TOBACCO PREVENTION AND CONTROL REGIONAL PROFILE: GULF COAST

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PREFACE

Tobacco use remains Alaska's leading preventable cause of disease and death. More Alaskans die as a result of tobacco use than from infectious diseases, alcohol, car accidents, illegal drugs, murders and suicides combined. Tobacco use exacts an enormous burden on the State of Alaska and its residents, causing premature death and millions of dollars of avoidable medical care expenditures.[i] The single best thing that Alaskans who use tobacco can do to improve their health and the health of those around them is to quit using any tobacco products.

The Centers for Disease Control and Prevention (CDC) has identified tobacco use as 1 of the most important "winnable battles" in public health – priorities with large-scale impact on health and known, effective strategies to address them. The CDC offers guidance to states about how to reduce the burden of tobacco use through comprehensive tobacco prevention and control programs described in *Best Practices for Comprehensive Tobacco Control Programs*-2007. These evidence-based, comprehensive, sustained statewide tobacco control programs have been shown to reduce smoking rates, tobacco-related deaths and diseases caused by smoking.

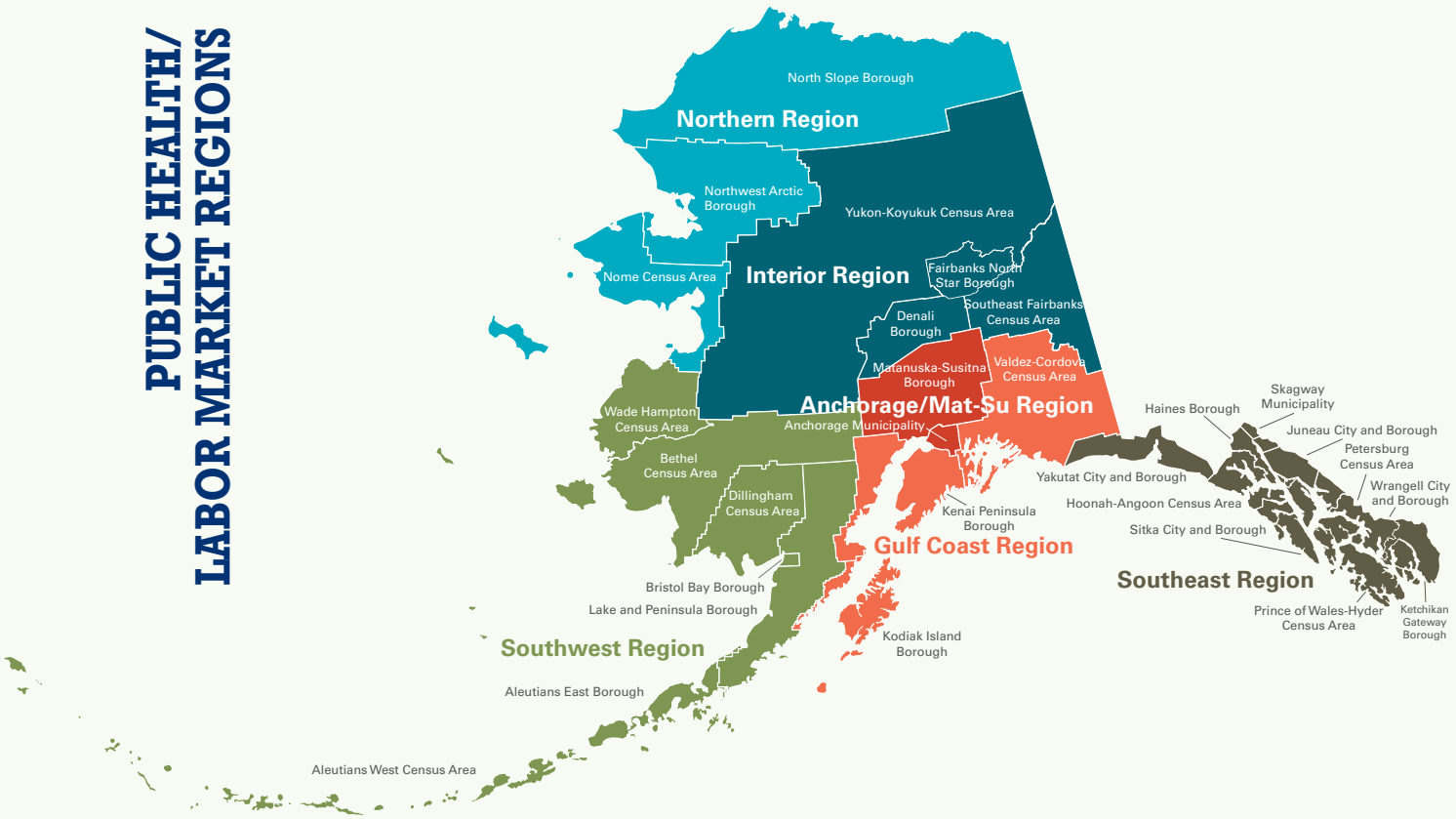
Tobacco use remains a critical health issue in Alaska and disproportionately affects Alaska Native adults and youth, individuals of low socioeconomic status (SES) and young adults, leading to health inequities or disparities for these groups. However, Alaska has made considerable progress in reducing the burden of tobacco use by implementing a comprehensive tobacco prevention and control program consistent with CDC guidelines. Since the inception of the program in 1996, adult smoking rates have declined significantly to 23% in 2011, and youth smoking rates have been more than cut in half, to 14% in 2011.[i]

The State of Alaska Tobacco Prevention and Control (TPC) Program has achieved success by implementing an evidence-based comprehensive tobacco prevention and control program, including a tobacco quit line, counter-marketing media and grants to promote tobacco-free policies in community programs, schools and healthcare organizations. These program elements combine to address the 4 goals of the TPC Program:

1. prevent the initiation of tobacco use among youth;
2. promote cessation for tobacco users;
3. eliminate exposure to secondhand smoke (SHS); and
4. identify and eliminate tobacco use disparities.

Until now, the TPC Program has offered 3 separate grant programs to fund work by community organizations, healthcare systems and K-12 schools toward these 4 goal areas. Beginning in FY14, the TPC Program provides a comprehensive, regional funding scenario to encourage all types of organizations to approach and coordinate tobacco control and prevention at the community level. Grantees will be working collaboratively on evidenced based strategies that change the community context around tobacco use within their Public Health Region and at a statewide level.

Regional profiles have been compiled to support this innovative streamlined approach to comprehensive tobacco prevention and control in Alaska. Tobacco use varies considerably by region, with twice the rates of smoking and four times the rates of smokeless tobacco use in some regions when compared with the statewide estimates. These regional profiles summarize key demographic data, tobacco indicators, tobacco-related policies in the region, and potential partner organizations and infrastructure that could support regional tobacco prevention and control efforts. While this report is specific to the Gulf Coast region, data for the other regions and statewide are included in Appendix B, and regional reports are available for each of the 6 Public Health/Labor Market regions in Alaska (see map below).



OVERVIEW

The 2010 US Census lists 78,628 people living in the Gulf Coast region of Alaska, accounting for 11% of the total population in Alaska. Over two-thirds of people in this region (n=55,400) live in the Kenai Peninsula Borough. See Table A-1 in Appendix A for a list of specific communities in the Gulf Coast region.

The Gulf Coast region is made up of the Kenai Peninsula and Kodiak Island Boroughs and the Valdez-Cordova Census Area. The annual average unemployment rate for the Gulf Coast region was 8.9% in 2011. The most common occupation 2011 was meat, poultry and fish cutters and trimmers and the trade, transportation and utilities industry employed the most people.[ii]

There are 13 Alaska Native Regional Corporations (or ANCSA Corporations) in the state of Alaska. ANCSA Corporations were established when the US Congress passed the Alaska Native Claims Settlement Act (ANCSA), which settled land and financial claims made by the Alaska Natives and provided for the establishment of 13 regional corporations to administer those claims. The Gulf Coast region contains the following 4 ANCSA Corporations and their related Native associations:[iii]

- Ahtna, Incorporated (Copper River Native Association)
- Cook Inlet Region, Inc. (Cook Inlet Association)
- Chugach Alaska Corporation (Chugach Native Association)
- Koniag, Incorporated (Kodiak Area Native Association)

The Gulf Coast region contains 6 school districts, the Chugach School District, the Copper River School District, the Cordova City School District, the Kenai Peninsula Borough School District, the Kodiak Island Borough School District and the Valdez City School District. Out of the 128,926 K-12th grade students in the state of Alaska, the Gulf Coast region accounts for over 10% of K-12th grade students. Out of the 39,352 high school students in the state, the region accounts for 11% of high school students.

Table 1. School District Enrollment in the Gulf Coast Region as of October 1, 2011

District Name	Total High School	Total K-12th
Chugach Schools	61	246
Copper River Schools	151	489
Cordova City Schools	97	323
Kenai Peninsula Borough Schools	2,997	9,050
Kodiak Island Borough Schools	826	2,509
Valdez City Schools	228	667
TOTAL	**4,360**	**13,284**

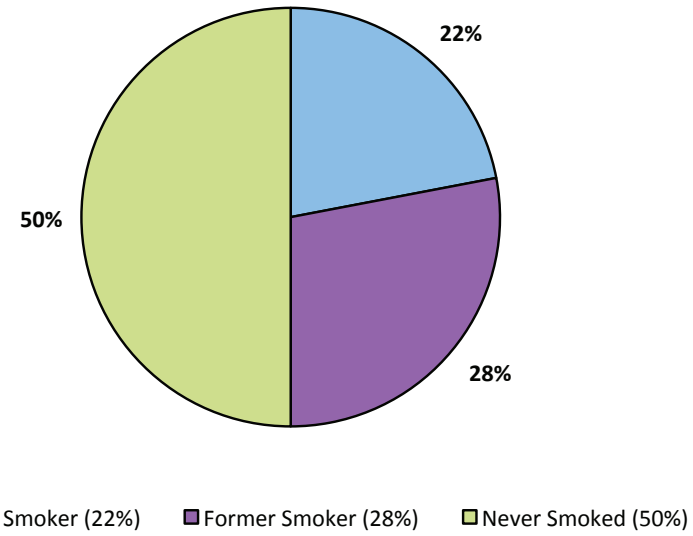
Source: Alaska Department of Education and Early Development: Assessment and Accountability, District Enrollment as of October 1, 2011 FY12. http://education.alaska.gov/stats/

TOBACCO USE

Adult Smoking

Adult tobacco use data are gathered using the Alaska Behavioral Risk Factor Surveillance System (BRFSS), pooling 2009 – 2011 data to calculate regional estimates. Over 1 in 5 adults (22% ± 2%) are estimated to currently smoke cigarettes in the Gulf Coast region, similar to the statewide estimate of 22% (± 1%) for 2009 – 2011 pooled data. (See Appendix B for all regional and statewide estimates.)

Figure 1. Adult Smoking Status, Gulf Coast Region, 2009-2011

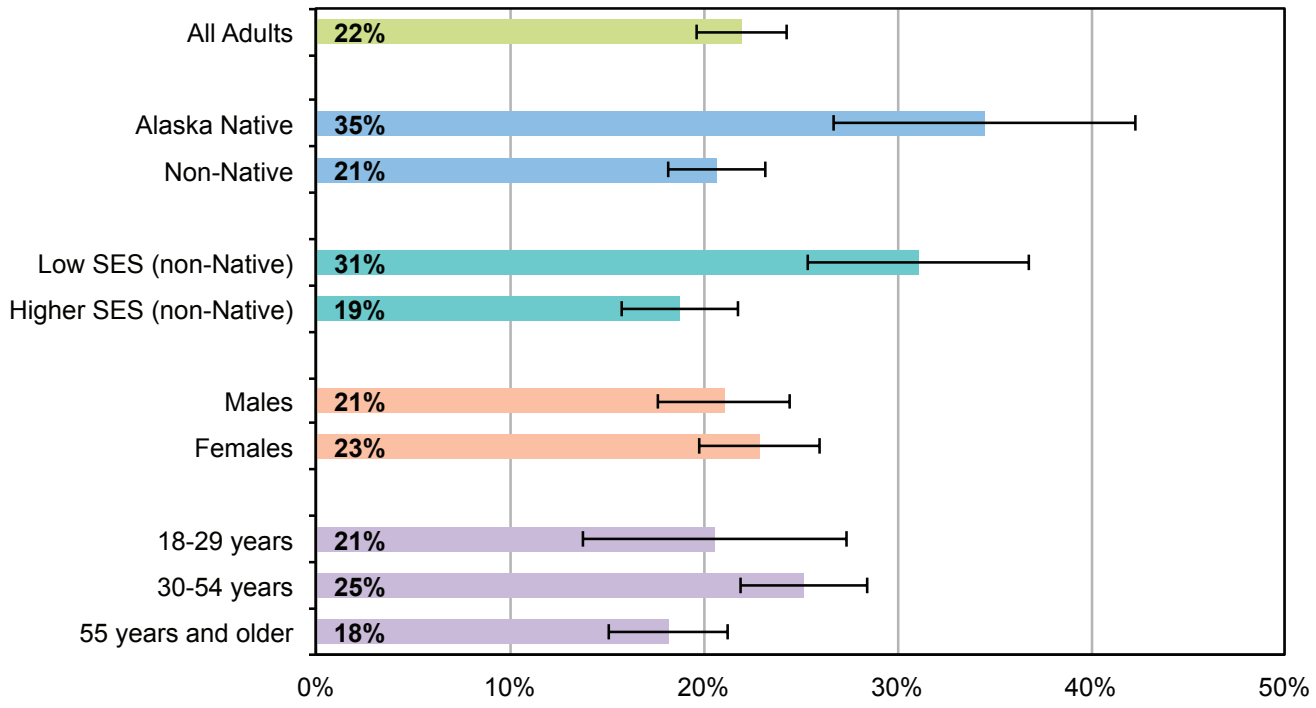


Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Certain priority populations, including Alaska Natives, people with low socioeconomic status (SES), and young adults, may experience higher rates of tobacco use than others. The figure below summarizes data for specific population groups to monitor tobacco use in these populations and to help identify where to focus programmatic efforts for the Alaska TPC Program and its partners.

In the Gulf Coast region, adult smoking prevalence was 22% (±2%) overall. Among Alaska Natives, the smoking prevalence (35% ±8%) was significantly higher than the regional estimate (22% ±2%) as well as prevalence among non-Natives (21% ±3%). Likewise, the smoking prevalence was significantly higher among people with low SES (31% ±6%) as compared to the regional estimate (22% ±2%) as well as those with higher SES (19% ±3%).

Figure 2. Percent of Alaska Adults Who Currently Smoke, Gulf Coast Region, 2009-2011

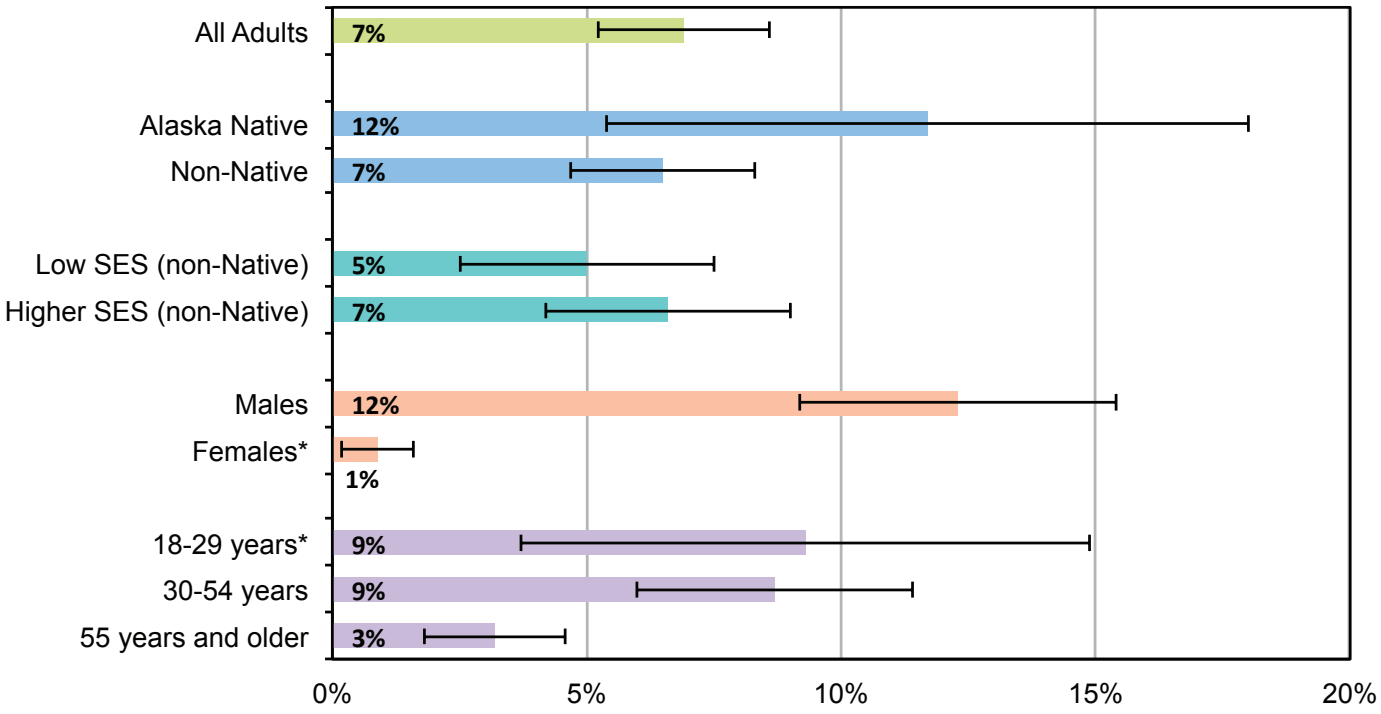


Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Adult Smokeless Tobacco Use

In the Gulf Coast region, an estimated 7% (±2%) of adults use smokeless tobacco, similar to the statewide estimate of 5% (±1%) for 2009 – 2011 data. Males used smokeless tobacco significantly more than females in the Gulf Coast region, 12% (±3%) compared to 1% (±1%).

Figure 3. Percent of Alaska Adults Who Use Smokeless Tobacco, Gulf Coast Region, 2009-2011



*Interpret data with caution (For more information, see Table B-2 in Appendix B.)
Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Youth Smoking

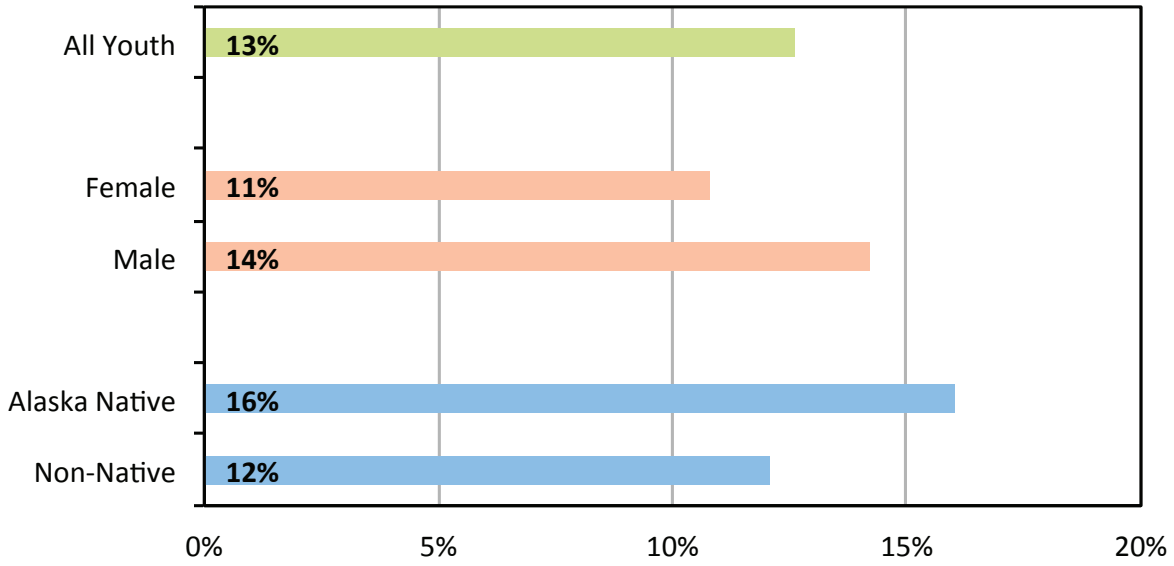
Information about youth tobacco use and other related indicators comes from the Youth Risk Behavior Survey (YRBS), conducted in a sample of high schools every other year. Although the official state estimates are based on a scientifically selected statewide sample of schools and students, the regional data include a combination of the scientific statewide sample and schools that volunteered or chose to participate as part of a local sample. (In Alaska, individual school districts can also conduct a local YRBS.) For this reason, regional estimates may not be generalizable to all students in the region (see Appendix F for additional detail). Because of the mixed sample, regional estimates are presented without confidence intervals (for example, "6%", rather than "6% ±2%" of students).

For district-specific information, contact your local school district for results. The data presented here only reflect statewide and regional YRBS data.

An estimated 13% of high school students surveyed in the Gulf Coast region smoked cigarettes in the past 30 days, compared with the statewide weighted estimate of 14% in 2011. An estimated 5% of students surveyed smoked cigarettes on 20 or more of the past 30 days.

As seen in Figure 4, the estimates for cigarette use are similar in this region for males and females. Likewise, estimates for Alaska Native youth are similar to non-Native youth in the Gulf Coast region, 16% compared to 12%.

Figure 4. Youth Cigarette Use in Past 30 Days, Gulf Coast Region, 2011

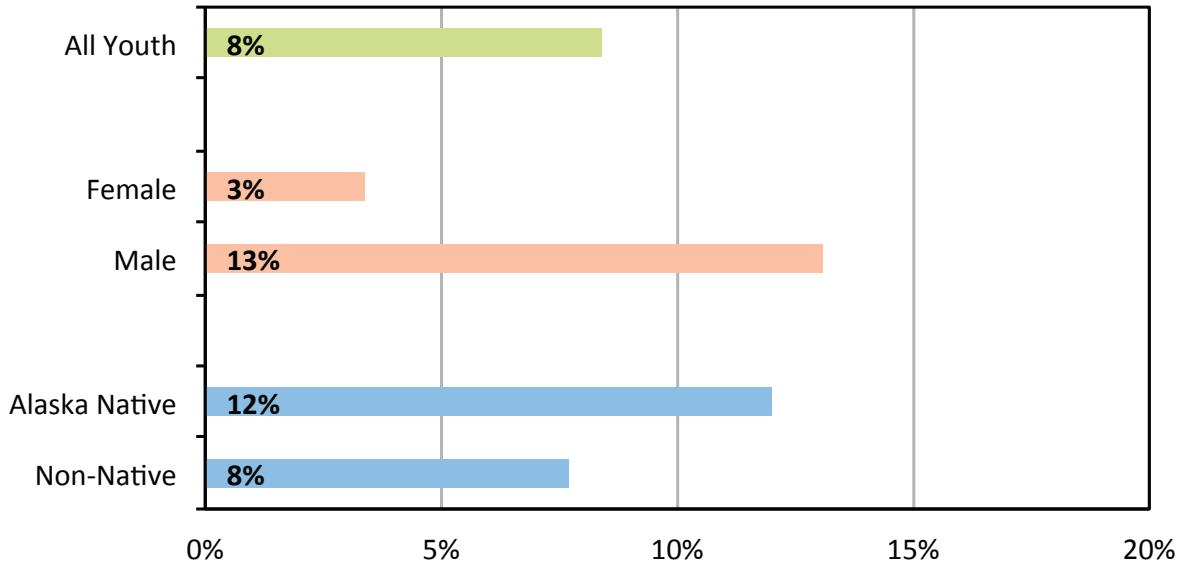


Source: Alaska Youth Risk Behavior Survey, 2011

Youth Smokeless Tobacco Use

In 2011, an estimated 8% of high school students surveyed in the Gulf Coast region used smokeless tobacco in the past 30 days, compared with the statewide weighted estimate of 8% in 2011. Males in the Gulf Coast region were 4 times more likely than females to have used smokeless tobacco in the past 30 days. Like cigarette use, smokeless tobacco use is fairly similar between Alaska Native and non-Native youth.

Figure 5. Youth Smokeless Tobacco Use in Past 30 Days, Gulf Coast Region, 2011



Source: Alaska Youth Risk Behavior Survey, 2011

ELIMINATING EXPOSURE TO SECONDHAND SMOKE

Secondhand Smoke (SHS) Indicators

There is no safe level of exposure to secondhand smoke. Creating completely smokefree indoor areas is the only way to protect nonsmokers from secondhand smoke. Policies establishing smokefree environments are the most effective way to eliminate secondhand smoke.[iv] In the Gulf Coast region, there is overwhelming support for both smokefree restaurants and workplaces.

Table 2. Adult Secondhand Smoke (SHS) Indicators, Gulf Coast Region, 2009-2011

	Prevalence (95% CI)*
Has home smoking ban	86.3% (±3.2%)
No home SHS exposure	87.2% (±3.3%)
Support for smokefree workplaces	81.7% (±3.2%)
Support for smokefree restaurants	81.1% (±3.3%)
Smoking not allowed in work areas (indoor workers)	82.7% (±4.5%)
No indoor workplace SHS exposure (all workers)**	90.8% (±3.8%)
No indoor workplace SHS exposure (indoor workers)	90.6% (±3.0%)

*95% Confidence Interval
**Estimate from 2010-2011; not available from earlier years.
Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Although the vast majority of adults did not report secondhand smoke exposure in homes and workplaces, an estimated 38% of high school students surveyed in the Gulf Coast region in 2011 reported being in the same room with someone who was smoking in the past 7 days.[v]

Tribal Resolutions

Several tribes across Alaska have adopted 100% comprehensive model smokefree or tobacco-free resolutions. In the Gulf Coast region, the TPC Program has 4 tobacco-free or smokefree tribal resolutions on record as of December 31, 2012. The Native Village of Akhiok, Cheesh'na Tribal Council, Kaguyak Tribal Council and Alutiiq Tribe of Old Harbor have all passed comprehensive tobacco-free workplace resolutions.[vi]

Smokefree Workplace Laws

Two smokefree workplace laws have passed in the Gulf Coast region through December 31, 2012, including the city of Soldotna and the city of Valdez. Neither of these laws are 100% comprehensive.

Table 3. Smokefree Workplace Laws Through December 31, 2012 in the Gulf Coast Region

		Law covers the following:		
Jurisdiction	**Date**	**Workplaces**	**Restaurants**	**Bars**
Soldotna	2002	No	Yes	No
Valdez	2005	Yes	Yes	No

Source: State of Alaska Tobacco Prevention and Control Program

Regional Housing Authorities

Public housing residents often have limited housing choices and without smokefree policies in place, their housing options may include secondhand smoke exposure. In July 2009, the US Department of Housing and Urban Development (USD-HUD) published a notice strongly encouraging implementation of smoke-free policies in public housing to advance tobacco prevention and control efforts among low income and vulnerable populations.[vii] There are 10 regional housing authorities in the Gulf Coast region. According to TPC Program records as of December 31, 2012, the North Pacific Rim Housing Authority is the only regional housing authority in the Gulf Coast region with a comprehensive smokefree policy that includes all residents, visitors and staff within all housing authority property.

Table 4. Regional Housing Authorities in the Gulf Coast Region

Regional Housing Authority	Smokefree Policy?
Copper River Basin Regional Housing Authority	No
Kenaitze Indian Tribe	No
Kodiak Island Housing Authority	No
Native Village of Karluk	No
Native Village of Ouzinkie	No
Native Village of Tyonek	No
Ninilchik Village	No
North Pacific Rim Housing Authority	Yes
Seldovia Village Tribe	No
Village of Salamatoff	No

Source: Alaska Community Database (Department of Commerce, Community, and Economic Development) and State of Alaska Tobacco Prevention and Control Program

PREVENT THE INITIATION OF TOBACCO USE

Youth Prevention Indicators

The YRBS data offer key indicators for tracking youth initiation of tobacco use and youth perceptions of the social norms around tobacco use. An estimated 6% of high school students surveyed in the Gulf Coast region used some type of tobacco (either cigarettes or smokeless tobacco) on school property within the past 30 days in 2011. Although nearly all of the youth reported that their parents would consider it wrong for them to smoke cigarettes, 10% thought that smoking one or more packs per day posed no or slight risk to their health.

Table 5. Youth Tobacco Prevention Indicators, Gulf Coast Region, 2011

	Percent (%) (Total Respondents)
Used tobacco on school property*	6.4% (1,829)
Initiation of smoking prior to age 13	10.3% (1,740)
Perceives no or only slight risk from smoking**	10.6% (1,828)
Thinks parents consider it wrong for child to smoke	97.7% (1,807)

*Smoking or using smokeless tobacco within the past 30 days.
**Students who think smoking one or more packs of cigarettes per day is no or slight risk.
Source: Alaska Youth Risk Behavior Survey, 2011

Tobacco Taxes

Numerous economic studies have documented that tobacco tax or price increases reduce both adult and underage smoking. According to TPC Program records, no cigarette taxes have passed in the Gulf Coast region as of December 31, 2012. Alaska's statewide cigarette tax is $2.00 for a pack of 20 cigarettes and 75% of wholesale price of other tobacco products, including cigars and chewing tobacco. Municipalities and boroughs are allowed to also levy a tax on other tobacco products, including cigars and chewing tobacco.

School District Policy Reports

In an effort to promote tobacco-free schools, the TPC Program developed a gold standard tobacco-free schools policy and conducted an analysis of existing school district tobacco policies. There are 6 districts in the Gulf Coast region, with Chugach Schools implementing a comprehensive tobacco-free school district policy. (See Table D-2 in Appendix D for more information about the 8 required standard policy elements.)

School policies are subject to change. The policy summaries presented here are current as of November 7, 2012. Table 6 summarizes the number and percent of school districts in the Gulf Coast region that meet the 8 minimum elements of a tobacco-free school policy. Table 7 summarizes the number and percent of school districts in the Gulf Coast region that meet the gold, silver or bronze tobacco-free campus standard. The TPC Program reviews and updates school district tobacco policies quarterly. For the most current regional school district policy report visit http://www.redegroup.co/alaska-school-district-reports.

Table 6. School Policy Report for the Gulf Coast Region: Minimum Standard Data Elements Met as of November 7, 2012

Number of School Districts	Percent (%) of School Districts	Minimum Data Element
1	17%	Tobacco-free school district – Minimum standard elements (8 total)
5	83%	Incomplete – Policy lacks 1 or more key elements to meet the tobacco-free school standard
0	0%	Missing – Policy has not been submitted

Source: State of Alaska Tobacco Prevention and Control Program

See Table D-3 in Appendix D for more information about the additional policy elements.

Table 7. School Policy Report for the Gulf Coast Region: Gold, Silver or Bronze as of November 7, 2012

Number of School Districts	Percent (%) of School Districts	Minimum Data Element
1	17%	Gold star – Minimum standard plus at least 10 additional elements
0	0%	Silver star – Minimum standard plus 5 - 9 additional elements
0	0%	Bronze star – Minimum standard plus 1 - 4 additional elements

Source: State of Alaska Tobacco Prevention and Control Program

Table 8 displays the current status of each school district in the Gulf Coast region as of November 7, 2012.

Table 8. School Policy Report for the Gulf Coast Region: Current Status as of November 7, 2012

School District	Current Status
Chugach Schools	Gold Star
Copper River Schools	Incomplete
Cordova City Schools	Incomplete
Kenai Peninsula Borough Schools	Incomplete
Kodiak Island Borough Schools	Incomplete
Valdez City Schools	Incomplete

Source: State of Alaska Tobacco Prevention and Control Program

EVIDENCE-BASED TOBACCO CESSATION INTERVENTIONS

Cessation Indicators

Quitting tobacco provides health benefits at any age.[viii-ix] Additionally, tobacco cessation programs are cost-effective and increase longevity while reducing healthcare costs.[x] In the Gulf Coast region, 57% of adults aged 25 or more who have ever smoked regularly have quit (i.e., quit ratio, as shown in Table 9). Among adults who currently smoke, approximately 58% have attempted to quit smoking in the past 12 months.

Table 9. Adult Cessation Indicators, Gulf Coast Region, 2009-2011

	Prevalence (95% CI)*
Quit ratio (among ever smokers age 25 and older)	57.3% (±3.6%)
Quit attempts (among current smokers)	57.7% (±5.8%)
Quit for 3+ months (among past year smokers)	9.2% (±5.1%)
Aware of quit line (among current smokers)	80.7% (±6.7%)
Advised to quit by healthcare provider (among smokers who had a healthcare visit in the past year)	64.9% (±10.3%)

Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Alaska's Tobacco Quit Line

Alaska's Tobacco Quit Line provides free, phone based counseling and nicotine replacement therapy to all Alaskans. In 2012, 3,215 Alaska residents called the quit line, with nearly 15% (14.8%; 478 callers) from the Gulf Coast region. Nearly all calls (99%; 471 callers) from the Gulf Coast region were tobacco users who requested a cessation intervention.

Table 10. Alaska's Tobacco Quit Line: Summary of Services, Gulf Coast Region, 2012

	Number of Callers (%)
Live transfers*	‡
General questions	‡
Intervention requested	471 (99%)
Materials only	‡
TOTAL	**1,642 (100%)**

*A live transfer to Alere Wellbeing's Commercial Line, which is part of a defined employee benefit package (e.g., ConocoPhillips Alaska, Inc.).

‡Data suppressed because there were less than 5 callers.

Source: Alaska's Tobacco Quit Line, 2012

The number of tobacco users in the Gulf Coast region who called the quit line to request an intervention were split evenly between males and females and the majority were non-Natives (see Table 11 and 12).

Table 11. Alaska's Tobacco Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Sex, Gulf Coast Region, 2012

	Number of Callers (%)
Female	237 (50%)
Male	234 (50%)
TOTAL	**471 (100%)**

Source: Alaska's Tobacco Quit Line, 2012

Table 12. Alaska Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Alaska Native vs. Non-Native, Gulf Coast Region, 2012

	Number of Callers (%)
Alaska Native	61 (13%)
Non-Native	400 (87%)
TOTAL	**461 (100%)**

Source: Alaska's Tobacco Quit Line, 2012

Of the estimated total number of all tobacco users in the Gulf Coast region, approximately 3% called the quit line and requested an intervention in 2012; the comparable national estimate is 2%.[xi]

Resources and Systems for Tobacco Cessation Interventions

The TPC Program works to engage all healthcare systems to implement tobacco control policies consistent with the *U.S. Public Health Services Clinical Practice Guidelines Treating Tobacco Use and Dependence,* including working with all health systems to ask, advise, refer and document tobacco use and follow-up while minimizing barriers to treatment. Alaska Native health organizations in the Gulf Coast region include Chugachmiut, Copper River Native Association, Kenaitze Indian Tribe, Kodiak Area Native Association, Mt. Sanford Tribal Consortium, Seldovia Native Association and Southcentral Foundation. In addition, there are numerous hospitals, clinics, tribal health organizations and community health centers in the Gulf Coast region. There are also a variety of mental health and substance abuse facilities in the region. Appendix E (Table E-2 and E-3) summarizes these healthcare facilities, offering partnership opportunities for tobacco cessation intervention services in the Gulf Coast region.

APPENDICES

Appendix A: Overview

Table A-1. Community Population in the Gulf Coast Region, 2010

Community	Borough/Census Area	2010 Census Population
Anchor Point	Kenai Peninsula Borough	1,930
Bear Creek	Kenai Peninsula Borough	1,956
Beluga	Kenai Peninsula Borough	20
Clam Gulch	Kenai Peninsula Borough	176
Cohoe	Kenai Peninsula Borough	1,364
Cooper Landing	Kenai Peninsula Borough	289
Crown Point	Kenai Peninsula Borough	74
Diamond Ridge	Kenai Peninsula Borough	1,156
Fox River	Kenai Peninsula Borough	685
Fritz Creek	Kenai Peninsula Borough	1,932
Funny River	Kenai Peninsula Borough	877
Halibut Cove	Kenai Peninsula Borough	76
Happy Valley	Kenai Peninsula Borough	593
Homer	Kenai Peninsula Borough	5,003
Hope	Kenai Peninsula Borough	192
Kachemak	Kenai Peninsula Borough	472
Kalifornsky	Kenai Peninsula Borough	7,850
Kasilof	Kenai Peninsula Borough	549
Kenai	Kenai Peninsula Borough	7,100
Lowell Point	Kenai Peninsula Borough	80
Moose Pass	Kenai Peninsula Borough	219
Nanwalek	Kenai Peninsula Borough	254
Nikiski	Kenai Peninsula Borough	4,493

Table A-1 (continued). Community Population in the Gulf Coast Region, 2010

Nikolaevsk	Kenai Peninsula Borough	318
Ninilchik	Kenai Peninsula Borough	883
Point Possession CDP*	Kenai Peninsula Borough	3
Port Graham	Kenai Peninsula Borough	177
Primrose	Kenai Peninsula Borough	78
Ridgeway	Kenai Peninsula Borough	2,022
Salamatof	Kenai Peninsula Borough	980
Seldovia	Kenai Peninsula Borough	255
Seldovia Village	Kenai Peninsula Borough	165
Seward	Kenai Peninsula Borough	2,693
Soldotna	Kenai Peninsula Borough	4,163
Sterling	Kenai Peninsula Borough	5,617
Sunrise	Kenai Peninsula Borough	18
Tyonek	Kenai Peninsula Borough	171
Balance**	Kenai Peninsula Borough	517
Borough Subtotal		55,400
Akhiok	Kodiak Island Borough	71
Aleneva	Kodiak Island Borough	37
Chiniak	Kodiak Island Borough	47
Karluk	Kodiak Island Borough	37
Kodiak	Kodiak Island Borough	6,130
Kodiak Station	Kodiak Island Borough	1,301
Larsen Bay	Kodiak Island Borough	87
Old Harbor	Kodiak Island Borough	218
Ouzinkie	Kodiak Island Borough	161
Port Lions	Kodiak Island Borough	194
Womens Bay	Kodiak Island Borough	719

Table A-1 (continued). Community Population in the Gulf Coast Region, 2010

Balance**	Kodiak Island Borough	4,590
Borough Subtotal		13,592
Chenega Bay	Valdez-Cordova Census Area	76
Chisana	Valdez-Cordova Census Area	0
Chistochina	Valdez-Cordova Census Area	93
Chitina	Valdez-Cordova Census Area	126
Copper Center	Valdez-Cordova Census Area	328
Cordova	Valdez-Cordova Census Area	2,239
Gakona	Valdez-Cordova Census Area	218
Glennallen	Valdez-Cordova Census Area	483
Gulkana	Valdez-Cordova Census Area	119
Kenny Lake	Valdez-Cordova Census Area	355
McCarthy	Valdez-Cordova Census Area	28
Mendeltna	Valdez-Cordova Census Area	39
Mentasta Lake	Valdez-Cordova Census Area	112
Nebesna CDP*	Valdez-Cordova Census Area	5
Nelchina	Valdez-Cordova Census Area	59
Paxson	Valdez-Cordova Census Area	40
Silver Springs	Valdez-Cordova Census Area	114
Slana	Valdez-Cordova Census Area	147
Tatitlek	Valdez-Cordova Census Area	88
Tazlina	Valdez-Cordova Census Area	297
Tolsona	Valdez-Cordova Census Area	30
Tonsina	Valdez-Cordova Census Area	78
Valdez	Valdez-Cordova Census Area	3,976
Whittier	Valdez-Cordova Census Area	220
Willow Creek	Valdez-Cordova Census Area	191

Table A-1 (continued). Community Population in the Gulf Coast Region, 2010

Balance**	Valdez-Cordova Census Area	175
Census Area Subtotal		9,636
REGION TOTAL		**78,628**

*Census designated place (CDP) is the the statistical counterpart of incorporated places and are delineated to provide data for settled concentrations of population that are identifiable by name but are not legally incorporated under the laws of the state. CDPs are delineated cooperatively by state and local officials and the Census Bureau, following Census Bureau guidelines.

**Balance refers to a population that lives in an unincorporated remote or rural area (sometimes referred to as "off the grid").

Source: Alaska Community Database (Department of Commerce, Community, and Economic Development) and US Census

Appendix B: Adult Tobacco Use

Table B-1. Prevalence (and 95% Confidence Interval) of Smoking Among Alaska Adults, Public Health Regions, 2009-2011

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
All Adults	19.3%	22.0%	22.8%	45.9%	23.1%	32.6%	22.1%
	± 2.0%	2.3%	2.2%	5.3%	2.6%	4.1%	1.2%
Alaska Native	32.3%	34.5%	45.5%	53.8%	36.7%	37.5%	39.1%
	± 9.1%	7.8%	7.1%	6.0%	7.7%	5.2%	3.4%
Non-Native	18.1%	20.7%	20.1%	22.9%	20.8%	20.1%	19.1%
	± 2.0%	2.5%	2.3%	9.9%	2.7%	5.8%	1.3%
Low SES (non-Native)	32.7%	31.1%	34.6%	25.5%*	41.2%	39.7%**	33.7%
	± 5.5%	5.7%	6.2%	17.5%	7.2%	18.6%	3.4%
Higher SES (non-Native)	15.2%	18.8%	16.5%	24.3%	15.5%	19.3%	16.0%
	± 2.4%	3.0%	2.5%	12.2%	2.9%	7.1%	1.5%
Males	20.6%	21.1%	22.2%	51.7%	25.0%	37.6%	23.4%
	± 3.2%	3.4%	3.1%	7.4%	3.9%	5.9%	1.9%
Females	17.9%	22.9%	23.5%	37.8%	21.2%	25.9%	20.6%
	± 2.5%	3.1%	3.1%	6.4%	3.4%	5.3%	1.6%
Age 18-29	26.9%	20.6%	29.8%	43.8%	28.2%	41.9%	28.6%
	± 5.9%	6.8%	5.6%	11.4%	8.4%	10.1%	3.5%
30-54	19.2%	25.2%	22.2%	49.7%	26.8%	33.5%	22.7%
	± 2.6%	3.3%	3.1%	6.9%	3.5%	5.5%	1.6%
55 and older	12.7%	18.2%	16.1%	40.5%	14.9%	19.5%	15.3%
	± 2.3%	3.1%	2.6%	9.9%	3.0%	4.9%	1.4%

*Inadequate sample size for normal approximation. For means and proportions based on commonly occurring events (where 0.25 < P < 0.75), an estimate is flagged if it is based on a cell size of less than 30 times a "broadly calculated average design effect."

**Inadequate sample size for uncommon or very common events. For proportions below 0.25 or above 0.75, the criteria for statistical reliability is that the cell size be sufficiently large that the minimum of nP and n(1-P) be greater than or equal to eight times a broadly calculated average design effect, where n is the cell size and P is the estimated proportion. (I.e., an estimate is flagged when n<8 * (avg. design effect)/min(P,1-P)). The coefficient of variation is not used in these cases.

Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Table B-2. Prevalence (and 95% Confidence Interval) of Smokeless Tobacco Use Among Alaska Adults, Public Health Regions, 2009-2011

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
All Adults	3.1%	6.9%	6.5%	7.8%	3.8%	23.0%	5.3%
	± 0.8%	1.7%	1.4%	3.1%	1.0%	3.6%	0.6%
Alaska Native	5.1%*	11.7%	10.5%	9.9%	3.9%	32.4%	13.3%
	± 3.4%	6.3%	4.4%	4.2%	2.1%	5.0%	2.0%
Non-Native	2.9%	6.5%	6.0%	2.7%*	3.8%	3.1%	4.0%
	± 0.9%	1.8%	1.5%	2.3%	1.2%	1.4%	0.6%
Low SES (non-Native)	4.1%*	5.0%	3.9%	DNC	4.2%*	3.8%	4.1%
	± 2.4%	2.5%	2.2%	DNC	2.7%	2.4%	1.5%
Higher SES (non-Native)	3.0%	6.6%	6.0%	3.6%*	4.7%	3.1%*	4.1%
	± 1.0%	2.4%	1.7%	3.0%	1.8%	1.8%	0.7%
Males	5.6%	12.3%	11.1%	12.1%	7.0%	25.3%	8.8%
	± 1.6%	3.1%	2.5%	5.1%	2.0%	5.4%	1.1%
Females	0.5%*	0.9%**	1.0%*	2.0%*	0.3%	19.8%	1.5%
	± 0.4%	0.7%	0.8%	1.7%	0.1%	4.7%	0.4%
Age 18-29	2.7%*	9.3%*	9.7%	14.0%*	3.0%*	28.4%	6.7%
	± 2.1%	5.6%	4.0%	8.9%	2.4%	9.5%	1.7%
30-54	4.2%	8.7%	6.2%	6.7%	5.6%	21.5%	6.1%
	± 1.3%	2.7%	1.7%	3.1%	1.8%	4.4%	0.9%
55 and older	1.4%**	3.2%	3.4%	2.6%*	1.6%**	18.8%	2.8%
	± 0.8%	1.4%	1.2%	2.7%	1.0%	6.1%	0.6%

DNC: Data Not Collected

*Inadequate sample size for normal approximation. For means and proportions based on commonly occurring events (where 0.25 < P < 0.75), an estimate is flagged if it is based on a cell size of less than 30 times a "broadly calculated average design effect."

**Large coefficient of variation. Estimates are flagged if the coefficient of variation (ratio of the standard error to the mean expressed as a percent) is greater than 30.

Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Appendix C: Eliminating Exposure to Secondhand Smoke

Table C-1. Prevalence (and 95% Confidence Interval) of Secondhand Smoking (SHS) Indicators Among Alaska Adults, Public Health Regions, 2009-2011

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
Has home smoking ban	91.2% ± 2.0%	86.3% 3.2%	87.1% 2.5%	89.4% 4.6%	87.3% 3.1%	92.7% 2.8%	89.6% 1.3%
No home SHS exposure	91.1% ± 2.3%	87.2% 3.3%	89.4% 2.3%	89.4% 4.8%	88.3% 3.4%	92.8% 3.5%	90.1% 1.4%
Support for smokefree workplaces	82.1% ± 3.1%	81.7% 3.2%	80.6% 3.0%	85.1% 5.3%	78.2% 3.9%	86.2% 4.7%	81.7% 1.8%
Support for smokefree restaurants	82.1% ± 3.0%	81.1% 3.3%	72.3% 3.7%	84.8% 5.8%	74.6% 4.0%	88.6% 3.9%	80.0% 1.8%
Workplace smokefree policy	87.0% ± 4.3%	82.7% 4.5%	81.7% 4.5%	81.2% 8.1%	84.6% 5.0%	82.3% 7.6%	85.1% 2.7%
No indoor workplace SHS exposure (all workers)†	93.1% ± 2.8%	90.8% 3.8%	90.6% 3.2%	91.8% 5.4%	91.5% 4.5%	95.2% 2.8%	92.3% 1.7%
No indoor workplace SHS exposure (indoor workers)	95.2% ± 2.1%	90.6% 3.0%	92.0% 2.7%	89.5% 6.0%	94.5% 2.7%	96.5% 2.4%	94.0% 1.3%

†Estimate from 2010-2011; not available from earlier years.
Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Appendix D: Prevent the Initiation of Tobacco Use

Table D-1. Youth Tobacco Prevention Indicators, Public Health Regions, 2011

		Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest
Used tobacco on school property*	Percent	6.0%	6.4%	4.5%	20.6%	4.2%	19.7%
	Total Respondents	1,650	1,829	448	737	1,184	378
Initiation of smoking prior to age 13	Percent	9.3%	10.3%	9.4%	23.3%	8.5%	22.1%
	Total Respondents	1,564	1,740	428	685	1,115	359
Perceives no or only slight risk from smoking**	Percent	14.1%	10.6%	9.2%	30.0%	11.7%	23.5%
	Total Respondents	1,660	1,828	457	745	1,187	380
Thinks parents consider it wrong for child to smoke	Percent	98.3%	97.7%	98.5%	95.9%	97.4%	96.9%
	Total Respondents	1,636	1,807	447	705	1,166	375

*Smoking or using smokeless tobacco within the past 30 days.

**Students who think smoking 1 or more packs of cigarettes per day is no or slight risk.

Source: Alaska Youth Risk Behavior Survey, 2011

Table D-2. School Policy Report for the Gulf Coast Region: Minimum Standard Elements of a Tobacco-Free Policy as of November 7, 2012

Number of School Districts	Percent (%) of School Districts	Policy Elements
1	17%	Prohibits use of tobacco products on all school property (including grounds, buildings, parking areas and residencies where applicable)
3	50%	Prohibits use of tobacco products in school vehicles
2	33%	Prohibits use of tobacco products at any school-sponsored event (on- or off-campus)
3	50%	Defines tobacco to mean all forms of tobacco and tobacco use (all smoking products, smokeless tobacco products and non treatment related nicotine delivery devices)
1	17%	Applies to all students, staff, and visitors
3	50%	Requires the posting of signs informing students, staff and visitors that school grounds are tobacco-free
3	50%	Identifies specific enforcement procedures and consequences for violating school policies
1	17%	Remains in force 24 hours a day, 7 days a week, 365 days a year

Source: State of Alaska Tobacco Prevention and Control Program

Table D-3. School Policy Report for the Gulf Coast Region: Additional Policy Elements of a Tobacco-Free Policy as of November 7, 2012

Number of School Districts	Percent (%) of School Districts	Policy Element
6	100%	Includes a rationale for being tobacco-free
6	100%	States that tobacco possession by a person under age 19 is against the law
3	50%	Includes language restricting items from school property that might contribute to tobacco use and acceptability (such as lighters, clothing with logos)
0	0%	Includes a requirement for evidence-based tobacco prevention education for all students
1	17%	Includes provisions against accepting tobacco industry funds or free giveaways
4	67%	Includes language prohibiting tobacco advertising in school buildings and school functions
4	67%	Includes progressive consequences for violating school tobacco policy (such as an education program or in school suspension versus suspension for student's first offense) (PE15)
1	17%	Includes provisions to refer students and staff to local or statewide programs to help them quit using tobacco (PE16)
2	33%	Includes language prohibiting distribution of tobacco products
1	17%	Includes language specifically prohibiting tobacco use by contractors
1	17%	Includes procedures for communicating the policy to students
1	17%	Includes procedures for communicating the policy to staff
1	17%	Includes procedures for communicating the policy to visitors

Source: State of Alaska Tobacco Prevention and Control Program

Appendix E: Evidence-Based Tobacco Cessation Interventions

Table E-1. Prevalence (and 95% Confidence Interval) of Cessation Indicators Among Alaska Adults, Public Health Regions, 2009-2011

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
Quit ratio (among ever smokers age 25 and older)	60.7% ± 3.5%	57.3% 3.6%	58.2% 3.4%	30.8% 5.5%	59.3% 3.7%	47.8% 5.5%	57.8% 2.0%
Quit attempts (among current smokers)	58.2% ± 6.0%	57.7% 5.8%	57.1% 5.6%	53.1% 8.2%	58.8% 6.7%	56.3% 8.0%	57.5% 3.2%
Quit for 3+ months (among past year smokers)	11.0%* ± 5.3%	9.2% 5.1%	7.6%† 4.6%	1.9%*† 2.2%	6.7%† 5.1%	7.6%† 5.0%	8.9% 2.8%
Aware of quit line (among current smokers)	69.8% ± 9.0%	80.7% 6.7%	66.6% 8.9%	53.6% 13.6%	78.5% 7.0%	71.6% 11.9%	70.4% 4.8%
Advised to quit by healthcare provider (among smokers who had a health care visit in the past year)	69.7%* ± 11.6%	64.9% 10.3%	61.6% 10.9%	67.7% 19.2%	79.2% 7.9%	56.8% 15.8%	67.9% 6.2%

*Inadequate sample size for normal approximation. For means and proportions based on commonly occurring events (where 0.25 < P < 0.75), an estimate is flagged if it is based on a cell size of less than 30 times a "broadly calculated average design effect."

†Large coefficient of variation. Estimates are flagged if the coefficient of variation (ratio of the standard error to the mean expressed as a percent) is greater than 30.

Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Table E-2. State of Alaska (Funded by the Division of Behavioral Health) Mental Health and Substance Abuse Facilities in the Gulf Coast Region, FY13

		Provider Type		
Agency	**Service Area**	**Community Behavioral Health Center**	**Mental Health**	**Substance Abuse**
Cook Inlet Council on Alcohol & Drug Abuse	Kenai/Soldotna			•
Copper River Native Association	Copper Center	•	•	•
Frontier Community Services	Kenai/Soldotna		•	
Kenai Peninsula Community Care Center	Kenai/Soldotna		•	
Kenaitze Indian Tribe	Kenai/Soldotna		•	•
Kodiak Area Native Association	Kodiak		•	
Peninsula Community Health Services of Alaska	Kenai/Soldotna	•	•	
Providence Kodiak Island Counseling Center	Kodiak	•	•	•
Providence Valdez Counseling Center	Valdez	•	•	•
Seaview Community Services	Seward	•	•	•
Sound Alternatives (Cordova Community Medical Center)	Cordova	•	•	•
South Peninsula Behavioral Health Services, Inc.	Homer	•	•	
Alaska Youth and Family Network	Statewide		•	

Source: State of Alaska Department of Behavioral Health

Table E-3. Healthcare Systems in the Gulf Coast Region; Department of Commerce, Community, and Economic Development Listing*

Healthcare Organization	Borough/Census Area
Akhiok Health Clinic	Kodiak Island Borough
Alutiiq Health Clinic	Kodiak Island Borough
Anchor Point Clinic	Kenai Peninsula Borough
Anesia Anahonak Moonin Clinic	Kenai Peninsula Borough
Arch Priest Nicholas Kompkoff Clinic	Valdez-Cordova Census Area
Central Peninsula General Hospital	Kenai Peninsula Borough
Central Peninsula Health Center	Kenai Peninsula Borough
Chistochina Health Clinic	Valdez-Cordova Census Area
Chitina Clinic	Valdez-Cordova Census Area
Copper Center Clinic	Valdez-Cordova Census Area
Cordova Community Medical Center	Valdez-Cordova Census Area
Cross Road Medical Center	Valdez-Cordova Census Area
Delta Junction Family Medical Center	Valdez-Cordova Census Area
Dena'ina Health Clinic	Kenai Peninsula Borough
Gakona Clinic	Valdez-Cordova Census Area
Gulkana Community Clinic	Valdez-Cordova Census Area
Haines Medical Center	Haines Borough
Indian Creek Health Clinic	Kenai Peninsula Borough
Karluk Health Clinic	Kodiak Island Borough
Kluti-Kaah Health Clinic	Valdez-Cordova Census Area
Kodiak Community Health Center	Kodiak Island Borough
Larsen Bay Health Clinic	Kodiak Island Borough
Mentasta Lake Health Clinic	Valdez-Cordova Census Area
Nanwalek Clinic	Kenai Peninsula Borough
Ninilchik Community Clinic	Kenai Peninsula Borough

Table E-3 (continued). Healthcare Systems in the Gulf Coast Region; Department of Commerce, Community, and Economic Development Listing*

Old Harbor Health Clinic	Kodiak Island Borough
Ouzinkie Health Clinic	Kodiak Island Borough
Port Lions Health Clinic	Kodiak Island Borough
Providence Kodiak Island Medical Center	Kodiak Island Borough
Providence Seward Medical Center	Kenai Peninsula Borough
Seldovia Medical Clinic	Kenai Peninsula Borough
South Peninsula Hospital	Kenai Peninsula Borough
Tatitlek Clinic	Valdez-Cordova Census Area
Tazlina Health Clinic	Valdez-Cordova Census Area
Tok Community Clinic	Valdez-Cordova Census Area
Tyonek Health Clinic	Kenai Peninsula Borough
U.S. Coast Guard Rockmore-King Medical Clinic	Kodiak Island Borough
Valdez Community Hospital	Valdez-Cordova Census Area
Valdez Native Tribe Clinic	Valdez-Cordova Census Area
Whittier Rural Health Clinic	Valdez-Cordova Census Area

Source: Alaska Community Database (Department of Commerce, Community, and Economic Development)

*NOTE: The healthcare system data presented in Table E-3 were compiled by the Department of Commerce, Community, and Economic Development. The list may not be comprehensive and additional healthcare clinics and hospitals may exist in the region beyond those included in this table.

Appendix F: Data Sources

Alaska's Tobacco Quit Line

The State of Alaska contracts with Alere Wellbeing to provide quit line services to the state. Each month, Alere Wellbeing provides monthly, quarterly and annual reports on general utilization. The state also receives monthly utilization datasets. Quit line utilization data is then analyzed to produce detailed unique reports quarterly and annually.

To calculate the quit line reach ratio, we used the total number of quit line callers who were a tobacco user and requested an intervention as the numerator. To obtain the denominator, we used SPSS Complex Samples to obtain raked weighted estimates of the tobacco use population in each public health region from the Alaska Behavioral Risk Factor Surveillance System (2011).

Youth Behavioral Risk Factor Surveillance System (YRBS)

The YRBS is a systematic survey of high school students that assesses prevalence of behaviors related to the leading causes of mortality, morbidity and social problems among youth. The Centers for Disease Control and Prevention sponsors national and state surveys every 2 years, most recently in 2011.

The statewide Alaska YRBS is conducted using a two-stage sampling design. The sampling frame is regular public schools containing grades 9, 10, 11, or 12. Schools are selected first with a probability of inclusion proportional to the size of their enrollment. Once a school is chosen, classes are selected, with each student having an equal opportunity for inclusion. From 2003 through 2011, active parental consent was required for each student participating in the YRBS. On the appointed survey day students completed written questionnaires and returned them in class in unmarked, sealed envelopes.

In a typical YRBS administration, about 1,250 to 1,350 students are surveyed from about 40 to 45 high schools that are scientifically selected to represent all public high schools (excluding boarding schools, alternative schools, correspondence and home study schools, and correctional schools) in Alaska. These results are considered to be representative of Alaska's more than 33,000 high school students grades 9-12 in traditional public high schools. Data are weighted to reflect the true distribution of Alaska high school students by gender and grade level, but not by region of the state.

The traditional school-based YRBS does not estimate risk behaviors associated with youth who drop out of school or do not attend school. However, for the first time in 2009, about 1,000 students from 15 alternative high schools in Alaska were surveyed to evaluate and address the health risks of this unique population. This process was repeated in 2011. Further information about the YRBS, including survey results for the statewide traditional sample, the alternative schools sample and the correctional schools sample is available at http://www.hss.state.ak.us/dph/chronic/school/YRBSresults.htm.

Reporting by Region

With the 2011 YRBS data, regional information is available for public health program planning for the first time. For regional reporting, the sampling frame is considered to be 'ad hoc', because it includes all regular public schools containing grades 9, 10, 11, or 12 who participated in the

survey, whether they were part of the statewide official sample, or chose to participate for other reasons. Schools were not systematically and randomly selected and the regional group of participants may not be very representative of schools within their region. However, in each region, students from 2 or more of school districts participated in the survey.

Data were weighted by school enrollment by gender and grade only if the participation rate for the school achieved the 60% response rate established by the CDC for samples or the 50% response rate when all eligible students are surveyed. Not all of the participating schools met these requirements. Therefore, the regional estimates are based on a combination of weighted and unweighted responses. Due to the sampling limitations, confidence intervals are not assessed for these regional data.

The regional YRBS data are based upon aggregated school districts and do not reveal information on a single school district. Prevalence rates are based upon a minimum of 100 responses or the results are suppressed as Data Statistically Unreliable (DSU). Based upon these measures to protect the anonymity of school districts and students, the data may be publicly distributed.

Reporting by Race Group Within Region

In this profile, we report race/ethnicity by whether the survey participant reported being Alaska Native or not. All YRBS survey participants who report being Alaska Native, either alone or in combination with other race groups or Hispanic ethnicity, are categorized in this report as being Alaska Native. We combine all other race groups to report a category "non-Native". This category includes students who report being White, Hispanic, African American, Asian, Hawaiian or Other Pacific Islander, or who report multiple race groups (except for Alaska Native). Those who did not report a race group are not included in the race group reporting.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an anonymous telephone survey conducted by the Alaska Division of Public Health in cooperation with the Centers for Disease Control (CDC). It aims to estimate the prevalence of behavioral risk factors in the general population that are known to be associated with the leading causes of morbidity and mortality in adults. The BRFSS has operated continuously in Alaska since it began in 1991.

The BRFSS uses a probability (or random) sample in which all Alaska households with landline telephones have a known, nonzero chance of selection. The sample is stratified into regions, with roughly equal numbers of interviews conducted in each region. This method deliberately over-samples rural areas of the state. Respondents are randomly selected from among the adult members of each household reached through a series of random telephone calls. Historically, those living in institutions (i.e., nursing homes, dormitories) are not surveyed. In 2011, the sample was stratified into 6 geographic regions. In addition, the sampling frame was expanded to include cell phones as well as landline or household phones. This step was important because the proportion of households served only by cellular telephones has increased rapidly. By June 2010, about 20% of Alaska households were cell-only.[xii] In 2011, Alaska's cell phone sample was large enough to include it in weighting and reporting of data.

Interviews are conducted by trained interviewers during weekdays, evenings and weekends throughout the year. In addition to tobacco use, the BRFSS questionnaire covers such topics as general health status, healthcare access, nutrition, physical activity, diabetes, alcohol use,

women's health, injury prevention and HIV/AIDS awareness. There are also questions on the demographic characteristics of respondents.

Alaska presently conducts 2 BRFSS surveys: the standard BRFSS and a supplemental BRFSS. The supplemental survey contains most of the additional tobacco-related questions, some of which have been adapted from the CDC's Adult Tobacco Survey. Both surveys are conducted throughout the year, using separate samples drawn using the same methodology. In 2011, approximately 210 Alaska adults were interviewed each month for the standard BRFSS, to reach an annual sample size of 2,500 (500 per region); the same number were interviewed for the supplemental BRFSS. Because sample size is lower per region and some subpopulation reporting groups, data from 2009 to 2011 have been combined to report some key indicators.

BRFSS data are weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled area, and to compensate for the over-representation or under-representation of persons in various subgroups. Beginning with the 2011 BRFSS, the CDC is using a new weighting method known as iterative proportional fitting, or raking. Raking allows for the inclusion of several key demographic factors in adjusting survey data to the adult population totals. The changes that have been made will help ensure that the BRFSS can continue to be a valuable source of information for health planning and improvement.

Although point estimates produced when cell phones are included in the sample and weighting is done by raking differ somewhat from those previously reported using old methods, the differences are often minimal. To provide additional context for interpretation about changes in prevalence estimates over time, raking was applied to data from 2007 and 2010, and data including both landline and cell phone respondents will be available from 2011 on.

Both the standard and supplemental BRFSS are weighted (separately) for analysis of items that occur only in 1 version. In addition, a combined dataset (standard plus supplemental) is created and weighted for analysis of questions that occur in both versions, so that some data can be reported for a total of about 5,000 survey respondents each year since 2004. The larger sample sizes allow for more precision in the estimates. For tobacco-related items, this includes smoking and SLT use prevalence.

Regional Reporting

Alaska Public Health Regions were defined using borough designation. Although the BRFSS survey data do not provide enough representation for reporting by most of the individual boroughs, combining boroughs provides a useful geographic factor for analyses.

Regional groups for this report are as follows:

1) Anchorage/Mat-Su – Municipality of Anchorage and Matanuska-Susitna Borough
2) Gulf Coast – Kenai Peninsula Borough, Kodiak Island Borough and Valdez-Cordova Census Area
3) Interior – Denali Borough, Fairbanks North Star Borough, Southeast Fairbanks Census Area and Yukon-Koyukuk Census Area
4) Northern – Nome Census Area, North Slope Borough, and Northwest Arctic Borough

5) Southeast – Haines Borough, Hoonah-Angoon Census Area, Juneau City and Borough, Ketchikan Gateway Borough, Petersburg Census Area, Prince of Wale-Hyder Census Area, Sitka City and Borough, Skagway Municipality, Wrangell City and Borough, and Yakutat City and Borough
6) Southwest – Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Lake and Peninsula Borough and Wade Hampton Census Area

Reporting by Race Group

Information by race group is reported by Alaska Native and non-Native status. For this report, Alaska Native includes all survey respondents who report "Alaska Native/American Indian" as their primary or only race group. Those who report being Hispanic or reported their race as something other than Alaska Native or American Indian are included in the "non-Native" group.

Data Suppression Guidelines

In this report BRFSS information is suppressed or flagged based on statistical guidelines developed by Alaska's Division of Public Health in the Department of Health and Human Services, which are based upon the national Joint Policy of Variance Estimation and Statistical Reporting Standards for the National Health and Nutrition Examination Survey (NHANES-III) and the Continuing Survey of Food Intake by Individuals (CSFII) Reports. An asterisk is used to indicate that the estimate may lack statistical precision. Estimates are flagged if the coefficient of variation (ratio of the standard error to the mean expressed as a percent) is greater than 30. In some cases, the flag also denotes that estimates are based on an inadequate sample size, as determined by whether the event, or risk factor, is very common, common or very uncommon. Finally, information is suppressed if the unweighted sample size for the denominator (N) is less than 30, or if the numerator (n) is less than 5.

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