Anchorage & Mat-Su Regional Health Profile





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- Alaska Area Diabetes Program Diabetes Registry
- Immunization Program
- Injury Prevention Program

State

- Alaska Trauma Registry
- Behavioral Risk Factor Surveillance System (BRFSS)
- Bureau of Vital Statistics
- HIV/STD Program
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Youth Risk Behavior Survey (YRBS)

Federal

• Alaska Area Indian Health Service

Reference Recommendation:

Alaska Native Epidemiology Center. Anchorage & Mat-Su Regional Health Profile. Alaska Native Tribal Health Consortium. Anchorage, 2011.

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Introduction

Significant improvements in health can be demonstrated by using data to monitor a population's health status over time. In addition, health areas which are a concern, or for which inequities exist, can be readily identified for improvement. Monitoring a population's health status through reports such as this one helps us know where we are on the path to becoming the healthiest people in the world.

This report provides an overview of the health status of Alaska Native people living in the Anchorage and Mat-Su region. It includes a wide range of health topics as well as socioeconomic factors affecting Alaska Native health. The health indicators reported here were selected due to their relationship to key health issues within the Alaska Tribal Health System, and for which data were available.

The Alaska Native Epidemiology Center's geographic regions are based upon the census areas, which allow for better population estimates. In general, these regions closely align with the Alaska Tribal Health Organization's boundaries. In a few cases, the geographic regions are not exactly the same as the region served by the Tribal Health Organization. In this profile, the data is analyzed by the Municipality of Anchorage and the Matanuska-Susitna Borough census boundaries unless otherwise noted. Throughout this document, the Municipality of Anchorage and the Matanuska-Susitna Borough will be referred to as "Anchorage and Mat-Su" unless otherwise noted.

Various data sources were accessed to compile this document. Each data source contains limitations which should be considered when using the data. Appendixes A and B explain some of these limitations as well as provide detailed information about each of the data sources.

We recognize that data and the information gained from the interpretation of the data are only part of the decision-making process. Nevertheless, data can guide advocacy, policy making, program planning, and program evaluation. We hope this document serves as a useful resource for those interested in Alaska Native health issues within the Anchorage & Mat-Su region of Alaska.

Regional Health Profile Organization

The Regional Health Profile Overview on pages 4-9 summarizes the most recent data presented on each indicator page. Details and citations for the data in the Regional Health Profile Overview may be found within the document on each indicator page unless otherwise noted.

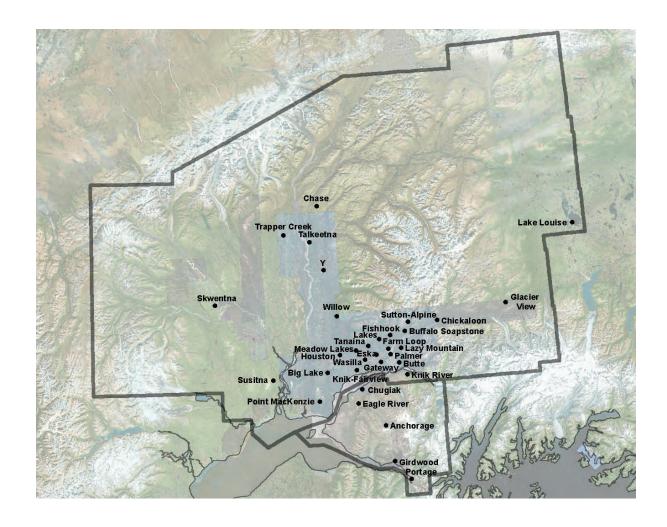
The health indicators are presented in seven sections:

- 1. **Demographics** includes data on population estimates, user populations, population change, educational attainment, unemployment, poverty status, and household income.
- 2. **Mortality** includes data about deaths such as the leading causes, life expectancy, years of potential life lost, and trends over time for specific diseases.
- 3. **Morbidity** includes data on the leading causes of inpatient and outpatient visits as well as information on injury-related hospitalizations. In addition, this section covers leading cancers and diabetes data.
- 4. **Health Behavior Adult** includes data on tobacco use, alcohol consumption, physical activity, obesity, and intimate partner violence.
- 5. **Health Behavior Adolescent** includes data on tobacco use, alcohol consumption, physical activity, obesity, sexual behavior, substance use, and mental health.
- 6. **Additional Health Topics** includes data on low birth weight, fertility rate, teen birth rate, and sexually transmitted infections.
- 7. **Preventive Services and Access to Health Care** includes data on cervical, breast, and colorectal cancer screenings as well as data on immunizations, prenatal care, and dental visits.

These main sections are followed by the following appendixes:

- Appendix A describes the data sources in detail.
- Appendix B includes a table of the race/ethnicity definitions used by each data source.
- Appendix C provides detailed data, sample sizes, and confidence intervals for the data presented throughout this document.
- Appendix D lists the titles of the figures and tables used throughout this document and may be used to find specific data more readily.
- Appendix E lists a glossary of terms that are used throughout this regional health profile.
- Appendix F lists the communities included in the data analysis for this region.

Anchorage & Mat-Su Region Map



Regional Health Profile Overview - Mortality

		Anchorage &			
	Healthy	Mat-Su	Alaska		Time
	People	Alaska	Native		Period
	2020	Native	People	U.S.	for
Indicator	Objective	People	Statewide	Whites	Alaska Data
				Heart	
Leading Cause of Death	N/A	Cancer	Cancer	Disease ¹	2004-2008
Life Expectancy - Male	N/A	66.6	67.5	75.4	2000-2008
Life Expectancy - Female	N/A	73.3	73.5	80.4	2000-2008
Years of Potential Life Lost (Mean)	N/A	24.5	28.7	N/A	2004-2008
Cancer Deaths per 100,000	160.6	176.2	227.0	182.4	2004-2008
Heart Disease Deaths					
per 100,000	100.8	169.9	169.0	205.1	2004-2008
Unintentional Injury Deaths					
per 100,000	36.0	82.3	97.7	39.9	2004-2008
Cerebrovascular Disease Deaths					
per 100,000	33.8	46.9	56.7	44.5	2004-2008
Suicide Deaths per 100,000	10.2	27.7	42.3	12.0	2004-2008
				Motor	
				Vehicle	
Leading Cause of Injury Death	N/A	Suicide	Suicide	Accidents ²	1999-2005
Infant Deaths per 1,000					
Live Births	6.0	6.3	9.3	5.8	2004-2008

¹Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National Vital Statistics Reports; vol 58, no 19. Hyattsville, MD: National Center for Health Statistics. 2010; the data presented is for 2007.

²The Three Leading Causes of Injury Mortality in the United States, 1999-2005, Lois A. Fingerhut, Robert N. Anderson, National Center for Health Statistics, Health & Stats, http://www.cdc.gov/nchs/data/hestat/injury99-05/injury99-05.pdf. N/A Not Available

Regional Health Profile Overview - Morbidity

_		Anchorage &			
	Healthy	Mat-Su	Alaska		Time
	People	Alaska	Native		Period
	2020	Native	People	U.S.	for
Indicator	Objective	People	Statewide	Whites	Alaska Data
Leading Causes of Outpatient					
Visits - Alaska Native Medical		Maternal	Maternal		
Center	N/A	Visits	Visits	N/A	FFY 2010
Leading Causes of Outpaient Visits - Eklutna/Valley Native		Immunizations and Infectious Disease	Maternal		
Primary Care Center	N/A	Screening	Visits	N/A	FFY 2010
		Infant	Maternal	Maternal	
Leading Causes of Inpatient Visits	N/A	Discharges	Discharges	Discharges ¹	FFY 2010
Leading Cause of Injury			Suicide		
Hospitalizations	N/A	Falls	Attempt ²	N/A	1991-2003
Unintentional Injury					
Hospitalization per 10,000	N/A	94.7	99.8	N/A	1991-2003
Fall Hospitalization per 10,000	N/A	38.4	38.7	N/A	1991-2003
Suicide Attempt Hospitalization					
per 10,000	N/A	17.3	20.4	N/A	1991-2003
Assault Hospitalization					
per 10,000	N/A	23.1	18.5	N/A	1991-2003
Leading Cancers	N/A	Breast	Colorectal	Breast ³	1998-2007
Diabetes per 1,000	N/A	45	41	53 ⁴	2008
Percent Increase in Diabetes					
Prevalence	N/A	88%	125%	N/A	1990 to 2008

¹Wier LM (Thomson Reuters), Levit K (Thomson Reuters), Stranges E (Thomson Reuters), Ryan K (Thomson Reuters), Pfuntner A (Thomson Reuters), Vandivort R (SAMHSA), Santora P (SAMHSA), Owens P (AHRQ), Stocks C (AHRQ), Elizhauser A (AHRQ). HCUP Facts and Figures: Statistics on Hospital-based Care in the United States, 2008.Rockville, MD: Agency for Healthcare Research and Quality, 2010 (http://www.hcup-us.ahrq.gov/reports.jsp).

http://www.cdc.gov/diabetes/statistics/prev/national/figbyrace.htm N/A Not Available

²Alaska Native Injury Atlas, Alaska Epidemiology Center

³Surveillance, Epidemiology and End Results Program; the data presented is for 2002-2006.

⁴Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey. Statistical analysis by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.

Regional Health Profile Overview - Adult Health Behavior

		Anchorage &			
	Healthy	Mat-Su	Alaska		Time
	People	Alaska	Native		Period
	•				
	2020	Native	People	U.S.	for
Indicator	Objective	People	Statewide	Whites	Alaska Data
Adults Who Currently Smoke	12.0%	36.3%	39.5%	17.9%	2007-2009
Percent of Adults Who Currently					
Use Smokeless Tobacco	0.3%	3.5%	10.9%	3.5%	2007-2009
Adults Who Binge Drink	24.3%	18.4%	19.2%	16.0%	2007-2009
Adults Who Engage in					
Recommended Physical Activity					
Levels	47.9%	65.6%	67.3%	51.8%	2007 & 2009
Overweight Adults	N/A	43.7%	37.3%	36.3%	2007-2009
Obese Adults	30.6%	34.1%	34.5%	25.4%	2007-2009
Lifetime Intimate Partner					
Violence	N/A	‡	36.7%	N/A	2009
Abstaining from Smoking during					
Pregnancy	98.6%	72.2%	68.6%	89.6%	2004-2008
Abstaining from Alcohol					
Consumption during Pregnancy	98.3%	95.5%	95.8%	N/A	2004-2008

[‡] Too few numbers to report N/A Not Available

Regional Health Profile Overview - Adolescent Health Behavior

	Healthy		Alaska		Time
	People	Alaska	Native		Period
	2020	Non-Native	People	U.S.	for
Indicator	Objective	People	Statewide	Whites	Alaska Data
Adolescents Who Reported					
Cigarette Smoking During the Past					
Month	16.0%	13.0%	24.2%	22.5%	2009
Adolescents Who Reported Spit					
Tobacco Use During the Past					
Month	6.9%	10.8%	22.1%	11.9%	2009
Adolescents Who Reported Using					
Alcohol During the Past 30 Days	16.5%	33.5%	32.3%	44.7%	2009
Adolescents Who Reported Binge					
Drinking During the Past Month	8.5%	22.5%	19.0%	27.8%	2009
Adolescents Who Reported					
Marijuana Use During the Past 30					
Days	6.0%	20.6%	28.7%	20.7%	2009
Adolescents Who Reported Using					
Cocaine During Their Lifetime	N/A	8.6%	4.0%	6.3%	2009
Adolescents Who Reported					
Engaging in Recommended Levels					
of Physical Activity	N/A	44.9%	34.9%	39.9%	2009
Percent of Adolescents Who Are					
Overweight	N/A	13.6%	16.7%	13.6%	2009
Adolescents Who Are Obese	16.1%	11.8%	11.6%	10.3%	2009
Adolescents Who Have Ever					
Engaged in Sexual Intercourse	N/A	41.6%	49.4%	42.0%	2009
Adolescents Who Reported Sad or					
Hopeless Feelings During the Past					
Year	N/A	25.1%	25.6%	23.7%	2009
Adolescents Who Reported a					
Suicide Attempt in the Past Year	N/A	7.1%	12.5%	5.0%	2009

N/A Not Available

Regional Health Profile Overview - Additional Health Topics

		Anchorage &			
	Healthy	Mat-Su	Alaska		Time
	People	Alaska	Native		Period
	2020	Native	People	U.S.	for
Indicator	Objective	People	Statewide	Whites	Alaska Data
Low Birth Weight	7.8%	5.7%	5.6%	7.2%	2004-2008
Very Low Birth Weight	1.4%	0.8%	1.0%	1.2%	2004-2008
Fertility Rate per 1,000 Live Births	N/A	103.5	107.4	66.3	2004-2008
Teen Birth Rate per 1,000 Live					
Births	N/A	79.7	79.3	37.0	2004-2008
Breastfeeding Initiation	81.9%	90.0%	91.4%	74.0%**	2004-2008
Breastfeeding 8 Weeks					
Postpartum	N/A	64.3%	65.7%	62.5%**	2004-2008
Childhood violence	N/A	‡	31.1%	N/A	2009
Gonorrhea per 100,000	N/A	221.3	427.6	29.1	2008
Chlamydia per 100,000	N/A	1,728.6	3,012.6	150.5	2008

N/A Not Available

^{**} U.S. Total Population ‡ Too few numbers to report

Regional Health Profile Overview - Preventive Services and Access to Care

		Anchorage &			
	Healthy	Mat-Su	Alaska		Time
	People	Alaska	Native		Period
	2020	Native	People	U.S.	for
Indicator	Objective	People	Statewide	Whites	Alaska Data
Cervical Cancer Screening Within					
the Preceding Three Years	93.0%	‡	86.2%	83.0%	2008
Breast Cancer Screening Within					
the Preceding Two Years	81.1%	‡	62.8%	76.1%	2008
Colorectal Cancer Screening Ever	70.5%	64.0%	54.1%	64.0%	2006 & 2008
Influenza Immunization Rates -					
Adults Aged 65 and Older -					
Anchorage	90.0%	42.8%	48.9%	69.0%	2010
Influenza Immunization Rates -					
Adults Aged 65 and Older -					
Mat-Su	90.0%	38.0%	48.9%	69.0%	2010
Pneumococcal Immunization					
Rates - Adults Aged 65 and Older -					
Anchorage	90.0%	92.3%	92.2%	63.0%	2010
Pneumococcal Immunization					
Rates - Adults Aged 65 and Older -					
Mat-Su	90.0%	88.3%	92.2%	63.0%	2010
Two-Year Old 4:3:1:3:3:1					
Immunization Rates - Anchorage	80.0%	81.4%	79.7%	69.0%	2010
Two-Year Old 4:3:1:3:3:1					
Immunization Rates - Mat-Su	80.0%	75.0%	79.7%	69.0%	2010
Women Who Received Adequate					
Prenatal Care	77.6%	53.6%	43.5%	N/A	2004-2008
Adults Reporting a Dental Visit					
Within the Past Year	49.0%	61.5%	56.2%	73.5%	2008

[‡] Too few numbers to report N/A Not Available



Demographics

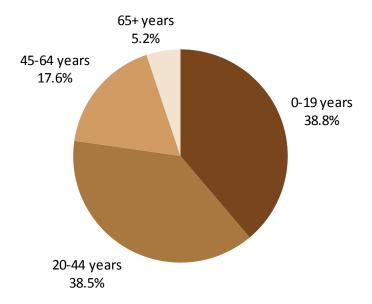
User Population - Anchorage

Definition: The Indian Health Service defines the **user population** as eligible American Indian/Alaska Native persons who used a tribal health facility at least once during the previous three year period. The facility must have been one that reported to the National Patient Information Reporting System. Indian Health Service user population data are calculated by federal fiscal year. Federal Fiscal Year 2010 was from October 1, 2009 to September 30, 2010. The age is determined as of September 30, 2010.

Summary

- Among Anchorage Alaska Native people who use the Alaska Tribal Health System, over three out of four are under 45 years of age. Of those, about half are 0-19 years old and half are 20-44 years old.
- 5.2% of Anchorage Alaska Native people who use the Alaska Tribal Health System are 65 years or older. This accounts for 1,977 persons.

Figure 1. User Population by Age Group, Alaska Native People, Anchorage, 2010 (N=38,287)
Data Source: National Patient Information Reporting System, Indian Health Service National Data Warehouse
Data Table C-1 in Appendix



12 DEMOGRAPHICS

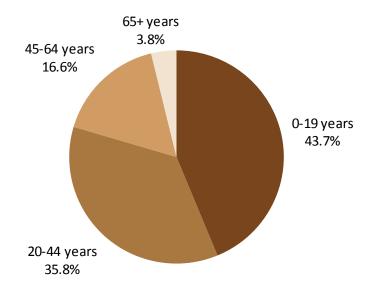
User Population - Mat-Su

Definition: The Indian Health Service defines the **user population** as eligible American Indian/Alaska Native persons who used a tribal health facility at least once during the previous three year period. The facility must have been one that reported to the national Indian Health Service data system. Indian Health Service user population data are calculated by federal fiscal year. Federal Fiscal Year 2009 was from October 1, 2009 to September 30, 2010. The age is determined as of September 30, 2010.

Summary

- Among Mat-Su Alaska Native people who use the Alaska Tribal Health System, a greater proportion are under 20 years of age (43.7%) compared to those living in Anchorage (38.8%) and a lower percent are aged 65 years or older (3.8%) compared to those living in Anchorage (5.2%).
- Nearly four out of five Mat-Su Alaska Native people who use the Alaska Tribal Health System are under 45 years of age.

Figure 2. User Population by Age Group, Alaska Native People, Mat-Su, 2010 (N=6,941)
Data Source: National Patient Information Reporting System, Indian Health Service National Data Warehouse
Data Table C-2 in Appendix



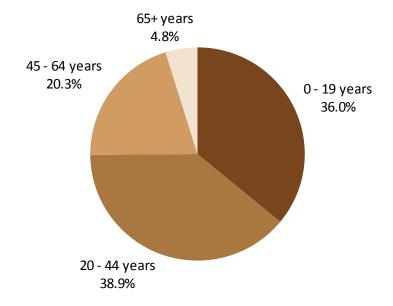
Population Estimates - Anchorage

Definition: The State of Alaska Department of Labor and Workforce Development uses the U.S. Census, vital records and other data to calculate "bridged" **population estimates** between census years. "Bridged" refers to a method that makes multiple race and single race categories comparable over time since the 2000 U.S. Census allowed respondents to check multiple race categories for the first time.

Summary

- The Alaska Department of Labor estimates that 32,884 Alaska Native people live in the Municipality of Anchorage. This represents 11.3% of Anchorage's total population (N=290,588).
- 36.0% of Anchorage's Alaska Native people were under the age of 20.

Figure 3. Population Estimates by Age Group, Alaska Native People, Anchorage, 2009 (N=32,884)
Data Source: Alaska Department of Labor and Workforce Development
Data Table C-3 in Appendix.



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Population Estimates - Mat-Su

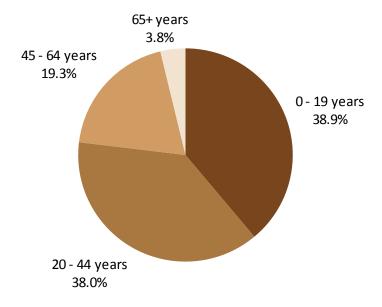
Definition: The State of Alaska Department of Labor and Workforce Development uses the U.S. Census, vital records and other data to calculate "bridged" **population estimates** between census years. "Bridged" refers to a method that makes multiple race and single race categories comparable over time since the 2000 U.S. Census allowed respondents to check multiple race categories for the first time.

Summary

- The Alaska Department of Labor estimates that 7,989 Alaska Native people live in Mat-Su. This represents 9.5% of Mat-Su's total population (N=84,314).
- 38.9% of Mat-Su's Alaska Native people were under the age of 20.

Figure 4. Population Estimates by Age Group, Alaska Native People, Mat-Su, 2009 (N=7,989)

Data Source: Alaska Department of Labor and Workforce Development Data Table C-4 in Appendix.



Population Pyramid - Anchorage

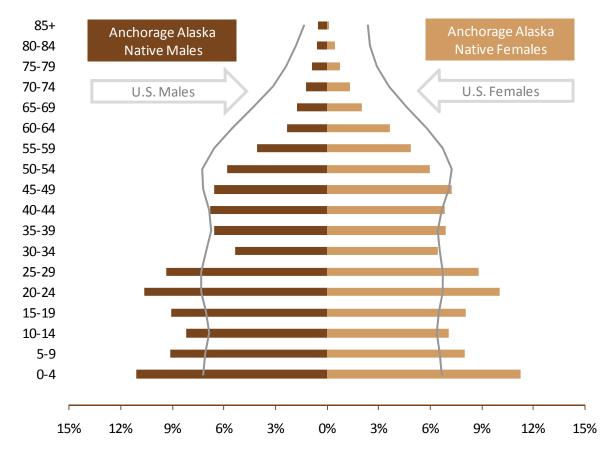
Definition: A **population pyramid** is a graphical representation of the age and sex distribution of a population. The proportion of males and females in each age group are displayed as horizontal bars. The gray lines show the distribution of the 2009 U.S. total population.

Summary

- A higher proportion of the Anchorage Alaska Native population is under the age of 30 (55.4%) compared to the U.S. total population (41.2%).
- Adults aged 50 or over (18.2%) account for a lower proportion of the population compared to the U.S. total population (31.3%).

Figure 5. Population Pyramid, Alaska Native People, Anchorage, 2009

Alaska Data Source: Alaska Department of Labor and Workforce Development U.S. Data Source: US Census Bureau, Population Estimates Program



Population Pyramid - Mat-Su

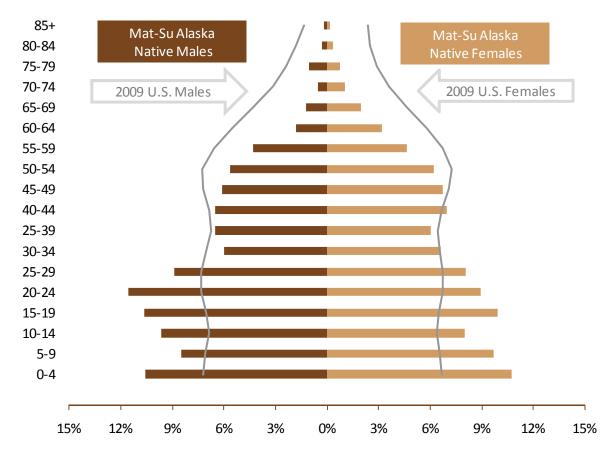
Definition: A **population pyramid** is a graphical representation of the age and sex distribution of a population. The proportion of males and females in each age group are displayed as horizontal bars. The gray lines show the distribution of the 2009 U.S. total population.

Summary

- A higher proportion of the Matanuska-Susitna Borough Alaska Native population is under the age of 25 (57.6%) compared to the U.S. total population (41.2%).
- Adults aged 45 or over (23.1%) account for a lower proportion of the population compared to the U.S. total population (38.7%).

Figure 6. Population Pyramid, Alaska Native People, Mat-Su, 2009

Alaska Data Source: Alaska Department of Labor and Workforce Development U.S. Data Source: US Census Bureau, Population Estimates Program



2001 and 2009 Bridged Population Change - Male - Anchorage

Summary

- The Anchorage Alaska Native male population increase was nearly four times (36.8%) that of the total male population (8.6%).
- The highest population increases were among Alaska Native men aged 65 years or older (80.6%).

Table 1. Population Change by Age, Males, Anchorage, Bridged Population Estimates, 2001 and 2009

	200	2001		09	% Change in	% Change in
	Alaska Native	Total Male	Alaska Native	Total Male	Alaska Native	Total
	Males	Population	Males	Population	Population	Population
0-4	1,327	10,655	1,798	12,248	35.5%	15.0%
5-9	1,341	11,161	1,479	11,691	10.3%	4.7%
10-14	1,296	11,449	1,325	10,679	2.2%	-6.7%
15-19	1,158	10,458	1,463	11,219	26.3%	7.3%
20-24	880	8,936	1,721	10,232	95.6%	14.5%
25-29	852	9,694	1,509	10,309	77.1%	6.3%
30-24	816	10,528	869	10,475	6.5%	-0.5%
35-39	933	11,724	1,063	10,470	13.9%	-10.7%
40-44	844	12,034	1,102	9,929	30.6%	-17.5%
45-49	745	11,288	1,064	11,342	42.8%	0.5%
50-54	564	9,524	936	10,871	66.0%	14.1%
55-59	363	6,184	654	8,990	80.2%	45.4%
60-64	254	3,737	378	6,538	48.8%	75.0%
65-69	182	2,504	278	3,935	52.7%	57.1%
70-74	140	1,921	202	2,466	44.3%	28.4%
75-79	71	1,230	139	1,710	95.8%	39.0%
80-84	29	667	95	1,183	227.6%	77.4%
85+	22	334	88	1,201	300.0%	259.6%
Total	11,817	134,028	16,163	145,488	36.8%	8.6%

2001 and 2009 Bridged Population Change - Female - Anchorage

Summary

- The Anchorage Alaska Native female population increased by nearly three times (29.1%) that of the total female population.
- When compared to the Alaska Native men, the Alaska Native women's population showed the opposite trend. The largest population increases were among Alaska Native women younger than 65 years of age.

Table 2. Population Change by Age, Females, Anchorage, Bridged Population Estimates, 2001 and 2009

	20	01	20	09	% Change in	% Change in
	Alaska Native	Total Female	Alaska Native	Total Female	Alaska Native	Total
	Females	Population	Females	Population	Population	Population
0-4	1,142	10,081	1,885	11,878	65.1%	17.8%
5-9	1,171	10,625	1,342	11,361	14.6%	6.9%
10-14	1,257	10,950	1,182	10,899	-6.0%	-0.5%
15-19	1,056	9,874	1,349	11,239	27.7%	13.8%
20-24	1,054	8,244	1,678	10,493	59.2%	27.3%
25-29	981	9,315	1,479	10,346	50.8%	11.1%
30-24	1,006	10,274	1,073	10,124	6.7%	-1.5%
35-39	1,154	11,480	1,158	10,431	0.3%	-9.1%
40-44	1,051	12,192	1,143	10,095	8.8%	-17.2%
45-49	889	11,172	1,214	11,234	36.6%	0.6%
50-54	693	8,780	1,004	10,799	44.9%	23.0%
55-59	486	5,907	816	9,321	67.9%	57.8%
60-64	346	3,705	607	6,746	75.4%	82.1%
65-69	260	2,680	341	4,015	31.2%	49.8%
70-74	190	2,180	226	2,496	18.9%	14.5%
75-79	98	1,647	129	1,618	31.6%	-1.8%
80-84	77	977	77	1,126	0.0%	15.3%
85+	44	775	18	879	-59.1%	13.4%
Total	12,955	130,858	16,721	145,100	29.1%	10.9%

2001 and 2009 Bridged Population Change - Male - Mat-Su

Summary

- The Mat-Su Alaska Native male population change doubled (75.7%) that of the total population (34.6%).
- The greatest population increases among Mat-Su Alaska Native men were among those aged 45 years or older.
- Although the absolute numbers are smaller for the Mat-Su, the Mat-Su's Alaska Native male population increase doubled (75.7%) that of Anchorage's Alaska Native male population (36.8%).

Table 3. Population Change by Age, Males, Mat-Su, Bridged Population Estimates, 2001 and 2009

	200	01	200	09	% Change in	% Change in
	Alaska Native	Total Male	Alaska Native	Total Male	Alaska Native	Total
	Males	Population	Males	Population	Population	Population
0-4	215	2,197	425	3,538	97.7%	61.0%
5-9	227	2,577	341	3,654	50.2%	41.8%
10-14	305	3,187	389	3,600	27.5%	13.0%
15-19	304	3,110	429	3,645	41.1%	17.2%
20-24	206	1,874	465	2,477	125.7%	32.2%
25-29	135	1,587	358	2,426	165.2%	52.9%
30-24	146	1,908	240	2,770	64.4%	45.2%
35-39	179	2,572	262	2,829	46.4%	10.0%
40-44	164	3,232	262	3,020	59.8%	-6.6%
45-49	142	3,046	246	3,480	73.2%	14.2%
50-54	96	2,353	226	3,553	135.4%	51.0%
55-59	66	1,539	174	3,069	163.6%	99.4%
60-64	41	1,055	73	2,081	78.0%	97.3%
65-69	24	708	50	1,411	108.3%	99.3%
70-74	13	572	21	739	61.5%	29.2%
75-79	19	329	43	493	126.3%	49.8%
80-84	4	153	12	262	200.0%	71.2%
85+	4	79	8	125	100.0%	58.2%
Total	2,290	32,078	4,024	43,172	75.7%	34.6%

2001 and 2009 Bridged Population Change - Female - Mat-Su

Summary

- The Mat-Su Alaska Native female population change nearly doubled (67.2%) that of the total female population change (38.6%).
- The greatest population increases among Mat-Su Alaska Native women were among those aged 45 years or older.
- Similar to Mat-Su's Alaska Native men's population changes, the Mat-Su Alaska Native women's population increase doubled (67.%) that of Anchorage's Alaska Native women's population increase (29.1%).

Table 4. Population Change by Age, Females, Mat-Su, Bridged Population Estimates, 2001 and 2009

	2001		2009		% Change in	% Change in
	Alaska Native	Total Female	Alaska Native	Total Female	Alaska Native	Total
	Females	Population	Females	Population	Population	Population
0-4	195	2,059	425	3,097	117.9%	50.4%
5-9	266	2,521	384	3,211	44.4%	27.4%
10-14	277	2,844	318	3,268	14.8%	14.9%
15-19	267	2,760	394	3,413	47.6%	23.7%
20-24	175	1,646	354	2,531	102.3%	53.8%
25-29	139	1,543	320	2,422	130.2%	57.0%
30-24	180	2,026	263	2,595	46.1%	28.1%
35-39	181	2,516	239	2,910	32.0%	15.7%
40-44	206	3,009	276	2,943	34.0%	-2.2%
45-49	149	2,783	267	3,423	79.2%	23.0%
50-54	119	2,018	246	3,349	106.7%	66.0%
55-59	71	1,245	183	2,766	157.7%	122.2%
60-64	57	847	127	1,819	122.8%	114.8%
65-69	45	650	78	1,205	73.3%	85.4%
70-74	27	506	42	781	55.6%	54.3%
75-79	10	350	30	599	200.0%	71.1%
80-84	6	208	13	429	116.7%	106.3%
85+	2	151	6	381	200.0%	152.3%
Total	2,372	29,682	3,965	41,142	67.2%	38.6%

Educational Attainment

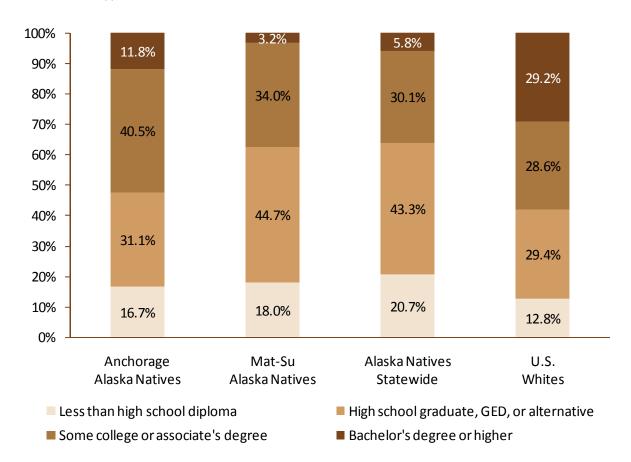
Definition: Educational Attainment is the highest level of school that a person completed.

Summary

- 11.8% of Anchorage Alaska Native people achieved a bachelor's degree or higher, which is nearly double that of Alaska Native people statewide (5.8%). 3.2% of Mat-Su Alaska Native people achieved a bachelor's degree or higher, which is about half that of Alaska Native people statewide.
- 83.4% of Anchorage and 81.9% of Mat-Su Alaska Native people achieved an high school diploma, GED or alternative.

Figure 7. Highest Educational Attainment, 25 Years and Older, 2007-2009

Data Source: U.S. Census Bureau, American Community Survey - 3-Year Estimates Data Table C-5 in Appendix



Unemployment

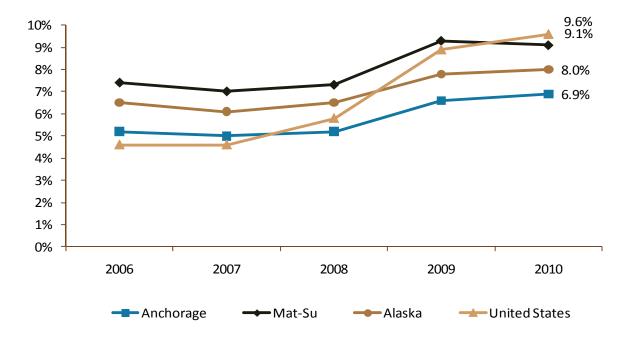
Definition: Unemployment includes anyone who has made an active attempt to find work in the four week period up to and including the week that includes the 12th of the referenced month. Due to the scarcity of employment opportunities in rural Alaska, many individuals do not meet the official definition of unemployed because they are not conducting active job searches.

Summary

- In 2010, the unemployment rate for Anchorage's total population (6.9%) was lower than the statewide unemployment rate (8.0%) and the U.S. unemployment rate (9.6%).
- In 2010, the unemployment rate for Mat-Su's total population (9.1%) was slightly higher than the statewide unemployment rate (8.0%), but slightly lower than the U.S.

Figure 8. Unemployment, 2006-2010Data Source: Alaska Department of Labor and Workforce Development

Data Source: Alaska Department of Labor and Workforce Developmen Data Table C-6 in Appendix



Poverty Status

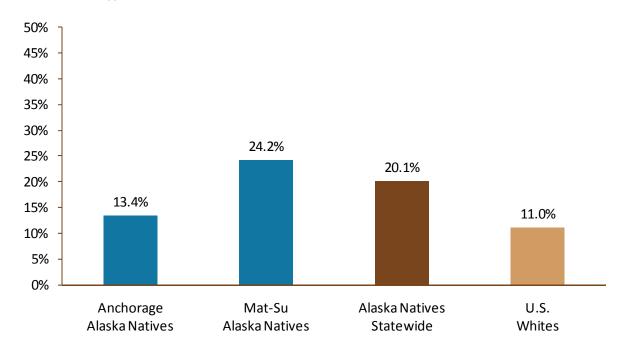
Definition: The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in **poverty**. If a family's total income is less than the threshold, then the family members are considered to be in poverty. The official poverty thresholds are updated for inflation using the Consumer Price Index, but they do not vary geographically. The official poverty definition uses money income before taxes and does not include capital gains or non-cash benefits (such as public housing, Medicaid, and food stamps).

Summary

- The percent of Anchorage Alaska Native people living below the Federal Poverty Level (13.4%) appeared to be lower than Alaska Native people statewide (20.1%), whereas the percent among Mat-Su Alaska Native people appeared to be higher (24.2%).
- The percentage of Alaska Native people living below the Federal Poverty Level in Mat-Su (24.2%) was more than double that of U.S. Whites (11.0%).

Figure 9. Estimated Residents below the Poverty Level, All Ages, 2007-2009

Data Source: U.S. Census Bureau, American Community Survey - 3-Year Estimates Data Table C-7 in Appendix



Poverty Status - Under 18 Years of Age

Definition: The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in **poverty**. If a family's total income is less than the threshold, then the family members are considered to be in poverty. The official poverty thresholds are updated for inflation using the Consumer Price Index, but they do not vary geographically. The official poverty definition uses money income before taxes and does not include capital gains or non-cash benefits (such as public housing, Medicaid, and food stamps). **Poverty status under 18 years of age** includes children in families determined to be in poverty under the age of 18.

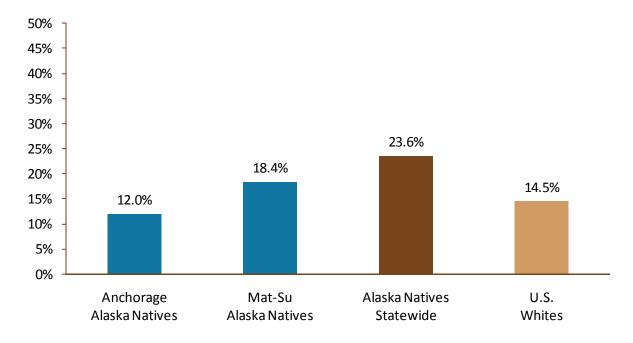
Summary

- 12.0% and 18.4% of Alaska Native children living in Anchorage and Mat-Su lived below the Federal Poverty Level respectively.
- The percentage of Alaska Native children living below the Federal Poverty Level in the Mat-Su (18.4%) appear to be slightly higher than the U.S. Whites (14.5%), but lower than Alaska Native people statewide (23.6%).

Figure 10. Estimated Residents below the Poverty Level, Under 18 Years of Age, 2007-2009

Data Source: U.S. Census Bureau, American Community Survey - 3-Year Estimates

Data Table C-8 in Appendix



Household Income

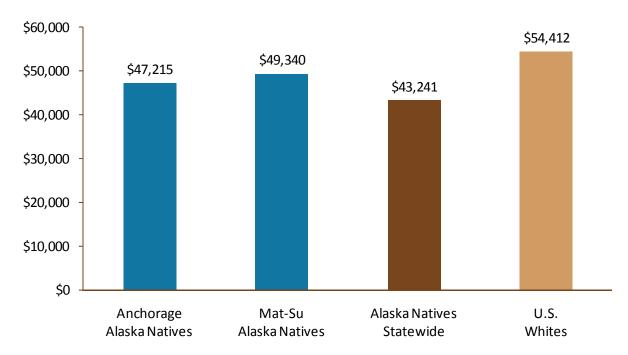
Definition: Household income is determined by the reported household income of the persons who completed the American Community Survey. Income includes all monetary sources including wages, the Permanent Fund Dividend, corporation dividends and public assistance. Income does not include subsistence resources.

Summary

- The median household income for Mat-Su Alaska Native people (\$49,340) appeared to be higher than the median household income among Anchorage Alaska Native people (\$47,215) and Alaska Native people statewide (\$43,241).
- However, the median household incomes among all groups in Alaska appeared to be lower than U.S. Whites (\$54,412).

Figure 11. Estimated Median Household Income, 2007-2009

Data Source: U.S. Census Bureau, American Community Survey - 3-Year Estimates



Mortality

Leading Causes of Death

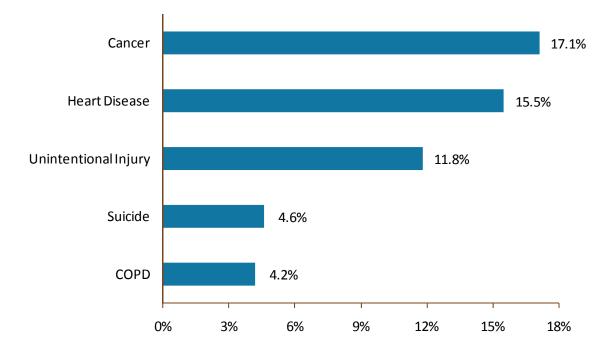
Definition: The **leading causes of death** is a list of the top causes of death within a population.

Summary

- Cancer is the leading cause of death among Anchorage & Mat-Su Alaska Native people.
- The top three leading causes of death among Anchorage & Mat-Su Alaska Native people
 were similar to those of Alaska Native people statewide (cancer, heart disease, and
 unintentional injury).

Figure 12. Leading Causes of Death, Anchorage& Mat-Su, Alaska Native People, 2004 -2008 (N=931)

Data Source: Alaska Bureau of Vital Statistics Data Table C-9 in Appendix



28 MORTALITY

Life Expectancy - Male

Definition: Life expectancy at birth is the average number of years a person is expected to live from birth based on the year in which they were born.

Summary

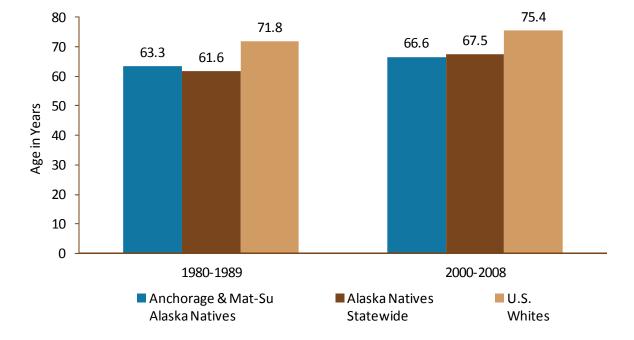
- The life expectancy among Anchorage & Mat-Su Alaska Native males increased 3.3 years between 1980-1989 and 2000-2008. This is about half that of the increase among Alaska Native people statewide (5.9).
- The life expectancy among Anchorage & Mat-Su Alaska Native males (66.6) was similar to Alaska Native males statewide (67.5) and slightly lower than U.S. Whites (75.4) from 2000-2008.

Figure 13. Estimated Life Expectancy, Males, Years from Birth, Comparing 1980-1989 and 2000-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: U.S. National Center for Health Statistics, National Vital Statistics Reports (NVSR), Deaths: Final Data for 2006, Vol. 57, No.14, April 17, 2009.

Note: U.S. White data is for 1985 and 2005.



29

Life Expectancy - Female

Definition: Life expectancy at birth is the average number of years a person is expected to live from birth based on the year in which they were born.

Summary

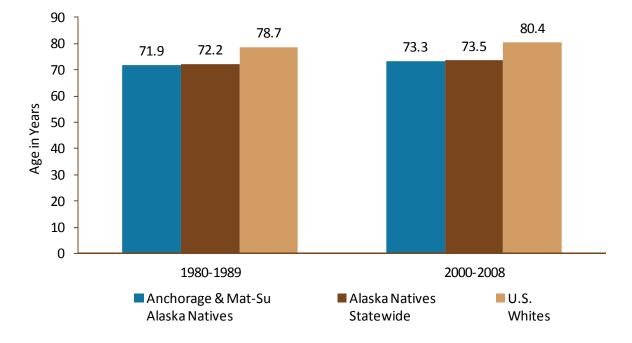
- The life expectancy among Anchorage & Mat-Su Alaska Native females increased 1.4 years between 1980-1989 and 2000-2008.
- The life expectancy among Anchorage & Mat-Su Alaska Native females (73.3) was similar to Alaska Native females statewide (73.5), but lower than U.S. White females (80.4).
- The life expectancy among Anchorage & Mat-Su's Alaska Native women was 6.7 years longer than the life expectancy among Anchorage & Mat-Su's Alaska Native men during 2000-2008.

Figure 14. Estimated Life Expectancy, Females, Years from Birth, Comparing 1980-1989 and 2000-2008.

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: U.S. National Center for Health Statistics, National Vital Statistics Reports (NVSR), Deaths: Final Data for 2006, Vol. 57, No.14, April 17, 2009.

Note: U.S. White data is for 1985 and 2005.



30 MORTALITY

Years of Potential Life Lost

Definition: Years of potential life lost measures premature mortality. It is an estimate based on the average number of years a person would have lived if he or she had not died before the age of 75. For example, if a person died at the age of 25, they would account for 50 years of potential life lost.

Summary

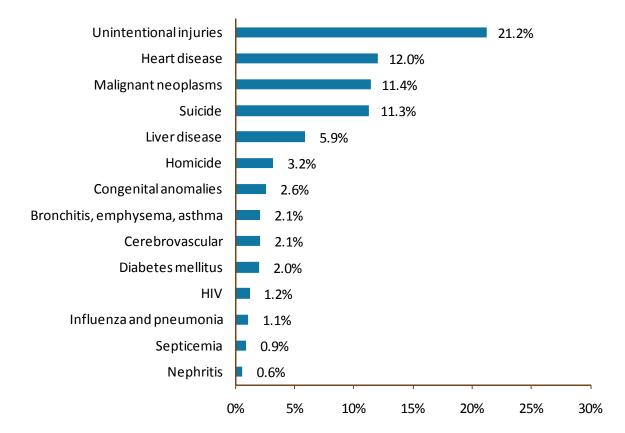
- Unintentional injuries account for one out of every five years of potential life lost.
- The average number of years of potential life lost for all causes of premature death for Anchorage & Mat-Su Alaska Native people was 24.5.

Figure 15. Leading Causes of Total Years of Potential Life Lost: Deaths - Years from Age 75, Alaska Native People, Anchorage & Mat-Su, Ages ≥1, 2004-2008 (N=16,847)

Data Source: Alaska Bureau of Vital Statistics

Data Table C-10 in Appendix

Note: 22.4% of the deaths were due to unknown causes.



Cancer Deaths

Definition: Cancer mortality is the number of deaths due to all types of cancer per 100,000 persons. The ICD-9 and ICD-10 codes for cancer are listed in Table A-2 in Appendix A.

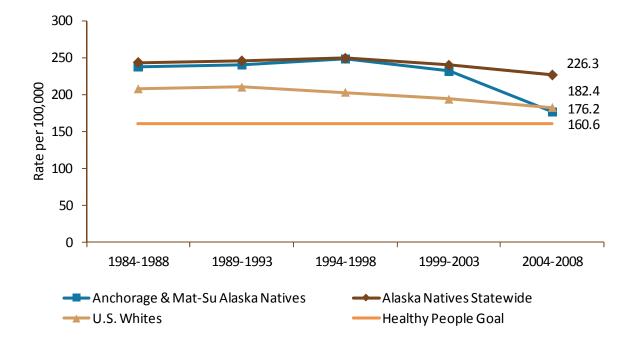
Healthy People 2020, Goal C-1: Reduce the overall cancer death rate to 160.6 deaths per 100,000 persons.

Summary

- Anchorage & Mat-Su Alaska Native deaths due to cancer were 176.2 per 100,000 persons.
- Deaths due to cancer decreased 25.7% between 1984-1988 and 2004-2008 among Anchorage & Mat-Su Alaska Native people.
- The 2004-2008 rate of Anchorage & Mat-Su Alaska Native cancer deaths (176.2) was significantly lower than Alaska Native cancer deaths statewide (226.3) (p<0.05).

Figure 16. Age-Adjusted Cancer Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics
U.S. Data Source: Surveillance, Epidemiology, and End Results Program
Note for the 2004-2008 time period: U.S. rates are calculated for 2004-2006.
Data Table C-11 in Appendix



32 MORTALITY

Heart Disease Deaths

Definition: Heart disease mortality is the total number of deaths due to heart disease per 100,000 persons. The ICD-9 and ICD-10 codes for heart disease are listed in Table A-2 in Appendix A.

Healthy People 2020, Goal HDS-2: Reduce coronary heart disease death rate to 100.8 per 100,000 persons.

Summary

- The heart disease death rate of Anchorage & Mat-Su Alaska Native people was 169.9 per 100,000 persons.
- Deaths due to heart disease decreased by nearly half (47.3%) between 1984-1988 and 2004-2008 for Anchorage & Mat-Su Alaska Native people. This was similar to the decline among U.S. Whites (43.4%).
- The heart disease death rate among Anchorage & Mat-Su Alaska Native people (169.9) was lower than the rate among U.S. Whites (205.1).

Figure 17. Age-Adjusted Heart Disease Death Rates per 100,000, 1984-2008

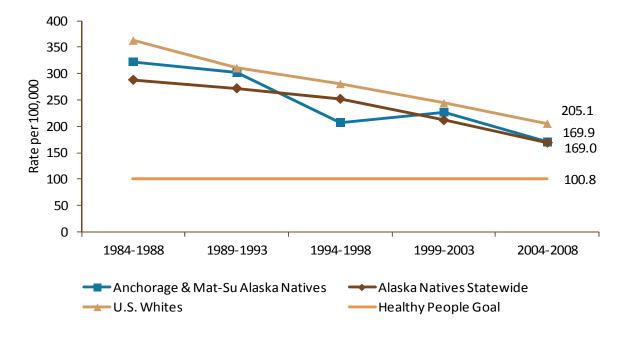
Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program

Note for the 2004-2008 time period: U.S. rates are calculated for 2004-2006.

Note: The Healthy People Goal aims to reduce coronary heart disease deaths. The data presented includes deaths due to all heart disease.

Data Table C-12 in Appendix



Unintentional Injury Deaths

Definition: Unintentional injury mortality is the total number of deaths due to unintentional injuries per 100,000 persons. The unintentional injury ICD-9 and ICD-10 codes are listed in Table A-2 Appendix A.

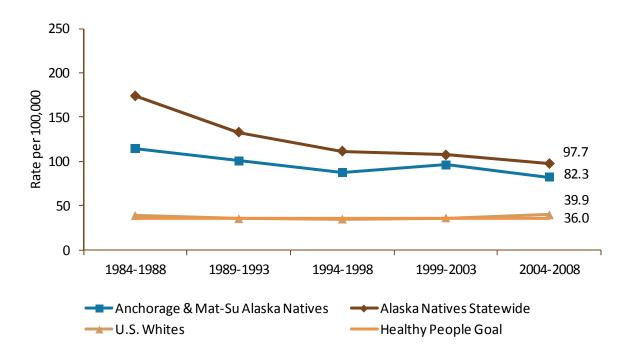
Healthy People 2020, Goal IVP-11: Reduce unintentional injury death rate to 36.0 per 100,000 persons.

Summary

- Anchorage & Mat-Su deaths due to unintentional injuries among Alaska Native people were 82.3 per 100,000 persons.
- The unintentional injury death rate for Anchorage & Mat-Su Alaska Native people decreased 28.1% between 1984-1988 and 2004-2008.
- The unintentional injury death rate for Anchorage & Mat-Su Alaska Native people was statistically lower than the Alaska Native statewide rates for all time periods presented except for 1999-2003 (p<0.05).

Figure 18. Age-Adjusted Unintentional Injury Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics
U.S. Data Source: Surveillance, Epidemiology, and End Results Program
Note for the 2004-2008 time period: U.S. rates are calculated for 2004-2006.
Data Table C-13 in Appendix



34 MORTALITY

Cerebrovascular Disease Deaths

Definition: Cerebrovascular disease (stroke) mortality is the total number of deaths due to cerebrovascular disease per 100,000 persons. The ICD-9 and ICD-10 codes for cerebrovascular disease are listed in Table A-2 in Appendix A.

Healthy People 2020, Goal HDS-3: Reduce the cerebrovascular disease (stroke) death rate to 33.8 per 100,000 persons.

Summary

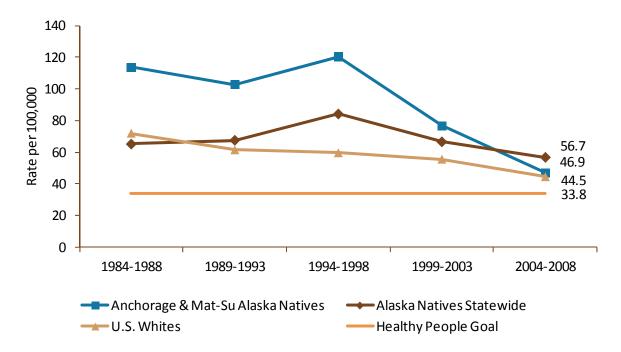
- The cerebrovascular disease death rate for Anchorage & Mat-Su Alaska Native people was 46.9 per 100,000 persons.
- Deaths from cerebrovascular disease declined 58.7% between 1984-1988 and 2004-2008 for Anchorage & Mat-Su Alaska Native people.
- The cerebrovascular disease death rate for Anchorage & Mat-Su Alaska Native people (46.9) appears to be lower than Alaska Native people statewide (56.7) during 2004-2008.

Figure 19. Age-Adjusted Cerebrovascular Disease Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program Note for the 2004-2008 time period: U.S. rates are calculated for 2004-2006.

Data Table C-14 in Appendix



Suicide Deaths

Definition: Suicide mortality is the act of self-inflicting harm leading to one's own death. The SEER suicide ICD-9 and ICD-10 codes for suicide are listed in Table A-2 in Appendix A.

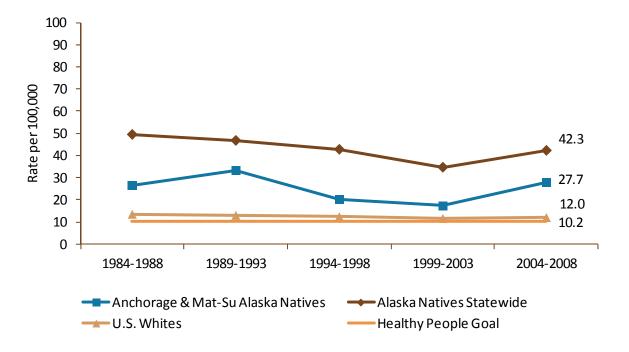
Healthy People 2020, Goal MHMD-1: Reduce the suicide death rate to 10.2 per 100,000 persons.

Summary

- The suicide death rate among Anchorage & Mat-Su Alaska Native people was 27.7 per 100,000 persons.
- The suicide rate among Anchorage & Mat-Su Alaska Native people appears to have stayed about the same between 1984-1988 (26.4) and 2004-2008 (27.7).
- The suicide death rates for Anchorage & Mat-Su Alaska Native people were lower than the Alaska Native statewide rates for all time periods presented. (p<0.05).

Figure 20. Age-Adjusted Suicide Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics
U.S. Data Source: Surveillance, Epidemiology, and End Results Program
Note for the 2004-2008 time period: U.S. rates are calculated for 2004-2006.
Data Table C-15 in Appendix



36 MORTALITY

Leading Causes of Injury Deaths

Definition: The **leading causes of injury death** ranks the injury-related deaths.

Summary

- Suicide was the leading cause of injury-related death among Anchorage & Mat-Su Alaska Native people. However, Anchorage & Mat-Su Alaska Native people were significantly less likely to die of suicide than Alaska Native people statewide.
- Anchorage & Mat-Su Alaska Native people were more likely to die of unintentional poisoning than Alaska Native people statewide (p<0.05).

Table 5. Leading Causes of Injury Death, Anchorage & Mat-Su, Alaska Native People, 1999-2005

Data Source: Alaska Bureau of Vital Statistics

				Rate Ratio ² : Anchorage & Mat-Su
Causes of Injury Death			Rate per	Alaska Native People vs. Alaska
by Rank	N	% Total	100,000	Native People Statewide
Suicide	56	23%	26.9	0.7*
Unintentional Poisoning	55	22%	28.8	1.6*
Motor Vehicle	49	20%	26.2	1.4
Homicide	27	11%	14.5	1.1
Suffocation	15	6%	8.7 ¹	1.6
Excessive Natural Cold	7	3%	-	-
Drowning	6	2%	-	-
Other	33	13%		
Total Unintentional	139	56%	92.9	0.9
Total Injury	248	100%	141.1	0.9

⁽⁻⁾ Rate and rate ratio not calculated due to the small number of deaths (<10).

^{*} Statistically significant difference at the p<0.05 probability level.

¹ Rate is based on 10-19 deaths and should be interpreted with caution.

² Rate Ratio: A rate ratio less than 1 means that the rate in the population of interest is lower than that of the comparison population. Conversely, a rate ratio greater than 1 means that the rate in the population of interest is higher than in the comparison population.

Infant Mortality Rate

Definition: Infant mortality is the number of deaths among live-born children before their first birthday.

Healthy People 2020, Goal MICH-1.3: Reduce infant deaths that occurred within the first year of life to 6.0 per 1,000 live births.

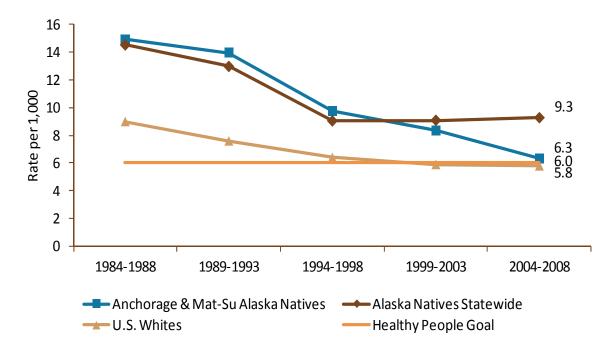
Summary

- The infant mortality rate was 6.3 per 1,000 live births among Anchorage & Mat-Su Alaska Native infants.
- There was a 57.5% decrease in the infant mortality rate between 1984-1988 and 2004-2008 for Anchorage & Mat-Su Alaska Native infants.
- The Anchorage & Mat-Su infant death rate (6.3) was lower than the rate among Alaska Native infants statewide (9.3).

Figure 21. Infant Mortality Rates per 1,000 Live Births, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics
U.S. Data Source: Surveillance, Epidemiology, and End Results Program
Note: 2004-2008 time period, U.S. rates are calculated for 2004-2005 data.

Data Table C-16 in Appendix



38 MORTALITY

Morbidity

Leading Causes of Outpatient Visits - Anchorage

Definition: Outpatient visits are ranked by the total number of visits in each Clinical Classification Category. The primary cause for the visit determined the Clinical Classification Category. More information about the Clinical Classification Categories is located in Appendix A.

Summary

- The top three outpatient discharges for the Alaska Native Medical Center were maternal visits, blindness and vision defects, and other upper respiratory infections.
- The top 15 causes of outpatient discharges accounted for 46.9% of the workload.

Table 6. Leading Causes of Outpatient Discharge Diagnosis, Anchorage, FFY 2010

Data Source: National Patient Information Reporting System - Indian Health Service National Data Warehouse

Top 15 Outpatient Visits by Clinical Classification Categories	n	%
1. Maternal visits	26,741	7.0%
2. Blindness and vision defects	15,408	4.0%
3. Other upper respiratory infections	15,088	3.9%
4. Medical examination/evaluation	14,348	3.7%
5. Other aftercare	14,058	3.7%
6. Mood disorders	12,641	3.3%
7. Other bone disease and musculoskeletal deformities	12,044	3.1%
8. Other screening for suspected conditions (not mental		
disorders or infectious disease)	10,902	2.8%
9. Sprains and strains	10,057	2.6%
10. Screening and history of mental health and substance abuse	9,118	2.4%
11. Spondylosis; intervertebral disc disorders; other back problems	8,500	2.2%
12. Other ear and sense organ disorders	8,316	2.2%
13. Schizophrenia and other psychotic disorders	7,743	2.0%
14. Immunizations and screening for infectious disease	7,732	2.0%
15. Otitis media and related conditions	7,362	1.9%
Top 15 Total	180,058	46.9%
All Other Causes	203,950	53.1%
Total	384,008	100.0%

Note: Data includes outpatient visits from the Anchorage Native Primary Care Center, the Alaska Native Medical Center, and the Eklutna Clinic. 239,057 administrative visits, 52,555 visits with residual and unclassified codes, and 1,069 visits with unknown codes were excluded from this analysis. The majority of the administrative visits were for administrative purposes not elsewhere classified (141,710), repeat prescriptions (78,333), dietary surveillance/counseling (6,878), and routine child exams (4,408). The majority of the visits for the residual and unclassified codes were for surgical procedures not carried out due to the patient's decision (48,496). Other aftercare is primarily composed of follow-up examinations from previous visits and/or procedures.

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Leading Causes of Outpatient Visits - Mat-Su

Definition: Outpatient visits are ranked by the total number of visits in each Clinical Classification Category. The primary cause for the visit determined the Clinical Classification Category. More information about the Clinical Classification Categories is located in Appendix A.

Summary

- The top three outpatient discharges for the Valley Native Primary Care Center were immunizations and screening for infectious disease, other upper respiratory infections, and other nutritional, endocrine, and metabolic disorders.
- The top 15 causes of outpatient discharges accounted for 56.6% of the workload.

Table 7. Leading Causes of Outpatient Discharge Diagnosis, Mat-Su, FFY 2010

Data Source: National Patient Information Reporting System - Indian Health Service National Data Warehouse

Top 15 Outpatient Visits by Clinical Classification Categories	n	%
1. Immunizations and screening for infectious disease	1,351	9.4%
2. Other upper respiratory infections	1,296	9.0%
3. Other nutritional, endocrine, and metabolic disorders	711	4.9%
4. Mood disorders	530	3.7%
5. Diabetes mellitus without complication	506	3.5%
6. Essential hypertension	493	3.4%
7. Viral infection	445	3.1%
8. Medical examination/evaluation	398	2.8%
9. Maternal visits	382	2.7%
10. Other non-traumatic joint disorders	363	2.5%
11. Otitis media and related conditions	356	2.5%
12. Spondylosis; intervertebral disc disorders; other back problems	356	2.5%
13. Screening and history of mental health substance abuse codes	330	2.3%
14. Disorders of lipid metabolism	320	2.2%
15. Other skin disorders	308	2.1%
Top 15 Total	8,145	56.6%
All Other Causes	6,252	43.4%
Total	14,397	100.0%

Note: Data includes outpatient visits from the Valley Native Primary Care Center. 448 administrative visits, 78 visits with residual and unclassified codes, and 201 visits with unknown codes were excluded from this analysis. The majority of the administrative visits were for routine child exams (182) and health counseling (121). The majority of the visits for residual and unclassified codes were for insomnia (20) and edema (11).

Leading Causes of Inpatient Discharges

Definition: Hospital discharges are ranked by the total number discharges in each Clinical Classification Category. The primary discharge diagnosis determines the Clinical Classification Category. More information about the Clinical Classification Categories is located in Appendix A.

Summary

- Maternal discharges were the leading cause of hospitalizations in the Anchorage & Mat-Su area (19.4%) accounting for nearly one in every five hospitalizations.
- The top fifteen discharges accounted for over half (59.8%) of the hospitalizations in the Anchorage & Mat-Su region. The average length of a hospitalization stay was 4.5 days.

Table 8. Leading Causes of Inpatient Hospital Discharges, Alaska Native Medical Center, FFY 2010

Data Source: National Patient Information Reporting System - Indian Health Service National Data Warehouse

Primary Discharge Diagnosis Clinical				Average Length
Classification Category by Rank	n	% T	otal Days	of Stay
1. Maternal discharges	1,673	19.4%	4,034	2.4
2. Infant discharges	1,591	18.4%	4,566	2.9
3. Pneumonia ‡	286	3.3%	2,386	8.3
4. Skin and subcutaneous tissue infections	210	2.4%	1,154	5.5
5. Fracture of lower limb	183	2.1%	597	3.3
6. Appendicitis and other appendiceal conditions	183	2.1%	445	2.4
7. Septicemia (except in labor)	160	1.9%	1,897	11.9
8. Complications of surgical procedures or				
medical care	129	1.5%	795	6.2
9. Biliary tract disease	120	1.4%	396	3.3
10. Chronic obstructive pulmonary disease and				
bronchiectasis	116	1.3%	698	6.0
11. Gastrointestinal hemorrhage	114	1.3%	572	5.0
12. Urinary tract infections	103	1.2%	484	4.7
13. Spondylosis; intervertebral disc disorders; other	101	1.2%	374	3.7
14. Congestive heart failure; nonhypertensive	99	1.1%	592	6.0
15. Cardiac dysrhythmias	90	1.0%	277	3.1
Top 15	5,158	59.8%	19,267	3.7
All Other Causes	3,466	40.2%	19,298	5.6
Total	8,624	100.0%	38,565	4.5

‡Pneumonia does not include those caused by tuberculosis or sexually transmitted diseases.

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Leading Causes of Injury Hospitalizations

Definition: An **injury hospitalization** includes injures that result in either an inpatient admission or transfer to an acute care facility.

Summary

- Falls were the leading cause of injury hospitalizations .
- Anchorage & Mat-Su Alaska Native people were more likely to be hospitalized for motor vehicle accidents and assaults than Alaska Native people statewide (p<0.05).
- Anchorage & Mat-Su Alaska Native people were less likely to be hospitalized for suicide attempts, ATV accidents and snow machine accidents (p<0.05).
- The unintentional injury hospitalization rate was 94.7 per 10,000 for Anchorage & Mat-Su Alaska Native people.
- The overall injury rate was 136.6 per 10,000 for Anchorage & Mat-Su Alaska Native people.

Table 9. Leading Causes of Injury Hospitalizations, Anchorage & Mat-Su, Alaska Native People, 1991-2003

Data Source: Alaska Native Injury Atlas, Alaska Native Epidemiology Center

				Rate Ratio ¹ :
			Age-Adjusted	Anchorage & Mat-Su Alaska
			Rate per	Native People vs. Alaska
Leading Causes	n	%	10,000	Native People Statewide
Falls	1,152	28%	38.4	1.0
Motor Vehicle	737	18%	24.5	1.8*
Assault	695	17%	23.1	1.3*
Suicide Attempt	518	13%	17.3	0.9*
ATV	50	1%	1.7	0.3*
Snowmachine	49	1%	1.6	0.2*
Other	901	22%		
Total Injury	4,102	100%	136.6	1.0
Total Unintentional	2,844	69%	94.7	1.0

¹ Rate Ratio: A rate ratio less than 1 means that the rate in the population of interest is lower than that of the comparison population. Conversely, a rate ratio greater than 1 means that the rate in the population of interest is higher than in the comparison population.

^{*} Statistically significant difference at the p<0.05 probability level.

Injury Hospitalizations - Unintentional Injuries and Falls

Figure 22. Unintentional Injury Hospitalization Rate by Region, Alaska Native People, Rate per 10,000, 1991-2003

Data Source: Alaska Trauma Registry

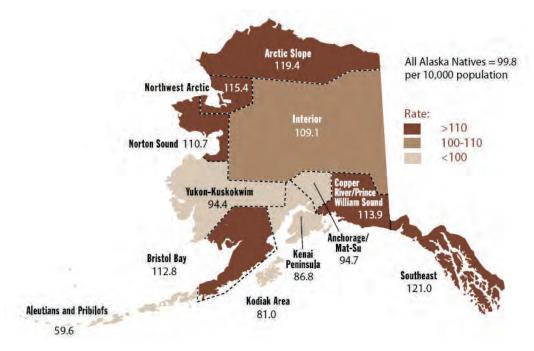
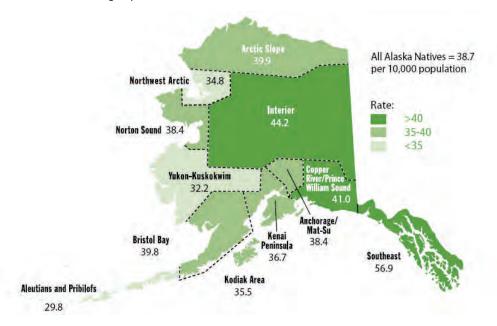


Figure 23. Fall Hospitalization Rate by Region, Alaska Native People, Rate per 10,000, 1991-2003

Data Source: Alaska Trauma Registry



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Injury Hospitalizations - Suicide Attempts and Assaults

Figure 24. Hospitalization Rate for Suicide Attempts by Region, Alaska Native People, Rate per 10,000, 1991-2003

Data Source: Alaska Trauma Registry

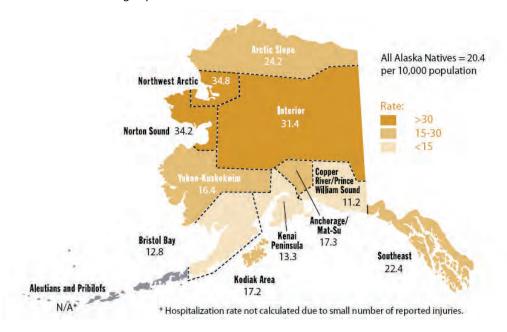
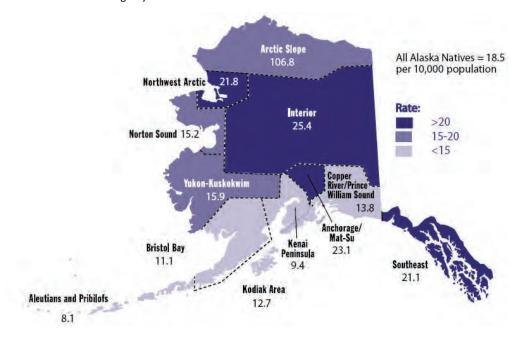


Figure 25. Hospitalization Rate for Assault Injuries by Region, Alaska Native People, Rate per 10,000, 1991-2003

Data Source: Alaska Trauma Registry



Leading Cancers

Definition: Leading Cancers is a count of the top ten new cases of cancer reported to the Alaska Native Tumor Registry.

Summary

- The most frequently diagnosed cancers for Anchorage & Mat-Su Alaska Native people were breast cancer (20.7%), lung cancer (17.4%), and colorectal cancer (15.4%).
- The top three cancers accounted for 53.5% of all cancers for Anchorage & Mat-Su Alaska Native people.

Table 10. Leading Cancers, Anchorage & Mat-Su Region, Alaska Native People, 1998-2007

Data Source: Alaska Native Tumor Registry

Site of Cancer by Rank	n	%
1. Breast	176	20.7%
2. Lung	148	17.4%
3. Colorectal	131	15.4%
4. Prostate	47	5.5%
5. Oral Cavity and Pharynx	33	3.9%
6. Non-Hodgkin Lymphoma	29	3.4%
7. Kidney	27	3.2%
8. Stomach	26	3.1%
9. Pancreas	24	2.8%
10. Thyroid	20	2.3%
Top Ten Cancers	661	77.6%
All Other Cancers	191	22.4%
Total	852	100.0%

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Diabetes - Prevalence

Definition: Diabetes is a metabolic disease characterized by high blood sugar levels, which result from defects in insulin secretion, insulin action, or both. The diabetes prevalence measures the number of people who currently have diabetes.

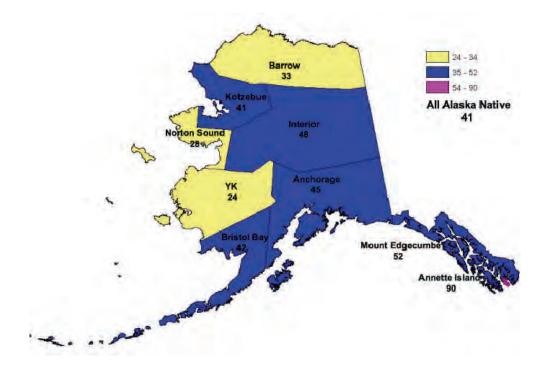
Summary

- The age-adjusted prevalence of diabetes among Alaska Native people in the Anchorage Service Unit was 45 per 1,000 persons.
- The diabetes rate among Alaska Native people living in the Anchorage Service Unit (45) appears to be slightly higher than Alaska Native people statewide (41).

Figure 26. Diabetes Prevalence, Alaska Native People, Rate per 1,000, 2009

Data Source: Alaska Area Diabetes Registry

Note: The Indian Health Service user population is the denominator and the data were age-adjusted to the Standard U.S. 2000 Population.



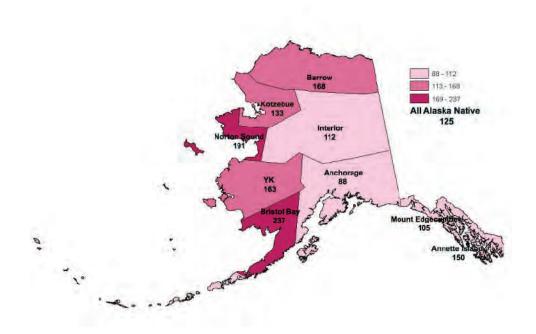
Diabetes - Increase

Definition: Diabetes is a metabolic disease characterized by high blood sugar levels, which result from defects in insulin secretion, insulin action, or both. The percent change compares the diabetes prevalence in 1990 to the diabetes prevalence in 2008.

Summary

- The prevalence of diabetes increased 88% between 1990 and 2009 among Alaska Native people in the Anchorage Service Unit.
- The prevalence of diabetes increased 125% between 1990 and 2008 among Alaska Native people statewide.

Figure 27. Percent Increase in Diabetes Prevalence, Alaska Native People, 1990 to 2009 Data Source: Alaska Area Diabetes Registry



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Adult Health Behavior

Tobacco Use - Smoking

Definition: Current smokers are adults who smoked at least 100 cigarettes during their lifetime and currently smoke some days or everyday.

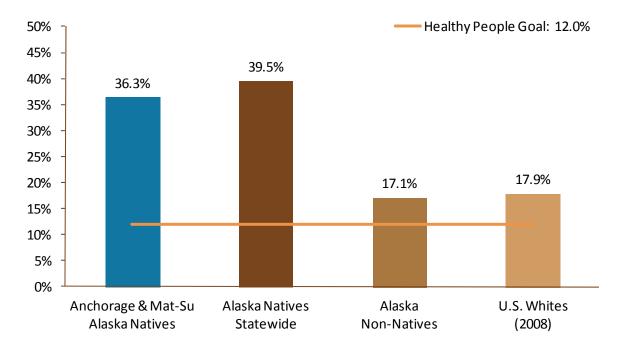
Healthy People 2020, Goal TU-1.1: Reduce tobacco use by adults to 12.0%.

Summary

- Anchorage & Mat-Su Alaska Native people reported a current smoking prevalence of 36.3%, which appeared to be slightly lower than Alaska Native people statewide (39.5%).
- Anchorage & Mat-Su Alaska Native people reported a higher current smoking prevalence (36.3%) than Alaska Non-Natives (17.1%) (p<0.05).

Figure 28. Current Smokers, 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System
Data Table C-17 in Appendix



Tobacco Use - Smokeless Tobacco

Definition: Smokeless tobacco use includes adults who currently use smokeless tobacco products including chewing tobacco, snuff, Iq'mik, or Blackbull. Iq'mik is a mixture of ash and leaf tobacco.

Healthy People 2020, Goal TU-1.2: Reduce spit tobacco use by adults to 0.3%.

Summary

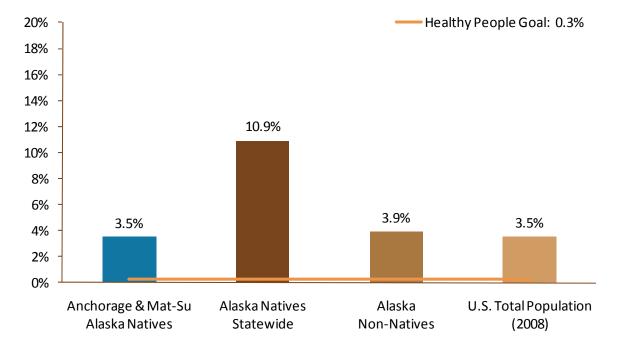
- 3.5% of Anchorage & Mat-Su Alaska Native people are current smokeless tobacco users.
- Anchorage & Mat-Su Alaska Native people (3.5%) had significantly lower rates of smokeless tobacco use than Alaska Native people statewide (10.9%) (p<0.05).

Figure 29. Current Smokeless Tobacco Users, 18 Years and Older, 2007-2009

Alaska Data Source: Behavioral Risk Factor Surveillance System

U.S. Data Source: Substance Abuse and Mental Health Services Administration. Results from the 2008 National Survey on Drug Use and Health: Detailed Tables. Rockville (MD): Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2009.

Data Table C-18 in Appendix



Alcohol Use - Binge Drinking

Definition: Binge drinking is having 5 or more drinks for men or 4 or more drinks for women on one or more occasion in the past 30 days.

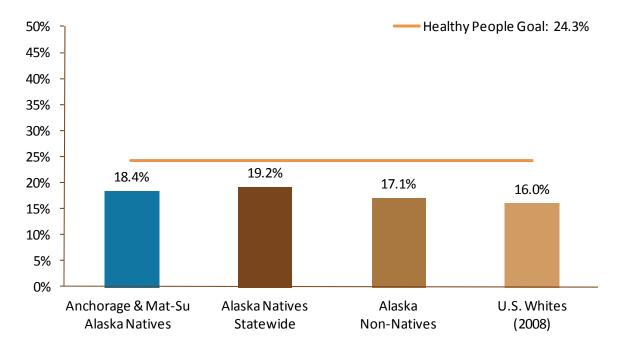
Healthy People 2020, Goal SA-14.3: Reduce the percentage of adults who engage in binge drinking during past month to 24.3%.

Summary

- 18.4% of Anchorage & Mat-Su Alaska Native people reported binge drinking.
- Anchorage & Mat-Su Alaska Native people (18.4%) reported binge drinking rates similar to Alaska Native people statewide (19.2%) and Alaska Non-Natives (17.1%).

Figure 30. Binge Drinking, 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System
Data Table C-19 in Appendix



Physical Activity

Definition: The recommended physical activity for adults is 150 or more total minutes per week of **moderate exercise or vigorous exercise** (where each minute of vigorous exercise contributes two minutes).

Healthy People 2020, Goal PA-2.1: Increase the proportion of adults who engage in regular, preferably daily, moderate physical activity for at least 30 minutes per day to 47.9%.

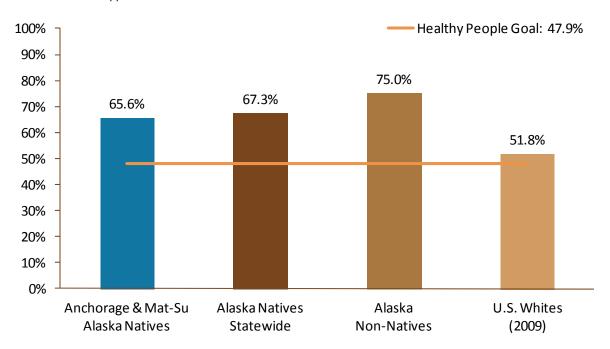
Summary

- 65.6% of Anchorage & Mat-Su Alaska Native people participated in moderate and/or vigorous physical activity.
- All groups exceeded the Healthy People Goal (47.9%) for physical activity.

Figure 31. Meets Moderate and/or Vigorous Physical Activity, 18 Years and Older, 2007 and 2009

Data Source: Behavioral Risk Factor Surveillance System

Data Table C-20 in Appendix



Overweight

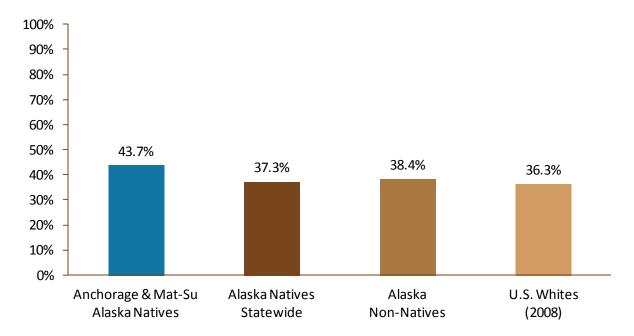
Definition: Overweight is a body mass index (BMI) from 25.0 to 29.9. BMI is calculated using the standard formula (kg/m^2) .

Summary

- 43.7% of Anchorage & Mat-Su Alaska Native people reported a prevalence of BMI between 25.0 and 29.9.
- Anchorage & Mat-Su Alaska Native, Alaska Native statewide and Alaska Non-Native people reported a similar prevalence of being overweight.

Figure 32. Overweight (25 ≤ BMI ≤ 29.9), 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System Data Table C-21 in Appendix



Obesity

Definition: Obesity is a body mass index (BMI) of 30.0 or greater. BMI is calculated using the standard formula (kg/m^2) .

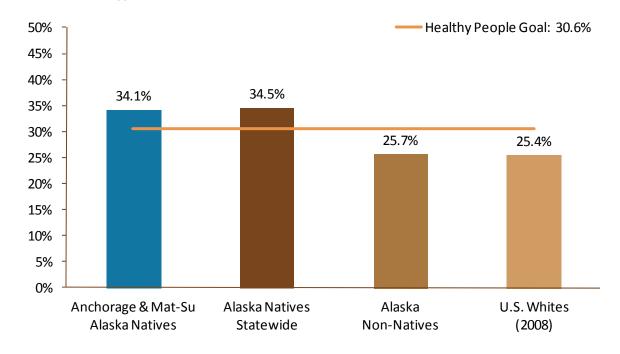
Healthy People 2020, Goal NWS-9: Reduce the proportion of adults who are obese to 30.6%.

Summary

- 34.1% of Anchorage & Mat-Su Alaska Native people reported a BMI ≥ 30.
- Anchorage & Mat-Su Alaska Native people (34.1%) and Alaska Native people statewide (34.5%) reported a similar prevalence of obese persons. These rates were higher than the percent for Alaska Non-Native people (25.7%) (p<0.05).

Figure 33. Obesity (BMI ≥ 30), 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System
Data Table C-22 in Appendix



Lifetime Intimate Partner Violence

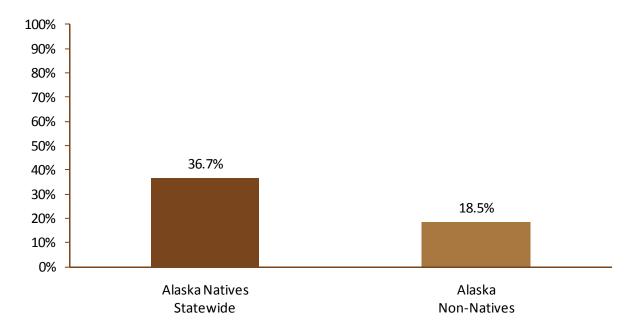
Definition: Lifetime Intimate Partner Violence includes adults that have had an intimate partner ever hit, slap, punch, shove, kick, choke, hurt, or threaten them.

Summary

- One out of three (36.7%) Alaska Native people reported having ever experienced intimate partner violence during their lifetime.
- Alaska Native people statewide (36.7%) reported a higher prevalence of lifetime intimate partner violence than Alaska Non-Natives (18.5%) (p<0.05).

Figure 34. Lifetime Intimate Partner Violence, 18 Years and Older, 2009





Abstaining from Smoking during Pregnancy

Definition: Abstaining from smoking during pregnancy includes women who reported that they did not smoke anytime during their pregnancy as documented on the birth certificate.

Healthy People 2020, Goal MICH-11.3: Increase abstinence from cigarettes among pregnant women to 98.6%.

Summary

- 72.2% Anchorage & Mat-Su Alaska Native mothers abstained from smoking during pregnancy.
- Abstinence from smoking during pregnancy increased 24.1% between 1989-1992 and 2004-2008 among Anchorage & Mat-Su Alaska Native mothers.
- Abstinence from smoking during pregnancy among Anchorage & Mat-Su Alaska Native mothers (72.2%) was slightly higher than Alaska Native mothers statewide (68.6%) and lower than U.S. Whites (89.6%).

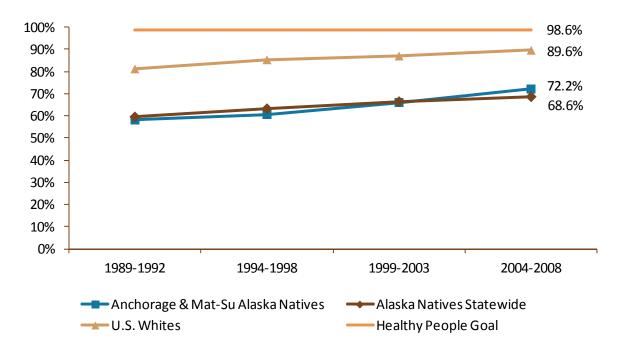
Figure 35. Abstinence from Tobacco Use During Pregnancy, Pregnant Women, 1989-2008

Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United States, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The years presented for the U.S. Whites are 1991, 1996, 2001 and 2006.

Data Table C-23 in Appendix



Abstaining from Alcohol Consumption during Pregnancy

Definition: Abstaining from alcohol consumption during pregnancy includes women who reported that they did not drink alcohol anytime during their pregnancy as documented on the birth certificate.

Healthy People 2020, Goal MICH-11.1: Increase abstinence from alcohol among pregnant women to 98.3%.

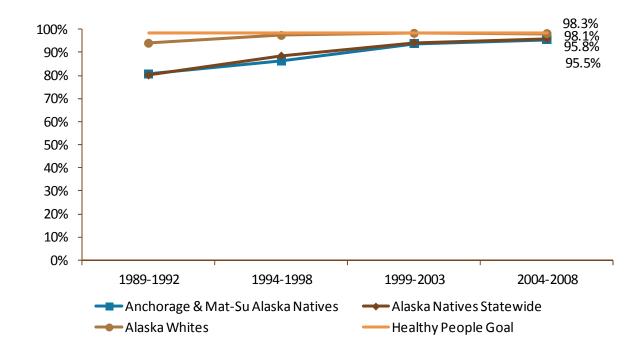
Summary

Data Table C-24 in Appendix

- 95.5% Anchorage & Mat-Su Alaska Native mothers abstained from drinking during pregnancy.
- Abstinence from drinking during pregnancy increased 18.3% between 1989-1992 and 2004-2008 among Anchorage & Mat-Su Alaska Native mothers.
- Anchorage & Mat-Su Alaska Native mothers, Alaska Native mothers statewide, and Alaska White mothers reported a similar prevalence of abstaining from alcohol use during pregnancy.

Figure 36. Abstinence from Alcohol Use During Pregnancy, Pregnant Women, 1989-2008

Data Source: Alaska Bureau of Vital Statistics



Adolescent Health Behavior

Tobacco Use - Smoking

Definition: Current **tobacco use** is the percent of high school students in grades 9-12 who have smoked cigarettes on one or more of the past 30 days.

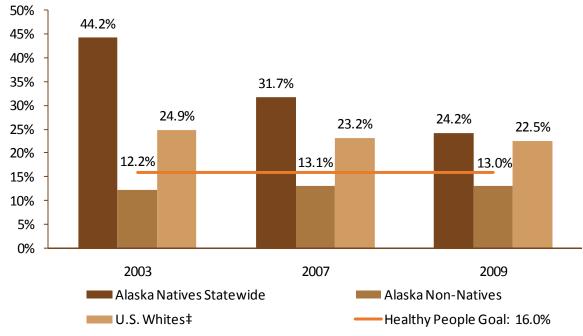
Healthy People 2020, Goal TU-2.2: Reduce cigarette smoking by adolescents in grades 9-12 during the past month to 16.0%.

Summary

- 24.2% of Alaska Native high school students currently smoke cigarettes.
- Current smoking decreased by almost half (-45.2%) among Alaska Native high school students between 2003 and 2009 (p<0.05).
- Although Alaska Native high school students reported a higher percent of smoking than Alaska Non-Native students in all years (p<0.05), the difference between the two groups decreased from 3.6 times to only 1.8 times higher.

Figure 37. High School Students Who Smoked Cigarettes on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-25 in Appendix



Tobacco Use - Smokeless Tobacco

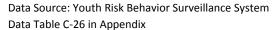
Definition: Current **smokeless tobacco use** is the percent of high school students in grades 9-12 who used chewing tobacco, snuff, or dip on one or more of the past 30 days.

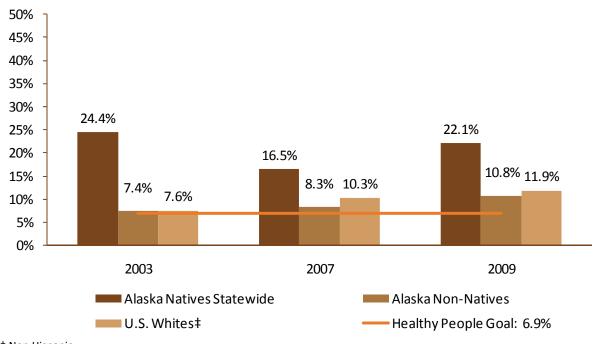
Healthy People 2020, Goal TU-2.3: Reduce spit tobacco use by adolescents in grades 9-12 during the past month to 6.9%.

Summary

- 22.1% of Alaska Native high school students reported using smokeless tobacco.
- Smokeless tobacco use among Alaska Native high school students appears to have decreased slightly (9.4%) between 2003 to 2009.
- Smokeless tobacco use prevalence for Alaska Native high school students was about two times that of Alaska Non-Native (10.8%) and U.S. White (11.9%) high school students in 2009.

Figure 38. High School Students Who Chewed Tobacco or Snuff on One or More of the Past 30 Days, 2003, 2007 and 2009





Alcohol Use - Current Drinking

Definition: Adolescent **alcohol use** is the percent of high school students, grades 9-12, who consumed alcohol in the past 30 days.

Healthy People 2020, Goal SA-13.1: Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days to 16.5%.

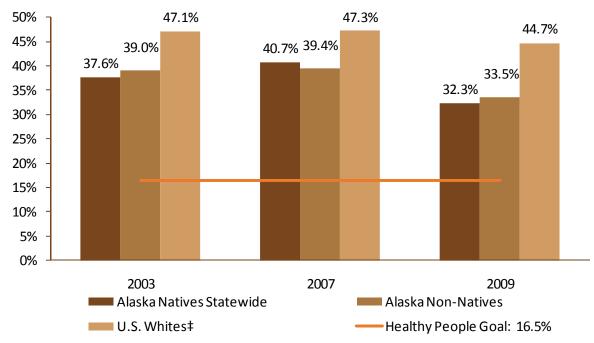
NOTE: Data presented are for alcohol consumption only. The Healthy People 2020 Goal is to reduce alcohol or any illicit drug use.

Summary

- 32.3% of Alaska Native high school students reported current drinking.
- The percentage of current drinking appears to have decreased 14.1% for Alaska Native high school students between 2003 and 2009.
- In 2009, Alaska Native high school students (32.3%) reported lower percentages of drinking than U.S. Whites (44.7%) (p<0.05).

Figure 39. High School Students Who Had at Least One Drink of Alcohol on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-27 in Appendix



Alcohol Use - Binge Drinking

Definition: Binge drinking is the percent of high school students in grades 9-12 who had five or more drinks of alcohol in a row, within a couple of hours on one or more of the past 30 days.

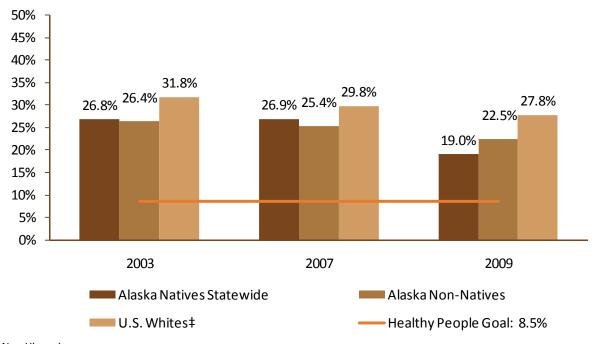
Healthy People 2020, Goal SA-14.4: Reduce the percentage of adolescents (12 to 17 years) who engage in binge drinking during the past month to 8.5%.

Summary

- 19.0% of Alaska Native high school students reported binge drinking.
- Binge drinking among Alaska Native high school students appears to have decreased 29.1% between 2003 and 2009.
- In 2009, Alaska Native high school students (19.0%) reported lower rates of binge drinking than U.S. White students (27.8%) (p<0.05).

Figure 40. High School Students Reporting Binge Drinking on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-28 in Appendix



Substance Use - Marijuana

Definition: Marijuana use among high school students, grades 9-12, is defined as having used marijuana in the past 30 days.

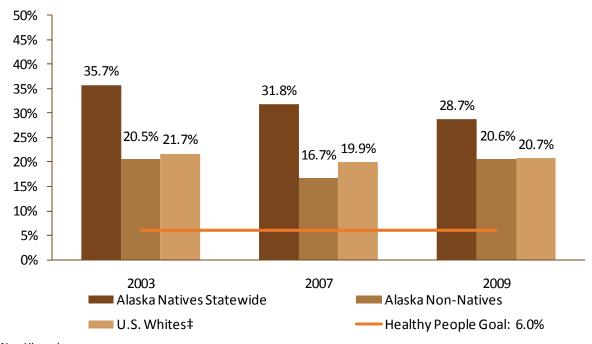
Healthy People 2020, Goal SA-13.2: Reduce the proportion of adolescents (12 to 17 years) reporting the use of marijuana during the past 30 days to 6.0%.

Summary

- 28.7% of Alaska Native high school students currently used marijuana.
- Marijuana use appears to have decreased among Alaska Native (-19.6%) high school students between 2003 and 2009.
- In 2003, the prevalence of marijuana use among Alaska Native high school students was 1.6 times that of U.S. Whites. By 2008, it was only 1.4 times that of U.S. Whites.

Figure 41. High School Students Who Used Marijuana on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-29 in Appendix



Substance Use - Cocaine

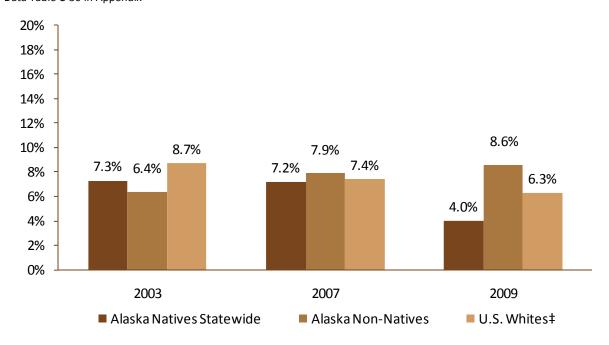
Definition: Substance use - Cocaine among high school students, grades 9-12, is defined as having used cocaine ever during their lifetime.

Summary

- 4.0% of Alaska Native high school students reported ever using cocaine.
- Lifetime cocaine use among Alaska Native high school students appears to have decreased 45.2% between 2003 and 2009.
- Lifetime cocaine use appears to have been lower for Alaska Native high school students (4.0%) than for Alaska Non-Native (8.6%) and U.S. White high school students (6.3%) in 2009.

Figure 42. High School Students Who Used Any Form of Cocaine, Including Powder, Crack or Freebase During Their Lifetime, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-30 in Appendix



‡ Non Hispanic

Physical Activity

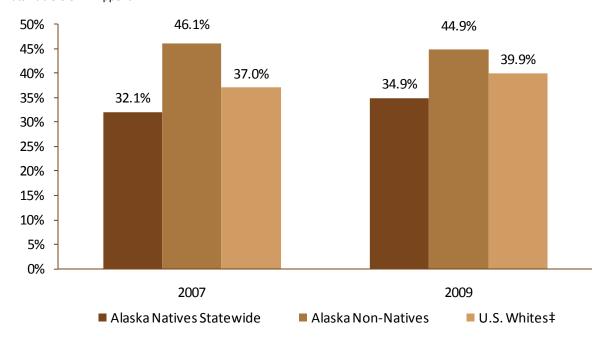
Definition: Recommended levels of **physical activity** includes high school students, grades 9-12, who were physically active for a total of at least sixty minutes per day on five or more of the past seven days.

Summary

- 34.9% of Alaska Native high school students engaged in the recommended levels of physical activity.
- Alaska Native high school student's physical activity levels appear to have increased by 8.7% between 2007 and 2009.
- Alaska Native high school student's physical activity levels appear to be lower than Alaska Non-Native and U.S. White levels in both 2007 and 2009.

Figure 43. High School Students Who Engage in Recommended Levels of Physical Activity, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-31 in Appendix



‡ Non Hispanic

Overweight

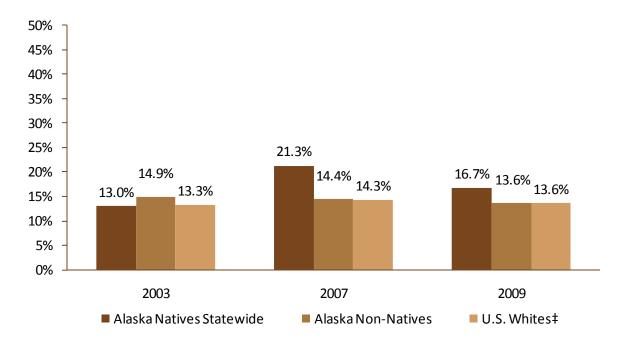
Definition: In high school students in grades 9-12, **overweight** includes those who are at the 85th percentile or greater, but less than the 95th percentile for their body mass index when adjusted for age and sex.

Summary

- 16.7% of Alaska Native high school students were overweight.
- Overweight among Alaska Native high school students appears to have increased 28.5% from 2003 to 2009.
- Alaska Native high school students reported a relatively similar prevalence of being overweight in 2009 as Alaska Non-Native and U.S. White high school students.

Figure 44. High School Students Who are Overweight, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System Data Table C-32 in Appendix



Obese

Definition: In children and adolescents, **obesity** includes those that have a body mass index greater than or equal to the 95th percentile when adjusted for age and sex.

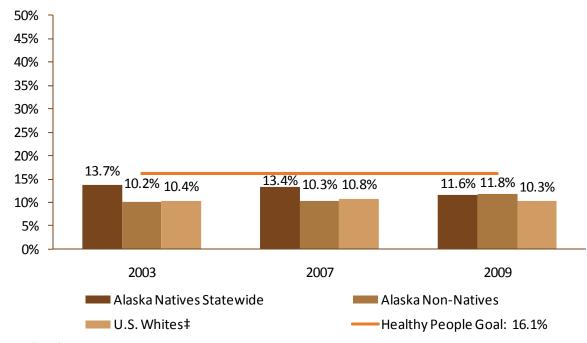
Healthy People 2020, Goal NWS-10.3: Reduce the proportion of adolescents aged 12 to 19 who are obese to 16.1%.

Summary

- 11.6% of Alaska Native high school students were considered obese.
- Obesity among Alaska Native high school students appears to have decreased 15.3% between 2003 and 2009.
- Alaska Native, Alaska Non-Native, and U.S. White students reported a similar prevalence of obesity in 2009.

Figure 45. High School Students Who are Obese, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System Data Table C-33 in Appendix



Sexual Behavior

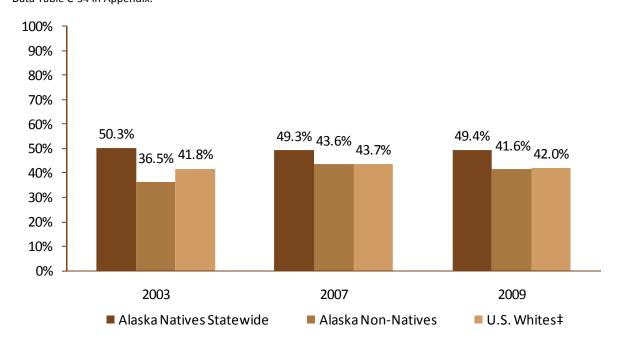
Definition: Sexual behavior of high school students, grades 9-12, includes those who have ever engaged in sexual intercourse.

Summary

- 49.4% of Alaska Native high school students reported ever engaging in sexual intercourse.
- Alaska Native high school students reporting having ever engaged in sexual intercourse did not change much between 2003 (50.3%) and 2009 (49.4%).
- Alaska Native high school students reporting having ever engaged in sexual intercourse in 2009 appears to be slightly higher than Alaska Non-Natives and U.S. Whites.

Figure 46. High School Students Who Have Ever Engaged in Sexual Intercourse, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System Data Table C-34 in Appendix.



Sad or Hopeless Feelings

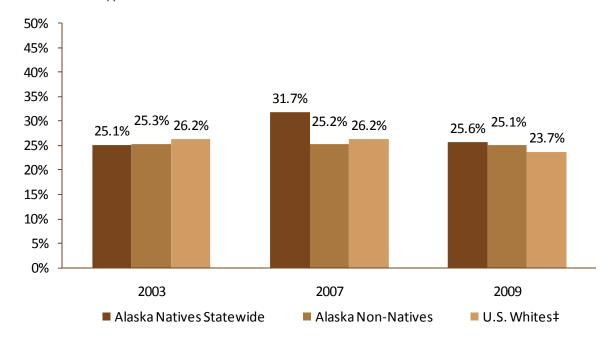
Definition: Among high school students in grades 9-12, **sad or hopeless feelings** includes those who have ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

Summary

- 25.6% of Alaska Native high school students reported sad or hopeless feelings affecting their usual activities.
- The percentage of Alaska Native high school students reporting sad or hopeless feelings did not change between 2003 and 2009.
- Alaska Native, Alaska Non-Native, and U.S. White high school students reported a similar prevalence of sad or hopeless feelings affecting their usual activities in 2009.

Figure 47. High School Students Reporting Sad or Hopeless Feelings That Caused Them to Stop Doing Some Usual Activities During the Past 12 Months, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-35 in Appendix



Suicide Attempts

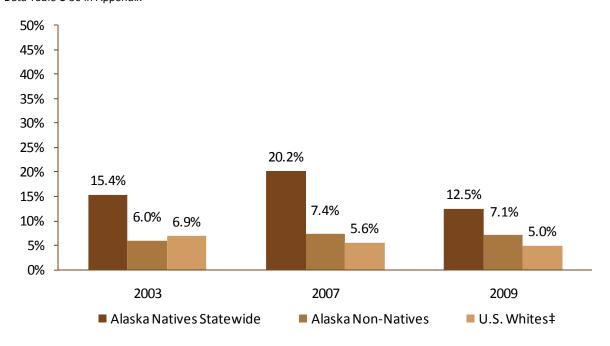
Definition: Among high school students in grades 9-12, a **suicide attempt** is when a person tries, but fails, to intentionally take their own life.

Summary

- 12.5% of Alaska Native high school students attempted suicide one or more times during the past 12 months.
- Alaska Native high school students reporting one or more suicide attempt during the previous 12 months appears to have decreased between 2003 (15.4%) and 2009 (12.5%).
- Alaska Native high school students reported higher suicide attempts than U.S. White high school students in 2003, 2007, and 2009 (p<0.05).

Figure 48. High School Students Who Attempted Suicide One or More Times During the Past 12 Months, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System
Data Table C-36 in Appendix





Additional Health Topics

Low Birth Weight

Definition: Low birth weight includes infants with a birth weight of less than 2,500 grams.

Healthy People 2020, Goal MICH-8.1: Reduce low birth weight to 7.8%.

Summary

- 5.7% of Anchorage & Mat-Su Alaska Native infants were born with a low birth weight.
- The percentage of Anchorage & Mat-Su Alaska Native infants with a low birth weight decreased 5.0% between 1989-1993 and 2004-2008.
- Anchorage & Mat-Su Alaska Native infants achieved the Healthy People Goal of less than
 7.8% for very low birth weight.

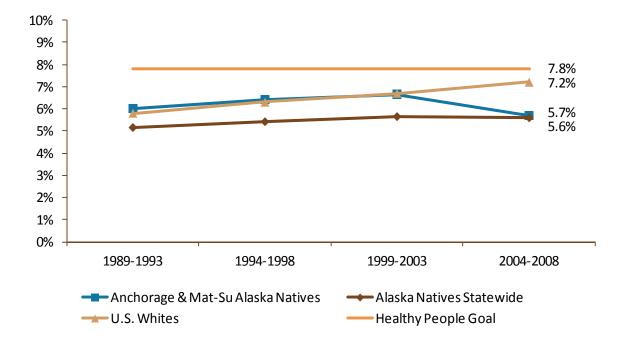
Figure 49. Live Births with Low Birth Weight, 1989-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United States, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The years presented for U.S. Whites are 1991, 1996, 2001, and 2006.

Data Table C-37 in Appendix



Very Low Birth Weight

Definition: Very low birth weight includes infants with a birth weight of less than 1,500 grams.

Healthy People 2020, Goal MICH-8.2: Reduce very low birth weight to 1.4%

Summary

- 0.8% of Anchorage & Mat-Su Alaska Native infants were born with a very low birth weight.
- The percent of Anchorage & Mat-Su Alaska Native infants born with a very low birth weight decreased 27.3% between 1989-1993 and 2004-2008.
- Anchorage & Mat-Su Alaska Native infants achieved the Healthy People Goal of less than 1.4% for very low birth weight.

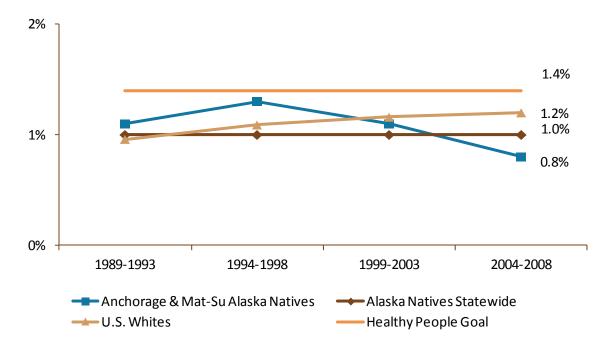
Figure 50. Live Births with Very Low Birth Weight, 1989-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United States, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The years presented for U.S. Whites are 1991, 1996, 2001, and 2006.

Data Table C-38 in Appendix



Fertility Rate

Definition: Fertility Rate is the total number of live births per 1,000 women aged 15 to 44 years.

Summary

- The Anchorage & Mat-Su Alaska Native fertility rate was 103.5 per 1,000 females.
- The Anchorage & Mat-Su Alaska Native fertility rate decreased 9.6% between 1984-1988 and 2004-2008.
- The Anchorage & Mat-Su Alaska Native fertility rate (103.5) was 1.6 times the U.S. Whites fertility rate (66.3) during 2004-2008.

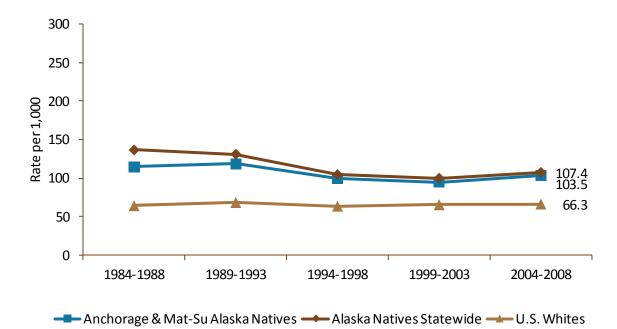
Figure 51. Fertility Rate per 1,000 Females, Ages 15-44 Years, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United states, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The U.S. data is for the following years: 1985, 1990, 1995, 2000, and 2005. The rates were calculated using the National Center for Health Statistics Bridged Population Estimates.

Data Table C-39 in Appendix



Teen Birth Rate

Definition: The **teen birth rate** is the number of births to girls 15-19 years of age per 1,000 females in this age group in the population per year.

Summary

- The teen birth rate among Anchorage & Mat-Su Alaska Native teens was 79.7 per 1,000 live births.
- The teen birth rate among Anchorage & Mat-Su Alaska Native teens decreased 30.5% between 1984-1998 and 2004-2008.
- The Anchorage & Mat-Su Alaska Native teen birth rate (79.7) was similar to Alaska Native teens statewide and was double the rate for U.S. White teens (37.0) during 2004-2008.

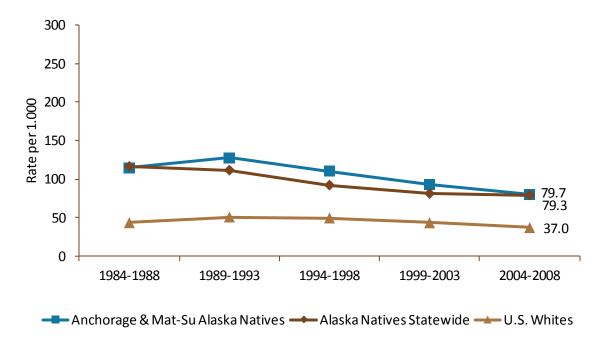
Figure 52. Teen Birth Rate per 1,000 Females, Ages 15-19 Years, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United states, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The U.S. data is for the following years: 1985, 1990, 1995, 2000, and 2005.

Data Table C-40 in Appendix



Breastfeeding - Initiation

Definition: Breastfeeding initiation indicates whether a mother initiated breastfeeding with her child.

Healthy People 2020, Goal MICH-21.1: Increase the percent who ever initiated breastfeeding to 81.9%.

Summary

- 90.0% of Alaska Native mothers living in the Anchorage Service Unit initiated breastfeeding, which exceeded the Healthy People Goal of 81.9%
- Breastfeeding initiation was significantly higher among the Anchorage Service Unit Alaska Native mothers (90.0%) than the U.S. total population (74.0%) (p<0.05).

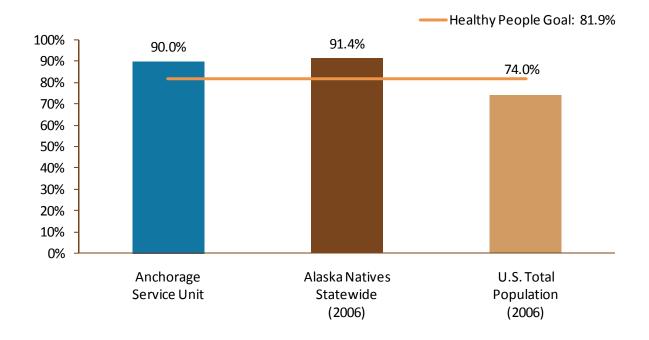
Figure 53. Breastfeeding Initiation, 2004-2008

Alaska Data Source: Alaska Pregnancy Risk Assessment Monitoring System

U.S. Data Source: Breastfeeding Among U.S. Children Born 1999-2007, CDC National Immunization Survey. http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

Note: The U.S. data uses a slightly different definition for measuring breastfeeding. Breastfeeding initiation in the Pregnancy, Risk and Assessment Monitoring System roughly corresponds to the National Immunization Survey's breastfeeding ever data.

Data Table C-41 in Appendix



Breastfeeding - 8 Weeks Postpartum

Definition: Breastfeeding 8 Weeks Postpartum indicates that a mother was still breastfeeding at eight weeks postpartum.

Summary

- 64.3% of Alaska Native mothers living in the Anchorage Service Unit breastfeed at eight weeks postpartum.
- Anchorage Alaska Native mothers (64.3%) had similar eight week postpartum breastfeeding rates as Alaska Native mothers statewide (65.7%) and U.S. all races (62.5%).

Figure 54. Breastfeeding 8 weeks Postpartum, 2004-2008

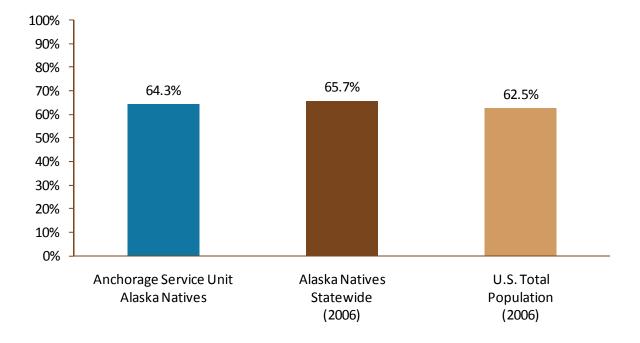
Alaska Data Source: Alaska Pregnancy Risk Assessment Monitoring System

U.S. Data Source: Breastfeeding Among U.S. Children Born 1999-2007, CDC National Immunization Survey.

http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

Note: The U.S. data uses a slightly different definition for measuring breastfeeding. Breastfeeding at eight weeks postpartum in the Pregnancy, Risk and Assessment Monitoring System roughly corresponds to the National Immunization Survey's breastfeeding at two months.

Data Table C-42 in Appendix



Intimate Partner Violence - Childhood Witness

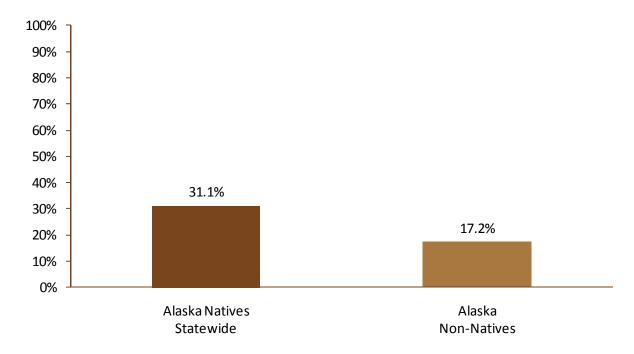
Definition: Childhood Violence includes adults who report that, as a child, they saw or heard a parent or guardian being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner.

Summary

- 31.1% of Alaska Native adults and 17.2% of Non-Native adults witnessed domestic violence as a child.
- Alaska Native adults (31.1%) witnessed domestic violence at a higher rate (1.8 times) than Alaska Non-Native adults (17.2%) (p<0.05).

Figure 55. Intimate Partner Violence - Childhood Witness, 18 Years and Older, 2009

Data Source: Behavioral Risk Factor Surveillance System Data Table C-43 in Appendix



Sexually Transmitted Infections - Gonorrhea

Definition: Gonorrhea is a sexually transmitted infection caused by the bacterium *Neisseria gonorrhea*.

Summary

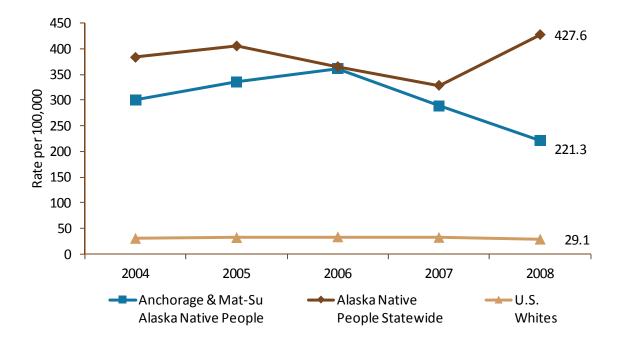
- The Anchorage & Mat-Su gonorrhea rate for Alaska Native people was 221.3 in 2008.
- The Anchorage & Mat-Su gonorrhea rate for Alaska Native people appears to have decreased 26.3% between 2004 and 2008.
- The Anchorage & Mat-Su gonorrhea rate for Alaska Native people was about half the rate for Alaska Native people statewide, but it still 7.6 times that of U.S. Whites in 2008.

Figure 56. Gonorrhea Rate per 100,000 population, Alaska Native People Statewide, 2004-2008

Alaska Data Source: State of Alaska Epidemiology - HIV/STD Program

U.S. Data Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP), Division of STD/HIV Prevention, Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2008, CDC WONDER On-line Database, November 2009 http://wonder.cdc.gov/controller/datarequest/D46

Data Table C-44 in Appendix



Sexually Transmitted Infections - Chlamydia

Definition: Chlamydia is a common sexually transmitted infection caused by the bacterium *Chlamydia trachomatis*.

Summary

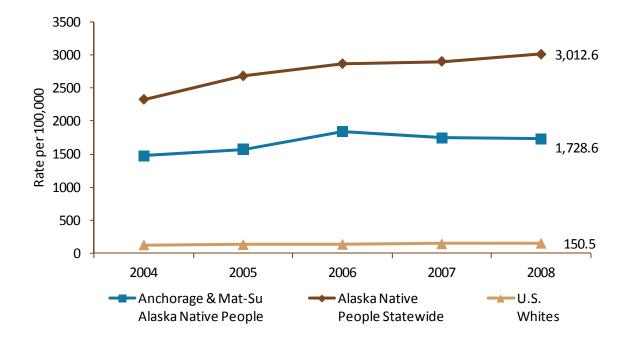
- The Anchorage & Mat-Su chlamydia rate for Alaska Native people was 150.5 in 2008.
- The Anchorage & Mat-Su chlamydia rate for Alaska Native people appears to have increased slightly between 2004 and 2008 (17.5%).
- The Anchorage & Mat-Su chlamydia rate for Alaska Native people is less than half that of Alaska Native people statewide, but is 11.5 times that of U.S. Whites in 2008.

Figure 57. Chlamydia Rate per 100,000 population, Alaska Native People Statewide, 2004-2008

Alaska Data Source: State of Alaska Epidemiology - HIV/STD Program

U.S. Data Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP), Division of STD/HIV Prevention, Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2008, CDC WONDER On-line Database, November 2009 http://wonder.cdc.gov/controller/datarequest/D46

Data Table C-45 in Appendix



Preventive Services and Access to Health Care

Cervical Cancer Screening

Definition: Cervical cancer screening includes females aged 18 or older who report at least one Pap test within the last three years.

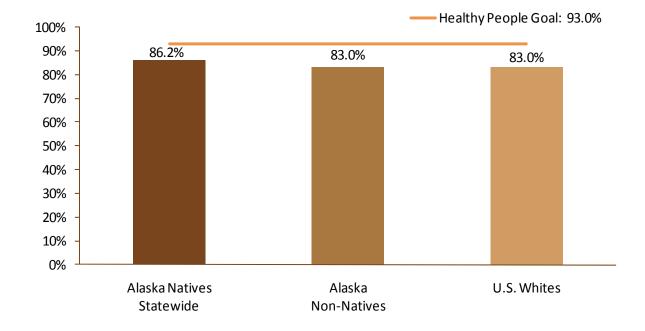
Healthy People 2020, Goal C-15: Increase the proportion of women aged 18 years or older who received a Pap test within the preceding three years to 93.0%.

Summary

- 86.2% of Alaska Native women statewide received cervical cancer screening.
- Alaska Native (86.2%), Alaska Non-Native (83.0%) and U.S. Whites (83.0%) women had similar rates of cervical cancer screening.

Figure 58. Pap Test within the Past Three Years, Women, 18 Years and Older, 2008
Data Source: Behavioral Risk Factor Surveillance System

Data Table C-46 in Appendix



Breast Cancer Screening

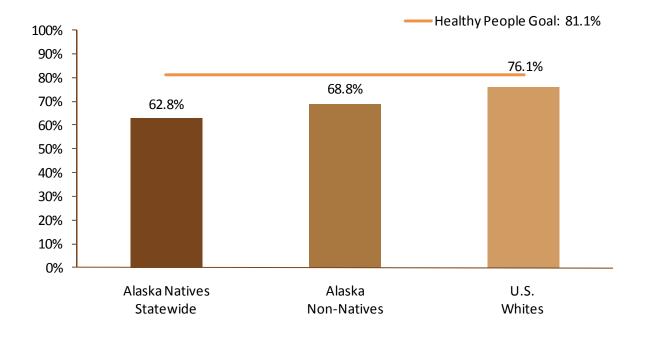
Definition: Breast cancer screening includes females aged 40 or older who report a mammogram within the last two years.

Healthy People 2020, Goal C-17: Increase the proportion of women aged 40 years or older who have received a mammogram within the preceding two years to 81.1%.

Summary

- About six out of ten Alaska Native women have had a breast cancer screening.
- Alaska Native (62.8%), Alaska Non-Native (68.8%), and U.S. White women (76.1%) did not
 meet the Healthy People Goal of 81.1% for having a breast cancer screening within the past
 two years.

Figure 59. Mammogram in the Last Two Years, Women, 40 Years and Older, 2008
Data Source: Behavioral Risk Factor Surveillance System
Data Table C-47 in Appendix



Colorectal Cancer Screening

Definition: Colorectal cancer screening includes adults aged 50 or older who report ever having a flexible sigmoidoscopy or colonoscopy.

Healthy People 2020, Goal C-16: Increase the proportion of adults aged 50 years or older who receive a colorectal cancer screening based on the most recent guidelines (fecal occult blood test in the previous year, flexible sigmoidoscopy in the previous five years, or colonoscopy in the previous 10 years for average risk adults) to 70.5%.

NOTE: Data presented are flexible sigmoidoscopy or colonoscopy ever. The Healthy People 2020 Goal is to increase colorectal cancer screening based on the most recent guidelines.

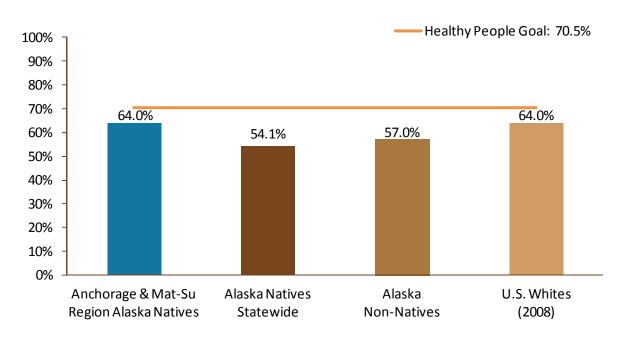
Summary

- 64.0% of eligible Anchorage & Mat-Su Alaska Native people reported a colorectal cancer screening. This appears to be similar to U.S. Whites (64.0%) and higher than Alaska Native people statewide (54.1%).
- All groups have not achieved the Healthy People Goal of 70.5%.

Figure 60. Flexible Sigmoidoscopy or Colonoscopy Ever, Adults, 50 Years and Older, 2006 and 2008

Data Source: Behavioral Risk Factor Surveillance System

Data Table C-48 in Appendix



Immunizations - Influenza - Age 65 and Older

Definition: Influenza vaccine includes adults aged 65 or older who received the influenza vaccine or flu nasal spray in the prior twelve months.

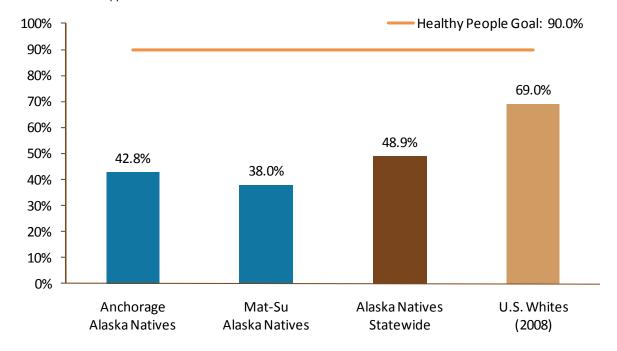
Healthy People 2020, Goal IID-12.7: Increase the proportion of elderly adults (65 years or older) immunized against influenza disease to 90.0%.

Summary

- 42.5% and 38.0% of Alaska Native people aged 65 years or older in Anchorage and Mat-Su received the influenza vaccine.
- Anchorage Alaska Native people (42.8%), Mat-Su Alaska Native people (38.0%), Alaska Native People statewide (48.9%) and U.S. Whites (69.0%) did not reach the Healthy People Goal of 90% immunization.

Figure 61. Influenza Immunization Rates, Adults, 65 Years and Older, June 30, 2009 to June 30, 2010

Alaska Data Source: Alaska Native Tribal Health Consortium Immunization Registry
U.S. Data Source: Center for Disease Control and Prevention Wonder, Healthy People
Note: The denominators are 1,691, 171, and 6,486 for Anchorage, Mat-Su, and Alaska respectively.
Data Table C-49 in Appendix



Immunizations - Pneumococcal - Age 65 and Older

Definition: Pneumococcal vaccine includes adults 65 or older who ever received pneumococcal vaccine.

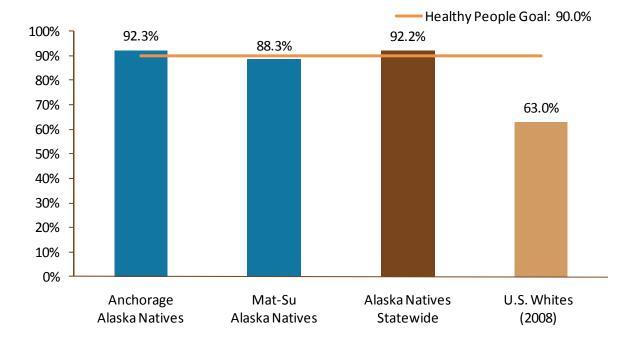
Healthy People 2020, Goal IID-13.1: Increase the proportion of elderly adults (65 years or older) immunized against pneumococcal disease to 90.0%.

Summary

- 92.3% of Alaska Native people aged 65 years or older in the Anchorage area and 88.3% in the Mat-Su region received a pneumococcal vaccine in their lifetime. These both appear higher than that of U.S. Whites (63.0%).
- Anchorage Alaska Native people achieved the Healthy People Goal of 90.0%.

Figure 62. Pneumococcal Immunization Rates, Adults, 65 Years and Older, as of June 30, 2010

Alaska Data Source: Alaska Native Tribal Health Consortium Immunization Registry
U.S. Data Source: Center for Disease Control and Prevention Wonder, Healthy People
Note: The denominators are 1,691, 171, and 6,486 for Anchorage, Mat-Su, and Alaska respectively.
Data Table C-50 in Appendix



Immunizations - Childhood - 4:3:1:3:3:1

Definition: By two years of age, it is recommended that all children should have received the following immunizations: 4 doses of diphtheria-tetanus-pertussis (DTaP), 3 doses of polio, 1 dose of measles-mumps-rubella (MMR), 3 doses of Hepatitis B, 3 doses of Haemophilis Influenza type B (Hib), and 1 dose of varicella. This recommendation is referred to in shorthand as **4:3:1:3:3:1**.

Healthy People 2020, Goal IID-8: Increase the proportion of young children aged 19-35 months who have received the 4:3:1:3:3:1 series to 80.0%.

NOTE: Data presented are for two-year old immunization rates. The Healthy People 2020 Goal is to increase immunization rates among children aged 19-35 months.

Summary

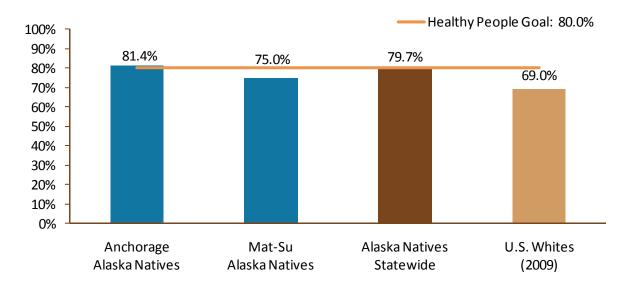
- Anchorage Alaska Native two-year olds (81.4%) nearly met the Healthy People goal of immunization coverage (4:3:1:3:3:1) (80.0%).
- 75.0% of Mat-Su Alaska Native two-year olds achieved the 4:3:1:3:3:1 immunization coverage.

Figure 63. Two-Year Old Immunization Coverage, Alaska Native Two-Years Olds, as of June 30, 2010

Alaska Data Source: Alaska Native Tribal Health Consortium Immunization Registry

U.S. Data Source: National Center for Health Statistics, Health, United States, 2010: With Special Feature on Death and Dying. Hyattsville, MD. 2011.

Note: The denominators are 1,113, 136, and 3,569 for Anchorage, Mat-Su, and Alaska respectively. Data Table C-51 in Appendix



Adequate Prenatal Care

Definition: The Kessner Index of Care is a method to evaluate levels of **prenatal care**. It is based on the month of the pregnancy when the prenatal care started, the number of visits, and the gestation length. This index adjusts for the fact that women with short gestations have less time in which to make prenatal care visits. The Kessner Index assigns three levels of care - adequate, intermediate, and inadequate. **Adequate prenatal care** is defined as care that begins in the first trimester and includes nine visits throughout the pregnancy. **Intermediate prenatal care** is defined as care that begins during the first or second trimester and includes five to eight visits. **Inadequate prenatal care** is defined as beginning in the third trimester and includes no more than four visits.

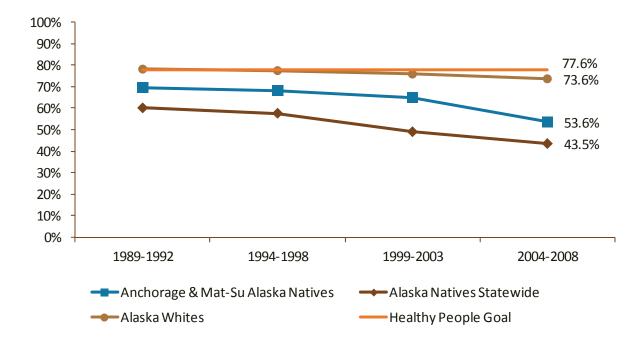
Healthy People 2020, Goal MICH-10.2: Increase the proportion of women who receive adequate prenatal care to 77.6%.

Summary

- 53.6% of Anchorage & Mat-Su Alaska Native mothers received adequate prenatal care.
- The percent of Anchorage & Mat-Su Alaska Native mothers receiving adequate prenatal care (53.6%) was slightly higher than Alaska Native People statewide (43.5%), but lower than Alaska Whites (73.6%).

Figure 64. Adequate Prenatal Care, Pregnant Women, 1989-2008

Data Source: Alaska Bureau of Vital Statistics Data Table C-52 in Appendix



Dental Visits

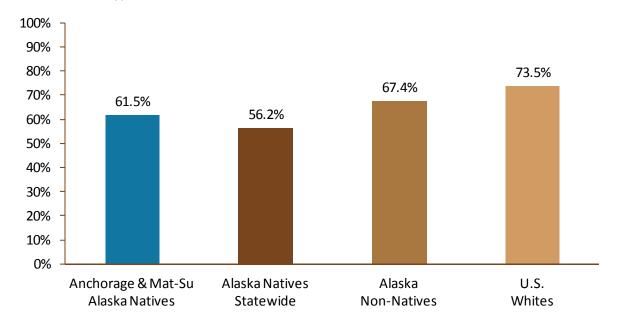
Definition: A **dental visit** is counted if a person has visited the dentist or dental clinic within the past year for any reason.

Summary

- 61.5% of Anchorage & Mat-Su Alaska Native adults reported having a dental visit within the last year.
- The percentage of Anchorage & Mat-Su Alaska Native adults (61.5%) reporting a dental visit appeared to be slightly higher than Alaska Native people statewide (56.2%), but lower than Alaska Non-Native (67.4%) and U.S. White (73.5%) people.

Figure 65. Dentist or Dental Clinic Visit Within the Past Year for Any Reason, 18 Years and Older, 2008

Data Source: Behavioral Risk Factor Surveillance System Data Table C-53 in Appendix





Appendixes

Appendix A. Methods and Description of Data Sources

General Notes:

Statistical Significance

Throughout the document, differences are considered statistically significant at the 95% confidence level (p<0.05). Differences between rates and percentages are considered significantly different if the 95% confidence intervals did not overlap. Rate ratios are considered statistically significant if the 95% confidence interval of the rate ratio did not contain one.

Rounding

Calculations for percentages are rounded to one decimal place, where the data source allowed therefore total percentages may not add up to 100.0%

Alaska Area Diabetes Registry

The Alaska Area Diabetes Registry provided the diabetes data aggregated by the former Indian Health Service Units. The Alaska Area Diabetes Registry is a clinical and epidemiologic resource for tribal health care facilities throughout Alaska. The registry tracks patients diagnosed with diabetes and ensures that their care meets national standards. More information about the data may be found at http://www.anthc.org/anmc/services/diabetes/epidemiology/.

Alaska Area Indian Health Service

The Alaska Area Indian Health Service works in conjunction with Alaska Native Tribes and Tribal Health Organizations to provide comprehensive health services to approximately 139,107 Alaska Native people. The Alaska Area Indian Health Service's Division of Planning and Evaluation and Health Statistics provided the user population data. More information about the Alaska Area Indian Health Service may be found at http://www.ihs.gov/facilitiesservices/areaoffices/alaska/index.asp.

Alaska Bureau of Vital Statistics

The State of Alaska Bureau of Vital Statistics provided the birth and death certificate data. The birth and death data contains in-state events only. The Alaska Native Epidemiology Center analyzed the data. The mortality data for Anchorage & Mat-Su Alaska Native people and Alaska Native people statewide are from 1984 to 2008. Rates are age-adjusted to the U.S. Standard Population. "Bridged" population estimates from the National Center for Health Statistics are used as the denominator to calculate the mortality rates. Bridged estimates are necessary to adjust for the option in the Census 2000 which allowed multiple races, rather than one race. The rates are calculated for those causes that had at least five deaths during the designated time period. Five years of the population data are summed for each time period to calculate the rates. The number of deaths for each five-year age group (0-4 up to 85+ years) are divided by the total population for that age group during that five-year interval. Those crude rates are multiplied by the standard population rate for that age group and then summed to get the overall age-adjusted rates. The infant death rates include infants whose mother or father is Alaska Native and the mother is a resident of Alaska.

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The low birthweight, adequate prenatal care, and smoking and alcohol consumption during pregnancy data are based upon data reported on birth certificates to the State of Alaska. More information about the Alaska Bureau of Vital Statistics may be obtained at http://www.hss.state.ak.us/DPH/bvs/data/default.htm.

Alaska Department of Labor and Workforce Development

The Alaska Department of Labor and Workforce Development produces statistics about population, wages, employment, industry information, occupational information, and cost of living.

The Alaska Department of Labor and Workforce Development produced the population estimates presented in this report. These population estimates use the decennial census data as a baseline. The Alaska Department of Labor and Workforce Development adjusts the numbers yearly based upon administrative records including birth certificates, death certificates, income tax returns, Permanent Fund applications, school enrollment and driver's licenses. More information about the Alaska Department of Labor and Workforce Development's population statistics may be found at http://labor.alaska.gov/.

The Alaska Department of Labor and Workforce Development calculates the unemployment statistics presented in this document. More information about the unemployment statistics may be found at: http://labor.alaska.gov.

Alaska Native Tribal Health Consortium Alaska Native Tumor Registry

The Alaska Native Tumor Registry provided the leading cancers data. The Alaska Native Tumor Registry is a statewide population-based registry of all cancers diagnosed among Alaska Native people. The registry includes Alaska Native patients living in Alaska at the time of diagnosis who met eligibility requirements for Indian Health Service benefits. It is part of the National Cancer Institute's Surveillance Epidemiology and End Results Program.

Alaska Native Tribal Health Consortium's Immunization Registry

The Alaska Native Tribal Health Consortium's Immunization Program coordinates tribal immunization programs, educates tribal staff on immunization recommendations and vaccine-preventable diseases, advocates with outside agencies for the needs of tribal programs, and maintains the Alaska Native Tribal Health Consortium Immunization Registry. This program provided the influenza vaccine, pneumococcal vaccine, and childhood immunizations data. More information about the program may be found at http://www.anthc.org/chs/crs/immunization/.

Alaska Trauma Registry

The Alaska Trauma Registry collects data on the most seriously injured patients in Alaska and the treatment they received. The Alaska Trauma Registry collects data from all 24 of Alaska's acute care hospitals. The criteria for inclusion in the registry are patients with injuries who are either admitted

to an Alaska hospital, held for observation, transferred to another acute care hospital, or declared dead in the emergency department, and for whom contact with the health care system occurred within 30 days of the injury.

The Alaska Statute 18.23.010-070 protects the confidentiality of the data. All trauma registry personnel and those requesting trauma registry data are required to sign a confidentiality statement. The Alaska Native Epidemiology Center in collaboration with the Alaska Native Tribal Health Consortium Injury Prevention Program analyzed the data presented in this document.

More information about the Alaska Trauma Registry may be found at: http://www.hss.state.ak.us/dph/ipems/injury_prevention/trauma.htm and more information about the Injury Prevention Program may be found at http://www.anthc.org/chs/wp/injprev/.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System is an on-going national telephone-based survey supported by the Centers for Disease Control and Prevention. Alaska began participating in the Behavioral Risk Factor Surveillance System in 1990. The survey includes questions about health status and perceptions, preventive health practices, and risky behaviors that influence the prevalence of chronic disease, injury and preventable infectious diseases.

The Behavioral Risk Factor Surveillance System is a standardized telephone interview conducted with a computer-assisted script. There is a fixed core of questions asked by all states every year and a rotating core asked by all states in alternating years. In addition, there are a number of optional modules that states may or may not choose to use and states may add questions of their own. The entire interview takes less than 30 minutes to complete. Interviews are conducted during every month of the year. The State of Alaska interviews 2,500 Alaskans each year. This includes 500 individuals from each region.

Respondents are adults 18 years and older living in households. Individuals living in military barracks, dormitories, nursing homes, and other group-living situations are excluded. Apart from that exclusion, each state's sample is designed to be representative of the state's population. In order to achieve a representative sample, the State of Alaska "oversamples" rural regions; this leads to oversampling Alaska Native people, since there are more Alaska Native people living in rural Alaska.

Respondents are contacted by telephone using a selection process based on area codes and prefixes that are highly likely to be associated with residential listings.

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The analyses of Behavioral Risk Factor Surveillance System accounts for the fact that not every adult resident of the state has an equal chance of being contacted for an interview. The analyses assign a probability to each respondent which reflects their likelihood of being contacted. In addition, each person interviewed is treated as a representative for other, similar persons. The probability factor and assumption of representation are used to calculate a statistical weighting factor to be used in analyses to draw inferences about the overall population.

The State of Alaska Section of Chronic Disease Prevention and Health Promotion Health Survey Lab provided the raw data presented in this report. The Alaska Native Epidemiology Center staff analyzed the regional and statewide data. Within the regional and statewide data, multiple years are combined to achieve a meaningful sample size where possible. The U.S. results are obtained from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System interactive tool located at http://apps.nccd.cdc.gov/brfss.

Readers should use these estimates with caution since the number of respondents who are Alaska Native people from each region is relatively small. Differences between age groups, gender, and time cannot be determined to be statistically significant due to a small sample unless noted on the indicator page. Behavioral Risk Factor Surveillance System data were not age-adjusted to account for the different age distributions between the comparison populations in this document. Since the Alaska Native population is younger than the general Alaska and U.S. populations, comparisons between these populations should be interpreted with caution.

Healthy People 2020

The Healthy People 2020 measures reported in this document may be found at http://www.healthypeople.gov/2020/default.aspx

National Patient Information Reporting System - Indian Health Service National Data Warehouse The Indian Health Service's National Patient Information Reporting System and the National Data Warehouse aggregate the Resource and Patient Management System and other systems data in order to track clinical practice patterns and episodes of care, provide measures of quality of care and clinical outcomes, perform epidemiologic studies, report on patient demographics and health care utilization patterns and provide data from which health care costs can be estimated.

The Leading Causes of Outpatient Visits and Leading Causes of Inpatient Visits are calculated by the Alaska Native Epidemiology Center using the National Patient Information Reporting System data. The data are calculated based on the primary diagnosis and categorized using the Agency for Healthcare Research and Quality's Clinical Classification Software (CCS). This software groups the outpatient ICD-9 codes into clinically meaningful categories that have the potential for comparisons across different health systems. In addition, the CCS categories for pregnancy, childbirth, and newborn infants were grouped further into the following two categories: infant and maternal

discharges. Table A-1 displays the detailed definition for the Infant and Maternal categories because these two categories combine multiple CCS Categories. More information about the Agency for Healthcare Research and Quality's Clinical Classification Software may be found at http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf.

More information about the National Patient Information Reporting System and the National Data Warehouse may be found at http://www.ihs.gov/CIO/DataQuality/warehouse/.

Table A-1. Infant and Maternal Discharge Category Definitions - Clinical Classification Software (CCS) diagnosis codes.

CCS	Diagnosis Description		
Infant Discharges			
218	Liveborn infant		
219	Short gestation, low birth weight, and fetal growth retardation		
220	Intrauterine hypoxia and birth asphyxia		
221	Respiratory distress syndrome		
222	Hemolytic jaundice and perinatal jaundice		
223	Birth trauma		
224	Other perinatal conditions		
Maternal Discharges			
176	Contraceptive and procreative management		
177	Spontaneous abortion		
178	Induced abortion		
179	Postabortion complications		
180	Ectopic pregnancy		
181	Other complications of pregnancy		
182	Hemorrhage during pregnancy, abruptio placenta, placenta previa		
183	Hypertension complications pregnancy; childbirth and the puerperium		
184	Early or threatened labor		
185	Prolonged pregnancy		
186	Diabetes or abnormal glucose tolerance complication pregnancy; childbirth; or the puerperium		
187	Malposition; malpresentation		
188	Fetopelvic disproprotion; obstruction		
189	Previous C-section		
190	Fetal distress and abnormal forces of labor		
191	Polyhydramnios and other problems of amniotic cavity		
192	Umbilical cord complication		
193	OB-related trauma to perineum and vulva		
194	Forceps delivery		
195	Other complications of birth; puerperium affecting management of mother		
196	Normal pregnancy and/or delivery		

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Pregnancy Risk Assessment Monitoring System

The Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) is primarily a mail survey of mothers of newborn infants developed by the Centers for Disease Control and Prevention Division of Reproductive Health to collect information on the health risk behaviors and circumstances of pregnant and postpartum women. Phone interviews are attempted for women who do not respond by mail. It was initiated in the state of Alaska in 1990 by the State of Alaska Division of Public Health, Section of Maternal, Child, and Family Health. The PRAMS has a core set of questions that each state that participates asks, and a limited number of state-specific questions. Topics covered include family planning; prenatal care; use of tobacco, alcohol, and drugs; participation in the Women, Infants, and Children's (WIC) nutrition program and Medicaid; payment for care; family income; breast-feeding; physical abuse; and life stressors such as illness, job loss, debt, divorce; plus other topics.

To be included in the Alaska PRAMS survey, women must be Alaska residents who have delivered a live birth in or out of state. The surveys are administered two to six months after the date of birth. Mothers to infants that die are included in the survey and grieving letters are mailed out to the mothers in these situations. If births are multiple, only one infant is randomly selected. Pending adoptions are also included as long as the biological mother is included on the birth record.

More information about the Alaska Pregnancy Risk Assessment Monitoring System may be found at http://www.epi.hss.state.ak.us/mchepi/PRAMS/default.stm

Surveillance Epidemiology and End Results Program

The Surveillance Epidemiology and End Results Program (SEER) is part of the National Cancer Institute. The SEER Program collects information on the incidence, survival, and prevalence of cancer, as well as the survival of persons with cancer. In addition, the SEER Program collects standard population data, U.S. mortality data, and U.S. population data. The non-cancer death data presented in this report are analyzed by Alaska Native Epidemiology Center staff using the SEER database with SEERStat (a computer program provided by the SEER Program). Table A-2 displays the ICD-9 and ICD-10 codes for each cause of death. More information about SEER may be found at http://seer.cancer.gov/index.html.

Table A-2. SEER Cause of Death Recode 1969+

Data source: Surveillance, Epidemiology, and End Results Program

Causes of Death	ICD-9 (1979-1998)	ICD-10 (1999+)
All Malignant Cancers	140-208	C00-C97
Cerebrovascular Disease	430-438	160-169
Diseases of Heart	390-398, 402, 404-429	100-109, 111, 113, 120-151
Suicide and Self-Inflicted Injury	E900-E959	X60-X84, Y87.0
Unintentional Injuries	E800-E949	X60,X84, Y87.0

State of Alaska Epidemiology - HIV/STD Program

The HIV/STD Program addresses public health issues and activities with the goal of preventing sexually transmitted diseases and HIV infection and their impact on health in Alaska. The data presented in this report are provided by the State of Alaska Epidemiology - HIV/STD Program. More information may be found at http://www.epi.hss.state.ak.us/hivstd/default.stm.

U.S. Census

The U.S. Census has provided data about the U.S. population and the economy. The data used in this report are obtained from the 2007-2009 American Community Survey using the American Factfinder, an on-line tool on the U.S. Census website. More information about the U.S. Census and American Community Survey may be found at

http://factfinder.census.gov/home/saff/main.html? lang=en.

Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System was established in 1988 by the Centers for Disease Control and Prevention, and first implemented in Alaska in 1995. The Youth Risk Behavior Survey monitors the prevalence of behaviors that put Alaskan youth at risk for the most significant health and social problems, in order to assist in prevention and intervention planning and evaluation. The Youth Risk Behavior Surveillance System survey is a school-based survey of high school students administered in cooperation with the Department of Education and Early Development and the Department of Health and Social Services.

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This anonymous survey examines a minimum of six categories of adolescent behavior:

- Behaviors that result in unintentional and intentional injuries
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that can result in HIV infection, other sexually transmitted diseases and unintended pregnancies
- Dietary behaviors
- Physical activity

The Youth Risk Behavior Surveillance System has been administered in Alaska seven times: 1995, 1999 (excluding Anchorage), 2001, 2003, 2005, 2007, and 2009. Weighted (representative) data were collected in 1995, 1999, 2003, 2007, and 2009 resulting in published reports statewide. For purposes of this report, we included the three most recent years of data (2003, 2007, and 2009).

The Alaska data presented in this report were provided to the Alaska Native Epidemiology Center by the State of Alaska's Youth Risk Behavior Surveillance System program. More information about the state-level data may be found at: http://www.hss.state.ak.us/dph/chronic/school/YRBS.htm.

The U.S. White data were obtained from the *Youth Online: High School YRBS* data system located at http://apps.nccd.cdc.gov/youthonline/App/Default.aspx.

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Appendix B. Race/Ethnicity Definition by Data Source

Data Source	Race/Ethnicity Definition	
Alaska Area Diabetes Registry	Alaska Native and/or American Indian persons who visited Indian Health Services or a tribal health facility in the past three years	
Alaska Area Indian Health Service	Alaska Native and/or American Indian persons who visited Indian Health Services or a tribal health facility in the past three years	
Alaska Bureau of Vital Statistics	Any mention of Alaska Native and/or American Indian	
Alaska Department of Labor & Workforce Development	Alaska Native and/or American Indian	
Alaska Native Tribal Health Consortium Immunization Registry	Alaska Native and/or American Indian person who uses the Alaska Tribal Health System	
Alaska Native Tumor Registry	Alaska Native and/or American Indian persons living in Alaska at the time of a cancer diagnosis	
Alaska Trauma Registry	Any mention of Alaska Native and/or American Indian	
American Community Survey	Alaska Native and/or American Indian alone	
Behavioral Risk Factor Surveillance System	Alaska Native and/or American Indian alone or in combination with other races	
National Patient Information Reporting System - Indian Health Service National Data Warehouse	Alaska Native and/or American Indian persons who visited Indian Health Service or a tribal facility that reports data to the Indian Health Service data system	
Pregnancy Risk Assessment Monitoring System	Alaska Native and/or American Indian alone	
State of Alaska Epidemiology HIV/STD Program	Alaska Native and/or American Indian	
Surveillance, Epidemiology and End Results	Alaska Native and/or American Indian alone	
Youth Risk Factor Surveillance System	Any mention of Alaska Native and/or American Indian	

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Table C-1. User Population by Age Group, Alaska Native People, Anchorage, 2010 (N=38,287)

Data Source: National Patient Information Reporting System, Indian Health Service National Data Warehouse Note 1: Age is determined from the end date of fiscal year 2010

	Male		Fem	Female		al
Age (years)	n	% of Total	n	% of Total	n	% of Total
0-4	2,163	5.6%	2,027	5.3%	4,190	10.9%
5-9	1,909	5.0%	1,823	4.8%	3,732	9.7%
10-14	1,749	4.6%	1,707	4.5%	3,456	9.0%
15-19	1,794	4.7%	1,683	4.4%	3,477	9.1%
20-24	1,847	4.8%	2,141	5.6%	3,988	10.4%
25-34	2,875	7.5%	3,477	9.1%	6,352	16.6%
35-44	2,005	5.2%	2,388	6.2%	4,393	11.5%
45-54	1,873	4.9%	2,387	6.2%	4,260	11.1%
55-64	998	2.6%	1,464	3.8%	2,462	6.4%
65+	737	1.9%	1,240	3.2%	1,977	5.2%
Total	17,950	46.9%	20,337	53.1%	38,287	100.0%

Table C-2. User Population by Age Group, Alaska Native People, Mat-Su, 2010 (N=6,941)

Data Source: National Patient Information Reporting System, Indian Health Service National Data Warehouse Note 1: Age is determined from the end date of fiscal year 2010

	Male		Fem	Female		al
Age (years)	n	% of Total	n	% of Total	n	% of Total
0-4	365	5.3%	336	4.8%	701	10.1%
5-9	399	5.7%	378	5.4%	777	11.2%
10-14	388	5.6%	347	5.0%	735	10.6%
15-19	343	4.9%	480	6.9%	823	11.9%
20-24	350	5.0%	365	5.3%	715	10.3%
25-34	485	7.0%	517	7.4%	1,002	14.4%
35-44	322	4.6%	446	6.4%	768	11.1%
45-54	276	4.0%	461	6.6%	737	10.6%
55-64	152	2.2%	265	3.8%	417	6.0%
65+	107	1.5%	159	2.3%	266	3.8%
Total	3,187	45.9%	3,754	54.1%	6,941	100.0%

Table C-3. Population Estimates by Age Group, Alaska Native People, Anchorage, 2009 (N=32,884)

Data Source: Alaska Department of Labor and Workforce Development

	Mal	е	Fema	ale	Tota	al
Age (years)	n	% of Total	n	% of Total	n	% of Total
0-4	1,798	5.5%	1,885	5.7%	3,683	11.2%
5-9	1,479	4.5%	1,342	4.1%	2,821	8.6%
10-14	1,325	4.0%	1,182	3.6%	2,507	7.6%
15-19	1,463	4.4%	1,349	4.1%	2,812	8.6%
20-24	1,721	5.2%	1,678	5.1%	3,399	10.3%
25-34	2,378	7.2%	2,552	7.8%	4,930	15.0%
35-44	2,165	6.6%	2,301	7.0%	4,466	13.6%
45-54	2,000	6.1%	2,218	6.7%	4,218	12.8%
55-64	1,032	3.1%	1,423	4.3%	2,455	7.5%
65+	802	2.4%	791	2.4%	1,593	4.8%
Total	16,163	49.2%	16,721	50.8%	32,884	100.0%

Table C-4. Population Estimates by Age Group, Alaska Native People, Mat-Su, 2009 (N=7,989)

Data Source: Alaska Department of Labor and Workforce Development

	Ma	le	Fema	ale	Tota	al
Age (years)	n	% of Total	n	% of Total	n	% of Total
0-4	425	5.3%	425	5.3%	850	10.6%
5-9	341	4.3%	384	4.8%	725	9.1%
10-14	389	4.9%	318	4.0%	707	8.8%
15-19	429	5.4%	394	4.9%	823	10.3%
20-24	465	5.8%	354	4.4%	819	10.3%
25-34	598	7.5%	583	7.3%	1,181	14.8%
35-44	524	6.6%	515	6.4%	1,039	13.0%
45-54	472	5.9%	513	6.4%	985	12.3%
55-64	247	3.1%	310	3.9%	557	7.0%
65+	134	1.7%	169	2.1%	303	3.8%
Total	4,024	50.4%	3,965	49.6%	7,989	100.0%

Table C -5. Highest Educational Attainment, 25 Years and Older, 2007-2009

Data Source: U.S. Census Bureau, 2005-2009 American Community Survey

	Anchora	•	Mat-Sı Alaska Nat	-
_	Alaska Native	•	AldSKd INdi	+
	n	%	n	<u>%</u>
Less than high school	1,645	16.7%	368	18.0%
High school diploma,				
GED or alternative	3,065	31.1%	913	44.7%
Some college				
or associate's degree	3,991	40.5%	695	34.0%
Bachelor's degree				
or higher	1,165	11.8%	66	3.2%
Total	9,866	100.0%	2,042	100.0%

_	Alaska Native Statewi	•	U.S. White	s
	n	%	n	%
Less than high school	10,482	20.7%	19,754,860	12.8%
High school diploma,				
GED or alternative	21,926	43.3%	45,404,103	29.4%
Some college				
or associate's degree	15,230	30.1%	44,268,819	28.6%
Bachelor's degree				
or higher	2,949	5.8%	45,207,721	29.2%
Total	50,587	100.0%	154,635,503	100.0%

Table C-6. Unemployment, 2006-2010

Data Source: Alaska Department of Labor and Workforce Development

	Anchor Municip	Ū		Mat-Su Borough		Alaska		tates
	Annual		Annual		Annual		Annual	
	Average	%	Average	%	Average	%	Average	%
2006	7,930	5.2%	2,882	7.4%	22,810	6.5%	N/A	4.6%
2007	7,440	5.0%	2,764	7.0%	21,416	6.1%	N/A	4.6%
2008	8,012	5.2%	3,058	7.3%	23,059	6.5%	N/A	5.8%
2009	10,057	6.6%	3,786	8.9%	27,932	7.8%	N/A	9.3%
2010	10,617	6.9%	3,899	9.1%	28,928	8.0%	N/A	9.6%

Table C-7. Estimated Residents below the Poverty Level, All Ages, 2007-2009

Data Source: U.S. Census Bureau, American Community Survey

	Total				
	n	Population	%		
Anchorage Alaska Native People	1,969	14,701	13.4%		
Mat-Su Alaska Native People	762	3,151	24.2%		
Alaska Native People Statewide	17,831	88,905	20.1%		
U.S. White	24,378,998	221,640,565	11.0%		

Table C-8. Estimated Residents below the Poverty Level, Under 18 Years of Age, 2007-2009

Data Source: U.S. Census Bureau, American Community Survey

		Total			
	n	Population	%		
Anchorage Alaska Native People	410	3,404	12.0%		
Mat-Su Alaska Native People	163	884	18.4%		
Alaska Native People Statewide	6,704	28,444	23.6%		
U.S. White	7,294,724	50,309,914	14.5%		

Table C-9. Leading Causes of Death, Anchorage & Mat-Su, Alaska Native People, 2004 -2008 (N=931)

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program (2004-2006)

Note: U.S. rates are 2004-2006 for the 2004-2008 time period.

Anchorage/Mat-Su				U.S.	Alaska Native
Alaska Native People			Rate per	Whites	People
by Rank	n	% Deaths	100,000	Rank	Statewide Rank
1. Cancer	159	17.1%	176.2	2	1
2. Heart Disease	144	15.5%	169.9	1	2
3. Unintentional Injury	110	11.8%	82.3	5	3
4. Suicide	43	4.6%	27.7	8	4
5. COPD	39	4.2%	48.2	4	5
Total - All Causes	931	100.0%	998.9		

Table C-10. Leading Causes of Total Years of Potential Life Lost: Deaths - Years from Age 75, Alaska Native People, Anchorage & Mat-Su, Ages ≥1, 2004-2008 (N=16,847)

Alaska Data Source: Alaska Bureau of Vital Statistics

	Total Deaths Years of Potential Life			ife Lost
Leading Causes of Death	n	Total	%	Mean
Unintentional Injuries	100	3578	21.2%	35.8
Heart Disease	107	2014	12.0%	18.8
Malignant neoplasms	137	1916	11.4%	14.0
Suicide	43	1899	11.3%	44.2
Liver Disease	36	1000	5.9%	27.8
Homicide	13	533	3.2%	41.0
Congenital anomalies	7	439	2.6%	62.7
Bronchitis, emphysema, asthma	29	362	2.1%	12.5
Cerebrovascular	22	351	2.1%	16.0
Diabetes mellitus	16	345	2.0%	21.6
HIV	8	205	1.2%	25.6
Influenza and pneumonia	10	177	1.1%	17.7
Septicemia	10	151	0.9%	15.1
Nephritis	6	98	0.6%	16.3
All Others	144	3,779	22.4%	26.2
All Causes	688	16,847	100.0%	24.5

Table C-11. Age-Adjusted Cancer Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program Note: For the 2004-2008 time period, U.S. rates are calculated for 2004-2006.

	Anchorage & Mat-Su Alaska Native People		Alaska N People Sta		U.S. Whites	
	n	Rate	n	Rate	n	Rate
1984-1988	54	237.3	433	243.3	2,060,372	207.6
1989-1993	84	240.1	480	245.4	2,241,802	209.9
1994-1998	118	247.8	586	248.9	2,342,924	202.9
1999-2003	147	231.3	660	239.5	2,400,904	193.5
2004-2008	159	176.2	772	226.3	1,442,824	182.4

Table C-12. Age-Adjusted Heart Disease Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program Note: For the 2004-2008 time period, U.S. rates are calculated for 2004-2006.

	Anchorage/Mat-Su Alaska Native People			Alaska Native People Statewide		U.S. Whites	
	n	Rate	n	Rate	n	Rate	
1984-1988	53	322.5	436	288.1	3,407,551	362.5	
1989-1993	83	301.5	475	271.9	3,211,591	310.2	
1994-1998	76	206.9	516	252.0	3,215,181	280.2	
1999-2003	123	226.2	517	211.6	3,069,015	243.6	
2004-2008	144	169.9	540	169.0	1,676,390	205.1	

Table C-13. Age-Adjusted Unintentional Injury Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

 $\hbox{U.S. Data Source: Surveillance, Epidemiology, and End Results Program}\\$

Note: For the 2004-2008 time period, U.S. rates are calculated for 2004-2006.

	Anchorage/Mat-Su		Alaska N	Alaska Native		U.S.	
	Alaska Native People		People Sta	People Statewide		Whites	
	n	Rate	n	Rate	n	Rate	
1984-1988	64	114.4	573	174.0	398,916	39.1	
1989-1993	85	100.8	541	133.1	377,602	35.5	
1994-1998	87	87.7	484	111.7	394,689	35.1	
1999-2003	108	96.3	499	107.4	434,629	36.4	
2004-2008	110	82.3	491	97.7	299,968	39.9	

Table C-14. Age-Adjusted Cerebrovascular Disease Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program

Note: For the 2004-2008 time period, U.S. rates are calculated for 2004-2006.

	Anchorage/Mat-Su		Alaska N	Alaska Native		U.S.	
	Alaska Native People		People Sta	People Statewide		Whites	
	n	Rate	n	Rate	n	Rate	
1984-1988	15	113.6	101	65.1	657,451	72.0	
1989-1993	21	102.8	113	67.5	628,088	61.5	
1994-1998	43	120.4	150	84.1	682,431	59.6	
1999-2003	38	76.6	158	66.5	704,290	55.6	
2004-2008	35	46.9	164	56.7	365,596	44.5	

Table C-15. Age-Adjusted Suicide Death Rates per 100,000, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program Note: For the 2004-2008 time period, U.S. rates are calculated for 2004-2006.

	Anchorage & Mat-Su Alaska Native People			Alaska Native People Statewide		U.S. Whites	
	n	Rate	n	Rate	n	Rate	
1984-1988	21	26.4	201	49.5	138,479	13.5	
1989-1993	32	33.2	225	46.8	139,088	13.0	
1994-1998	22	20.1	219	42.8	139,109	12.4	
1999-2003	26	17.3	198	34.7	137,651	11.6	
2004-2008	43	27.7	252	42.3	88,895	12.0	

Table C-16. Infant Mortality Rates per 1,000 Live Births, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: Surveillance, Epidemiology, and End Results Program Note: For the 2004-2008 time period, U.S. rates are calculated for 2004-2005.

	Anchorage & Mat-Su		Alaska N	Alaska Native		U.S.	
	Alaska Native People		People Sta	People Statewide		Whites	
	n	Rate	n	Rate	n	Rate	
1984-1988	41	14.9	202	14.5	N/A	9.0	
1989-1993	48	14.0	194	13.0	N/A	7.6	
1994-1998	34	9.7	120	9.0	N/A	6.4	
1999-2003	33	8.3	126	9.1	N/A	5.9	
2004-2008	30	6.3	142	9.3	N/A	5.8	

N/A Not Available

Table C-17. Current Smokers, 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Anchorage & Mat-Su Alaska Native People	80	36.3%	(36.8%-42.4%)
Alaska Native People Statewide	1,169	39.5%	(36.8%-42.4%)
Alaska Non-Native People	1,994	17.1%	(16.1%-18.3%)
U.S. Whites (2008)	N/A	17.9%	N/A

N/A Not Available

Table C-18. Current Smokeless Tobacco Users, 18 Years and Older, 2007-2009

Alaska Data Source: Behavioral Risk Factor Surveillance System

U.S. Data Source: Substance Abuse and Mental Health Services Administration. Results from the 2008 National Survey on Drug Use and Health: Detailed Tables. Rockville (MD): Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2009.

	n	%	Confidence Interval
Anchorage & Mat-Su Alaska Native People	10	3.5%	(1.6%-7.3%)
Alaska Native People Statewide	341	10.9%	(9.5%-12.5%)
Alaska Non-Native People	398	3.9%	(3.4%-4.5%)
U.S. Total Population (2008)	N/A	3.5%	N/A

N/A Not Available

Table C-19. Binge Drinking, 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Anchorage & Mat-Su Alaska Native People	26	18.4%	(12.0%-27.1%)
Alaska Native People Statewide	381	19.2%	(16.6%-22.1%)
Alaska Non-Native People	1,225	17.1%	(15.8%-18.5%)
U.S. Whites (2008)	N/A	16.0%	N/A

N/A Not Available

Table C-20. Meets Moderate and/or Vigorous Physical Activity, 18 years and Older, 2007 and 2009

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Anchorage & Mat-Su Alaska Native People	50	65.6%	(52.2%-76.9%) [§]
Alaska Native People Statewide	567	67.3%	(62.2%-72.0%)
Alaska Non-Native People	2,579	75.0%	(72.9%-77.0%)
U.S. Whites (2008)	N/A	51.8%	N/A

N/A Not Available

§Data may not be statistically reliable with a large Confidence Interval.

Table C-21. Overweight (25 ≤ BMI ≤ 29.9), 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Anchorage & Mat-Su Alaska Native People	95	43.7%	(36.0%-51.8%)
Alaska Native People Statewide	1,032	37.3%	(34.5%-40.2%)
Alaska Non-Native People	4,282	38.4%	(37.0%-39.8%)
U.S. Whites (2008)	N/A	36.3%	N/A

N/A Not Available

Table C-22. Obesity (BMI ≥ 30), 18 Years and Older, 2007-2009

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Anchorage & Mat-Su Alaska Native People	86	34.1%	(27.3%-41.8%)
Alaska Native People Statewide	1,069	34.5%	(31.9%-37.2%)
Alaska Non-Native People	3,047	25.7%	(24.5%-26.9%)
U.S. Whites (2008)	N/A	25.4%	N/A

N/A Not Available

Table C-23. Abstinence from Tobacco Use During Pregnancy, Pregnant Women, 1989-2008

Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United States, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The years presented for U.S. Whites are 1991, 1996, 2001, and 2006.

	Anchorage & Mat-Su Alaska Native People		Alaska N	Alaska Native		U.S.	
			People Statewide		Whites		
	n	%	n	%	n	%	
1989-1992	1,708	58.2%	7,948	59.5%	N/A	81.2%	
1994-1998	1,758	60.7%	7,448	63.2%	N/A	85.3%	
1999-2003	2,125	66.1%	8,044	66.4%	N/A	87.0%	
2004-2008	2,809	72.2%	9,288	68.6%	N/A	89.6%	

N/A Not Available

Table C-24. Abstinence from Alcohol Use During Pregnancy, Pregnant Women, 1989-2008

Data Source: Alaska Bureau of Vital Statistics

	Anchorage Alaska Nativ		Alaska N People Sta		Alas Whi	
	n	%	n	%	n	%
1989-1992	2,367	80.7%	10,681	80.1%	36,179	93.9%
1994-1998	2,498	86.3%	10,415	88.4%	32,441	97.3%
1999-2003	3,009	93.8%	11,372	94.1%	30,438	98.2%
2004-2008	3,712	95.5%	12,957	95.8%	32,248	98.1%

Table C-25. High School Students Who Smoked Cigarettes on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives Statewide	Alaska Non-Natives	U.S. Whites‡
	n	117	135	6,330
2003	%	44.2%	12.2%	24.9%
	Confidence Interval	(38.6%-50.0%)	(10.2%-14.6%)	(22.4%-27.5%)
	n	63	122	5,574
2007	%	31.7%	13.1%	23.2%
	Confidence Interval	(24.3%-40.2%)	(10.8%-15.7%)	(20.4%-26.2%)
	n	64	122	6,698
2009	%	24.2%	13.0%	22.5%
	Confidence Interval	(17.0%-33.2%)	(10.5%-15.9%)	(20.5%-25.2%)

[‡] Non Hispanic

Table C-26. High School Students Who Chewed Tobacco or Snuff on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives Statewide	Alaska Non-Natives	U.S. Whites‡
	n	66	89	6,289
2003	%	24.4%	7.4%	7.6%
	Confidence Interval	(15.2%-36.7%)	(5.7%-9.6%)	(5.8%-9.8%)
	n	41	90	5,587
2007	%	16.5%	8.3%	10.3%
	Confidence Interval	(8.0%-31.1%)	(6.6%-10.5%)	(8.2%-12.9%)
	n	60	99	6,775
2009	%	22.1%	10.8%	11.9%
	Confidence Interval	(14.6%-32.1%)	(7.9%-14.7%)	(9.5%-14.6%)

[‡] Non Hispanic

Table C-27. High School Students Who Had at Least One Drink of Alcohol on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	102	434	6,196
2003	%	37.6%	39.0%	47.1%
	Confidence Interval	(27.3%-49.1%)	(35.0%-43.1%)	(44.1%-50.2%)
	n	93	376	5,440
2007	%	40.7%	39.4%	47.3%
	Confidence Interval	(30.0%-52.4%)	(35.7%-43.2%)	(43.9%-50.7%)
	n	84	317	6,429
2009	%	32.3%	33.5%	44.7%
	Confidence Interval	(27.5%-37.5%)	(29.6%-37.6%)	(42.4%-47.1%)

[‡] Non Hispanic

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Table C-28. High School Students Reporting Binge Drinking on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives Statewide	Alaska Non-Natives	U.S. Whites‡
	n	78	302	6,383
2003	%	26.8%	26.4%	31.8%
	Confidence Interval	(17.0%-39.7%)	(22.7%-30.5%)	(29.8%-33.9%)
	n	66	250	5,683
2007	%	26.9%	25.4%	29.8%
	Confidence Interval	(18.3%-37.6%)	(22.1%-29.0%)	(27.4%-32.4%)
	n	49	226	6,778
2009	%	19.0%	22.5%	27.8%
	Confidence Interval	(14.3%-24.8%)	(19.4%-26.1%)	(25.7%-29.9%)

[‡] Non Hispanic

Table C-29. High School Students Who Used Marijuana on One or More of the Past 30 Days, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	100	236	6,548
2003	%	35.7%	20.5%	21.7%
	Confidence Interval	(30.1%-41.8%)	(17.9%-23.4%)	(19.4%-24.2%)
	n	74	172	5,713
2007	%	31.8%	16.7%	19.9%
	Confidence Interval	(23.3%-41.6%)	(14.1%-19.6%)	(17.4%-22.6%)
	n	79	208	6,824
2009	%	28.7%	20.6%	20.7%
	Confidence Interval	(21.0%-37.9%)	(17.7%-24.0%)	(18.9%-22.6%)

[‡] Non Hispanic

Table C-30. High School Students Who Used Any Form of Cocaine, Including Powder, Crack or Freebase During Their Lifetime, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

-		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	21	77	6,349
2003	%	7.3%	6.4%	8.7%
	Confidence Interval	(4.4%-12.0%)	(5.1%-8.0%)	(7.4%-10.2%)
	n	22	86	5,741
2007	%	7.2%	7.9%	7.4%
	Confidence Interval	(4.0%-12.7%)	(6.0%-10.5%)	(6.3%-8.7%)
	n	15	89	6,846
2009	%	4.0%	8.6%	6.3%
	Confidence Interval	(2.0%-7.6%)	(6.8%-10.7%)	(5.3%-7.4%)

[‡] Non Hispanic

Table C-31. High School Students Who Engage in Recommended Levels of Physical Activity, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	86	479	5,729
2007	%	32.1%	46.1%	37.0%
	Confidence Interval	(24.2%-41.3%)	(42.3%-49.9%)	(33.9%-40.3%)
	n	106	465	6,818
2009	%	34.9%	44.9%	39.9%
	Confidence Interval	(26.9%-43.7%)	(41.2%-48.5%)	(37.6%-42.1%)

[‡] Non Hispanic

Table C-32. High School Students Who are Overweight, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	37	173	6,052
2003	%	13.0%	14.9%	13.3%
	Confidence Interval	(9.3%-18.0%)	(12.6%-17.4%)	(12.1%-14.5%)
	n	54	149	5,483
2007	%	21.3%	14.4%	14.3%
	Confidence Interval	(15.6%-28.5%)	(12.2%-17.0%)	(12.9%-15.7%)
	n	49	144	6,549
2009	%	16.7%	13.6%	13.6%
	Confidence Interval	(12.3%-22.3%)	(11.4%-16.1%)	(12.0%-15.4%)

[‡] Non Hispanic

Table C-33. High School Students Who are Obese, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives Statewide	Alaska Non-Natives	U.S. Whites‡
	n	37	111	6,052
2003	%	13.7%	10.2%	10.4%
	Confidence Interval	(8.3%-21.6%)	(8.2%-12.7%)	(8.6%-12.4%)
	n	32	112	5,483
2007	%	13.4%	10.3%	10.8%
	Confidence Interval	(8.6%-20.3%)	(8.4%-12.6%)	(9.3%-12.4%)
	n	31	117	6,549
2009	%	11.6%	11.8%	10.3%
	Confidence Interval	(9.0%-14.8%)	(9.6%-14.6%)	(8.8%-12.0%)

[‡] Non Hispanic

Table C-34. High School Students Who Have Ever Engaged in Sexual Intercourse, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	132	385	5,711
2003	%	50.3%	36.5%	41.8%
	Confidence Interval	(40.4%-60.2%)	(32.0%-41.2%)	(39.0%-44.5%)
	n	117	411	5,434
2007	%	49.3%	43.6%	43.7%
	Confidence Interval	(43.6%-55.1%)	(39.2%-48.1%)	(40.5%-47.0%)
	n	124	402	6,541
2009	%	49.4%	41.6%	42.0%
	Confidence Interval	(42.4%-56.5%)	(37.0%-46.3%)	(37.9%-46.3%)

[‡] Non Hispanic

Table C-35. High School Students Reporting Sad or Hopeless Feelings That Caused Them to Stop Doing Some Usual Activities During the Past 12 Months, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	77	300	6,369
2003	%	25.1%	25.3%	26.2%
	Confidence Interval	(19.2%-32.1%)	(22.5%-28.4%)	(24.1%-28.4%)
	n	90	274	5,737
2007	%	31.7%	25.2%	26.2%
	Confidence Interval	(26.6%-37.3%)	(22.0%-28.7%)	(24.5%-28.0%)
	n	84	280	6,801
2009	%	25.6%	25.1%	23.7%
	Confidence Interval	(20.0%-32.2%)	(22.0%-28.5%)	(22.1%-25.3%)

[‡] Non Hispanic

Table C-36. High School Students Who Attempted Suicide One or More Times During the Past 12 Months, 2003, 2007 and 2009

Data Source: Youth Risk Behavior Surveillance System

		Alaska Natives	Alaska	U.S.
		Statewide	Non-Natives	Whites‡
	n	39	68	6,135
2003	%	15.4%	6.0%	6.9%
	Confidence Interval	(10.3%-22.4%)	(4.6%-7.8%)	(5.9%-8.0%)
	n	43	70	5,463
2007	%	20.2%	7.4%	5.6%
	Confidence Interval	(13.5%-29.1%)	(5.9%-9.3%)	(5.0%-6.3%)
	n	29	71	6,459
2009	%	12.5%	7.1%	5.0%
	Confidence Interval	(6.1%-24.0%)	(5.4%-9.4%)	(4.4%-5.7%)

[‡] Non Hispanic

Table C-37. Live Births with Low Birth Weight, 1989-2008

Data Source: Alaska Bureau of Vital Statistics

 $U.S.\ Data\ Source:\ National\ Center\ for\ Health\ Statistics.\ Health,\ United\ States,\ 2009:\ With\ Special\ Feature\ on\ Medical\ States,\ Special\ Feature\ Special\ S$

Technology. Hyattsville, MD. 2009.

Note: The years presented for U.S. Whites are 1991, 1996, 2001, and 2006.

	Anchorage & Mat-Su Alaska Native People		Alaska Na	Alaska Native		U.S. Whites	
			People Statewide		White		
	n	%	n	%	n	%	
1989-1993	206	6.0%	770	5.2%	N/A	5.8%	
1994-1998	223	6.4%	717	5.4%	N/A	6.3%	
1999-2003	263	6.7%	780	5.6%	N/A	6.7%	
2004-2008	270	5.7%	854	5.6%	N/A	7.2%	

N/A Not Available

Table C-38. Live Births with Very Low Birth Weight, 1989-2008

Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United States, 2009: With Special Feature on Medical

Technology. Hyattsville, MD. 2009.

Note: The years presented for U.S. Whites are 1991, 1996, 2001, and 2006.

	Anchorage 8	Anchorage & Mat-Su Alaska Native People		Alaska Native People Statewide		U.S. Whites	
	Alaska Nativ						
	n	%	n	%	n	%	
1989-1993	38	1.1%	144	1.0%	N/A	1.0%	
1994-1998	44	1.3%	138	1.0%	N/A	1.1%	
1999-2003	45	1.1%	143	1.0%	N/A	1.2%	
2004-2008	40	0.8%	153	1.0%	N/A	1.2%	

N/A Not Available

Table C-39. Fertility Rate per 1,000 Females, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United states, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The U.S. data is for the following years: 1985, 1990, 1995, 2000, and 2005.

	Anchorage & Mat-Su		Alaska N	Alaska Native		U.S.	
	Alaska Nativ	Alaska Native People		People Statewide		es	
	n	Rate	n	Rate	n	Rate	
1984-1988	2,244	114.5	12,114	136.5	N/A	64.1	
1989-1993	2,930	118.5	13,419	131.0	N/A	68.3	
1994-1998	2,876	99.2	11,743	104.5	N/A	63.6	
1999-2003	3,226	94.9	12,153	99.9	N/A	65.3	
2004-2008	3,895	103.5	13,553	107.4	N/A	66.3	

N/A - Not Available

Table C-40. Teen Birth Rate per 1,000 Females, Ages 15-19 Years, 1984-2008

Alaska Data Source: Alaska Bureau of Vital Statistics

U.S. Data Source: National Center for Health Statistics. Health, United states, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2009.

Note: The U.S. data is for the following years: 1985, 1990, 1995, 2000, and 2005.

	Anchorage/Mat-Su		Alaska N	Alaska Native People Statewide		U.S. Whites	
	Alaska Nativ	Alaska Native People					
	n	Rate	n	Rate	n	Rate	
1984-1988	345	114.6	1,829	116.5	N/A	43.3	
1989-1993	483	127.4	2,010	111.6	N/A	50.8	
1994-1998	508	110.4	1,966	92.1	N/A	49.5	
1999-2003	564	93.0	2,144	81.2	N/A	43.2	
2004-2008	577	79.7	2,295	79.3	N/A	37.0	

N/A Not Available

Table C-41. Breastfeeding Initiation, 2004-2008

Alaska Data Source: Alaska Pregnancy Risk Assessment Monitoring System

U.S. Data Source: Breastfeeding Among U.S. Children Born 1999-2007, CDC National Immunization Survey. http://www.cdc.gov/breastfeeding/data/NIS data/index.htm

Note: The U.S. data uses a slightly different definition for measuring breastfeeding. Breastfeeding initiation in the Pregnancy, Risk and Assessment Monitoring System roughly corresponds to the National Immunization Survey's breastfeeding ever data.

	n	%	Confidence Interval
Anchorage Service Unit Alaska Native People	1,153	90.0%	(88.3%-91.4%)
Alaska Native People Statewide (2006)	N/A	91.4%	N/A
U.S. Total Population (2006)	24,866	74.0%	(73.1%-74.9%)

N/A Not Available

Table C-42. Breastfeeding 8 Weeks Postpartum, 2004-2008

Alaska Data Source: Alaska Pregnancy Risk Assessment Monitoring System

U.S. Data Source: Breastfeeding Among U.S. Children Born 1999-2007, CDC National Immunization Survey. http://www.cdc.gov/breastfeeding/data/NIS data/index.htm

Note: The U.S. data uses a slightly different definition for measuring breastfeeding. Breastfeeding at eight weeks postpartum in the Pregnancy, Risk and Assessment Monitoring System roughly corresponds to the National Immunization Survey's breastfeeding at two months.

	n	%	Confidence Interval
Anchorage Service Unit Alaska Native People	785	64.3%	(61.7%-66.8%)
Alaska Native People Statewide (2006)	N/A	65.7%	N/A
U.S. Total Population (2006)	N/A	62.5%	(61.5%-63.5%)

N/A Not Available

Table C-43. Intimate Partner Violence – Childhood Witness, Ages 18 and Older, 2009

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Alaska Native People Statewide	134	31.1%	(24.8%-38.0%)
Alaska Non-Native People	295	17.2%	(14.7%-20.1%)

Table C-44. Gonorrhea Rate per 100,000 population, Alaska Native People Statewide, 2004-2008

Anchorage & Mat-Su Data Source: State of Alaska Epidemiology - HIV/STD program.

Instant Atlas - http://www.epi.hss.state.ak.us/hivstd/std2010/atlas.html.

Statewide and U.S. Data Source: CDC Wonder. http://www.cdc.gov/std/stats/

	Anchorage 8	Anchorage & Mat-Su		lative	U.S	U.S.	
	Alaska Nativ	Alaska Native People		People Statewide		Whites	
	n	Rate	n	Rate	n	Rate	
2004	N/A	300.3	289	383.2	50,198	30.7	
2005	N/A	335.0	314	405.4	53,080	32.2	
2006	N/A	361.8	288	365.1	55,691	33.7	
2007	N/A	288.8	266	328.7	53,945	32.5	
2008	N/A	221.3	346	427.6	48,290	29.1	

N/A Not Available

Table C-45. Chlamydia Rate per 100,000 population, Alaska Native People Statewide, 2004-2008

Anchorage & Mat-Su Data Source: State of Alaska Epidemiology - HIV/STD program.

Instant Atlas - http://www.epi.hss.state.ak.us/hivstd/std2010/atlas.html.

Statewide and U.S. Data Source: CDC Wonder. http://www.cdc.gov/std/stats/

	Anchorage	Anchorage & Mat-Su		Alaska Native		U.S.	
	Alaska Nati	Alaska Native People		People Statewide		Whites	
	n	Rate	n	Rate	n	Rate	
2004	N/A	1,470.80	1,757	2,329.78	204,318	124.8	
2005	N/A	1,570.10	2,079	2,683.97	213,723	129.8	
2006	N/A	1,843.50	2,264	2,870.22	220,196	133.1	
2007	N/A	1,745.10	2,350	2,903.85	235,598	141.8	
2008	N/A	1,728.60	2,438	3,012.59	249,952	150.5	

N/A Not Available

Table C-46. Pap Test within the Past Three Years, Women, 18 Years and Older, 2008

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Alaska Native People Statewide	224	86.2%	(78.7%-91.3%)
Alaska Non-Native People	689	83.0%	(77.7%-87.2%)
U.S. Total Population	N/A	83.0%	N/A

N/A Not Available

Table C-47. Mammogram in Last Two Years, Women, 40 Years and Older, 2008

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Alaska Native People Statewide	127	62.8%	(52.8%-71.9%)
Alaska Non-Native People	523	68.8%	(63.8%-73.5%)
U.S. Whites	N/A	76.1%	N/A

N/A Not Available

Table C-48. Flexible Sigmoidoscopy or Colonoscopy Ever, Adults, 50 Years and Older, 2006 and 2008

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Anchorage & Mat-Su Region Alaska Natives	24	64.0%	(44.2%-80.0%) [§]
Alaska Native People Statewide	210	54.1%	(47.0%-61.0%)
Alaska Non-Native People	958	57.0%	(53.6%-60.5%)
U.S. Whites (2008)	N/A	64.0%	N/A

N/A Not Available

§Data may not be statistically reliable with a large Confidence Interval.

Table C-49. Influenza Immunization Rates, Adults, 65 Years and Older, June 30, 2009 to June 30, 2010

Alaska Data Source: Alaska Native Tribal Health Consortium Immunization Registry U.S. Data Source: Center for Disease Control and Prevention Wonder, Healthy People

Note: The denominators are 1,691, 171, and 6,486 for Anchorage, Mat-Su, and Alaska respectively.

	n	%
Anchorage Alaska Native People	724	42.8%
Mat-Su Alaska Native People	65	38.0%
Alaska Native People Statewide	3,169	48.9%
U.S. Whites (2008)	N/A	69.0%

N/A Not Available

Table C-50. Pneumococcal Immunization Rates, Adults, 65 Years and Older, As of June 30, 2010

Alaska Data Source: Alaska Native Tribal Health Consortium Immunization Registry

U.S. Data Source: Center for Disease Control and Prevention Wonder, Healthy People

Note: The denominators are 1,691, 171, and 6,486 for Anchorage, Mat-Su, and Alaska respectively.

	n	%
Anchorage Alaska Native People	1,561	92.3%
Mat-Su Alaska Native People	151	88.3%
Alaska Native People Statewide	5,982	92.2%
U.S. Whites (2008)	N/A	63.0%

N/A Not Available

Table C-51. Two-Year Old Immunization Coverage, Anchorage, Alaska Native Two-Years Olds, as of June 30, 2010

Alaska Data Source: Alaska Native Tribal Health Consortium Immunization Registry

U.S. Data Source: National Center for Health Statistics, Health, United States, 2010: With Special Feature on Death and Dying. Hyattsville, MD. 2011.

Note: The denominators are 1,113, 136, and 3,569 for Anchorage, Mat-Su, and Alaska respectively.

4:3:1:3:3:1	n	%
Anchorage Alaska Native People	906	81.4%
Mat-Su Alaska Native People	102	75.0%
Alaska Native People Statewide	2,844	79.7%
U.S. Whites (2009)	N/A	69.0%

Table C-52. Adequate Prenatal Care, Pregnant Women, 1989-2008

Data Source: Alaska Bureau of Vital Statistics

	Anchorage	/Mat-Su	Alaska N	atives	Alas	ka	
	Alaska Natives		Statewide		Whit	Whites	
	n	%	n	%	n	%	
1989-1992	2,008	69.5%	7,933	60.1%	29,854	78.1%	
1994-1998	1,942	68.1%	6,678	57.6%	25,609	77.4%	
1999-2003	2,036	64.8%	5,730	49.0%	21,944	75.8%	
2004-2008	2,011	53.6%	5,724	43.5%	22,251	73.6%	

Table C-53. Dentist or Dental Clinic Visit Within the Past Year for Any Reason, 18 Years and Older, 2008

Data Source: Behavioral Risk Factor Surveillance System

	n	%	Confidence Interval
Anchorage & Mat-Su Alaska Natives	28	61.5%	(43.9%-76.6%) [§]
Alaska Natives Statewide	306	56.2%	(49.5%-62.7%)
Alaska Non-Natives	1,368	67.4%	(64.1%-70.6%)
U.S. Whites	N/A	73.5%	N/A

N/A Not Available

§Data may not be statistically reliable with a large Confidence Interval.

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Appendix E. Glossary of Terms

Age-Adjusted Rate - Rates have been mathematically weighted to allow comparisons of populations with different age distributions. Adjustment is usually made to a standard population. This report adjusted to the 2000 U.S. Standard Population.

Body Mass Index - A weight by height measure; defined as weight in kilograms divided by the square of height in meters. This measure correlates closely with body density and skin fold thickness.

Underweight	$1.0 \text{BMI} < 18.5 \text{kg/m}^2$	Normal Weight	$18.5 \le BMI < 25 \text{ kg/m}^2$
Overweight	$25 \le BMI < 30 \text{ kg/m}^2$	Obese	. BMI ≥ 30 kg/m ²
Youth Overweight	85 th ≤ BMI < 95 th percentile	Youth Obese	. BMI ≥ 95 th percentile

Crude Rate - The proportion of a population that experiences the event of interest (e.g. injury hospitalization rate) during a specified period. It is calculated by dividing the number of observations by the appropriate population and then multiplied by 100,000 or other appropriate multiplier. When interpreting crude rates, be aware that the rates may be affected by differences in the age distribution between the comparison populations.

Healthy People Goal - Healthy People 2020 national goals sets health targets to be achieved by the year 2020. Healthy People 2020 provides a framework for health promotion and disease prevention.

Infant Mortality Rate - A rate calculated by dividing the number of infant deaths during a given time period by the number of live births reported in the same time period. It is expressed as the number of infant deaths per 1,000 live births. Infant is defined as age from birth up to one year.

International Classification of Diseases (ICD) - An international system designed to classify diseases and other health problems in medical records. The ICD is developed collaboratively between the World Health Organization and ten international centers.

Mortality Rate - Also referred to as death rate, it is the proportion of a population that dies during a specified period. It is calculated by dividing the number of deaths during a given time period by the appropriate population for that time period. It is generally reported as the number of deaths per 100,000.

Prevalence - The number of cases of illness or other condition in a population at a point in time divided by the total number of persons in that population.

Rate Ratio - A comparison of two groups in terms of incidence rates, mortality rates, etc.

Appendix F. Communities in the Anchorage & Mat-Su Regional Health Profile

Municipality of Anchorage

Birchwood Girdwood

Bird Indian
Chugiak Medra

Eagle River Municipality of Anchorage

Elmendorf Air Force Base Peters Creek

Eska Portage

Fort Richardson

Matanuska-Susitna Borough (Mat-Su)

Big Lake Lazy Mountain

Buffalo Soapstone Meadow Lakes

Butte Palmer

Chase Petersville

Chickaloon Point MacKenzie

Farm Loop Skwentna
Fishhook Susitna

Gateway Sutton-Alpine

Glacier View Talkeetna
Gold Creek Tanaina

Houston Trapper Creek

Knik River Wasilla Knik-Fairview Willow

Lake Louise Y

Lakes