alaska children's trust

2022

KIDS COUNT **ALASKA**

Health

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LETTER FROM
Alaska Children's Trust

Alaska's future prosperity depends on our ability to improve the well-being of the next generation. Children represent 25% of Alaska's population and 100% of our future. Today, our children's future is not faring well and, in some areas, we're not just falling behind; Alaska's children are faring empirically worse.

According to the Annie E. Casey Foundation's KIDS COUNT program, overall Alaska ranks 41st in the nation for child well-being; up from 45th in the nation in 2019, but down from 27th in 2015.

The goal of Alaska Children's Trust's KIDS COUNT efforts are to provide a wider lens while maintaining our focus on this question: If Alaska's children were thriving, how would we know?

We know that national, state, and local policies have great influence on the well-being of Alaska's children. In general, good policy stems from a combination of public need, human experience, and sound, measurable data. Yet even good policy is empty without the appropriate resources to make it effective.

To that end, in addition to key indicators of child well-being and related policy recommendations, this study also incorporates data from the Alaska Children's Budget to illustrate how our state's fiscal priorities align. Understanding the thread that runs from policy to investment to outcome is a key connection that we hope our readers will make.At ACT, we are committed to data-driven child advocacy.

When the well-being of Alaska's children increases, the long-term costs to society of crime, substance misuse, lost economic potential, and strain on corrections and healthcare systems are greatly reduced. As leaders debate the future of our state, Alaska KIDS COUNT is devoted to supporting informed policy decisions and ensuring children are at the center of the conversation.

We look forward to a day when all Alaska's children benefit from strong families, safe communities, and resources to thrive.

Trevor J. Storrs
President/CEO

INTRODUCTION

What is KIDS COUNT?

KIDS COUNT is a national and state-by-state effort to compile high-quality, reliable data that answers the question, "How are our children doing?" A premiere data source on children and families, national KIDS COUNT not only tracks key measures of child well-being, but also outlines how Alaska compares to other states.

As Alaska's KIDS COUNT affiliate, every other year the Alaska Children's Trust publishes an expanded KIDS COUNT data profile specific to Alaska, in conjunction with the Annie E. Casey Foundation.

The mission of KIDS COUNT is to ensure child advocates, policymakers, and the public have access to high-quality, unbiased data about child well-being.

KIDS COUNT tracks the well-being of Alaska's children across four categories:

Economic Well-Being

Education

Health

Family & Community

Want to explore even further? Visit the Alaska KIDS COUNT Data Center for an interactive online platform featuring hundreds of indicators on the well-being of Alaska's children. datacenter.kidscount.org/data#AK

KIDS COUNT books can be found online at alaskachildrenstrust.org/kids-count

EXECUTIVE SUMMARY

Health – National Rank

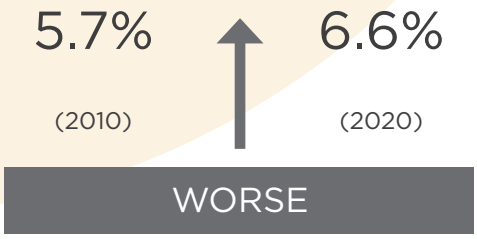
In the category of Health, Alaska ranks 44th in the nation, just behind Oklahoma and South Carolina, and just ahead of Georgia and Arkansas. This ranking represents a steep drop off from our ranking of 30th just two years ago, and reflects that our state is trending backward in a number of important health indicators.

Alaska Ranks

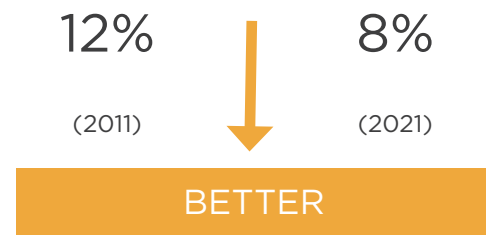
44th

out of 50 states for overall health of children

Over the long-term, Alaska is regressing in three of the four core health indicators that determine national rank:

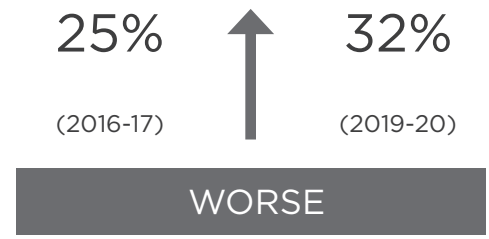


Increase in Low Birth Weight Babies



Decrease in Children Without Health Insurance

Increase in Child and Teen Deaths per 100,000



Increase in Children Who Are Overweight or Obese

Note: Due to the effects of the COVID-19 pandemic on the 2020 American Community Survey, the Annie E. Casey Foundation is currently using a five-year average for some indicators. For purposes of internal and historical consistency, this study continues to use single-year estimates where appropriate.

EXECUTIVE SUMMARY

Trends and Takeaways

AREAS OF PROGRESS

Although still one of the highest in the country, the percentage of Alaska's **children without health insurance has fallen over the last decade**, from 12 percent in 2011 to 8 percent in 2021.

Overall, the percentage of three-year-olds receiving **developmental screens** in Alaska saw a mild increase from 77 to 79 percent. However, numbers vary widely around the state, with screens in Northern and Southwest regions far below the state average, at 57 percent and 42 percent respectively.

Over the last decade, the percentage of births to women with less-than adequate **prenatal care** fell from 38 percent to 33 percent. Even with this progress, one in three women continue to receive less-than-adequate prenatal care and 6 percent of women receive late or no prenatal care.

Since 2009, Alaska has made notable progress in reducing the portions of teens drinking alcohol, binge drinking, and using tobacco. In more recent years, **teen alcohol and drug misuse** has largely flattened, except for tobacco smoking, which continues to decline, and vaping, where teen use is rapidly increasing.

AREAS OF REGRESSION

While still below the national average, the percentage of babies born in Alaska at **low birth weights** reached a 12-year high in 2020.

Rates of **child and teen deaths** have been on the rise since 2010, well above the national average. Rates are highest among teens age 15 to 19 at 96 per 100,000, and American Indian/Alaska Native youth overall at 98 per 100,000.

The percentage of children aged 10 to 17 who are **overweight or obese** has spiked, to only 2 percentage points below the national average. While rates have increased for both male and female children, males are 56 percent more likely to be overweight.

Child maltreatment cases have increased to levels not seen since 2009, with 3,190 cases confirmed in 2020. Children ages birth to 4 comprise the largest proportion of all cases (41 percent), with the most common form of maltreatment type being neglect (71 percent).

In the last decade, the proportion of Alaska high school **students feeling sad and hopeless** has increased 52 percent, with a growing racial/ethnic disparity.

In recent years, Alaska has seen a substantial decline in **immunization** rates among young children, with the percentage receiving the 7-vaccine services by 35 months of age decreasing from 70 percent in 2017 to 62 percent in 2019 (pre-pandemic).

HEALTH INDICATORS
for Children, Youth, and Families

The national KIDS COUNT project collects large amounts of data in the topic areas of Health, Education, Economic Well-Being, and Family & Community. From this data, the Annie E. Casey Foundation tracks *four core data indicators* in each topic area to calculate each state's KIDS COUNT ranking.

The national KIDS COUNT program bases rankings on four indicators:

1. The percentage of babies that are low birth weight
PAGE 10

2. The percentage of children without health insurance
PAGE 12

3. Child and teen deaths per 100,000
PAGE 14

4. Children and teens ages 10-17 who are overweight or obese
PAGE 16

In addition to the four indicators selected by the national program, Alaska Children's Trust – based on recommendations from a panel of local child health experts – selected six additional indicators whose movement would indicate true positive (or negative) changes in child well-being in Alaska.

These additional indicators are:

1. Low Birth Weight Babies

The proportion of Alaskan babies born each year with low birth weights (6.6 percent) is well below the national average of 8.2 percent. The proportions have remained relatively steady for the past decade in the state and nationwide, although 2020 marked a 12-year high for Alaska. Using five-year averages, the data do show a very slight increase over time in the percentage of low birth weight babies, from 5.8 percent in 2009-2013 to 6.2 percent in 2016-2020. *(See appendix)*.

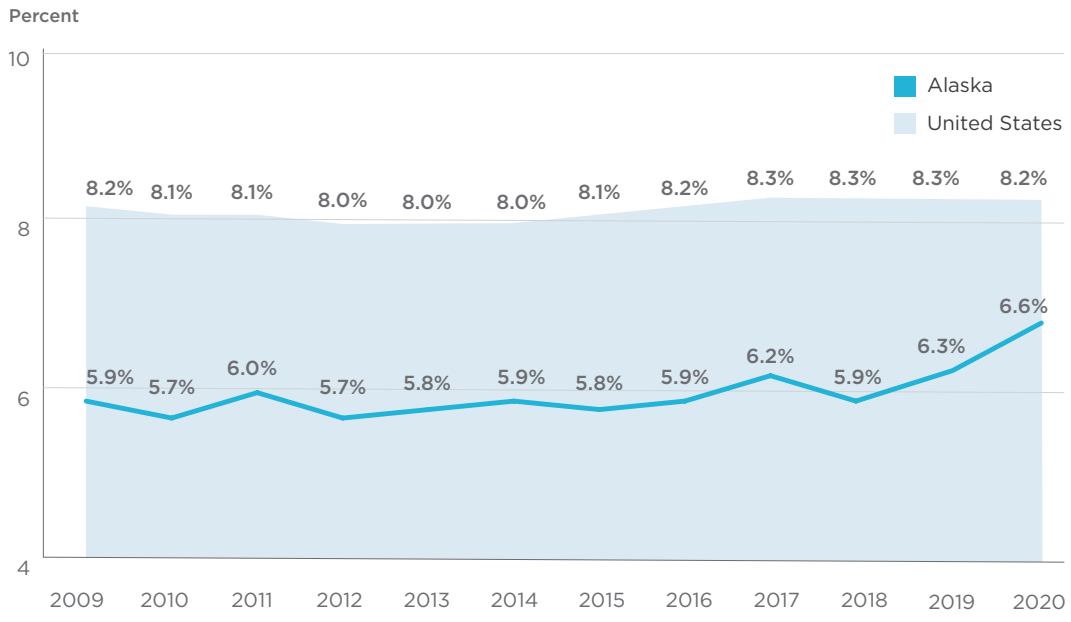


Figure 1. Low Birth Weight Babies, Alaska and United States, Percent (2009-2020)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from KIDS COUNT Data Center.

Between 2016 and 2020 the region with the highest percentage of low birth weight babies was the Northern region at 7.1 percent, followed by 6.7 percent in Anchorage and Southwest Alaska. The Gulf Coast region has the lowest percentage of low birth weight babies at 4.9 percent. While the percentage of low birth weight babies appears to be steady in the Gulf Coast and Interior regions, the proportion is trending upward in Anchorage and the Northern and Southwest regions. In the Northern region the percentage of low birth weight babies fell from 6.8 percent over the 2009-2013 period to 5.8 percent for the 2012-2016 period, increasing to 7.1 percent over 2016-2020. In Anchorage the proportion increased from 6.1 percent in the 2012-2016 period to 6.7 percent in 2016-2020, while the Southwest region experienced an increase from 5.6 percent in 2009-2013 to 6.7 percent in 2016-2020.

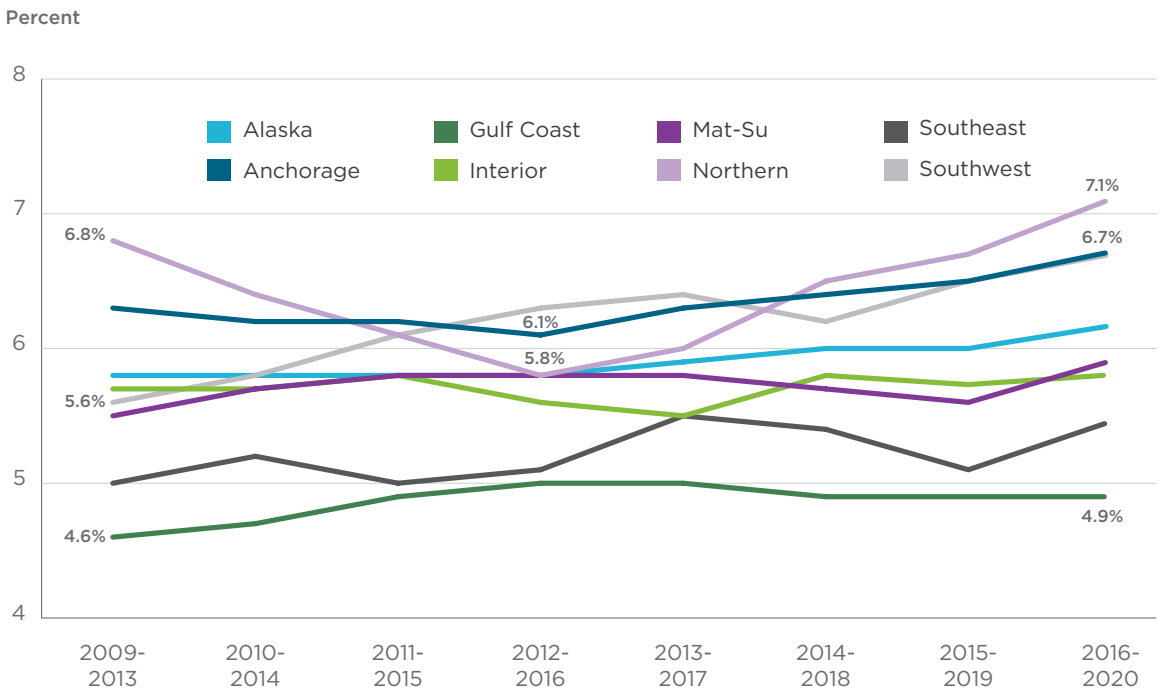


Figure 2. Low Birth Weight Babies, by Region, 5-Year Averages, Percent (2009-2013 to 2016-2020)

Source: Alaska Section of Health Analytics and Vital Records. Retrieved from: KIDS COUNT Data Center.

When comparing the proportion of low birth weight babies by race and ethnicity, the proportion of Black or African American babies who are low birth weight is higher than for all other races. The proportion in 2020 of 13 percent was 44 percent higher than the 9 percent proportion for Asian / Pacific Islander babies and approximately double proportions for Non-Hispanic White and Hispanic or Latino babies. This study also notes that for all races/ethnicities except Non-Hispanic White babies and babies of Two or More Races, the percentage of low-birth weight babies has increased by at least 2 percentage points over the last 14 years.

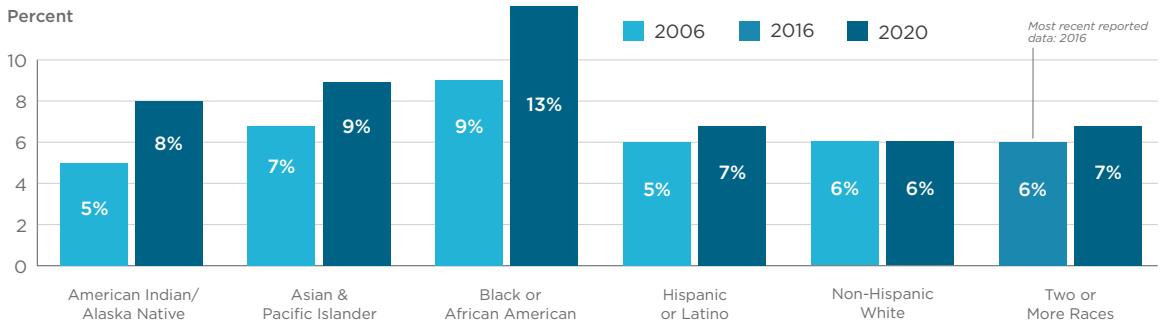


Figure 3. Low Birth Weight Babies, by Race and Ethnicity, Percent (2006 and 2020)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: KIDS COUNT Data Center. NOTE: Hispanic/Latino data not available.

2. Children Without Health Insurance

Between 2011 and 2021, the percentage of Alaska children (birth though age 18) without health insurance fell from 12 percent to 8 percent.

This decline started in 2013-2014 but accelerated after Alaska expanded Medicaid coverage under the Affordable Care Act.

The decline continued even through Alaska's 2015-2018 recession, and was likely reinforced by the Medicaid continuous coverage requirement enacted by Congress in March 2020 via the Families First Coronavirus Response Act.

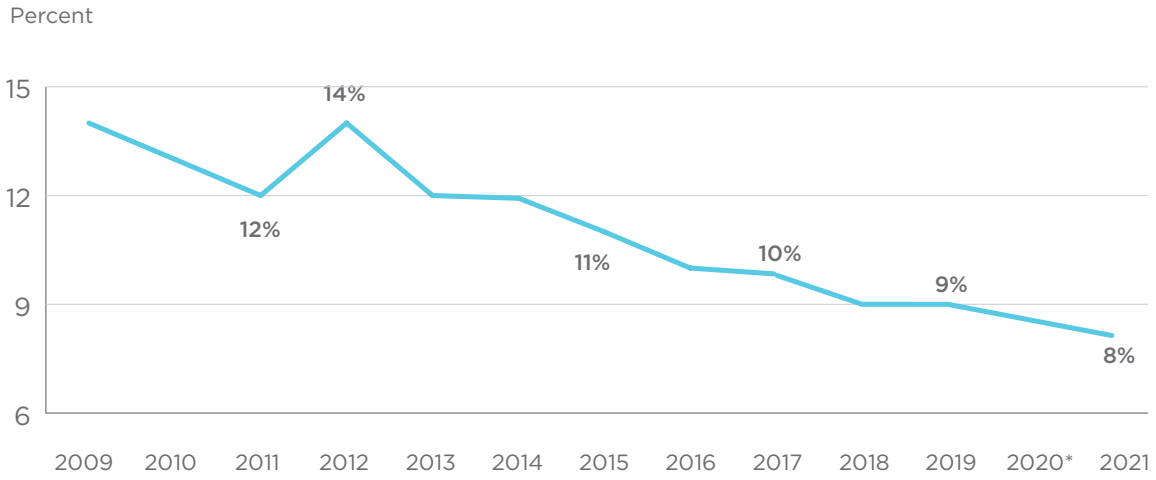


Figure 4. Children Younger Than Age 19 Without Health Insurance, Percent (2009-2021)

**2020 Data unavailable due to the effects of the COVID-19 pandemic on the American Community Survey.*
Source: U.S. Census Bureau. Retrieved from: KIDS COUNT Data Center.

The percentage of children without health insurance decreased in all regions from 2009 to 2019 by at least 6 percentage points. Northern Alaska saw the largest decline in share of children without health insurance, from 19 percent in 2009 to 9 percent in 2019. As of 2019, the Gulf Coast region was the only region where more than 9 percent of children lacked health insurance. As of 2019, Anchorage had the state's lowest rate of uninsured children at 6 percent, followed closely by the Interior and Southwest regions, at 7 percent and 8 percent, respectively.

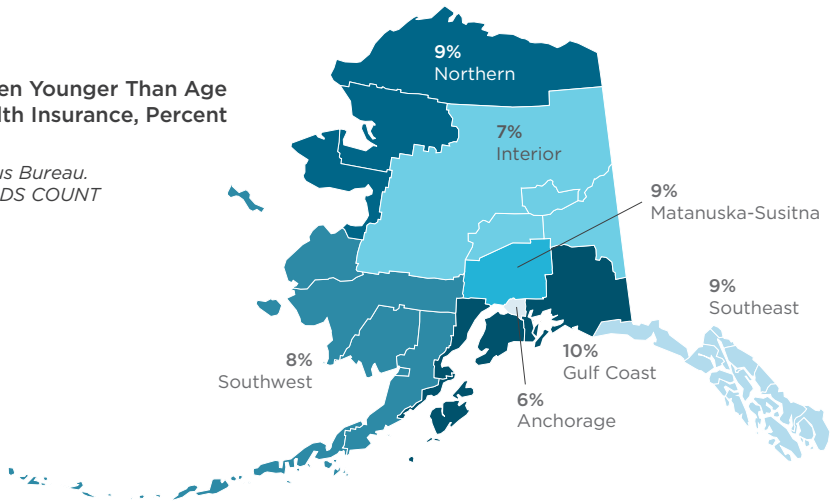
In 2019, the Gulf Coast contained the highest proportion of children without health insurance at

10%

Note: This study notes that Alaska children who live at or below 200 percent of the U.S. poverty threshold are more likely to be uninsured than those living in families earning above that threshold (i.e., 10 percent in 2019 compared to 9 percent for all children). By region, this trend is the same, aside from the Northern and Southwest regions, in which a larger percentage of children at or below the poverty threshold are insured compared to the overall population of children.

Figure 5. Children Younger Than Age 19 Without Health Insurance, Percent (2019)

Source: U.S. Census Bureau. Retrieved from: KIDS COUNT Data Center.



While much of the data on health insurance by race and ethnicity is suppressed due to small sample sizes, data indicate the percentage of Black or African American and Non-Hispanic White children without health insurance is lower than most other racial and ethnic groups. In 2021 the percentage of Black or African American and Non-Hispanic White children, birth through age 18, without health insurance totaled 3 percent and 5 percent, respectively, compared to 14 percent for American Indian/Alaska Native children and 9 percent for Hispanic and Latino children and children of Two or More Races.

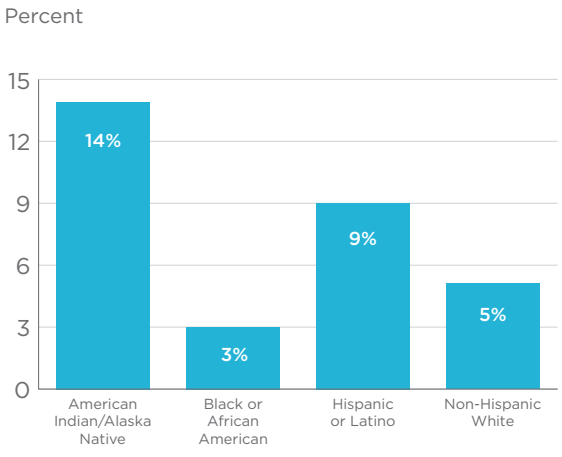


Figure 6. Children Younger Than Age 19 Without Health Insurance, By Race & Ethnicity, Percent (2021)

Source: U.S. Census Bureau, retrieved from: KIDS COUNT Data Center.

3. Child and Teen Deaths

The 2020 child and teen death rate in Alaska totaled 46 per 100,000 youth, higher than the U.S. rate of 28 per 100,000. Over the past decade, the overall Alaska rate has remained higher than the U.S. rate, as has the rate for American Indian/Alaska Native children. In 2020 the rate for Non-Hispanic White children in Alaska was also considerably higher than the national rate. Average annual Alaska child and teen death rates are consistently two to three times higher among American Indian/Alaska Native youth than Non-Hispanic White youth. In 2020, the rate for American Indian/Alaska Native youth was 98 out of 100,000 compared to 34 for Non-Hispanic White youth.

Note: Data are suppressed for all other race/ethnic groups to maintain confidentiality due to lower numbers.

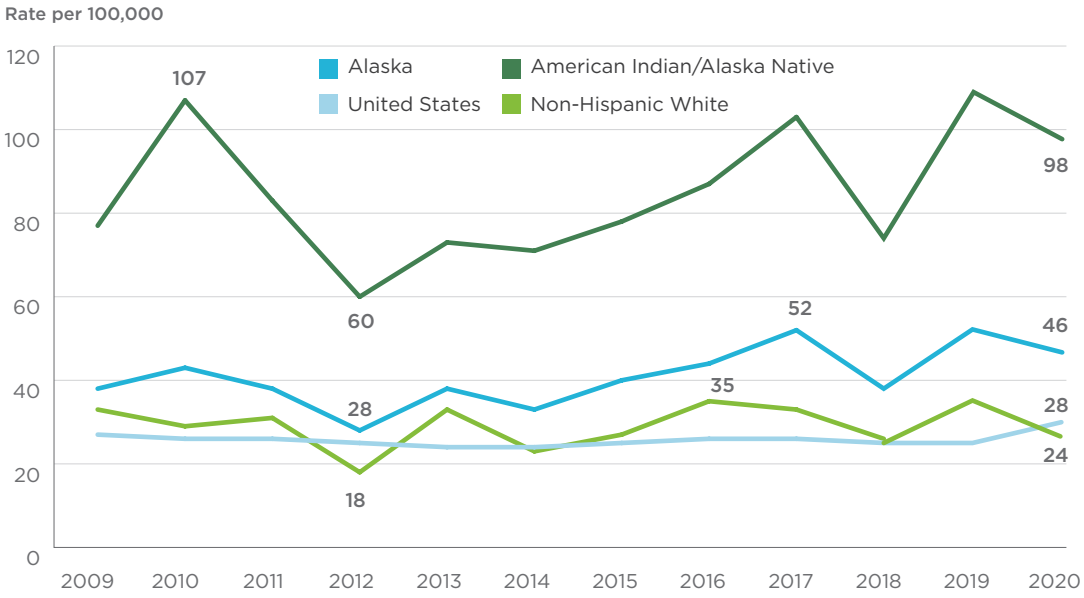


Figure 7. Child and Teen Death Rate, Alaska and United States (2009-2020)

Source: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics
Retrieved from: KIDS COUNT Data Center

In Alaska overall, child death rates are highest among youth ages 15 to 19, while death rates decline by over two-thirds for youth ages 1 to 14. Unfortunately, the statewide death rate has increased for both groups over the last decade.

The statewide teen death rate increased from an average of 72 per 100,000 during the 2011-2015 period to 96 per 100,000 for 2016-2020. For 2016-2020, the highest rate of death among teens occurred in the Southwest region, at 291 deaths per 100,000, followed closely by the Northern region with 250 deaths per 100,00. The lowest rates were in the Matanuska-Susitna region, Anchorage, and the Southeast region at 52, 70, and 71 per 100,000 respectively.

The five-year average rate for children ages 1-14 increased slightly from 24 per 100,000 in 2009-2013 to 29 per 100,000 in 2016-2020. For 2016-2020, the highest rate of death among children occurred in the Northern region, at 94 deaths per 100,000, while the lowest was in Southeast at 14 per 100,000.

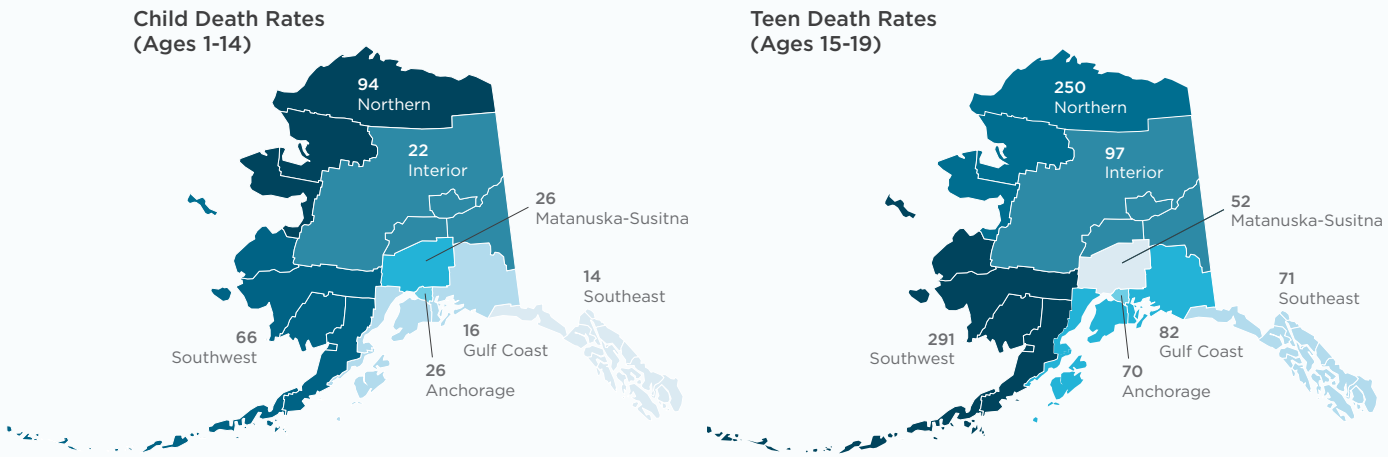
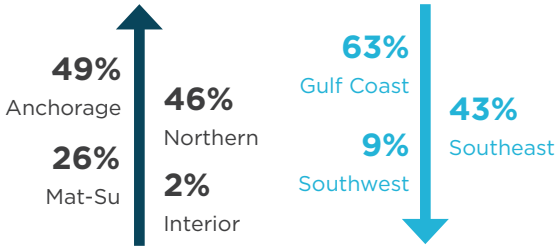


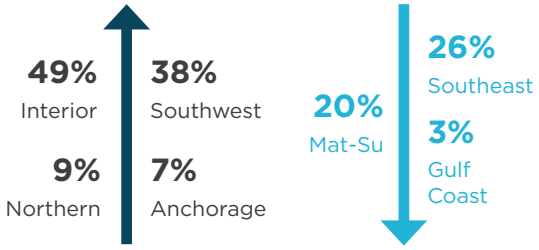
Figure 8. Child (Ages 1-14) and Teen (Ages 15-19) Death Rates, 5-Year Average, by Region (2016-2020)

Source: Alaska Section of Health Analytics and Records; Alaska Department of Labor and Workforce Development, Research and Analysis Section. Retrieved from: KIDS COUNT Data Center

Overall both child and teen death rates in Alaska have increased in the last decade. By region, child death rates have increased over the past 10 years in Anchorage, Northern, and Matanuska-Susitna regions. The change in the Anchorage and Northern regions is particularly stark with 49, and 46 percent increases in the death rate, respectively. On the other hand, child death rates in the Gulf Coast and Southeast regions dropped 63 and 43 percent, respectively. For teen deaths, the increase is most marked in the Interior region where the rate has increased by 49 percent over the past decade, from 65 to 96 deaths per 100,000. Anchorage and the Northern region have seen more modest increases of 7 percent and 9 percent, respectively. The Southeast and Matanuska-Susitna regions have experienced declines in their teen death rates of 26 percent and 20 percent, respectively.



Average Change in Child Death Rates 2009-2013 vs. 2016-2020



Average Change in Teen Death Rates 2009-2013 vs. 2016-2020

4. Overweight and Obesity

In 2011-2012 the proportion of Alaska children and teens ages 10 to 17 who were overweight or obese was 30 percent compared to 31 percent in the United States as a whole. By 2016-2017 and 2017-2018 the proportion in Alaska fell to one-quarter (25 percent) of children and teens ages 10 to 17 while the proportion in the US stayed constant.

By 2018-2019, however, the proportion of Alaska children and teens who were overweight or obese jumped back up to 29 percent, only 2 percentage points below the national average. This upward tick is occurring in both males and females in Alaska, with proportions for both genders increasing at least 4 percentage points from 2017-2018 to 2018-2019. As noted in prior versions of this study, obesity rates for males are higher than those for females with boys 56 percent more likely to be overweight than girls.

Note: This study notes that the National Survey of Children's Health shifted from a phone-based data collection method to a paper- and web-based data collection method in 2016, potentially affecting data comparability over time. This study recommends exploring this issue and why the percentages of Alaska girls and boys who are overweight and obese appear be increasing, and why the percentage is so much higher among males.

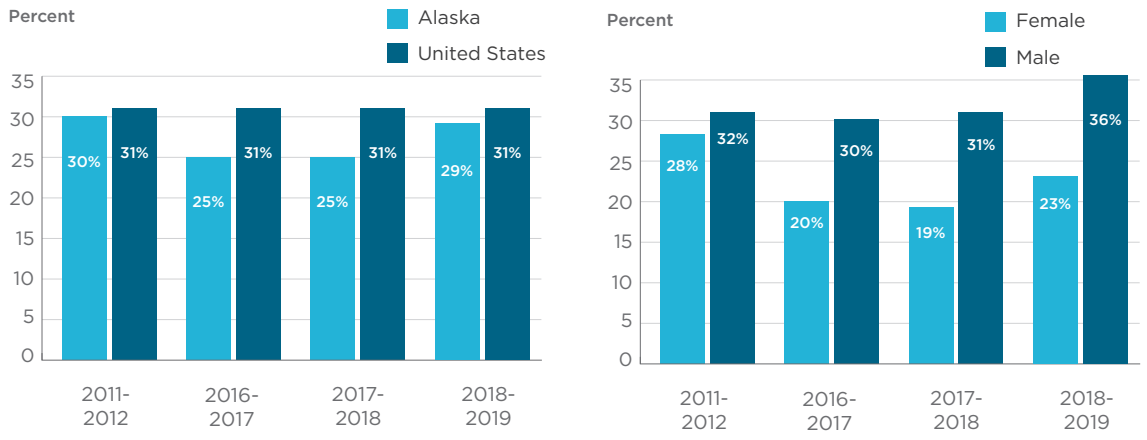


Figure 9. Children and Teens Ages 10 to 17 Who Are Overweight or Obese, Alaska and United States and Male, Female, Percent (2011-2012 and 2018-2019)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health. Retrieved from: KIDS COUNT Data Center

Amongst high school students, teens in the Northern region and Anchorage are most likely to be overweight or obese while teens in the Interior and Matanuska-Susitna regions are the least likely. However, in all regions the rate is 27 percent or greater. Five of seven regions also saw an increase in overweight or obese proportion between 2009 and 2017 with the other two regions holding steady or dropping by just one point.

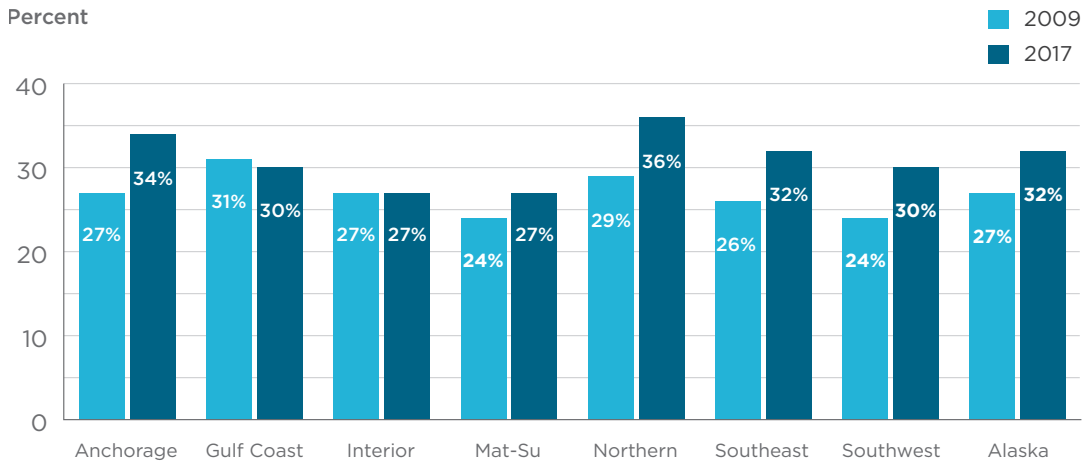


Figure 10. High School Students Who Are Overweight or Obese, by Region, Percent (2009 & 2017)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard.

Note: In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska YRBS was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

The data on race and ethnicity indicate that overweight and obesity rates between 2011 and 2019 were stable for American Indian/Alaska Native students, declined by 1 percentage point for Hispanic or Latino students, increased by 5 percentage points (23 percent) for Non-Hispanic White students, and increased by 10 percentage points (35 percent) for students of all other ethnic/racial groups. As noted above increases in obesity rates are being driven by increases in male obesity.

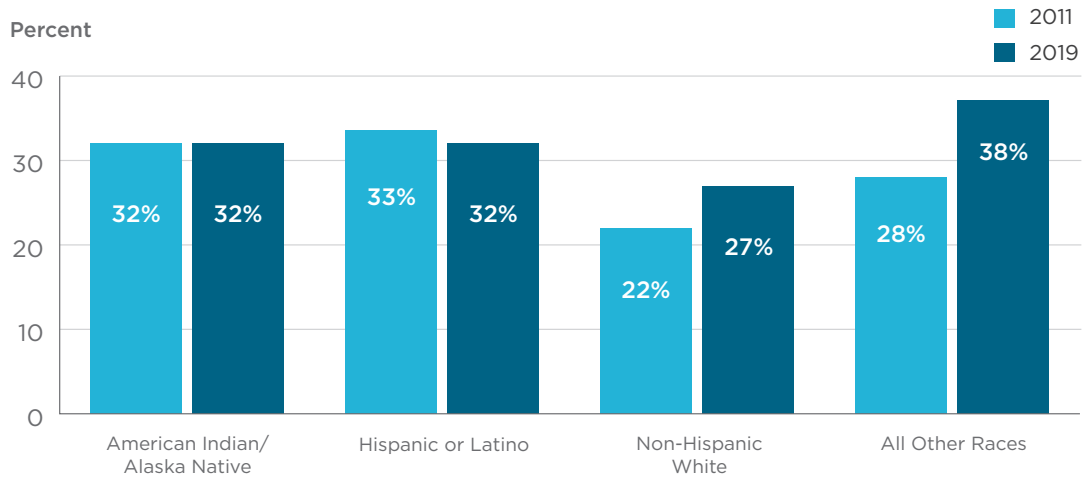


Figure 11. High School Students Who Are Overweight or Obese by Race and Ethnicity, Percent (2011 & 2019)

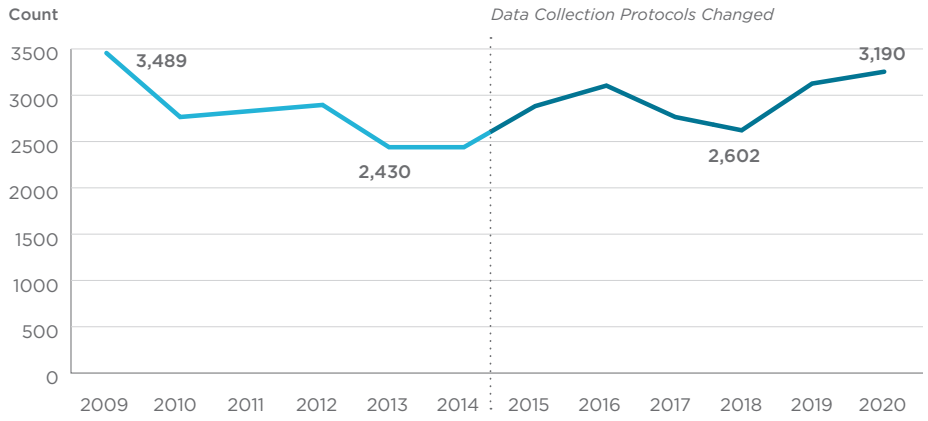
Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard.

Note: The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

5. Child Maltreatment

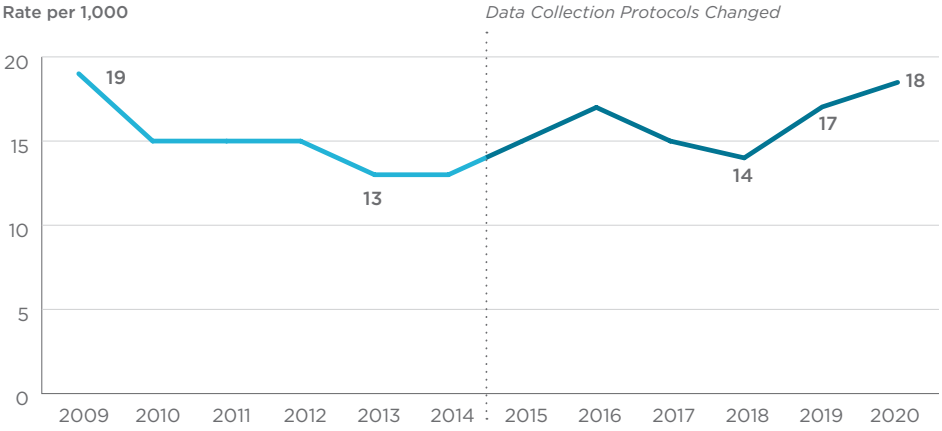
The number and rate of children who are confirmed by Child Protective Services as victims of maltreatment fluctuated over the past 12 years with the count of victims ranging from between 2,430 (2013) and 3,489 (2009) with the rate moving between 13 and 19 per 1,000. There are two factors which make this data indicator challenging to assess:

- The data collection protocols for this indicator changed between 2014 and 2015.
- Confirmation of child maltreatment requires that incidents be reported and confirmed. Factors affecting how likely maltreatment is to be reported, followed-up on, and confirmed can affect case counts. This study notes that the rate of children who are confirmed by Child Protective Services as victims of maltreatment rose to it's highest level in a decade using either measure in 2020 when 18 children per 1,000 were confirmed as victims of maltreatment.



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau; Population Division, U.S. Census Bureau. Retrieved from: KIDS COUNT Data Center

Figure 12. Count of Children Confirmed by Child Protective Services as Victims of Maltreatment (2009-2020)



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau; Population Division, U.S. Census Bureau. Retrieved from: KIDS COUNT Data Center

Figure 13. Rate per 1,000 of Children Confirmed by Child Protective Services as Victims of Maltreatment (2009-2020)

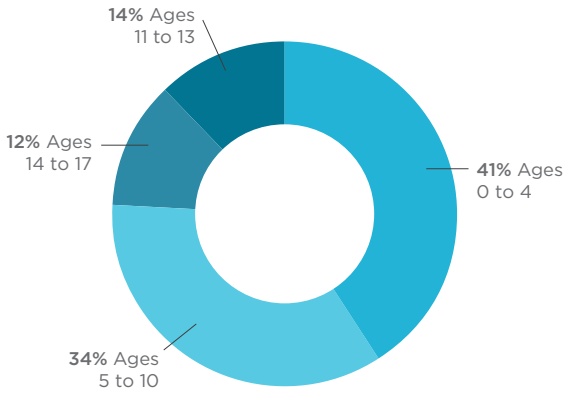


Figure 14. Percent by Age Group of Total Children Confirmed by Child Protective Services as Victims of Maltreatment (2016-2020)

Children between the ages of birth and age 4 comprise the largest proportion of total child maltreatment cases (41 percent), followed by ages 5 to 10 (34 percent of total cases), and 14 percent each for ages 11 to 13, and 12 percent for ages 14 to 17. As children grow older, they gain greater ability to speak for themselves, know when they are being maltreated, and report their own abuse.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from: KIDS COUNT Data Center

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The most common form of maltreatment is neglect. Among children who were confirmed as victims of maltreatment in 2020, 71 percent were victims of neglect, 33 percent of emotional abuse, 21 percent physical abuse, 9 percent sexual abuse, and 4 percent medical neglect. Since a child can be the subject of more than one maltreatment incident, the percentages sum to greater than 100 percent.

In addition, this study notes that the percent attributed to physical abuse in 2020 (21 percent) is roughly one-third greater than any prior readings.

In addition, the emotional abuse percentages for 2019 and 2020 are slightly greater than the prior 2016 high.

Alaska is generating greater success in providing post-investigation services to children confirmed as victims of maltreatment. The proportion increased significantly over the past decade, with approximately half (52 percent) of victims receiving post-investigation services in 2020, versus only 20 percent in 2009, though data analysis methodology changed slightly from 2014 to 2015.

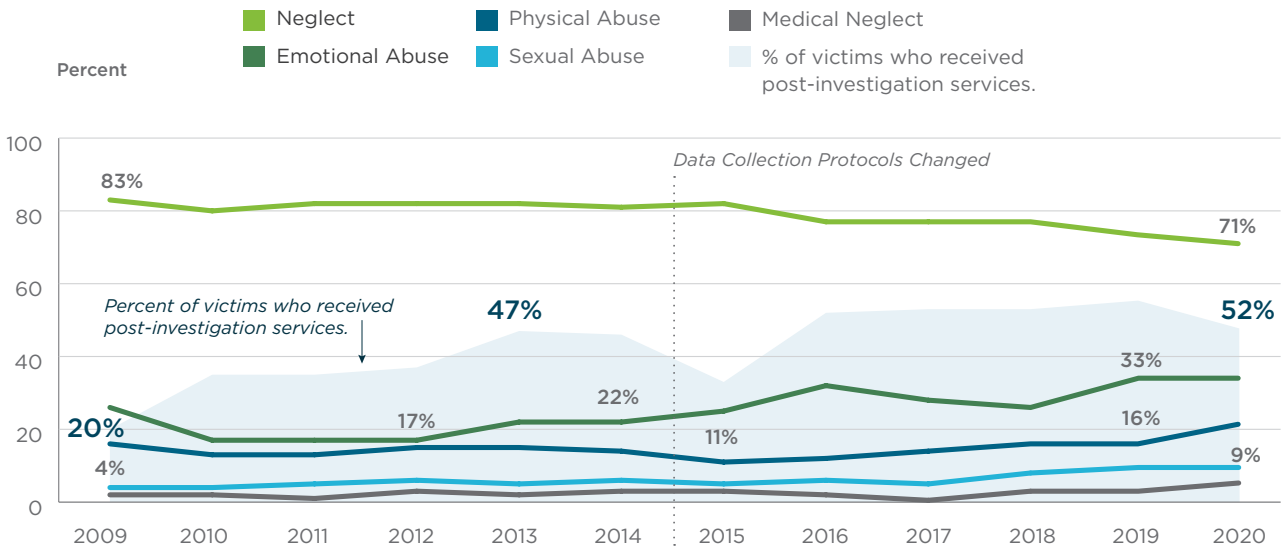

Figure 15. Distribution of Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment by Maltreatment Type, Percent (2009-2014, 2015-2020)

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from: KIDS COUNT Data Center.

6. Developmental Screen*

Developmental screens observe how a child grows and changes over time assessing whether a child is reaching key developmental milestones. These screens can detect delayed development early on increasing the efficacy of treatment options and lowering societal costs.

On average, 79 percent of three-year-olds in Alaska received a developmental screen in 2018-2019, up from 77 percent in 2017-2018, 2016-2017, and 2015-2016 (data collected in 2015, 2016, 2017, and 2018). However, the percentage of three-year-old children receiving a screen varies widely across the state. Children in Southwest Alaska are between 48 and 53 percent less likely to receive a developmental screen than children in Anchorage or the Interior or Matanuska-Susitna regions, with just 42 percent of the children in the region receiving one by three years of age. The data suggest that the Northern region is making progress in terms of the proportion of three-year-old children receiving developmental screens, with the percentage increasing from 48 percent in 2015-2016 to 57 percent in 2018-2019, but the region still lags considerably behind the state average of 79 percent in 2018-2019. Three-year-old children in Anchorage are the most likely to receive a development screen with 90 percent of children receiving a screen. The proportion of three-year-old children in Southeast Alaska receiving a screen decreased from 91 percent in 2016-2017 to 79 percent in 2018-2019.

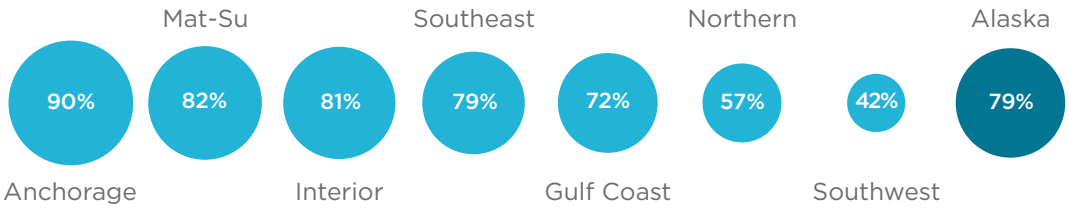

Figure 16. Three-Year-Old Children Who Received a Developmental Screen, by Region, Percent (2018-2019)

Source: Alaska Childhood Understanding Behaviors Survey. Retrieved from: KIDS COUNT Data Center

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Alaska Native children are significantly (one-quarter) less likely to receive a development screen than Non-Hispanic White children or children of other ethic backgrounds.

In 2018-2019, 64 percent of American Indian/Alaska Native children received a developmental screen compared to 84 percent of Non-Hispanic White children and 85 percent of children from other ethnic backgrounds.

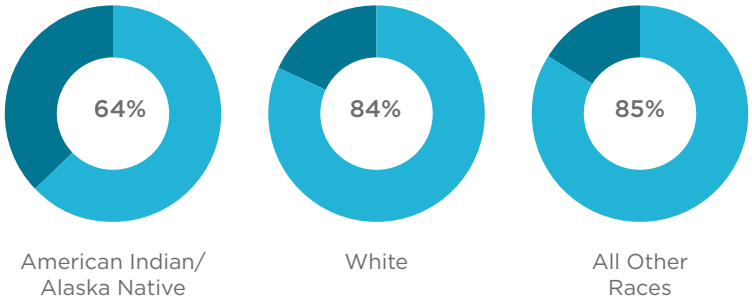


Figure 17. Three-Year-Old Children Who Received a Development Screen, by Race, Percent (2018-2019)

Source: Alaska Childhood Understanding Behaviors Survey

**Indicator also appears in the KIDS COUNT Education Report*

7. High School Students Feeling Sad or Hopeless

This indicator is a broad gauge of mental health and measures the proportion of high school students who felt sad or hopeless almost every day for two or more weeks in a row so much that they stopped doing some usual activities during the 12 months before the survey.

The data indicate that Alaska's high school students are experiencing increasing levels of sadness and hopelessness. The proportion of students meeting the indicator definition has jumped from 25 percent in 2009 to 38 percent in 2019; a 52 percent increase.

These increases have been seen across all regions of the state, with regional increases in hopelessness ranging from 10 percent in Southwest Alaska to 54 percent in the Matanuska-Susitna region.

In the last decade the proportion of students feeling sad and hopeless increased 52 percent.

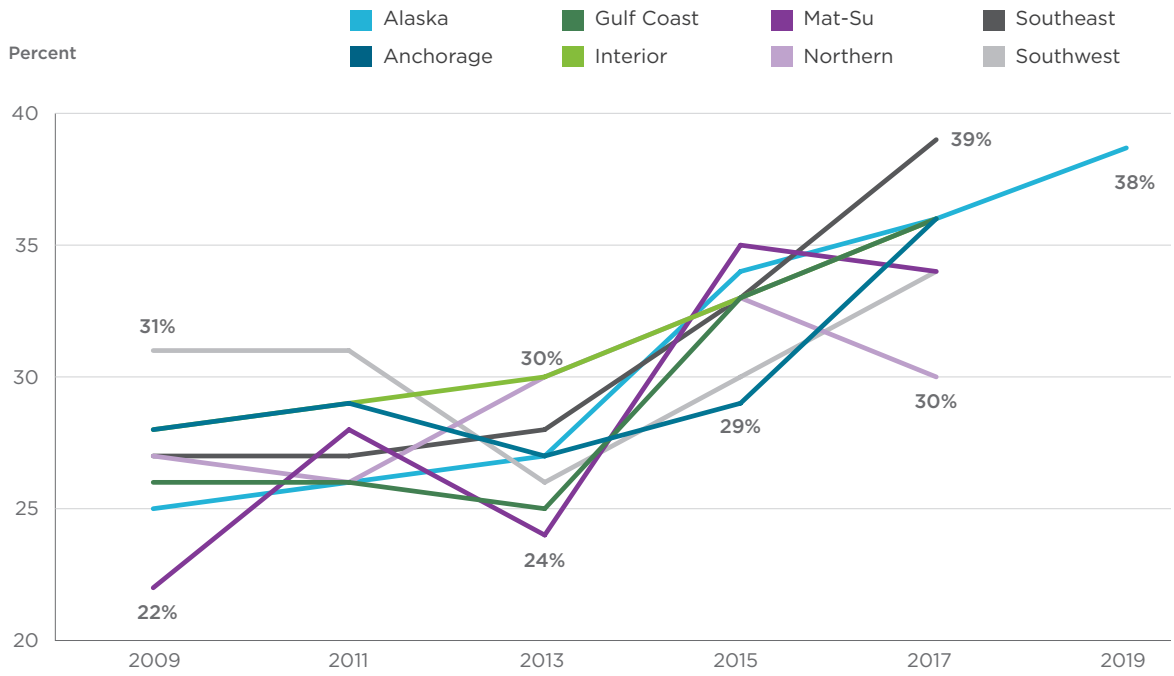


Figure 18. High School Students Reporting Feeling Sad or Hopeless, Past 12 Months, by Region, Percent (2009, 2011, 2013, 2015, 2017, 2019)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center; State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard.

Note: In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic.

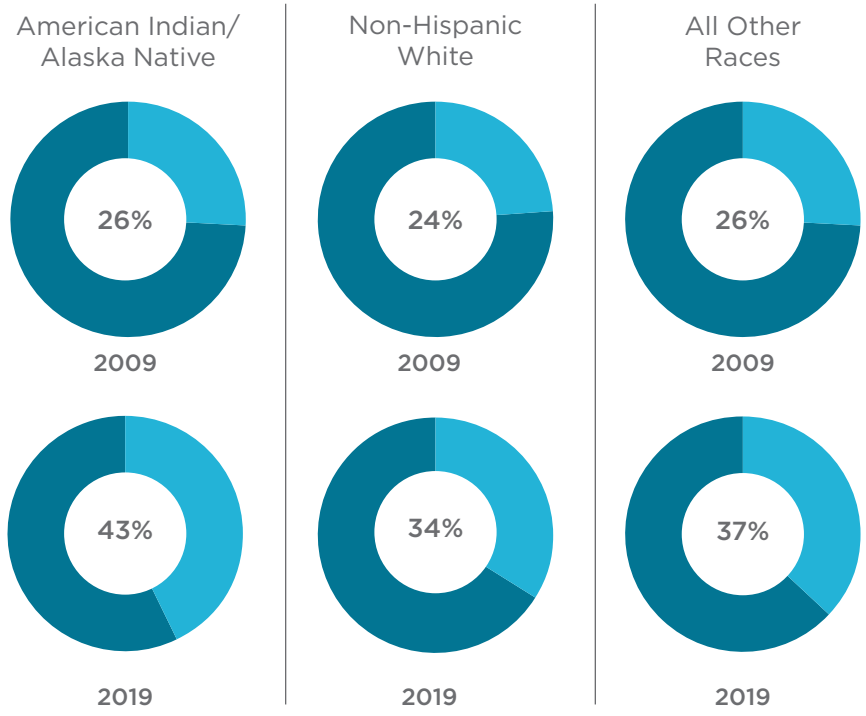
By region, in 2017 (latest available data for most regions), the percentage of high school students reporting feeling sad or hopeless was lowest in the Northern region, at 30 percent, and highest in Southeast region, at 39 percent. In both Anchorage and the Matanuska-Susitna region, the only two regions for which data are available for 2019, the percentage of high school students reporting feeling sad or hopeless continued to increase in 2019.

There is growing racial/ethnic disparity in terms of which students are more likely to feel sad or hopeless. In 2009 there was almost no racial/ethnic disparity around feeling sad or hopeless; at this time 24 percent of Non-Hispanic White students and 26 percent of American Indian/Alaska Native students and students of other races met the indicator definition in the prior 12 months.

By 2019, feelings of sadness and hopelessness increased for all racial/ethnic groups, but the percentage of American Indian/Alaska Native students increased from 26 percent to 43 percent compared to that of Non-Hispanic White students moving from 24 percent to 34 percent and the prevalence amongst all other races increasing from 26 percent to 37 percent.

It's clear from the data that all student groups are experiencing increased feelings of sadness and hopelessness, but American Indian/Alaska Native students are suffering disproportionate increases of these feelings.

There is growing racial and ethnic disparity in terms of which students are more likely to feel sad or hopeless.



Source: Alaska Youth Risk Behavior Surveillance System.

Retrieved from: State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard.

**Data are suppressed per the State of Alaska Department of Health and Social Services suppression rules.*

Note: The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Figure 19. Traditional High School Students Reporting Feeling Sad or Hopeless in Past 12 Months, by Race, Percent (2009, 2019)

8. Prenatal Care

Over the last decade the state made steady progress in lowering the proportion of women who received less-than-adequate prenatal care. The five-year average fell from 38 percent in 2009-2013 to 33 percent by 2017-2021 (a period which coincided with Medicaid Expansion in Alaska). Even with this progress one in three women continue to receive less-than-adequate prenatal care and 6 percent of women receive late or no prenatal care.

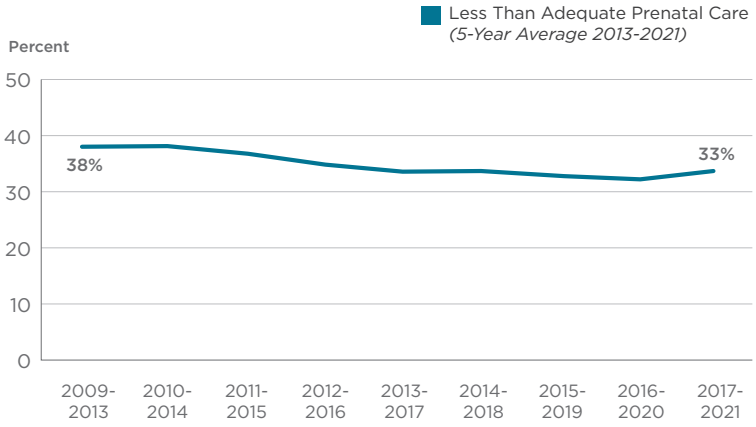


Figure 20. Births to Women with Less-Than-Adequate, in Alaska, Percent

Source: Alaska Section of Health Analytics and Vital Records. Retrieved from: KIDS COUNT Data Center

Note: The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services).

The state has made significant progress in reducing regional disparities in less-than adequate prenatal care, but sizable disparities continue to exist. The highest rates of less than-adequate care occur in the Southwest (57 percent), Northern (38 percent), and Gulf Coast regions (35 percent) while the lowest rates occur in the Southeast (24 percent) and Matanuska-Susitna regions (25 percent).

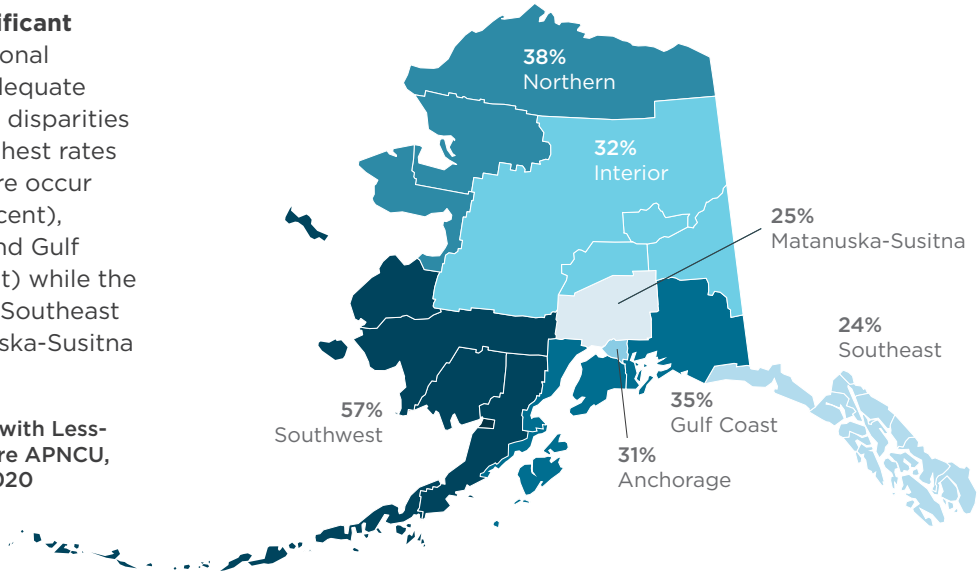


Figure 21. Births to Women with Less-Than-Adequate Prenatal Care APNCU, by Region, Percent, 2016-2020

Source: Alaska Section of Health Analytics and Vital Records. Retrieved from: KIDS COUNT Data Center

Note: The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services).

The percentage of women receiving no, or late prenatal care held steady or fell for every ethnic group between 2013 and 2018, but has increased for some groups since then.

This percentage increased for American Indian/Alaska Native women from 7 percent in 2018 to 9 percent in 2020, and increased for Black or African American women from 7 percent in 2018 to 9 percent in 2019 (the most recent year for which data are available for this group). (See appendix). There are also considerable disparities across racial/ethnic groups. For example, by race/ethnicity, the portion of American Indian/Alaska Native births meeting this definition is more than double that of Hispanic or Latino births (9 percent vs 4 percent) and 80 percent higher than the rate for Non-Hispanic White births.

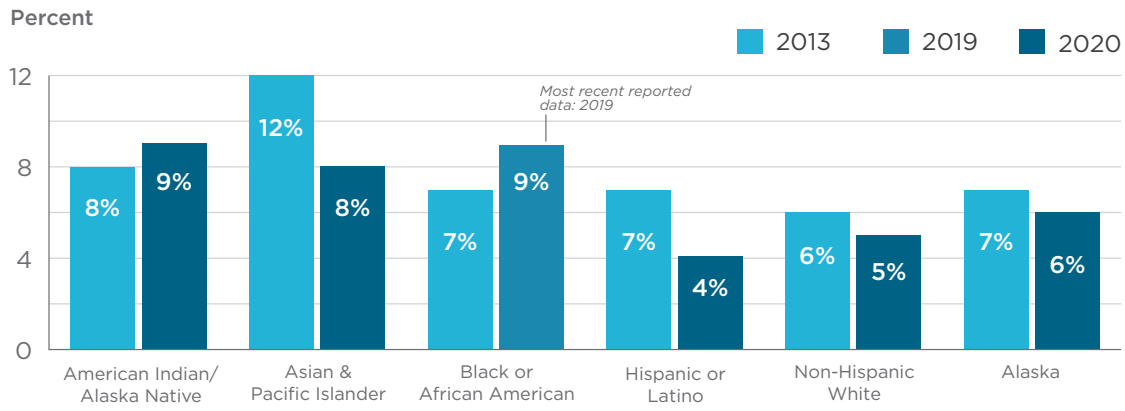


Figure 22. Births to Women Receiving Late or No Prenatal Care, by Race and Ethnicity, Percent (2013-2020)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: KIDS COUNT Data Center.

9. Teen Alcohol and Drug Misuse

The Youth Risk Behavior Survey (YRBS) assesses risky behaviors amongst Alaska teens. It is administered by the State of Alaska in odd-numbered years and uses an "opt in" methodology as opposed to using a more comprehensive "opt out" approach. As such, it likely misses a portion of the teen population. YRBS data indicate that Alaska's progress in reducing drug misuse amongst teens has flattened with the exception of tobacco smoking, which has declined, and vaping, where teen use is rapidly increasing. Since 2009 Alaska has made progress in reducing the portion of teens who drink any alcohol, binge drink, or use tobacco in the prior 30 days. Much of this progress was made between 2009 and 2013 and additional progress has stalled since 2013. Marijuana dipped slightly amongst teens between 2009 and 2015, declining from 23 percent to 19 percent, before giving back those gains between 2015 and 2019. The survey started tracking the use of vaping products by teens in 2015 and since then the rate of vaping use has increased from 18 percent to 26 percent; a 44 percent increase. Misuse of prescription medications is steady at 6 percent.

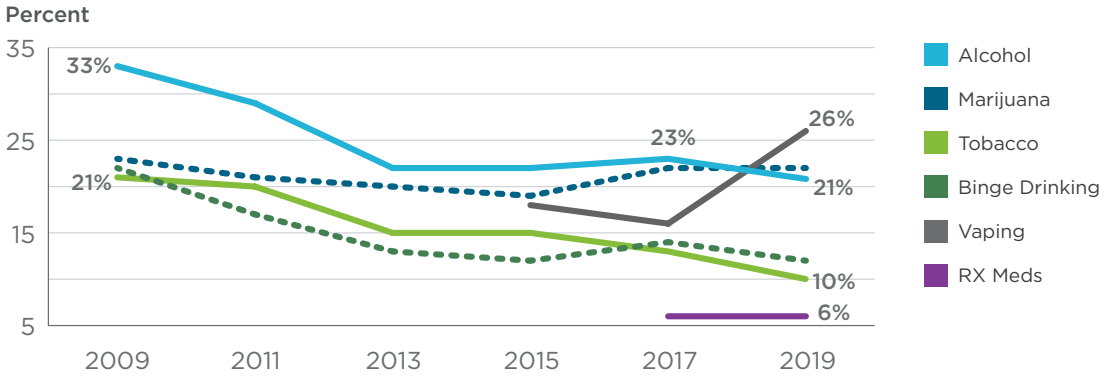


Figure 23. Substance Use in Past Month Among High School Students, Percent (2009, 2011, 2013, 2015, 2017, 2019)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center
Note: Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

The state has made the greatest progress in reducing alcohol misuse between 2009 and 2017 in the Anchorage, Gulf Coast, Interior, Northern, and Southwest regions. The state has experienced less progress in the Southeast region. The highest proportions of high school students reporting alcohol use in 2017 were in Southeast and Matanuska-Susitna, with 30 percent and 29 percent of teens, respectively, reporting alcohol use in the last month. The lowest percentage of students reporting alcohol use were in Southwest (13 percent), followed by Northern (16 percent) and Interior (19 percent). This study wishes to highlight that data indicate a major resurgence in teen drinking in the Southeast region between 2015 and 2017 with usage increasing by almost 50% and returning to 2009-2011 levels. As previously discussed, teen sadness and hopelessness was higher in the Southeast region than in any other Alaska region in 2017. This change is concurrent with increased alcohol usage. These data are only available on a regional basis for 2019 for Anchorage and Matanuska-Susitna. In both of these regions, the percentage of students reporting alcohol use in the past month decreased from 2017 to 2019.

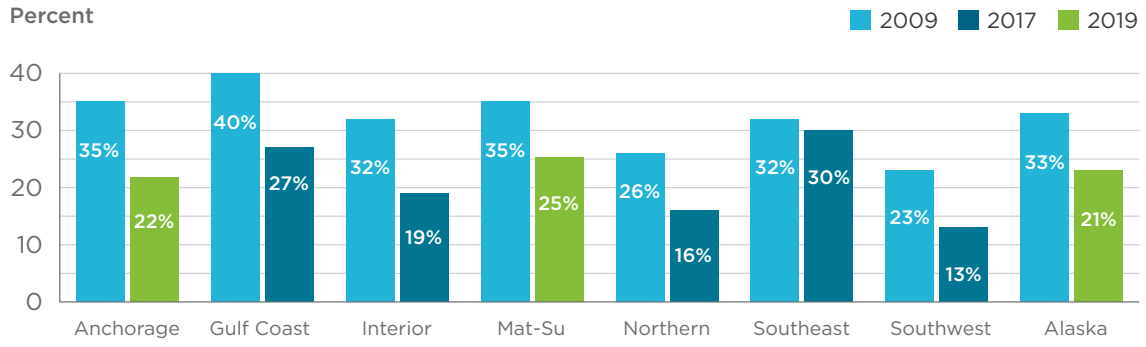
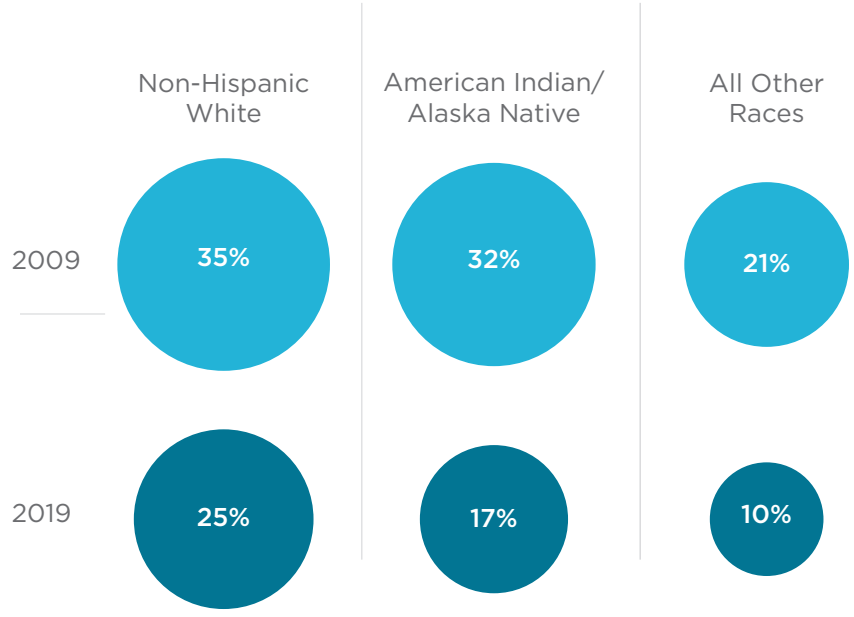


Figure 24. Alcohol Use in Past Month Among High School Students, All Regions, Percent (2009, 2017, 2019)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center
Note: Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Small sample sizes limit the comprehensiveness of the available racial/ethnic data for alcohol misuse, but state data show that Alaska has made substantial progress in lowering alcohol misuse by all students. This is particularly true for American Indian/Alaska Native students and students of all other races. In both of these groups usage has dropped by approximately 50 percent where usage by Non-Hispanic White students fell by 40 percent. In 2009 there was only 3 percentage points difference in alcohol use by American Indian/Alaska Native and Non-Hispanic White students. In 2019, American Indian/Alaska Native students were 32 percent less likely to use alcohol than Non-Hispanic White students.



Note: The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Figure 25. Alcohol Use in Past Month Among Traditional High School Students, by Race and Ethnicity, Percent (2009 and 2019)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center.

Statewide, the proportion of students who reported marijuana use in the past month didn't change much between 2009 and 2017, but as previously noted use dipped slightly between 2009 and 2015 before rebounding to prior levels. The data shows that marijuana use decreased in the Northern and Gulf Coast regions, stayed the same or increased slightly in the Anchorage, Interior, the Matanuska-Susitna, and Southeast regions, but increased in Southwest region. Marijuana use declined in Anchorage and Matanuska-Susitna from 2017 to 2019, from 22 percent to 17 percent in Anchorage, and from 21 percent to 19 percent in Matanuska-Susitna. These are the only two regions for which data are available for 2019. (See appendix).

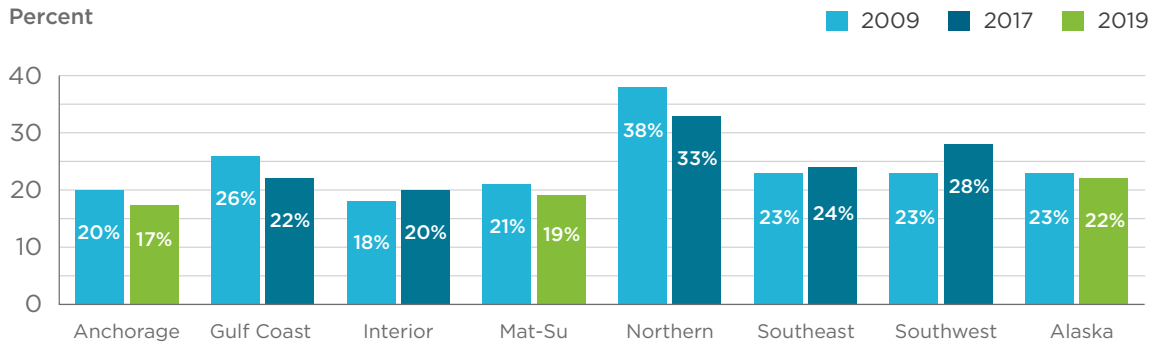


Figure 26. Marijuana Use in Past Month Among High School Students, All Regions, Percent (2009, 2017, 2019)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard.
Note: Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Small sample sizes limit the comprehensiveness of ethnic and racial data for marijuana misuse amongst teens. The data do seem to indicate that American Indian/Alaska Native teens are about 50 percent more likely than Non-Hispanic White teens and twice as likely as teens of "all other races" to use marijuana.

The proportion of teens reporting tobacco use in the past month fell by more than 50 percent statewide in the past decade.

The rate of smoking among teens decreased in all Alaska regions from 2009 to 2017 and continued to fall through 2019 in Anchorage and Matanuska-Susitna, the only two regions for which data are available. In 2017, the highest proportion of students reporting smoking misuse in the past month was in Southwest Alaska, at 24 percent, and the lowest in Anchorage, at 11 percent. The rates in Anchorage and Matanuska-Susitna stood at 7 percent and 9 percent, respectively, in 2009.

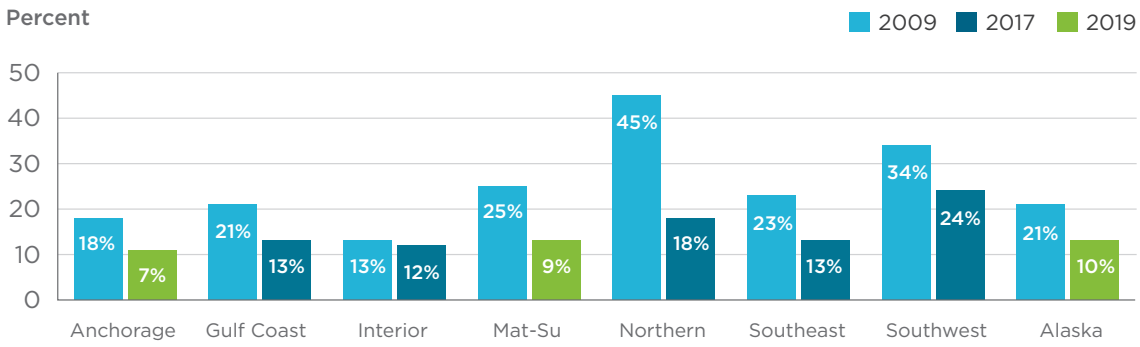


Figure 27. Tobacco Smoking in Past Month Among High School Students, All Regions, Percent (2009, 2019)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard.
Note: In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Small sample sizes limit the comprehensiveness of ethnic and racial data for tobacco smoking amongst teens. All groups were less likely in 2017 to use tobacco than they were in 2009 with Non-Hispanic White students being particularly less likely to smoke than in 2009.

The YRBS has only asked about electronic vapor product use in Alaska since 2015, at which time 18 percent of high school students reported vaping.

In 2019, the proportion of vaping among Alaska high school students rose to 26 percent, with regional data unavailable for that year. In 2017, the proportion was highest in the Gulf Coast region, at 21 percent, and lowest in the Northern region at 7 percent. (See appendix). However, given the large increase in overall usage reported for 2019 it's important to consider that regional usage might have changed since 2017.

For the only two regions with 2019 data available, usage increased in Anchorage from 18 to 25 percent and in the Matanuska-Susitna region from 17 to 32 percent.

With respect to usage by racial/ethnic groups there was significant racial/ethnic disparity in usage in 2015 with 34 percent of Hispanic or Latino students reporting usage and 14-18 percent of all other groups reporting usage. That gap has closed in the most recent year's data with 29 percent of Hispanic and Latino students reporting usage as 27 percent of American Indian/Alaska Native students, 26 percent of Non-Hispanic White students, and 23 percent of "all other races" report usage.

Vaping ranged between 23 percent and 29 percent of high school students by racial/ethnic group in 2019, up significantly from 10 percent to 21 percent in 2017 (See appendix).

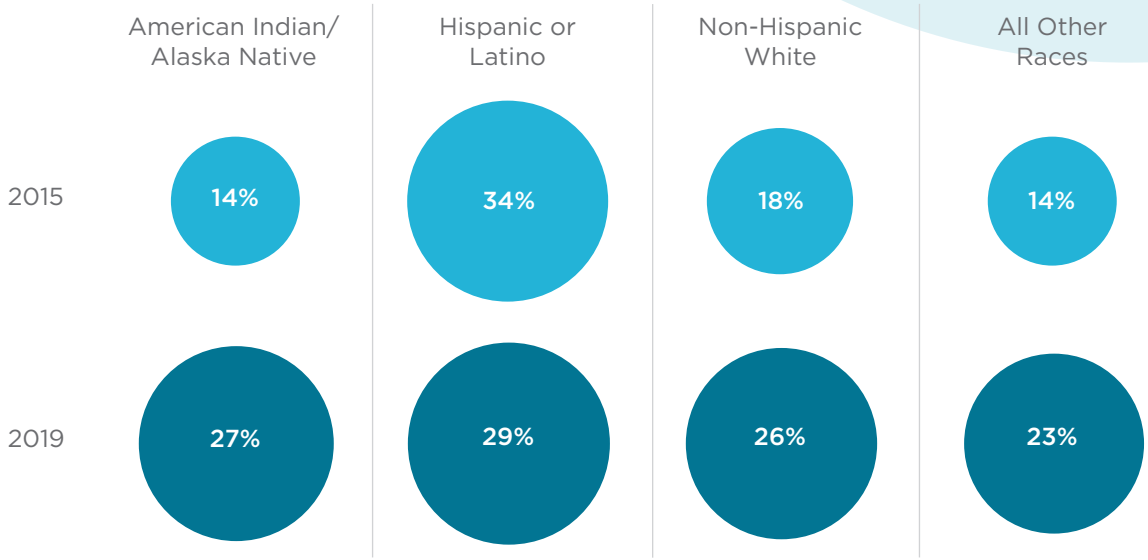


Figure 28. Electronic Vapor Product Use in Past Month Among Traditional High School Students, by Race and Ethnicity, Percent (2015, 2019)

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard.
Note: Other Race/Ethnicity includes Black or African American and Multiple Races. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Beginning in 2017, the YRBS asked about prescription pain medicine misuse. In that year and in 2019, 6 percent of Alaska high school students reported this behavior. Regional proportions ranged from 5 percent to 8 percent with the highest percentages in the Matanuska-Susitna and Gulf Coast regions and lowest percentage in the Northern region. There is relatively little difference in usage between racial and ethnic groups with respect to prescription misuse; percentages range from 5-8 percent of students.

10. Vaccination

Alaska steadily increased the percentage of children receiving the 7-vaccine series by the time the child reaches 35 months of age from 2009 to 2017, but has lost substantial ground since that year. Between 2009 and 2017 the percentage of children receiving the 7-vaccine series increased from 53 percent to 70 percent before dropping back to 62 percent in 2019. This study notes the importance of determining the cause of this steep decline, which pre-dates the COVID-19 pandemic, and identifying measures to reverse this decline.

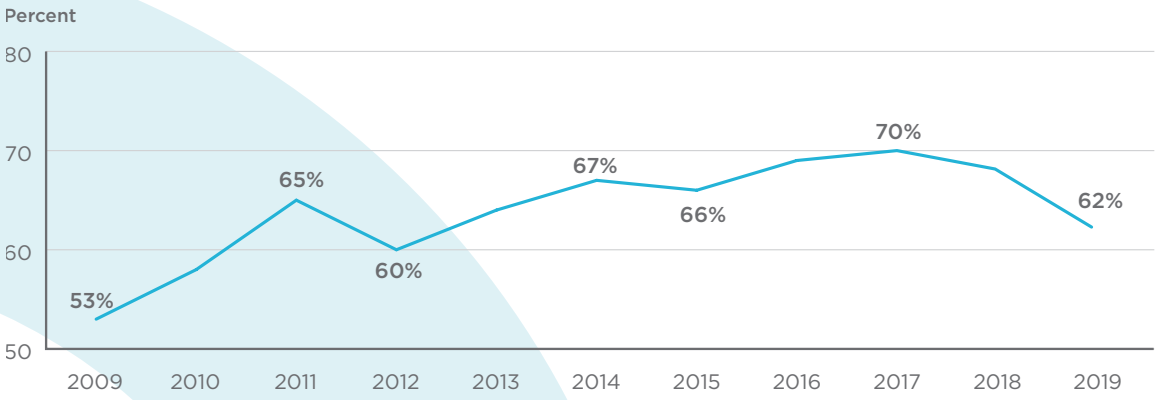


Figure 29. Combined 7-Vaccine Series Coverage Among Children 19-35 Months of Age, Percent (2009-2019)

Source: National Immunization Survey-Child, Center for Disease Control and Prevention, 2007-2019. Retrieved from the KIDS COUNT Data Center.

One of the challenges that vaccine programs face is when parents delay or skip vaccinations.

In 2015, 79 percent of mothers of three-year-old children reported their child's immunizations were not skipped or delayed, while 13 percent reported immunizations were delayed, 7 percent skipped, and 3 percent delayed and skipped. By 2017, the not delayed or skipped percentage has fallen to 77 percent, while both the percentage "skipped" and the percentage of "delayed and skipped" increased by one point (see appendix).

In 2020, 78 percent reported not delayed or skipped, but the percentage of delayed or skipped has increased 50 percent amongst Non-Hispanic Whites and fallen by more than 50 percent amongst all other races/ethnicities.

In short, different ethnic groups are headed in different directions in part driven by increasing vaccination rates amongst American Indian/ Alaska Native groups and declining rates amongst Whites.

By region, on average in 2018-2020, the highest percentage of immunizations was in Anchorage, with 88 percent of mothers reporting their child's immunizations were not delayed or skipped, while the lowest percentage was in the Matanuska-Susitna region where just under 70 percent of children received their vaccinations on time and where roughly 18 percent skipped vaccinations.

The percentage of children not receiving their vaccinations in the Matanuska-Susitna region nearly doubled from 2015-2017 (9.7 percent). In contrast, all of the other regions saw a decline in the proportion of children skipping their vaccinations (Anchorage, Gulf Coast, Northern, Southwest) or saw much smaller increases (Interior, Southeast).

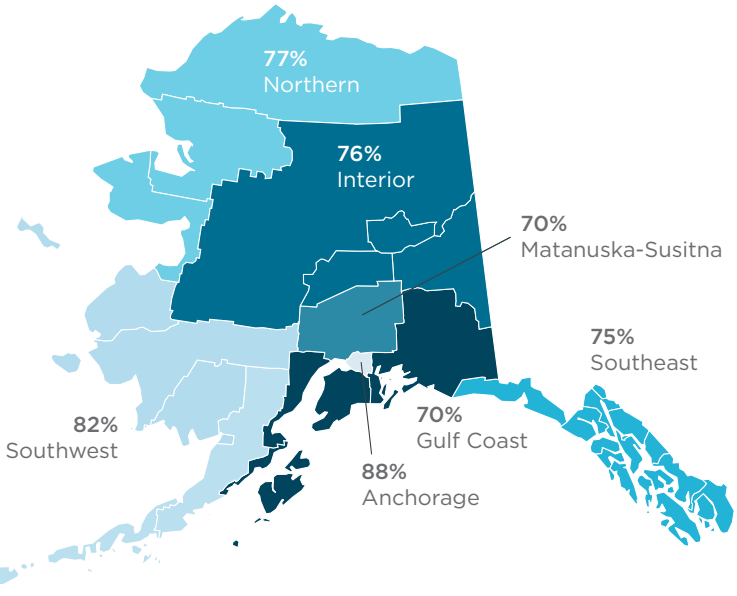


Figure 30. Mothers of Three-Year-Old Children Reporting Immunizations Not Delayed or Skipped for Child, By Region, Percent (2018-2020)

Source: Alaska Childhood Understanding Behaviors Survey.

Non-Hispanic White mothers reported the lowest percentage of immunizations, with 77 percent reporting immunizations not delayed or skipped, compared to 81 percent of American Indian/ Alaska Native mothers and 89 percent of all other mothers.

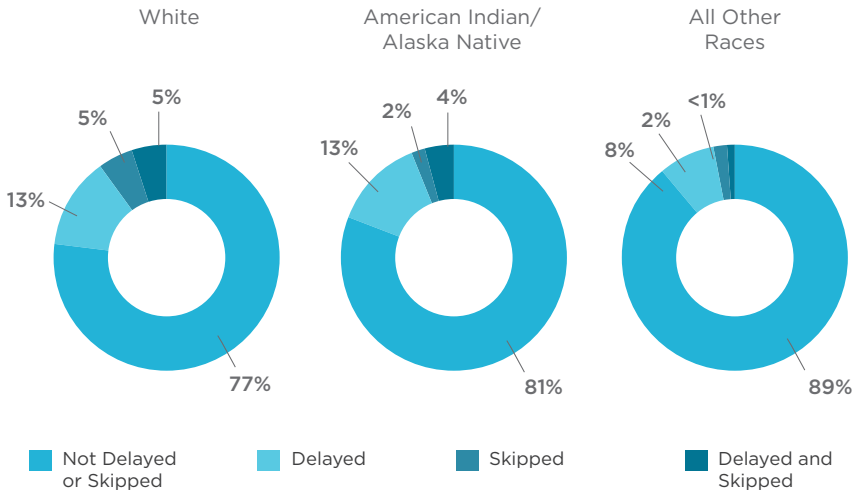


Figure 31. Mothers of Three-Year-Old Children Reporting Immunizations Delayed or Skipped for Child, by Race/Ethnicity, Percent (2018-2020)

Source: Alaska Childhood Understanding Behaviors Survey.

FISCAL DISCUSSION

Spending on Health for Children, Youth, and Families

The 2023 Alaska Children's Budget, an Alaska Children's Trust project, analyzed ten years of state fiscal data (Fiscal Years 2014-2023) via the Alaska Legislative Finance Division through the lens of whether spending was specifically dedicated to the well-being of children, youth, and families.

The project came to the following key conclusions around state spending dedicated to improving the HEALTH well-being of Alaska's children, youth, and families.

1. In inflation-adjusted terms Alaska's planned FY2023 spending on the KIDS COUNT area of Health in the departmental Operating budget was nearly equivalent to the average spent from FY2014-FY2017.

2. While overall spending on health well-being was nearly the same in FY2023 as over the years FY2014-FY2017, in FY2023 state unrestricted general fund spending was down 28.5 percent and designated general fund spending was down 32.3 percent. These declines were offset by a 25.7 percent increase in federal expenditures.

3. Spending on the state's Medicaid program was higher in FY2023 than FY2014-FY2017, but spending on behavioral health treatment programs and public health programs was 66 percent lower and 34 percent lower, respectively.

4. In FY2023, the state planned to spend $899.1 million on health-related services for children, youth and families. Though less than a 1 percent difference from the average across FY2014-FY2017, this amount was down 10 percent from the FY2017 budget of $999.3 million and down 15.6 percent from the FY2018 budget of $1,064.8 million.

5. Historically, the state has spent $10 million to $15 million per year through the Capital budget in this area, but the FY2020 Capital budget contained no planned spending toward the health well-being of Alaska's children, youth, and families.

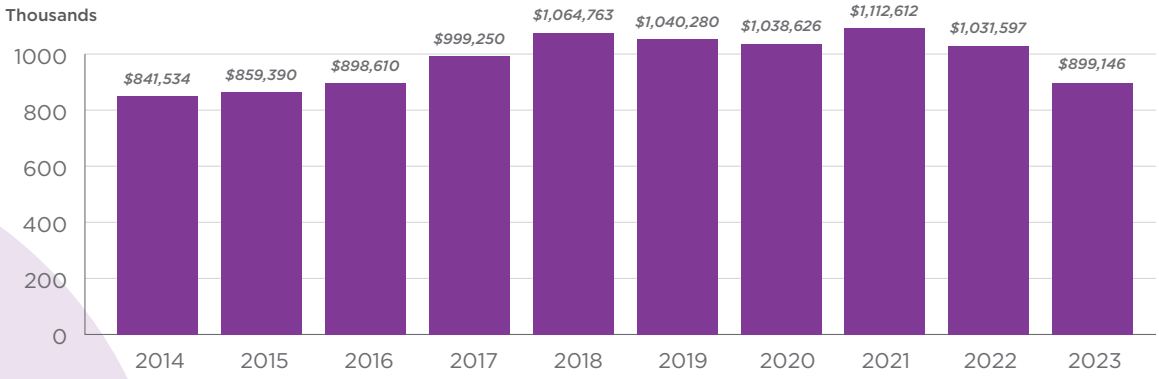


Figure 32. Departmental Operating Budget in the KIDS COUNT Area of Health, $US 2022 thousands

This analysis dives more deeply into the Alaska Children's Budget data to look at not just how much Alaska spent in this KIDS COUNT topic area, but also at how Alaska chose to prioritize its Health-related spending.

The largest component in the Health portion of the Alaska Children's Budget is for medical insurance and services, which is essentially the coverage and services provided by the state's Medicaid program. This expenditure area accounts for $698.3 million, or 78 percent of the state's programmed FY2023 spending.

The next largest expenditure area is Behavioral Health which totals $82.5 million, including $52.1 million for treatment, $21.2 million for administration, and $9.2 million for dedicated prevention and early intervention.

Public Health is the next largest expenditure area at $61.5 million, followed by $37.5 million for other prevention services (e.g., sex offender management, vaccines programs, domestic violence), $16.1 million in administrative costs, and $3.3 million for management and licensing of health facilities.

Total Health Expenditures FY2023 **$899,146**

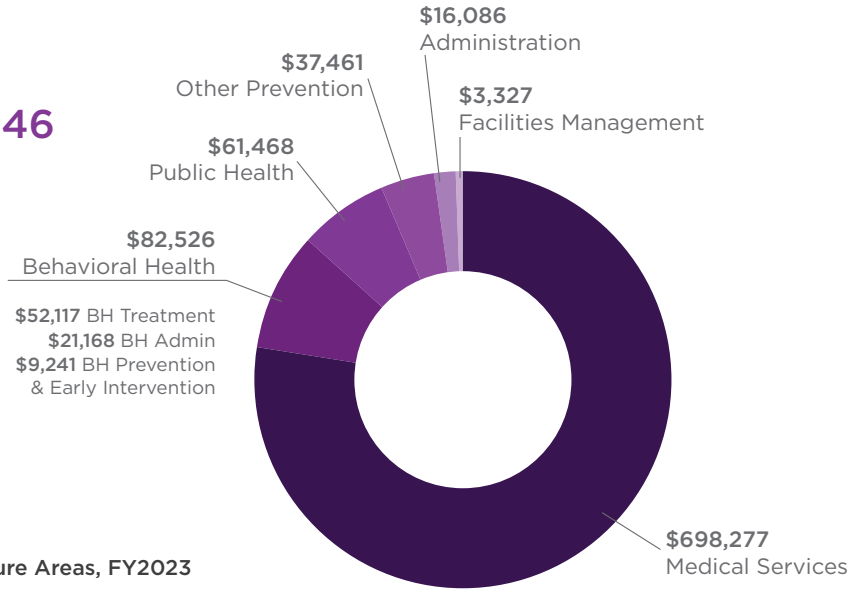


Figure 33. Health Expenditure Areas, FY2023

Every allocation in Alaska's state budget receives a unique component number from the Office of Management and Budget. While component numbers are never reused, they can be retired when programs end or when an administration wants a program to no longer have its own component code. These issues can make tracking spending changes challenging. Component numbers can be retired, but that doesn't necessarily indicate a program ended or a change in intended spending. Analysis of the state's fiscal data from FY2014 to FY2023 shows the spending in most areas outside of medical insurance and services (i.e., Medicaid) shrank. Component-identified spending on behavioral health treatment[2], medical facilities management, administration, and public health declined in real terms from FY2014-FY2017 to FY2023. Conversely, component-identified funding for Behavioral Health administration and Behavioral Health Prevention and Early Intervention increased.

[2]The decline in Behavioral Health Treatment funds was driven by a $104.5 million decline in funding programmed to components in this sub-group between FY2019 and FY2020.

Total Health Expenditures
FY2014-2017 Average **$899,696**
FY2023 **$899,146**

-0.1 %

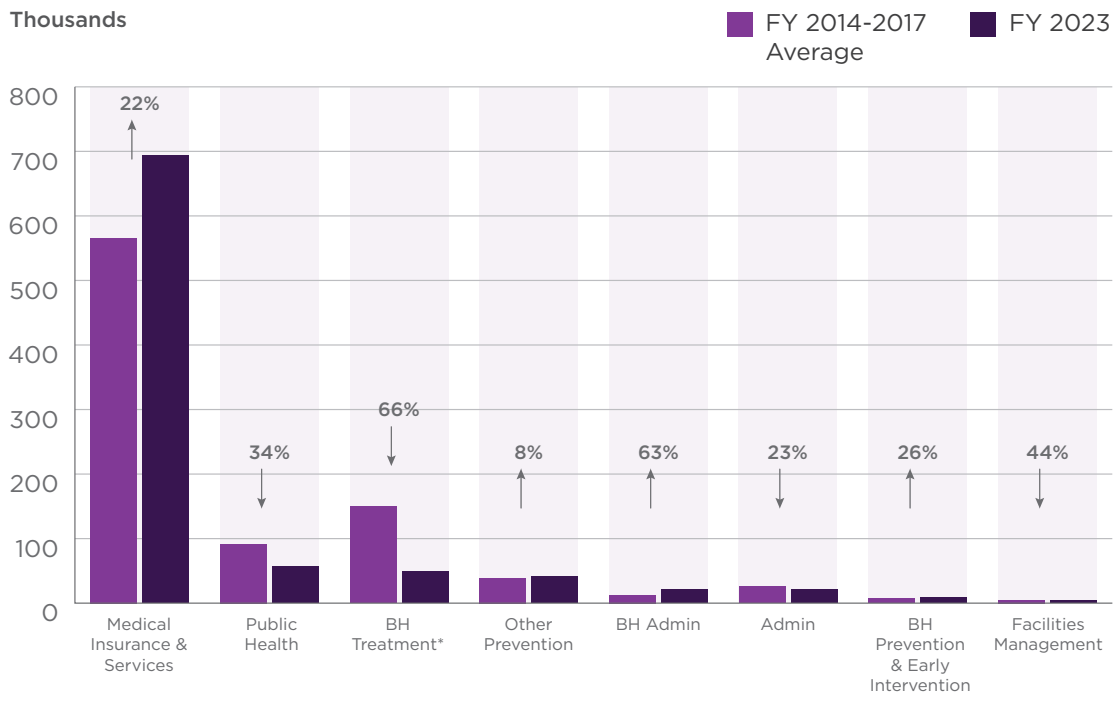


Figure 34. Inflation-Adjusted Health Expenditures, FY2023 vs FY2014-2017 Average

The panel of experts interviewed for this project consistently stressed the need for upstream investments in prevention and early intervention. Looking at the budget data, a minimum 5.2 percent ($46.7 million) of the FY2023 Health budget is identifiable as being devoted to investing in early interventions and prevention.

There are certainly elements of prevention within non-identifiable areas of other Health budget components such as Public Health and Medical Insurance Services. Considering the Public Health budget items as entirely prevention and intervention oriented raises the percentage of the budget devoted in this area to 12 percent ($108.2 million).

Is this enough or the right portion? Economic and policy studies consistently show that early intervention measures invested in children return consistently generate positive returns.

For example, a 2018 study of US child abuse and neglect programs generated $6.37 in benefits for every dollar invested, and found that investing in Child-Parent Center and Nurse Family Partnerships in Alaska could avoid over 500 cases of child abuse annually, averting between $76,000 and 189,000 in costs annually per case.

POLICY IMPLICATIONS

Solutions

Children and youth are the future of Alaska. They make up the workforce, parents, educators, and leaders of tomorrow. Physical and mental health will be key to ensuring their success and that of society. However, the commitment to the collective health of children varies from state to state. KIDS COUNT rankings make this difference very evident.

For a decade, Alaska has been ranked in the bottom half, if not the bottom third, of all states for child well-being.

Alaska has made some very positive gains in our efforts to ensure children and youth are healthy and thriving. Unfortunately, we are also losing ground. Alaska is at a pivotal junction for many foundational issues. To strengthen our collective commitment to the health of children, youth, and families, Alaska Children's Trust recommends the following solutions:

1. **Reduce the Rate of Uninsured Children**
   Alaska has one of the nation's highest rates of uninsured children. We need to remove barriers and streamline the application process. Suggestions include the ability to make real-time eligibility determinations, implement electronic signature options, allow presumptive eligibility, conduct automated renewals, and increase language access. In addition, develop a comprehensive outreach plan to identiFYeligible families and connect them with a healthcare navigator.

2. **Expand Eligible Medicaid Expenses**
   a. Long Acting Reversible Contraception (LARC) – permit billing for LARC placements made during delivery.
   b. Postpartum – extend Medicaid coverage from 60 days to 12 months.

3. **Supports for Screened Out Families**
   Over 85 percent of all reports made to the Office of Children's Services are screened out. Research shows the likelihood of a family being reported again increases after each report. By the third to fifth report, families are finally screened in. With over 70 percent of substantiated cases occurring due to neglect (the failure of a parent or caregiver to provide proper care, including providing adequate shelter, clothing, food, medical care, supervision, and education), imagine if these families were provided supports after the initial report. If the issue that causes the neglect was addressed prior to child protective services having to intervene, Alaska could more effectively protect children from neglect and save hundreds of thousands of dollars annually.

4. **Increase School-Based Mental Health Services**
   Availability of mental health counselors in Alaska's public schools has nearly vanished. Counselors play a critical role in ensuring students are supported and able to focus and learn. Adding mental health to available health curriculums in public schools will also decrease stigma and increase youth awareness of resources and supports.

5. **Social Emotional Screens**
   Mental health is equally important as physical health, especially during a child's development. It would be highly beneficial to include social emotional screens to standard universal screens conducted for physical health.

6. **Reduce Vaping**
   Vaping is one of the fastest growing issues facing youth in Alaska. Alaska and Alaska's municipalities should tax vaping products just as they tax tobacco products, and consider the epidemiological data on usage that lends to banning the sale of flavored vaping products. In addition, increased enforcement will better ensure the sale of vaping products is only to legally aged adults.

7. **Strengthen Data**
   We recommend conducting the Youth Risk Behavior Surveillance System surveys in middle school to identiFYemerging risky behaviors and trends while there's still time to influence those behaviors before children become young adults. And the data collection should be opt-out instead of opt-in to ensure a broader, more consistent assessment of risky behaviors amongst Alaska's youth.

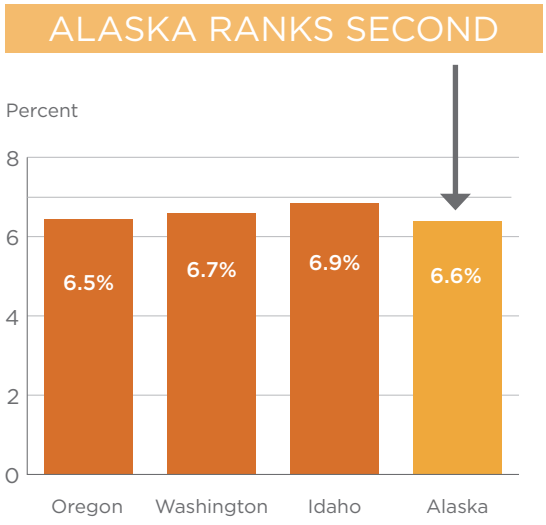
What Would it Take to Lead the Pacific Northwest?

Washington, Oregon, and Idaho are Alaska's three closest American neighbors geographically. They rank 6th, 12th, and 19th respectively in KIDS COUNT Health while Alaska ranks 44th.

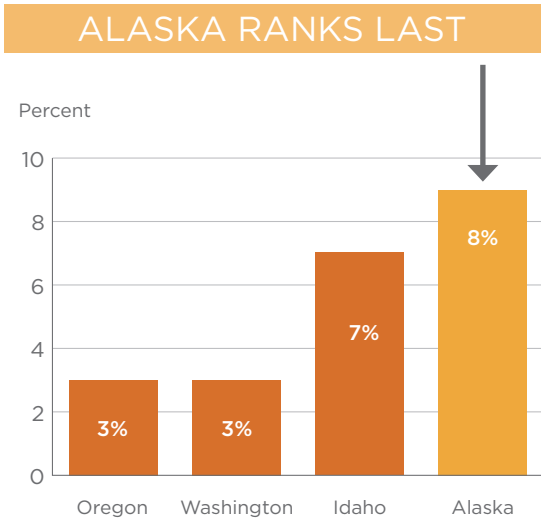
What would need to change for Alaska to be in the top decile instead of in the bottom decile?

The KIDS COUNT data show that Alaska, Washington, Idaho, and Oregon have nearly identical rates of Low Birth Weight Babies and very similar rates of Children and Teens Age 10 to 17 Who are Overweight or Obese. Where Alaska lags significantly behind is in the percentage of children without health insurance. Alaska's rate of 8 percent is nearly triple Washington and Oregon's rates. The state's rate is closer to Idaho's 7 percent, but this gap is largely shrinking due to Idaho's rapidly rising uninsured rates. Alaska's child and teen death rate is between 53 percent and 92 percent higher than the rates for Washington, Oregon, and Idaho.

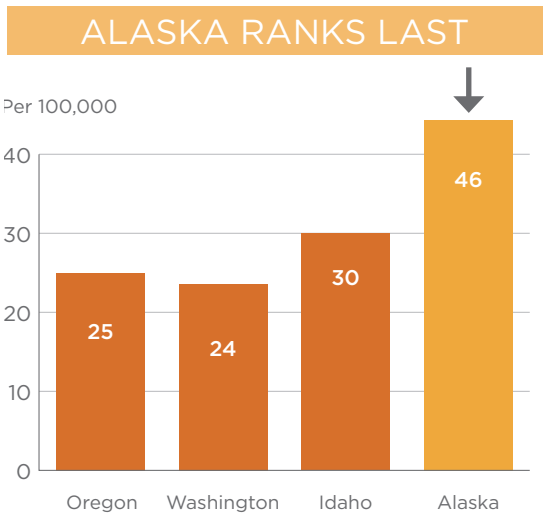
The data suggest that if Alaska wants to join the top tier of states, we need to substantially cut the percentage of children without health insurance and reduce child and teen deaths. These are achievable goals as are improvements in many of the other health indicators.



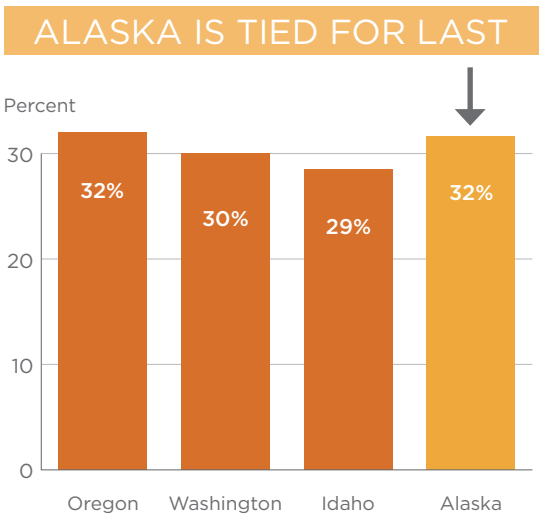
Low Birth-Weight Babies



Children Without Health Insurance



Child and Teen Deaths per 100,000



Children and Teens Ages 10-17 Who Are Overweight or Obese

Acknowledgements

KIDS COUNT Alaska reports were made possible with the generous support and encouragement of The Annie E. Casey Foundation, Rasmuson Foundation, and our generous donors.

Alaska Children's Trust Team

Thank you to the entire ACT team for their support and dedication to our mission of preventing child abuse and neglect and this project.

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An additional thank you to our Alaskan experts who participated in the Health interviews.


HORTON

Appendix

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Table 1. Low Birth Weight Babies, Alaska and United States, Percent (2009-2020)

Year	Alaska *(percent)*	United States *(percent)*
2009	5.9	8.2
2010	5.7	8.1
2011	6.0	8.1
2012	5.7	8.0
2013	5.8	8.0
2014	5.9	8.0
2015	5.8	8.1
2016	5.9	8.2
2017	6.2	8.3
2018	5.9	8.3
2019	6.3	8.3
2020	6.6	8.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from KIDS COUNT Data Center.

Table 2. Low Birth Weight Babies, 5-Year Average (2009-2013 to 2015-2020)

Year	Alaska *(percent)*
2009-2013	5.8
2010-2014	5.8
2011-2015	5.8
2012-2016	5.8
2013-2017	5.9
2014-2018	6.0
2015-2019	6.0
2016-2020	6.2

Source: Alaska Section of Health Analytics and Vital Records. Retrieved from the KIDS COUNT Data Center.

Table 3. Low Birth Weight Babies, by Region, 5-Year Averages, Percent (2009-2013 to 2016-2020)

Year	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior (percent)	Mat-Su *(percent)*	Northern *(percent)*	Southeast (percent)	Southwest *(percent)*	Alaska *(percent)*
2009-2013	6.3	4.6	5.5	5.7	6.8	5.0	5.6	5.8
2010-2014	6.2	4.7	5.7	5.7	6.4	5.2	5.8	5.8
2011-2015	6.2	4.9	5.8	5.8	6.1	5.0	6.1	5.8
2012-2016	6.1	5.0	5.8	5.6	5.8	5.1	6.3	5.8
2013-2017	6.3	5.0	5.8	5.5	6.0	5.5	6.4	5.9
2014-2018	6.4	4.9	5.7	5.8	6.5	5.4	6.2	6.0
2015-2019	6.5	4.9	5.6	5.8	6.7	5.1	6.5	6.0
2016-2020	**6.7**	**4.9**	**5.7**	**5.9**	**7.1**	**5.5**	**6.7**	**6.2**

Source: Alaska Section of Health Analytics and Vital Records. Retrieved from: KIDS COUNT Data Center.

Table 4. Low Birth Weight Babies, by Race & Ethnicity, Percent (2006-2020)

Year	American Indian/ Alaska Native *(percent)*	Asian & Pacific Islander *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Two or More Races *(percent)*
2006	5	7	9	5	6	*
2007	5	5	11	6	6	*
2008	7	7	12	9	5	*
2009	6	6	13	6	5	*
2010	6	6	12	7	5	*
2011	6	9	9	7	5	*
2012	7	7	11	6	5	*
2013	6	7	7	7	6	*
2014	7	7	9	4	5	*
2015	7	6	8	6	5	*
2016	6	8	13	8	5	6
2017	7	7	10	7	6	6
2018	7	8	12	6	5	6
2019	8	8	9	7	5	7
2020	8	9	13	7	6	7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: KIDS COUNT Data Center. Note: Two or more races was not reported before 2016.

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Table 5. Children Younger Than Age 19 Without Health Insurance, by Region, Percent (2009-2021)

Year	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009	13	17	13	15	19	16	16	14
2010	11	16	14	13	15	14	15	13
2011	10	14	12	11	14	14	14	12
2012	12	16	13	14	15	14	15	14
2013	11	14	12	12	15	14	12	12
2014	11	13	12	10	13	13	11	12
2015	9	14	9	11	12	12	12	11
2016	9	14	10	10	13	12	13	10
2017	8	11	9	10	12	11	9	10
2018	8	11	9	10	10	9	10	9
2019	6	10	7	9	9	9	8	9
2021	NA	NA	NA	NA	NA	NA	NA	8

Source: U.S. Census Bureau. Retrieved from: KIDS COUNT Data Center.

Table 6. Children Younger Than Age 19 Without Health Insurance, at or Below 200 percent of Poverty Threshold, Percent (2009-2020)

Year	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska (percent)
2009	19	24	20	19	17	24	14	19
2010	18	24	14	19	11	22	11	18
2011	15	21	18	16	10	20	11	16
2012	18	24	18	20	13	21	13	18
2013	16	18	15	15	11	19	9	15
2014	16	19	18	14	12	20	9	15
2015	13	20	13	16	9	18	9	13
2016	13	19	15	14	10	18	9	14
2017	12	14	13	12	11	17	7	12
2018	13	16	14	15	9	17	7	13
2019	9	13	10	11	8	15	5	10
2020	11	13	13	12	11	17	8	11

Source: U.S. Census Bureau. Retrieved from: KIDS COUNT Data Center

Table 7. Children Younger Than Age 18 Without Health Insurance, by Race and Ethnicity, Percent (2009-2016)

Year	American Indian/ Alaska Native *(percent)*	Asian & Pacific Islander *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Two or More Races *(percent)*
2009	26	*	*	*	9	20
2010	23	*	*	*	8	14
2011	21	8	3	*	8	20
2012	22	*	1	9	10	20
2013	18	*	5	7	9	15
2014	20	*	1	*	7	17
2015	17	7	<.5	10	8	16
2016	*	*	1	8	6	16

*Source: U.S. Census Bureau. Retrieved from: KIDS COUNT Data Center. *Data Suppressed*

Table 8. Children Younger Than Age 19 Without Health Insurance, by Race and Ethnicity, Percent (2017-2020)

Year	American Indian/ Alaska Native *(percent)*	Asian & Pacific Islander *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Two or More Races *(percent)*
2017	*	*	*	*	5	13
2018	15	7	*	11	7	*
2019	14	*	1	9	7	*
2021	14	*	3	9	5	9

*Source: U.S. Census Bureau, retrieved from: KIDS COUNT Data Center. *Data Suppressed*

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Table 9. Child and Teen Death Rate, Alaska and United States (2009-2020), *Rate per 100,000*

Year	Alaska	United States
2009	38	27
2010	43	26
2011	38	26
2012	28	25
2013	38	24
2014	33	24
2015	40	25
2016	44	26
2017	52	26
2018	38	25
2019	53	25
2020	46	28

Source: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: KIDS COUNT Data Center

Table 10. Child and Teen Death Rate, by Race and Ethnicity (2009-2020). *Rate per 100,000.*

Year	American Indian/ Alaska Native	Non-Hispanic White	Other Race/ Ethnicity
2009	77	33	*
2010	107	29	*
2011	83	31	*
2012	60	18	*
2013	73	33	*
2014	71	23	*
2015	78	27	*
2016	87	35	*
2017	103	33	*
2018	74	26	*
2019	109	35	*
2020	98	34	*

*Source: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics Retrieved from: KIDS COUNT Data Center. *Data Suppressed. Note: Other Race/Ethnicity categories include Asian and Pacific Islander, Black or African American, and Hispanic or Latino.*

Table 11. Child (Ages 1-14) Death Rate, 5-Year Average, by Region, (2009-2013 to 2016-2020)
Rate per 100,000.

	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Alaska
2009-2013	17	19	22	19	52	12	79	24
2010-2014	18	18	20	20	51	9	78	23
2011-2015	20	15	24	18	44	6	78	24
2012-2016	20	16	29	15	56	8	68	24
2013-2017	23	16	32	23	73	9	70	28
2014-2018	24	16	25	25	88	11	62	28
2015-2019	26	19	28	23	91	11	66	29
2016-2020	26	16	22	26	94	14	66	29

Source: Alaska Section of Health Analytics and Records; Alaska Department of Labor and Workforce Development, Research and Analysis Section. Retrieved from: KIDS COUNT Data Center

Table 12. Teen (Ages 15-19) Death Rate, 5-Year Average, by Region (2009-2013 to 2016-2020)
Rate per 100,000.

	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Alaska
2009-2013	48	83	42	60	221	97	209	78
2010-2014	48	63	54	57	211	70	229	75
2011-2015	51	68	53	51	205	58	195	72
2012-2016	50	89	78	48	175	54	202	76
2013-2017	61	86	79	54	205	55	209	82
2014-2018	60	79	91	50	203	51	224	81
2015-2019	66	85	91	50	231	61	294	91
2016-2020	70	82	97	52	250	71	291	96

Source: Alaska Section of Health Analytics and Records; Alaska Department of Labor and Workforce Development, Research and Analysis Section. Retrieved from: KIDS COUNT Data Center

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Table 13. Children and Teens Ages 10 to 17 Who Are Overweight or Obese, Alaska and United States, Percent (2011-2012 to 2018-2019)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health Retrieved from: KIDS COUNT Data Center

Year	Alaska	United States
2011-2012	30	31
2016-2017	25	31
2017-2018	25	31
2018-2019	29	31

Table 14. Children and Teens Ages 10 to 17 Who Are Overweight or Obese, Alaska by Gender, Percent (2011-2012 to 2018-2019)

Year	Female *(percent)*	Male *(percent)*	Total *(percent)*
2011-2012	28	32	30
2016-2017	20	30	25
2017-2018	19	31	25
2018-2019	23	36	29

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health
Retrieved from: KIDS COUNT Data Center

Table 15. High School Students Who Are Overweight or Obese, by Region, Percent (2009, 2011, 2013, 2015, 2017)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009	27	31	27	24	29	26	24	27
2011	27	27	24	27	30	27	30	27
2013	28	27	26	29	29	29	31	28
2015	29	30	26	31	29	29	30	29
2017	34	30	27	27	36	32	30	32

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard.

Note: In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Table 16. High School Students Who Are Overweight or Obese by Race and Ethnicity, Percent (2009, 2011, 2013, 2015, 2017, 2019)

Year	American Indian/ Alaska Native *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	All Other Races *(percent)*	Multiple Races ***(percent)***
2009	28	*	*	24	36	*
2011	32	*	33	22	28	*
2013	29	*	*	23	32	*
2015	31	*	38	27	38	*
2017	36	*	38	27	35	*
2019	32	*	32	27	38	*
2020	N/A	N/A	N/A	N/A	N/A	N/A

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard.

Note: The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

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Table 17. Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment (2009-2014)

Year	Count	Rate per 1,000
2009	3,489	19
2010	2,784	15
2011	2,862	15
2012	2,885	15
2013	2,430	13
2014	2,458	13

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau; Population Division, U.S. Census Bureau.

Table 18. Count and Rate per 100,000 of Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment (2015-2020)

Year	Count	Rate per 1,000
2015	2,884	15
2016	3,113	17
2017	2,768	15
2018	2,602	14
2019	3,046	17
2020	3,190	18

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau; Population Division, U.S. Census Bureau.

Table 19. Percent by Age Group of Total Children Confirmed by Child Protective Services as Victims of Maltreatment (2017-2020)

	Ages 0 to 4 *(percent)*	Ages 5 to 10 *(percent)*	Ages 11 to 13 *(percent)*	Ages 14 to 17 *(percent)*
Average 2015-2020	41	34	14	12

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from: KIDS COUNT Data Center

Table 20. Distribution of Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment by Maltreatment Type, Percent (2009-2014)

Year	Emotional Abuse *(percent)*	Medical Neglect *(percent)*	Neglect *(percent)*	Physical Abuse *(percent)*	Sexual Abuse *(percent)*
2009	26	2	83	16	4
2010	17	2	80	13	4
2011	17	1	82	13	5
2012	17	3	82	15	6
2013	22	2	82	15	5
2014	22	3	81	14	6

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from: KIDS COUNT Data Center

Table 21. Distribution of Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment by Maltreatment Type, Percent (2015-2020)

Year	Emotional Abuse *(percent)*	Medical Neglect *(percent)*	Neglect *(percent)*	Physical Abuse *(percent)*	Sexual Abuse *(percent)*
2015	25	3	82	11	5
2016	32	2	77	12	6
2017	28	<.5	77	14	5
2018	26	3	77	16	8
2019	33	3	75	16	9
2020	33	4	71	21	9

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from: KIDS COUNT Data Center

Table 22. Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment Who Received Post-Investigation Services (2009-2014)

Year	Count	Percent *(percent)*
2009	703	20
2010	972	35
2011	993	35
2012	1,055	37
2013	1,131	47
2014	1,123	46

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau; Population Division, U.S. Census Bureau.

Table 23. Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment Who Receive Services (2015-2020)

Year	Count	Rate per 100,000
2015	943	33
2016	1,615	52
2017	1,476	53
2018	1,387	53
2019	1,700	56
2020	1,660	52

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau; Population Division, U.S. Census Bureau.

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Table 24. Three-Year-Old Children Who Received a Developmental Screen, by Region, Percent (2015-2016 to 2018-2019)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2015-2016	82	72	83	81	48	83	46	77
2016-2017	86	70	77	77	54	91	35	77
2017-2018	90	69	75	77	54	80	34	77
2018-2019	90	72	81	82	57	79	42	79

Source: Alaska Childhood Understanding Behaviors Survey. Retrieved from: KIDS COUNT Data Center

Table 25. Three-Year-Old Children Who Received a Development Screen, by Race, Percent (2015-2016 t0 2018-2019)

Year	American Indian/ Alaska Native *(percent)*	White *(percent)*	Other *(percent)*
2015-2016	62	82	79
2016-2017	63	82	84
2017-2018	62	81	89
2018-2019	64	84	85

Source: Alaska Childhood Understanding Behaviors Survey.

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Table 26. High School Students Reporting Feeling Sad or Hopeless, Past 12 Months, by Region, Percent (2009, 2011, 2013, 2015, 2017, 2019)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009	28	26	28	22	27	27	31	25
2011	29	26	29	28	26	27	31	26
2013	27	25	30	24	30	28	26	27
2015	29	33	33	35	33	33	30	34
2017	36	36	36	34	30	39	34	36
2019	39	NA	NA	41	NA	NA	NA	38
2021	NA	NA	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center; State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard. ***Notes:*** *Regional data represent students attending traditional, alternative, and correctional high schools. Statewide data are for traditional high school students.*

Table 27. High School Students Reporting Feeling Sad or Hopeless, Past 12 Months, by Race, Percent (2009, 2011, 2013, 2015, 2017, 2019. 2021)

Year	American Indian/ Alaska Native *(percent)*	Non-Hispanic White *(percent)*	Hispanic or Latino *(percent)*	All Other Races *(percent)*	Other Race/Ethnicity *(percent)*
2009	**26**	**24**	*	**26**	*
2011	**23**	**26**	**35**	**29**	*
2013	**31**	**24**	*	**26**	*
2015	**31**	**35**	**33**	**28**	*
2017	**36**	**38**	**44**	**30**	*
2019	**43**	**34**	**45**	**37**	*
2021	**NA**	**NA**	**NA**	**NA**	**NA**

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: State of Alaska Department of Health and Social Services YRBS Statewide Traditional High School Results Dashboard.
**Data are suppressed per the State of Alaska Department of Health and Social Services suppression rules.*
Note: *Other Race/Ethnicity includes Black or African American and Multiple Races. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

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Table 28. Births to Women with Less-Than-Adequate Prenatal Care APNCU (5-Year Average), by Region, Percent (2009-2013 to 2017-2021)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009-2013	34	37	37	26	59	38	63	38
2010-2014	34	38	35	27	56	39	62	38
2011-2015	33	38	35	26	52	38	61	37
2012-2016	31	39	35	25	46	36	59	35
2013-2017	30	39	36	25	44	34	59	34
2014-2018	30	39	34	25	43	30	58	34
2015-2019	29	38	33	25	39	28	56	33
2016-2020	29	37	32	25	38	26	56	32
2017-2021	31	35	32	25	38	24	57	33

Source: Alaska Section of Health Analytics and Vital Records. Retrieved from: KIDS COUNT Data Center ***Note:*** *The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services).*

Table 29. Births to Women Receiving Late or No Prenatal Care (2009-2020)

Year	Count	Percent *(percent)*
2009	396	4.0
2010	475	5.0
2013	759	7.0
2014	728	7.0
2015	650	6.0
2016	642	6.0
2017	597	6.0
2018	572	6.0
2019	559	6.0
2020	565	6.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: KIDS COUNT Data Center.

Table 30. Births to Women Receiving Late or No Prenatal Care, by Race and Ethnicity, Percent, (2013-2020)

Year	American Indian/ Alaska Native *(percent)*	Asian and Pacific Islander *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Two or More Races *(percent)*	Alaska *(percent)*
2013	8.0	12.0	7.0	7.0	6.0	*	7.0
2014	8.0	9.0	10.0	6.0	6.0	*	7.0
2015	8.0	9.0	6.0	5.0	5.0	*	6.0
2016	8.0	7.0	*	6.0	5.0	6.0	6.0
2017	6.0	7.0	*	6.0	5.0	7.0	6.0
2018	7.0	9.0	7.0	7.0	5.0	5.0	6.0
2019	8.0	10.0	9.0	6.0	5.0	5.0	6.0
2020	9.0	8.0	*	4.0	5.0	6.0	6.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: KIDS COUNT Data Center.

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Table 31. Alcohol Use in Past Month Among High School Students, All Regions, Percent (2009, 2011, 2013, 2015, 2017, 2019)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009	35	40	32	35	26	32	23	33
2011	35	35	32	31	24	29	25	29
2013	24	31	25	28	22	23	14	22
2015	23	33	22	31	20	23	23	22
2017	26	27	19	29	16	30	13	23
2019	22	*	*	25	*	*	*	21
2021	NA	NA	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center
***Note:** Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

Table 32. Alcohol Use in Past Month Among Traditional High School Students, by Race and Ethnicity, Percent (2009, 2011, 2013, 2015, 2017)

Year	All Other Races *(percent)*	American Indian/ Alaska Native *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Black or African American *(percent)*	Two or More Races *(percent)*
2009	21	32	*	35	*	*
2011	23	21	40	32	*	*
2013	8	18	*	26	*	*
2015	12	19	*	24	*	*
2017	13	20	23	28	*	*
2019	10	17	30	25	*	*
2021	NA	NA	NA	NA	NA	NA

*Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center. *Data Suppressed. Note: The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

Table 33. Binge Drinking in Past Month Among High School Students, All Regions, Percent (2009, 2011, 2013, 2015, 2017)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009	23	27	22	25	18	22	13	22
2011	21	22	18	18	16	19	16	17
2013	13	20	13	17	14	15	10	13
2015	11	20	12	19	12	14	15	12
2017*	14	17	13	15	8	20	7	14
2019*	14	NA	NA	14	NA	NA	NA	12
2021	NA	NA	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center; Alaska YRBS Statewide Traditional High School Results Data Dashboard. ***Note:*** *Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. Note: The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*
**From 2009-2015 binge drinking was defined as five or more drinks in a row in the past month; in 2017 the binge drinking definition was changed to consuming 4+ drinks of alcohol if female or 5+ drinks of alcohol if male in a row in past month.*

Table 34. Binge Drinking in Past Month Among Traditional High School Students, by Race and Ethnicity, Percent (2009, 2011, 2013, 2015, 2017, 2019)

Year	American Indian/ Alaska Native *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Multiple Races *(percent)*	Non-Hispanic White *(percent)*	All Other Races ***(percent)***
2009	19	*	*	*	24	11
2011	12	*	22	*	20	9
2013	11	*	*	*	14	4**
2015	12	*	18	*	14	6**
2017**	14	*	14	*	17	7
2019**	11	*	14	*	15	5
2021	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard. ***Note:*** *Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*
**From 2009-2015 binge drinking was defined as five or more drinks in a row in the past month; in 2017 the definition was changed to consuming 4+ drinks of alcohol if female or 5+ drinks of alcohol if male in a row in past month.*

Table 35. Marijuana Use in Past Month Among High School Students, All Regions, Percent (2009, 2011, 2013, 2015, 2017, 2019)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009	20	26	18	21	38	23	23	23
2011	22	22	22	22	32	24	27	21
2013	17	22	18	21	32	19	24	20
2015	17	24	17	24	36	20	28	19
2017	22	22	20	21	33	24	28	22
2019	17	NA	NA	19	NA	NA	NA	22
2021	NA	NA	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard. ***Note****: Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

Table 36. Marijuana Use in Past Month Among Traditional High School Students, by Race and Ethnicity, Percent (2009, 2011, 2013, 2015, 2017, 2019)

Year	American Indian/ Alaska Native *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	All Other Races *(percent)*	Multiple Races ***(percent)***
2009	29	*	*	20	12	*
2011	26	*	18	20	15	*
2013	29	*	*	17	7	*
2015	26	*	23	15	8	*
2017	31	*	30	18	8	*
2019	28	*	23	19	14	*
2021	NA	NA	NA	NA	NA	NA

*Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard. *Data Suppressed. Note: The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

Table 37. Tobacco Smoking in Past Month Among High School Students, All Regions, Percent (2009, 2011, 2013, 2015, 2017, 2019)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2009	18	21	13	25	45	23	34	21
2011	19	17	21	22	34	18	32	20
2013	12	17	13	23	27	14	21	15
2015	10	16	8	21	26	11	28	15
2017	11	13	12	13	18	13	24	
2019	7	*	*	9	*	*	*	10

*Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: KIDS COUNT Data Center. **Note:** Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. After 2021, this indicator will not be updated. This metric will be replaced by a measure of any tobacco use in the past month among high school students in Alaska.*

Table 38. Tobacco Smoking in Past Month Among Traditional High School Students, by Race, Percent (2009, 2011, 2013, 2015, 2017)

Year	American Indian/ Alaska Native *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Multiple Races *(percent)*	All Other Races ***(percent)***
2009	27	*	*	20	*	7*
2011	31	*	18	16	*	12
2013	22	*	*	13	*	5*
2015	22	*	21	11	*	4*
2017	20	*	10	11	*	6*

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard.

** Data considered unreliable by the state. "Use caution in interpreting, the estimate has a relative standard error greater than 30 percent and does not meet UDOH standards for reliability. Consider aggregating years to decrease the relative standard error and improve the reliability of the estimate." After 2021, this indicator will not be updated. This metric will be replaced by a measure of any tobacco use in the past month among high school students in Alaska.*

Table 39. Electronic Vapor Product Use in Past Month Among High School Students, All Regions, Percent (2015, 2017, 2019. 2021)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2015	20	25	17	29	14	15	17	18
2017	18	21	11	17	7	18	9	16
2019	25	NA	NA	32	NA	NA	NA	26
2021	NA	NA	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard. ***Note****: Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

Table 40. Electronic Vapor Product Use in Past Month Among Traditional High School Students,by Race and Ethnicity, Percent (2015, 2017, 2019, 2021)

Year	American Indian/ Alaska Native *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Multiple Races *(percent)*	All Other Races ***(percent)***
2015	14	*	34	18	*	14
2017	14	*	21	18	*	10
2019	27	*	29	26	*	23
2021	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.

Table 41. Prescription Pain Medicine Misuse in Past Month Among High School Students, All Regions, Percent (2017, 2019, 2021)

	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*	Alaska *(percent)*
2017	7	8	7	8	5	6	6	6
2019	7	NA	NA	8	NA	NA	NA	6
2021	NA	NA	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard. ***Note:*** *Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. In 2019, regional results based on YRBS data were no longer released due to inconsistent survey participation from all Alaska school districts. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

Table 42. Prescription Pain Medicine Misuse in Past Month Among Traditional High School Students, by Race and Ethnicity, Percent (2017, 2019, 2021)

Year	American Indian/ Alaska Native *(percent)*	Black or African American *(percent)*	Hispanic or Latino *(percent)*	Non-Hispanic White *(percent)*	Multiple Races *(percent)*	All Other Races ***(percent)***
2017	7	*	11	6	*	4
2019	6	*	6	4	*	7
2021	NA	NA	NA	NA	NA	NA

Source: Alaska Youth Risk Behavior Surveillance System. Retrieved from: Alaska YRBS Statewide Traditional High School Results Data Dashboard. ***Note:*** *Statewide data are for traditional high school students; data for regions are for traditional, alternative, and correctional high school students. Other Race/Ethnicity includes Black or African American and Multiple Races. *Data suppressed. The 2021 Alaska Youth Risk Survey was canceled due to the challenges Alaska school districts were facing during the COVID-19 pandemic. The next Alaska YRBS is scheduled for the 2022-2023 school year.*

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Table 43. Combined 7-Vaccine Series Coverage Among Children 19-35 Months of Age, Percent (2009-2019)

Year	Percent *(percent)*
2009	53
2010	58
2011	65
2012	60
2013	64
2014	67
2015	66
2016	69
2017	70
2018	68
2019	62

Source: National Immunization Survey-Child, Center for Disease Control and Prevention, 2007-2019. Retrieved from the KIDS COUNT Data Center.

Table 44. Mothers of Three-Year-Old Children Reporting Immunizations Delayed or Skipped for Child, Percent (2015-2017)

Year	Alaska *(percent)*
Not Delayed or Skipped	
2015	79
2016	76
2017	77
Delayed	
2015	13
2016	14
2017	13
Skipped	
2015	6
2016	6
2017	7
Delayed & Skipped	
2015	2
2016	4
2017	3

Source: Alaska Childhood Understanding Behaviors Survey.

Table 45. Mothers of Three-Year-Old Children Reporting Immunizations Delayed or Skipped for Child, by Region, Percent (2018-2020)

Status	Anchorage *(percent)*	Gulf Coast *(percent)*	Interior *(percent)*	Mat-Su *(percent)*	Northern *(percent)*	Southeast *(percent)*	Southwest *(percent)*
Not Delayed or Skipped							
2018-2020	88	70	76	69	77	75	82
Delayed							
2018-2020	10	17	13	13	18	16	12
Skipped							
2018-2020	1	5	6	11	0	2	2
Delayed & Skipped							
2018-2020	1	9	6	7	6	6	4

Source: Alaska Childhood Understanding Behaviors Survey.

Table 46.
Mothers of Three-Year-Old Children Reporting Immunizations Delayed or Skipped for Child, by Race/Ethnicity, percent (2018-2020)

Source: Alaska Childhood Understanding Behaviors Survey.

Status	White *(percent)*	American Indian/ Alaska Native *(percent)*	Other Race/ Ethnicity *(percent)*
Not Delayed or Skipped			
2018-2020	**77**	**81**	**89**
Delayed			
2018-2020	**13**	**13**	**8**
Skipped			
2018-2020	**5**	**2**	**2**
Delayed & Skipped			
2018-2020	**5**	**4**	**<1**

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Table 47. Departmental Operating Budget in the KIDS COUNT Area of Health, $US 2022

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total	$841,534	$859,390	$898,610	$999,250	$1,064,763	$1,040,280	$1,038,626	$1,112,612	$1,031,597	$899,146

Source: Alaska Legislative Finance Division via the Alaska Children's Budget, 2022.

Table 48.
Health Expenditure Areas, FY2023

Source: Alaska Legislative Finance Division via the Alaska Children's Budget, 2022.

Sub-Group	2023 Annual Expenditures *($ Real)*	Expenditure Areas
Medical Insurance & Services	$698,277	Medical Services
Public Health	$61,468	Public Health
BH-Treatment	$52,117	Behavioral Health
Other Prevention	$37,461	Other Prevention
BH-Admin	$21,168	Behavioral Health
Admin	$16,086	Admin Costs
BH-Prevention & Early Intervention	$9,241	Behavioral Health
Facilities Management	$3,327	Health Facilities Management
Total	**$899,146**	

Table 49.
Health Expenditure Areas, FY2023

Source: Alaska Legislative Finance Division via the Alaska Children's Budget, 2022.

Sub-Group	FY2014 - 2017 Average	2023	Percent Change
Medical Insurance & Services	$572,127	$698,277	22
Public Health	$92,441	$61,468	-34
BH-Treatment	$153,429	$52,117	-66
Other Prevention	$34,625	$37,461	8
BH-Admin	$12,984	$21,168	63
Admin	$20,788	$16,086	-23
BH-Prevention & Early Intervention	$7,353	$9,241	26
Facilities Management	$5,948	$3,327	-44
Total	**$899,696**	**$899,146**	**-0.1**

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