, December 2014.

However, it is likely that there will be reduced funding and support for early education at the state level in the near term.

These cuts will make existing programs such as KCI's even more important. Preschool has a significant impact on school readiness for low-income Anchorage children. National research has also shown that more exposure to preschool helps low-income children start school more ready.<sup>73</sup> That means that children who begin preschool at 3 years old, instead of 4 years old are even more likely to be ready when they begin kindergarten.

### Enrollment & Eligibility

Because KCI and ASD programs focus primarily on four year olds, there are more un-served low-income 3 year olds than 4 year olds in Anchorage. In addition to a likelihood of increased school readiness for children who are enrolled for two years, there may be additional benefits such as less transience in the KCI program, as children who enroll at 3 years old are more likely to reenroll for another year when they are 4 years old.

Another way to increase the children served at either age is to begin serving more children at 130% of the AkFPL. There are an additional 626, 3 and 4 year old children who are between 100 - 130% of the poverty level who are not currently being served by Head Start or ASD. This is nearly 20% of the total children who will enter ASD on any given year.

### Other Emerging Issues

The high cost and limited availability of housing will continue to affect families in Anchorage over the next few years. This will impact not just KCI families, but also KCI staff who are lower wage earners. KCI staff may find that more families experience housing challenges, or more homeless youth are coming into the program.

Relatively high unemployment and increased outmigration have caused reduced enrollment in Anchorage schools. Due to the lack of a state pre-k or other affordable early learning opportunities, we do not expect to experience enrollment problems. However, stagnant wages, and the robust national employment scene may tighten the labor market for qualified early childhood educators. Wage incentive programs such as those offered by thread, could provide some assistance. Offering higher wages or other benefits and incentives not offered by similar employers may be necessary to keep the current workforce and attract replacement workers.

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<sup>73</sup> Domitrovich, C., et al. "One versus two years: Does the length of exposure to an enhanced preschool program impact the academic functioning of disadvantaged children in kindergarten?," *Early Childhood Research Quarterly* 28 (2013) , 704-13.