

**TOBACCO PREVENTION AND
CONTROL REGIONAL PROFILE:
SOUTHEAST**

FY2015

Tobacco Prevention and Control Regional Profile:
Southeast Region
Draft 1/22/16

Produced by the Section of Chronic Disease Prevention and Health Promotion, Tobacco Prevention and Control Program through a contract with Program Design and Evaluation Services, Multnomah County Health Department and Oregon Public Health Division.

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ACKNOWLEDGEMENTS

We would like to thank the following for their contribution to this report –

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Suggested Citation: Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Tobacco Prevention and Control Regional Profile: Southeast Region*. Anchorage, AK: Alaska Department of Health and Social Services; 2016.

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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. 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 all tobacco products.

The Centers for Disease Control and Prevention (CDC) has identified tobacco use as one 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 22% in 2013, and youth smoking rates have been more than cut in half, to 11% in 2013.

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 health care organizations. These program elements combine to address the four 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.

The TPC Program has previously supported grant programs to independently fund work in these four goal areas, including community organizations, health care systems, and schools across the state. In 2013, the TPC Program streamlined this approach by offering a comprehensive, regional funding scenario in which partners can approach tobacco prevention and control at the community 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 Southeast region, data for the other regions and statewide are included in Appendix B, and regional reports are available for each of the Public Health/Labor Market regions in Alaska (see map below).

those claims. The ANCSA Corporation and related Native association in the Southeast region is the Sealaska Corporation (Central Council Tlingit and Haida Indian Tribes of Alaska).ⁱⁱⁱ

The Southeast region contains 18 school districts detailed in Table 1. Out of the 128,804 K-12th grade students in the state of Alaska, the Southeast region accounts for 9% of K-12th grade students in Alaska. Out of the 38,862 high school students in the state, the region accounts for 10% of high school students.

Table 1. School District Enrollment in the Southeast Region as of October 1, 2014

District Name	Total High School	Total K-12th
Annette Island Schools	86	359
Chatham Schools	44	168
Craig City Schools	128	573
Haines Borough Schools	87	276
Hoonah City Schools	37	114
Hydaburg City Schools	17	70
Juneau Borough Schools	1,494	4,751
Kake City Schools	25	110
Ketchikan Gateway Borough Schools	914	2,360
Klawock City Schools	36	121
Mount Edgecumbe High School	421	421
Pelican City Schools	5	13
Petersburg City Schools	146	436
Sitka Borough Schools	431	1,375
Skagway Schools	20	86
Southeast Island Schools	69	187
Wrangell City Schools	88	275
Yakutat City Schools	30	109
TOTAL	4,078	11,804

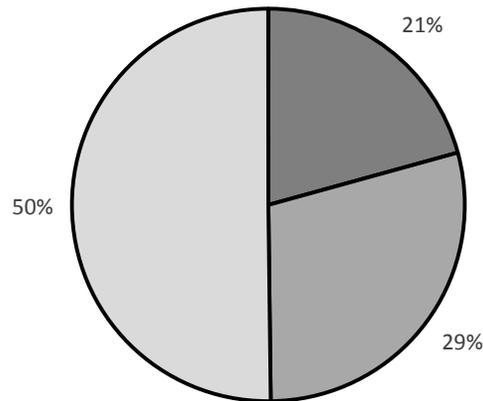
Source: Alaska Department of Education and Early Development: Assessment and Accountability, District Enrollment as of October 1, 2014 FY15. <http://education.alaska.gov/stats/>

TOBACCO USE

Adult Smoking

Adult tobacco use data are gathered using the Alaska Behavioral Risk Factor Surveillance System (BRFSS), combining 2011 – 2013 data to calculate regional estimates. Over 1 in 5 adults (21% ± 2%) are estimated to currently smoke cigarettes in the Southeast region, similar to the statewide estimate of 22% (± 1%) for 2011 – 2013 pooled data. (See Appendix B for all regional and statewide estimates.)

Figure 1. Adult Smoking Status, Southeast Region, 2011-2013



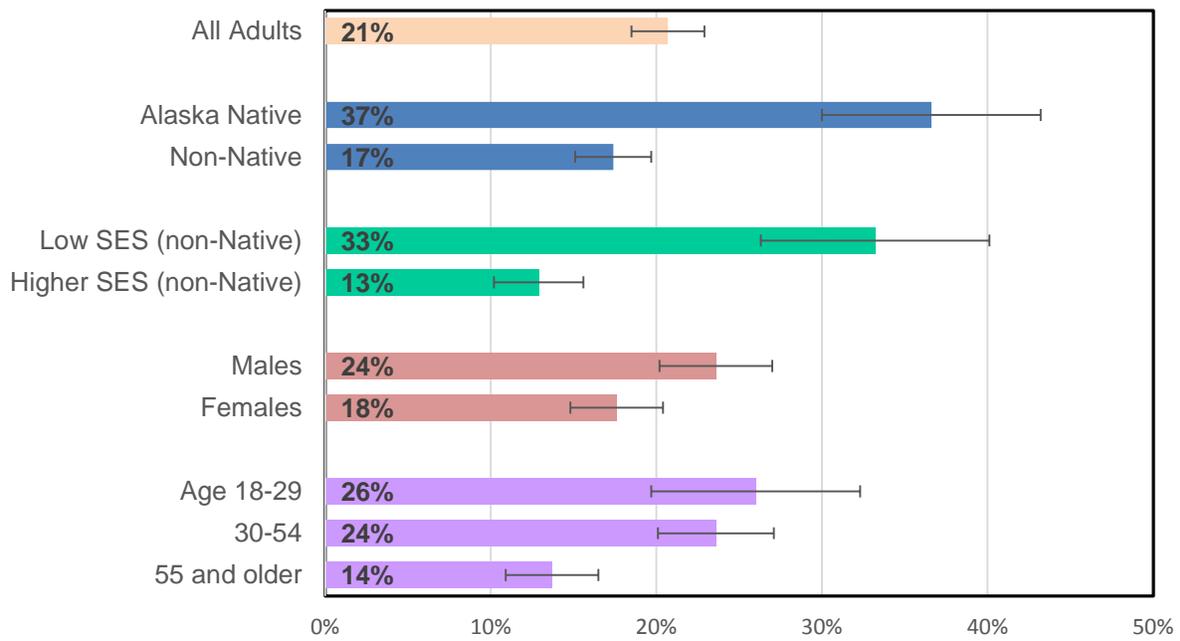
■ Current Smoker (21%) ■ Former Smoker (29%) ■ Never Smoker (50%)

Source: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Certain priority populations, including Alaska Natives, people with low socio-economic 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 Tobacco Prevention and Control Program (TPCP) and its partners.

In the Southeast region, adult smoking prevalence was 21% ($\pm 2\%$) overall. Among Alaska Natives, the smoking prevalence was significantly higher than the regional estimate as well as prevalence among non-Natives, 37% ($\pm 7\%$) compared to 17% ($\pm 2\%$). Likewise, the smoking prevalence was significantly higher among people with low SES as compared to the regional estimate as well as those with higher SES, 33% ($\pm 7\%$) compared to 13% ($\pm 3\%$).

Figure 2. Percent of Alaska Adults Who Currently Smoke, Southeast Region, 2011-2013

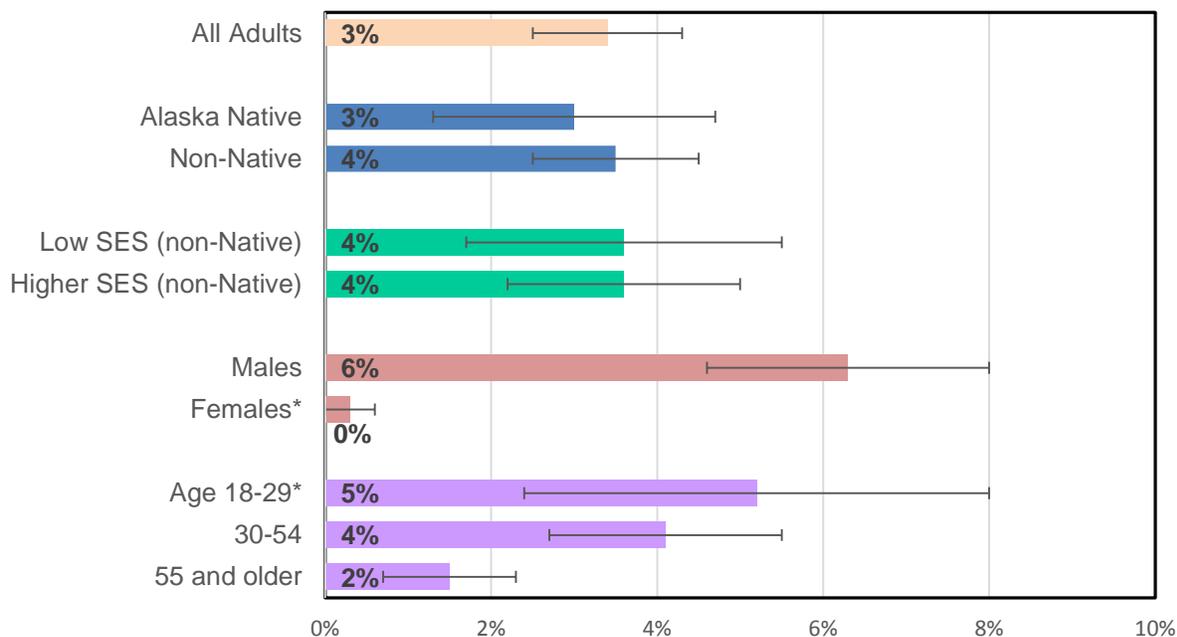


Source: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Adult Smokeless Tobacco Use

In the Southeast region, an estimated 3% ($\pm 1\%$) of adults use smokeless tobacco, significantly lower than the statewide estimate of 6% ($\pm 1\%$) for 2011 – 2013 data. Males were significantly more likely to use smokeless tobacco as compared to females in the Southeast region.

Figure 3. Percent of Alaska Adults Who Use Smokeless Tobacco, Southeast Region, 2011-2013



**Interpret data with caution (For more information, see Table B-2 in Appendix B.)*

Source: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Youth Smoking

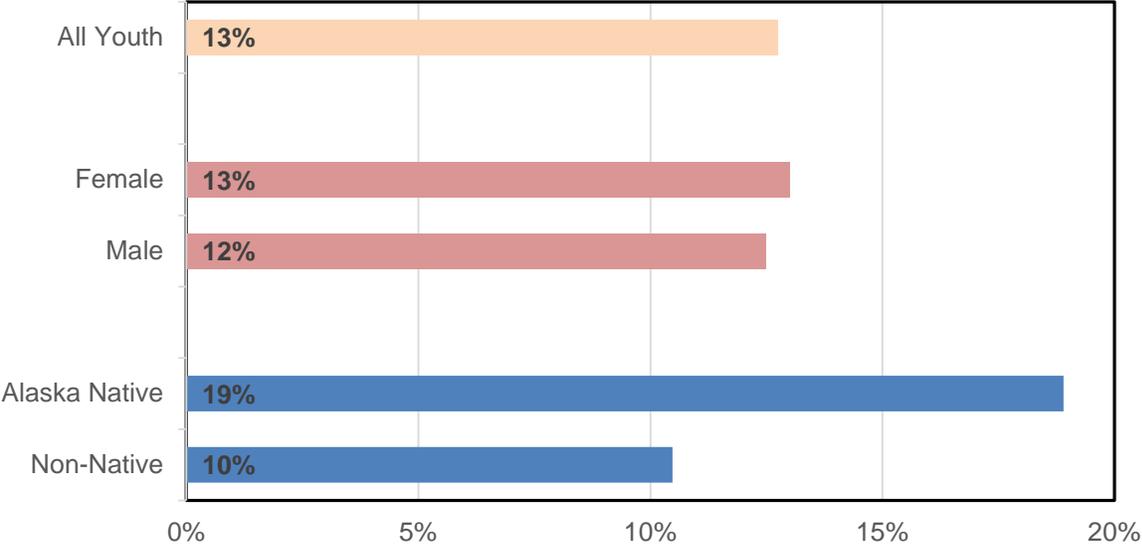
Information about youth tobacco use and other related indicators comes from the Youth Risk Behavior Survey (YRBS), conducted in a sample of high schools every other year. Although the official state estimates are based on a scientifically selected statewide sample of schools and students, the regional 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% $\pm 2\%$ ” 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 Southeast region smoked cigarettes in the past 30 days, equal to the statewide weighted estimate for 2011-2013. An estimated 6% of students surveyed smoked cigarettes on 20 or more of the past 30 days, similar to the statewide estimate of 5%.

As seen in Figure 4, the estimate for male cigarette use is slightly higher than that for females. More Alaska Native youth than non-Native youth report smoking within the past 30 days in the Southeast region, 18% compared to 10%.

Figure 4. Youth Cigarette Use in Past 30 Days, Southeast Region, 2011-2013

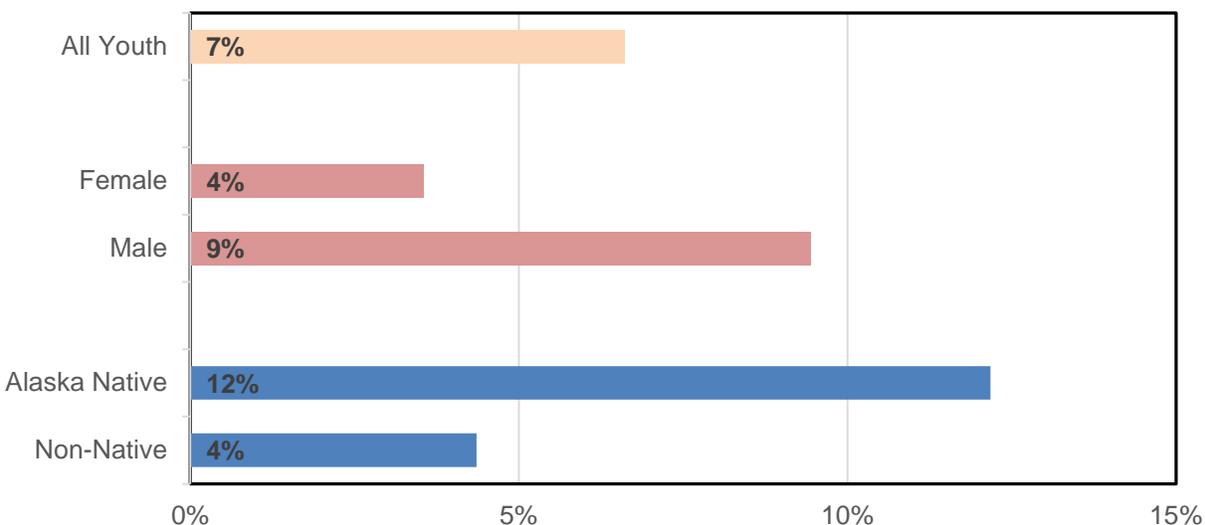


Source: Alaska Youth Risk Behavior Survey, 2011-2013

Youth Smokeless Tobacco Use

In 2011-2013, an estimated 7% of high school students surveyed in the Southeast region used smokeless tobacco in the past 30 days, compared with the statewide 2011-2013 weighted estimate of 9% in 2011-2013. Males in the Southeast region were over twice as likely as females to have used smokeless tobacco in the past 30 days. Alaska Native youth reported using smokeless tobacco at three times the rate of non-Native youth.

Figure 5. Youth Smokeless Tobacco Use in Past 30 Days, Southeast Region, 2011-2013



Source: Alaska Youth Risk Behavior Survey, 2011-2013

ELIMINATING EXPOSURE TO SECONDHAND SMOKE

Secondhand Smoke (SHS) Indicators

There is no safe level of exposure to secondhand smoke. Creating completely smoke-free 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 Southeast region, there is overwhelming support for both smokefree restaurants and workplaces.

Table 2. Adult Secondhand Smoke (SHS) Indicators, Southeast Region, 2011-2013

	Prevalence (95% CI)*
Has home smoking ban	90.4% (±1.9%)
No home SHS exposure	90.6% (±2.0%)
Support for smokefree workplaces	81.9% (±3.0%)
Support for smokefree restaurants	79.0% (±3.1%)
Workplace has smokefree policy	85.6% (±3.7%)
No indoor workplace SHS exposure (all workers)	92.6% (±1.9%)
No indoor workplace SHS exposure (indoor workers)	93.9% (±2.0%)

*95% Confidence Interval

Source: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Although the vast majority of adults did not report secondhand smoke exposure in homes and workplaces, an estimated 32% of high school students surveyed in the Southeast region in 2011-2013 reported being in the same room with someone who was smoking in the past seven days.^v

Tribal Resolutions

Recently many tribes across Alaska have adopted 100% comprehensive model smokefree or tobacco-free resolutions. In the Southeast region, the Hoonah Indian Association has adopted a comprehensive tobacco-free policy. Moreover, the Chilkoot Indian Association, the Petersburg Indian Association, and Skagway Village have all passed smoke-free resolutions.^{vi}

Smokefree Workplace Laws

Six smokefree workplace laws have passed in the Southeast region through September 1, 2015, as described in Table 3. Although none of these laws are 100% comprehensive, four of the laws cover all workplaces, restaurants, and bars with no exemptions.

Table 3. Smokefree Workplace Laws through September 1, 2015 in the Southeast Region

Jurisdiction	Date	Law covers the following:		
		Workplaces	Restaurants	Bars
Haines Borough	2009	Yes	Yes	Yes
Juneau	2008	No	Yes	Yes
Klawock	2007	Yes	Yes	Yes
Petersburg	2010	Yes	Yes	Yes
Sitka	2005	Yes	Yes	No
Skagway Borough	2011	Yes	Yes	Yes

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 & 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 8 regional housing authorities in the Southeast region detailed in Table 4. According to TPC Program records, as of September 1, 2015, the Tlingit-Haida Regional Housing Authority is the only regional housing authority in the Southeast 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 Southeast Region

Regional Housing Authority	Smokefree Policy?
Baranof Island Housing Authority	No
Chilkat Indian Village	No
Hoonah Indian Association	No
Hydaburg Cooperative Association	No
Ketchikan Indian Community Housing Authority	No
Metlakatla Housing Authority	No
Petersburg Indian Association	No
Tlingit-Haida Regional Housing Authority	Yes

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 7% of high school students surveyed in the Southeast region used some type of tobacco (either cigarettes or smokeless tobacco) on school property within the past 30 days in 2011-2013. Although nearly all of the

youth reported that their parents would consider it wrong for them to smoke cigarettes, nearly 15% thought that smoking one or more packs per day posed no or slight risk to their health.

Table 5. Youth Tobacco Prevention Indicators, Southeast Region, 2011-2013

	Percent (Total Respondents)
Used tobacco on school property*	7.1% (2,693)
Initiated smoking prior to age 13	11.5% (2,536)
Perceives no or only slight risk from smoking**	14.4% (2,703)
Thinks parents consider it wrong for child to smoke	90.2% (2,667)

*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, 2011-2013

Tobacco Taxes

Numerous economic studies have documented that tobacco tax or price increases reduce both adult and underage smoking. 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. As of September 1, 2015, three cigarette taxes have passed in the Southeast region, in the cities of Juneau, Petersburg, and Sitka.

Table 6. Cigarette Tax Rates through September 1, 2015 in the Southeast Region

Community	Local Tax	State Base Tax	Total Tax per Pack	Other Tobacco Products Tax
Juneau	\$3.00	\$2.00	\$5.00	45% of wholesale
Petersburg	\$2.00	\$2.00	\$4.00	45% of wholesale
Sitka	\$1.00	\$2.00	\$3.00	45% of wholesale

Sources: Sitka General Code, Chapter 4.26, City and Borough of Juneau, Alaska, Code of Ordinances, Chapter 69.08, Petersburg Borough Finance Department

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. Southeast school districts have recently made major revisions to strengthen their tobacco free school policies, nearly three-fourths of all Southeast school districts now have a tobacco-free school policy implemented. (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 August 25, 2015. The TPC Program reviews and updates school district tobacco policies quarterly. For the most current regional school district policy report visit <http://www.redegrouop.co/alaska-school-district-reports>.

Table 7. School Policy Report for the Southeast Region: Minimum Standard Data Elements Met as of August 25, 2015

Number of School Districts	Percent of School Districts	Minimum Data Element
13	72%	Tobacco-free school district – Minimum standard elements (8 total)
5	28%	Incomplete – Policy lacks one 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

11 districts in the Southeast region have been identified as “Gold star” tobacco-free districts (see Table 8), meeting the minimum standard elements as well as ten additional elements above and beyond the minimum elements. See Table D-3 in Appendix D for more information about the additional policy elements.

Table 8. School Policy Report for the Southeast Region: Gold, Silver, or Bronze as of August 25, 2015

Number of School Districts	Percent of School Districts	Minimum Data Element
11	61%	Gold star – Minimum standard plus at least ten additional elements
2	11%	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 9 displays the current status of each school district in the Southeast region as of August 25, 2015.

Table 9. School Policy Report for the Southeast Region: Current Status as of August 25, 2015

School District	Current Status
Annette Island Schools	Gold Star
Chatham Schools	Gold Star
Craig City Schools	Incomplete
Haines Borough Schools	Incomplete
Hoonah City Schools	Gold Star
Hydaburg City Schools	Incomplete
Juneau Borough Schools	Gold Star
Kake City Schools	Gold Star
Ketchikan Gateway Borough Schools	Gold Star
Klawock City Schools	Incomplete
Mount Edgecumbe High School	Gold Star
Pelican City Schools	Incomplete
Petersburg City Schools	Gold Star
Sitka Borough Schools	Gold Star
Skagway Schools	Silver Star
Southeast Island Schools	Silver Star
Wrangell City Schools	Gold Star
Yakutat City Schools	Gold Star

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 health care costs.^x In the Southeast region, over 60% of adults aged 25 or more who have ever smoked regularly have quit (i.e., quit ratio, as shown in Table 10). Among adults who currently smoke, 55% have attempted to quit smoking in the past 12 months.

Table 10. Adult Cessation Indicators, Southeast Region, 2011-2013

	Prevalence (95% CI)*
Quit ratio (among ever smokers age 25 and older)	60.8% (±3.8%)
Attempted to Quit (among current smokers)	55.0% (±6.2%)
Quit for 3+ months (among past year smokers)	6.1% (±3.5%)
Aware of quit line (among current smokers)	82.9% (±5.4%)
Advised to quit by health care provider (among smokers who had a health care visit in the past year)	66.6% (±9.1%)

*95% Confidence Interval (CI)

Source: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Alaska's Tobacco Quit Line

Alaska's Tobacco Quit Line provides free, phone based counseling and nicotine replacement therapy to all Alaskans. In 2014, 3,215 Alaska residents called the quit line, with approximately one-tenth of callers (11%; 341 callers) from the Southeast region. Nearly all calls (97%; 331 callers) from the Southeast region were tobacco users who requested a cessation intervention.

Table 11. Alaska's Tobacco Quit Line: Summary of Services, Southeast Region, 2012 and 2014

	Number of Callers 2012 (%)	Number of Callers 2014 (%)
All Transfer Types	‡	‡
General Questions	‡	‡
Intervention Requested	393 99%	331 97%
Materials Only	‡	‡
TOTAL	396 (100%)	341 (100%)

‡Data suppressed because there were fewer than 6 callers.

Source: Alaska's Tobacco Quit Line, 2012 & 2014

Approximately three-fourths of Southeast region tobacco users who called the quit line were non-Native, and callers were equally divided by sex (see Table 12 and 13).

Table 12. Alaska's Tobacco Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Sex, Southeast Region, 2012 & 2014

	Number of Callers 2012 (%)	Number of Callers 2014 (%)
Female	193 (49%)	164 (50%)
Male	199 (51%)	166 (50%)
TOTAL	392 (100%)	330 (100%)

Source: Alaska's Tobacco Quit Line, 2012 & 2014

Table 13. Alaska's Tobacco Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Alaska Native vs. non-Native, Southeast Region, 2012 & 2014

	Number of Callers 2012 (%)	Number of Callers 2014 (%)
Alaska Native	58 (15%)	82 (25%)
Non-Native	327 (83%)	240 (73%)
Unknown	7 (2%)	8 (2%)
TOTAL	392 (100%)	322 (100%)

Source: Alaska's Tobacco Quit Line, 2012 & 2014

Most 2014 Quit Line callers were aged 30 to 54, and over 90% of callers were calling for help with quitting only smoke tobacco (rather than smokeless; see Table 14 and 15).

Table 14. Alaska's Tobacco Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Age, Southeast Region, 2012 & 2014

	Number of Callers 2012 (%)	Number of Callers 2014 (%)
18 to 29	88 (23%)	59 (18%)
30 to 54	206 (53%)	179 (54%)
55+	97 (25%)	92 (28%)
TOTAL	391 (100%)	330 (100%)

Source: Alaska's Tobacco Quit Line, 2012 & 2014

Table 15. Alaska’s Tobacco Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Tobacco Type, Southeast Region, 2012 & 2014

	Number of Callers 2012 (%)	Number of Callers 2014 (%)
Smoke Tobacco Only	355 (91%)	302 (92%)
SLT Only	7 (2%)	10 (3%)
Both Smoke Tobacco and SLT	14 (4%)	13 (4%)
Other/Unknown	16 (4%)	‡
TOTAL	392 (100%)	330 (100%)

Source: Alaska’s Tobacco Quit Line, 2012 & 2014

Resources and Systems for Tobacco Cessation Interventions

The TPC Program works to engage all health care 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. According to the Alaska Department of Commerce, Community and Economic Development, the Southeast Alaska Regional Health Consortium operates as the regional Native health corporation in the Southeast region. In addition, there are numerous hospitals, clinics, tribal health organizations, and community health centers in the Southeast 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 health care facilities, offering partnership opportunities for tobacco cessation intervention services in the Southeast region.

APPENDICES

Appendix A: Overview

Table A-1. Community Population in the Southeast Region, 2010 Census and 2014 Population Estimates

Community	Borough/Census Area	2010 Census Population	2014 Population Estimates
Juneau	City and Borough of Juneau	31,275	33,026
City and Borough Subtotal		31,275	33,026
Sitka	City and Borough of Sitka	8,881	9,061
City and Borough Subtotal		8,881	9,061
Wrangell	City and Borough of Wrangell	2,369	2,406
City and Borough Subtotal		2,369	2,406
Yakutat	City and Borough of Yakutat	662	631
City and Borough Subtotal		662	631
Covenant Life	Haines Borough	86	71
Excursion Inlet	Haines Borough	12	9
Haines CDP*	Haines Borough	1,713	1,805
Lutak	Haines Borough	49	78
Mosquito Lake	Haines Borough	309	262
Mud Bay	Haines Borough	212	183
Balance**	Haines Borough	127	129
Borough Subtotal		2,508	2,537
Angoon	Hoonah-Angoon Census Area	459	416
Elfin Cove	Hoonah-Angoon Census Area	20	16
Game Creek	Hoonah-Angoon Census Area	18	18
Gustavus	Hoonah-Angoon Census Area	442	516
Hobart Bay	Hoonah-Angoon Census Area	1	1
Hoonah	Hoonah-Angoon Census Area	760	787
Klukwan	Hoonah-Angoon Census Area	95	84
Pelican	Hoonah-Angoon Census Area	88	75
Tenakee Springs	Hoonah-Angoon Census Area	131	128
Whitestone Logging Camp	Hoonah-Angoon Census Area	17	0
Balance**	Hoonah-Angoon Census Area	119	88
Census Area Subtotal		2,150	2,129
Ketchikan	Ketchikan Gateway Borough	8,050	8,314
Koring CDP*	Ketchikan Gateway Borough	4	3
Saxman	Ketchikan Gateway Borough	411	419
Balance**	Ketchikan Gateway Borough	5,012	5,089
Borough Subtotal		13,477	13,825
Skagway CDP*	Municipality of Skagway	920	967
Balance**	Municipality of Skagway	48	64
Municipality Subtotal		968	1,031
Kake	Petersburg Census Area	557	626
Kupreanof	Petersburg Census Area	27	25

Petersburg	Petersburg Census Area	2,948	2,964
Port Alexander	Petersburg Census Area	52	45
Balance**	Petersburg Census Area	231	219
Census Area Subtotal		3,815	3,879
Coffman Cove	Prince of Wales-Hyder Census Area	176	174
Craig	Prince of Wales-Hyder Census Area	1,201	1,198
Edna Bay	Prince of Wales-Hyder Census Area	42	46
Hollis	Prince of Wales-Hyder Census Area	112	94
Hydaburg	Prince of Wales-Hyder Census Area	376	405
Hyder	Prince of Wales-Hyder Census Area	87	91
Kasaan	Prince of Wales-Hyder Census Area	49	75
Klawock	Prince of Wales-Hyder Census Area	755	802
Metlakatla	Prince of Wales-Hyder Census Area	1,405	1,480
Naukatli Bay	Prince of Wales-Hyder Census Area	113	121
Point Baker	Prince of Wales-Hyder Census Area	15	13
Port Protection	Prince of Wales-Hyder Census Area	48	56
Thorne Bay	Prince of Wales-Hyder Census Area	471	530
Whale Pass	Prince of Wales-Hyder Census Area	31	39
Balance**	Prince of Wales-Hyder Census Area	678	631
Census Area Subtotal		5,559	5,755
REGION TOTAL		71,664	74,280

*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: Tobacco Use

Table B-1. Percent of Alaska Adults Who Currently Smoke, Public Health Regions, 2011-2013

		Anchorage/Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
All Adults		19.6%	21.5%	23.2%	42.1%	20.7%	32.0%	21.8%
	±	1.4%	2.1%	2.0%	4.8%	2.2%	3.6%	0.9%
Alaska Native		33.6%	37.0%	42.0%	52.2%	36.6%	37.4%	38.7%
	±	5.5%	7.5%	6.6%	6.0%	6.6%	4.5%	2.5%
Non-Native		18.5%	19.9%	21.1%	19.1%	17.4%	21.4%	19.1%
	±	1.6%	2.2%	2.1%	7.1%	2.3%	5.3%	1.0%
Low SES (non-Native)		38.3%	33.3%	37.0%	DSU	33.2%	39.8%	37.0%
	±	4.3%	5.4%	5.7%	DSU	6.9%	15.4%	2.8%
Higher SES (non-Native)		12.4%	16.8%	16.0%	17.7%	12.9%	19.6%	13.9%
	±	1.5%	3.0%	2.2%	8.4%	2.7%	6.9%	1.1%
Males		20.2%	23.1%	24.2%	45.8%	23.6%	37.2%	23.4%
	±	2.2%	3.1%	2.8%	6.6%	3.4%	5.0%	1.3%
Females		19.0%	19.8%	22.0%	36.7%	17.6%	24.8%	20.1%
	±	2.0%	2.8%	2.8%	6.5%	2.8%	4.9%	1.3%
Age 18-29		22.9%	25.0%	28.2%	43.3%	26.0%	43.1%	26.2%
	±	3.5%	5.7%	4.8%	10.5%	6.3%	9.1%	2.3%
30-54		22.2%	25.0%	24.7%	46.2%	23.6%	31.2%	24.2%
	±	2.2%	3.4%	2.9%	6.6%	3.5%	4.6%	1.4%
55 and older		12.9%	15.6%	16.3%	30.9%	13.7%	22.6%	14.7%
	±	1.8%	2.9%	2.6%	8.4%	2.8%	5.8%	1.2%

DSU: Data suppressed; denominator under 50.

SOURCE: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Table B-2. Percent of Alaska Adults Who Currently Use Smokeless Tobacco, Public Health Regions, 2011-2013

	Anchorage/Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
All Adults	3.9%	5.9%	6.1%	10.0%	3.4%	22.4%	5.5%
	± 0.7%	1.5%	1.2%	0.9%	0.9%	2.8%	0.5%
Alaska Native	9.1%	8.1%	7.9%	12.8%	3.0%	34.3%	13.9%
	± 3.7%	4.3%	3.2%	4.9%	1.7%	4.0%	1.8%
Non-Native	3.4%	5.8%	5.9%	4.4%*	3.5%	4.2%	4.2%
	± 0.6%	1.6%	1.3%	3.6%	1.0%	1.4%	0.5%
Low SES (non-Native)	2.5%	2.8%	3.4%	DSU	3.6%	7.9%*	2.9%
	± 1.0%	1.5%	1.9%	DSU	1.9%	6.1%	0.7%
Higher SES (non-Native)	4.1%	6.4%	6.9%	5.6%*	3.6%	3.3%	4.8%
	± 1.0%	2.3%	1.8%	5.1%	1.4%	1.5%	0.7%
Males	6.9%	10.3%	10.7%	15.2%	6.3%	23.3%	9.1%
	± 1.2%	2.6%	2.1%	5.6%	1.7%	3.8%	0.9%
Females	0.8%	1.0%*	0.7%	2.5%*	0.3%*	21.1%	1.7%
	± 0.5%	0.8%	0.5%	2.2%	0.3%	3.9%	0.4%
Age 18-29	4.6%	9.3%	8.3%	14.4%*	5.2%*	25.2%	7.2%
	± 1.5%	4.8%	3.2%	9.6%	2.8%	6.8%	1.3%
30-54	5.1%	7.2%	7.2%	10.3%	4.1%	22.2%	6.5%
	± 1.1%	2.4%	1.8%	3.7%	1.4%	3.5%	0.7%
55 and older	1.4%	2.8%	2.3%	3.5%	1.5%	19.2%	2.6%
	± 0.8%	1.3%	0.8%	2.6%	0.8%	4.8%	0.5%

DSU: Data suppressed; denominator under 50.

*Inadequate sample size for uncommon or very common events. For means and proportions <25% or >75%, an estimate is flagged if it is based on a denominator which is less than 8 times a broadly calculated design effect, over the prevalence estimate.

SOURCE: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Appendix C: Eliminating Exposure to Secondhand Smoke

Table C-1. Adult Secondhand Smoke (SHS) Indicators, Public Health Regions, 2011-2013

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Total
Has home smoking ban	89.2%	86.2%	88.0%	81.7%	90.4%	92.9%	88.7%
±	1.7%	2.7%	2.0%	6.0%	1.9%	2.3%	1.1%
No home SHS exposure	90.4%	87.7%	89.5%	86.9%	90.6%	94.8%	90.0%
±	1.7%	2.7%	1.9%	5.1%	2.0%	1.9%	1.1%
Support for smokefree workplaces	84.1%	81.0%	80.0%	79.8%	81.9%	84.2%	82.7%
±	2.0%	2.9%	2.5%	6.1%	3.0%	3.4%	1.3%
Support for smokefree restaurants	82.3%	80.5%	73.2%	80.4%	79.0%	85.2%	80.3%
±	2.1%	2.9%	2.9%	5.9%	3.1%	3.5%	1.3%
Smoking not allowed in work areas (indoor workers)	88.5%	83.2%	85.2%	77.9%	85.6%	84.3%	86.7%
±	2.3%	3.9%	3.6%	8.2%	3.7%	5.3%	1.5%
No indoor workplace SHS exposure (all workers)†	92.9%	90.4%	90.5%	92.8%	92.6%	91.4%	92.2%
±	1.5%	2.4%	2.8%	3.6%	1.9%	3.0%	1.0%
No indoor workplace SHS exposure (indoor workers)	94.8%	90.3%	93.3%	94.0%	93.9%	94.1%	94.0%
±	1.4%	3.0%	2.1%	4.3%	2.0%	3.1%	1.0%

SOURCE: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Appendix D: Prevent the Initiation of Tobacco Use

Table D-1. Youth Tobacco Prevention Indicators, Public Health Regions, 2011-2013

		Anchorage/Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest
Used tobacco on school property*	Percent	6.5%	6.3%	7.9%	20.3%	7.1%	26.0%
	Total Respondents	4,412	3,470	1,011	1,226	2,693	781
Initiated of smoking prior to age 13	Percent	9.3%	10.4%	14.1%	25.2%	11.5%	25.0%
	Total Respondents	4,194	3,301	964	1,142	2,536	736
Perceives no or only slight risk from smoking**	Percent	14.1%	10.6%	15.7%	32.0%	14.4%	30.3%
	Total Respondents	4,426	3,474	1,019	1,233	2,703	780
Thinks parents consider it wrong for child to smoke	Percent	91.4%	90.9%	88.6%	87.1%	90.2%	85.2%
	Total Respondents	4,322	3,425	998	1,169	2,667	739

*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, 2011-2013

Table D-2. School Policy Report for the Southeast Region: Minimum Standard Elements of a Tobacco-Free Policy as of August 25, 2015

Number of School Districts	Percent of School Districts	Policy Elements
14	78%	Prohibits use of tobacco products on all school property (including grounds, buildings, parking areas, and residencies where applicable)
16	89%	Prohibits use of tobacco products in school vehicles
13	72%	Prohibits use of tobacco products at any school-sponsored event (on- or off-campus)
14	78%	Defines tobacco to mean all forms of tobacco and tobacco use (all smoking products, smokeless tobacco products, and non treatment related nicotine delivery devices)
14	78%	Applies to all students, staff, and visitors
17	94%	Requires the posting of signs informing students, staff and visitors that school grounds are tobacco-free
13	72%	Identifies specific enforcement procedures and consequences for violating school policies
14	78%	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 Southeast Region: Additional Policy Elements of a Tobacco-Free Policy as of August 25, 2015

Number of School Districts	Percent of School Districts	Policy Element
18	100%	Includes a rationale for being tobacco-free
17	94%	States that tobacco possession by a person under age 19 is against the law
13	72%	Includes language restricting items from school property that might contribute to tobacco use and acceptability (such as lighters, clothing with logos)
7	39%	Includes a requirement for evidence-based tobacco prevention education for all students
11	61%	Includes provisions against accepting tobacco industry funds or free giveaways
16	89%	Includes language prohibiting tobacco advertising in school buildings and school functions
13	72%	Includes progressive consequences for violating school tobacco policy (such as an education program or in school suspension versus suspension for student's first offense)
7	39%	Includes provisions to refer students and staff to local or statewide programs to help them quit using tobacco
12	67%	Includes language prohibiting distribution of tobacco products
12	67%	Includes language specifically prohibiting tobacco use by contractors
12	67%	Includes procedures for communicating the policy to students
12	67%	Includes procedures for communicating the policy to staff
12	67%	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. Adult Cessation Indicators, Public Health Regions, 2011-2013

		Anchorage/Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Total
Quit ratio (among ever smokers age 25 and older)		60.5%	59.4%	57.6%	38.5%	60.8%	46.5%	58.3%
	±	2.6%	3.5%	3.3%	6.5%	3.8%	4.9%	1.6%
Attempted to Quit (among current smokers)		58.5%	55.3%	51.5%	58.0%	55.0%	44.5%	55.5%
	±	4.0%	5.6%	5.0%	7.3%	6.2%	7.1%	2.4%
Quit for 3+ months (among past year smokers)		8.0%*	11.0%	7.6%	7.9%*	6.1%	6.1%	7.9%
	±	3.7%	5.7%	3.4%	7.5%	3.5%	4.2%	2.2%
Aware of quit line (among current smokers)		75.1%	85.8%	71.5%	73.4%	82.9%	78.9%	76.4%
	±	5.8%	5.3%	5.8%	9.3%	5.4%	7.1%	3.3%
Advised to quit by health care provider (among smokers who had a health care visit in the past year)		68.9%	63.4%	63.0%	76.6%	66.6%	62.6%	67.2%
	±	7.7%	9.2%	8.2%	10.9%	9.1%	11.5%	4.5%

*Inadequate sample size for uncommon or very common events. For means and proportions <25% or >75%, an estimate is flagged if it is based on a denominator which is less than 8 times a broadly calculated design effect, over the prevalence estimate.

SOURCE: Alaska Behavioral Risk Factor Surveillance System, 2011 – 2013

Table E-2. State of Alaska Mental Health and Substance Abuse Facilities* in the Southeast Region, FY2015

Agency	Service Area	Provider Type		
		Community Behavioral Health Center	Mental Health	Substance Abuse
Lynn Canal Counseling Services	Haines	x	x	x
Catholic Community Service, Inc.	Juneau		x	
Gastineau Human Services	Juneau			x
Juneau Alliance for Mental Health, Inc.	Juneau	x		
Juneau Youth Services	Juneau		x	x
National Council on Alcoholism & Drug Dependence	Juneau			x
Polaris House	Juneau		x	
Rainforest Recovery Center	Juneau			x
Akeela, Inc. (Gateway Center for Human Services)	Ketchikan	x	x	x
Community Connections	Ketchikan		x	
Ketchikan Indian Community	Ketchikan			x
Residential Youth Care	Ketchikan		x	
Metlakatla Indian Community - Wil la mootk	Metlakatla		x	
Petersburg Mental Health Services	Petersburg	x	x	x
SouthEast Alaska Regional Health Consortium	SEARHC Region	x	x	x
Sitka Counseling and Prevention Services	Sitka	x	x	x
Youth Advocates of Sitka	Sitka		x	
Alaska Island Community Services	Wrangell	x	x	x
Alaska Youth and Family Network	Statewide		x	

SOURCE: State of Alaska Department of Behavioral Health

Table E-3. Health Care Systems in the Southeast Region*

Health Care Organization	Borough/Census Area
Alaska Island Community Services Medical Clinic	City and Borough of Wrangell
Alicia Roberts Medical Center	Prince of Wales-Hyder Census Area
Annette Island Service Unit	Prince of Wales-Hyder Census Area
Bartlett Regional Hospital	City and Borough of Juneau
Coffman Cove - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Coffman Cove Clinic - Alaska Island Community Services	Prince of Wales-Hyder Census Area
Craig / Prince of Wales Public Health Center	Prince of Wales-Hyder Census Area
Dahl Memorial Clinic	Municipality of Skagway
Dahl Memorial Clinic	Municipality of Skagway
Edna Bay - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Edna Bay Clinic	Prince of Wales-Hyder Census Area
Ethel Lund Medical Center	City and Borough of Juneau
Front Street Community Health Center	City and Borough of Juneau
Gustavus Community Clinic - Alaska Island Community Services	Hoonah-Angoon Census Area

Haines Health Center	Haines Borough
Haines Public Health Center	Haines Borough
Hoonah Medical Clinic	Hoonah-Angoon Census Area
Hydaburg - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Hydaburg Health Center	Prince of Wales-Hyder Census Area
Jessie Jim Health Center	Hoonah-Angoon Census Area
Juneau Public Health Center	City and Borough of Juneau
Juneau Veterans Affairs Outpatient Clinic	City and Borough of Juneau
Kake Health Center	Petersburg Census Area
Kasaan Health Center	Prince of Wales-Hyder Census Area
Kassan - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Ketchikan General Hospital	Ketchikan Gateway Borough
Ketchikan Public Health Center	Ketchikan Gateway Borough
Klawock - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Klukwan Health Center	Hoonah-Angoon Census Area
Mt Edgecumbe Hospital	City and Borough of Sitka
Naukati - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Naukati Clinic - Alaska Island Community Services	Prince of Wales-Hyder Census Area
PeaceHealth Ketchikan Medical Center	Ketchikan Gateway Borough
PeaceHealth Medical Group	Prince of Wales-Hyder Census Area
Pelican Health Center	Hoonah-Angoon Census Area
Petersburg Medical Center	Petersburg Census Area
Point Baker Clinic - Alaska Island Community Services	Prince of Wales-Hyder Census Area
Port Protection Clinic - Alaska Island Community Services	Prince of Wales-Hyder Census Area
Sitka Community Hospital	City and Borough of Sitka
Sitka Community Hospital	City and Borough of Sitka
Sitka Public Health Center	City and Borough of Sitka
Tenakee Springs Health Center	Hoonah-Angoon Census Area
Thorne Bay - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Thorne Bay Health Clinic	Prince of Wales-Hyder Census Area
Whale Pass - Craig / Prince of Wales Itinerant Nursing	Prince of Wales-Hyder Census Area
Whale Pass Clinic - Alaska Island Community Services	Prince of Wales-Hyder Census Area
Wrangell Medical Center and LTC	City and Borough of Wrangell

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

**NOTE: The Department of Commerce, Community, and Economic Development collected the healthcare system data presented in Table E-3. 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.

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 sponsor national and state surveys every two years, most recently in 2013.

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 2013, 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 in 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 and in 2013. 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

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 in the local school district sample. 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 two 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 publically 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 six 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.^{xi} Since 2011, Alaska’s cell phone sample has been 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, health care 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 two 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 2013, approximately 375 Alaska adults were interviewed each month for the standard BRFSS, to reach an annual sample size of 4,500 (750 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 2011 to 2013 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 one 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 5,000 or more 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 Wales-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 50, or if the numerator (n) is less than 5.

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