Risk Factor Prevalence in Marion County

Prepared for the Marion County Early Intervention Planning Council
The purpose of this presentation is to provide information for educated decisions regarding the need for early intervention in the population of Marion County children and youth.

To this end, we will provide preliminary draft estimates regarding the number of children and youth in each age category that may be at elevated risk for juvenile delinquency and other unfavorable behaviors.
Early Intervention Focus

- We emphasize that all children are a vulnerable population and require positive action to help them succeed in life. The level of intervention that deals with all children is *systemic prevention*.

- Our focus for this presentation is the second level of intervention, *early intervention*. The policy focus for early intervention is children and youth who have had experiences that make them particularly vulnerable.
Levels of Intervention

- **Systemic prevention**: Programs in place for all children and families.

- **Early intervention**: Programs in place for all children and families with one or more risk factors or those showing early signs of trouble.

- **Progressive intervention/treatment**: For children and families that continue to need assistance.
Levels of Intervention

**Target:**
- All Families
- Families at Risk
- Families in Need

**Goal:**
- Systemic Prevention: Promote Resiliency
- Early Intervention: Supplement
- Treatment: Provide Care

**Approaches:**
- **Systemic Prevention:**
  - Health & safety education
  - Drug & alcohol education
  - Abuse education
  - Transition support
  - Conflict resolution
  - Parent involvement
  - Recreation & enrichment
  - Preventative health care
  - Character education

- **Early Intervention:**
  - Family support
  - Short-term counseling
  - Pregnancy prevention
  - Violence prevention
  - Dropout prevention
  - Improved access
  - Work programs
  - Basic needs
  - Child care
  - Targeted health care

- **Treatment:**
  - Special education
  - Family preservation
  - Long-term therapy
  - Emergency/crisis treatment
  - Intensive case management
  - Disabilities programs
  - Long-term treatment
  - Rehabilitation

**Cost level:**
- Low
- Intermediate
- High

Adapted from *Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together: A Center Brief.* (2000). Health Resources and Services Administration: Washington, DC.
Risk Factor Database

- The estimates we provide are based on a detailed review of empirical research that shows links between a variety of risk factors and juvenile delinquency.
- This review resulted in a detailed database which includes risk factors, age of vulnerability to risk factor, and supporting research.
- This database is available for your use.
Data measures for risk factors were identified, where possible, at the county level.

Where rate data was not available for Marion County, state-level data and in few cases, national-level data were used as proxies.

Population risk rates were derived using occurrence in populations where risk factors are observed.

Where diagnosis/treatment was the only available data for risk factors, peak diagnosis rates were used.

Simple rate calculations were performed for each age population. Unless age-based data were available, age clustering and prevalence were assumed constant.
These figures are preliminary draft estimates only, and are intended for use as a *conceptual tool only* in considering populations of at-risk children and youth in Marion County.

These figures are not for distribution.
Change in Rates Over Time

- One assumption of these estimates is that rates of occurrence do not change over time. We know this to be false.
- If rates of a particular risk factor have been *falling* over time, then these estimates are *conservative* for populations that are older than the target age group.
- If rates of a particular risk factor have been *rising* over time, then these estimates are *inflated* for populations that are older than the target age group.
Risk at All Ages

- Risk rates for populations too young to be faced with a particular experience (such as teen pregnancy) are included, showing the number of children expected, through whatever combination of life events, to be at risk for that particular factor, assuming constant rates over time.

- These estimates assume that exposure to a particular experience or risk factor (such as abuse or low birth weight) remains a risk factor throughout childhood and early adulthood.
Lack of Clustering Data

- Many, if not most, of the factors listed here are factors that have high comorbidity rates. That is, some children are likely to have several of these risk factors.

- Many of these risk factors increase the susceptibility of children to other of these risk factors, including delinquency.

- This data does not represent comorbidity rates or clustering that occurs among factors.
Adverse Childhood Experiences Study

- During the time period of the 1980s and early 1990s information about risk factors for disease had been identified.
- However, it was also clear that risk factors were not randomly distributed in the population. Persons who had one risk factor tended to have one or more others.
- The ACE Pyramid represents the conceptual framework for the Adverse Childhood Experiences (ACE) study.
ACE Research Question

“If risk factors for disease, disability, and early mortality are not randomly distributed, what influences precede the adoption or development of them?”

By providing information to answer this question, researchers hoped to provide scientific information that would be useful for the development of new and more effective prevention programs.
Our question is fundamentally similar: What influences and/or risk factors precede the development of juvenile delinquency and other adverse behaviors?

Risk factors of interest in the ACE study are also factors that increase risk of juvenile delinquency, such as abuse, neglect, exposure to violence, etc.

The ACE Study is presented here to provide additional context for the risk rate estimates.
ACE Indicators

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Exposure to violence in the home
- Exposure to substance abuse
- Mental illness in the home
- Parental separation or divorce
- Incarceration of a household member
- Other medical indicators
Drawbacks of Using ACE

- ACE study does not include all indicators in which we have interest.
- Definitions of ACE indicators differ from available data for Marion County.
- ACE study measures are self-reported.
ACE Overlap Figures

- N=17,337
- **36.1** percent reported **no** adverse childhood experiences.
- **26.0** percent reported **1** adverse childhood experience.
- **15.9** percent reported **2** adverse childhood experiences.
- **9.5** percent reported **3** adverse childhood experiences.
- **12.5** percent reported **4 or more** adverse childhood experiences.
Cumulative ACE Figures

- 36.1 percent reported no adverse childhood experiences.
- 63.9 percent reported 1 or more adverse childhood experiences.
- 37.9 percent reported 2 or more adverse childhood experiences.
- 22.0 percent reported 3 or more adverse childhood experiences.
- 12.5 percent reported 4 or more adverse childhood experiences.
Future Directions

- Use of agency-level data to develop more accurate estimates.
- Comorbidity in risk and overlap in treatment.
- Which risk factors cluster with which other risk factors.
- Demographic detail (age, race, gender clustering).
- Comparison of risk rates to rates of observation and treatment.
Resources
