

Research Brief

Heterogeneity in risk and protection among Alaska Native/American Indian and non-Native children

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Background

During early childhood, development is influenced by factors that undermine healthy outcomes (i.e., risk factors) and factors that promote healthy outcomes (i.e., protective factors). Alaska Native/American Indian (AN/AI) and non-Native children may experience different combinations of risk and protective factors. Understanding this variation is critical for implementing appropriate strength-based prevention/intervention efforts.

We linked 2009–2011 Pregnancy Risk Assessment Monitoring System (PRAMS) data with administrative data from the Office of Children's Services (OCS) and 2012–2014 Childhood Understanding Behaviors Survey (CUBS) data. Using these data, we identified groups of AN/AI and non-Native children with similar experiences or "clusters" of seven risk factors and four protective factors prior to age three years.

Key findings from this study

- Among AN/AI children:
 - o The majority (70.9%) live in homes with high protections, and low socioeconomic status (SES).
 - o 29.1% live in homes with high risk, and moderate protections.
- Among non-Native children:
 - The majority live in homes with high protections, and low risks (67.1%).
 - o Approximately a third (32.9%) live in homes with moderate risk, and high protections.

Figure. Distribution of risk and protective factors by identified clusters, by AN/AI and non-AN/AI

AN/AI	Non-Native
High Risk:	Moderate Risk:
Low SES, Maternal Depression,	Low SES, Maternal Depression
Parental Incarceration, Intimate	Moderate Protection:
Partner Violence, OCS Contact	Father Involvement, Reading, Meals
Moderate Protection:	with Family, Peer Interaction
Father Involvement, Reading, Meals	
with Family	
Low SES:	Low Risk:
Low SES	None
High Protection:	High Protection:
Father Involvement, Reading, Meals	Father Involvement, Reading, Meals
with Family, Peer Interaction	with Family, Peer Interaction

Implications and recommendations

There are differences in patterns of risk and protective factors experienced by AN/AI and non-Native children in Alaska. Findings from this study indicate that a one-size-fits-all approach to promoting healthy early development among Alaskan children is likely not appropriate. Simultaneously addressing risk factors and protective factors may be an effective approach for tailoring early intervention programs. The findings also emphasize the importance of considering both risk and protective factors in early childhood programs and policies, and recognize that high protections can co-exist with risk factors.

