The Alaska Children’s Trust would like to thank the following people and organizations that helped produce the 2018 Kids Count Alaska report series. Each of these people dedicates themselves to the success of Alaska children every day. We sincerely thank you for your generous contribution of funding, time, data, and advice.

Thank you to our generous funders.

**Annie E. Casey Foundation**

**Rasmuson Foundation**

Thank you to the Kids Count Alaska Advisory Committee.

**Abbe Hensley**  
Best Beginnings  
Executive Director

**Carla Britton**  
Alaska Native Tribal Health Consortium  
Senior Epidemiologist

**Diwakar Vadapalli**  
UAA’s Institute of Social and Economic Research  
Assistant Professor of Public Policy

**Jared Parrish**  
Alaska Department of Health and Social Services -Division of Public Health  
Senior Epidemiologist

**Lori Grassgreen**  
Association of Alaska School Boards  
Alaska Initiative for Community Engagement  
Director

**Melissa Kemberling**  
Mat-Su Health Foundation  
Director of Programs

**Sarra Khlifi**  
Food Bank of Alaska  
Alaska Food Coalition Manager

**Stephanie Berglund**  
thread  
CEO

Thank you to the Kids Count Alaska Project Team.

**Donna Logan**  
McDowell Group  
Vice President, Anchorage Operations

**Jean D’Amico**  
Population Reference Bureau

**Lauren Rocco**  
McDowell Group  
Senior Analyst and Project Manager

**Kaerin Stephens**  
Alaska Department of Health and Social Services, Division of Public Health, Section Women’s, Children’s & Family Health, Research Analyst II

Thank you to the external input and review group.

**Amy Newman**  
Copyeditor

**Jaime Butler**  
M.D.
Alaska Children’s Trust Board

First Lady Donna Walker
Honorary Chair

Ivy Spohnholz
Board Chair
State Legislator

Gregory Deal
Wells Fargo

Michael Hanley
Chugach School District

Carley Lawrence
Alaska Mental Health Trust Authority

Jose Luis Martinez
Edward Jones

Sherry Modrow
Public Member

Joy Neyhart
Rainforest Pediatric Care

Ramona Reeves
Public Member

Marcus Wilson
Anchorage School District

Lisa Wimmer
Yukon Kuskokwim Health Corporation

Alaska Children’s Trust Staff

Trevor Storrs
President / CEO

Vicki Lewis
Executive Assistant

Thomas Azzarella
Alaska Afterschool Network
Director

Andrew Cutting
Voices for Alaska’s Children
Program Fellow

Laura Norton-Cruz
Alaska Resilience Initiative
Director

Julia Martinez
Vice President of Philanthropy
and External Relations
In a state full of resources, we sometimes forget that our most precious and valuable resource is in homes across Alaska—our children. Alaska’s growth and prosperity is deeply connected to the health and productivity of our children, families, and the communities in which they live. Alaska is home to 187,300 children, and while many of them are thriving, there are just as many who are not.

All families—no matter their education level, economic status, family structure, or where they live—can raise children who thrive. Unfortunately, many of our hard-working Alaskan families are struggling, faced with challenges that prevent them from becoming, and remaining, physically, mentally, and economically self-sufficient.

As a state, we all have a responsibility to ensure our children and families live in safe, stable, and nurturing environments. One of the ways we can ensure we achieve this goal is by allowing data to help tell the story of how we can eliminate the challenges that prevent our families from raising thriving children.

Alaska Children’s Trust (ACT) embraces the belief that all Alaskans have a responsibility to support our children and families, and has adopted a framework that provides the architectural structure Alaska needs to support these families. This framework has six core components:

1. **Foster Data** – data is neutral information that is an essential tool in building the road map to true success.
2. **Advocacy** – ensures implementation of legislation that addresses the root cause of trauma and supports resilience.
3. **Community Investment** – utilizes resources that support efforts to address the social determinants identified by the data.
4. **Strengthen Economic Supports for Families** – lack of resources (i.e. wages, health insurance, transportation) leads to many of the social determinants that create the environment that cultivates unhealthy children. This strategy aims to improve the socioeconomic conditions of families, which tend to have the largest impacts on health.
5. **Education & Life Skills** – increases children’s access to more effective, equitable education, social-emotional learning, and life skills training.
6. **Norms & Values** – aims to strengthen norms and values that support safe, stable, and nurturing environments for children and families.

Kids Count Alaska is an ACT project that supports the first core component of this framework – Foster Data. Kids Count Alaska is part of the national KIDS COUNT program at the Annie E. Casey Foundation (AECF). The mission of KIDS COUNT is to ensure child advocates, policymakers, and the public have access to high-quality, unbiased data about child well-being. AECF gathers and publishes child well-being data from national and state sources online on the KIDS COUNT Data Center. Currently, the data center houses over 4 million data points at national and local levels. To provide an accessible snapshot of child well-being, KIDS COUNT compiles annual Data Books that describe national and state progress towards selected indicators of children’s economic well-being, education, health, and family/community context. KIDS COUNT engages in advocacy at the federal level.
for investments in data collection and provides funding to a network of organizations to gather data and support advocacy at the state level.

ACT has operated as Alaska’s KIDS COUNT partner since 2016. Kids Count Alaska is part of the Voices for Alaska’s Children program (Voices) at ACT. Voices is a grassroots community movement focused on continually raising awareness of the needs and challenges of children, youth, and families throughout Alaska. Voices is an independent voice for children; it aims to provide a sustainable and impactful system that allows every voice to be heard during advocacy for policies and decisions that support children. The goal of Voices is to help create a normative shift that ensures children and families live in safe, stable, and nurturing environments.

Trevor Storrs
President / CEO
Alaska Children’s Trust

---

Figure 1. Voices for Alaska’s Children Model

ACT
Executive Summary

KIDS COUNT is a project of the Annie E. Casey Foundation (AECF) that ensures child advocates, policymakers, and the public have access to high-quality, unbiased data about child well-being. Kids Count Alaska is part of the Voices for Alaska Children program at the Alaska Children’s Trust (ACT). The following summary, completed by McDowell Group, presents analysis of national and state-level KIDS COUNT data focused on the health of Alaska children.

All data included here can be found at [datacenter.kidscount.org/data#AK](http://datacenter.kidscount.org/data#AK). Analysis of this data and more is published in the report *2018 Kids Count: Health* available at [www.alaskachildrenstrust.org](http://www.alaskachildrenstrust.org).

**Alaska Children**

- Alaska’s child population will continue to increase modestly through 2045.
- Population changes vary regionally. Over the last 15 years, the child population has increased steadily in the Matanuska-Susitna region, remained about the same in the Interior, Northern, and Southwest regions, and decreased in all other regions.
- Most children live in two-parent households, but approximately 60,000 children live with only one parent. Nearly 40,000 single-parent households are headed by women.
- Alaska’s child population is more racially diverse than the adult population.

**Births**

- 11,215 babies were born to Alaska families in 2016.
- Nearly 40 percent of women who give birth have less than adequate prenatal care. Statewide, 6 percent of births are to women receiving late or no prenatal care.
- Sixty percent of women who gave birth in 2016 had more than 12 years of education.
- The teen birth rate decreased from 40.3 births per 1,000 females during 2007-2011 to 29.4 during 2012-2016.

**Insurance, Access & Preventive Care**

- Nine out of 10 Alaska children had insurance coverage in 2016 (90 percent).
- In 2016, about one-half of Alaska children were covered by employer-based insurance (49 percent or 92,000 children).
- Twenty percent of Alaska children did not have a usual source of medical care or visited a hospital emergency room for care when sick in 2016.
Seventy-eight percent of children visited a doctor, nurse, or other health care provider for a preventive check-up within the year (142,060 children).

Seventy-six percent of children saw a dentist at least once for preventive dental care during the year (132,693 children).

Forty-seven percent of children (ages 9 to 35 months) received a developmental screening during the year.

General Health

- Nearly all parent/guardians reported their child was in excellent or very good health in 2016 (94 percent).
- In 2016, 79 percent of children had a parent/guardian who reported their child’s teeth were in excellent or very good condition.
- Twenty-six percent of children were overweight or obese in 2016.
- During 2014 to 2016, 20 percent of children lived in a household where there was not enough food.

Adverse Childhood Experiences

- Roughly one-fifth of children have experienced one ACE (37,460 children).
- About one-quarter of children have experienced two or more ACEs (43,300 children).

Risk Behaviors

- Twenty-seven percent of Alaska high school students reported smoking tobacco, using smokeless tobacco, or using electronic vapor products during the past 30 days in 2017.
- Twenty-two percent of Alaska high school students reported using marijuana at least once in the past month in 2017.
- Twenty-three percent of Alaska high school students reported drinking alcohol during the past month in 2017.
- In 2017, 10 percent of Alaska high school students reported having sexual intercourse with four or more partners during their lifetime.

Deaths

- During 2012 to 2016, the Alaska infant mortality rate was 6.0 deaths per 1,000 live births.
- The average annual child death rate in Alaska was 24.1 per 100,000 children (ages 1 to 14) during 2012 to 2016.
- From 2012 to 2016, the average annual teen death rate in Alaska was 77.6 deaths per 100,000 teens (ages 15 to 19).
ACT recommends the following solutions to support the health of Alaska children. Every child deserves the opportunity to thrive and for that to happen, children and families need access to, and availability of, quality health care. Suitable population health cannot be achieved without the availability of comprehensive and affordable health care for every child in Alaska. It is the responsibility of the State and Federal government to lead an effort to examine options available to achieve stable health care coverage of children and families and to assure the implementation of plans achieve that result. Any reductions in children’s coverage would result in fewer children accessing needed care, including preventive services such as well child visits and immunizations. Reductions in children’s coverage would have broad long-term negative effects on their health, education, and financial success as adults, and to the long-term success of Alaska.

Prevention – One of the most effective tools to address the health issues identified in this report is prevention. Preventing, or limiting health issues from occurring, minimizes or eliminates overall health and cost impacts.

- **Screening** – Through effective screening, counseling, and support services, we can identify individuals at risk, provide counseling to them on how to change behaviors, and provide the support to access the services they need to be successful. However, screenings, counseling and support services to address serious health risks—tobacco use, physical inactivity, risky drinking, poor nutrition—is often not covered by an employer-sponsored health plan.

- **Birth Control Options and Access** – Most employers’ health care plans cover well-baby care, whereas less than half cover contraceptive devices or drugs to prevent unwanted pregnancies, despite the research showing that about half of all pregnancies and nearly one-third of all births each year are unintended. Unwanted/unplanned pregnancies have a direct relationship with the risk of a child experiencing child abuse and neglect.

- **Prevent ACEs and Build Resilience**. The powerful body of research showing that what a child experiences during the early years (starting in utero) lays the foundation for the rest of their life makes a compelling case for prioritizing investment in this area. Adverse Childhood Experiences (ACE) that occur prior to the age of 18 have been associated with unfavorable future health outcomes (chronic obstructive pulmonary disease, ischemic heart disease, tumor growth, major depressive disorder, post-traumatic stress disorder [PTSD], risky health behaviors [illicit drug abuse, alcohol abuse, and early initiation of sexual activity] and neurodevelopmental deficits). Preventing ACEs and building resilience in children and families will have long-term social, economic, and health benefits.

- **Prevent Future Deaths**. The Alaska Maternal and Child Death Review (MCDR) is a program based on a national evidence-based model to systematically and comprehensively review deaths using a multi-disciplinary consensus decision-making approach. This model specifically aims to identify causes and contributing factors to maternal, infant, and child deaths in Alaska and develop recommendations to prevent future deaths. This goal is accomplished through expert committee reviews of medical records, autopsy reports, death scene investigation reports, and other relevant information that is
compiled for every death. MCDR's recommendation to ensure the long life of all children should be followed; for more information, their website and the current MCDR report is in the resources section of this report.

Cost Containment

Utilization of high-risk substances like tobacco, alcohol or marijuana has a high-cost impact to states. Increasing the tax on high-risk substances can lead to a significant decrease in utilization and lessen health impacts. In addition, increasing revenue can ensure cost neutrality by generating funds that can be dedicated to prevention, outreach, and education to counteract the industry’s high investment in advertisements. Past research has shown that increases in tobacco and alcohol taxes are a highly effective control strategy and lead to significant improvements in public health. The positive health impact is even greater when some of the revenue generated by tobacco and alcohol tax increases are used to support control, health promotion, and/or other health-related activities and programs. High taxes on high-risk substances have caused minimal to no economic harm and have helped states with cost containment and improving overall health.

Other examples include instituting a tax on sugar-sweetened beverages (sodas, fruit drinks, and others sweetened with sugar, high fructose corn syrup, or similar sweeteners) to dedicate all or a portion of the revenue to health care. Consumption of sugary drinks (which include sodas, soft drinks, fruit drinks, sweetened coffees and teas, sports drinks, energy drinks, and sweetened waters) is associated with a host of adverse health outcomes, including obesity, heart disease, type 2 diabetes, and tooth decay. Studies have shown that the choice to consume soft drinks is influenced by pricing changes, including those driven by taxes. In addition to generating substantial revenue, which can be used to fund health services or other infrastructure, the tax on sugar-sweetened beverages is predicted to greatly reduce the adverse health and cost burdens of obesity, diabetes, and cardiovascular diseases.

Medicaid

State policy makers should explicitly consider and address the full impact (both intended and unintended) of changes in Medicaid policies on the viability of safety net providers and the populations they serve, including children. All federal programs and policies that support the safety net for children and families, and the populations it serves, should be reviewed for effectiveness reducing the number and meeting the needs of uninsured children. Any change that results in lower coverage should be viewed as a cut to children’s health care. Concerted efforts should be directed to improving this state’s capacity and ability to monitor the changing structure, capacity, and financial stability of the safety net to meet the health care needs of the uninsured and other vulnerable populations.

Health Care System

At 11 percent, Alaska has the highest rate of uninsured children in the country. Being uninsured, although not the only barrier to obtaining health care, is by all indications the most significant one. Uninsured children have less access to health care, are less likely to have a regular source of primary care, and use medical and dental care less often compared with children who have insurance. Even when children are covered, sometimes there are gaps in health insurance coverage. These children have worse access to care than those with continuous coverage.
Because insurance status affects access to secure and continuous care, it also affects health. Even when insured, limitations on coverage may still impede people’s access to care. Many people who are counted as insured have very limited benefits and are exposed to high out-of-pocket expenses or service restrictions. Three areas in which benefits are frequently circumscribed under both public and private insurance plans are preventive services, behavioral health care (treatment of mental illness, addictive disorders, etc.), and oral health care.

The temptation to cut back on investment in early intervention in times of austerity needs to be resisted, for short-term financial gains can lead to long-term costs. The challenge is not, therefore, deciding whether to maintain spending on early intervention, but working out how to get better value out of the money already being invested. Children’s health is mediated by a complex and dynamic social, economic and physical environment that affects every aspect of a child’s well-being. The more we learn about the lived experiences of children, the more we have come to understand the influence of a child’s environment on the expression of genes and the biochemistry of life. This is as true for children in the urban and rural communities in Alaska.

Delivery system reforms are most effective when they are integrated and ensure real accountability from providers and patients to improve results. Multiple approaches to delivery system reform may be necessary to bend the cost curve and improve care quality. Efforts to coordinate care will be less effective without the use of electronic medical records and more comprehensive decision support for both patient and provider. Alone, sophisticated systems will be ineffective if providers do not have payment and other incentives to promote systematic coordination of care. Providers will not be as successful as they can be over the long term if they do not have access to practical evidence on which clinical practices work best in particular cases or which patients need timely interventions. Evaluations of past efforts to integrate delivery system reforms show promising results. Delivery system reforms must be implemented in concert with other reforms to provide the tools, resources, and incentives (for patients and providers) needed to assure better patient outcomes and move away from perverse financial incentives driving non-evidence-based health care.

Reforming health care payment and delivery and expanding coverage are not only complementary but each is critical to achieving the other. Coverage expansion is critical to fully address the underuse of effective care, a problem that is particularly severe among the uninsured. At the same time, successful payment and delivery reform is needed to increase the value of health care, with better quality care and slower cost growth. These improvements will likely induce more Alaskans to purchase health insurance coverage as it becomes more affordable and valuable. Of course, delivery system reforms alone will not ensure universal coverage; major steps must be taken to explicitly ensure coverage for every Alaskan. Yet substantial progress toward effective delivery system reform is critical to achieving goals with respect to expanded coverage.
The following resources provide additional information regarding Alaska children’s health and well-being.

These resources and more are available at: http://www.voicesakchildren.org/publications/.
KIDS COUNT Rankings


Table 1. 2017 KIDS COUNT Health Profile, Alaska and United States

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Alaska</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Birthweight Babies</td>
<td>653</td>
<td>320,869</td>
</tr>
<tr>
<td>Number of Children</td>
<td>5.8%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Percent of Total Child Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children without Health Insurance</td>
<td>20,000</td>
<td>3,534,000</td>
</tr>
<tr>
<td>Number of Children</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Percent of Total Child Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Teen Deaths per 100,000</td>
<td>78</td>
<td>19,562</td>
</tr>
<tr>
<td>Number of Children</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>Percent of Total Child Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teens who Abuse Alcohol or Drugs</td>
<td>3,000</td>
<td>1,276,000</td>
</tr>
<tr>
<td>Number of Children</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Percent of Total Child Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
