



Healthy Alaskans 2020 Final Report

Alaska's Statewide Health Improvement Plan

A retrospective of Healthy Alaskans progress from 2010-2019



October 2022

Acknowledgments

Thank you to all the individuals and groups who initiated and worked on Healthy Alaskans 2020. You helped lay the foundation for our continued work together, and we are grateful for your time and effort on this important initiative.

Healthy Alaskans 2030 Steering Team

- Heidi Hedberg, Commissioner | Department of Health | State of Alaska
- Alan Vierling, DNP, RN, CENP, FABC, Interim ANMC Administrator | Alaska Native Tribal Health Consortium
- Dr. Anne Zink, MD, FACEP, Chief Medical Officer | Department of Health | State of Alaska
- Weather Potdevin, Senior Director of Community Health Services | Alaska Native Tribal Health Consortium

Co-Chairs

- Cheryl Dalena, Healthy Alaskans Co-Chair | Wellness and Prevention Department, Division of Community Health Services | Alaska Native Tribal Health Consortium
- Lisa McGuire, Healthy Alaskans Co-Chair | Department of Health, Division of Public Health | State of Alaska

Healthy Alaskans Core Team

State of Alaska, Department of Health

- Andrea Fenaughty
- Rosa Avila
- Elizabeth Manning
- Jessica Filley
- Rebecca Topol
- Sonya Senkowsky

Alaska Native Tribal Health Consortium (ANTHC)

- Dana Diehl
- Megan Ackerman
- Marie Jackman
- Shirley Young



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Introduction

Healthy Alaskans - A Framework for Health Improvement in Alaska

Healthy Alaskans 2020 (HA2020) is Alaska's statewide health improvement plan, created in a partnership between the Alaska Native Tribal Health Consortium (ANTHC) and the State of Alaska, Department of Health (DOH), Division of Public Health. The Healthy Alaskans 2020 initiative uses the collective impact model of social change that supports collaborative efforts among many sectors, agencies, and communities working towards shared goals to improve health and ensure health equity for all.

Guided by evidence-based and promising practices, along with community input from more than 3,000 Alaskans, 25 health priorities or "leading health indicators" (LHIs) were identified for Alaska. In spring 2014, the HA2020 Core Team brought together 12 working groups comprised of 120 experts representing Alaska's broad public health system. The groups assigned each LHI a target to achieve by the year 2020 and strategies and actions to be implemented through collaborative efforts. There are a total of 32 targets for all Alaskans, and 28 targets for the Alaska Native population, as some LHIs have multiple parts or sub-indicators.

Each year, Healthy Alaskans publishes two scorecards that show the state's progress toward achieving the goals in each indicator: one scorecard for all Alaskans statewide and one for the Alaska Native population. This allows stakeholders to identify health disparities and better focus their efforts to achieve equity.

Structure of the Report

This report looks back at the health indicators and targets in the Healthy Alaskans 2020 plan. For each of the 25 indicators, this report shares trends, disparities, and relevant policies and programs that relate to the goals of Healthy Alaskans, some of which may have contributed to meeting or not meeting the goal. In addition, the following trends may have affected multiple LHIs, including:

- Opioid epidemic
- Medicaid expansion and redesign
- Growth of Tribal Health
- Behavioral health integration
- Increase in telehealth.

These and other trends and policies are discussed in more detail in each LHI section.

Healthy Alaskans 2030 State Health Assessment

In 2019, the State of Alaska and ANTHC published the Healthy Alaskans 2030 State Health Assessment to identify the most important health issues impacting Alaskans and the health improvement needs of the state. This document includes a description of Alaska's demographics, specific population groups with particular health issues and disparities or inequities, factors that contribute to the state population's health challenges, and community resources and assets to address health issues. The State Health Assessment informs this report as it provides contextual data and trends that are relevant to the progress of the leading health indicators associated with the 2020 plan.

Healthy Alaskans 2030 Statewide Health Improvement Plan

In an ongoing equal partnership between DOH and ANTHC, the Healthy Alaskans 2030 (HA2030) plan is now finalized and published on the Healthy Alaskans website (www.healthyalaskans.org). Like Healthy Alaskans 2020, the HA2030 plan sets health goals and serves as a guide to help improve the health of all Alaskans over the next 10 years. The plan is composed of 15 priority health topics containing 30 health objectives. Many objectives are tied to indicators that are the same as in the 2020 plan, though some have been updated or are new to reflect changes in best practices, data availability and priorities expressed by Alaskans. An effort was made to select a balance of primary care and prevention objectives across the lifespan. Each objective has an established target to reach by 2030. Within each objective, there are evidence-based strategies and actions that are recommended to move the state closer to achieving the target.

Summary

All Alaskans

The data show that Alaska has improved on or met targets for 14 of its 32 indicators for all Alaskans over the 10-year time span 2010 to 2019. These improvements come from the hard work of various health and wellness partners across the state who implemented evidence-based strategies for each issue.

Overall, Alaska met the targets for the following indicators:

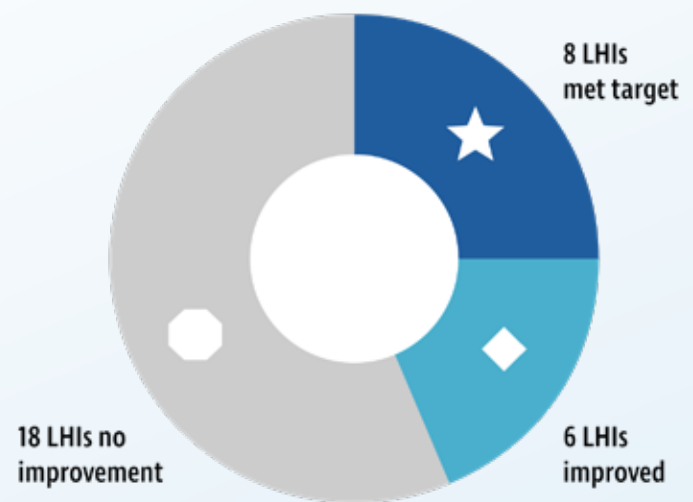
- Reduced the cancer mortality rate (LHI 1).
- Increased the percentage of high school students who have NOT smoked cigarettes or cigars, or used chewing tobacco, snuff, or dip on one or more of the past 30 days (LHI 2).
- Increased the percentage of high school students with three or more adults (besides their parent[s]) who they feel comfortable seeking help from (LHI 10).
- Decreased binge drinking in both high school students and adults (LHI 15a and 15b).
- Decreased the percentage of adults aged 18 or over reporting that they could not afford to see a doctor in the last 12 months (LHI 23).
- Increased the percentage of 18-24-year-olds with a high school diploma (LHI 25).

While three of the targets that were met related to the health of high school students or young adults, this population also experienced some of the largest health challenges between 2010 and 2020, including:

- An increase in the suicide mortality rate among population age 15-24, from 45.9 per 100,000 to 57.9 per 100,000 (LHI 7a).
- An increase in the percentage of high school students who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the last 12 months, from 25.2% to 38.1% (LHI 8).

See the “Leading Health Indicator Progress from 2010-2019” section for expanded details and charts for every LHI.

Leading Health Indicator Progress for All Alaskans



A note on data analysis

For Healthy Alaskans, analysts do not test for statistical significance in the LHIs over time, nor for differences between Alaska Native people and all Alaskans. This is because the data sources vary substantially and the size of a difference required to be significant would vary considerably across the LHIs.

HA2020 Scorecard: All Alaskans

★ Met target ◆ Improved ● No improvement

The Healthy Alaskans scorecards show the trends, progress and statistics for each of the leading health indicators over the decade.

#	HA2020 Leading Health Indicator	Baseline		Final	Progress
1	Reduce the cancer mortality rate per 100,000 population	176.1	162	148.8	★
2	Increase the percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff or dip on one or more of the last 30 days	72% ^a	80%	85.2%	★
3	Increase the percentage of adults (age 18 and older) who do NOT currently smoke cigarettes	77.8%	83%	81.5%	◆
4.a	Reduce the percentage of adults (age 18 years and older) who meet criteria for overweight (body mass index of ≥ 25 and < 30 kg/m ²)	38.3%	36%	35.6%	★
4.b	Reduce the percentage of adults (age 18 years and older) who meet criteria for obesity (body mass index of ≥ 30 kg/m ²)	29.2%	27%	30.3%	●
5.a.i	Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age- and sex-specific body mass index of ≥ 85 th and < 95 th percentile)	14.3% ^a	12%	15%	●
5.a.ii	Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age- and sex-specific body mass index of ≥ 95 th percentile)	11.7% ^a	10%	14.8%	●
5.b.i	Reduce the percentage of children (students in grades K-8) who meet criteria for overweight (age- and sex- specific body mass index of ≥ 85 th and < 95 th percentile)	16.8% ^{b,c}	15%	17.2%	●
5.b.ii	Reduce the percentage of children (students in grades K-8) who meet criteria for obesity (age- and sex- specific body mass index of ≥ 95 th percentile)	16.7% ^{b,c}	15% ^c	18.2%	●
6.a	Increase the percentage of adults (age 18 years and older) who report 150 or more minutes per week of moderate or vigorous exercise, where each minute of vigorous exercise contributes 2 minutes to the total	57.5% ^d	61%	57.6%	◆
6.b	Increase the percentage of adolescents (high school students grades 9-12) who do at least 60 minutes of physical activity a day, every day of the week	20.2% ^a	23%	17.9%	●
7.a	Reduce the suicide mortality rate per 100,000 population among the population, age 15-24 years	45.9	43.2	57.9	●
7.b	Reduce the suicide mortality rate per 100,000 population among the population, age 25 years and older	24.7	23.5	31.1	●
8	Reduce the percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities in the past 12 months	25.2% ^a	23%	38.1%	●
9	Reduce the mean number of days in the past 30 days adults (age 18 and older) report being mentally unhealthy	3.2	2.9	3.9	●
10	Increase the percentage of adolescents (high school students grades 9-12) with three or more adults (besides their parents) from whom they feel comfortable seeking help	44.6% ^a	47%	48.6%	★
11	Reduce the rate of unique, substantiated child maltreatment victims per 1,000 children (age 0-17 years)	15	14.4	17	●
12	Reduce the rate of rape per 100,000 population	125.4 ^{c,e}	113 ^c	151.3	●
13	Reduce the percentage of high school students who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months	9.1% ^{c,e}	8% ^c	9.7%	●
14	Reduce the alcohol-induced mortality rate per 100,000 population	16.3	15.3	23.7	●
15.a	Reduce the percentage of adults (age 18 years and older) who report binge drinking in the last 30 days based on the following criteria: 5 or more alcoholic drinks for men; 4 or more alcoholic drinks for women, on one occasion	21.8%	20%	16.8%	★
15.b	Reduce the percentage of adolescents (high school students grades 9-12) who report binge drinking in the past 30 days based on the following criteria: 5 or more alcoholic drinks for boys; 4 or more alcoholic drinks for girls, at least once in the past 30 days	13.8% ^{c,f}	17%	12.4%	★
16	Reduce the unintentional injury mortality rate per 100,000 population	58.5	54.8	63	●
17	Increase the percentage of children age 19-35 months who receive the ACIP (Advisory Committee on Immunization Practices) recommended vaccination series (2013 ACIP recommendation: 4 DTaP, 3 Polio, 1MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV)	65%	75%	69.5% ^f	◆
18	Reduce the incidence rate of Chlamydia trachomatis per 100,000 population	849.6	705.2	856	●
19	Increase the percentage of rural community housing units with water and sewer services	77.6%	87%	85.1%	◆
20	Increase the percentage of the population served by community water systems with optimally fluoridated water	54.8%	58%	41.9%	●
21	Reduce the percentage of women delivering live births who have not received prenatal care beginning in the first trimester of pregnancy	21.3%	19%	19.4%	◆
22	Reduce the rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventive care) based on the Agency for Healthcare Research and Quality (AHRQ) definition	7.1	6.7	7.3	●
23	Reduce the rate of adults (age 18 years and older) reporting they could not afford to see a doctor in the last 12 months	14.7%	14%	13.4%	★
24	Increase the percentage of the population living above the federal poverty level (as defined for AK)	84.7%	90%	85.6%	◆
25	Increase the percentage of 18-24 year olds with a high school diploma or equivalency	81.2%	86%	87.5%	★

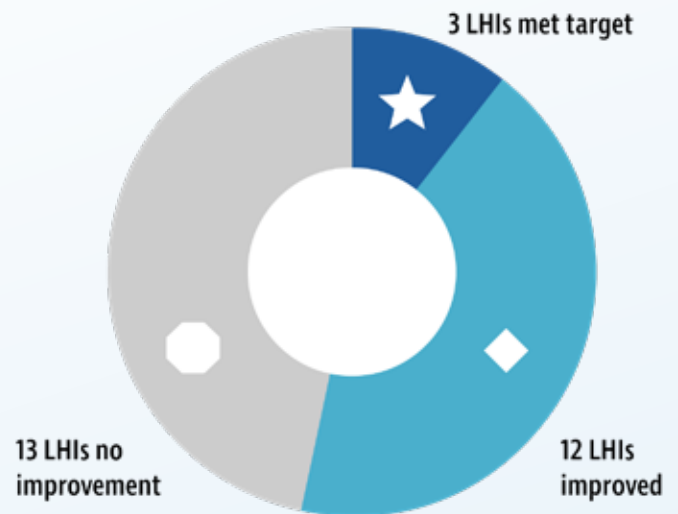
NOTES *Baseline 2010 and Final 2019 unless otherwise noted; ^a 2009; ^b 2009-2010 school year, ASD and Mat-Su only; ^c Modified due to change in data collection methodology; ^d 2011; ^e

Alaska Native People

Fifteen of the 28 indicators listed on the Alaska Native Scorecard have either improved or have met their targets over the previous decade (2010-2019). Though disparities exist between the Alaska Native population and the general population, many indicators are steadily improving faster than the rate of the general population. This may be due in part to the growth of the Tribal Health system and policy changes from earlier decades. Some of the indicators that improved include:

- Reduced the cancer mortality rate, from 238.9 to 199.4 per 100,000 (LHI 1).
- Increased the percentage of high school students who have NOT smoked cigarettes or cigars, or used chewing tobacco, snuff, or dip on one or more of the past 30 days, from 56.8% to 73.1% (LHI 2).
- Increased the percentage of high school students with three or more adults (besides their parent[s]) who they feel comfortable seeking help from, from 34.1% to 46.4% (LHI 10).
- Decreased the percentage of adults who report binge drinking in the last 30 days, from 21.8% to 20.3%, and the percentage of high school students who report binge drinking in the last 30 days, from 13.5% to 10.8% (LHI 15a and 15b).
- Decreased the percentage of adults aged 18 or over reporting that they could not afford to see a doctor in the last 12 months, from 13.2% to 8.1% (LHI 23).
- Increased the percentage of residents living above the federal poverty level, from 65.2% to 77% (LHI 24).
- Increased the percentage of 18-24-year-olds with a high school diploma, from 70.2% to 78.2% (LHI 25).

Leading Health Indicator Progress for Alaska Native People



In comparison, some indicators still stand out as significant health inequities for the Alaska Native population, including:

- Suicide mortality rate (LHI 7a and 7b). The suicide mortality rate for Alaska Native people aged 15 to 24 is 2.5 times that of all Alaskans in this age range and 10 times that of the general population of the United States.
- Alcohol-induced mortality (LHI 14). The rate of alcohol-induced deaths for Alaska Native people is more than three times that of the general population in Alaska, and almost eight times that of the general population of the United States.
- Unintentional injury mortality rate (LHI 16). The unintentional mortality rate of Alaska Native people is more than twice as high as for the general population in Alaska.

See the “Leading Health Indicator Progress from 2010-2019” section for expanded details and charts for every LHI.

HA2020 Scorecard: Alaska Native People

★ Met target ◆ Improved ● No improvement

The Healthy Alaskans scorecards show the trends, progress and statistics for each of the leading health indicators over the decade.

#	HA2020 Leading Health Indicator	Baseline		Final	Progress
1	Reduce the cancer mortality rate per 100,000 population	238.9	162	199.4	◆
2	Increase the percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff or dip on one or more of the last 30 days	56.8% ^a	80%	73.1%	◆
3	Increase the percentage of adults (age 18 and older) who do NOT currently smoke cigarettes	61.4%	83%	64.2%	◆
4.a	Reduce the percentage of adults (age 18 years and older) who meet criteria for overweight (body mass index of ≥25 and <30 kg/m ²)	41%	36%	33%	★
4.b	Reduce the percentage of adults (age 18 years and older) who meet criteria for obesity (body mass index of ≥30 kg/m ²)	31.4%	27%	34.8%	●
5.a.i	Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age- and sex-specific body mass index of ≥85th and <95th percentile)	16.2% ^a	12%	14.5%	◆
5.a.ii	Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age- and sex-specific body mass index of ≥95th percentile)	11.4% ^a	10%	17.5%	●
5.b.i	Reduce the percentage of children (students in grades K-8) who meet criteria for overweight (age- and sex- specific body mass index of ≥85th and <95th percentile)	21.0% ^{b,c}	15%	19.4%	◆
5.b.ii	Reduce the percentage of children (students in grades K-8) who meet criteria for obesity (age- and sex- specific body mass index of ≥95th percentile)	21.0% ^{b,c}	15% ^c	21.9%	●
6.a	Increase the percentage of adults (age 18 years and older) who report 150 or more minutes per week of moderate or vigorous exercise, where each minute of vigorous exercise contributes 2 minutes to the total	52% ^d	61%	50%	●
6.b	Increase the percentage of adolescents (high school students grades 9-12) who do at least 60 minutes of physical activity a day, every day of the week	17.1% ^a	23%	17.5%	◆
7.a	Reduce the suicide mortality rate per 100,000 population among the population, age 15-24 years	117	43.2	145.5	●
7.b	Reduce the suicide mortality rate per 100,000 population among the population, age 25 years and older	35.7	23.5	69.1	●
8	Reduce the percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities in the past 12 months	25.6% ^a	23%	43.1%	●
9	Reduce the mean number of days in the past 30 days adults (age 18 and older) report being mentally unhealthy	3.3	2.9	4.0	●
10	Increase the percentage of adolescents (high school students grades 9-12) with three or more adults (beside their parents) from whom they feel comfortable seeking help	34.1% ^a	47%	46.4%	◆
13	Reduce the percentage of high school students who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months	10.3% ^{c,e}	8% ^c	14.0%	●
14	Reduce the alcohol-induced mortality rate per 100,000 population	61.2	15.3	87.1	●
15.a	Reduce the percentage of adults (age 18 years and older) who report binge drinking in the last 30 days based on the following criteria: 5 or more alcoholic drinks for men; 4 or more alcoholic drinks for women, on one occasion	21.8%	20%	20.3%	◆
15.b	Reduce the percentage of adolescents (high school students grades 9-12) who report binge drinking in the past 30 days based on the following criteria: 5 or more alcoholic drinks for boys; 4 or more alcoholic drinks for girls, at least once in the past 30 days	13.5% ^{c,f}	17%	10.8%	★
16	Reduce the unintentional injury mortality rate per 100,000 population	100.4	54.8	134	●
17	Increase the percentage of children age 19-35 months who receive the ACIP (Advisory Committee on Immunization Practices) recommended vaccination series (2013 ACIP recommendation: 4 DTaP, 3 Polio, 1MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV)	77%	75%	72.6% ^g	●
18	Reduce the incidence rate of Chlamydia trachomatis per 100,000 population	2394.3	705.2	2612	●
21	Reduce the percentage of women delivering live births who have not received prenatal care beginning in the first trimester of pregnancy	27.3%	19%	22.1%	◆
22	Reduce the rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventive care) based on the Agency for Healthcare Research and Quality (AHRQ) definition	18.8	6.7	16.3	◆
23	Reduce the rate of adults (age 18 years and older) reporting they could not afford to see a doctor in the last 12 months	13.2%	14%	8.1%	★
24	Increase the percentage of the population living above the federal poverty level (as defined for AK)	65.2%	90%	77%	◆
25	Increase the percentage of 18-24 year olds with a high school diploma or equivalency	70.2%	86%	78.2%	◆

NOTES ^aBaseline 2010 and Final 2019 unless otherwise noted; ^a 2009; ^b 2009-2010 school year, ASD and Mat-Su only; ^c Modified due to change in data collection methodology; ^d 2011; ^e

Leading Health Indicator Progress from 2010-2019

Grouped by Health Priority

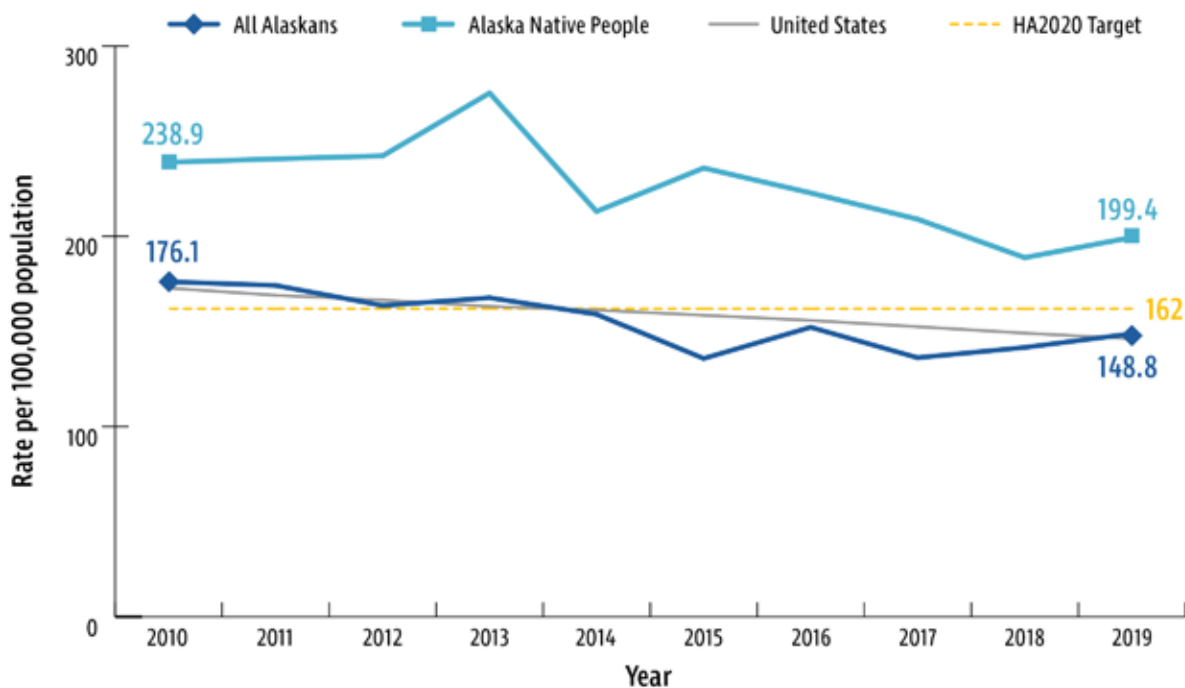


Chronic Disease

Indicator 1: Reduce the cancer mortality rate to 162.0 per 100,000 by 2020.

The rate of cancer mortality in Alaskans decreased 14 percent from 176.1 per 100,000 people in 2010 to 148.8 per 100,000 in 2019. The rate of cancer mortality in Alaska Native people decreased 15 percent from 238.9 per 100,000 people to 199.4 per 100,000 during the same time. The rate of cancer mortality in the United States decreased 12 percent from 172.8 per 100,000 people in 2010 to 146.2 per 100,000 in 2019.

Cancer mortality rate per 100,000 population



NOTE Cancer mortality rates are age-adjusted to the 2000 U.S. standard population.

SOURCES All Alaskans & Alaska Native People: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section. United States: Centers for Disease Control and Prevention/National Center for Health Statistics, Mortality Data Release series.

Context Related to Chronic Disease in Alaska from 2010-2019

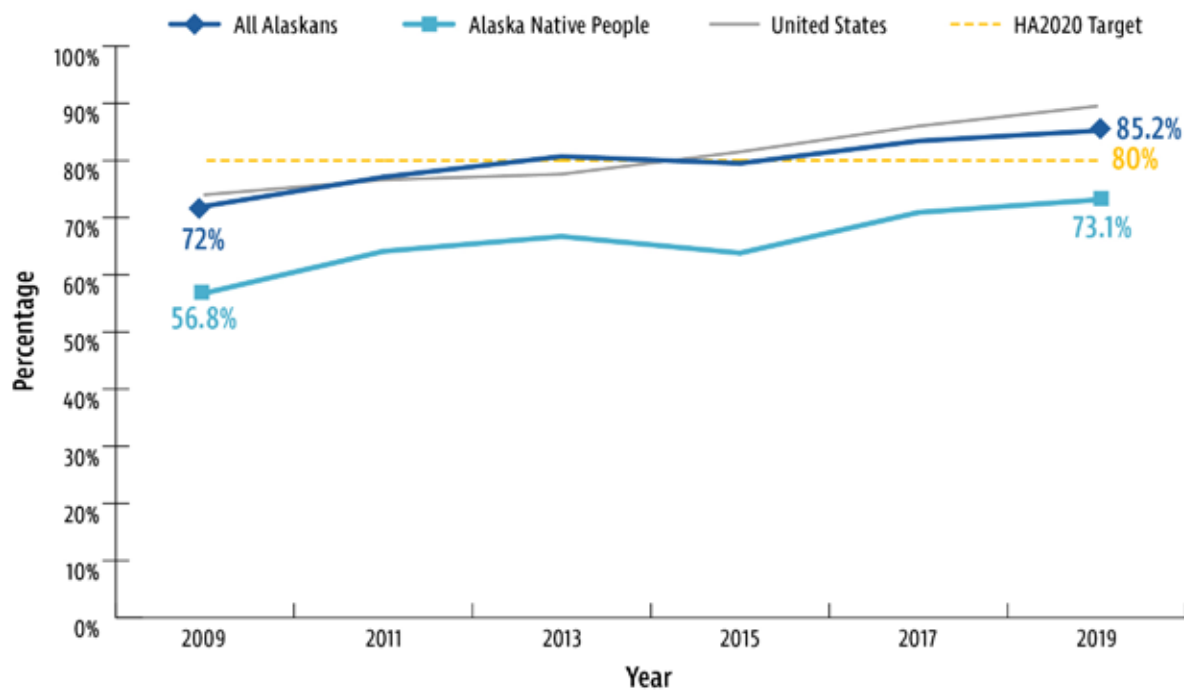
- The Tribal Health system has expanded screening methods and specialty clinics, which have supported increased access to early detection, especially in rural Alaska.
- Over the past 20 years, public health providers and communities made a significant effort to reduce tobacco use, including advocating for the passage of smoke-free workplace laws, which likely affects the cancer mortality rate.

Tobacco Use

Indicator 2: Increase the percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days to 80% by 2020.

The percentage of Alaska adolescents who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days increased from 72% in 2009 to 85.2% in 2019. The percentage of Alaska Native adolescents who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days increased from 56.8% in 2009 to 73.1% in 2019. The percentage of adolescents in the United States who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days increased from 74% in 2009 to 89.5% in 2019.

Percentage of high school students who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days

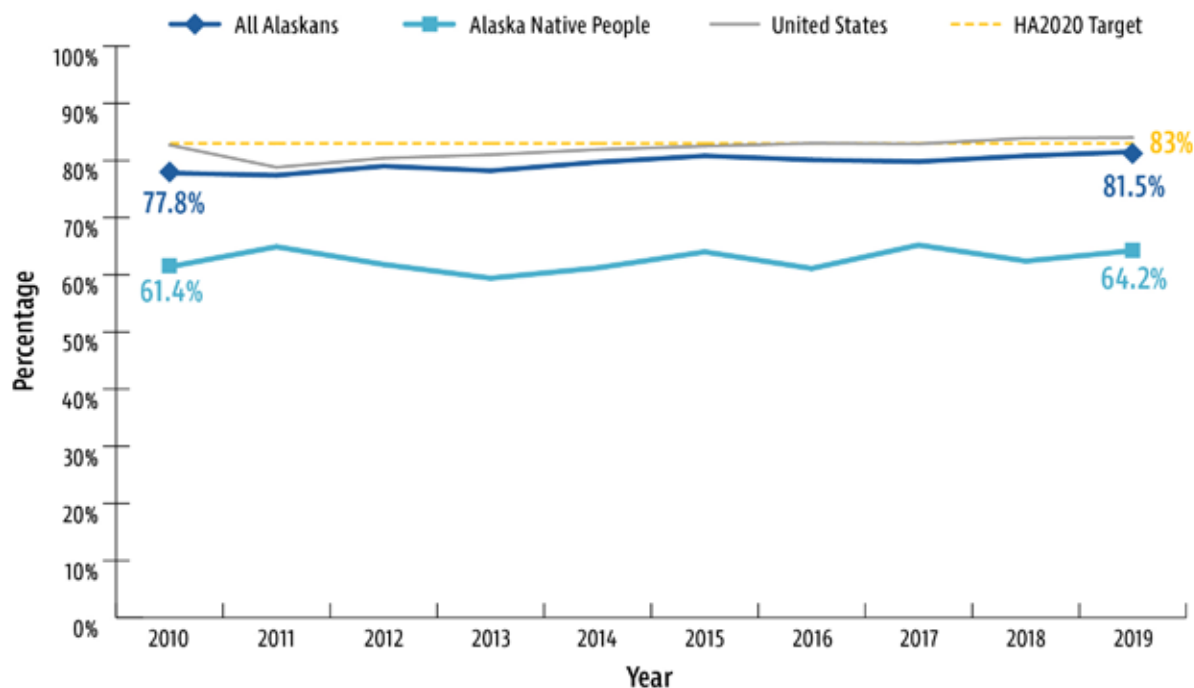


SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey. United States: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Indicator 3: Increase the percentage of adults (age 18 years and older) who currently do not smoke cigarettes to 83% by 2020.

The percentage of Alaska adults who do not smoke cigarettes increased from 77.8% in 2010 to 81.5% in 2019. The percentage of Alaska Native adults who do not smoke cigarettes increased from 61.4% in 2010 to 64.2% in 2019. The percentage of adults in the United States who do not smoke cigarettes increased from 82.7% in 2010 to 84% in 2019.

Percentage of adults (aged 18 years and older) who currently DO NOT smoke cigarettes



SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Behavioral Risk Factor Surveillance System. United States: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (Nationwide [States, DC, and Territories]).

Context Related to Tobacco Use in Alaska from 2010-2019

In 2010, the Alaska Tobacco Prevention and Control Plan convened the Leadership for Eliminating Alaskan Disparities (LEAD) to update their strategic plan and review data to determine where to focus efforts to reduce the disparate burden of tobacco. The data showed that Alaska Native people, people with low socioeconomic status, young adults, and those with behavioral health challenges have high rates of tobacco use. The LEAD Plan focused on policy, systems, and environmental strategies targeting the previously mentioned groups to prevent initiation of tobacco use and to encourage cessation.

Many of the strategies and actions from the Healthy Alaskans 2020 plan mirror those of the LEAD Strategic Plan and have been implemented successfully:

Gold Standard Tobacco-free Campus Policies. The entire University of Alaska system is tobacco free, as are many health campuses across the state. Key milestones from 2010-2019¹ include:

- Over 40 school districts pass tobacco-free policies
- 2011: The Alaska Federation of Natives passes a resolution in support of a statewide smokefree workplace law
- 2014: University of Alaska system votes to become tobacco-free in 2015
- 2016: Alaska State Fair goes smokefree
- 2014-2018: Smokefree Alaska Campaign (for the passage of the statewide law).

Smoke-free workplace laws. The LEAD plan and the work of tobacco control advocates across Alaska focused on community-based strategies to prevent exposure to secondhand smoke, promote cessation and reduce tobacco use initiation. These community-based strategies built awareness and momentum for the passage of the Smokefree Alaska bill, SB63, that prohibits smoking in enclosed public places and workplaces, including buses and taxis, stores, bars and restaurants. The law, signed by Governor Walker on July 17, 2018, is now recorded in Alaska Statute as AS 18.35.301.

Provider training. Health care providers are trained to screen for tobacco use and refer patients to cessation services at every visit (“Ask, Advise, Refer”). Results are documented in electronic health records if they are available.

E-cigarette use and vaping has been increasing since 2007, so overall nicotine use is not reflected in the declines seen in the 2020 target.² Vaping has been included in the Healthy Alaskans 2030 indicator related to tobacco use.

Changes for Healthy Alaskans 2030

Reduce the percentage of adolescents who have used electronic vapor products, cigarettes, smokeless tobacco, or other tobacco products in the last 30 days.

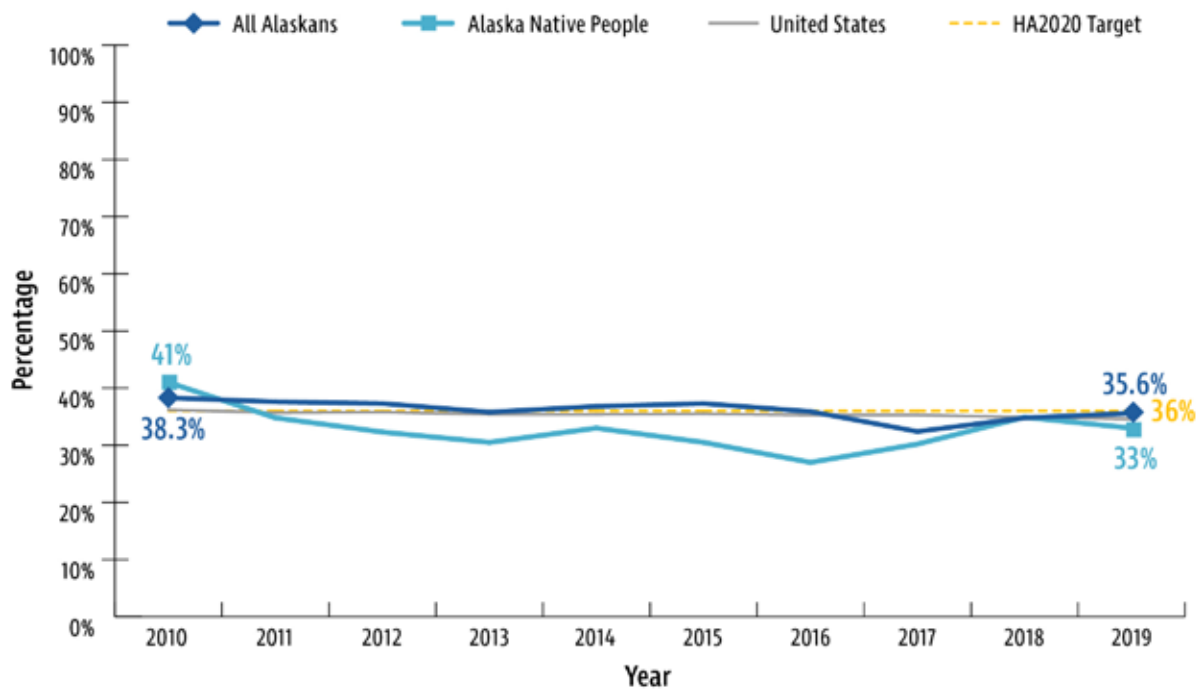
Reduce the percentage of adults who currently smoke cigarettes or use electronic vapor products or smokeless tobacco.

Healthy Weight

Indicator 4.a: Reduce the percentage of adults (age 18 years and older) who meet criteria for overweight (body mass index of ≥ 25 and < 30 kg/m²) to 36% by 2020.

The percentage of Alaska adults who met criteria for overweight decreased from 38.3% in 2010 to 35.6% in 2019. The percentage of Alaska Native adults who met criteria for overweight decreased from 41.0% in 2010 to 33.0% in 2019. The percentage of adults in the United States who met criteria for overweight decreased from 36.2% in 2010 to 34.6% in 2019.

Percentage of adults aged 18 and older who meet criteria for Overweight (body mass index ≥ 25 and < 30 kg/m²)

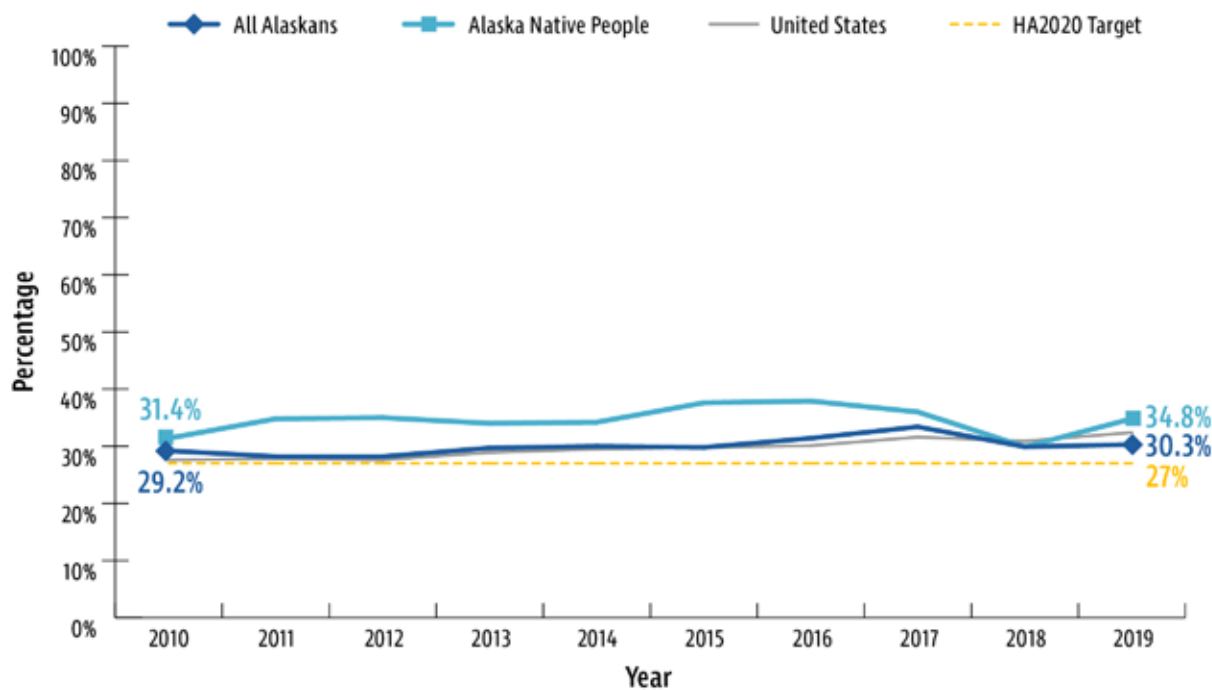


SOURCES All Alaskans & Alaska Native People: Alaska Department of Health. United States: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (Nationwide [States, DC, and Territories]).

Indicator 4.b: Reduce the percentage of adults (age 18 years and older) who met criteria for obesity (body mass index of ≥ 30 kg/m²) to 27% by 2020.

The percentage of Alaska adults who met criteria for obesity increased from 29.2% in 2010 to 30.3% in 2019. The percentage of Alaska Native adults who met criteria for obesity increased from 31.4% in 2010 to 34.8% in 2019. The percentage of adults in the United States who met criteria for obesity increased from 27.6% in 2010 to 32.4% in 2019.

Percentage of adults (aged 18 years and older) who meet criteria for Obesity (body mass index ≥ 30 kg/m²)

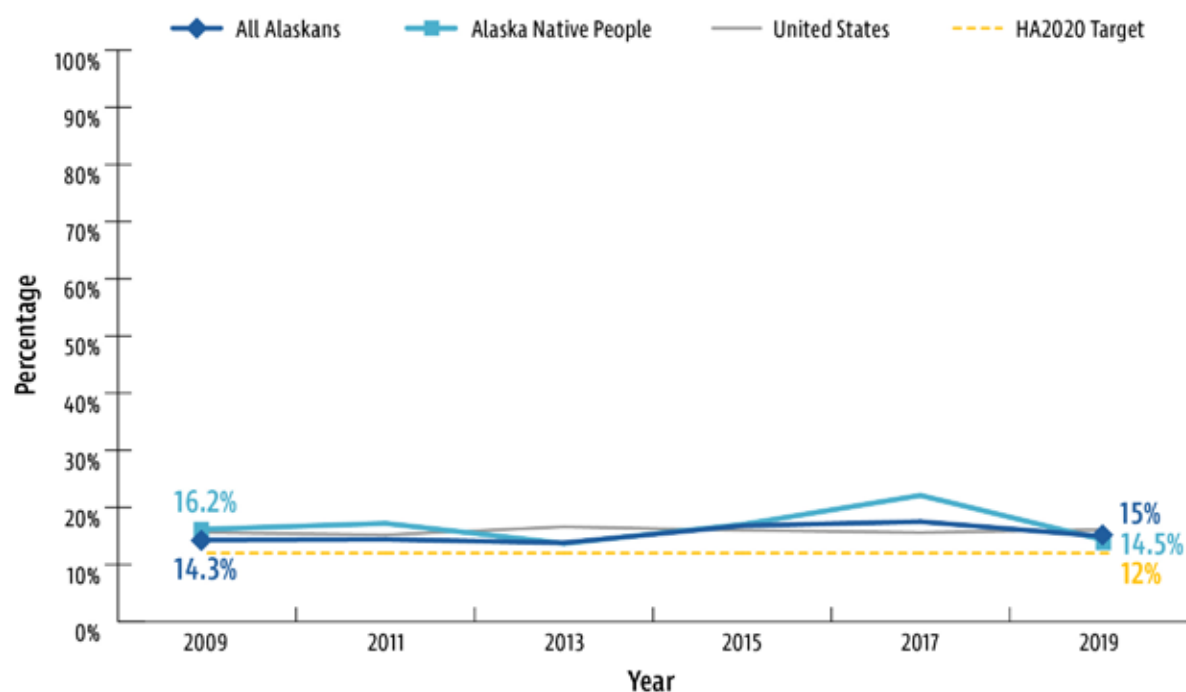


SOURCES All Alaskans & Alaska Native People: Alaska Department of Health. United States: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (Nationwide (States, DC, and Territories)).

Indicator 5.a.i: Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age- and sex-specific body mass index of ≥ 85 th and < 95 th percentile) to 12% by 2020.

The percentage of Alaska adolescents who met criteria for overweight increased from 14.3% in 2009 to 15.0% in 2019. The percentage of Alaska Native adolescents who met criteria for overweight decreased from 16.2% in 2009 to 14.5% in 2019. The percentage of adolescents in the United States who met criteria for overweight increased from 15.6% in 2009 to 16.1% in 2019.

Percentage of adolescents (high school students grades 9-12) who meet criteria for Overweight (age- and sex-specific body mass index ≥ 85 th percentile and < 95 th percentile)

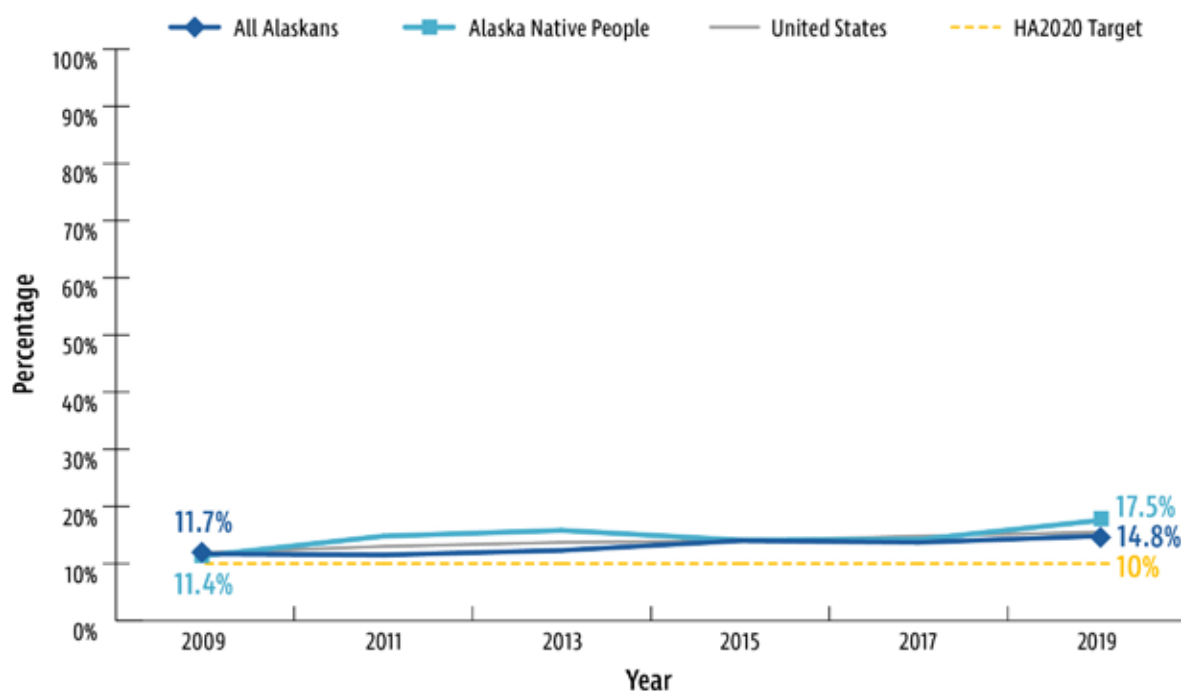


SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey. United States: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Indicator 5.a.ii: Reduce the percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age- and sex-specific body mass index of ≥ 95 th percentile) to 10% by 2020.

The percentage of Alaska adolescents who met criteria for obesity increased from 11.7% in 2010 to 14.8% in 2019. The percentage of Alaska Native adolescents who met criteria for obesity increased from 11.4% in 2010 to 17.5% in 2019. The percentage of adolescents in the United States who met criteria for obesity increased from 11.9% in 2010 to 15.5% in 2019.

Percentage of adolescents (high school students grades 9-12) who meet criteria for Obesity (age- and sex-specific body mass index ≥ 95 th percentile)

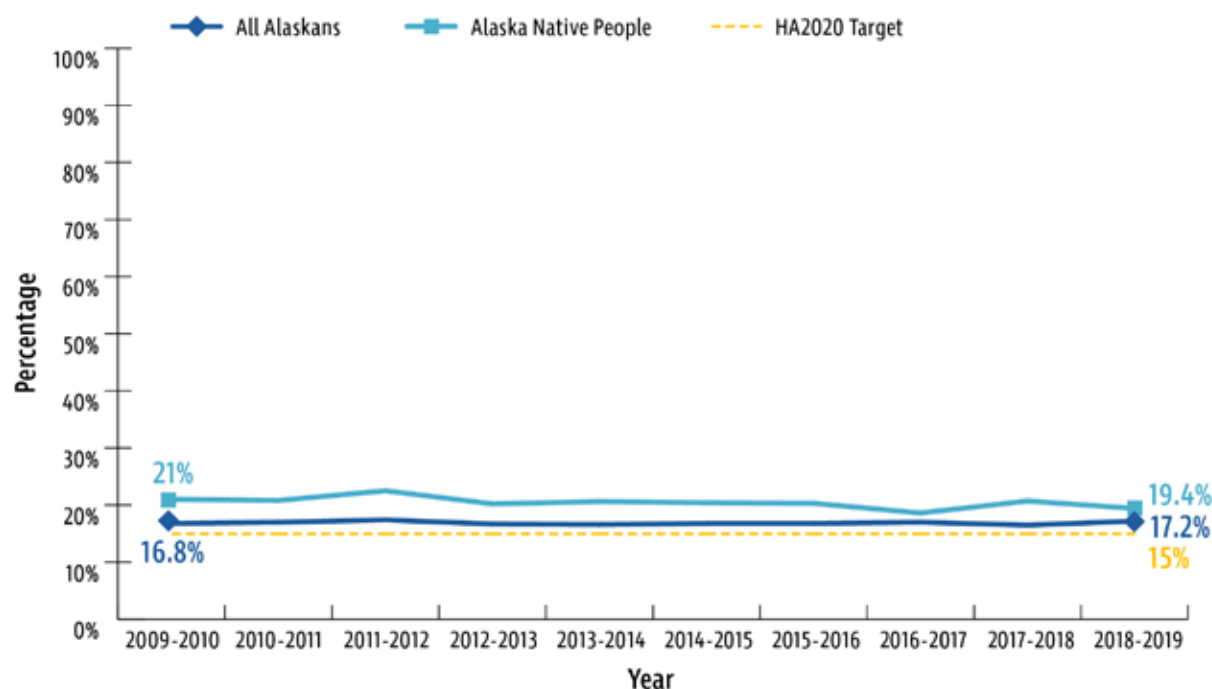


SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey. United States: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Indicator 5.b.i: Reduce the percentage of children (students in grades K-8) who meet criteria for overweight (age- and sex-specific body mass index of ≥ 85 th and < 95 th percentile) to 15% by 2020.

The percentage of Alaska children who met criteria for overweight remained relatively flat at 16.8% in the 2009-2010 school year and 17.2% in the 2018-2019 school year, though there was some fluctuation in intervening years. The percentage of Alaska Native children who met criteria for overweight decreased from 21% in the 2009-2010 school year to 19.4% in the 2018-2019 school year. There is not a national comparison measure for K-8 students.

Percentage of children (grades K-8) who are overweight



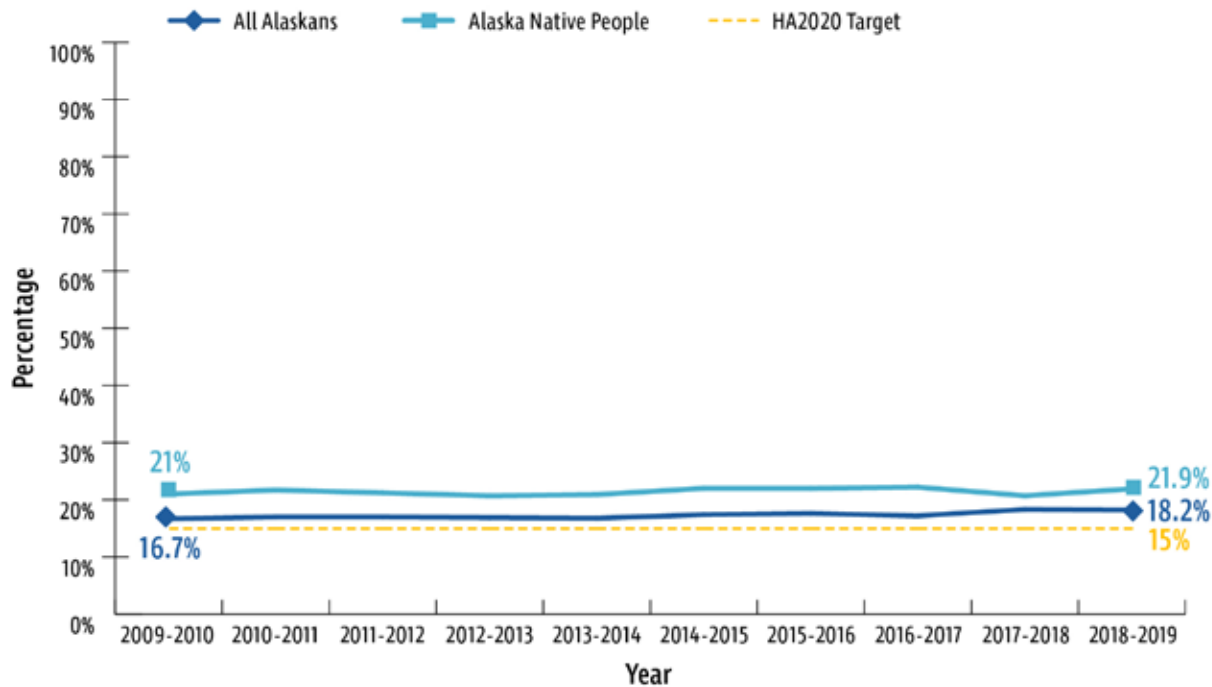
NOTE Data shown are for Anchorage School District and Matanuska-Susitna Borough School District for grades K,1,3,5, and 7.

SOURCES School Districts participating in Student Weight Status Surveillance System.

Indicator 5.b.ii: Reduce the percentage of children (students in grades K-8) who meet criteria for obesity (age- and sex-specific body mass index of ≥ 95 th percentile) to 15% by 2020.

The percentage of Alaska children who met criteria for obesity increased from 16.7% in the 2009-2010 school year to 18.2% in the 2018-2019 school year. The percentage of Alaska Native children who met criteria for obesity remained relatively flat, increasing slightly from 21% in the 2009-2010 school year to 21.9% in the 2018-2019 school year. There is not a national comparison measure for K-8 students.

Percentage of children (grades K-8) who are obese



NOTE Data shown are for Anchorage School District and Matanuska-Susitna Borough School District for grades K,1,3,5, and 7.

SOURCES School Districts participating in Student Weight Status Surveillance System.

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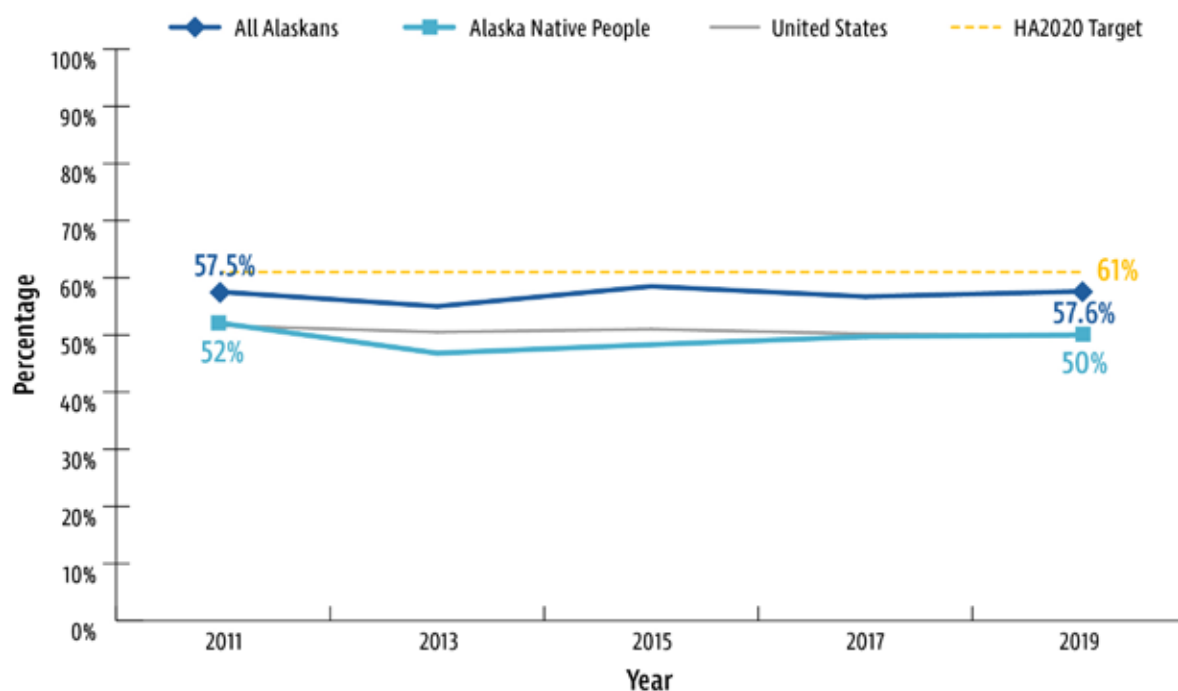
For children and adults, the decrease in the rate of people who met criteria for overweight is possibly the result of the increase of people who met the criteria for obesity. For this reason, in HA2030, this indicator has been changed to: Increase the percentage of children (students in grades K-8) who met criteria for healthy weight (as opposed to underweight, overweight or obese).

Physical Activity

Indicator 6.a: Increase the percentage of adults (age 18 years and older) who meet the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines (150 minutes or more total minutes per week of moderate or vigorous exercise) to 61% by 2020.

The percentage of Alaska adults who met the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines remained relatively flat at 57.5% in 2011 and 57.6% in 2019, though there was some fluctuation in intervening years. The percentage of Alaska Native adults who met the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines decreased from 52.0% in 2011 to 50.0% in 2019. Alaskans are more active than the United States general population. The percentage of adults in the United States who met the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines decreased from 51.6% in 2011 to 49.9% in 2019.

Percentage of adults (aged 18 years and older) who meet the 2008 physical activity guidelines (150 minutes or more total minutes per week of moderate exercise or vigorous exercise where each minute of vigorous exercise contributes two minutes to the total)



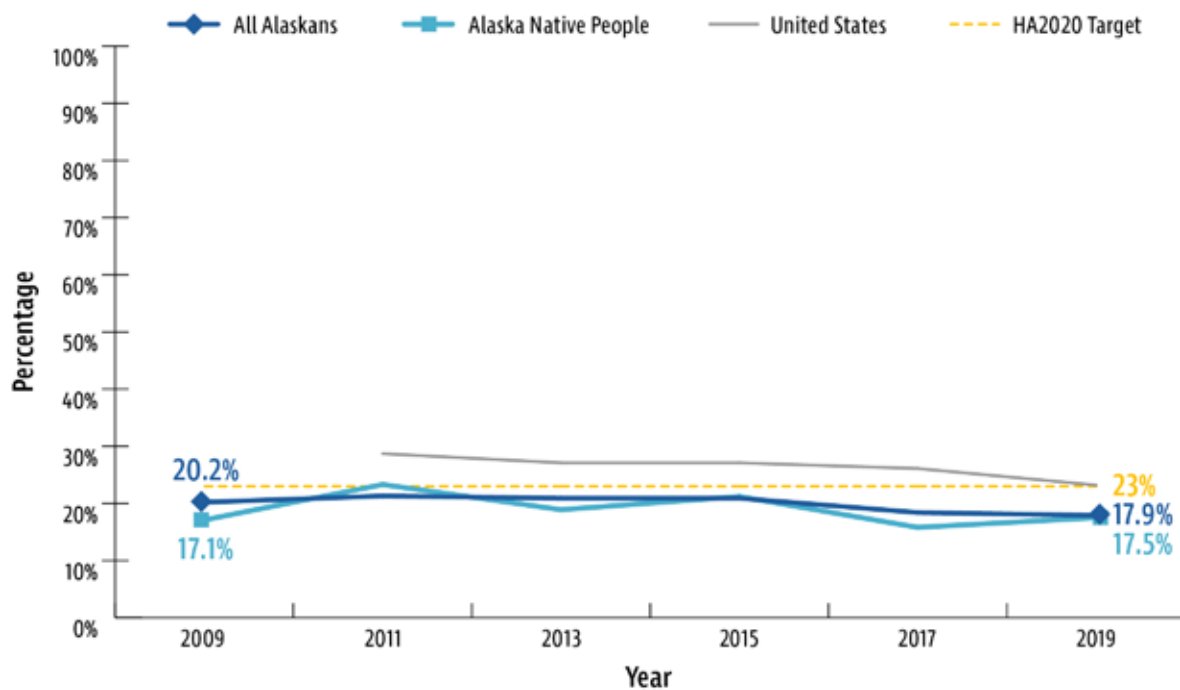
NOTE There have been changes in the BRFSS measure for physical activity over time. The above data reflects the new guidelines AND the new measure.

SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Behavioral Risk Factor Surveillance System. United States: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Indicator 6.b: Increase the percentage of adolescents (high school students in grades 9-12) who meet the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines (at least 60 minutes of physical activity a day, every day of the week) to 23% by 2020.

The percentage of Alaska adolescents who met the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines decreased from 20.2% in 2009 to 17.9% in 2019. The percentage of Alaska Native adolescents who met the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines increased from 17.1% in 2009 to 17.5% in 2019. Alaska youth are less active than the United States general population. The percentage of adolescents in the United States who met the 2008 U.S. Dept. of Health and Human Services Physical Activity Guidelines decreased from 28.7% in 2011 to 23.2% in 2019.

Percentage of high school students who engage in at least 60 minutes of physical activity a day, every day of the week



SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey. United States: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Context Related to Healthy Weight and Physical Activity in Alaska from 2010-2019

High overweight and obesity rates are a national and Alaskan public health concern. The steep increases in overweight and obesity that our state and our nation were seeing in the 1990s and early 2000s have leveled off in the past decade. For example, adult overweight and obesity rates jumped sharply in Alaska from 48% to 61% between 1991 to 1999, slowed in the next decade (65% in 2009) and have remained relatively flat in the past decade (66% in 2019). While we do not have Alaska-specific Youth Risk Behavior Surveillance data before 2003, national data indicate similar leveling trends are happening with youth. Our aim remains to increase the percentage of Alaskans living at a healthy weight, but the current flattening trends are an important first step.

Both the State of Alaska and the Alaska Native Tribal Health Consortium (ANTHC) addressed these Leading Health Indicators by creating and supporting programs designed to promote nutrition and physical activity. Nutrition programming at ANTHC works collaboratively with many of its different clinical and community health programs to incorporate nutrition education on topics to include cancer, liver disease, tobacco cessation, diabetes, and elder health. For example, the Health Promotion program and Food Distribution Program on Indian Reservations (FDPIR) partnered to host healthy food demonstrations for recipients of the FDPIR program using traditional foods, FDPIR foods, and store-bought foods. Nutrition education at ANTHC focuses on promoting the health benefits of traditional foods, using initiatives such as Store Outside

Your Door and Alaska Plants as Food & Medicine, which both promote knowledge of traditional ways and physical activity through harvesting.

In 2010, the Alaska Food Policy Council (AFPC) was founded and made numerous contributions to improving the Alaska food system over the decade. Robust local food systems improve the availability, accessibility and affordability of nutritious foods, impacting the health and food security of all Alaskans. AFPC provided education, training, and support for food initiatives, such as food conferences, grants for local food projects, and the Farmers Market Quest Program, allowing low-income Alaskans the ability to use their Supplemental Nutrition Assistance Program (SNAP) benefits at local farmers markets.

In 2012, the State of Alaska created the Play Every Day campaign that aimed to help children grow up at a healthy weight. The campaign had two main goals: Encourage children to be physically active at least one hour every day and reduce the number of sugary drinks children consume. Play Every Day follows the evidence-based social marketing process that uses marketing techniques to encourage positive changes among a priority audience. This process uses research methods to inform and evaluate Play Every Day communication materials and prioritizes sharing messages that encourage measurable changes to knowledge, beliefs, and behaviors. The campaign delivered messages through public service announcements, lesson plans and other educational materials. The Healthy Weight Leading Health Indicator was also supported by the Healthy Drinks project that trained dental providers to encourage families to reduce consumption of sugary drinks.

Other successful strategies and actions from Healthy Alaskans 2020 included partnering with Healthy Futures, an Alaska-based, statewide, grassroots organization that empowers Alaska's youth to build the habit of daily physical activity, by: working to improve nutrition and physical activity standards in the child-care setting; working with

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The Physical Activity category includes an indicator related only to adolescent physical activity.

school partners to pass strong student nutrition and physical activity policies (also known as school wellness policies); and providing valuable professional development for school partners at the annual School Health and Wellness Institute. Beginning in 2018, the State of Alaska received funding to train maternity care nurses on the 10 Steps to Effective Breastfeeding and partnered with ANTHC's Campus Healthy Food (CHeF) project to develop a healthy food and beverage policy for the Alaska Native Medical Center.

Many individual organizations, like the Aleutian Pribilof Islands Association,³ the Bristol Bay School District, and Rural CAP, worked to develop educational curricula focused on regional traditional foods for childcare providers in the communities they serve. The Farm-to-School and the Nutritional Alaskan Foods in Schools programs increased the amount of healthy, local foods served in schools.

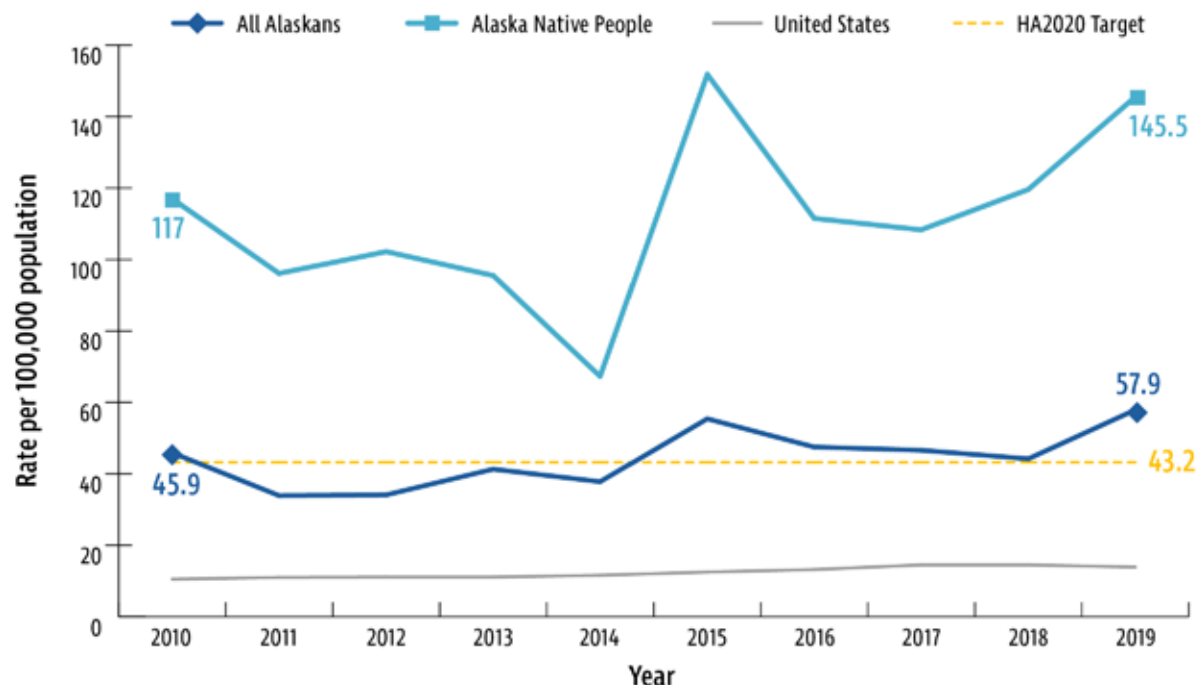
A lot of work has been done, but there is more work to do. To effectively reduce obesity, we need to implement a sustained, comprehensive approach that addresses the risk and protective factors that contribute to obesity.

Suicide Prevention

Indicator 7.a: Reduce the suicide mortality rate of 15- to 24-year-olds to 43.2 per 100,000 by 2020.

The suicide mortality rate of Alaskans aged 15 to 24 increased 26% from 45.9 per 100,000 in 2010 to 57.9 per 100,000 in 2019. The suicide mortality rate of Alaska Native people aged 15 to 24 increased 24% from 117.0 per 100,000 in 2010 to 145.5 per 100,000 in 2019. The suicide mortality rate of people aged 15 to 24 in the United States increased 32% from 10.5 per 100,000 in 2010 to 13.9 per 100,000 in 2019. The suicide mortality rate for Alaska Native people aged 15 to 24 is 2.5 times that of all Alaskans in this age range and 10 times that of the United States.

Suicide mortality rate per 100,000 population, among population aged 15-24 years



NOTE Rates are crude, not age adjusted.

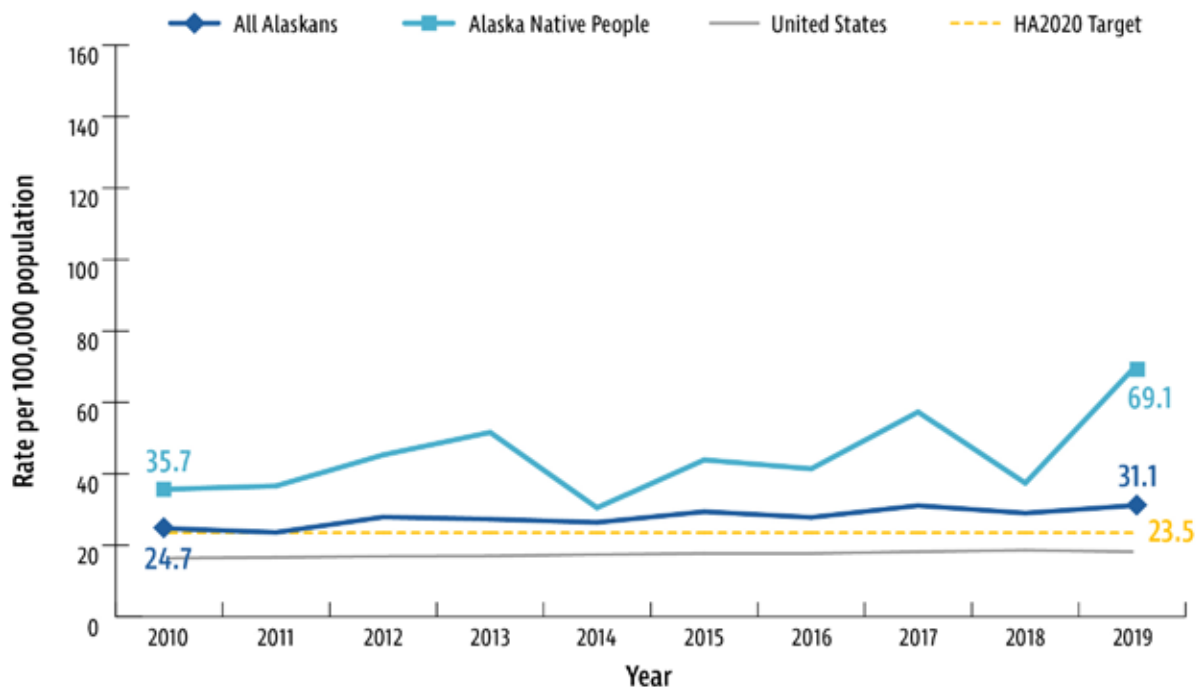
NOTE 2 The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

SOURCES All Alaskans & Alaska Native People: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section. United States: National Violent Death Reporting System.

Indicator 7.b: Reduce the suicide mortality rate of adults 25 years and older to 23.5 per 100,000 by 2020.

The suicide mortality rate of Alaska adults aged 25 and older increased 26% from 24.7 per 100,000 in 2010 to 31.1 per 100,000 in 2019. The suicide mortality rate of Alaska Native people adults aged 25 and older increased 94% (almost doubled) from 35.7 per 100,000 in 2010 to 69.1 per 100,000 in 2019. The suicide mortality rate of adults aged 25 and older in the United States increased 11% from 16.4 per 100,000 in 2010 to 18.2 per 100,000 in 2019. The suicide mortality rate for Alaska Native adults aged 25 and older is more than twice the rate among adults aged 25 and older in Alaska and the United States.

Suicide mortality rate per 100,000 population, among population aged 25+ years



NOTE Rates are crude, not age adjusted.

NOTE 2 The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

SOURCES All Alaskans & Alaska Native People: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section. United States: National Violent Death Reporting

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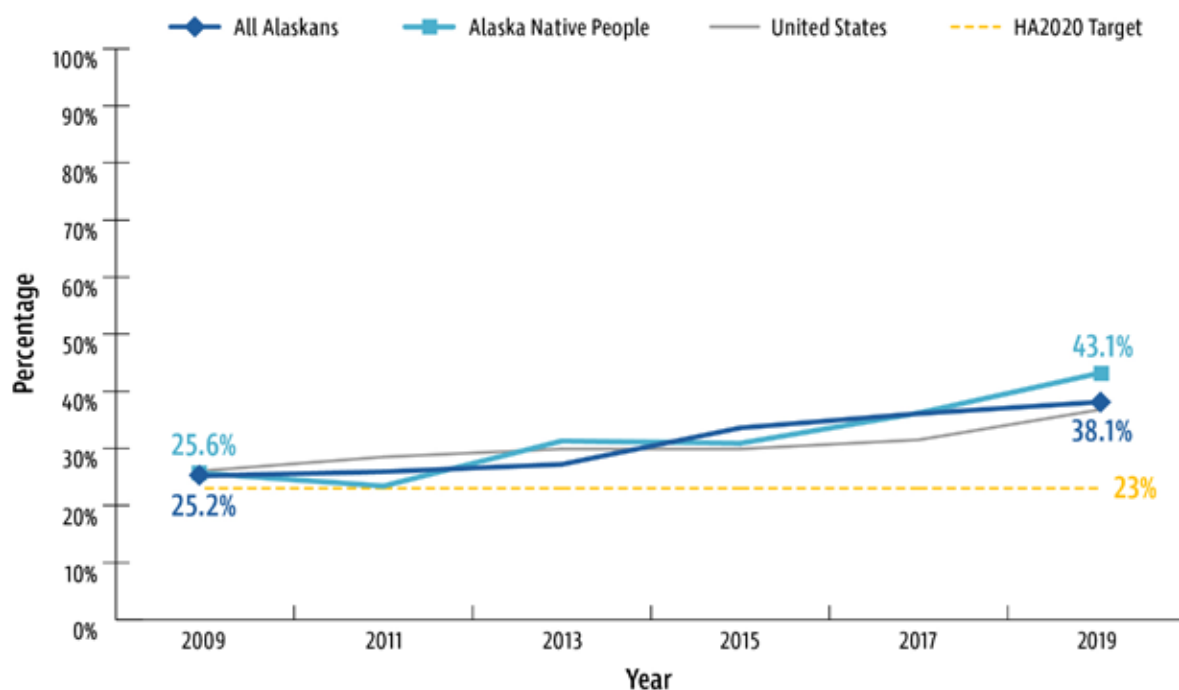
Reduce the suicide mortality rate per 100,000 population.

Mental Health

Indicator 8: Reduce the percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months to 23% by 2020.

The percentage of adolescents in Alaska who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months increased from 25.2% in 2009 to 38.1% in 2019. The percentage of Alaska Native adolescents who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months increased from 25.6% in 2009 to 43.1% in 2019. The percentage of adolescents in the United States who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months increased from 26.1% in 2009 to 36.7% in 2019.

Percentage of high school students who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the last 12 months

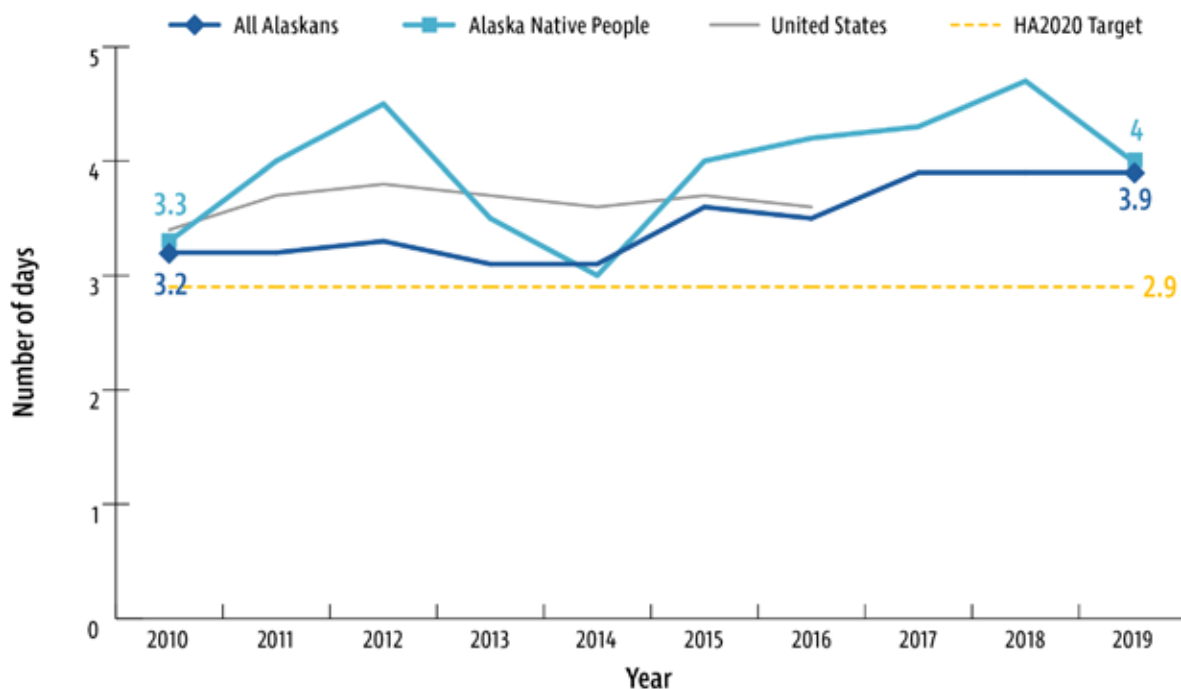


SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey. United States: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Indicator 9: Reduce the mean number of days in the past 30 days that adults (age 18 and older) report being mentally unhealthy to 2.9 days by 2020.

The mean number of days in the past 30 days that Alaska adults reported being mentally unhealthy increased from 3.2 days in 2010 to 3.9 in 2019. The mean number of days in the past 30 days that Alaska Native adults reported being mentally unhealthy increased from 3.3 days in 2010 to 4.0 in 2019. The mean number of days in the past 30 days that adults in the United States reported being mentally unhealthy increased from 3.4 days in 2010 to 3.6 in 2016.

Mean number of days (in past 30 days) adults aged 18 and older report being mentally unhealthy



SOURCES All Alaskans & Alaska Native People: Alaska Department of Health. United States: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (Nationwide [States, DC, and Territories]).

Context Related to Suicide Prevention and Mental Health in Alaska from 2010-2019

The **Behavioral Health Aide Program** for Tribal Health programs hired and placed additional providers in rural communities for community members to connect to care.

Strategies and actions implemented from the Healthy Alaska 2020 Plan related to mental health include:

- Maintain and expand use of evidence-based screening, brief intervention, and referral models such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), Improving Mood-Promoting Access to Collaborative Treatment (IMPACT), and SSI/SSDI Outreach, Access, and Recovery (SOAR).
- Continue use of the School Climate and Connectedness Survey.
- There are more adults in schools who can support mental health, such as the School Resource Officers.
- School engagement and partnerships have also increased, including work by the Mat-Su Health

Foundation, Juneau Youth Services, AK Behavioral Health, Providence and Volunteers of America.

- Providers are emphasizing the importance of ACEs (adverse childhood experiences, defined as potentially traumatic events that occur before a child reaches the age of 18) and how to avoid retraumatizing people who are involved in the social service system.

Strategies and actions within the Healthy Alaskans 2020 Plan related to suicide prevention included:

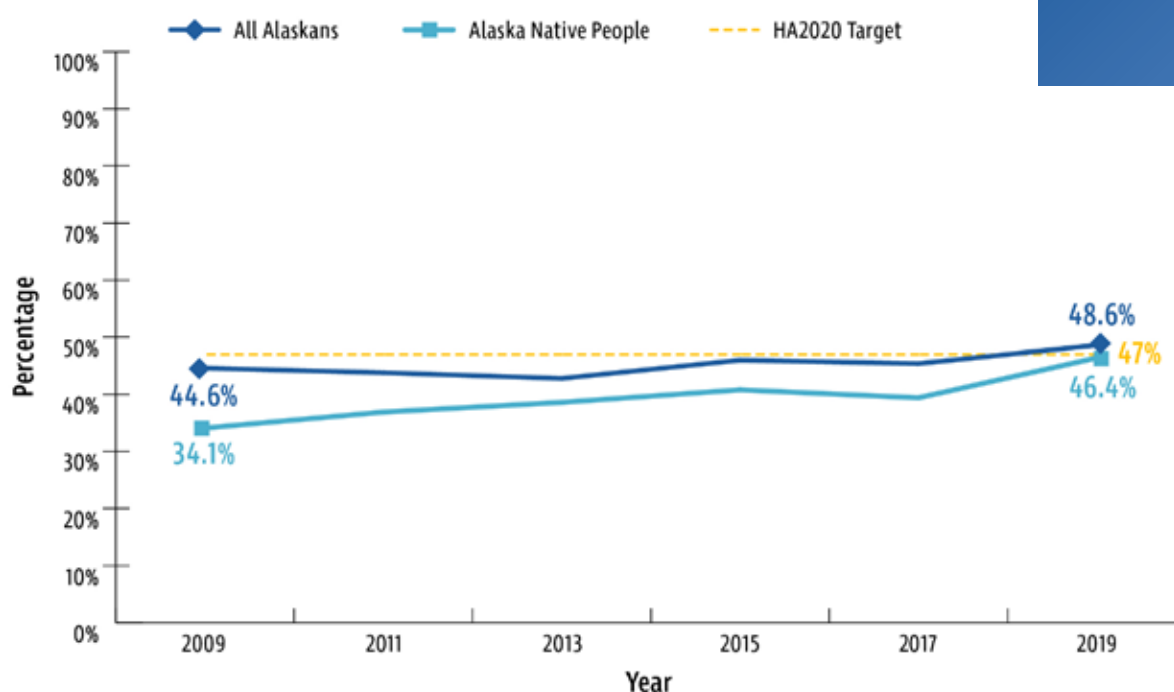
- “We are all Alaskans” and “Sound Minds in Sound Bodies” campaign
- Enhance mental health services
- Fund evidence-based suicide prevention programs and practices

Protective Factors

Indicator 10: Increase the percentage of adolescents (high school students in grades 9-12) with three or more adults (besides their parents) from whom they feel comfortable seeking help to 47% by 2020.

The percentage of adolescents with three or more adults (besides their parents) from whom they feel comfortable seeking help increased from 44.6% in 2009 to 48.6% in 2019. The percentage of Alaska Native adolescents with three or more adults (besides their parents) from whom they feel comfortable seeking help increased from 34.1% in 2009 to 46.4% in 2019.

Percentage of high school students with three or more adults (besides their parent[s]) who they feel comfortable seeking help from



SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey.

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Increase the percentage of adolescents who feel like they matter to people in their community.

Context Related to Protective Factors in Alaska from 2010-2019

The State of Alaska, ANTHC and local organizations have continued to shift efforts to **primary prevention**. Examples of this include the expansion of the school climate and connectedness survey, mentorship opportunities such as the Coaching Boys into Men curriculum and Youth 360, increased use of trauma-informed practices in schools and more emphasis on social emotional learning and promoting cultural values and connections with Elders and subsistence among Alaska Native youth.

Out-of-school programming has also increased over the past ten years, making more opportunities for caring adult and youth connections.

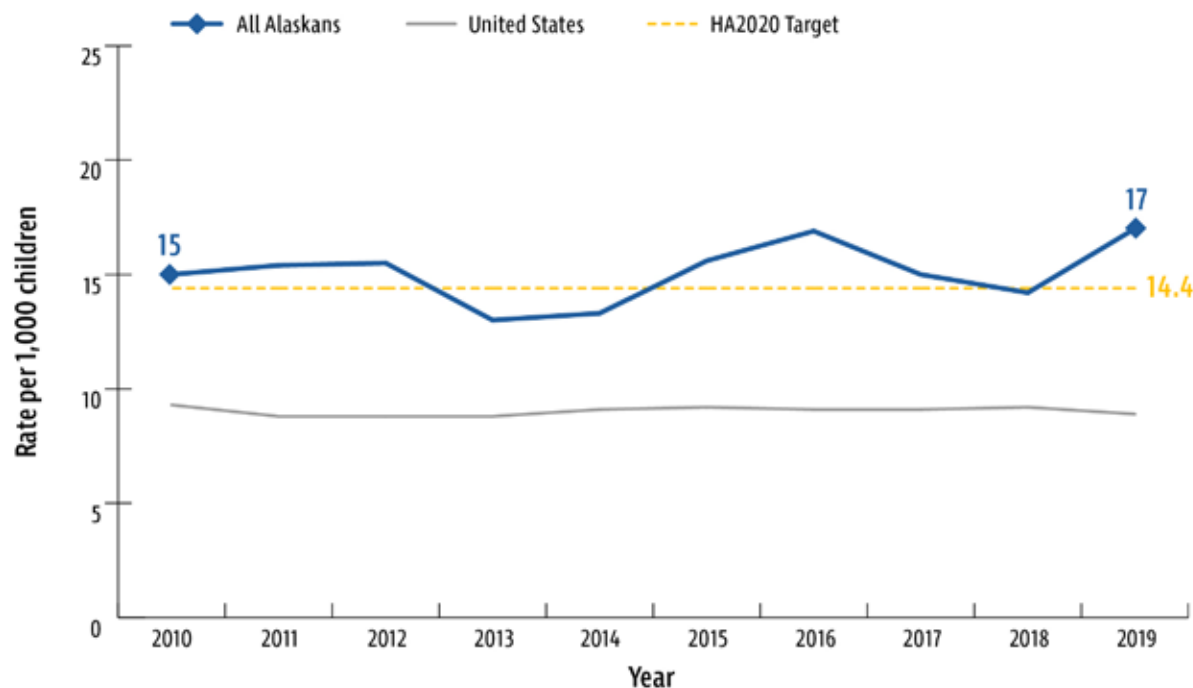
The Alaska Association of School Boards and partners have been working to improve school climate and connectedness across the state and working towards “culturally congruent” schools in rural Alaska, in which teachers respect their students’ cultural backgrounds.

Violence Prevention

Indicator 11: Reduce the rate of unique substantiated child maltreatment victims (age 0-17 years) in Alaska to 14.4 per 1,000 children by 2020.

The rate of unique substantiated child maltreatment victims in Alaska increased from 15.0 per 1,000 children in 2010 to 17.0 per 1,000 children in 2019, though it fell below the HA2020 target of 14.4 per 1,000 children in 2013, 2014, and 2018. Data were not available for the Alaska Native population specifically. In the United States, the rate of unique substantiated child maltreatment victims decreased from 9.3 per 1,000 children in 2010 to 8.9 per 1,000 children in 2019. The rate of substantiated child maltreatment victims in Alaska was almost twice that of the United States in 2019.

Rate of unique substantiated child maltreatment victims (age 0-17) per 1,000 children



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

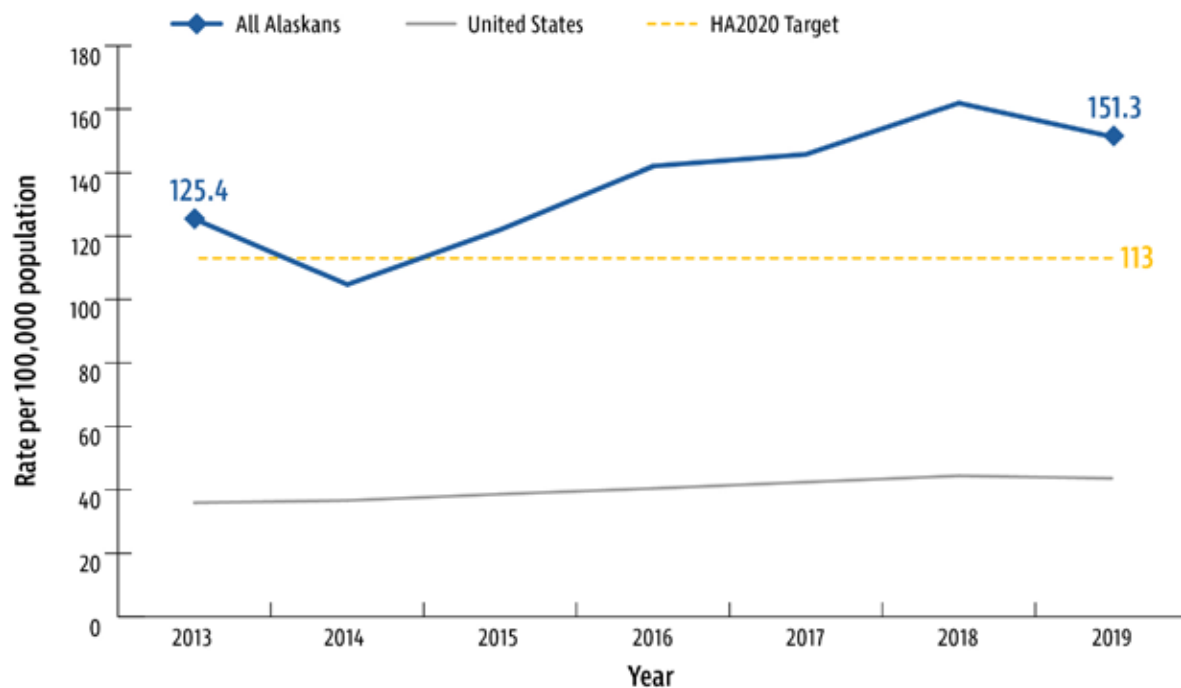
DATA CAUTION These data show substantiated reported cases rather than actual incidence.

SOURCES All Alaskans: Alaska Department of Health, Office of Children's Services. United States: U.S. Department of Health and Human Services, Administration for Children and Families.

Indicator 12: Reduce the rate of rape to 113 per 100,000 population by 2020.

The rate of rape in Alaska increased 21% from 125.4 per 100,000 population in 2013 to 151.3 per 100,000 in 2019. Data are not available for the Alaska Native population specifically. The rate of rape in the United States increased 21% from 35.9 per 100,000 population in 2013 to 43.6 per 100,000 in 2019.

Rate of rape (per 100,000 population)



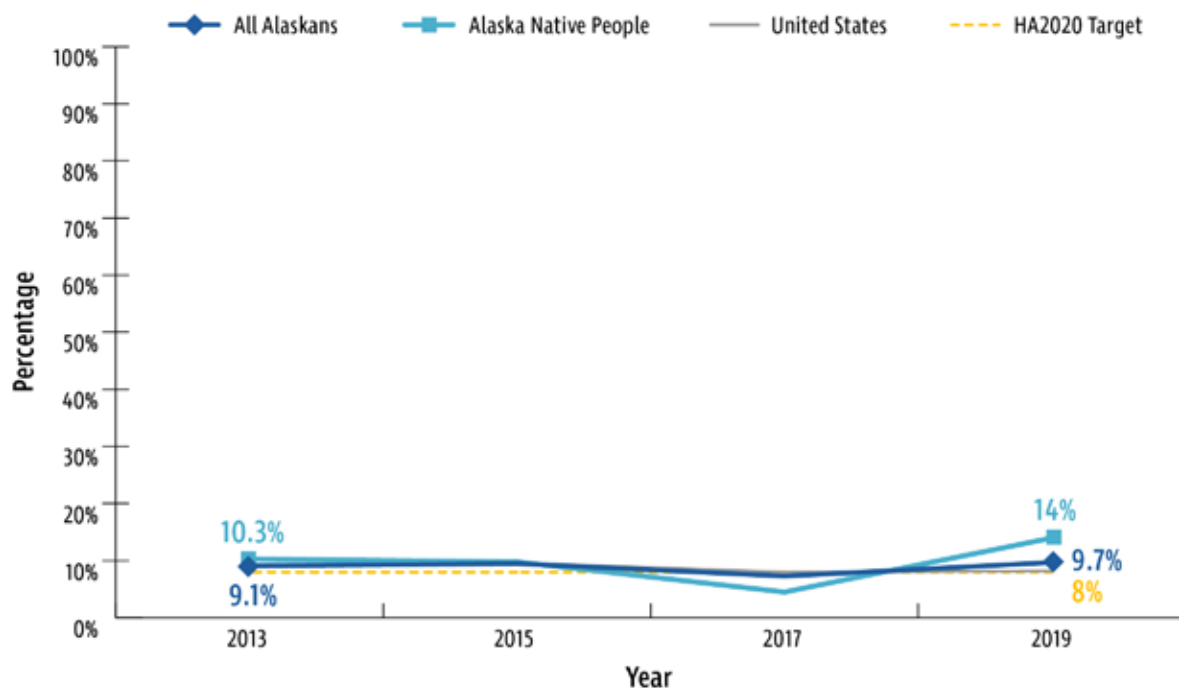
NOTE The definition of rape changed in 2013 to include all members of the population, not just those identifying as female, and from rape to forcible rape.

SOURCES All Alaskans and United States: Federal Bureau of Investigation, Uniform Crime Reports (UCR) as prepared by the National Archive of Criminal Justice Data.

Indicator 13: Reduce the percentage of high school students who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months to 8% by 2020.

The percentage of Alaska high school students who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months increased from 9.1% in 2013 to 9.7% in 2019. The percentage of Alaska Native high school students who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months increased from 10.3% in 2013 to 14.0% in 2019. The percentage of high school students in the United States who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months decreased from 10.3% in 2013 to 8.2% in 2019.

Percentage of high school students who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months



NOTE The data for the Alaska Native adolescents in 2017 and 2019 values are unstable because of a small denominator.

SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey. United States: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Context Related to Violence Prevention in Alaska from 2010-2019

- In 2017, the Alaska Safe Children’s Act went into effect, requiring schools statewide to provide healthy relationships training. The State of Alaska’s Fourth R program is a curriculum that teachers can implement in grades 7-9 to teach students about safe and healthy relationships. As of 2017, the Fourth R program was implemented in over 100 schools in 28 districts and the teens who participated in the program demonstrated increased knowledge, improved awareness of abusive behavior and reduced acceptance of physical aggression.
- The Department of Education and Early Development also created a required electronic training for all teachers in Alaska to increase understanding and recognize domestic violence and sexual assault in students and families.
- The Department of Education and Early Development and the Association of Alaska School Boards co-authored “Transforming Schools: A Framework for Trauma-Engaged Practice in Alaska”⁴ and follow-up materials.
- With substantiated sexual assault cases, there is a shortage of people to train to collect the evidence.
- With substantiated child maltreatment in rural Alaska, one solution is Children’s Advocacy Centers, where the child can come to talk to a trained professional, and relevant case workers, including police and

law enforcement, Office of Children's Services, the counselor, doctor and family advocate can listen in. This avoids retraumatizing the child.

- As reported by the Anchorage Daily News and Propublica in 2019, one in three Alaska villages do not have a local police office.⁵
- The Alaska Criminal Justice Commission makes recommendations to improve criminal laws and practices, keeping in mind the goals of enhancing public safety, offender rehabilitation, victim restitution and reducing costs.
- In State Fiscal Year 2018, funds allocated through SB91 were directed to the Council on Domestic Violence and Sexual Assault (CDVSA) to continue to expand primary prevention programming throughout Alaska. Expansion of violence prevention programming through CDVSA with reinvestment funds have included: The COMPASS project, Girls on the Run, Boys Run/I Toowú Klatseen, Teen Dating Violence and Awareness Campaign, Stand UP Speak UP, LeadOn! Youth Conference and bystander intervention programming. In addition, reinvestment funds currently support 13 community-based, coalition-driven primary prevention initiatives that prioritize the prevention of teen dating violence and sexual assault. A four-year evaluation⁶ indicated that

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Reduce the percentage of repeated substantiated child maltreatment within last 12 months.

Reduce the rate of reported and attempted rape per 100,000 population.

Reduce the percentage of adolescents who were ever hit, slammed into something, injured with an object or weapon, or physically hurt on purpose by someone they were dating or going out with during the past 12 months.

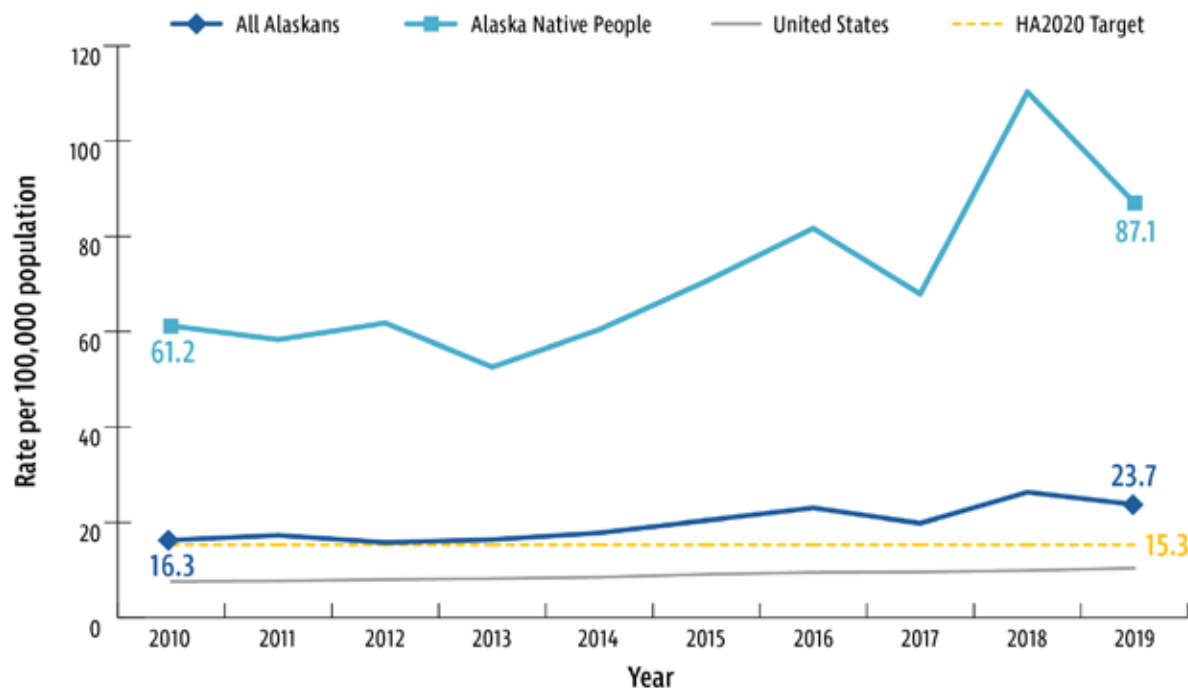
efforts initiated through these awards are consistent with best practices, and over time will continue to have a positive effect on reducing violence in Alaska.

Substance Misuse

Indicator 14: Reduce the alcohol-induced mortality rate to 15.3 per 100,000 population by 2020.

The rate of alcohol-induced mortality in Alaska increased 45.4% from 16.3 per 100,000 in 2010 to 23.7 per 100,000 in 2019. The rate of alcohol-induced mortality among Alaska Native people increased 42.3% from 61.2 per 100,000 in 2010 to 87.1 per 100,000 in 2019. In the United States, the rate of alcohol-induced mortality increased 36.8% from 7.6 per 100,000 in 2010 to 10.4 per 100,000 in 2019. The rate of alcohol-induced deaths for Alaska Native people is more than three times that of the general population in Alaska, and almost eight times that of the general population of the United States.

Rate of alcohol-induced mortality (per 100,000 population)



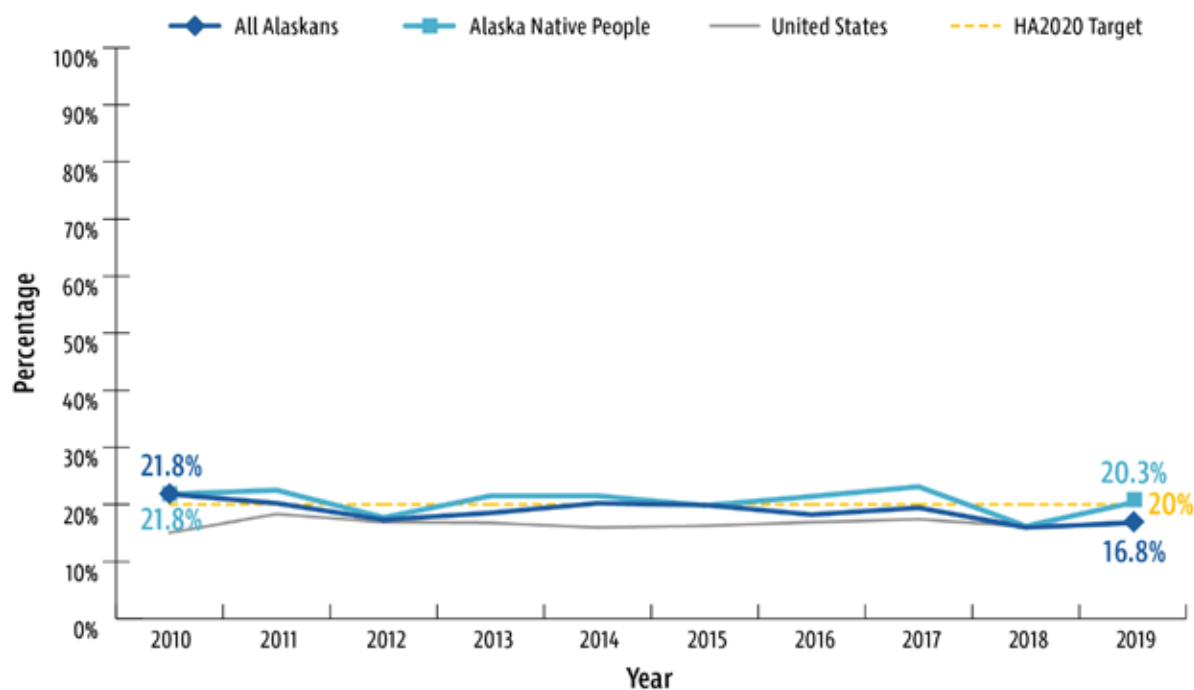
NOTE Age-adjusted to the 2000 U.S. standard population. NCHS has defined selected causes of death groups for analysis of all ages mortality data including alcohol-induced causes. The group code values are not actual ICD codes published in the International Classification of Diseases, but are "recodes" defined to support analysis by the Selected Causes of Death groups. Causes of death attributable to alcohol-induced mortality include ICD-10 codes F10, X45.

SOURCES All Alaskans & Alaska Native People: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section. United States: Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS). Underlying Cause of Death 1999-2010 on CDC WONDER Online Database.

Indicator 15.a: Reduce the percentage of adults (age 18 and older) who report binge drinking in the past 30 days (based on the following criteria: 5 or more alcoholic drinks for men consumed on one occasion; 4 or more alcoholic drinks for women consumed on one occasion) to 20% by 2020.

The percentage of Alaska adults who reported binge drinking in the past 30 days decreased from 21.8% in 2010 to 16.8% in 2019. The percentage of Alaska Native adults who reported binge drinking in the past 30 days decreased from 21.8% in 2010 to 20.3% in 2019. The percentage of adults in the United States who reported binge drinking in the past 30 days increased from 15.1% in 2010 to 16.8% in 2019.

Percentage of adults (age 18 and older) who report binge drinking in the past 30 days (consumed on one occasion: 5 or more drinks for men; 4 or more drinks for women)



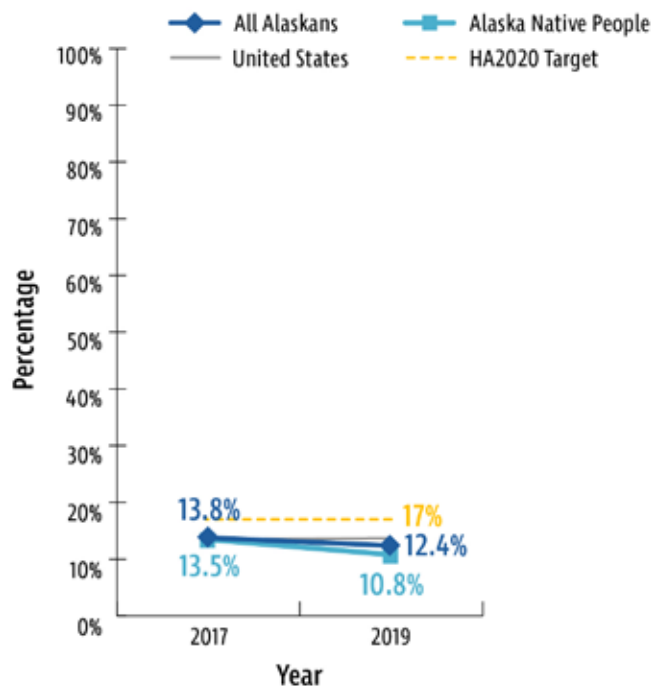
SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Behavioral Risk Factor Surveillance System. United States: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, States, DC, and Territories.

Indicator 15.b: Reduce the percentage of adolescents (high school students in grades 9-12) who report binge drinking in the past 30 days (based on the following criteria: 4 or more alcoholic drinks in a row within a couple of hours for female students and 5 or more alcoholic drinks in a row for male students, at least once in the past 30 days) to 17% by 2020.

The percentage of Alaska adolescents who reported binge drinking in the past 30 days decreased from 13.8% in 2017 to 12.4% in 2019. The percentage of Alaska Native adolescents who reported binge drinking in the past 30 days decreased from 13.5% in 2017 to 10.8% in 2019. The percentage of adolescents in the United States who reported binge drinking in the past 30 days increased from 13.5% in 2017 to 13.7% in 2019.

The definition of binge drinking changed in 2017, so that is used as the baseline for this indicator.

Percentage of high school students who report binge drinking in the past 30 days (consumed 4 or more alcoholic drinks in a row within a couple of hours for female students and 5 or more alcoholic drinks in a row for male students, at least once in the past 30 days)



SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Youth Risk Behavior Survey. United States: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Context Related to Substance Misuse in Alaska from 2010-2019

- The alcohol-induced mortality rate in Alaska was the third highest in the nation in 2019.⁷
- In 2017, 31% of alcohol-related deaths in the United States resulted from liver disease and 18% were from overdoses on alcohol alone or with other drugs.⁸
- The statewide alcohol tax went into effect in 2003. This type of tax has been shown to reduce drinking.⁹ An excise tax is levied by gallon, so inflation makes excise tax less relevant over time.
- The alcohol-induced mortality rate has been going up, though binge drinking is going down. The fastest growing population of binge drinkers is older adults. As people age, it affects their body more; drinking is a causal factor in Hepatitis C and liver cancer.
- Alaska legalized commercialization of marijuana and possession for adults in 2015. Retail sales began statewide in 2016.
- When Medicaid expansion took effect in 2015, more people gained access to insurance and were better able to have their health needs met. As a result, people might not have been using alcohol for coping and/or were able to get better access to treatment services.

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is now built into electronic health record (EHR) systems.

Youth-focused Efforts

- The “Be [You]” statewide media campaign was used to promote messages to prevent and reduce underage drinking by promoting the fact that the majority of Alaska teens do not drink alcohol and highlighting healthy choices. This campaign was led by the Alaska Wellness Coalition and is still active through Mat-Su’s Thrive coalition and Be [You] Fairbanks.
- Statewide, the Healthy Choices, Healthy Voices coalition supported public education projects and events focused on decreasing substance misuse and other health topics.
- Recover Alaska has also helped to fund the development of a curriculum on substance misuse and addiction prevention with the Homer Resource

Changes for Healthy Alaskans 2030

LHI 15 will not be included. The following two indicators will be added:

Reduce the drug-induced mortality rate per 100,000 population.

Reduce the percentage of adults needing but not receiving substance use disorder treatment.

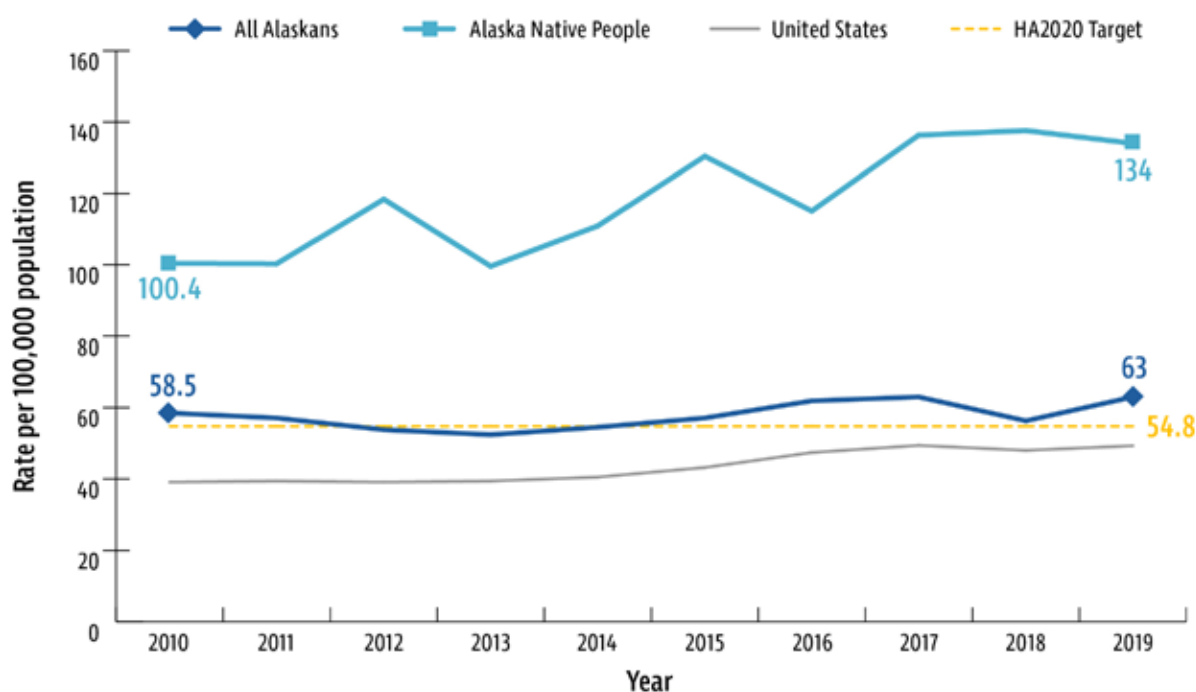
and Enrichment Co-Op (R.E.C. room) that provides resources for teenagers ages 12-18.

Injury Prevention

Indicator 16: Reduce the unintentional injury mortality rate to 54.8 per 100,000 by 2020.

The unintentional injury mortality rate in Alaska increased 9% from 58.5 per 100,000 in 2010 to 63.0 per 100,000 in 2019. The unintentional injury mortality rate of Alaska Native people increased 33% from 100.4 per 100,000 in 2010 to 134.0 per 100,000 in 2019. The unintentional injury mortality rate in the United States increased 23% from 39.1 per 100,000 in 2010 to 48.0 per 100,000 in 2019. The unintentional injury mortality rate of Alaska Native people is more than twice as high as the general population in Alaska.

Unintentional injury mortality rate per 100,000



NOTE Rates are age-adjusted to the 2000 U.S. standard population.

NOTE 2 The CDC defines an unintentional injury as: The injury occurs in a short period of time - seconds or minutes, the harmful outcome was not sought, or the outcome was the result of one of the forms of physical energy in the environment or normal body functions being blocked by external means, e.g., drowning.

SOURCES All Alaskans & Alaska Native People: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section. United States: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS)

Context Related to Injury Prevention in Alaska from 2010-2019

- In 2019, Alaska ranked 10th among states in the U.S for deaths caused by unintentional injury.¹⁰ It is the third leading cause of death in Alaska.¹¹
- The most common unintentional injuries result from motor vehicle crashes, falls, fires and burns, drowning, and poisonings.
- Unintentional injury tracks with income inequality and has been rising nationwide since 1992 due to dismantling the social safety net and regulatory industry.¹² Injuries and violence are inequitably distributed across communities, primarily and adversely impacting vulnerable communities that have been historically marginalized.¹³

- Rural Alaska poses many challenges as well as opportunities for injury prevention efforts. A combination of a lack of roads and distance from medical service providers and public safety agencies exacerbate the risks that unintentional injuries pose to rural residents. This disproportionately affects Alaska Native communities. Without roads, rural Alaskans depend on off highway vehicles (OHVs), boats, and planes for their essential transportation needs. These unique modes of transportation create multiple injury risks not faced by urban Alaskans.
- In 2008, distracted driving laws were enacted for Alaska as a secondary offense, meaning the police

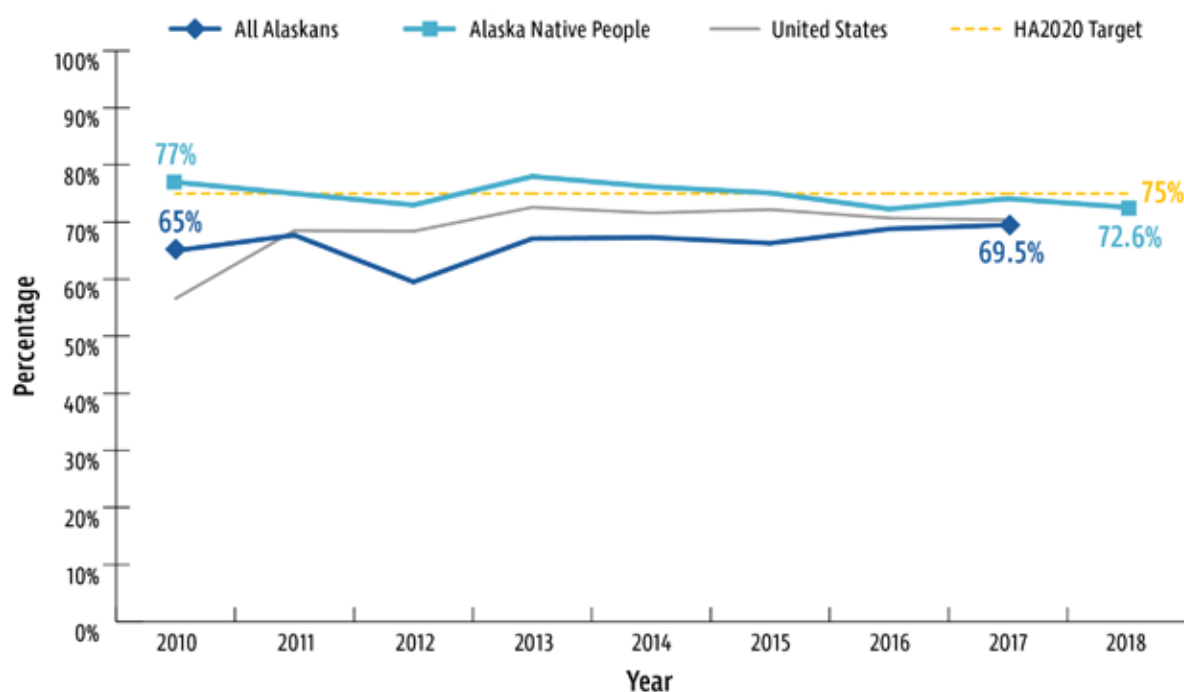
could not use this law to pull over a vehicle. In 2012, the law was amended to include the word "texting." In 2016, distracted driving became a traffic violation instead of a criminal offense if no injuries occurred.

Infectious Disease

Indicator 17: Increase the percentage of children (age 19-35 months) who receive the Advisory Committee on Immunization Practices (ACIP) recommended vaccination series (2013 ACIP recommendation: 4DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV) to 75% by 2020.

The percentage of Alaska children who received the ACIP recommended vaccination series increased from 65.0% in 2010 to 69.5% in 2017. The percentage of Alaska Native children who received the ACIP recommended vaccination series decreased from 77.0% in 2010 to 72.6% in 2018. The percentage of children in the United States who received the ACIP recommended vaccination series increased from 56.6% in 2010 to 70.4% in 2017.

Percentage of children aged 19-35 months who receive the ACIP recommended doses for the 4:3:1:3:3:1:4 series (4 Dtap, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV)



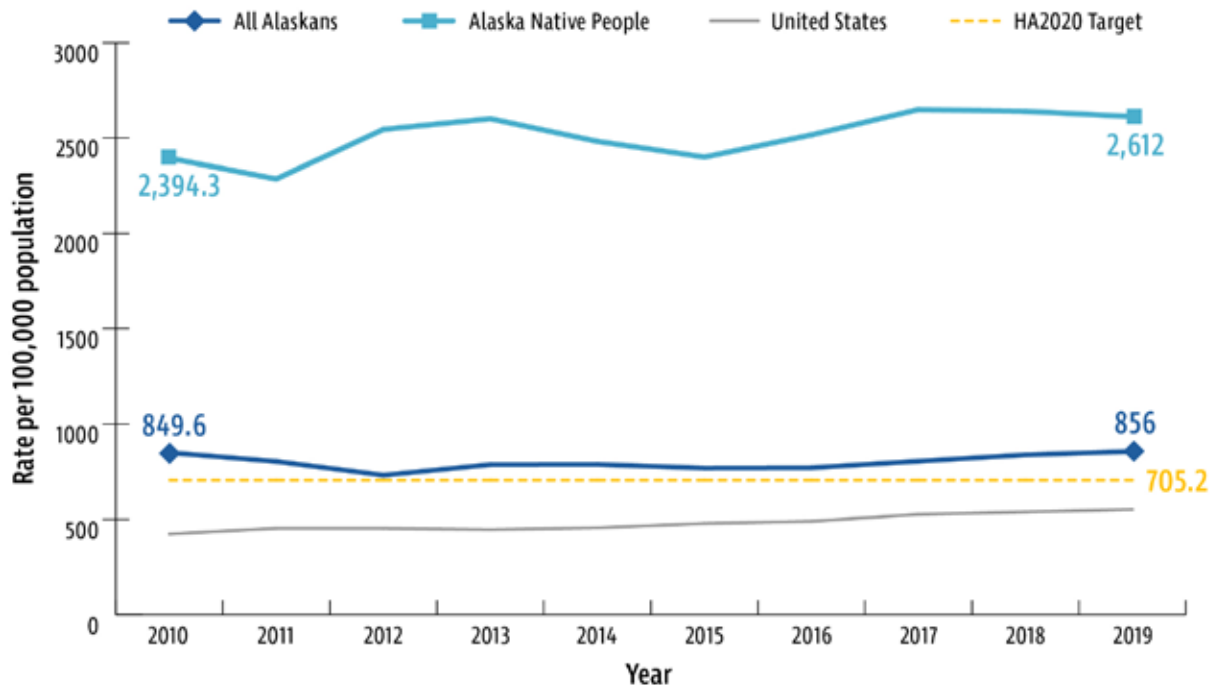
NOTE Data for All Alaskans were only available through 2017 as the NIS changed the survey methodology. Recommended vaccines changed over the time period shown above. Data reported for 2009-2011 are for the 4:3:1:3:3:1:4 series, which adds Varicella and PCV.

SOURCES All Alaskans & United States: Centers for Disease Control and Prevention, National Immunization Survey. Alaska Native People: Indian Health Service, Immunization Program.

Indicator 18: Reduce the incidence rate of Chlamydia trachomatis to 705.2 per 100,000 by 2020.

The incidence rate of Chlamydia trachomatis in Alaskans increased 0.8% from 849.6 per 100,000 in 2010 to 856.0 per 100,000 in 2019. The incidence rate of Chlamydia trachomatis in Alaska Native people increased 9.1% from 2,394.3 per 100,000 in 2010 to 2,612.0 per 100,000 in 2019. The incidence rate of Chlamydia trachomatis in people in the United States increased 30% from 423.6 per 100,000 in 2010 to 551.0 per 100,000 in 2019.

Incidence rate of Chlamydia trachomatis (per 100,000 population)



NOTE Rates are not age-adjusted.

SOURCES All Alaskans & Alaska Native People: Alaska Section of Epidemiology, STD Program. United States: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention, NCHHSTP Atlas.

Context Related to Infectious Disease in Alaska from 2010-2019

- Tribal Health Organizations reach out to families to make well-child appointments where immunizations occur. The Nuka System of Care¹⁴ manages health care from “cradle to grave,” and prioritizes preventions, such as immunizations.
- Given the history of epidemics on Alaska Native peoples and communities, the vaccination rate can be higher among Alaska Native people.
- Anecdotally, many people in rural communities do not want to go to local health clinics for family planning and sexual health, due to concerns of confidentiality, which makes STD prevention and treatment challenging. This also occurs with mental health access in rural areas.¹⁵

Changes for Healthy Alaskans 2030

Increase the vaccination coverage level of 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 2 years.

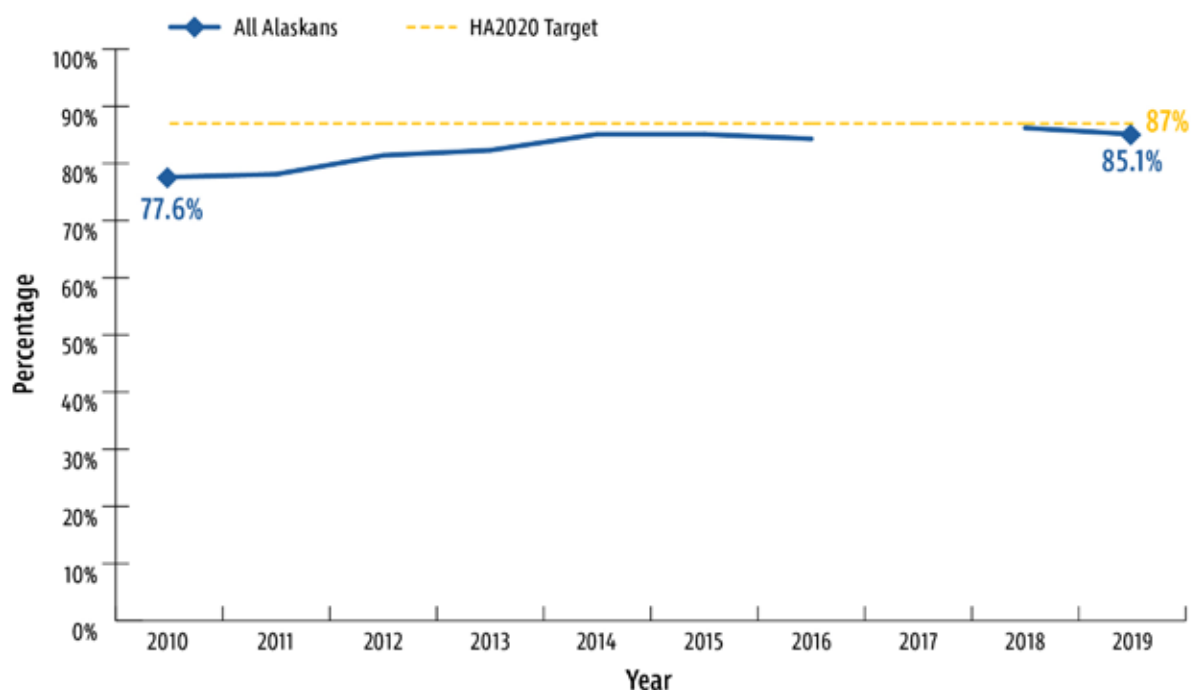
Reduce the incidence rate of gonorrhea per 100,000 population.

Environmental Health

Indicator 19: Increase the percentage of rural community housing units with water and sewer services to 87% by 2020.

The percentage of rural community housing units in Alaska with water and sewer services increased from 77.6% in 2010 to 85.1% in 2019.

Percentage of serviceable rural housing units with water and sewer service



NOTE Data unavailable for 2017.

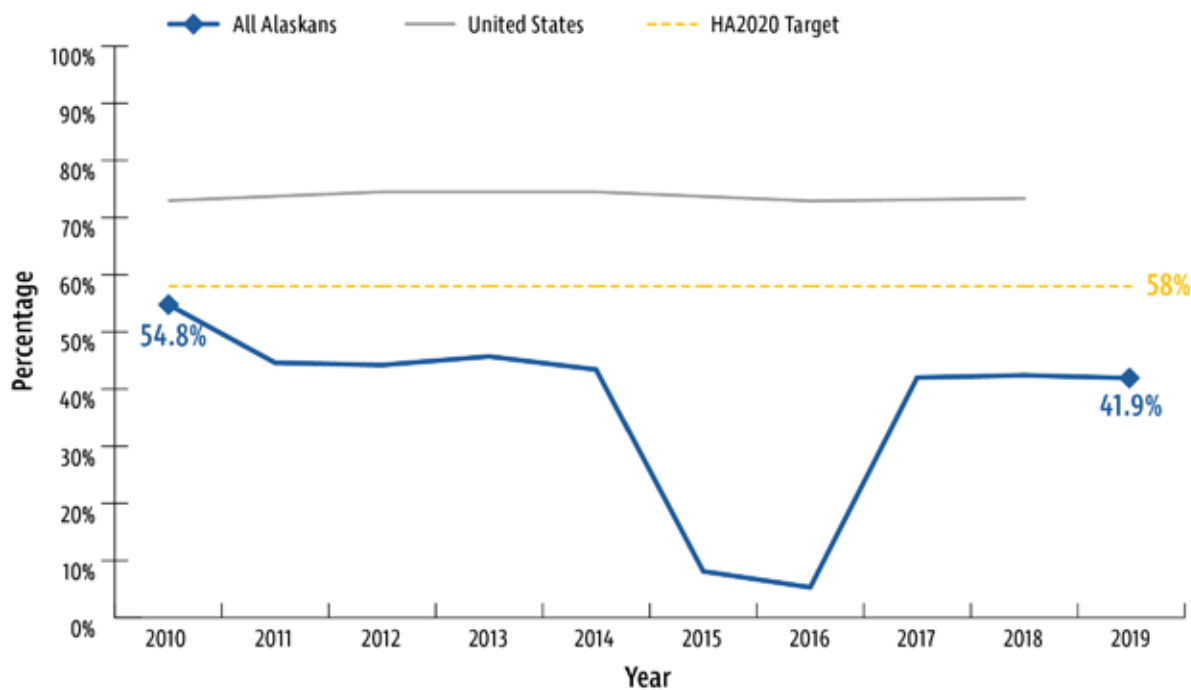
NOTE 2 "Serviceable homes" is defined as homes in communities that could be served, but not isolated cabins. "Rural" communities here include larger rural hub communities such as Bethel, Barrow (now known as Utqiagvik), Kotzebue, Nome, Valdez and Haines.

SOURCES Alaska Department of Environmental Conservation (DEC).

Indicator 20: Increase the percentage of the population served by community water systems with optimally fluoridated water to 58% by 2020.

The percentage of the Alaska population served by community water systems with optimally fluoridated water decreased from 54.8% in 2010 to 41.9% in 2019. The percentage of the United States population served by community water systems with optimally fluoridated water decreased from 73.9% percent in 2010 to 73% in 2018.

Percentage of Alaskan population served by community water systems with optimally fluoridated water



SOURCES All Alaskans: Alaska Division of Public Health, Oral Health Program. United States: Centers for Disease Control and Prevention, National Oral Health Surveillance System.

Context Related to Environmental Health in Alaska from 2010-2019

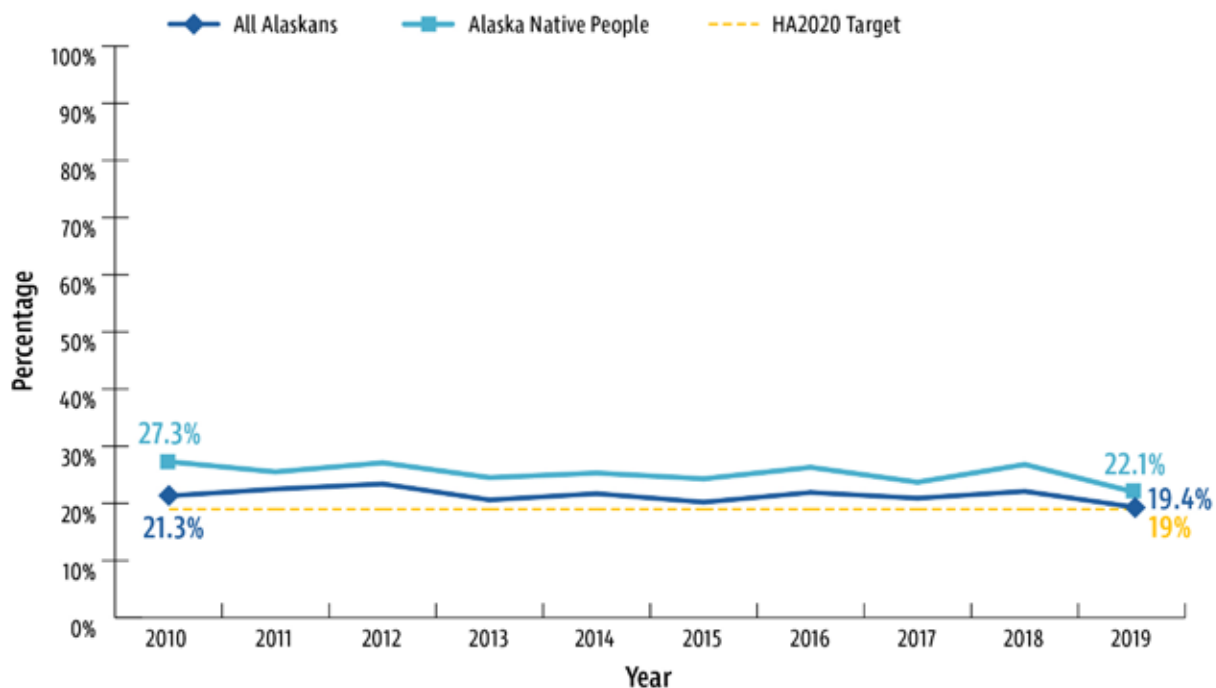
- Optimal fluoridation means that the system had the “optimal dose” for dental benefit. For part of this period, it was 1.2 mg/l, the later part 0.7 mg/L. The low numbers in 2015 and 2016 reflect Anchorage water not being “optimally fluoridated” during this time.

Healthcare Access

Indicator 21: Reduce the percentage of women delivering live births who have not received prenatal care beginning in the first trimester of pregnancy to 19% by 2020.

The percentage of women in Alaska delivering live births who had not received prenatal care beginning in the first trimester of pregnancy decreased from 21.3% in 2010 to 19.4% in 2019. The percentage of Alaska Native women delivering live births who had not received prenatal care beginning in the first trimester of pregnancy decreased from 27.3% in 2010 to 22.1% in 2019.

Percentage of women delivering live births who did not receive prenatal care beginning in first trimester of pregnancy

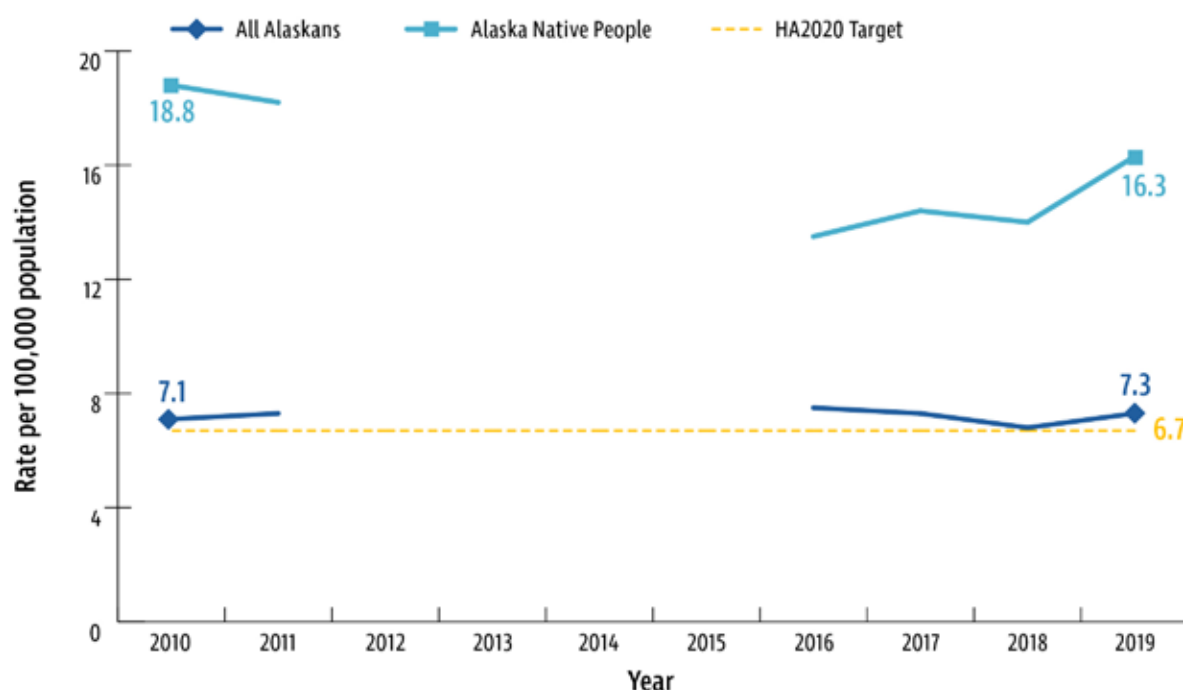


SOURCES All Alaskans & Alaska Native People: Alaska Division of Public Health, Alaska Health Analytics and Vital Records Section.

Indicator 22: Reduce the rate of preventable hospitalizations (hospitalizations that could have been prevented with high quality primary and preventive care) based on the Agency for Healthcare Research and Quality definition to 6.7 per 1,000 by 2020.

The rate of preventable hospitalizations of Alaskans increased from 7.1 per 1,000 in 2010 to 7.3 in 2019. The rate of preventable hospitalizations of Alaska Native people decreased from 18.8 per 1,000 in 2010 to 16.3 in 2019.

Number of preventable hospitalizations (i.e., hospitalizations that may be preventable with high quality primary and preventive care) based on Agency for Healthcare Research and Quality (AHRQ) (composite)



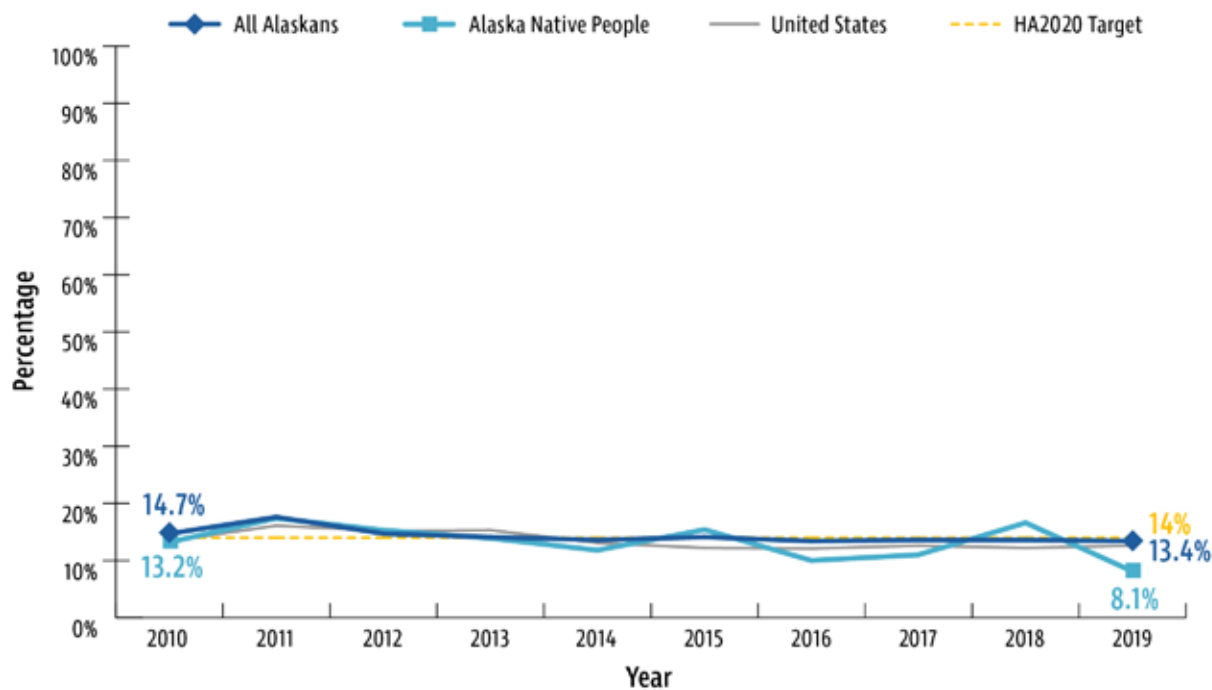
NOTE Prior to 2013, data were collected under a voluntary program, known as the Alaska Hospital Discharge Data Set, supported by the Alaska State Hospital and Nursing Home Association (ASHNHA). Regulations mandating reporting under regulations 7 AAC 27.660 Article 14 became effective December 13, 2014 for which reporting transitioned to the Health Facilities Data Reporting (HFDR) program beginning in 2015.

SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Division of Public Health, Hospital Discharge Data Set (2010-2011), Health Facilities Data Reporting Program (2015-2019).

Indicator 23: Reduce the percentage of adults (age 18 years and older) reporting that they could not afford to see a doctor in the last 12 months to 14% by 2020.

The percentage of Alaska adults reporting that they could not afford to see a doctor in the last 12 months decreased from 14.7% in 2010 to 13.4% in 2019. The percentage of Alaska Native adults reporting that they could not afford to see a doctor in the last 12 months decreased from 13.2% in 2010 to 8.1% in 2019. The percentage of adults in the United States reporting that they could not afford to see a doctor in the last 12 months decreased from 13.4% in 2010 to 12.6% in 2019.

Percentage of adults (age 18 years and older) reporting that they could not afford to see a doctor in the last 12 months



SOURCES All Alaskans & Alaska Native People: Alaska Department of Health, Alaska Behavioral Risk Factor Surveillance System. United States: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (Nationwide [States, DC, and Territories]).

Context Related to Healthcare Access in Alaska from 2010-2019

Tribal Healthcare

- Through self-determination and self-governance, individual Tribal Health Organizations began managing their own health care systems. Through this unique process, each has continued to expand these services to take a proactive approach to meet the direct healthcare needs of Alaska Native people and their individual communities. Additionally, the Denali Commission funding to rural clinics in the early 2000s likely resulted in the improvement in health care access over the next twenty years. Behavioral telehealth expansion has also increased access to care, especially for those who do not want to be seen by their local clinic.
- As of May 2014, the Tribally Sponsored Health Insurance Program has helped increase insurance coverage for over 10 Tribes and Tribal organizations, increasing the options for services for Alaska Native

peoples who are traveling or away from their local Tribal Health facilities. The program covers the insurance premiums and supports people who are not eligible for other government healthcare options.

Medicaid Expansion

- In fall 2015, Medicaid expansion went into effect. In 2016, the State of Alaska passed Senate bill 74 to redesign the Medicaid program, which had initiatives to improve coverage for behavioral health, long term care, and telehealth. The number of Alaskans enrolled in Medicaid increased from 125,247 to 247,581 between fall 2013 and May 2021.¹⁶ This expanded primary health and behavioral integration across the state and helped providers to intervene before crises occurred.
- Medicaid expansion together with the Affordable Care Act helped to stabilize health insurance costs, which were increasing rapidly in the early 2010s. One of the

challenges was getting pregnant people enrolled into Medicaid so they could have proof of coverage to be accepted for care with providers.

Other Initiatives

- Many of the initiatives and programs outlined in the Healthy Alaskans 2020 plan came to fruition, including the perinatal taskforce and loan repayment for providers.
- Care coordination projects gained momentum across the state. For example: care coordination for emergency room high users, monitoring PeaceHealth Ketchikan's "Better health care through coordinated care" innovation project and the Alaska Patient-Centered Medical Home Initiative.

Changes for Healthy Alaskans 2030

Increase the percentage of 3-year-olds who have had a well-child checkup in the last 12 months.

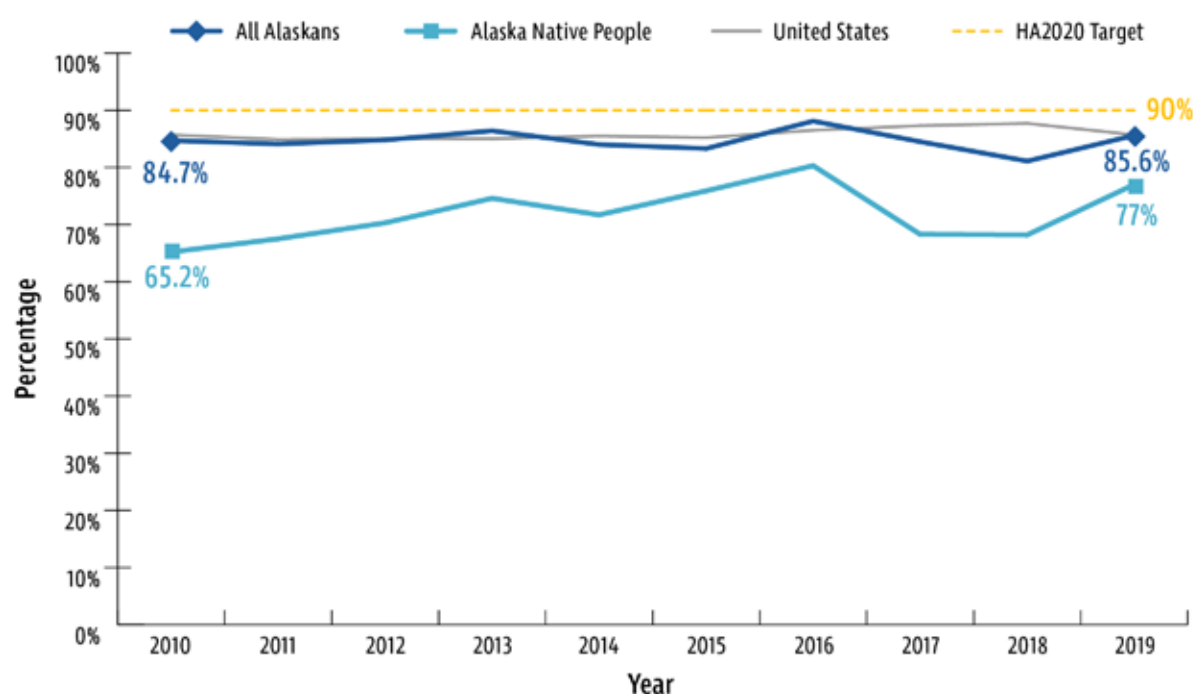
Reduce the percentage of the population without health insurance.

Social Determinants of Health

Indicator 24: Increase the percentage of the population living above the federal poverty level (as defined for Alaska) to 90% by 2020.

The percentage of Alaskans living above the federal poverty level increased from 84.7% in 2010 to 85.6% in 2019. The percentage of Alaska Native people living above the federal poverty level increased from 65.2% in 2010 to 77.0% in 2019. The percentage of people in the United States living above the federal poverty level was the same in 2010 and 2019 at 85.7%, though the percentage increased slightly in the later part of the decade.

Percentage of residents living above the federal poverty level - all ages (as defined for AK)



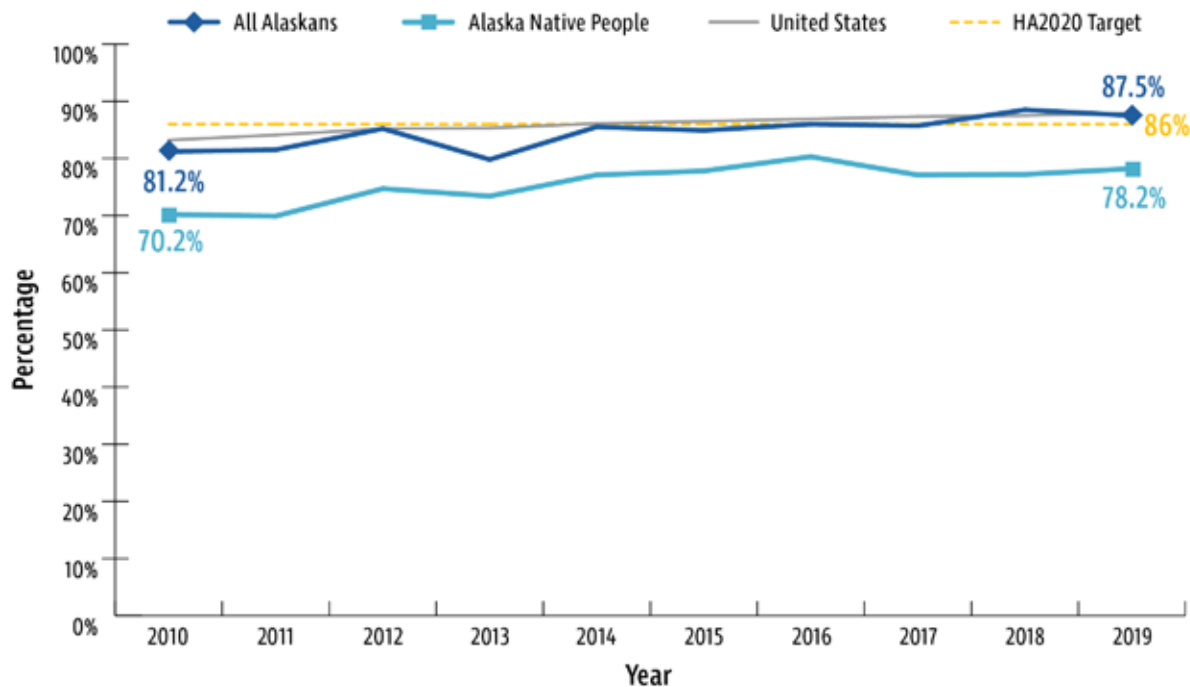
NOTE Alaska estimates are based on income below 125% of the federal poverty level for the nation as per poverty guidelines. U.S. Estimates are based on income below 100% of the federal poverty level for the nation.

SOURCES All Alaskans, Alaska Native People, and United States: U.S. Census Bureau, Current Population Survey Annual Social and Economic Supplement.

Indicator 25: Increase the percentage of 18 to 24-year-olds with a high school diploma or equivalency to 86% by 2020.

The percentage of 18 to 24-year-olds with a high school diploma or equivalency increased from 81.2% in 2010 to 87.5% in 2019. The percentage of Alaska Native 18 to 24-year-olds with a high school diploma or equivalency increased from 70.2% in 2010 to 78.2% in 2019. The percentage of 18 to 24-year-olds in the United States with a high school diploma or equivalency increased from 83.2% in 2010 to 87.9% in 2019.

Percentage of 18-24 year olds with a high school diploma or equivalency



NOTE Includes those 18-24 years old with a high school diploma (includes equivalency) or higher education (some college, associate's degree, bachelor's degree, graduate or professional degree). **NOTE 2** AI/AN yearly estimate is based on a 3 year average. 2012 is actually 2010-2012, 2011 is 2009-2011 etc. Starting in 2014 it is 5-year estimates.

SOURCES All Alaskans and United States: U.S. Census Bureau, American Community Survey 1-Year Estimates. Alaska Native People: U.S. Census Bureau, American Community Survey 3-Year Estimates.

Context Related to Social Determinants in Alaska from 2010-2019

- Over the last 20 years, the State of Alaska has invested more in early childhood education through pre-kindergarten opportunities in rural Alaska, including village-based Head Start programs and the temporary assistance to needy families (TANF) program. Programs like Best Beginnings and Parents as Teachers also support the gradual improvement in high school graduation rates.
- Today's students are the second generation of high school students to be able to attend high school in their small home communities due to the 1976 Molly Hooch decision.
- The state's largest school system, the Anchorage School District, implemented a 90% by 2020 target to increase the percentage of graduates and was successful in increasing graduation rates to an all-time high in their community.

Changes for Healthy Alaskans 2030

LHI 25 will be replaced with "Increase the percentage of high school students who graduate within four years of starting 9th grade." Added "Reduce the percentage of rental occupied households that exceed 50 percent of household income dedicated to housing."

Endnotes

- 1 <https://no-smoke.org/wp-content/uploads/pdf/AK-Tobacco-History.pdf>
- 2 Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeon-general-advisory/index.html#:~:text=E%2Dcigarettes%20entered%20the%20U.S.,tobacco%20product%20among%20U.S.%20youth.&text=E%2Dcigarette%20use%20among%20U.S.,first%20time%20during%202015%2D2017
- 3 <https://www.apiai.org/services/education/head-start/qaqamiigux-head-start-traditional-foods-preschool-curriculum/>
- 4 <https://education.alaska.gov/tls/safeschools/pdf/transforming-schools.pdf>
- 5 <https://www.adn.com/alaska-news/lawless/2019/05/16/lawless-one-in-three-alaska-villages-have-no-local-police/>
- 6 <https://dps.alaska.gov/CDVSA/Resources/CDVSA-Publications>
- 7 Kaiser Family Foundation.
- 8 <https://www.nih.gov/news-events/nih-research-matters/alcohol-related-deaths-increasing-nationwide>
- 9 <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-040218-043816>
- 10 https://www.cdc.gov/nchs/pressroom/sosmap/accident_mortality/accident.htm
- 11 <https://www.cdc.gov/nchs/pressroom/states/alaska/alaska.htm>
- 12 The New York Times. https://www.nytimes.com/2022/02/07/opinion/accidents-singer-inequality.html?action=click&algo=bandit-all-surfaces_filter_new_arm_10_1&alpha=0.05&block=trending_recirc&fallback=false&imp_id=964332027&impression_id=87704ae4-8938-11ec-a70c-895c4cd840ce&index=1&pgtype=Article&pool=pool%2F91fcf81c-4fb0-49ff-bd57-a24647c85ea1®ion=footer&req_id=240292660&surface=eos-most-popular-story&variant=1_bandit-all-surfaces_filter_new_arm_10_1
- 13 Blueprint for a National Injury and Violence Prevention Program. (2021). Atlanta (GA): Safe States Alliance.
- 14 <https://www.southcentralfoundation.com/nuka-system-of-care/>
- 15 <https://www.ruralhealthinfo.org/topics/mental-health>
- 16 <https://www.healthinsurance.org/medicaid/alaska/>

Looking Forward

The Healthy Alaskans 2020 time period has concluded, and Alaskans can be proud of the progress they made toward improved health. Healthy Alaskans 2030 is now under way, and health and wellness partners across the state are working together to implement revised strategies and actions to achieve the new goals set for 2030.

In addition to the changes in LHIs noted in each of the sections in the plan, Healthy Alaskans 2030 includes a nutrition section and new LHI: “Reduce the percentage of 3-year-olds who drink any sugary drinks on a given day.”

Additionally, the 2020 coronavirus pandemic revealed many health inequities in our state. The Healthy Alaskans 2030 plan was revised to emphasize equity goals and considerations, particularly related to implementation and the regularity of reporting to the advisory team. The Department of Health team also produced the [Health and Equitable Communities Plan](#).

Join us as we work toward improved health in communities across Alaska. See the Healthy Alaskans 2030 plan and get involved at www.healthyalaskans.org.

