



Healthy Alaskans 2010

Health Status Progress Report on
Leading Health Indicators

January 2013

A joint project of the
Alaska Department of Health & Social Services
and the Alaska Native Tribal Health Consortium



Healthy Alaskans 2020 Steering Team:

William J. Streur, Commissioner

Department of Health and Social Services
State of Alaska

Ward B. Hurlburt, MD MPH, Chief Medical Officer

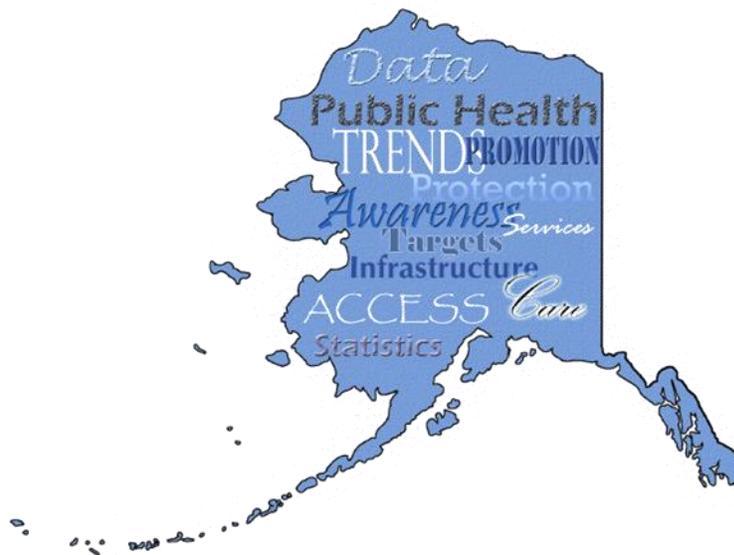
Department of Health and Social Services
State of Alaska

Roald Helgesen, CEO

Alaska Native Tribal Health Consortium

Jay C. Butler, MD, Senior Director

Division of Community Health Services
Alaska Native Tribal Health Consortium



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We also wish to thank the following Healthy Alaskans 2020 Data Team members who wrote, prepared data and edited this report.

Data Team Co-Chairs:

- Alice J. Rarig, Alaska Division of Public Health
- Romy Mohelsky, Alaska Native Tribal Health Consortium, Division of Community Health Services

Data Team Members:

- Alaska Division of Public Health: Andrea Fenaughty, Andrew R. Jessen, Bradley J. Whistler, Charles J. Utermohle, Deborah C. Hull-Jilly, Lisa D.H. Aquino, Louisa J. Castrodale, Mary K. McEwen, Rebecca W. Topol, Toni R. Hackney, Yvonne W. Goldsmith
- Alaska Division of Behavioral Health: Ken C. Boegli
- Alaska Division of Senior and Disabilities Services: Christy J. Wallace, Jon D. Erickson, Nancy E. Jamieson, Sharilyn I. Mumaw
- Alaska Division of Juvenile Justice: Karen L. Forrest
- Alaska Division of Public Assistance: Heidi Lengdorfer, Stephanie Lynn Walden
- Alaska Mental Health Board: Patrick W. Sidmore
- Alaska Native Tribal Health Consortium, Division of Community Health Services: Beverly K. Wooley, Ellen M. Provost
- Southeast Alaska Regional Health Consortium: Sara Beaber-Fujioka
- Contractor Support: Lauren Young, Alaska Center for Public Policy

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Introduction

The Alaska Health Status Progress Report is a product of Healthy Alaskans 2020, the statewide health assessment initiative being coordinated as a joint effort of the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium. The goal of Healthy Alaskans 2020 is to develop Alaska-specific health indicators and targets, which will be used to guide efforts in our state around common goals of improving health outcomes and ensuring health equity for all Alaskans. For more information on Healthy Alaskans, please see the back cover of this document, or visit our website, www.ha2020.alaska.gov.

In this Alaska Health Status Progress Report, an overview of the Healthy Alaskans 2010 leading health indicators is provided and, where available, the data are updated to track progress. The most recent data available at the time of writing are provided for each leading health indicator. Generally, the Healthy Alaskans 2010 leading health indicators were selected to closely replicate the national indicators; however, in some cases alternative indicators were selected that were more relevant for Alaska. Over the decade, some of the indicators and measures were modified, due to improvements in questions on surveys or other reporting or analysis changes. These changes have been indicated on the summary sheets in this report.

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Summary

[Healthy Alaskans 2010](#), a product of the Alaska Department of Health and Social Services, was broad in scope and included hundreds of indicators. Major health concerns were reflected in the selection of 25 [leading health indicators](#) based on the national Healthy People 2010 set of leading health indicators, with additions and substitutions to reflect indicators of greater importance in Alaska. Healthy People is a national effort to set health goals and measures for people and communities in the United States.

Using a participatory process, the Alaska Department of Health and Social Services engaged individuals and groups from rural and urban communities across Alaska. Alaska Native organizations, state and federal agencies, and private and non-profit businesses and organizations all contributed, advised, and assisted in the development of objectives, indicators and targets for Healthy Alaskans 2010. In addition to tracking changes in the health status of Alaskans from 2000 – 2010, the purpose of Healthy Alaskans 2010 was to serve as a framework for health policy development, to identify the best indicators of health status, and to set ambitious but achievable targets for improvement.

The Healthy Alaskans 2010 Health Status Progress Report is an update and overview of the 25 leading health indicators and what progress has been made towards meeting the health targets set in the late 1990s. This progress report has been compiled as a part of the Healthy Alaskans 2020 initiative which is a continuation of the Healthy Alaskans initiative for this decade.

Two objectives met the Healthy Alaskans 2010 leading health indicator targets:

- Reduce cigarette smoking among adolescents
- Reduce the post-neonatal death rate

Four objectives moved towards the targets:

- Reduce cigarette smoking among adults
- Increase abstinence from alcohol and illicit drugs among adolescents
- Reduce deaths caused by motor vehicle crashes
- Increase the proportion of elderly adults who are immunized against pneumococcal disease

Fourteen objectives showed little positive movement in meeting the targets and are of concern:

- Reduce obesity among adolescents
- Reduce obesity among adults
- Reduce binge drinking among adults
- Reduce suicide death rate
- Reduce deaths caused by unintentional injury
- Reduce deaths from homicide
- Reduce child maltreatment
- Increase the proportion of young children who have received all recommended vaccines
- Increase the proportion of elderly adults who are immunized against influenza

- Reduce the proportion of Alaskans without health insurance coverage
- Increase access to healthcare among adults
- Increase the proportion of pregnant women receiving adequate prenatal care
- Increase abstinence from sexual intercourse among adolescents
- Increase condom use among sexually active adolescents

Five objectives experienced a substantial change in the measurement of the data, the guidelines associated with the objective, the ability to collect the data, or a combination of these factors resulting in the inability to track progress toward meeting the target:

- Increase physical activity among adolescents
- Increase physical activity among adults
- Increase the number of communities with access to safe water and proper sewage disposal
- Reduce secondhand smoke exposure among non-smoking adults
- Increase condom use among sexually active, unmarried female adults

This report illustrates that only a few of the Healthy Alaskans 2010 leading health indicator targets were achieved, and that there is still much work to be done to improve the health status of Alaskans. Challenges in meeting the targets indicate a need for: 1) more public awareness regarding the benefits of reaching identified targets; 2) identification and sharing of strategies and guidelines known to improve the identified targets; and 3) increased public policy development, stakeholder commitment and use of available resources to support implementation of these strategies and guidelines.

The Healthy Alaskans 2010 publication made note that improving the health status of Alaskans would require all partners – individuals and organizations – in communities throughout Alaska to work together actively to achieve established health targets. However, due to a variety of issues including competing priorities, limited resources, and leadership changes, no comprehensive plan was developed to establish a coordinated effort among stakeholders to reach these targets.

The Healthy Alaskans 2020 initiative, jointly sponsored by the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium, is a continuation of earlier Healthy Alaskans efforts to improve the health status of all Alaskans. This initiative will build on the lessons learned in Healthy Alaskans 2010. Through a participatory process involving multiple stakeholders, Healthy Alaskans 2020 will identify Alaska-specific leading health indicators to guide efforts in our state around common health objectives. The overall goal is to improve health outcomes and decrease health disparities, and to attain the vision of, *Healthy Alaskans in Healthy Communities*. This collaborative process will provide partners and other stakeholders with opportunities to work cohesively to improve identified health needs. Communication and widespread information dissemination will encourage organizations and communities throughout the state to commit to improving the health of all Alaskans by aligning their efforts with the Healthy Alaskans 2020 leading health indicators.



Healthy Alaskans 2010

Leading Health Indicators Scorecard

	Objective	HA2010 Target	Baseline*	Current*	Target Met?
1	Increase physical activity among adolescents [†]	N/A [†]	18.7%	21.3%	N/A
2	Increase physical activity among adults [†]	N/A [†]	56.9%	59.7%	N/A
3	Reduce obesity among adolescents	5%	11.0%	11.5%	
4	Reduce obesity among adults	18%	21.0%	28.0%	
5	Reduce cigarette smoking among adolescents	17%	19.2%	14.1%	
6	Reduce cigarette smoking among adults	14%	25.0%	22.6%	
7	Increase abstinence from alcohol and illicit drugs among adolescents	60%	51.8%	58.0%	
8	Reduce binge drinking among adults	13%	19.7%	20.2%	
9	Reduce the suicide death rate (per 100,000)	10.6	21.1	22.6	
10	Reduce deaths caused by unintentional injury (per 100,000)	31.4	63.9	58.5	
11	Reduce deaths caused by motor vehicle crashes (per 100,000)	7.0	23.5	10.4	
12	Reduce deaths from homicide (per 100,000)	4.0	5.6	6.1	
13	Reduce child maltreatment (substantiated rate per 1,000)	10.0	17.6	14.1	
14	Increase the proportion of young children who have received all recommended vaccines [†]	90% [†]	70.6%	67.7%	
15a	Increase the proportion of elderly adults who are immunized against influenza	90%	62.8%	51.1%	
15b	Increase the proportion of elderly adults who are immunized against pneumococcal disease	90%	65.3%	66.9%	
16	Increase the number of communities with access to safe water and proper sewage disposal [†]	N/A [†]	69.0%	92.0%	N/A
17	Reduce secondhand smoke exposure among non-smoking adults	N/A	9.5%	5.9%	N/A
18	Reduce the proportion of Alaskans without health insurance coverage	5%	17.4%	18.2%	
19	Increase access to healthcare among adults	100%	66.9%	67.2%	
20	Increase the proportion of pregnant women receiving adequate prenatal care	90%	67.5%	59.4%	
21	Reduce the post-neonatal death rate (per 1,000)	2.7	3.2	1.8	
22a	Increase abstinence from sexual intercourse among adolescents	65%	60.4%	61.7%	
22b	Increase condom use among sexually active adolescents	75%	62.3%	59.6%	
23	Increase condom use among sexually active, unmarried female adults	50%	33%	<i>data no longer collected</i>	

*See graphs for year of data reported here.

[†]Indicator measurement changed since inception. Please see detailed definition and notes for explanation.

N/A – Not applicable.

Additional Resources

National:

Healthy People 2020: <http://www.healthypeople.gov/2020/default.aspx>

U.S. Census Bureau: <http://www.census.gov/>

American Community Survey: <http://www.census.gov/acs/www/>

Guidance for Data Users:

http://www.census.gov/acs/www/guidance_for_data_users/handbooks/

Centers for Disease Control and Prevention:

Vital Statistics: <http://www.cdc.gov/nchs/VitalStats.htm>

Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/>

Youth Risk Behavior Survey: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

County Health Rankings & Roadmaps (Robert Wood Johnson Foundation):

<http://www.countyhealthrankings.org/>

America's Health Rankings (United Health Foundation): <http://www.americashealthrankings.org/>

Alaska:

Alaska Center for Health Data and Statistics: <http://www.hss.state.ak.us/dph/infocenter/>

Informed Alaskans Initiative: <http://www.hss.state.ak.us/dph/infocenter/ia/default.htm>

Alaska Native Epidemiology Center: <http://www.anthctoday.org/epicenter/>

Bureau of Vital Statistics, Data and Statistics: <http://www.hss.state.ak.us/dph/bvs/data/default.htm>

Healthy Alaskans 2010 Initiative: <http://www.hss.state.ak.us/dph/targets/ha2010/>

Behavioral Risk Factor Surveillance System:

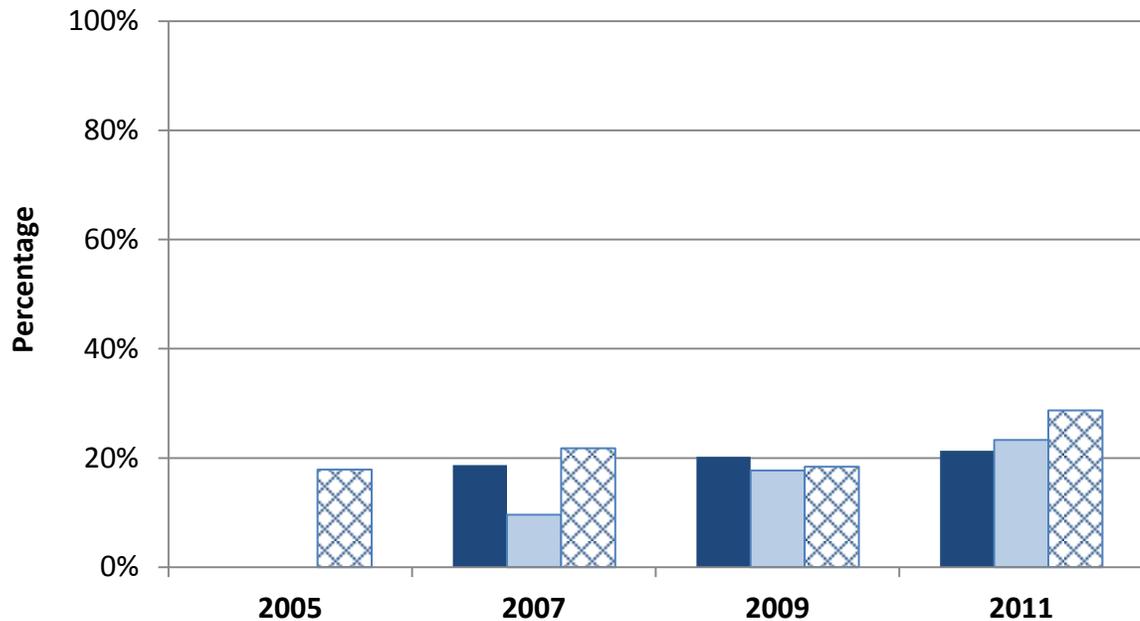
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

Youth Risk Behavior Survey: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>



**Objective # 1:
Increase Physical Activity among Adolescents**

Percentage of High School Students Who Meet Physical Activity Recommendations, All Alaskans, Alaska Natives, and U.S. High School Students



	All Alaskans	-	18.7%	20.2%	21.3%
	Alaska Natives	-	9.6%	17.7%	23.3%
	U.S.	17.9%	21.8%	18.4%	28.7%

Data Source: Youth Risk Behavior Survey (YRBS)

Due to a change in guidelines, no Healthy Alaskans 2010 target is shown and data prior to 2005 are not shown. The YRBS measure was changed in 2005 to reflect the new guidelines.

SUMMARY

- Between 2007 and 2011, approximately one in five high school students in Alaska met the physical activity recommendation of getting at least 60 minutes of activity per day, every day.
- In 2011, the percentage of U.S. high school students who met the physical activity recommendation (28.7%) was significantly higher than the Alaska rate (21.3%).
- While the overall Alaska percentage did not vary much over the five-year period, among Alaska Native students the percentage meeting this recommendation more than doubled between 2007 and 2011.



PUBLIC HEALTH IMPORTANCE

Physical activity is crucial to maintaining physical health and overall well-being and quality of life. Among adolescents, regular physical activity helps improve bone health, body weight and composition, physical fitness and mental health. Lack of exercise is also a key contributor to the rising rates of overweight and obesity in adolescents. In addition, active adolescents are more likely to become active adults.¹ Adults who are physically active can lower their risk of negative health outcomes, including coronary heart disease, stroke, type 2 diabetes, and certain types of cancers.

DEFINITION AND NOTES

The indicator originally identified for this objective (*Percent of high school students grades 9-12 who exercise or participate in sports activities for at least 20 minutes that cause sweating and heavy breathing on three or more of the past seven days*) was discontinued after 2003. For the measure and data used through 2003, see YRBS report at <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>.

As of 2005, the indicator for assessing whether adolescents are getting enough physical activity to meet recommendations for health (that is, 60 minutes of activity every day) is the percentage of high school students who respond “7 days” to the following:

- *During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?*

On the YRBS, race is determined by response to one single-response question. Respondents who self-identified as American Indian or Alaska Native were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Youth Risk Behavior Survey, Alaska Department of Health and Social Services;

U.S.: Youth Risk Behavior Survey, Centers for Disease Control and Prevention.

Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009 and 2011.

REFERENCES

1. U.S. Department of Health and Human Services, Office of Disease Prevention & Health Promotion. (2008). *Physical Activity Guidelines for Americans*. Retrieved from <http://www.health.gov/paguidelines/>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

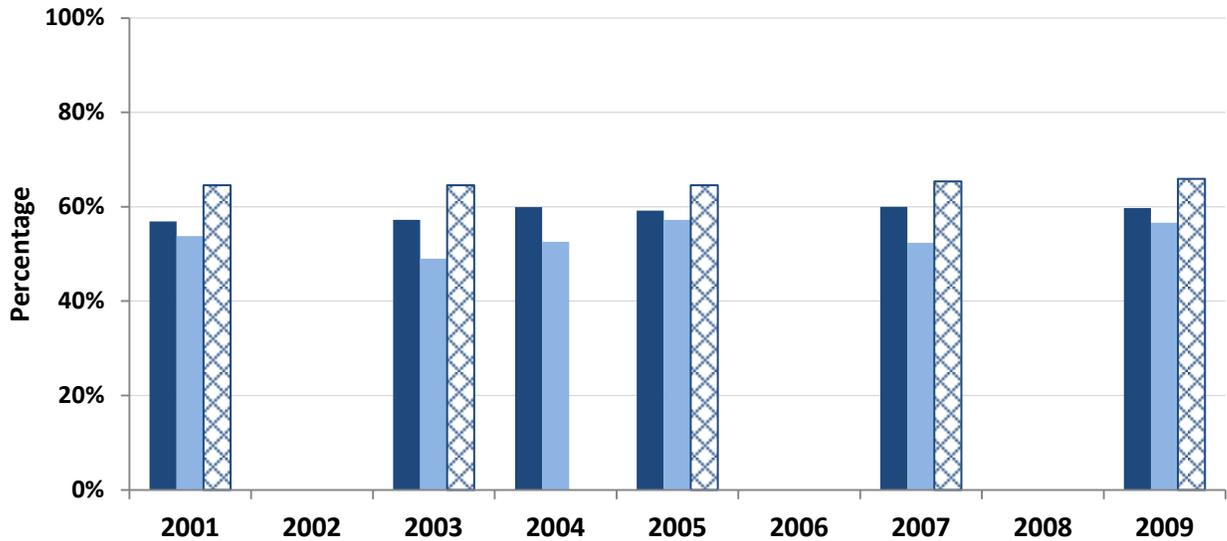
- Youth Risk Behavior Survey: <http://www.hss.state.ak.us/dph/chronic/school/YRBS.htm>
- Healthy Future Initiatives: <http://healthyfuturesak.org>
- Children’s obesity in schools: <http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/resources.aspx>
- No. 1 Children’s Health Issue: http://dhss.alaska.gov/dph/Chronic/Documents/Obesity/pubs/factsheet_No1ChildHealthIssue.pdf
- Additional information on current efforts to prevent overweight and obesity in Alaska: <http://www.hss.state.ak.us/dph/chronic/obesity/>
- Accelerating Progress in Obesity Prevention, Solving the Weight of the Nation: <http://www.iom.edu/Activities/Nutrition/ObesityPrevProgress.aspx>
- Recommended Community Strategies and Measurements to Prevention Obesity in the U.S.: <http://dhss.alaska.gov/dph/Chronic/Documents/01-External/rr5807.pdf>
- Physical Activity Guidelines for Americans: <http://www.health.gov/paguidelines/>





**Objective # 2:
Increase Physical Activity among Adults**

Percentage of Adults Who Meet Moderate Physical Activity Target of 30 minutes, five days a week, All Alaskans, Alaska Natives, and U.S. Adults



All Alaskans	56.9%	-	57.2%	59.9%	59.2%	-	60.0%	-	59.7%
Alaska Natives	53.8%	-	49.0%	52.6%	57.2%	-	52.4%	-	56.6%
U.S.	64.6%	-	64.6%	-	64.6%	-	65.4%	-	65.9%

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Due to a change in the guidelines, the original Healthy Alaskans 2010 target is not shown. The above data reflects the new guidelines. Starting in 2011, the BRFSS measure was once again changed.

SUMMARY

- Between 2001 and 2009, the percentage of Alaska adults who were physically active for at least 30 minutes per day, five or more days per week ranged between 56.9% and 60.0%.
- The percentage of Alaska Native adults meeting this moderate physical activity target was slightly below the overall Alaska percentage during the decade.

PUBLIC HEALTH IMPORTANCE

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Moreover, physical activity need not be strenuous to be beneficial; adults benefit from moderate physical activity of 150 minutes each week.¹ Although vigorous physical activity is recommended for improved cardiorespiratory fitness, moderate physical activity has significant health benefits, including a decreased risk of heart disease. In addition, moderate physical activity is more readily adopted and maintained than vigorous physical activity.²



DEFINITION AND NOTES

The indicator originally identified for this objective (*Percent of people aged 18 years and older who engage in physical activity five or more sessions per week for 30 or more minutes per session, regardless of intensity*) was discontinued after 1998. As of 2001, the indicator for assessing whether adults are getting enough physical activity is the percentage of adults aged 18 years and older who report engaging in “moderate” physical activity (that is, activity that “causes small increases in breathing or heart rate”) for a minimum five days per week, 30 minutes or more per day, based on the following set of questions:

- *Now thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (Must respond “Yes”)*
- *How many days per week do you do these moderate activities for at least 10 minutes at a time?*
- *On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?*

Since the publication of the 2008 Physical Activity Guidelines for Americans,¹ the recommendation regarding amount of physical activity for adults has changed to 150 minutes per week; future indicators of adult physical activity should reflect this new recommendation.

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS survey in odd years, and from the Supplemental BRFSS survey in 2004. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2005; raking weights were used from 2007 through 2009. For more on this methodological change see: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

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ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

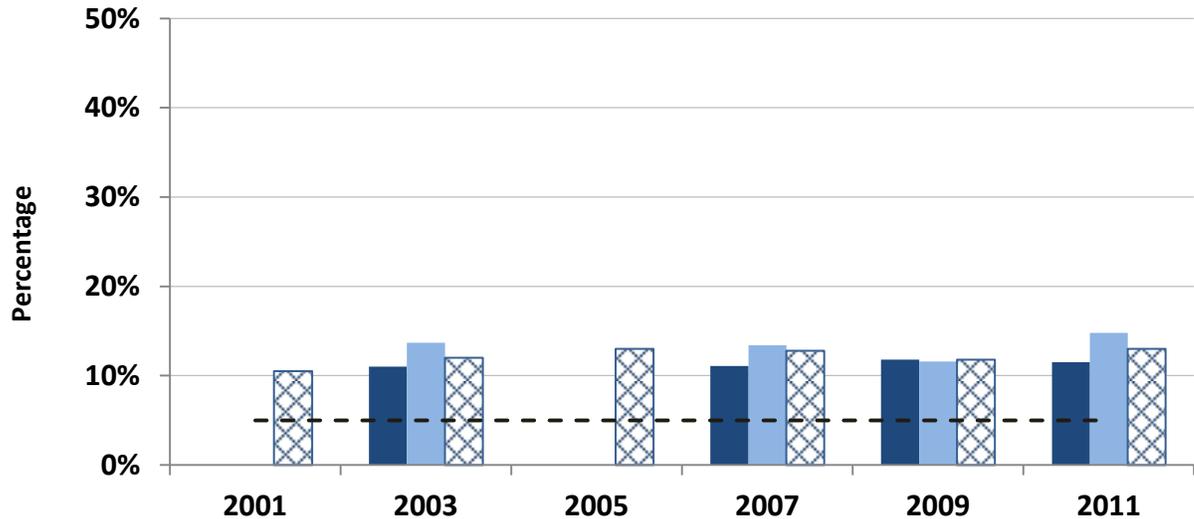
- Obesity and associated behaviors in Alaska: <http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/resources.aspx>
- State of Alaska Obesity Prevention and Control Program: www.hss.state.ak.us/dph/chronic/obesity/
- Accelerating Progress in Obesity Prevention, Solving the Weight of the Nation: www.iom.edu/Activities/Nutrition/ObesityPrevProgress.aspx
- Recommended Community Strategies and Measurements to Prevent Obesity in the U.S.: <http://dhss.alaska.gov/dph/Chronic/Documents/01-External/rr5807.pdf>
- Physical Activity Guidelines for Americans: <http://www.health.gov/paguidelines/>





**Objective # 3:
Reduce Obesity among Adolescents**

Percentage of High School Students Who Are Obese (BMI ≥ 95th Percentile), All Alaskans, Alaska Natives, and U.S. High School Students



	All Alaskans	-	11.0%	-	11.1%	11.8%	11.5%
	Alaska Natives	-	13.7%	-	13.4%	11.6%	14.8%
	U.S.	10.5%	12.0%	13.0%	12.8%	11.8%	13.0%
---	Healthy Alaskans 2010 Target, 5%						

Data Source: Youth Risk Behavior Survey (YRBS)

SUMMARY

- Between 2003 and 2011, the percentage of Alaska high school students who were obese remained fairly level between 11.0% and 11.8%; more the twice the Healthy Alaskans target of 5%.
- The Healthy Alaskans 2010 target of 5% was not met.
- The Alaska Native obesity rate as measured by BMI has been slightly above the Alaska rate during the decade.

PUBLIC HEALTH IMPORTANCE

The spread of the obesity epidemic has been severe among children and adolescents. Since 1980, the national overweight and obesity rates have tripled for youth, with 34% of two to 19 year olds above a normal weight (above the 85th percentile).¹

Overweight and obese youth are more likely to grow up to be overweight or obese as adults.² In addition, they are at increased risk of exhibiting chronic disease risk factors such as diabetes, high blood pressure and high cholesterol as youth and into adulthood.^{3,4} Overweight and obese youth also experience discrimination from their peers.⁵ Obesity is expensive. It is estimated medical complications of obesity cost Alaska’s economy \$459 million a year in direct medical expenditures.⁶ The impact of the obesity epidemic is reflected in the nation’s concurrent rise in diabetes, heart disease, and other chronic diseases, and has even led to the projection that, due to obesity, today’s children may be the first generation to have a shorter life expectancy than their parents’ generation.⁷



DEFINITION AND NOTES

Percentage of high school students grades 9-12 with a body mass index (BMI) greater than or equal to the 95th percentile, based on age- and sex-specific growth charts. BMI is calculated as self-reported weight and height using the following formula $\text{kg}/(\text{m})^2$.

Recent research highlights uncertainty regarding the ideal adult weight and BMI that best promote health and minimizes the risk of negative health outcomes. The limitations of using BMI as the only measure of obesity should be taken into consideration when interpreting this data.⁸

On the YRBS, race is determined by response to one single-response question. Respondents who self-identified as American Indian or Alaska Native were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Youth Risk Behavior Survey, Alaska Department of Health and Social Services;

U.S.: Youth Risk Behavior Survey, Centers for Disease Control and Prevention.

Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009 and 2011.

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ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

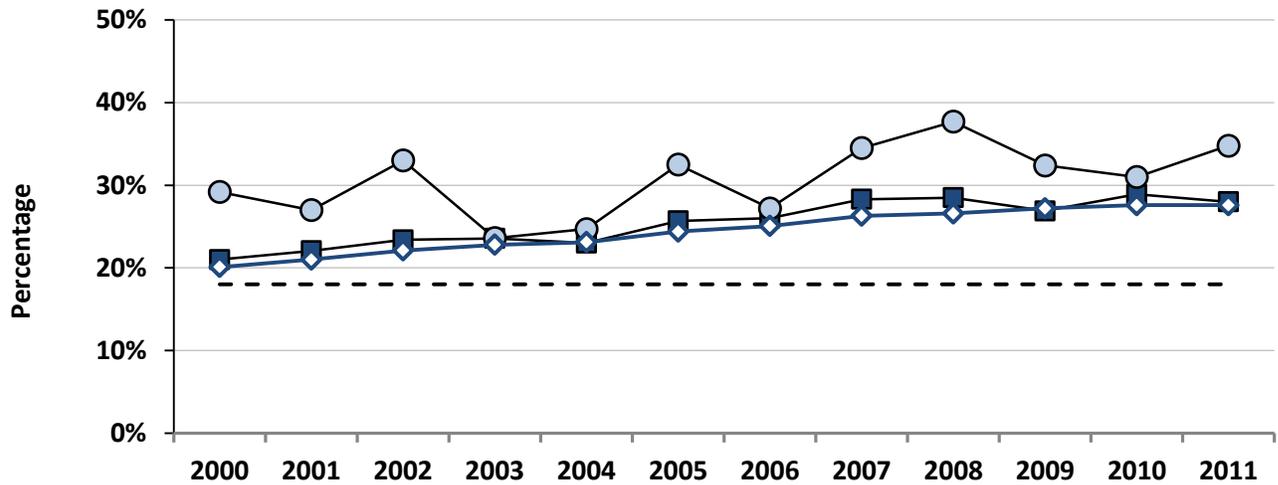
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- Physical Activity Guidelines for Americans: <http://www.health.gov/paguidelines/>
- Dietary Guidelines for Americans: <http://health.gov/dietaryguidelines/>





**Objective # 4:
Reduce Obesity among Adults**

Percentage of Adults Who Are Obese (BMI ≥ 30.0), All Alaskans, Alaska Natives, and U.S. Adults



■	All Alaskans	21.0%	22.1%	23.4%	23.6%	23.0%	25.7%	26.0%	28.3%	28.5%	26.9%	28.9%	28.0%
●	Alaska Natives	29.2%	27.0%	33.0%	23.6%	24.7%	32.5%	27.2%	34.5%	37.7%	32.4%	31.0%	34.8%
◇	U.S.	20.1%	21.0%	22.1%	22.8%	23.1%	24.4%	25.1%	26.3%	26.6%	27.2%	27.6%	27.6%
- - -	Healthy Alaskans 2010 Target of 18%												

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

SUMMARY

- In Alaska, the percentage of adults who were obese increased significantly from 21.0% in 2000 to 28.0% in 2011, and paralleled the trend seen in the U.S.
- The Healthy Alaskans 2010 target of 18% was not met.
- Obesity prevalence as measured by BMI has been generally higher among Alaska Native adults than among all Alaska adults.

PUBLIC HEALTH IMPORTANCE

Obesity is a major health problem for Americans, including Alaskans. About a third of the adult population is now obese and an additional one-third is overweight.¹ Obesity is expensive. It is estimated medical complications of obesity cost Alaska’s economy \$459 million a year in direct medical expenditures.² The spread of the obesity epidemic has also been severe among children and adolescents. Since 1980, the national overweight and obesity rates have tripled for youth, with 34% of two to 19 year olds above a normal weight (above the 85th percentile).³ Overweight and obese youth are more likely to grow up to be overweight or obese as adults.⁴

Overweight and obesity are determined by calculating Body Mass Index (BMI) from a person’s weight and height. BMI provides an indicator of body fatness for most people, and it is used to screen for weight categories



that increase the risk of health problems. The impact of the obesity epidemic is reflected in the nation's concurrent rise in rates of diabetes, heart disease, and other chronic diseases, and has even led to the projection that, due to obesity, today's children may be the first generation to have a shorter life expectancy than their parents' generation.⁵

DEFINITION AND NOTES

Percentage of adults aged 18 years and older with a body mass index (BMI) of ≥ 30.0 . BMI is calculated from self-reported weight and height using the following formula: weight in kilograms divided by height in meters squared.

Recent research highlights uncertainty regarding the ideal adult weight and BMI that best promote health and minimizes the risk of negative health outcomes. The limitations of using BMI as the only measure of obesity should be taken into consideration when interpreting this data.⁶

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2010. For more on this methodological change see:

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

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5. Olshansky, S.J., Passaro, D.J., Hershow, R.C., et al. (2005). A potential decline in life expectancy in the United States in the 21st century. *NEJM*, 352(11), 1138-45.
6. Heymsfield, S.B., & Cefalu, W.T. (2012). Does body mass index adequately convey a patient's mortality risk? *JAMA*, 309(1), 87-88.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

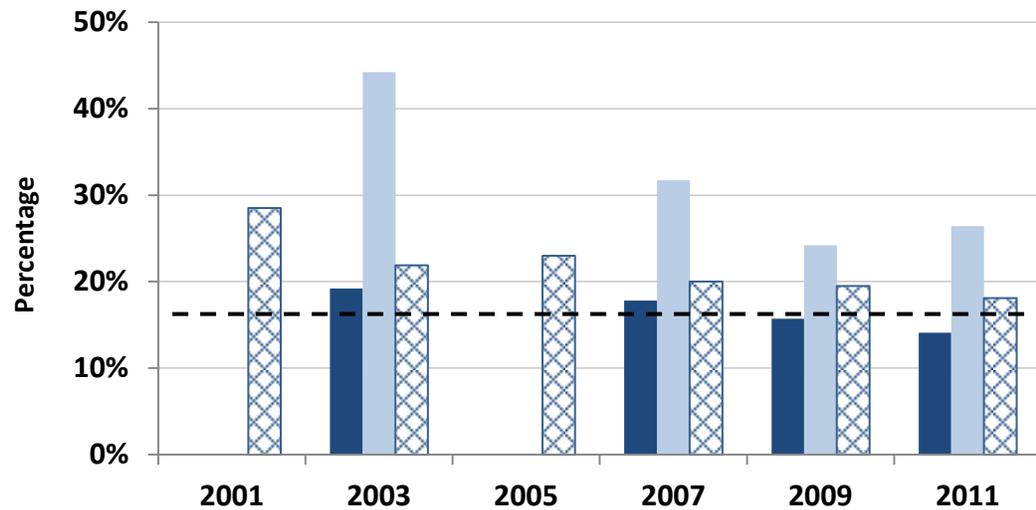
- State of Alaska Obesity Prevention and Control Program: <http://www.hss.state.ak.us/dph/chronic/obesity/>
- Accelerating Progress in Obesity Prevention, Solving the Weight of the Nation: <http://www.iom.edu/Activities/Nutrition/ObesityPrevProgress.aspx>
- Recommended Community Strategies and Measurements to Prevent Obesity in the U.S.: <http://dhss.alaska.gov/dph/Chronic/Documents/01-External/rr5807.pdf>
- Physical Activity Guidelines for Americans: <http://www.health.gov/paguidelines/>
- Dietary Guidelines for Americans: <http://health.gov/dietaryguidelines/>





**Objective # 5:
Reduce Cigarette Smoking among Adolescents**

Percentage of High School Students Who Smoke, All Alaskans, Alaska Natives, and U.S. High School Students



All Alaskans	-	19.2%	-	17.8%	15.7%	14.1%
Alaska Natives	-	44.2%	-	31.7%	24.2%	26.4%
U.S.	28.5%	21.9%	23.0%	20.0%	19.5%	18.1%
---	Healthy Alaskans 2010 Target of 17%					

Data Source: Youth Risk Behavior Survey (YRBS)

SUMMARY

- Between 2003 and 2011, the percentage of Alaska high school students who smoked cigarettes declined significantly from 19.2% to 14.1%.
- The Healthy Alaskans 2010 target of 17% was met.
- A similar decline was seen in the U.S., with rates slightly above those seen in Alaska.
- Smoking prevalence among Alaska Native high school students is still higher than seen in all Alaska students, but also declined significantly over the decade, from 44.2% in 2003 to 26.4% in 2011.

PUBLIC HEALTH IMPORTANCE

Tobacco use is the leading cause of preventable disease and death in the United States.¹ Every day in the United States nearly 4,000 kids try their first cigarette, and 1,000 kids under age 18 become new regular, daily smokers.² Nearly 90 percent of all adult smokers take up the habit in their teens and two-thirds of teen smokers become regular, daily smokers before they turn 19.³ Approximately one-third of these youth smokers will die prematurely from diseases caused by smoking.⁴ Several tobacco prevention and control strategies in Alaska have likely contributed to the drop in youth smoking rates. These include: increases in the state tax on cigarettes in Alaska; the implementation in many communities of comprehensive clean indoor air laws that support and reinforce a non-smoking norm; and a statewide media campaign, coupled with local community and school programs.⁵



DEFINITION AND NOTES

Percentage of high school students grades 9-12 who have smoked cigarettes on one or more of the past 30 days.

On the YRBS, race is determined by response to one single-response question. Respondents who self-identified as American Indian or Alaska Native were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Youth Risk Behavior Survey, Alaska Department of Health and Social Services;

U.S.: Youth Risk Behavior Survey, Centers for Disease Control and Prevention.

Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009 and 2011.

REFERENCES

1. Centers for Disease Control and Prevention. (2007). *Best Practices for Comprehensive Tobacco Control Programs*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
2. Substance Abuse and Mental Health Services Administration (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings* (HHS Publication No. (SMA) 11-4658). Rockville, MD: Substance Abuse and Mental Health Services Administration.
3. U.S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
4. Centers for Disease Control and Prevention. (1996). Projecting Smoking-Related Deaths Among Youth-United States. *MMWR*, 45(44), 971-974.
5. Alaska Department of Health and Social Services. (2012). *Tobacco in the Great Land, A Portrait of Alaska's Leading Cause of Death, 2012 Update*. Anchorage, AK: Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

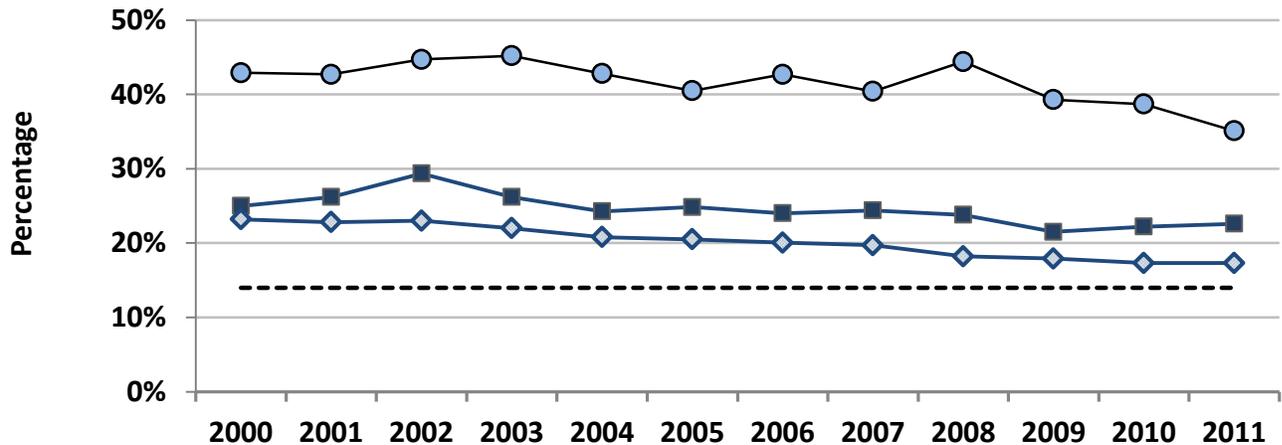
- Alaska Tobacco Prevention and Control Program: <http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/default.aspx>
- *A Decade of Progress: Tobacco Prevention and Control in Alaska FY2010-2011*: <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY10.pdf>
- *Alaska Tobacco Facts 2012*: http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2012_alaska_tobacco_facts.pdf
- Alaska Tobacco Control Alliance: <http://www.alaskatca.org/>
- Centers for Disease Control and Prevention (CDC) *Best Practices for Comprehensive Tobacco Control Programs-2007*: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- Campaign for Tobacco Free Kids: <https://www.tobaccofreekids.org/>
- Alaska Native Tribal Health Consortium, Tobacco Prevention and Control Program: www.anthctoday.org/community/tobacco.html





**Objective # 6:
Reduce Cigarette Smoking among Adults**

Percentage of Adults Who Smoke, All Alaskans, Alaska Natives, and U.S. Adults



■	All Alaskans	25.0%	26.2%	29.4%	26.2%	24.3%	24.8%	24.0%	24.4%	23.8%	21.5%	22.2%	22.6%
●	Alaska Natives	42.9%	42.7%	44.7%	45.2%	42.8%	40.5%	42.7%	40.4%	44.4%	39.3%	38.7%	35.1%
◇	U.S.	23.2%	22.8%	23.0%	22.0%	20.8%	20.5%	20.0%	19.7%	18.2%	17.9%	17.3%	17.3%
---	Healthy Alaskans 2010 Target of 14%												

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

SUMMARY

- In Alaska, the percentage of adult smokers significantly decreased from 25.0% in 2000 to 22.6% in 2011.
- The Healthy Alaskans 2010 target of 14% was not met.
- A parallel trend occurred in the U.S. overall during this time; the Alaska rate has been consistently higher than the U.S. rate.
- Adult smoking prevalence has been consistently higher among Alaska Native people than in the Alaska population overall but has decreased from 42.9% in 2000 to 35.1% in 2011.

PUBLIC HEALTH IMPORTANCE

Tobacco use is the leading cause of preventable disease and death in the United States.¹ Smoking is responsible for 30% of all cancer deaths, 21% of all coronary heart disease deaths, and 18% of all stroke deaths.² Exposure to secondhand smoke kills approximately 50,000 Americans every year.³ For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁴ In addition, tobacco use costs the U.S. economy more than \$96 billion each year in direct medical expenses and another \$97 billion per year in lost productivity;³ Alaska's share of these costs are approximately \$546 million annually.⁵ Several tobacco prevention and control strategies in Alaska have likely contributed to the decline in smoking rates among adults. These include: increases in the state tax on cigarettes in Alaska; implementation of comprehensive clean indoor air laws in many communities; and a statewide media campaign, coupled with community and school programs.⁶



DEFINITION AND NOTES

Percentage of adults aged 18 years and older who smoker, based on the following questions:

- *Have you smoked at least 100 cigarettes in your entire life?* (Must respond “yes”) and
- *Do you now smoke cigarettes every day, some days, or not at all?* (Must respond “every day” or “some days”)

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2010. For more on this methodological change see:

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

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4. Centers for Disease Control and Prevention. (2003). Cigarette smoking-attributable morbidity--United States, 2000. *MMWR*, 52(35), 842-844.
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ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

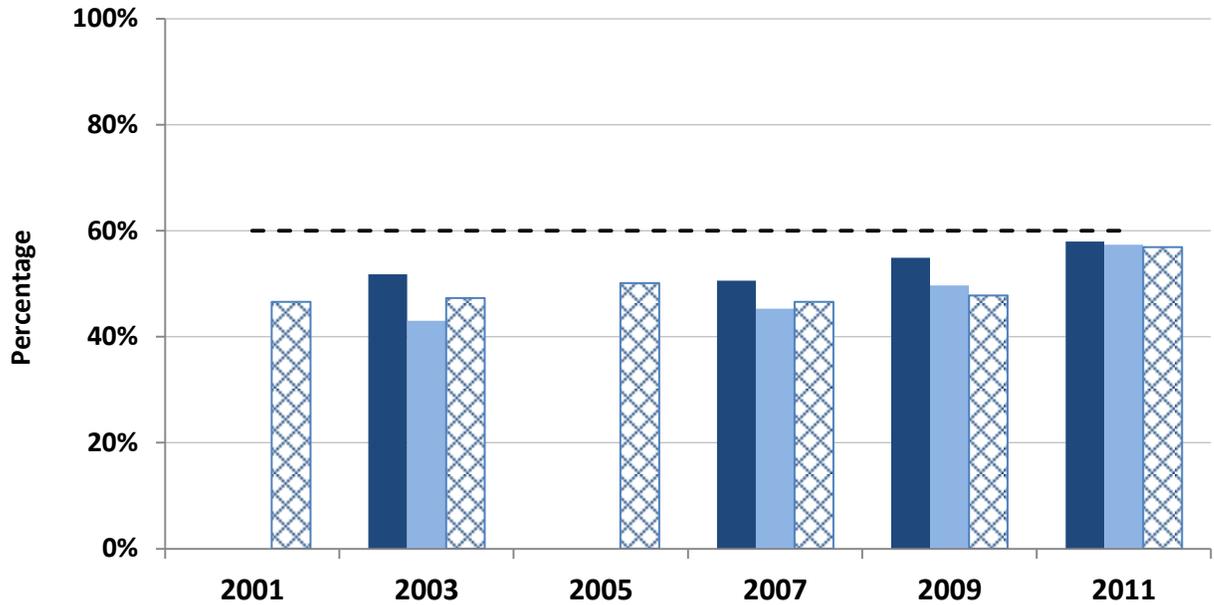
- State of Alaska Tobacco Prevention and Control Program: <http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/default.aspx>
- Alaska Native Tribal Health Consortium, Tobacco Prevention and Control Program: www.anthctoday.org/community/tobacco.html
- *A Decade of Progress: Tobacco Prevention and Control in Alaska FY2010-2011*: <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY10.pdf>
- Alaska Tobacco Control Alliance: <http://www.alaskatca.org/>
- Alaska's Tobacco Quit Line: <http://alaskaquitline.com/>
- Centers for Disease Control and Prevention (CDC) *Best Practices for Comprehensive Tobacco Control Programs--2007*: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm





**Objective # 7:
Increase Abstinence from Alcohol and Illicit
Drugs among Adolescents**

Percentage of High School Students Who Do Not Use Alcohol, Marijuana, or Cocaine, All Alaskans, Alaska Natives, and U.S. High School Students



	All Alaskans	-	51.8%	-	50.6%	54.9%	58.0%
	Alaska Natives	-	43.0%	-	45.3%	49.7%	57.4%
	U.S.	46.6%	47.3%	50.1%	46.6%	47.8%	56.9%
- - -	Healthy Alaskans 2010 Target of 60%						

Data Source: Youth Risk Behavior Survey (YRBS)

SUMMARY

- Between 2003 and 2011, the percentage of Alaska high school students who abstained from alcohol, marijuana, and cocaine use in the past 30 days increased from 51.8% to 58.0%; a similar increase was seen nationally.
- The Healthy Alaskans 2010 target of 60% was not met.
- Alaska Native high school students who abstained from alcohol, marijuana, and cocaine increased over the decade and in 2011 was similar to all Alaska high school students.

PUBLIC HEALTH IMPORTANCE

Adolescence is a time of major transitions, when young people develop many of the habits, patterns of behavior, and relationships they will carry into their adult lives. Moreover, adolescence is a critical period for developing habits and skills that create a strong foundation for healthy lifestyles and behavior over the full life span.¹



Alcohol and other drug use among our nation’s youth remains a major public health problem. Substance use and abuse can increase the risk for injuries, violence, HIV infection, and other diseases.²

Changes in the U.S. population in the next few decades will create greater challenges than ever before in meeting the needs of all youth. The number of adolescents aged 10 to 19 will grow from 41 million to a record 50 million teenagers by the year 2040.³

DEFINITION AND NOTES

Percentage of high school students grades 9-12 who answer “0 days”/“0 times” to each of the following questions:

- *During the past 30 days, on how many days did you have at least one drink of alcohol?*
- *During the past 30 days, how many times did you use marijuana?*
- *During the past 30 days, how many times did you use any form of cocaine, including powder, crack or freebase?*

On the YRBS, race is determined by response to one single-response question. Respondents who self-identified as American Indian or Alaska Native were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Youth Risk Behavior Survey, Alaska Department of Health and Social Services;

U.S.: Youth Risk Behavior Survey, Centers for Disease Control and Prevention.

Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009 and 2011.

REFERENCES

1. National Research Council and Institute of Medicine. (2009). *Adolescent Health Services: Missing Opportunities*. Lawrence, R.S., Appleton Gootman, J., & Sim, L.J. (Eds.). Washington, DC: The National Academies Press.
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3. U.S. Census Bureau. (2012). *Projections of the Resident Population by Age, Sex, Race, and Hispanic Origin: 1999 to 2100: Middle Series Data* [Data file]. Retrieved from <http://www.census.gov/population/projections/data/national/np-d1.html>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

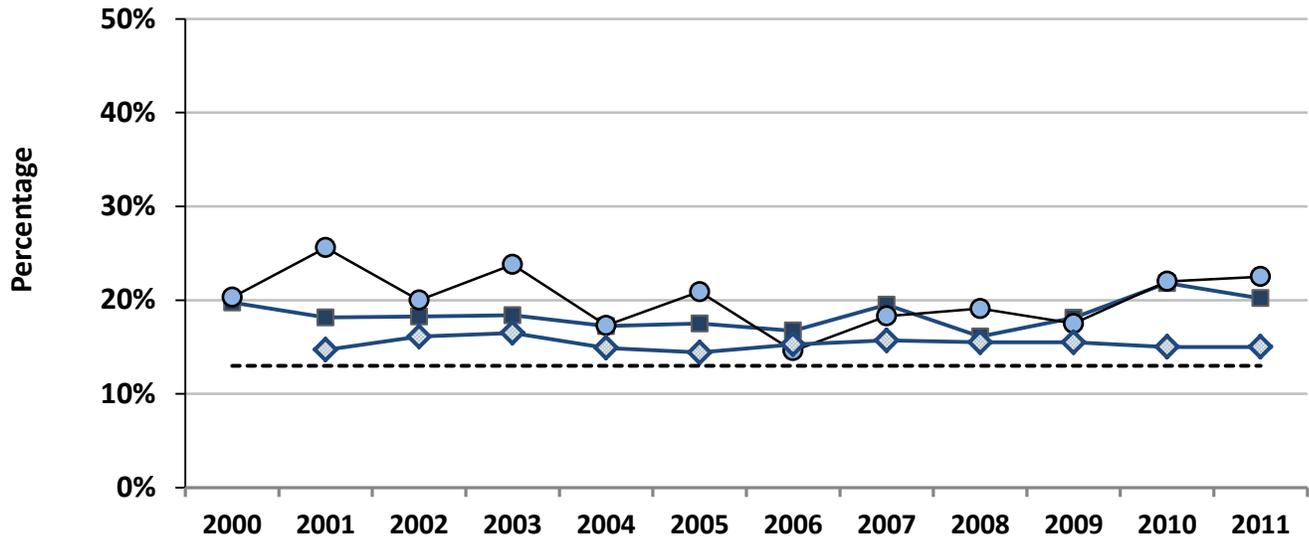
- Alaska Youth Risk Behavior Survey: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>
- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/>
- 2011 National Survey On Drug Use and Mental Health: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm>
- National Institute on Drug Abuse: <http://www.drugabuse.gov/>





**Objective # 8:
Reduce Binge Drinking among Adults**

Percentage of Adults Who Binge Drink, All Alaskans, Alaska Natives, and U.S. Adults



■	All Alaskans	19.7%	18.2%	18.3%	18.4%	17.2%	17.5%	16.7%	19.5%	16.1%	18.1%	21.8%	20.2%
●	Alaska Native	20.3%	25.6%	20.0%	23.8%	17.3%	20.9%	14.6%	18.3%	19.1%	17.5%	22.0%	22.5%
◇	U.S.	-	14.7%	16.1%	16.5%	14.9%	14.4%	15.3%	15.7%	15.5%	15.5%	15.0%	15.0%
---	Healthy Alaskans 2010 Target of 13%												

Data Source: Behavior Risk Factor Surveillance Survey (BRFSS)

SUMMARY

- In Alaska, the percentage of adults who binge drank in the past 30 days ranged between 19.7% and 20.2% over the decade.
- The Healthy Alaskans 2010 target of 13% was not met.
- Over the decade, U.S. adult binge drinking was consistently lower than the Alaska rate.
- Alaska Native adult binge drinking prevalence ranged between 14.6% and 25.6% over the decade and was generally similar or lower than the all Alaskans rate since the mid-decade.

PUBLIC HEALTH IMPORTANCE

Immediate effects of excessive alcohol use are often the result of binge drinking; they include increased risk of unintentional injuries, violence, high-risk sexual behaviors and alcohol poisoning. Binge drinking by pregnant women increases the risk of miscarriage and stillbirth; alcohol use during pregnancy can cause physical and mental birth defects. Most people who binge drink are not alcohol dependent.¹

Alcohol abuse has severe consequences in Alaska. Mortality rates for alcohol and alcohol-related injuries are among the highest rates in the nation. From 2004-2008, 43% of suicides had either proven or suspected alcohol intoxication preceding the event, of which one-third had a known alcohol dependency or problem. Of the



hospitalizations due to injury reported to the Alaska Trauma Registry (ATR), nearly 25% of all hospitalized injury patients were suspected or proven alcohol-related injuries.²

DEFINITION AND NOTES

Percentage of men aged 18 years and older who consumed five or more drinks on one occasion or the percentage of women aged 18 and older who consumed four or more drinks on one occasion within the past 30 day period (definition from 2006 through current), determined from responses to the following set of questions:

- *During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?*
- *Considering all types of alcoholic beverages, how many times during the past 30 days did you have X (X = 5 for men, X=4 for women) or more drinks on one occasion?*

From 1991 through 2005 the following definition was used, based on the same set of questions: Percentage of adults (men and women) aged 18 years and older who consumed five or more drinks on one occasion within the past 30 day period.

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, 2005 through 2007, and 2009 through 2010, and from the Standard and Supplemental AK BRFSS surveys combined in 2004 and 2008. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2010. For more on this methodological change see: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

REFERENCES

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3. Alaska Department of Health and Social Services, Division of Behavioral Health. (2011). *Moving Prevention Upstream: A Plan to Implement a Comprehensive Approach to Substance Abuse Prevention in Alaska*. Retrieved from <http://dhss.alaska.gov/dbh/Pages/Prevention/publications/default.aspx>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

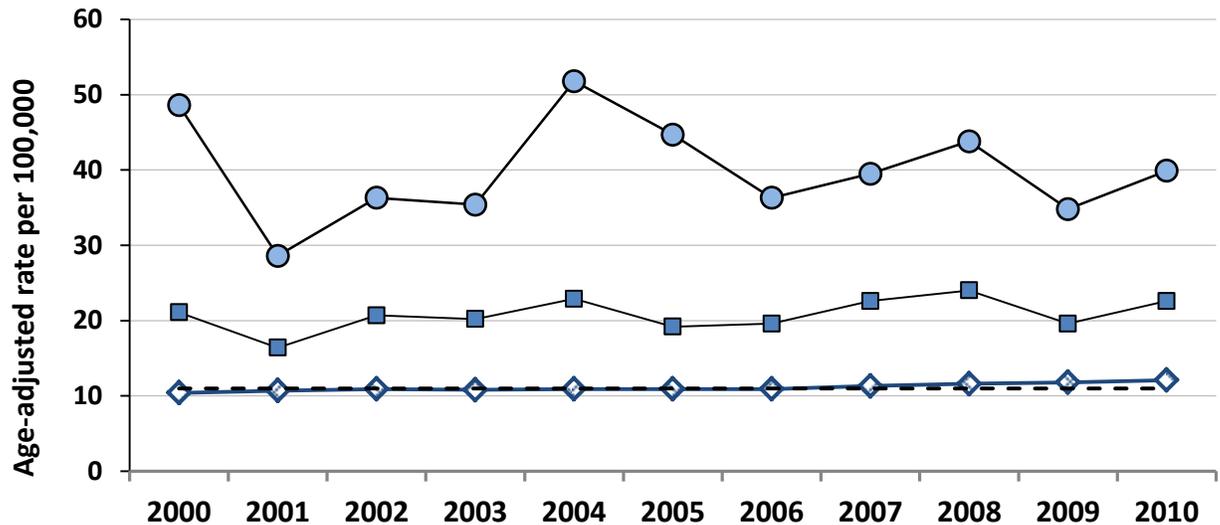
- Alaska Youth Risk Behavior Survey: <http://dhss.alaska.gov/dph/Chronic/Pages/yrebs/yrebsresults.aspx>
- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/>
- 2011 National Survey On Drug Use and Mental Health: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm>
- National Institute on Alcohol Abuse and Alcoholism: <http://www.niaaa.nih.gov/>
- National Center for Health Statistics: <http://www.cdc.gov/nchs/>





**Objective # 9:
Reduce the Suicide Death Rate**

Age-Adjusted Suicide Rate per 100,000 Population, All Alaskans, Alaska Natives, and U.S.



■ All Alaskans	21.1	16.4	20.7	20.2	22.9	19.2	19.6	22.6	24.0	19.6	22.6
● Alaska Natives	48.6	28.6	36.3	35.4	51.8	44.7	36.3	39.5	43.8	34.8	39.9
◆ U.S.	10.4	10.7	10.9	10.8	10.9	10.9	10.9	11.3	11.6	11.8	12.1
--- Healthy Alaskans 2010 Target of 10.6											

Data Sources: Alaska Bureau of Vital Statistics; National Violent Death Reporting System.

SUMMARY

- Suicide rates have not significantly changed for all Alaskans or Alaska Native people over the decade.
- The rate averaged 20.8 per 100,000 population for the statewide total, while Alaska Native rates averaged 40.0 per 100,000, double the rate for all Alaskans.
- The Healthy Alaskans 2010 target rate of 10.6 per 100,000 was not met.
- The U.S. rate has been trending up slightly over the decade, with the 2010 rate the highest of the period with 12.1 per 100,000, close to half of Alaska’s rate.

PUBLIC HEALTH IMPORTANCE

Suicide is the tenth leading cause of death for all Americans, the second leading cause of death for U.S. adults ages 25-34, and the third leading cause of death for U.S. youth ages 15-24.^{1,2} In Alaska suicide ranks sixth as a leading cause of death, accounting for about 140 deaths per year. Alaska continues to rank as one of the states with the highest rate nationally. Suicide is a serious public health problem that causes great pain, suffering, and loss to individuals, families, and communities nationwide. For every person who dies by suicide, more than 30 others attempt suicide. Every suicide attempt and each death affects countless other individuals.

National studies have found that mental health issues have been the most commonly identified precipitating circumstance, where 42% of all decedents were described as experiencing a depressed mood near the time of their death.³ Firearms have been found to be the means for more than half of suicides both nationally and in



Alaska. The state has a number of strategies and efforts in place to better address this continuing problem, but there is a need for information on precipitating circumstances and factors influencing behavior in order to develop a comprehensive, coordinated and aggressive approach to ending this epidemic.²

DEFINITION AND NOTES

The cause of death reported is the underlying cause of death and is based on information contained on the death certificate, defined by the World Health Organization's International Classification of Diseases - Tenth Revision as the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the injury or violence which produced the fatal injury.

The Alaska Violent Death Reporting System uses an abstractor's coded manner of death after review of all key reports including death certificate, medical examiner, law enforcement, and other applicable documents. Deaths denoted as "Pending" and "Undetermined" may be coded as "Suicide" based on the CDC National Violent Death Reporting System Guidelines for the review of evidence and determination of manner of death.

The rates shown have been age-adjusted to the 2000 U.S. standard population.

DATA SOURCES

Alaska: State of Alaska Bureau of Vital Statistics:

<http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx#death>;

U.S.: National Violent Death Reporting System 2003-2009 (Alaska using Abstractor-assigned manner of death):

<http://wisqars.cdc.gov:8080/nvdrs/nvdrsDisplay.jsp>

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3. Office of the U.S. Surgeon General. (2012). *National Strategy for Suicide Prevention Overview*. Retrieved from <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>
4. Craig, J. & Hull-Jilly, D. (2012). Characteristics of suicide among Alaska Native and Alaska non-Native people, 2003-2008. *State of Alaska Epidemiology Bulletin*, 15(1), 1-22. http://www.epi.hss.state.ak.us/bulletins/docs/rr2012_01.pdf
5. Dahlberg, L.L., & Mercy, J.A. (2009). History of violence as a public health issue. *AMA Virtual Mentor*, 11(2), 167-172.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

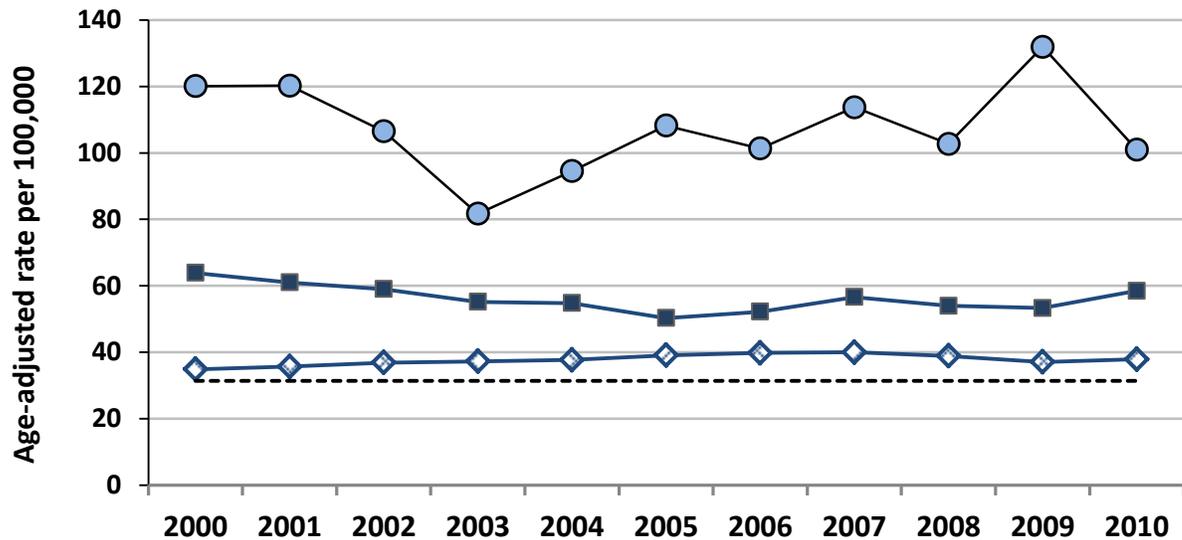
- Alaska Violent Death Reporting System: <http://www.epi.hss.state.ak.us/injury/akvdrs/default.htm>
- Suicide Prevention Resource Center: <http://www.sprc.org/>
- State of Alaska Community-Based Suicide Prevention Program: <http://dhss.alaska.gov/dbh/Pages/Prevention/programs/suicideprevention/default.aspx>
- Alaska Statewide Suicide Prevention Council: <http://www.hss.state.ak.us/suicideprevention/>
- Alaska Native Tribal Health Consortium, Injury Prevention Program: <http://anthctoday.org/community/prevention.html>





**Objective # 10:
Reduce Deaths Caused by Unintentional Injury**

Age-Adjusted Unintentional Injury Death Rate per 100,000 Population, All Alaskans, Alaska Natives, and U.S.



■	All Alaskans	63.9	61.0	59.0	55.2	54.8	50.3	52.2	56.6	54.0	53.3	58.5
●	Alaska Natives	120.1	120.2	106.5	81.7	94.5	108.2	101.3	113.7	102.7	131.9	101.0
◆	U.S.	34.9	35.7	36.9	37.3	37.7	39.1	39.8	40.0	38.9	37.1	37.9
---	Healthy Alaskans 2010 Target of 31.4											

Data Sources: Alaska Bureau of Vital Statistics; Web-based Injury Statistics Query and Reporting System

SUMMARY

- Unintentional injury death rates for all Alaskans were slightly variable over the decade; almost twice the Healthy Alaskans target of 31.4 deaths per 100,000.
- The Healthy Alaskans 2010 target of 31.4 deaths per 100,000 was not met.
- Rates for the U.S. were lower than Alaska’s rate, varying slightly over the decade, ending at 37.9 deaths per 100,000 in 2010.
- Rates for Alaska Native people remained nearly double the rate for all Alaskans for most of the decade.

PUBLIC HEALTH IMPORTANCE

Alaska has one of the highest unintentional injury death rates in the U.S. Many factors have contributed to decline in specific unintentional deaths (e.g., motor vehicle traffic crashes, boating and occupational injury deaths), including policy and legislation changes, enforcement of laws, changes in the engineering of cars and roads, and use of appropriate professional and sport safety equipment. Intrinsic hazards of environment and terrain are still contributory factors. However, ongoing efforts to provide education for all ages and positive long-term behavior change toward safety have contributed to reducing the 2001 rate (63.9) to 58.5 per 100,000 persons in 2010.



Unintentional injuries remain the third leading cause of death in Alaska, and include poisonings, motor vehicle crashes, falls, and drowning. Poisoning and motor vehicle traffic crashes were the leading causes of unintentional fatal injuries.^{1,2} Over this time period, motor vehicle fatality rates have declined, however there has been an increase in poisoning fatality rates. The highest rates of unintentional injuries occur in the Northern and Southwest areas of Alaska, with the lowest rates occurring in the Anchorage/Mat-Su and Southeast areas.²

As a cause of hospitalization for Alaskans, falls are by far the leading reason, accounting for 1,600 discharges per year, nearly half again the number of all transportation-related injuries (1,100 discharges per year on average), and much more common than other causes.² Injuries have long-term effects on quality of life and on finances of those injured and their families, as well as impacts on costs of healthcare for the state as a whole.

DEFINITION AND NOTES

Unintentional injury definitions include all Alaskan deaths with cause of death code including V01-X59, Y85-Y86 (ICD-10-CM) or E800-E869, E880-E929 (ICD-9-CM). These include transport (land, air, water, etc.), non-transport, falls, and other assorted unintentional injury-related causes of death.

The rates shown have been age-adjusted to the 2000 U.S. standard population.

DATA SOURCES

Alaska: Alaska Bureau of Vital Statistics;

U.S.: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS).

REFERENCES

1. Alaska Bureau of Vital Statistics. (2010). *2009 Annual Report*. Retrieved from <http://dhss.alaska.gov/dph/VitalStats/Pages/data/2009ar.aspx>.
2. Alaska Department of Health and Social Services, Division of Public Health. (2012). *Alaska Injury Surveillance Report 2011 Injury Deaths and Hospitalizations, 2005-2009. Special Topic: Motor Vehicle Crash Injuries*. Retrieved from <http://www.epi.hss.state.ak.us/injury/AKInjurySurveillanceReport2011.pdf>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

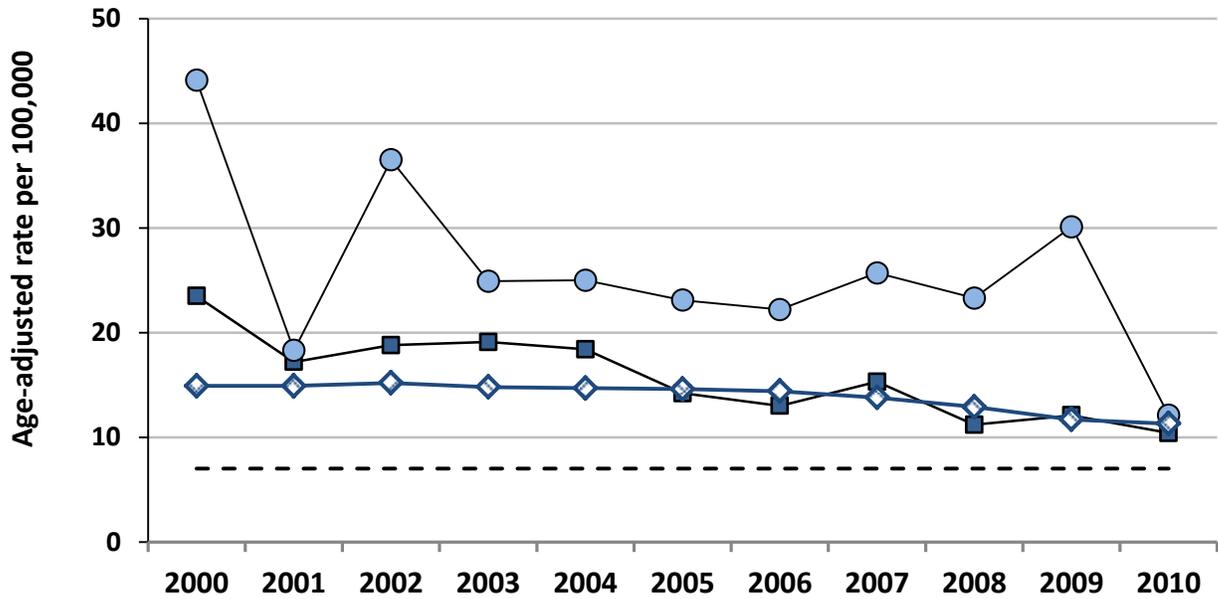
- Centers of Disease Control and Prevention: Web-based Injury Statistics Query and Reporting System: <http://www.cdc.gov/injury/wisqars/index.html>
- Alaska Center for Health Data and Statistics, Instant Atlas: <http://www.hss.state.ak.us/dph/infocenter/ia/default.htm>
- Alaska Trauma Registry: <http://dhss.alaska.gov/dph/Emergency/Pages/trauma/default.aspx>
- Alaska Native Tribal Health Consortium, Injury Prevention Program: <http://anthctoday.org/community/prevention.html>





**Objective # 11:
Reduce Deaths Caused by Motor Vehicle
Crashes**

Age-Adjusted Motor Vehicle Death Rate per 100,000 Population, All Alaskans, Alaska Natives, and U.S.



■	All Alaskans	23.5	17.2	18.8	19.1	18.4	14.2	13.0	15.3	11.2	12.1	10.4
●	Alaska Natives	44.1	18.3*	36.5	24.9	25.0	23.1	22.2	25.7	23.3	30.1	12.1*
◆	U.S.	14.9	14.9	15.2	14.8	14.7	14.6	14.4	13.8	12.9	11.7	11.3
---	Healthy Alaskans 2010 Target of 7.0											

Data Sources: Alaska Bureau of Vital Statistics; Web-based Injury Statistics Query and Reporting System.

* Rates based on fewer than 20 occurrences and should be interpreted with caution.

SUMMARY

- Motor vehicle crash death rates declined by half over the decade from 23.5 in 2000 to 10.4 per 100,000 in 2010.
- The Healthy Alaskans 2010 target of 7.0 per 100,000 was not met.
- The Alaska trend downward mirrored declining national rates of deaths resulting from motor vehicle crashes, with the lowest rate of motor vehicle deaths occurring in 2010.
- Alaska Native death rates from motor vehicle crashes also decreased, with the small number (fewer than 20 deaths) in 2010 resulting in a rate (12.1) close to the state and national rates.



PUBLIC HEALTH IMPORTANCE

Motor vehicle crashes are one of the leading causes of death in the United States and in Alaska.¹ Geographically, motor vehicle crashes resulting in death or hospitalization are concentrated in the parts of the states with the most road miles, the “rail belt” and the southeast, however they also occur in rural areas with limited local road systems. Alcohol-related motor vehicle deaths have been a major factor, however alcohol related fatal crashes declined from 53% in 2000 to 41% in 2010.² Other factors likely contributing to the lower rates include policy and legislation changes, enforcement of laws, changes in the engineering of cars and roads, and education related to driving technique and effects of drinking prior to driving.

Based on the magnitude of motor vehicle-related deaths and the burden of acute and long-term costs, it is important to continue to target efforts on this public health problem. Although seat belt use has increased over the decade, with nearly 90% of occupants belted in all vehicles,³ motor vehicle accidents continue to be one of the major causes of unintentional injury deaths in Alaska.^{1,4}

DEFINITION AND NOTES

The motor vehicle death definition includes all Alaskan deaths wherein cause of death code is within the ranges below. These can range from pedestrians, bicycle operators, and other forms of transport given involvement of a motor vehicle or other certain land-based transport.

- ICD-10 CM: V02-V04, V09.0, V09., V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
- ICD-9 CM: E810-E825

The rates shown have been age-adjusted to the 2000 U.S. standard population.

DATA SOURCES

Alaska: Alaska Bureau of Vital Statistics;

U.S.: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System

REFERENCES

1. Alaska Bureau of Vital Statistics. (2010). *2009 Annual Report*. Retrieved from <http://www.hss.state.ak.us/dph/bvs/data/default.htm#publications>
2. Alaska Department of Health and Social Services. (2011). *Injury Deaths and Hospitalizations, 2005-2009. Special Topic: Motor Vehicle Crash Injuries*. Retrieved from http://www.dot.state.ak.us/stwdplng/hwysafety/assets/pdf/Inj_Surv_Report_2011.pdf.
3. Perkins, R. (2011). *Alaska Observational Surveys of Seatbelt Use, 2011*. Retrieved from http://www.dot.state.ak.us/stwdplng/hwysafety/assets/pdf/AK_Obs_Seatbelt_2011.pdf
4. Alaska Department of Transportation & Public Facilities, Alaska Highway Safety Office. (2012). *Fatality Analysis Reporting System*. Retrieved from <http://www.dot.state.ak.us/highwaysafety/fars.shtml>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

- Alaska Injury Prevention Center: www.alaska-ipc.org
- Alaska Department of Health and Social Services, Alaska Trauma Registry: <http://dhss.alaska.gov/dph/Emergency/Pages/trauma/default.aspx>
- National Highway Traffic Safety Administration, FARS Encyclopedia: www-fars.nhtsa.dot.gov/Main/index.aspx
- Alaska Native Tribal Health Consortium, Injury Prevention Program: <http://anthctoday.org/community/prevention.html>



Objective # 11: Reduce Deaths Caused by Motor Vehicle Crashes

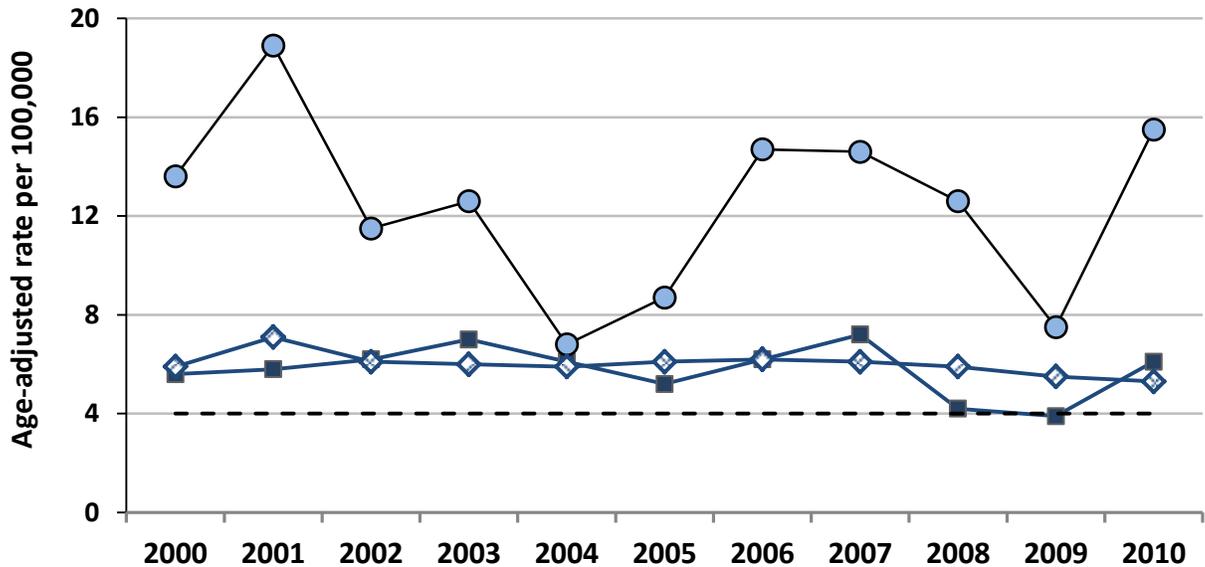
www.HA2020.alaska.gov





**Objective # 12:
Reduce Deaths from Homicide**

Age-Adjusted Homicide Death Rate per 100,000 Population, All Alaskans, Alaska Natives, and U.S.



■	All Alaskans	5.6	5.8	6.2	7.0	6.1	5.2	6.2	7.2	4.2	3.9	6.1
●	Alaska Natives	13.6*	18.9*	11.5*	12.6*	6.8*	8.7*	14.7*	14.6*	12.6*	7.5*	15.5*
◆	U.S.	5.9	7.1	6.1	6.0	5.9	6.1	6.2	6.1	5.9	5.5	5.3
---	Healthy Alaskans 2010 Target of 4.0											

Data Source: Alaska Bureau of Vital Statistics; Web-based Injury Statistics Query and Reporting System; Federal Bureau of Investigations.

* Rates are based on fewer than 20 occurrences; rates are statistically unreliable and should be used with caution.

SUMMARY

- Over the decade about 40 persons per year died in Alaska as a result of homicide (one every nine days).
- Homicide rates for all Alaskans and Alaska Native people decreased slightly over the decade, with all Alaskans exhibiting a clearer rate of decline in 2008 and 2009.
- The Healthy Alaskans target of 4.0 per 100,000 was not met.
- Alaska Native people experienced homicide at about twice the rate for all Alaskans (15.5 per 100,000 compared with 6.1 per 100,000 for all Alaskans in 2010).

PUBLIC HEALTH IMPORTANCE

Violence is clearly recognized as a public health problem, necessitating the need to understand violence to characterize the problem and identify modifiable risk factors. In 2009, Alaska ranked ninth among states for violent crime and 32nd among all states for homicides.¹ In Alaska, homicide disproportionately impacts children,



males, Alaska Native people and African Americans. Alaskan men experience nearly double the rate of homicide deaths than Alaskan women.² During 2005-2009 homicide rates in Alaska were highest among males aged 20–24 years (15.6 per 100,000 persons) and among females aged 40–44 years (8.2 per 100,000 persons).² Homicide precipitated by another crime is the most frequent characteristic, followed by a crime in progress, and an argument/conflict (excluding argument over money/property).² Intimate partner violence is associated with one-fifth of all homicides.² The majority of homicides in Alaska are a result of firearm use (61%).³

The consequence of ignoring violence and violent behavior would potentially cause greater disparity in death rates among already at-risk populations and within existing healthy communities.

DEFINITION AND NOTES

Homicide definitions include all Alaskan deaths with cause of death code between X85-Y09, Y87.1 (ICD-10-CM) or E960-E969 (ICD-9-CM). The definition does not include legal intervention (Y35.-), as in assault by law enforcement agents and other legal actions, or operations of war (Y36.-), injuries sustained during wars and civil conflicts to military and civilians.

The rates shown have been age-adjusted to the 2000 U.S. standard population.

DATA SOURCES

Alaska: Alaska Bureau of Vital Statistics;

U.S.: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS) and Federal Bureau of Investigation, Crime in the United States Reports.

REFERENCES

1. U.S. Census Bureau. (2012). Law enforcement, courts, & prisons: Crimes and crime rates. Retrieved from www.census.gov/compendia/statab/cats/law_enforcement_courts_prisons/crimes_and_crime_rates.html
2. Centers for Disease Control and Prevention. (2012). *National Violent Death Reporting System*. Retrieved from <http://wisqars.cdc.gov:8080/nvdrs/nvdrsDisplay.jsp>.
3. Federal Bureau of Investigation. (n.d.). *Crime in the United States*, Table 20: Murder, by state, types of weapons, 2010. <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/tables/10tbl20.xls>
4. Center for Disease Control and Prevention. (2009). *The History of Violence*. Retrieved from <http://www.cdc.gov/violenceprevention/pub/historyofviolence.html>
5. Alaska Department of Public Safety. (2010). *Crime Reported in Alaska: 2009 Uniform Crime Reporting*. Retrieved from http://dps.alaska.gov/statewide/docs/UCR/UCR_2009.pdf

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

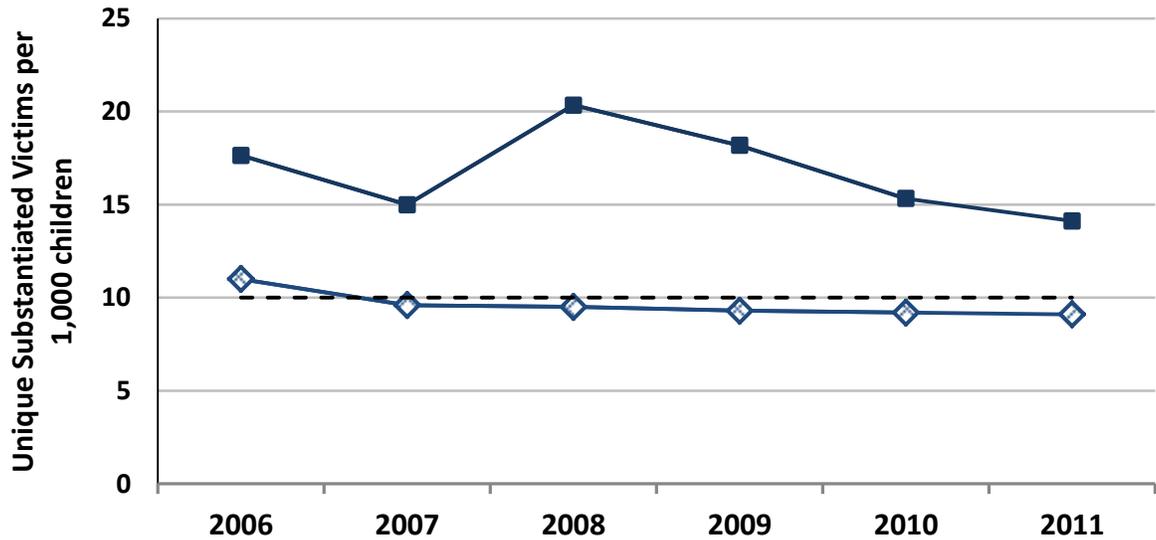
- Alaska Violent Death Reporting System: <http://www.epi.hss.state.ak.us/injury/akvdrs/default.htm>
- Alaska Native Tribal Health Consortium, Injury Prevention Program: <http://anthctoday.org/community/prevention.html>
- Federal Bureau of Investigation, UCR Data Tool: <http://www.ucrdatatool.gov/>
- Center for Disease Control and Prevention: Web-based injury Statistics Query and Reporting System (WISQARS) <http://www.cdc.gov/injury/wisqars/index.html>





**Objective # 13:
Reduce Child Maltreatment**

Child Victimization Rate Per 1,000 Population, All Alaskans and U.S. Children



■	All Alaskans	17.6	15.0	20.3	18.2	15.3	14.1
◆	U.S.	11.0	9.6	9.5	9.3	9.2	9.1
---	Healthy Alaskans 2010 Target of 10.0						

Data Source: Alaska DHSS, Office of Children’s Services; U.S. DHHS, Administration for Children and Families

SUMMARY

- Alaska’s rate of child maltreatment decreased from 17.6 per 1,000 children in 2006 to 14.1 in 2011, reaching a high of 20.3 in 2008. These rates are based on unique counts of substantiated victims.
- The Healthy Alaskans target of 10.0 per 1,000 children was not met.
- The U.S. rate decreased from 11.0 per 1,000 to 9.1 during the same period.
- Stratified data for the American Indian/Alaska Native population are not available.

PUBLIC HEALTH IMPORTANCE

Child abuse and neglect are a longstanding concern in Alaska, associated with poor health status in childhood and adulthood. Concern about child maltreatment focuses on both those committing abuse or neglect and those children and adolescents who are victims of such treatment.

The Adverse Childhood Experience Study (ACE) examined the associations between risk factors including childhood maltreatment and later-life health outcomes. Adverse experiences included abuse, neglect, and household disruptions.¹ The ACE study findings suggest that adverse child experiences are major risk factors for the leading causes of illness and death as well as poor quality of life. The study shows a strong and graded relationship to health-related behaviors and outcomes during childhood and adolescence including early initiation of smoking, sexual activity, and illicit drug use, adolescent pregnancies, and suicide attempts.



DEFINITION AND NOTES

Child abuse and neglect is defined as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.”²

Data reporting is complicated by the fact that “reports of harm” may be recorded but then need to be followed up so that eventually “substantiated reports of harm” can be counted. The follow-up can be delayed due to personnel shortages and other barriers. The data system for Alaska’s Office of Children’s Services was overhauled in the early part of the last decade, resulting in disruptions of the data for the early part of the decade.

The Alaska Office of Children’s Services currently reports child maltreatment by both total allegations and unique counts of substantiated victims. The Alaska rates reported on the previous page are calculated using the unique count of substantiated victims divided by the state’s child population, multiplied by 1,000. National rates come from data reported voluntarily to the National Child Abuse and Neglect Data System (NCANDS) by the 50 states, the District of Columbia, and Puerto Rico.

State-to-state and state-to-national rate comparisons should be made with caution, as a jurisdiction’s data are affected by a number of factors. In the past decade, the Federal *Child Maltreatment* report has been transitioning its analyses from duplicate counts to unique counts as more states are now able to report using unique counts.³

DATA SOURCES

Alaska: Alaska Department of Health & Social Services, Office of Children’s Services. Annual Reports, 2006 - 2011. <http://hss.state.ak.us/ocs/Statistics/default.htm>; Alaska Department of Labor & Workforce Development.

Population Estimates. <http://labor.alaska.gov/research/pop/popest.htm>;

U.S.: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. *Child Maltreatment 2011*. Table 3-3, page 32. <http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf>.

REFERENCES

- Centers for Disease Control and Prevention. (2011). *Adverse Childhood Experiences (ACE) Study*. Retrieved from <http://www.cdc.gov/ace/index.htm>.
- U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. (2012). *Child Maltreatment 2011*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

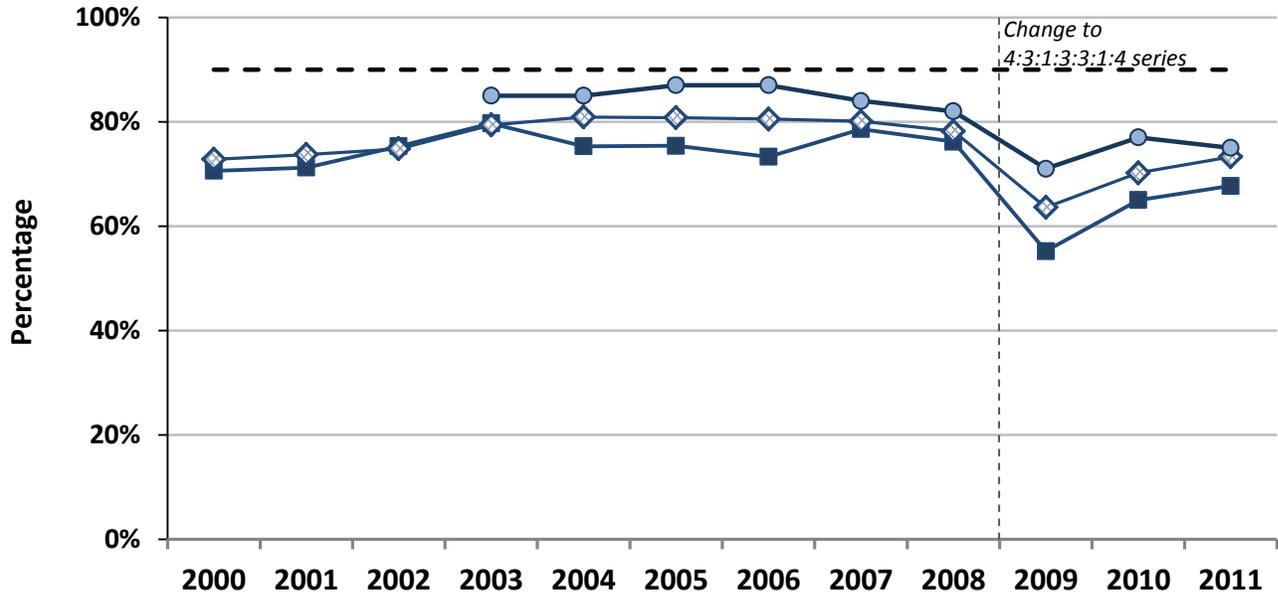
- Alaska Department of Health and Social Services, Office of Children’s Services: www.hss.state.ak.us/ocs/
- Alaska Department of Health and Social Services, Women’s, Children’s & Family Health Section. *Title V Fact Sheet: Needs Assessment Update: Child Maltreatment in Alaska*. http://www.epi.hss.state.ak.us/mchebi/pubs/facts/na/Vol2_Num33.pdf
- Alaska Native Tribal Health Consortium, Alaska Native Epidemiology Center. *Healthy Native Families: Preventing Violence At All Ages*. www.anthctoday.org/epicenter/publications/alaskanativefamilies/index.html
- Centers for Disease Control and Prevention. *Child Maltreatment Prevention*. <http://www.cdc.gov/violenceprevention/childmaltreatment/>
- The Child Abuse Prevention and Treatment Act (CAPTA) 2010: <http://www.acf.hhs.gov/programs/cb/resource/capta2010>





**Objective # 14:
Increase the Proportion of Young Children who
have Received all Recommended Vaccines**

Percent of Children aged 19 to 35 Months who have Received Recommended Doses of DTaP, Polio, MMR, Hib, and Hep B vaccines, the 4:3:1:3:3 series*



■	All Alaskans	70.6%	71.2%	75.3%	79.7%	75.3%	75.4%	73.3%	78.6%	76.2%	55.2%	65.0%	67.7%
●	Alaska Natives	-	-	-	85.0%	85.0%	87.0%	87.0%	84.0%	82.0%	71.0%	77.0%	75.0%
◆	U.S.	72.8%	73.7%	74.8%	79.4%	80.9%	80.8%	80.5%	80.1%	78.2%	63.6%	70.2%	73.3%
---	Healthy Alaskans 2010 Target of 90%												

Data Source: National Immunization Survey (NIS); Indian Health Service, Immunization Program

*Recommended vaccines changed over the time period. Data reported for 2009-2011 are for 4:3:1:3:3:1:4 series, which adds Varicella and PCV.

SUMMARY

- Between 2000 and 2008, the proportion of Alaska children aged 19 to 35 months completing the 4:3:1:3:3 series increased from 70.6% to 76.2%.
- The proportion of Alaska children aged 19 to 35 months who completed the 4:3:1:3:3:1:4 series increased from 55.2% in 2009 to 67.7% in 2011.
- The Healthy Alaskans 2010 target of 90% immunization coverage was not met.
- There were higher rates of immunization among Alaska Native children compared to the All Alaska and U.S. rates throughout the time period.



PUBLIC HEALTH IMPORTANCE

Appropriate immunization of young children attending schools and child care facilities has nearly eliminated vaccine-preventable diseases that in the past caused significant, sometimes lifelong, illness and death. However, each year children in Alaska become ill from diseases including pertussis, chickenpox, and others that could have been prevented. A fully vaccinated child is protected against 14 serious diseases. Vaccines can protect not only the people who receive them but also those with whom they come into contact.

Today's vaccines are among the most successful and cost-effective public health tools for preventing disease and death. Thanks to immunizations, debilitating and often fatal diseases, like polio, are now only distant memories for most Alaskans. All children should be immunized at regular health care visits, beginning at birth.

Immunizations are very important in keeping our children healthy. No child should ever have to endure the effects of vaccine preventable diseases, simply because he or she was not vaccinated on time.

DEFINITION AND NOTES

Each year the Centers for Disease Control and Prevention (CDC) publishes an update of the recommended childhood immunization schedule.¹ At the time when the Healthy Alaskans 2010 target was set, the combined series of recommended immunizations for children ages 19-35 months included: four doses of diphtheria, tetanus, and pertussis vaccine; three doses of poliovirus vaccine; one dose of measles, mumps, and rubella vaccine; three doses of Haemophilus influenza b vaccine; and three doses of the Hepatitis B vaccine. Due to changes in recommendations since that time, the new series of recommended immunizations also includes one dose of the varicella (chicken pox) vaccine; and four doses of the pneumococcal conjugate vaccine. The measure changed in 2009 to reflect this new series.

The National Immunization Survey is a population-based telephone survey and is limited because the sample only includes those with access to a phone. Data for the Alaska Native population comes from the Alaska Native Tribal Health Consortium Immunization Program, which collects data on immunizations received by American Indian/Alaska Native people who are active users of Alaska Native Tribal Facilities.

DATA SOURCES

Alaska & U.S.: Centers for Disease Control and Prevention, *U.S. Vaccination Coverage Reported via NIS* (National Immunization Survey). <http://www.cdc.gov/vaccines/stats-surv/nis/default.htm#nis>;

Alaska Native Data: Indian Health Service, Immunization Program. http://www.ihs.gov/epi/index.cfm?module=epi_vaccine_reports

REFERENCES

- Centers for Disease Control and Prevention. (2012). *Child, adolescent & "catch-up" immunization schedules*. Retrieved from <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

- Centers for Disease Control and Prevention, National Immunization Program: www.cdc.gov/vaccines/
- Alaska Department of Health and Social Services, Section of Epidemiology: www.epi.hss.state.ak.us
- Alaska Immunization Information System: <https://vactrak.alaska.gov/iweb/>
- Centers for Disease Control and Prevention, Arctic Investigations Program: www.cdc.gov/ncidod/aip/AIP.asp
- Immunization Action Coalition: www.immunize.org
- Alaska Native Tribal Health Consortium, Immunization Program: www.anthc.org/chs/crs/immunization/



**Objective # 14: Increase the Proportion of Young Children
who have Received all Recommended Vaccines**

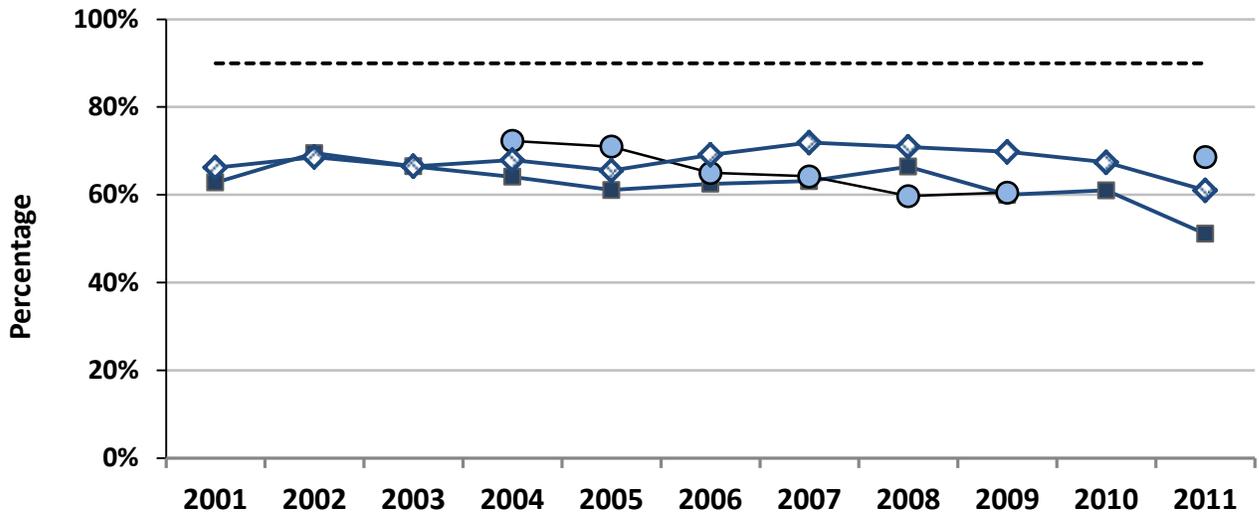
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**Objective # 15a:
Increase the Proportion of Elderly Adults
Immunized Against Influenza**

Percentage of Adults Aged 65 Years and Older Who Report That They Have Had a Flu Shot in the Past 12 Months, All Alaskans, Alaska Natives, and U.S. Adults



■	All Alaskans	62.8%	69.5%	66.5%	64.1%	61.1%	62.5%	63.1%	66.4%	60.0%	61.0%	51.1%
●	Alaska Natives	*	*	*	72.3%	71.0%	65.0%	64.2%	59.7%	60.5%	*	68.6%
◆	U.S.	66.2%	68.6%	66.5%	67.9%	65.5%	69.1%	71.9%	70.9%	69.8%	67.4%	61.0%
- - -	Healthy Alaskans 2010 Target of 90%											

Data Source: Behavior Risk Factor Surveillance System (BRFSS)

* Statistically unreliable due to small sample size.

SUMMARY

- The percentage of Alaskans aged 65 and older who received an annual influenza vaccination fluctuated between 2001 and 2011, with no significant change over the decade.
- The Healthy Alaskans 2010 target of 90% was not met.
- In the U.S., the corresponding vaccination rate has been slightly higher.

PUBLIC HEALTH IMPORTANCE

Influenza, or “the flu” can be mild or serious, with symptoms including fever, chills, sore throat, cough, headache and muscle aches. Complications can include pneumonia, dehydration, worsening of chronic conditions such as asthma and diabetes, or death.¹ The flu is responsible for thousands of hospitalizations each year. Getting a flu vaccine each year is the best way to prevent the flu.² Flu prevention is especially important for adults living in nursing homes or long-term care facilities, or those who care for people who are at high risk for complications from the flu.²



DEFINITION AND NOTES

Percentage of adults aged 65 years and older who answer “Yes” to the following question:

- *A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?*³

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2010. For more on this methodological change see:

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

REFERENCES

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2. Centers for Disease Control and Prevention. (2012). *Key Facts about Influenza (Flu) and Flu Vaccine*. Retrieved from <http://www.cdc.gov/flu/keyfacts.htm>.
3. Alaska Department of Health and Social Services. (2010). *Behavioral Risk Factor Surveillance System Questionnaire: Alaska*. Retrieved from http://dhss.alaska.gov/dph/Chronic/Documents/brfss/pubs/2010BRFSS_questionnaire.pdf.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

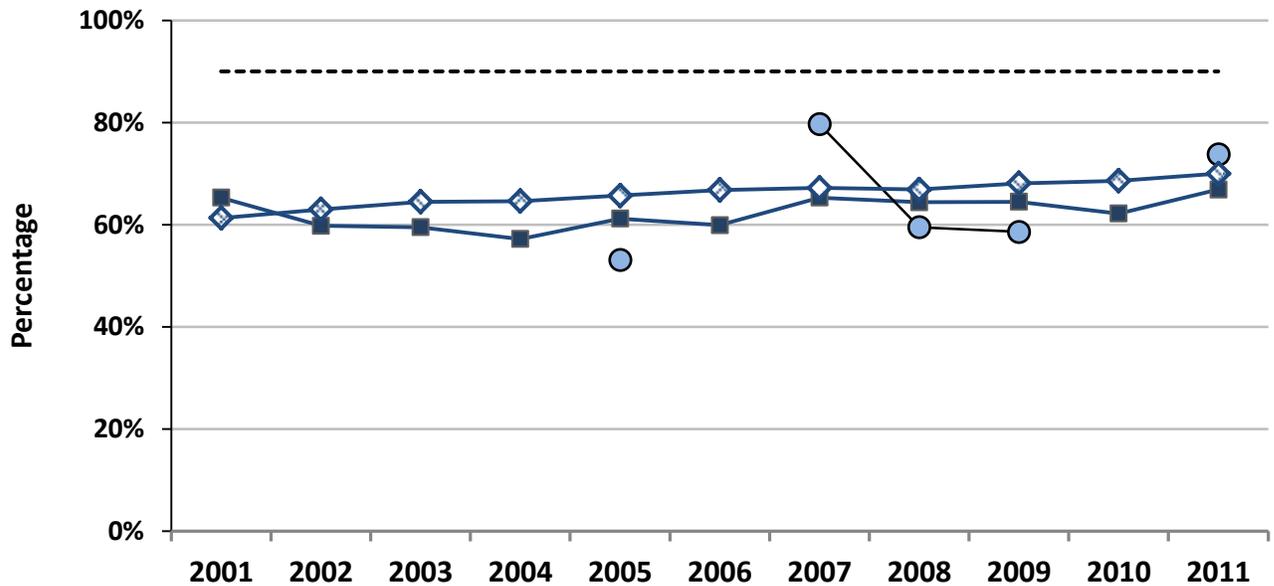
- Alaska Behavioral Risk Factor Surveillance System: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>
- Influenza in Alaska: About Seasonal Flu: <http://www.pandemicflu.alaska.gov/seasonal/>
- Centers for Disease Control and Prevention, *Seasonal Influenza*: <http://www.cdc.gov/vaccines/vpd-vac/flu/>
- Centers for Disease Control and Prevention, *What you should know and do this flu season if you are 65 years and older*: <http://www.cdc.gov/flu/about/disease/65over.htm>
- Understanding How Vaccines Work: <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-understand-color-office.pdf>
- Immunization Action Coalition, *Influenza Questions and Answers*: <http://www.vaccineinformation.org/flu/qandadis.asp>
- Alaska Native Tribal Health Consortium, Immunization Program: www.anthc.org/chs/crs/immunization/





**Objective # 15b:
Increase the Proportion of Elderly Adults
Immunized Against Pneumococcal Disease**

Percentage of Adults 65+ who ever had Pneumococcal Vaccination, All Alaskans, Alaska Natives, and U.S. Adults



■	All Alaskans	65.3%	59.8%	59.5%	57.2%	61.2%	59.9%	65.3%	64.4%	64.5%	62.2%	66.9%
●	Alaska Natives	*	*	*	*	53.1%	*	79.7%	59.5%	58.6%	*	73.8%
◆	U.S.	61.3%	63.0%	64.5%	64.6%	65.7%	66.8%	67.2%	66.9%	68.1%	68.6%	70.0%
- - -	Healthy Alaskans 2010 Target of 90%											

Data Source: Behavior Risk Factor Surveillance System (BRFSS)

* Statistically unreliable due to small sample size.

SUMMARY

- In Alaska, the percentage of adults aged 65 and older who have ever received a vaccination against pneumococcal disease has ranged between 57.2% and 66.9%.
- The Healthy Alaskans 2010 target of 90% was not met.
- In the U.S., prevalence of lifetime pneumococcal vaccination in this population has steadily increased over the decade.

PUBLIC HEALTH IMPORTANCE

Vaccines are a vital part of public health as they help protect not only the people who receive them, but also the people around them. The Centers for Disease Control and Prevention recommends pneumococcal vaccine (PPSV23) for all adults aged 65 years and older because of increased risk of complications from the disease.



Pneumococcal disease can cause pneumonia, meningitis, infection of the blood, and death. Pneumonia causes 175,000 hospitalizations in the U.S. each year. Pneumococcal meningitis results in death in 15-37% of cases.¹

DEFINITION AND NOTES

Percentage of adults aged 65 years and older who answer “Yes” to the following question:

- *A pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?*²

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2010. For more on this methodological change see: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

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1. National Foundation for Infectious Diseases. (n.d.). *Pneumococcal Disease*. Retrieved from <http://www.adultvaccination.com/vpd/pneumococcal>.
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ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

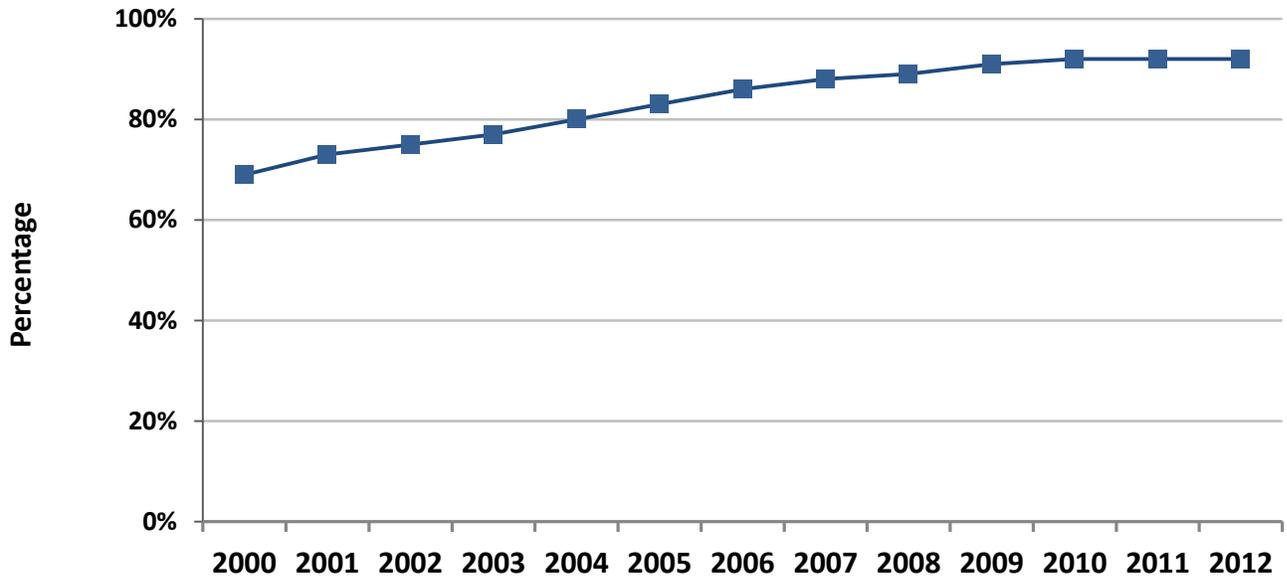
- State of Alaska Immunization Program: <http://www.epi.alaska.gov/id/immune.stm>
- Understanding How Vaccines Work: <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-understand-color-office.pdf>
- Vaccine Information for Adults: <http://www.cdc.gov/vaccines/spec-grps/adults.htm>
- National Network for Immunization Information—Pneumococcal Disease: <http://www.immunizationinfo.org/vaccines/pneumococcal-disease>
- Alaska Native Tribal Health Consortium, Immunization Program: <http://www.anthc.org/chs/crs/immunization/>





Objective # 16:
Increase the Number of Communities with Access to Safe Water and Sewage Disposal

Percentage of Serviceable Rural Homes with Piped or Covered Haul Water and Sewer Service



■	Rural Alaska	69%	73%	75%	77%	80%	83%	86%	88%	89%	91%	92%	92%	92%
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Data Source: Alaska Department of Environmental Conservation (DEC)
No Healthy Alaskans 2010 target is shown because the data differs from the original target set.

SUMMARY

- The percentage of serviceable rural homes with piped or covered haul water and sewer service has increased from 69 to 92 over the decade.
- The original Healthy Alaskans 2010 target measured “communities” served rather than “homes” served.

PUBLIC HEALTH IMPORTANCE

Access to clean water and proper sanitation is essential to public health and quality of life. Rural Alaska has seen gains in this area in the past decade, and now 92% of rural homes in the state have running water and flush toilets, up from 37% in 1994.¹

Modern sanitation services (potable drinking water and safe wastewater disposal) are key elements of public health progress, reducing waterborne illness, contributing to lower infectious gastrointestinal and respiratory disease incidence. Despite major improvements in recent decades, Alaska still lags behind other states in access to basic sanitation services.

Hennessey et al (2008) found that “higher respiratory and skin infection rates were associated with a lack of in-home water service” in a study of hospitalization rates for 128 Alaska villages with differing levels of water



service. The study found that communities with lower proportion of in-home water service had significantly higher hospitalization rates for pneumonia and influenza, skin or soft tissue infection, and respiratory syncytial virus (RSV) in children under five, than communities with high levels of service.³

DEFINITION AND NOTES

The percentage of serviceable rural homes with piped or covered haul water and sewer service is calculated by dividing the total number of homes (a) served with piped or covered haul service or (b) funded for service but not yet connected, divided by “serviceable homes” which is defined as homes in communities that could be served, but not isolated cabins. “Rural” communities here include larger rural hub communities such as Bethel, Barrow, Kotzebue, Nome, Valdez and Haines.

Types of water and sanitation systems in rural Alaska include: piped (134 Communities, 55%), individual septic tanks and wells (51 communities, 21%), covered haul (9 communities, 4%), and mixed (6 communities, 2%). Additionally, 43 communities (18%) are considered “unserved,” meaning that 55% or less homes are served by a piped, septic & well, or covered haul system.²

DATA SOURCES

Alaska Department of Environmental Conservation, December 2012

REFERENCES

1. Alaska Department of Environmental Conservation, Village Safe Water Program. (n.d.). *Program Description*. Retrieved from <http://www.dec.alaska.gov/water/vsw/pdfs/vswbrief.pdf>.
2. Alaska Department of Environmental Conservation. (2012). *Rural Alaska sanitation: Types of water and sewer systems*. Via e-mail communication.
3. Hennessey, T.W., Ritter, T., Holman, R.C. et al. (2008). The relationship between in-home water service and the risk of respiratory tract, skin, and gastrointestinal tract infections among rural Alaska Natives. *Am J Public Health*, 98(11), 2072-2076.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

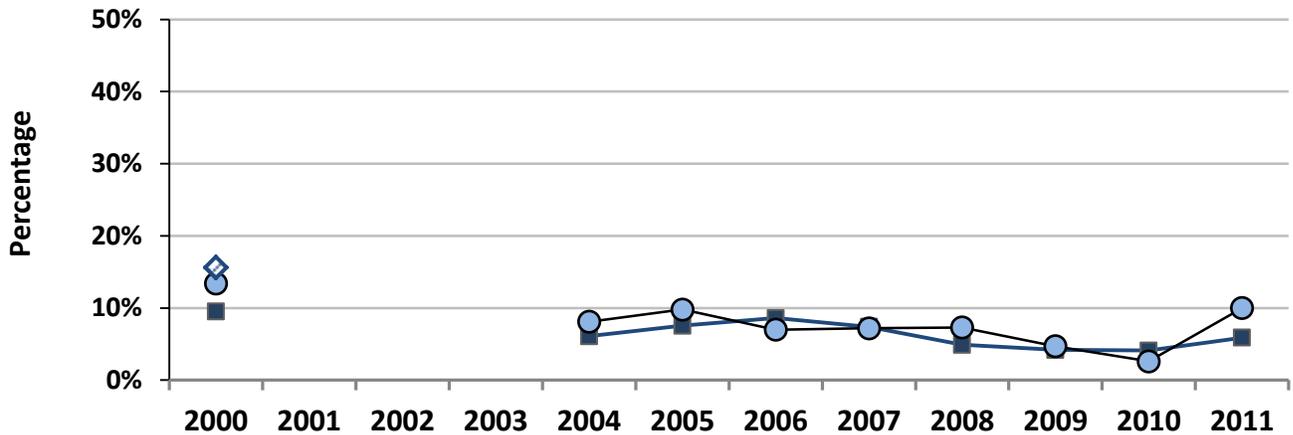
- Alaska Department of Environmental Conservation, Division of Water: <http://dec.alaska.gov/water/>
- Alaska Department of Environmental Conservation, Village Safe Water Program: <http://dec.alaska.gov/water/vsw/index.htm>
- Alaska Native Tribal Health Consortium, Division of Environmental Health and Engineering: <http://www.anthctoday.org/dehe/index.html>
- Centers for Disease Control and Prevention (CDC), Drinking Water Topics. <http://www.cdc.gov/healthywater/drinking/index.html>
- United States Environmental Protection Agency. *Drinking water and health: What you need to know!* <http://www.epa.gov/safewater/dwh/dw-health.pdf>
- United States Geological Survey. *Ground Water and the Rural Homeowner*. http://pubs.usgs.gov/gip/gw_ruralhomeowner/





**Objective # 17:
Reduce Secondhand Smoke Exposure among
Non-Smoking Adults**

**Percentage of Adult Non-Smokers Exposed to Secondhand Smoke in Their Homes,
All Alaskans, Alaska Natives, and U.S. Adults**



■	All Alaskans	9.5%	-	-	-	6.1%	7.5%	8.6%	7.4%	4.9%	4.2%	4.1%	5.9%
●	Alaska Natives	13.4%	-	-	-	8.1%	9.8%	7.0%	7.2%	7.3%	4.7%	2.6%*	10.0%
◆	U.S.	15.6%	-	-	-	-	-	-	-	-	-	-	-

Data Source: Behavior Risk Factor Surveillance System (BRFSS)

No Healthy Alaskans 2010 target was set for this indicator because the indicator was considered developmental.

*Statistically unreliable due to small sample size.

SUMMARY

- The percentage of adult non-smoking Alaskans who were exposed to secondhand smoke in their home decreased from a high of 9.5% in 2000 to 5.9% in 2011.
- Among Alaska Native adults, prevalence also decreased from 13.4% in 2000 to 10.0% in 2011.
- Comparable U.S. data were only available for 2000 and showed a higher percentage than in Alaska (16%).

PUBLIC HEALTH IMPORTANCE

Tobacco use is the leading cause of preventable disease and death in the United States.¹ Smoking is responsible for 30% of all cancer deaths, 21% of all coronary heart disease deaths, and 18% of all stroke deaths.² Exposure to secondhand smoke kills approximately 50,000 Americans every year.³ Tobacco smoke contains hundreds of toxic chemicals, including at least 69 known carcinogens.⁴ Secondhand smoke can cause lung cancer and heart disease in adults as well as sudden infant death syndrome (SIDS) and acute respiratory infections among children.⁵ Any exposure to secondhand smoke presents a health risk; eliminating smoking in indoor spaces is the only approach that protects nonsmokers from secondhand smoke exposure.⁵ Several tobacco prevention and control strategies in Alaska have impacted exposure to secondhand smoke, most notably the implementation in many communities of comprehensive clean indoor air laws that support and reinforce a non-smoking norm.⁶



DEFINITION AND NOTES

Percentage of adult nonsmokers aged 18 years and older who answer “Yes” to the following question:

- *In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?*

Nonsmokers are identified as those who answer “No” to the following question:

- *Have you smoked at least 100 cigarettes in your entire life?* or answer “Not at all” to the following question: *Do you now smoke cigarettes every day, some days, or not at all?*

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS in 2000, and from the Supplemental AK BRFSS survey from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2010. For more on this methodological change see:

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

REFERENCES

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2. Centers for Disease Control and Prevention, Office on Smoking and Health. (2004). *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services.
3. Centers for Disease Control and Prevention (2008). Annual smoking-attributable mortality, years of potential life lost, and productivity losses--United States, 2000-2004. *Morbidity and Mortality Weekly Report (MMWR)*, 57(45):1226-1228.
4. Centers for Disease Control and Prevention, Office on Smoking and Health. (2010). *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Retrieved from <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/index.html>.
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6. Alaska Department of Health and Social Services. (2012). *Tobacco in the Great Land, A Portrait of Alaska's Leading Cause of Death, 2012 Update*. Anchorage, AK: Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

- Alaska Tobacco Prevention & Control Program: <http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/default.aspx>
- *A Decade of Progress: Tobacco Prevention and Control in Alaska FY2010-2011*: <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY10.pdf>
- Alaska Tobacco Control Alliance: <http://www.alaskatca.org/>
- Alaska's Tobacco Quit Line: <http://alaskaquitline.com/>
- Campaign for Tobacco Free Kids: <https://www.tobaccofreekids.org/>



Objective # 17: Reduce Secondhand Smoke Exposure among Non-Smoking Adults

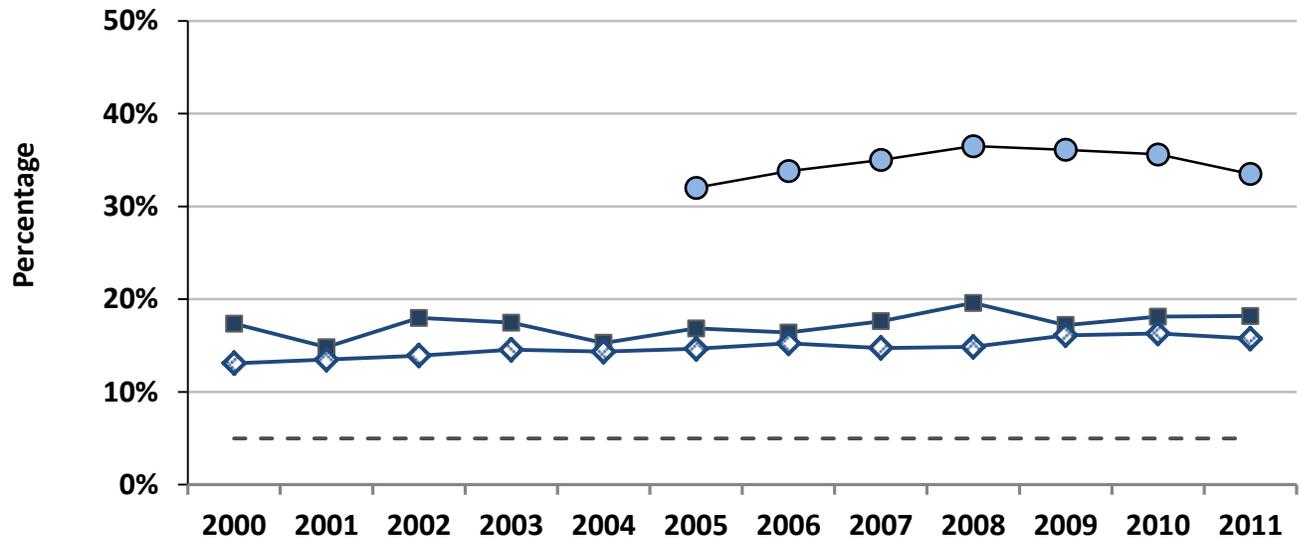
www.HA2020.alaska.gov





**Objective # 18:
Reduce the Proportion of Alaskans Without
Health Insurance Coverage**

Percentage of Persons without Health Insurance Coverage, All Alaskans, Alaska Natives, and U.S.



■	All Alaskans	17.4%	14.8%	18.0%	17.5%	15.3%	16.9%	16.4%	17.6%	19.6%	17.2%	18.1%	18.2%
●	Alaska Natives†	-	-	-	-	-	32.0%	33.8%	35.0%	36.5%	36.1%	35.6%	33.5%
◆	U.S.	13.1%	13.5%	13.9%	14.6%	14.3%	14.6%	15.2%	14.7%	14.9%	16.1%	16.3%	15.7%
- - -	Healthy Alaskans 2010 Target of 5%												

Data Source: Current Population Survey, U.S. Census Bureau¹

†American Indian/Alaska Native tribal members generally have access to tribally managed health services or Indian Health Service facilities even if they do not have other health care coverage. The Current Population Survey does not count tribal benefits as “insurance.”

SUMMARY

- Health insurance coverage rates for Alaskans have relatively stable over the decade with some fluctuations.
- The Healthy Alaskans 2010 target of having only 5% uninsured was not met.
- The national rate of being uninsured increased slightly over the decade.
- Denali KidCare, the Medicaid expansion for children that started in Alaska in 1999, brought the uninsured rate among children to an average of 12%.

PUBLIC HEALTH IMPORTANCE

Access to health services depends on a person’s insurance or benefit coverage or ability to pay for care, as well as availability of providers of care. Not having health insurance is one of the major barriers to accessing care and can have a negative impact on health outcomes, including overall health status, quality of life, and life expectancy.²



DEFINITION AND NOTES

Current Population Survey health insurance coverage definition: coverage at any time in the last calendar year. Private coverage includes employer/union, and direct purchase; public coverage includes Medicare, Medicaid, other state programs, military related programs including TRICARE and Veterans Administration benefits.

DATA SOURCES

Alaska/U.S.: U.S. Census Bureau, Current Population Survey.

In September 2011, the Census Bureau released revised figures on health insurance coverage from the 2000 to 2010 Current Population Survey Annual Social and Economic Supplements (CPS ASEC), reflecting enhancements to the editing process. Because the data after the enhancements is not consistent with earlier data, the Census Bureau introduced a new historical series (HIB-1 to HIB-8) and discontinued the HIA- series. For more information on the revised CPS ASEC Health Insurance Data, see www.census.gov/hhes/www/hlthins/data/revhlth/index.html.

An alternative data source for Alaska which provides labor market area and census area/borough geographic breakdown (for several years of data combined) is the annual Behavior Risk Factor Surveillance Survey (BRFSS), which asks, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”³ The U.S. CPS measure has been used for the state level tracking because it has been possible to look at the detail regarding types of coverage, and age, sex and race of the estimated uninsured and insured populations.

The American Community Survey (ACS) is an ongoing sample survey of the U.S. Census Bureau that provides social and economic data about the population. In the future, the ACS will be a useful data source on health insurance coverage as it asks respondents about coverage at the time of the interview. Private coverage includes employer and union-based insurance, direct purchase, and TRICARE and other military health care; “public coverage” in the ACS includes Medicare, means-tested public coverage (e.g., Medicaid), and VA Health Care.

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ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

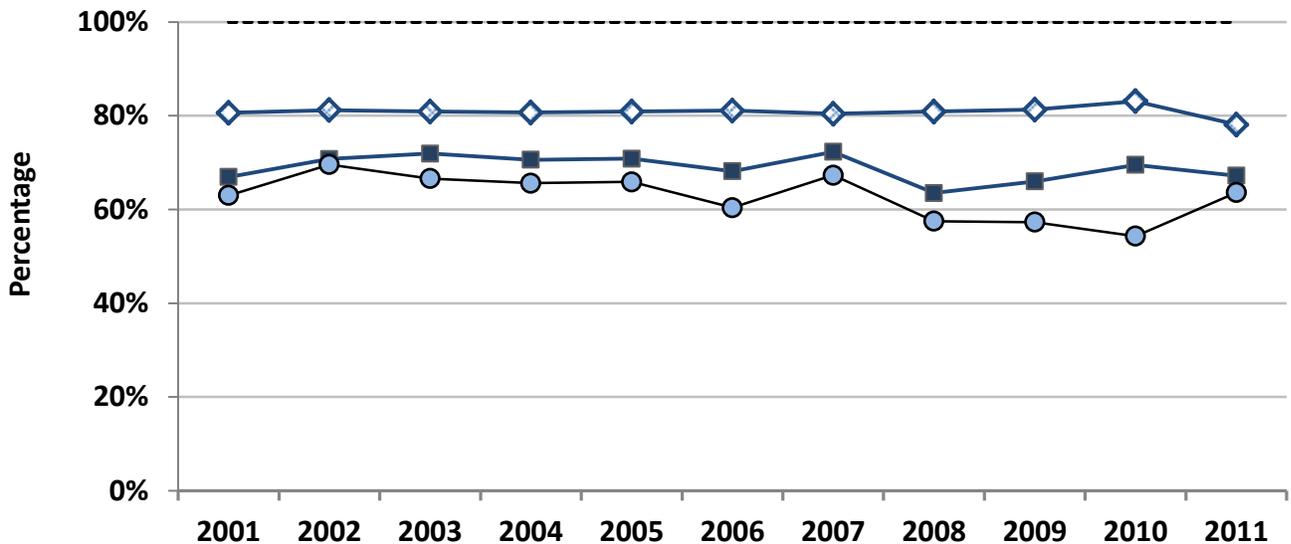
- Income, Poverty, and Health Insurance Coverage in the United States: 2011: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2011/index.html>
- Model-based Small Area Health Insurance Estimates (SAHIE) for Counties and States: <http://www.census.gov/did/www/sahie/>
- State Health Access Data Assistance Center. State Profiles: Alaska: <http://www.shadac.org/state/ak#1>
- The Commonwealth Fund: <http://www.commonwealthfund.org/Topics/Health-Insurance.aspx>
- Denali KidCare: <http://hss.state.ak.us/dhcs/denalikidcare/>
- Alaska’s State Planning Grant to Identify Options for Expanding Coverage for Alaska’s Uninsured: <http://www.hss.state.ak.us/dph/healthplanning/planningGrant/default.htm>





**Objective # 19:
Increase Access to Healthcare Among Adults**

Percentage of Adults Who Have a Personal Healthcare Provider, All Alaskans, Alaska Natives, and U.S. Adults



■	All Alaskans	66.9%	70.8%	71.9%	70.6%	70.8%	68.2%	72.3%	63.5%	66.0%	69.5%	67.2%
●	Alaska Natives	63.0%	69.6%	66.6%	65.6%	65.9%	60.4%	67.3%	57.5%	57.3%	54.3%	63.6%
◆	U.S.	80.6%	81.2%	80.9%	80.7%	80.9%	81.1%	80.4%	80.9%	81.3%	83.1%	78.1%
- - -	Healthy Alaskans 2010 Target of 100%											

Data Source: Behavior Risk Factor Surveillance System (BRFSS)

SUMMARY

- In Alaska, the percentage of adults who have at least one personal healthcare provider ranged between 65% and 75% over the decade.
- The Healthy Alaskans 2010 target of 100% was not met.
- Prevalence of having a personal healthcare provider has been consistently higher in the U.S.
- Among Alaska Native adults, prevalence of having a personal healthcare provider has been consistently lower than the overall Alaska prevalence. This may be due in part to high provider turnover rates, and the need to use itinerant providers at some tribal facilities.

PUBLIC HEALTH IMPORTANCE

Access to quality healthcare is influenced by having a usual source of care and having health insurance,^{1,2} and having a usual source of care may be the more important of the two.³ There is a well-demonstrated connection between having a strong relationship with a health care provider and improved quality of care.^{4,5,6} One way to measure whether or not a person has a 'Usual Source of Care' is if they can identify at least one personal healthcare provider.



DEFINITION AND NOTES

The original Healthy Alaskans 2010 indicator (*Percent of adults aged 18 and older with a usual place to go for care if sick or needing advice about health*) was not measured after 2000. The following indicator was substituted: Percentage of adults aged 18 years and older who answer “Yes, only one” or “More than one” to the following question: *Do you have one person you think of as your personal doctor or health care provider?* Note, if answer “No,” prompted with: *Is there more than one, or is there no person who you think of as your personal doctor or health care provider?*

Respondents who self-identified as American Indian or Alaska Native, either alone or in combination with any other racial category, were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services;
U.S.: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention.

Alaska data were obtained from the Standard AK BRFSS from 2001 through 2003, 2005 through 2007, and from the Standard and Supplemental AK BRFSS surveys combined in 2004 and 2008 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2010. For more on this methodological change see: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

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ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

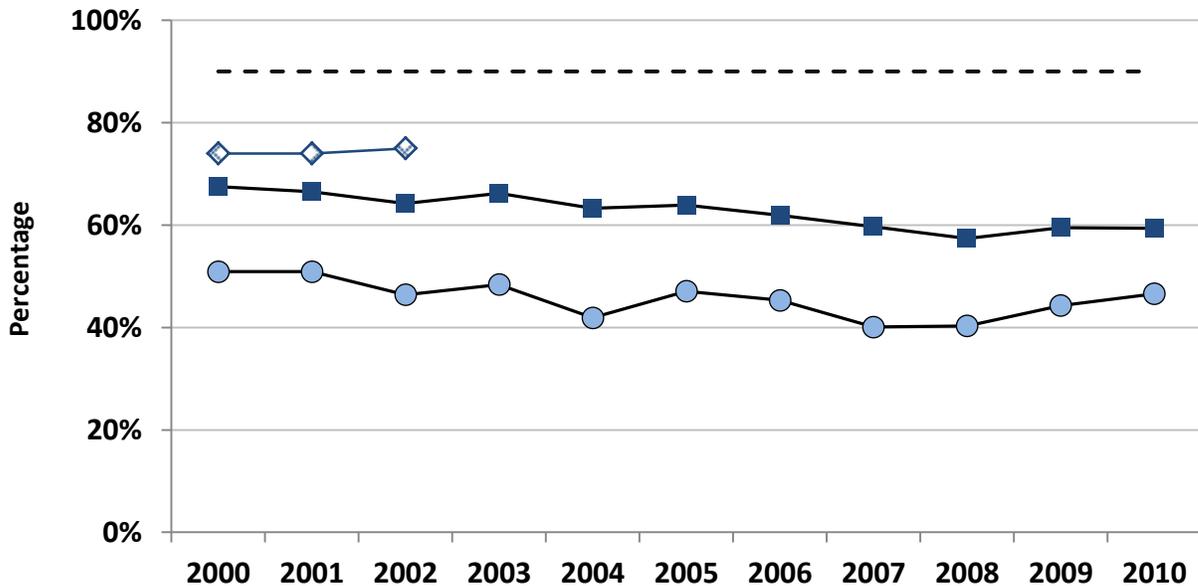
- Healthy People 2020 Objectives, *Access to Care*: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>
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- U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. *National Healthcare Quality Report – 2009* (Chapter 3): <http://www.ahrq.gov/qual/nhdr09/Chap3.htm>.





**Objective # 20:
Increase the Proportion of Pregnant Women
Receiving Adequate Prenatal Care**

Percentage of Women delivering live births who received adequate prenatal care, All Alaskans, Alaska Natives, and U.S. Women



■	All Alaskans	67.5%	66.5%	64.2%	66.2%	63.3%	63.9%	61.9%	59.7%	57.4%	59.5%	59.4%
●	Alaska Natives	50.9%	50.9%	46.4%	48.4%	41.9%	47.1%	45.3%	40.1%	40.3%	44.3%	46.6%
◆	U.S.	74.0%	74.0%	75.0%	-	-	-	-	-	-	-	-
---	Healthy Alaskans 2010 Target of 90%											

Data Sources: Alaska Bureau of Vital Statistics; National Vital Statistics System

Note: A number of states outside of Alaska implemented the 2003 revisions to the U.S. standard birth certificate, thus U.S. data are not comparable with previous years and are not shown.

SUMMARY

- Between 2000 and 2010, there was a decrease in the proportion of women delivering live births who received adequate prenatal care in Alaska.
- The Healthy Alaskans 2010 target of 90% was not met.
- In 2010, the proportion of Alaska women delivering live births who received adequate prenatal care was 30% below the Healthy Alaskans 2010 target of 90%.
- During the period from 2000 to 2010, there was a lower proportion of women receiving documented adequate prenatal care among Alaska Native live births than all live births in Alaska. This may be due to lack of prenatal visits with Community Health Aides being counted when documenting prenatal care on birth certificates (see *Definitions and Notes* for details).



PUBLIC HEALTH IMPORTANCE

Inadequate prenatal care, including late initiation of care, infrequent prenatal visits, or no care at all, is associated with poor infant and maternal outcomes. Mothers having late or no prenatal care are more likely to have low birth weight or preterm infants and are at increased risk for pregnancy-related mortality and complications of childbirth. Prenatal health care services should be available, accessible, and affordable to increase use among pregnant women. Problems related to the healthcare system are commonly reported reasons for not getting early and adequate prenatal care.¹

DEFINITION AND NOTES

Percentage of women delivering live births with an Adequacy of Prenatal Care Utilization (APNCU) Index greater than or equal to 80. The APNCU Index is a standardized tool used to measure the level of prenatal care a woman receives during her pregnancy. Adequate Prenatal Care is defined as a score of either “adequate” or “adequate plus,” based on expected visits related to when the prenatal care began and the number of prenatal visits from when prenatal care began until delivery.

Alaska Native adequate prenatal care is based on American Indian/Alaska Native infants born to American Indian/Alaska Native mothers only.

Note that this measure of prenatal care is based on documentation of prenatal care on the birth certificate and is dependent on information provided by the mother. The measure may be under representative of actual prenatal care received if it is not reported or documented accurately. In addition, data collection may not always include prenatal visits with Community Health Aides and thus results should be interpreted with caution.

DATA SOURCES

Alaska: Alaska Bureau of Vital Statistics;

U.S.: National Center for Health Statistics, National Vital Statistics System.

REFERENCES

1. Schoellhorn, K.J., Perham-Hester, K.A., & Goldsmith Y.W. (2008). *Alaska Maternal and Child Health Data Book 2008: Health Status Edition*. Maternal and Child Health Epidemiology Unit, Section of Women’s, Children’s and Family Health, Division of Public Health, Alaska Department of Health and Social Services.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

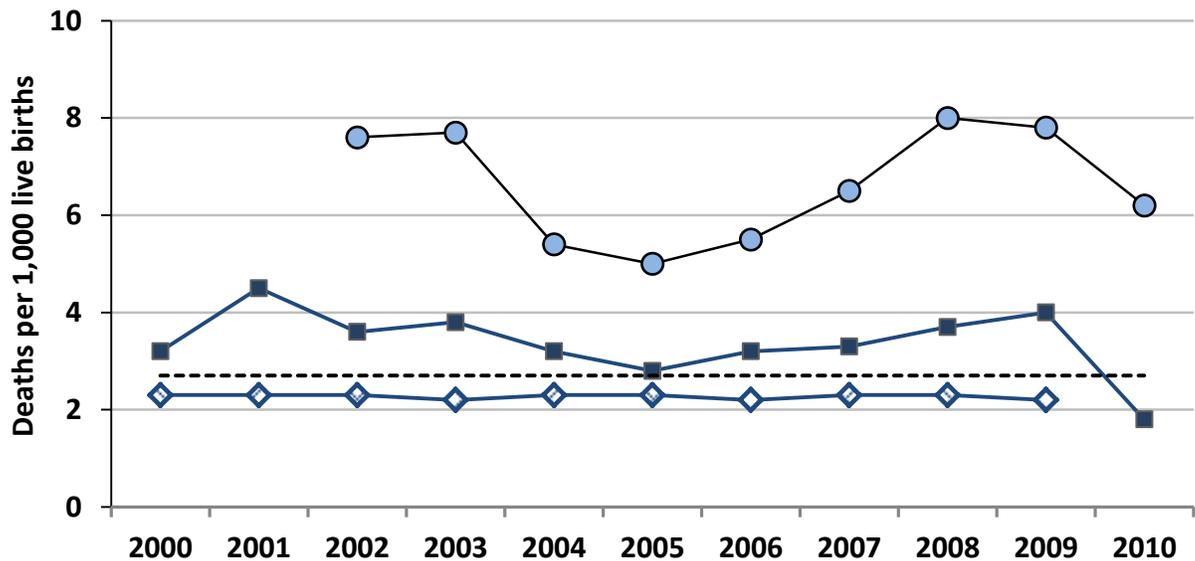
- DHSS Section of Maternal, Child, and Family Health: <http://dhss.alaska.gov/dph/wcfh/Pages/default.aspx>
- Kids Count Alaska: <http://kidscount.alaska.edu>
- Denali Kidcare: www.hss.state.ak.us/dhcs/DenaliKidCare/
- Alaska WIC: <http://dhss.alaska.gov/dpa/Pages/nutri/wic/default.aspx>
- Alaska Breastfeeding Coalition: www.alaskabreastfeeding.com
- March of Dimes: www.marchofdimes.com





Healthy Alaskans 2010
Leading Health Indicators Progress Report
Objective # 21:
Reduce the Post-neonatal Death Rate

Post-neonatal Death Rate (deaths between 28 days and 1 year per 1,000 live births), All Alaskans, Alaska Natives, and U.S.



■	All Alaskans	3.2	4.5	3.6	3.8	3.2	2.8	3.2	3.3	3.7	4.0	1.8
●	Alaska Natives	-	-	7.6	7.7	5.4	5.0	5.5	6.5	8.0	7.8	6.2
◆	U.S.	2.3	2.3	2.3	2.2	2.3	2.3	2.2	2.3	2.3	2.2	-
---	Healthy Alaskans 2010 Target of 2.7											

Data Sources: Alaska Bureau of Vital Statistics; National Vital Statistics System

SUMMARY

- Between 2000 and 2010, there were year-to-year fluctuations in the post-neonatal mortality rate.
- Post-neonatal mortality rates declined in the first half of the decade before rising again between 2006 and 2009.
- In 2010, the post-neonatal mortality rate for all Alaskans (1.8 per 1,000 live births) was below the Healthy Alaskans 2010 target of 2.7 deaths per 1,000 live births.
- In 2010, the post-neonatal mortality rate for Alaska Native infants (6.2 per 1,000 live births) was three times that of all Alaskans and higher than the Healthy Alaskans 2010 target of 2.7 deaths per 1,000 live births.



PUBLIC HEALTH IMPORTANCE

Post-neonatal mortality is more likely to be associated with environmental conditions experienced after delivery than with problems related to pregnancy and childbirth. Post-neonatal deaths are typically caused by events experienced in infancy, including injuries and homicide.¹

In Alaska, the top causes of post neonatal deaths during 2005-2007 were Sudden Unexplained Infant Death (SUID) or asphyxia of unknown etiology (46%), followed by congenital anomalies (22%), infections (20%) and injuries (13%). While the exact causes of most SUID deaths are unknown, many are believed to be due to suffocation related to an unsafe sleep environment. Some known risk factors for SUID include infants being placed to sleep prone (on the stomach), sleeping on a non-standard sleep surface, sharing a bed with an impaired person, and being exposed to prenatal tobacco or environmental tobacco smoke.

DEFINITION AND NOTES

Post-neonatal mortality is expressed as the number of deaths to infants from 28 days to less than one year of age per 1,000 live births. All infant mortality rates were calculated using the death year cohort method.

For Alaska Native people, post-neonatal mortality is calculated including deaths of American Indian/Alaska Native infants and births to American Indian/Alaska Native mothers.

DATA SOURCES

Alaska: Alaska Bureau of Vital Statistics;

U.S.: National Center for Health Statistics, National Vital Statistics System.

REFERENCES

1. Schoellhorn, K.J., Perham-Hester, K.A., & Goldsmith Y.W. (2008). *Alaska Maternal and Child Health Data Book 2008: Health Status Edition*. Maternal and Child Health Epidemiology Unit, Section of Women's, Children's and Family Health, Division of Public Health, Alaska Department of Health and Social Services.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

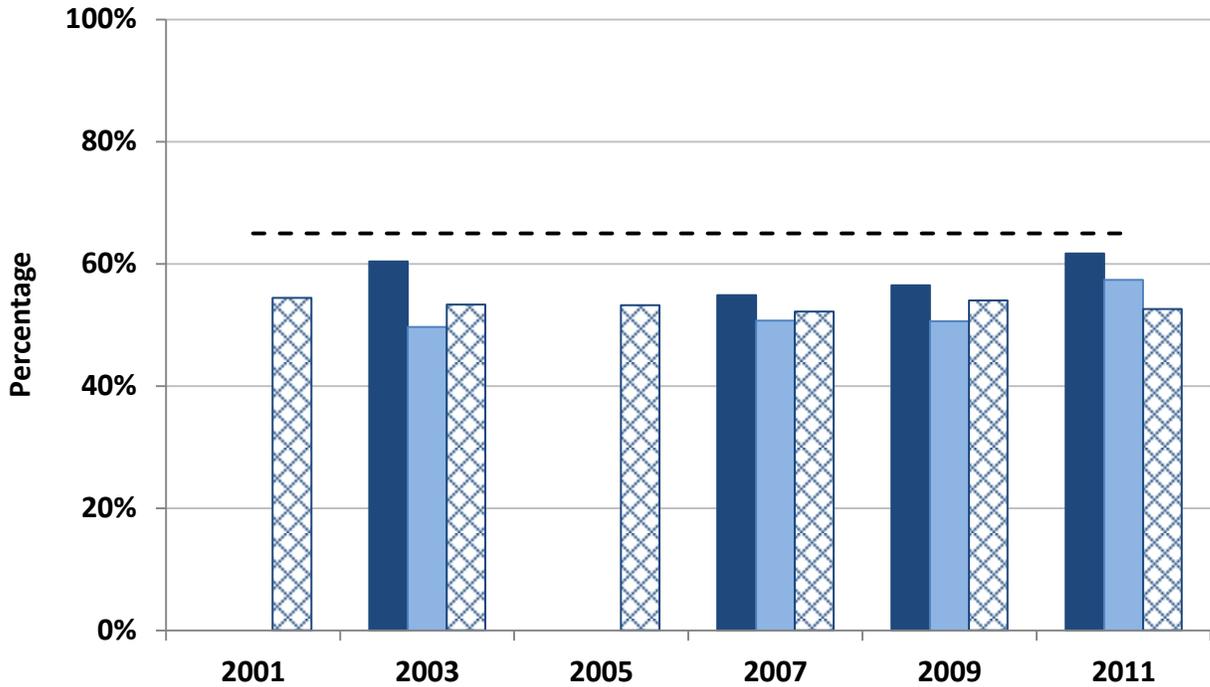
- DHSS Section of Maternal, Child, and Family Health: <http://dhss.alaska.gov/dph/wcfh/Pages/default.aspx>
- Kids Count Alaska: <http://kidscount.alaska.edu>
- Denali Kidcare: www.hss.state.ak.us/dhcs/DenaliKidCare/
- Alaska WIC: <http://dhss.alaska.gov/dpa/Pages/nutri/wic/default.aspx>
- Alaska Breastfeeding Coalition: www.alaskabreastfeeding.com
- March of Dimes: www.marchofdimes.com





**Healthy Alaskans 2010
Leading Health Indicators Progress Report
Objective # 22a:
Increase Abstinence from Sexual Intercourse
among Adolescents**

Percentage of High School Students Who Have Never Had Sexual Intercourse, All Alaskans, Alaska Natives, and U.S. High School Students



All Alaskans	-	60.4%	-	54.9%	56.5%	61.7%
Alaska Natives	-	49.7%	-	50.7%	50.6%	57.4%
U.S.	54.4%	53.3%	53.2%	52.2%	54.0%	52.6%
- - -	Healthy Alaskans 2010 Target of 65%					

Data Source: Youth Risk Behavior Survey

SUMMARY

- Among Alaska high school students, the prevalence of abstinence from sexual intercourse decreased between 2003 and 2007, and then increased in 2009.
- The Healthy Alaskans 2010 target of 65% was not met.
- Prevalence of sexual abstinence was lower among both Alaska Native high school students and U.S. high school students compared to Alaska high school students overall.

PUBLIC HEALTH IMPORTANCE

HIV and sexually transmitted diseases (STD) are preventable diseases that when contracted can have long term health consequences. Compared with older adults, sexually active adolescents aged 15–19 years, and young adults aged 20–24 years are at higher risk of acquiring STDs for a combination of behavioral, biological, and



cultural reasons.¹ Avoiding all oral, anal, and vaginal sexual activity is the only 100 percent effective way to prevent unintended pregnancy and sexually transmitted infections.

Young people who engage in sexual risk behaviors can experience unintended health outcomes, such as HIV infection, other STDs, and unintended pregnancy. In Alaska, there were 1,106 births to young people 15-19 years of age in 2009,² and every year there are very high rates of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infection among young Alaskans. In the U.S. nearly half of the 19 million new STDs each year are among young people aged 15–24 years.³

Medically accurate information and skill instruction, access to health care, and positive youth development activities can also reduce rates of sexually transmitted infection and unintended teen pregnancy.

DEFINITION AND NOTES

Percentage of high school students grades 9-12 who answer “no” to the following question:

- *Have you ever had sexual intercourse?*

On the YRBS, race is determined by response to one single-response question. Respondents who self-identified as American Indian or Alaska Native were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Youth Risk Behavior Survey, Alaska Department of Health and Social Services;

U.S.: Youth Risk Behavior Survey, Centers for Disease Control and Prevention.

Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009 and 2011.

REFERENCES

1. Centers for Disease Control and Prevention. (2011). *STDs in Adolescents and Young Adults*. Retrieved from <http://www.cdc.gov/std/stats10/adol.htm>.
2. Alaska Bureau of Vital Statistics. (2011). *Birth Profile*. Retrieved from http://www.hss.state.ak.us/dph/bvs/birth_statistics/Profiles_Age_Statewide/frame.html.
3. Weinstock H., Berman S., & Cates W. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health*, 36(1), 6-10.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

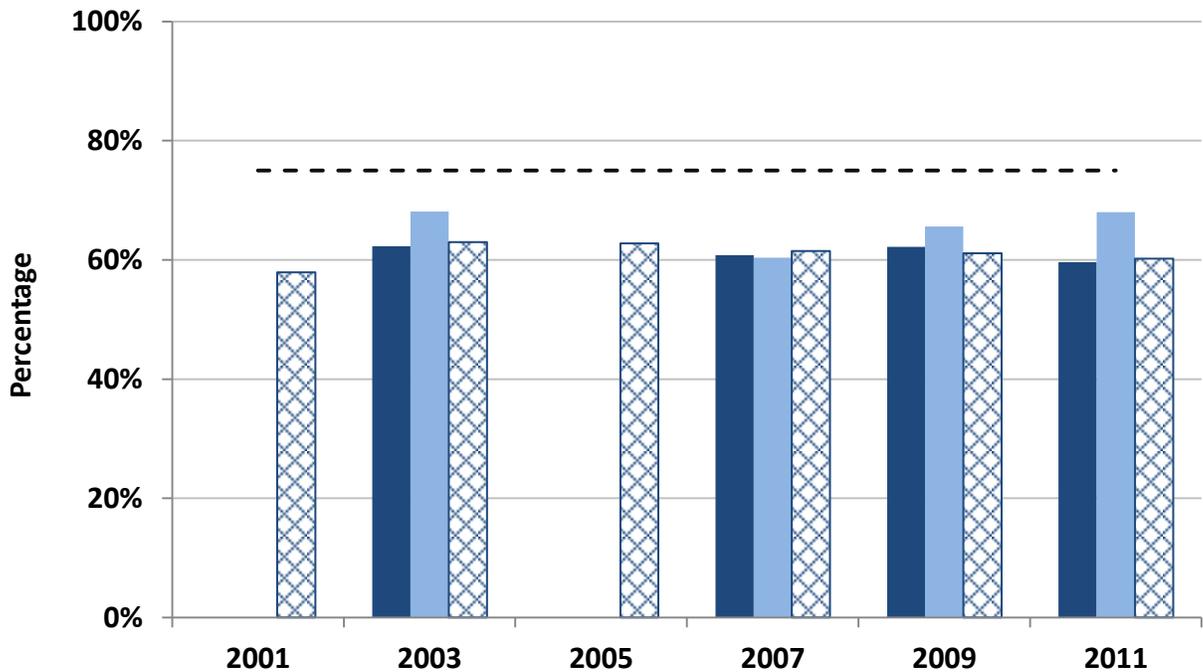
- Office of Adolescent Health. Teen Pregnancy Prevention. Evidence based Programming. <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>
- Centers for Disease Control and Prevention. Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention. <http://www.cdc.gov/HealthyYouth/sexualbehaviors>
- Alaska Native Tribal Health Consortium, HIV/STD Prevention Program. Sexual Health Information for Alaska Youth. <http://www.iknowmine.org>
- State of Alaska Section of Epidemiology, HIV/STD Program. <http://www.epi.hss.state.ak.us/hivstd/default.stm>





**Objective # 22b:
Increase Condom Use among Sexually Active
Adolescents**

Percentage of Sexually Active High School Students Who Used a Condom at Last Sexual Intercourse All Alaskans, Alaska Natives, and U.S. High School Students



	2001	2003	2005	2007	2009	2011	
	All Alaskans	-	62.3%	-	60.8%	62.2%	59.6%
	Alaska Natives	-	68.1%	-	60.4%	65.6%	68.0%
	U.S.	57.9%	63.0%	62.8%	61.5%	61.1%	60.2%
- - -	Healthy Alaskans 2010 Target of 75%						

Data Source: Youth Risk Behavior Survey

SUMMARY

- Among sexually active Alaska high school students, the prevalence of condom use at last sexual encounter decreased from 62.3% in 2003 to 59.6% in 2011.
- The Healthy Alaskans 2010 target of 75% was not met.
- Prevalence of condom use among sexually active Alaska Native high school students ranged between 60.4% and 68.1% during this time, and was about 8% higher than both the statewide and U.S. prevalence in 2011.
- U.S. condom use prevalence was comparable to the Alaska prevalence during 2001 to 2011.



PUBLIC HEALTH IMPORTANCE

HIV and sexually transmitted diseases (STD) are preventable diseases that when contracted can have long term health consequences. Compared with older adults, sexually active adolescents aged 15–19 years, and young adults aged 20–24 years are at higher risk of acquiring STDs for a combination of behavioral, biological, and cultural reasons.¹ Young people who engage in sexual risk behaviors can experience unintended health outcomes, such as HIV infection, other STDs, and unintended pregnancy. In Alaska, there were 1,106 births to young people 15-19 years of age in 2009², and every year there are very high rates of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infection among young Alaskans. In the U.S. nearly half of the 19 million new STD each year are among young people aged 15–24 years.³

When used properly and consistently condoms prevent the spread of HIV, other STDs, cancer of the cervix, and reduce unplanned pregnancy. Condoms are an affordable and generally accessible prevention strategy with very few side effects. Medically accurate information and skill instruction, access to health care, and positive youth development activities can also reduce rates of sexually transmitted infection and unintended teen pregnancy.

DEFINITION AND NOTES

Percentage of high school students grades 9-12 who respond:

- “1 person” (or more) to: *During the past 3 months, with how many people did you have sexual intercourse?*, and
- “Yes” to: *The last time you had sexual intercourse, did you or your partner use a condom?*

On the YRBS, race is determined by response to one single-response question. Respondents who self-identified as American Indian or Alaska Native were considered Alaska Native for the purposes of this report.

DATA SOURCES

Alaska: Alaska Youth Risk Behavior Survey, Alaska Department of Health and Social Services;
U.S.: Youth Risk Behavior Survey, Centers for Disease Control and Prevention.

Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009 and 2011.

REFERENCES

1. Centers for Disease Control and Prevention. (2011). *STDs in Adolescents and Young Adults*. Retrieved from <http://www.cdc.gov/std/stats10/adol.htm>.
2. Alaska Bureau of Vital Statistics. (2011). *Birth Profile*. Retrieved from http://www.hss.state.ak.us/dph/bvs/birth_statistics/Profiles_Age_Statewide/frame.html.
3. Weinstock H., Berman S., & Cates W. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health*, 36(1), 6-10.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

- Office of Adolescent Health. Teen Pregnancy Prevention. Evidence based Programming: <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>
- Centers for Disease Control and Prevention. Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention: <http://www.cdc.gov/HealthyYouth/sexualbehaviors>
- Alaska Native Tribal Health Consortium, HIV/STD Prevention Program. Sexual Health Information for Alaska Youth: <http://www.iknowmine.org>
- State of Alaska Section of Epidemiology, HIV/STD Program: <http://www.epi.hss.state.ak.us/hivstd/default.stm>





**Objective # 23:
Increase Condom Use among Sexually Active,
Unmarried Female Adults**

SUMMARY

- The baseline measure for Alaska (1997) was 33%, and 23% for the U.S. (1995). The comparable proportion for Alaska males was 45%. These data were collected by the Behavior Risk Factor Surveillance System (BRFSS).
- Further data are not available as this question was discontinued from the BRFSS questionnaire after 2004.¹
- It is unknown whether or not the Healthy Alaskans 2010 target was met.

PUBLIC HEALTH IMPORTANCE

Women suffer more frequent and more serious sexually transmitted disease (STD) complications than do men. Women are biologically more susceptible to infection when exposed to a sexually transmitted agent. Acute STDs often are very mild or are completely asymptomatic in men. This can result in men being unaware of an STD, which may result in delayed diagnosis and treatment.²

Among the most serious STD complications for women are pelvic inflammatory disease (PID), ectopic pregnancy, infertility, and chronic pelvic pain. STDs in pregnant women can cause serious health problems or death to the fetus or newborn. Sexually transmitted organisms in the mother can cross the placenta to the fetus or newborn, resulting in congenital infection or perinatal infections.

DEFINITION AND NOTES

The indicator originally identified for this objective was *Percent of sexually active unmarried women (divorced, widowed, separated, never married, or member of an unmarried couple) aged 18-44 years who reported condom use at last intercourse*). Although this used to be collected as part of the BRFSS, it was discontinued after the indicator was selected as a leading health indicator for Healthy Alaskans 2010.

REFERENCES

1. Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. (2012). *Behavioral Risk Factor Surveillance System, Historical Questions Archive*. Retrieved from <http://apps.nccd.cdc.gov/BRFSSQuest/index.asp>.
2. U.S. Department of Health and Human Services, Healthy People 2020. (2012). *2020 Topics & Objectives: Sexually Transmitted Diseases*. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=37>.

ADDITIONAL RESOURCES (DATA, STRATEGIES, ETC.)

- State of Alaska Section of Epidemiology, HIV/STD Program. <http://www.epi.hss.state.ak.us/hivstd/default.stm>
- State of Alaska Epidemiology Bulletin: *Summary of HIV Infection — Alaska, 1982–2011*: http://www.epi.hss.state.ak.us/bulletins/docs/b2012_07.pdf
- Chlamydia and Gonorrhea rates by Alaska Region: <http://www.epi.hss.state.ak.us/hivstd/std2010/atlas.html>
- Centers for Disease Control and Prevention. *Condoms and STDs: Fact Sheet for Public Health Personnel*: <http://www.cdc.gov/condomeffectiveness/latex.htm>



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Background Note

The State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium have come together to support the development of long-term health goals towards building a healthier Alaska – that initiative is Healthy Alaskans 2020.

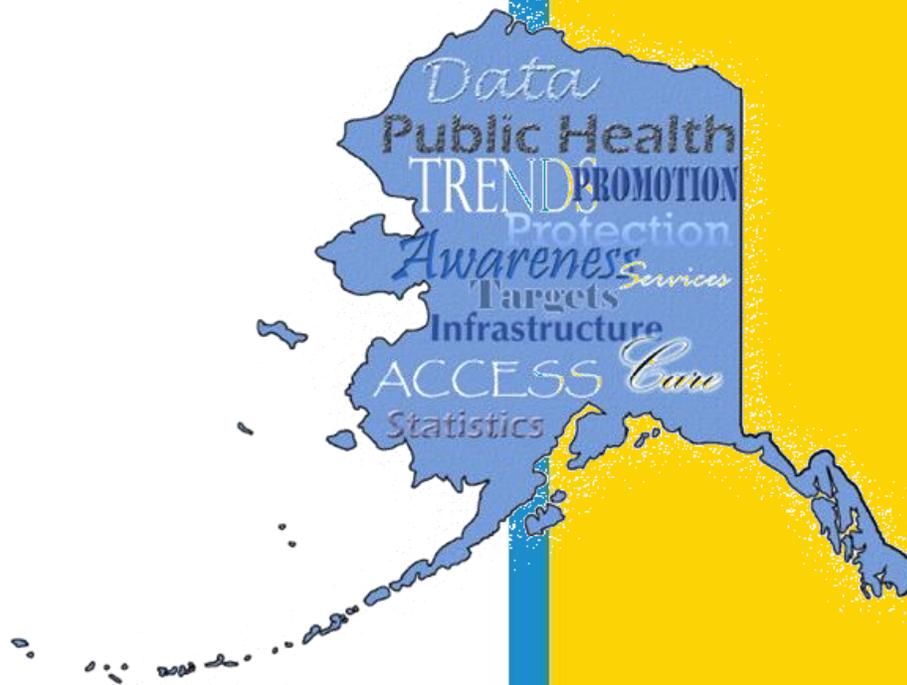
The Healthy Alaskans 2020 initiative will develop Alaska-specific health indicators and targets to guide efforts in our state around common goals to improve health outcomes and ensure health equity for all Alaskans. Through the collaboration of a wide spectrum of partners statewide — both public and private — the process will provide many opportunities to build trust and a foundation for the shared responsibility and commitment required to achieve the vision of *Healthy Alaskans in Healthy Communities*.

The Healthy Alaskans 2020 mission is to provide a framework and foster partnerships to optimize health for all Alaskans and their communities. In addition to producing the Alaska Health Status Progress Report, the Healthy Alaskans 2020 process will consist of identifying a short list of leading health indicators, setting targets for improvement between now and 2020, and providing on-line resources to support the overall effort. Resources will include information related to evidence-based strategies to help reach identified targets and an interactive data base to track and monitor progress.

Through collaboration across sectors, the process will provide many opportunities to build trust and a foundation for shared responsibility and commitment to tackle identified health needs, among partners and other stakeholders. Outreach efforts will encourage agencies, organizations and communities throughout the state to exhibit their commitment to achieving improved health status of all Alaskans by aligning their strategic plans with the Healthy Alaskans 2020 leading health indicators.

Challenges in meeting Healthy Alaskans 2010 targets have demonstrated that success in meeting future health targets will require greater public awareness of the benefits of reaching the Healthy Alaskans targets, increased policy development focused on disease prevention and health promotion related to the most critical health indicators for Alaska, and the identification and broad dissemination of proven strategies and guidelines to meet health targets coupled with directed use of available resources to facilitate implementation of the strategies and guidelines.

For more information on Healthy Alaskans 2020, please visit our website at www.ha2020.alaska.gov.



Healthy Alaskans 2020 Website:
www.ha2020.alaska.gov

