

Investing in Prevention: Sound Public Policy

The adage “an ounce of prevention is worth a pound of cure” is actively reflected in how most of us approach our everyday lives, from home and car maintenance to personal health and well being. Yet, when directing our tax dollars to secure the vision for a strong Illinois now and in the future, state policy makers have been providing insufficient support – a mere 1.7% of the total state budget - for the prevention of key social and public health problems.

Given the return that we see on our prevention efforts, why are state policymakers directing an inadequate amount of our state’s resources into effective programs to prevent and reduce youth substance abuse, domestic violence, child abuse, juvenile delinquency and related issues? The answer partly lies in the need to raise awareness regarding the cost effectiveness of prevention programs and their ability to impact other important public policy issues, such as education.

This paper presents key research findings that speak to prevention’s effectiveness and its potential short- and long-term return on our investment. In addition, this paper includes recommendations regarding the amount of funding needed to maximize prevention’s human and fiscal impact over time.

Many prevention programs designed to achieve outcomes in one area can also address outcomes in another. The prevention areas addressed here include: early childhood programs, out-of-school-time programs, substance abuse, child abuse and other forms of violence, teen pregnancy and juvenile delinquency. Though each may have a unique etiology and have therefore been studied individually, they have been selected because they share common risk and protective factors and demonstrate analogous results. To answer questions regarding the value of prevention, statistics are often limited to one particular prevention discipline. However, to accurately qualify prevention efforts, we must acknowledge the cumulative impact of their interdependent nature.

Resulting Economic and Social Costs of Under-Funded Prevention and Intervention Services For Child Abuse, Domestic Violence, Juvenile Delinquency, Substance Abuse and Teen Pregnancy

Child Abuse

- A study conducted by Prevent Child Abuse America in 2001 estimates the costs related to child abuse and neglect to be greater than \$90 billion each year nationwide. These expenditures include those associated with hospitalization, mental health care, the child welfare system, and the legal system. Indirect costs such as special education, juvenile delinquency and adult criminality are estimated to cost the nation far more than the direct expenses.
- Illinois spent \$1.4 billion dollars on child welfare services in fiscal year 2000 - \$781 million of which were state tax dollars. States spent at least \$20 billion on child welfare services in

SFY 2000 and were using a large amount of funds not dedicated to child welfare services (e.g., Medicaid, Temporary Assistance for Needy Families) to meet the needs of the children and families in the child welfare system. This data demonstrates that the costs directly associated with providing child welfare services are drastically underestimated.

Domestic Violence

- The costs of intimate partner rape, physical assault, and stalking exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health care services. The total costs of domestic violence also include nearly \$900 million in lost productivity from paid and household chores for victims of nonfatal domestic violence and \$900 million in lifetime earnings lost by victims' domestic violence homicide.
- According to the National Center for Post Traumatic Stress Disorder (of Veterans Affairs), nearly 100 percent of children who witness the most severe forms of domestic violence, sexual assault or murder of a parent, demonstrate symptoms of Post Traumatic Stress Disorder (PTSD), including poor academic performance, years after the event. Likewise, children who have witnessed non-lethal domestic violence also show a considerable decrease in school performance (Bender, Eve, 2004; Crosson-Tower, Cynthia, 2003; NICDH, 2002). Therefore, the residual effects of a violent environment hinder a child's ability to learn.

Juvenile Delinquency

- Illinois taxpayers spend \$50,000 - \$80,000 per year to incarcerate a juvenile.
- Illinois is spending between \$30-\$50 million through courts, police, corrections and the Department of Public Aid for juvenile delinquency prevention – funding that could be used to address other issues and priorities for the State.

Substance Abuse

- Societal costs of tobacco, alcohol and illicit drug use are nearly six percent of the nation's income – over \$532 billion a year nationally. These costs include disease, premature death, lost productivity, theft and violence, including unwanted and unplanned sex and involvement in the criminal justice system.
- The annual Illinois statewide economic costs associated with alcohol, other drug and tobacco-related mortality is in excess of \$3.5 billion.
- From 9,000 to 10,000 Illinois residents die each year from accidental injuries. About 40% of these deaths are related to the use of alcohol.
- In fiscal year 2002, 1,165 substance-exposed infants were born in Illinois. For drug-exposed infants, hospital costs alone are 4 times higher than they are for non-exposed infants.

Teen Pregnancy

- In 2003, 17,670 Illinois children were born of girls 19 years of age or younger. More than 75 percent of teen mothers end up on welfare, and remain there for an average of 8-10 years. The national costs of teen childbearing is \$9 billion dollars annually, \$7 billion of direct costs incurred by taxpayers. In general, children of teen mothers require more medical care, experience more abuse and neglect, have more health problems, greater poverty, and poor school performance. Moreover, being born to a teen mother under age 17 increases the likelihood that a male child will end up in prison by 13 percent.

Unsupervised Youth

- School-age children and youth spend 80 percent of their waking hours outside of school. Adolescents, according to a study by the Carnegie Council on Adolescent Development, have a lot of discretion in how they spend this time, and much of it may be spent alone.
- There are an estimated 64 percent of all Illinois school-age children and youth in families where the sole parent or both parents work – about 1.5 million school-age children.
- Data collected from the 2000 Illinois Youth Survey found that 41 percent of Illinois eighth-grade students were home alone for more than 10 hours per week.
- Research suggests that children and youth who are home alone for about 10 or more hours a week are more likely to engage in high-risk behaviors than their peers.

In conclusion, the direct and indirect financial costs associated with these preventable problems are staggering and are more than simply monetary, as they do not consider the impact on the overall health, well being and quality of life for Illinois youth, families and communities.

Effective Prevention Programming

Findings indicate that it is sound public and fiscal policy to invest in effective prevention programs. It is not enough to simply fund prevention programs; we must also ensure that our dollars are being spent on programs that achieve the desired outcomes. Training and evaluation services should not be separated from the prevention programs themselves – they are inextricably linked. Without appropriate training and ongoing support for professionals implementing these prevention programs, the research outcomes are less likely to be replicated. Moreover, to monitor and measure the effectiveness of the program and the staff implementing it, time and resources must be allocated to program evaluation.

In tight budget times, training and evaluation services are the first items to be cut. However, our ability to provide quality programming and achieve the desired outcomes is completely compromised when these cuts occur. Additionally, without training and evaluation we are unable to provide taxpayers with a sound return on their investment.

Cost/Benefit Analysis of Prevention and Early Intervention Programs for Youth

The Washington State Institute for Public Policy conducted the most recent study of the benefits and costs of prevention and early intervention in September 2004. Some of the study's results are:

- Investments in effective programs for juvenile offenders have the highest net benefit. Such programs yield from \$1,900 to \$31,200 in saved costs per youth.
- Some forms of home visiting programs that target high-risk and/or low-income mothers and children also are effective, returning from \$6,000 to \$17,200 per youth.
- Early childhood education for low-income 3- and 4-year olds and some youth development programs provide very high returns on investment.
- One study of the Quantum Opportunities Program across four cities showed that every \$1 spent produced benefits to the public worth \$3, not even considering the 6-fold decline in crime by boys participating in the program. In California, a study estimated that every dollar spent on programs saved between \$8.90 and \$12.90 for the public.

In a brief published by the Northeast Center for the Application of Prevention Technologies, there are documented cost benefits of substance abuse prevention services such as school-based prevention curricula, parent outreach and training, and community anti-drug coalitions. Benefits range from reductions in crime, automobile crashes, demand for social services, and health care costs to increases in education level and earnings. Overall, these studies estimated that for every dollar spent on substance abuse prevention services, between 2 and 20 dollars are saved, and for every dollar spent on prevention, states save \$4 to \$5 in costs for treatment and counseling.

Other Benefits of Prevention Programs

Equally important to the cost effectiveness of prevention programs is their ability to realize other economic and social benefits, such as outcomes in educational achievement and health.

One study demonstrates that students whose peers have little to no involvement with drinking or drugs score 18 points higher for reading and 45 points higher for math on achievement tests than students whose peers have a low level of drinking or drug use.

Similarly, early childhood, family outreach and out-of-school-time programs have demonstrated a variety of positive outcomes, including:

- Reductions in child maltreatment;
- Increased school readiness and academic performance;
- Increased social and emotional development;
- Increased economic self-sufficiency;
- Decreased juvenile delinquency and crime.

Having little economic data for these types of outcomes, they add priceless value to the quality of life and overall health and well being of children, families and communities.

Training School Personnel and Other Professionals in Domestic Violence Issues

Educational personnel, due to their daily contact with the children, make some of the strongest witnesses and advocates for children exposed to domestic violence. According to Cynthia Crosson-Tower of the U.S. Department of Health and Human Services,

“Educators are trained to recognize and intervene when children are not able to benefit fully from their educational opportunities. This training makes them uniquely qualified to detect indicators that may signify that a child is being maltreated. Since schools are one of the few places in which children are seen almost daily, educators have a chance to see changes in appearance and behavior.”

Continual budget cuts have reduced educator training, making school personnel ineffective in recognizing the signs of domestic violence. Consequences of reduced training can be severe and that is unacceptable. As Betsy Groves, Director of the Child Witness to Violence Project at Boston Medical center notes,

“It is often difficult for professionals to identify children who witness domestic violence. School personnel, who spend significant periods of time with children, may be unsure how to interpret problematic symptoms that children display...Even when children are brought to mental health professionals because of problem behavior, screening for the presence of family violence is not routine. Therefore, professionals often fail to detect that exposure to domestic violence is a contributing factor to the child’s difficulties.”

In the past few years, there have been many laudable efforts to address child abuse and domestic violence as conditions that severely impact educational performance, including President Bush’s “No Child Left Behind” Act and the 2002 National Institute on Child Health and Human Development. However, change cannot remain in the realm of papers and conferences. The fact is that children who witness domestic violence are affected to varying degrees, but always negatively, and one of the clearest symptoms of this affect is a “poor academic performance...frequent absences and [possibly]...behavior problems [including] withdrawal and dissociating.” (ABA 2005). Those who most often work with children: pediatricians, social workers, mental health professionals, teachers and clergy, need to be provided with consistent, quality training, to best meet the needs of the new generation.

Action Needed

In the long-term, **significantly more dollars must be invested in prevention.** Redirecting existing state dollars or raising additional state revenues and earmarking them for science-based and promising prevention programs must occur if the state is going to maximize prevention’s cost effectiveness.

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African American Family Commission
Chicago Metropolitan Battered Women's Network
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Illinois Association for Prevention
Illinois Center for Violence Prevention
Illinois Collaboration on Youth
Latino Coalition for Prevention
Ounce of Prevention Fund
Prevent Child Abuse Illinois
Prevention First
Prevention Partnership, Inc.
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