Data Dictionary
Alaska Public Health Data Sources
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### Symbol Legend

- **Su** = includes data on suicide
- **SA** = includes data on substance abuse
- **Op** = includes data on opioid use
PURPOSE:
The Alaska Birth Defects Registry (ABDR) is a passive surveillance program that collects and provides information on the number of infants with birth defects born to Alaska residents. It was established in 1996 under the Alaska Administrative Code (7 AAC 27.012), which requires health care providers, hospitals, and other health care facilities to report to the ABDR when they have cared for a child with a congenital birth defect. Data from the ABDR are used to:

- Estimate the prevalence of congenital anomalies within populations and investigate unusual patterns of occurrence;
- Monitor the prevalence of birth defects in populations with identifiable or preventable exposures, and determine whether known exposures have increased the risk of birth defects;
- Conduct analytic studies of high prevalence conditions to elucidate possible etiologies and prevention strategies;
- Provide scientific foundation for evidence-based decision making; and
- Observe and evaluate the effects of interventions and policy changes.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 1996. The ABDR program currently has a six year time lag as providers are allowed to report defects in patients up to six years of age. Using a Bayesian approach, program staff have reduced the lag in reporting statewide prevalence estimates to three years. A research dataset from birth years 2007 – 2013 is available. Historical data from 1996 – 2012 is also available but strongly advised to use with caution when making extrapolations due to changes in surveillance processes. Likewise, provisional data from 2014 – current can be retrieved and analyzed for special projects.

IDENTIFICATION OF RACE/ETHNICITY:
Maternal race is available in bridged race categories.

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LINKS:
Alaska Birth Defects Registry Website:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/abdr/default.aspx

Program Data and Reports:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/abdr/Data_Reports.aspx

DATA REQUESTS AND DATABASE ACCESS:
Although data has been collected since 1996, the data processing changed drastically in 2007; thus, current research datasets are available for the years 2007-2013. Historical data can be made available upon special request. Provisional data 2014-current can also be accessed for special projects with clear understanding of data limitations. All data requests can be made by filling out the MCH-Epi Data Request Form. Currently, no charge is affixed to accessing these ABDR data. However, fees may be instituted for data requests that require extensive analysis and data manipulation, such as integrating with other data systems.
TOPICS:
All major structural defects, genetic disorders, disorders resulting from prenatal exposure to alcohol or other substances, neuromuscular defects, cardiac defects, and all other major and minor birth defects.

LIMITATIONS:
The ABDR data are obtained through passive data collection from multiple health care providers across the state in the form of International Classification of Disease codes (ICD). Data reporting can be inconsistent, resulting in annual fluctuations that are unrelated to actual disease occurrence. Additionally, ICD codes may not reflect actual diagnosis. To address this issue, ABDR is working at developing adjusted defect prevalence estimates through case sampling, medical records review, and Bayesian adjustment. The ABDR program will not release potentially identifiable data (n<6). Finally, due to the lag in reporting (reports are received up until age 6 years), the lag time in closing out record sets can impact timeliness; however, with the Bayesian adjustment approach, data are being closed out with reports before the 3rd birthday.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Cancer Registry (ACR)

PURPOSE:
The Alaska Cancer Registry (ACR) is a population-based cancer surveillance system and is funded by the Centers for Disease Control and Prevention (CDC). ACR collects data on all newly diagnosed cases of cancer (including benign brain) for the State of Alaska. ACR collects a wide variety of information to determine cancer incidence, mortality, treatment and survival. The data are used to:

• determine the incidence of cancer in Alaska with respect to geographic and demographic characteristics
• monitor trends over time
• monitor early detection, evaluate the effectiveness of cancer control programs and identify areas in need of public health interventions
• determine how Alaska compares with the rest of the Nation
• provide a database and serve as a resource for health planners, medical professionals, researchers and others concerned about cancer

The registry operates under several statutes and regulations required for compliance with the Cancer Registries Amendment Act, Public Law 102-515: Alaska Administrative Code 7 AAC 27.011 - Reporting of cancer and brain tumors, and Alaska Statutes Sec. 18.05.042 - Access to health care records.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 1996 and data are continuously received from healthcare providers. Data for each diagnosis year are over 95% complete and for most years are close to 100% complete.

IDENTIFICATION OF RACE/ETHNICITY:
Data are available aggregated by race categories of White, Black, Alaska Native/American Indian, and Asian/Pacific Islander. Data are available aggregated by ethnicity categories of Hispanic and non-Hispanic.

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LINKS:
Alaska Cancer Registry Website: http://dhss.alaska.gov/dph/Chronic/Pages/Cancer/registry.aspx

DATA REQUESTS AND DATABASE ACCESS:
Aggregated statistics are available on the ACR website under the section titled “Data and Statistics”. Resources here include summary data reports; tables of incidence and mortality data aggregated by year, sex, race, and borough/census area; and links to national cancer data websites. Aggregated statistics not found in these resources are available by request by filling out a data request form. De-identified datasets for research projects approved by an Institutional Review Board (IRB) are available by filling out a data use for research agreement. Database access is limited to Alaska Cancer Registry staff. For more information, contact ACR at cancer@alaska.gov.

TOPICS:
Cancer diagnosis Cancer treatment
Cancer incidence Early detection
Cancer mortality Patient demographics
Cancer survival

LIMITATIONS:
One limitation of the registry is that data are suppressed when the number of cases is less than 6.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Drowning Surveillance System (AKDSS)

PURPOSE:
The Alaska Drowning Surveillance System (AKDSS) tracks all drowning deaths that occur in Alaska. The system collects demographic information on the victim, including name, race, age, body status (recovered or not recovered), alcohol and drug use at the time of the event, personal floatation device (PFD) use at the time of the event, and primary and contributory causes of death. It also collects information regarding the event, including the water type (i.e. ocean, lake), the activity in which the victim was engaging (i.e. boating, swimming), the primary circumstances of the drowning (i.e. aircraft crash, fall through ice), and any contributing factors that played a role in the death (i.e. weather conditions, thin ice). This system, along with the Alaska Violent Death Reporting System (AKVDRS) and the Alaska Occupational Injury databases, allow for a comprehensive picture of Alaska’s drowning deaths.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 2000.

IDENTIFICATION OF RACE/ETHNICITY:
Categories for race in the dataset are as follows: White, American Indian/Alaska Native, Black/African American, Asian, Native Hawaiian/Pacific Islander, Other (specify), and Unknown. The data system also collects information on Hispanic origin.

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LINKS:
Drowning Surveillance Website:
Under construction
Epi Bulletin on Drowning Deaths:

DATA REQUESTS AND DATABASE ACCESS:
Data requests can be directed to the Injury Surveillance Program by email at epi-injury@alaska.gov or by phone at (907)269-8000.

TOPICS:
Boating
Drowning
Falls through ice
Fishing accidents
Flooding
Open water
Personal floatation device (PFD) use
Swimming
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Firearm Injury Report Surveillance System (AKFIRSS)

PURPOSE:
The Alaska Firearm Injury Report Surveillance System (AKFIRSS) tracks firearm injuries occurring in Alaska through reports from health care providers and supporting documents, such as newspaper articles, trooper dispatches, and other media sources. Types of firearm include handgun, long gun (e.g. rifle, shotgun), pellet gun, BB gun, and paintball gun. Under Alaska State Statute 7AAC 27.013, all health care providers diagnosing or providing treatment for a patient with a firearm injury must make a report within five working days. This report collects information about the patient, including his/her name, date of birth, sex, race, ethnicity, and residence. It also provides information about the injury event, including the setting, the type of firearm used, the intent, the relationship between victim and shooter, any suspicion of drug or alcohol use at the time of injury, and the circumstances surrounding the event. It also collects information on how the patient was treated (hospitalized, treated in ER, outpatient, etc.) and the patient’s final disposition.

Together with data from the Alaska Trauma Registry (ATR), the Alaska Health Facilities Data Reporting Program (HFDR), and the Alaska Violent Death Reporting System (AKVDRS), the AKFIRSS provides a comprehensive picture of firearm injury occurrence in Alaska. This, in turn, helps us to better understand how firearm injuries occur and improve prevention efforts.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 2003; however, due to programmatic changes (i.e. changes to the reporting form, location of the form on the web, etc.) in 2012, data are more complete for 2012 forward.

IDENTIFICATION OF RACE/ETHNICITY:
The reporting form includes check box categories for race as follows: White, Black, Asian/Pacific Islander, American Indian/Alaska Native, Other (specify), and Unknown. Check box categories for ethnicity are as follows: Hispanic, Non-Hispanic, and Unknown.

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LINKS:
AKFIRSS Website:
http://dhss.alaska.gov/dph/Epi/injury/Pages/Firearm-Injuries.aspx
Alaska Conditions Reportable to Public Health Manual (see page 31 for details on firearm reporting):

DATA REQUESTS AND DATABASE ACCESS:
Data requests can be directed to the Injury Surveillance Program by email at epi-injury@alaska.gov or by phone at (907)269-8000.

TOPICS:
Assault
Accidental injuries
Child playing with weapon
Firearm types
Firearm injuries
Gunshot wounds
Hospitalizations

Hunting
Shootings
Substance use
Suicide
Violence
Weapon cleaning

LIMITATIONS:
Although it is state law for health care providers to report firearm injuries to the state, AKFIRSS is limited by provider compliance.
Alaska has a comprehensive statewide blood lead surveillance program and targeted screening program to identify and control sources of lead exposure and assist in the medical management of patients with elevated blood lead levels (BLLs). In Alaska, elevated lead levels are found mostly in adults, usually as a result of mining occupations, casting of lead bullets or fishing weights, or exposure in shooting ranges. Present efforts are being directed towards universal screening of Medicaid eligible children and targeted screening of other populations potentially at risk for elevated lead exposures. These include occupational and non-occupational exposures. In Alaska, follow-up investigations are conducted for children under age 18 when the initial BLL is 5 µg/dL or higher and for adults when the initial BLL is 25 µg/dL or higher. For occupational exposures, OSHA (Occupational Safety and Health Administration) requires follow-ups when BLLs exceed 40 µg/dL.

DATES/FREQUENCY OF DATA COLLECTION:
Ongoing mandatory reporting since 1996, summarized quarterly and annually.

IDENTIFICATION OF RACE/ETHNICITY:
Infrequently reported

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LINKS:
Lead Surveillance Program Website:
http://dhss.alaska.gov/dph/Epi/eph/Pages/lead/default.aspx

DATA REQUESTS AND DATABASE ACCESS:
For data requests that cannot be satisfied through the available links or to learn how to obtain copies of program data, contact the Lead Surveillance Database coordinators at (907) 269-8000 or eph@alaska.gov.

TOPICS:
Lead exposure
Blood lead screening
Blood lead testing
Patient and health care provider follow-ups
Health education

LIMITATIONS:
This surveillance program depends on health care provider collection of blood samples for lead testing. The population is not screened in a systematic method that aims to collect a representative sample by region, sex, community, race, or socioeconomic status.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Occupational Disease and Injury Surveillance System (AKODISS)

PURPOSE:
The Alaska Occupational Disease and Injury Surveillance System (AKODISS) track instances of occupational injury and illness occurring in Alaska through reports from health care providers. In doing so, the system allows us to better understand workplace hazards and how they occur in order to improve safety conditions for all Alaska workers.

Under Alaska State Statute 7AAC 27.017, all health care providers who attend to a patient with a severe injury or disease that is known or suspected to be a result of the patient’s occupation or work activities must make a report within 5 working days. Diseases can include pneumoconiosis requiring hospitalization, poisoning, or other events. Injuries can include amputations and thermal, electrical, or penetrating injuries that require hospitalization. The Occupational Disease and Injury Report Form collects information about the patient, including patient name, date of birth, sex, race, ethnicity, residence, occupation, and industry. In the case of occupational disease, it collects information on the patient’s diagnosis, the date of onset of the illness, the exposure route, and the reason for exposure (intentional, environmental, etc.). In the case of occupational injury, it collects information on the type and location of the injury, as well as the circumstances surrounding the injury event. In both cases, the form records how the patient was treated (hospitalized, treated in ER, outpatient, etc.) and the patient’s final disposition. The information from these forms is collected and entered into the AKODISS database.

DATES/FREQUENCY OF DATA COLLECTION:
Occupational injury data from the Fatality Assessment and Control Evaluation (FACE) program are available as far back as 1992. Data collection on occupational injury and illness has been ongoing since that time.

IDENTIFICATION OF RACE/ETHNICITY:
Reporting form includes check box categories for race as follows: White, Black, Asian/Pacific Islander, American Indian/Alaska Native, Other (specify), and Unknown. Check box categories for ethnicity are as follows: Hispanic, Non-Hispanic, and Unknown.

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LINKS:

DATA REQUESTS AND DATABASE ACCESS:
Data requests can be directed to the Injury Surveillance Program by phone at (907)269-8000 or by email at epi-injury@alaska.gov.

TOPICS:
- Amputation
- Animal bites
- Insect bites
- Electrical injuries
- Environmental exposure
- Hospitalizations

LIMITATIONS:
Although it is state law for health care providers to report illnesses and injuries suspected to have resulted from the patient’s work activities to the state, the system is limited by provider compliance.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Population Estimates Program

PURPOSE:
The Alaska Population Estimates Program produces annual total population estimates for hundreds of areas in the state, including boroughs and census areas, cities and places, census tracts, Alaska Native Regional Corporations, School Districts, and Legislative Districts. Annual population estimates are broken down by age, sex, race and Hispanic origin for the state, as well as all boroughs and census areas. Annual population estimates are broken down by age and sex for all cities and places with population of 1,000 or more. Population data are used for statutes related to matching funds, budget reserve, business licensing, health facility allocations, Power Cost Equalization, REAA designations, revenue sharing, rural designations, transportation plans, and other areas.

Data collection is performed using a combination of census data, annual Alaska Permanent Fund Dividend (PFD) applications, and surveys of military and group quarters populations. As a result, there is a high degree of participation, and the population estimates produced by the Alaska Population Estimates Program are more detailed, reliable, and timely than those provided by any other organization.

DATES/FREQUENCY OF DATA COLLECTION:
Totals, as well as data by age and sex, are released and posted on the Web each January. Data by race and Hispanic origin are released and posted on the Web each August.

IDENTIFICATION OF RACE/ETHNICITY:
Web-posted data on race and ethnicity include race alone and race alone or in combination with one or more other races (these follow the Federal 1997 OMB standard), and bridged race categories (these follow the Federal 1977 OMB standard) are available upon request.

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LINKS:
Alaska Population Estimates Program Website:
http://live.laborstats.alaska.gov/pop/index.cfm

DATA REQUESTS AND DATABASE ACCESS:
All data by age, sex, race and ethnicity are posted on the Web, except "bridged" race categories (these follow the Federal 1977 OMB standard), which are available upon request.

TOPICS:
Census
Population

LIMITATIONS:
Race data are only available down to the borough and census area level. Age and sex data for small areas (census tracts, and cities and places of less than 1,000 people) are not available.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Population Projections Program

PURPOSE:
The Alaska Population Projections Program produces biennial projections by age, sex, and race (Alaska Native or non-Alaska Native) for the state. Biennial population projections by age and sex are produced for all boroughs and census areas. These projections are released in April of years ending with an even number, and are used by various state, local, and private organizations for research and planning purposes. Input data for the population projections models include population estimates, vital statistics data, and PFD-based migration data. As a result, the projections are unbiased. No other organization regularly publishes population projections for Alaska and its regions.

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DATES/FREQUENCY OF DATA COLLECTION:
Released biennially in April of years ending with an even number.

IDENTIFICATION OF RACE/ETHNICITY:
Statewide Alaska Native alone or in combination with one or more races (1997 OMB Standard) are provided.

LINKS:
Alaska Population Projections Program Website:
http://live.laborstats.alaska.gov/pop/projections.cfm

Alaska Population Projections, 2015 – 2045:
http://live.laborstats.alaska.gov/pop/projections.cfm

DATA REQUESTS AND DATABASE ACCESS:
All data by age, sex, and race (Alaska Native or non-native) are posted on the Web.

TOPICS:
Population
Projection models

LIMITATIONS:
The main limitation of the Alaska Population Projections Program is that population projections are inherently uncertain.
Purposes:
The Alaska Statewide Hair Mercury Biomonitoring Program was developed in 2002 to collect information on mercury exposures among women of childbearing age in Alaska. The program offers free, confidential hair mercury testing to all women of childbearing age and children in Alaska.

At high doses, mercury can harm the brain and nervous system of a developing fetus or young child. Most people are exposed to mercury through eating seafood, especially fish. Because methylmercury increases up the food chain, most exposure occurs through consumption of larger, predatory fish and marine mammals. Although Alaska has some of the cleanest fish in the world, some fish species have mercury levels of potential health concern if eaten in large quantities by pregnant or breastfeeding women or young children. The Alaska Statewide Hair Mercury Biomonitoring Program enables women to determine their own mercury levels, and learn whether dietary changes are needed to reduce their mercury exposure.

Hair mercury testing can be performed in a matter of minutes, and is available at the Environmental Public Health Program office in Anchorage. Hair collection kits can also be ordered from the Environmental Public Health Program to perform testing in other locations. Testing consists of cutting a small section of hair from the back of the head near the scalp, placing the hair sample in a labeled zip-lock bag, and sending the sample to the public health lab in a pre-addressed stamped envelope. Participants receive the results by mail usually within one month of the lab receiving the sample. The Environmental Public Health Program performs follow up activities to investigate hair mercury levels over 5 parts per million (ppm) and assists in devising strategies to reduce further exposure.

Dates/Frequency of Data Collection:
Data collection has been ongoing since 2002.
**ALASKA PUBLIC HEALTH DATA SOURCE:**
Alaska Surveillance, Tracking, and Reporting System (AK-STARS)

**PURPOSE:**
AK-STARS is the database for all non-STD/HIV infectious reportable conditions that are reported to the Section of Epidemiology (SOE) under Alaska Administrative Codes 7 AAC 27.005 and 7 AAC 27.007. Electronic laboratory results, which are generated by hospitals that belong to the Alaska Health Information Exchange (HIE) and other connected laboratories, flow into this database. Data are at the individual patient level and could contain demographics, lab test information, certain risk factor data, and a limited number of environmental conditions (e.g., blood lead). The database contains statewide data and may include data on persons diagnosed in Alaska but who are residents elsewhere. Regular case notification messages are sent to CDC to populate the MMWR reports of nationally notifiable diseases for Alaska.

**DATES/FREQUENCY OF DATA COLLECTION:**
AK-STARS was generally brought online in 2012; however, dates of available data vary by condition. For instance, the database contains all historical Botulism cases but this is not true of every condition. Additionally, data reliability has changed dramatically over time. For instance, tuberculosis data is most reliable for 2015 forward, but this varies widely by condition. Increasing tech capabilities at hospitals combined with Meaningful Use incentives mean that many more facilities have come online in the past several years, and therefore the proportion of automatic electronic reporting vs faxed paper reporting has shifted dramatically.

**IDENTIFICATION OF RACE/ETHNICITY:**
Race information is collected via the electronic medical record or infectious condition report, or via patient interviews.

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**LINKS:**
Infectious Disease Program Website:
http://dhss.alaska.gov/dph/Epi/id/Pages/default.aspx

CDC MMWR Reports:
https://www.cdc.gov/mmwr/index2017.html

Recent Reports:
Infectious Disease Report (Annual):
http://epibulletins.dhss.alaska.gov/Display?DocumentId=1940

Tuberculosis (TB) Report (Annual):

Alaska Vaccine-Preventable Disease (VPD) Surveillance Report (Quarterly):
http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/VPD/AKVPDQtrSurvReport.pdf

**DATA REQUESTS AND DATABASE ACCESS:**
Datasets can be requested through the SOE Data Request procedure, detailed here:
TOPICS:
AK-STARS includes data on all non-STD/HIV infectious reportable conditions reported to the Section of Epidemiology under Alaska Administrative Codes 7 AAC 27.005 and 7 AAC 27.007. For a full list of reportable conditions, see http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf#page=8.

LIMITATIONS:
Data are for those conditions/cases reported to the SOE. However, if 10 cases of pertussis are reported to the SOE in a year, it does not mean that only 10 cases of pertussis existed in Alaska during that year. Certain diseases are more likely than others to come to the attention of health care providers and be subsequently lab-confirmed and/or reported. As a result, reported counts likely represent the lower end of the burden of these infectious diseases in Alaska.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Trauma Registry (ATR)

PURPOSE:
The Alaska Trauma Registry (ATR) collects information on the most seriously injured patients in Alaska and the treatment they have received. The information is used to evaluate the quality of trauma patient care, monitor serious injury, and inform injury prevention and trauma system development. It is also used by other agencies and individuals for research and education purposes, EMS training, and public policy development.

Since 1991, the Alaska Trauma Registry has collected data from all 24 (22 civilian and 2 Department of Defense) acute care hospitals. Patients are included in the registry if they are admitted to an Alaska hospital, held for observation, transferred to another acute care facility, declared dead in the emergency department, or left against medical advice (in cases in which they would have been admitted), and for whom contact occurred within 30 days of the injury. Injuries included are due to trauma, poisoning*, suffocation, and the effects of reduced temperatures, in addition to other underlying causes.

Data collected in the registry include patient demographics, circumstances of the injury event, patient transport, treatment, and outcomes. Data are collected through the abstraction of medical records by trained staff at the medical facility itself. Hospitals are able to track their patients concurrently or retrospectively, as long as the data are submitted in accordance with the Alaska Statute 7AAC 26 745.

Data review and data validation are completed monthly at a minimum of 10% of cases submitted per facility. When the year’s data are completed, the ATR Manager exports the dataset into a Statistical Analysis Software (SAS) program to review, clean, and match the multiple admissions. When this process is complete, data can be used by other agencies and individuals. Annually, the entire state data set is submitted to the National Trauma Databank for national review and comparison.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 1991. Data are summarized annually or in custom time periods.

IDENTIFICATION OF RACE/ETHNICITY:
Race information in the ATR is as reported by the health care facility. Multiple patient races can be reported.

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LINKS:
Alaska Trauma Registry Website:
http://dhss.alaska.gov/dph/Emergency/Pages/trauma/registry.aspx

National Trauma Data Bank:
https://www.ntdbdatacenter.com/

*Note: Beginning January 1, 2011, the Alaska Trauma Registry (ATR) discontinued data collection on adult poisonings, with the exception of work-related and non-intentional inhalation poisonings. Data on poisonings among adolescents (≤17 years) continue to be collected.
DATA REQUESTS AND DATABASE ACCESS:

Trauma care and trauma system research is best performed using data directly from the database (unmatched admissions). This information is specifically for the Trauma System Review Committee. Injury research and surveillance is best performed using data that has multiple admissions matched (separated out by first, second, and third admission), so as to have a unique count of injuries per patient-event. No identifying information on patients or providers will be released.

All data requests must be submitted to the ATR Manager for review. Any record-level requests for data must be accompanied by a “release of information” application, study proposal, a signed agreement, and will be granted by approval of the ATR Manager and/or the Trauma System Review Committee. Upon approval by the ATR Manager, and/or the Trauma Program Manager, and/or Trauma System Review Committee; the Trauma Registry has up to 30 business-days (excluding weekends and holidays), to complete a data request. Depending upon the complexity of the data request, more complex requests could lengthen this time period. This time period has the potential to be expedited for simpler data requests.

TOPICS:

- Adult maltreatment and neglect
- Animal bites
- Asphyxiation and strangulation
- Burns
- Cellulitis
- Child maltreatment syndrome
- Crashes
- Drowning and near drowning
- Electrocution
- Falls
- Foreign body injuries
- Frostbite
- Hospitalizations
- Hypothermia
- Insect bites
- Machinery injuries
- Overexertion
- Patient care
- Poisoning and toxic events
- Suffocation
- Traumatic Injuries

LIMITATIONS:

A limitation of the data system is that it only includes patients that meet the specific criteria. As a result, patients discharged from the emergency department (non-admissions) are not included in the ATR. This information can be found using Health Facilities Data Reporting (HFDR) Program data.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Uniform Response Online Reporting Access (AURORA)

PURPOSE:
The Alaska Uniform Response Online Reporting Access (AURORA) system is the Alaska-based public patient care reporting database for certified Emergency Medical Service providers. AURORA has collected information since 2009 and has over 100,000 run reports by Alaskan EMS providers. It has Quality Improvement tools, pre-made reports and extended ability to write custom reports.

The data provided by AURORA allow the Alaska EMS system to:
• Advocate for funding more effectively
• Modify training programs to meet the needs of the EMS system
• Identify and anticipate trends in patient care so the EMS system can grow in a resource efficient manner
• Allow research and introspection that will improve emergency patient care and focus injury prevention activities
• Facilitate comparison of data with other systems

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 2009 and data are summarized annually.

IDENTIFICATION OF RACE/ETHNICITY:
Race information is as reported on the EMS run report.

CONTACT:
Todd McDowell
Office of EMS Manager
Emergency Medical Services Office
Rural and Community Health Systems
Division of Public Health
Alaska Department of Health and Social Services
350 Main Street Suite 530
Juneau, AK 99811
Phone: (907) 269-8078
Email: Todd.McDowell@alaska.gov

LINKS:
State of Alaska – AURORA:
http://emsdata.chems.alaska.gov/

EMS Office:
http://dhss.alaska.gov/dph/Emergency/Pages/ems/default.aspx

DATA REQUESTS AND DATABASE ACCESS:
Data requests can be directed to the Office of EMS Manager, Todd McDowell, at todd.mcdowell@alaska.gov.

TOPICS:
Trauma
Medical Emergencies
Vital Signs
Overdoses
Unresponsive
Pediatrics

LIMITATIONS:
All information included in this system is HIPPA-protected. Access is limited to protect confidentiality but is also sent to NEMSIS.org in a protected process with public portal and state portal access.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Violent Death Reporting System (AKVDRS)

PURPOSE:
The Alaska Violent Death Reporting System (AKVDRS) is the Centers for Disease Control and Prevention’s state-based National Violent Death Reporting System (NVDRS). The AKVDRS has collected information since 2003. It uses a standardized procedure in which information on all Alaska residents and occurrent violent deaths are captured in a relational database. Violent deaths captured include suicide (or self-harm), homicide, legal intervention, unintentional firearm injury, overdose deaths, deaths due to undetermined intent, and deaths resulting from acts of terrorism. Key unique documents and reports are accessed and abstracted for each case and include death certificate, medical examiner records, and law enforcement reports. Supplemental information includes court records and medical records. Data are analyzed using the abstractor’s assigned manner of death per CDC guidelines. Information generated by the system is critical for quantifying and tracking the public health burden associated with violence and identifying interventions to reduce this burden.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 2003. Data are summarized annually or in custom time periods.

IDENTIFICATION OF RACE/ETHNICITY:
Race is as reported on the death certificate.

CONTACT:
Deborah Hull-Jilly, MPH, CLS
Principal Investigator / Epidemiologist
AKVDRS Program
Section of Epidemiology, Division of Public Health,
Alaska Department of Health and Social Services
3601 C Street, Suite 540
Anchorage, Alaska 99503
Phone: (907) 269-8078
Email: Deborah.Hull-Jilly@alaska.gov

LINKS:
AKVDRS Home Page:
http://dhss.alaska.gov/dph/Epi/injury/Pages/akvdrs/default.aspx
Alaska Indicator-Based Information System for Public Health – Indicator Reports: Under construction
Alaska Indicator-Based Information System for Public Health – AKVDRS Query Module: Under construction
Alaska AKVDRS Publications:
http://dhss.alaska.gov/dph/Epi/injury/Pages/akvdrs/default.aspx
CDC NVDRS Home Page:
http://www.cdc.gov/violenceprevention/nvdrs/
CDC WISQARS-NVDRS:
http://www.cdc.gov/injury/wisqars/nvdrs.html

DATA REQUESTS AND DATABASE ACCESS:
For data requests that cannot be satisfied through the available links, contact the AKVDRS Principal Investigator by phone at (907) 269-8078 or by email at deborah.hull-jilly@alaska.gov, or go to the Section of Epidemiology Confidentiality Policies and Procedures and Data Request Protocol (available here).

TOPICS:
• Demographics including age, sex, race, region of residence, injury location
• Manner of Death
• Characteristics of Violent Death including:
  Circumstances
  Environmental Factors
  Mental Health Circumstances
  Life Stressors
  Relationship between perpetrator and victim

LIMITATIONS:
Availability, completeness, and timeliness are dependent upon investigation and adjudication processes and information included in reports. Toxicology data are not routinely available for all alcohol and drug categories. Protective factor data (i.e. circumstances and environmental factors that may reduce the risk for violent death) are available but limited. See CDC NVDRS Home Page for more information on abstracted elements.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Vital Statistics

PURPOSE:
Alaska Vital Statistics data include all vital events that occur in Alaska, such as births, deaths, marriages, divorce, fetal death, Intentional Termination of Pregnancy (ITOP), and the Medical Marijuana Registry, which are all maintained by the Alaska Health Analytics and Vital Records Section. Data are comprised of administrative records dating from the late 1800s to the present, with various degrees of detail dependent on time period. For identification purposes and to ensure statistical reliability, the Health Analytics and Vital Records Section censors small counts (generally under 5).

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since the late 1800s, with varying degrees of detail depending on time period

IDENTIFICATION OF RACE/ETHNICITY:
Self-reported on certificates where requested

CONTACT:
Rebecca Topol, SM
Research Analyst IV
Health Analytics and Vital Records Section
Division of Public Health
Alaska Department of Health and Social Services
5441 Commercial Blvd
Juneau, AK 99801
Phone: (907) 465-8604
Email: Rebecca.Topol@alaska.gov
or
HealthAnalytics@alaska.gov

LINKS:
Health Analytics and Vital Records Website:
http://dhss.alaska.gov/dph/VitalStats/Pages/default.aspx

Data and Statistics webpage:
http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx

DATA REQUESTS AND DATABASE ACCESS:
Additional information on vital statistics data is available by special request. There is a $75/hour fee for special research requests. For more information, please contact us at:
Phone: (907) 465-8604
Fax: (907) 465-4689
E-mail: HealthAnalytics@alaska.gov

TOPICS:
Birth
Death
Divorce
Fetal death
Intentional Termination of Pregnancy (ITOP)
Marriage
Medical Marijuana
Vital records
**ALASKA PUBLIC HEALTH DATA SOURCE:**
Behavioral Risk Factor Surveillance System (BRFSS)

**PURPOSE:**
The Behavioral Risk Factor Surveillance System (BRFSS) is the Centers for Disease Control and Prevention’s state-based public health surveillance system for adults (i.e. individuals 18 years of age and older). The Alaska BRFSS has collected information since 1991. It uses a random sample procedure in which all Alaskan households with a telephone (land-line or cellular) have a specific likelihood of being selected. Stratified random sampling is used to ensure regional representation. After being collected, data are weighted to assure a balanced representation of various subgroups and to reflect the total population of each area.

**DATES/FREQUENCY OF DATA COLLECTION:**
Data collection has been ongoing since 1991 and is reported annually.

**IDENTIFICATION OF RACE/ETHNICITY:**
Data are available in bridged race categories.

**CONTACT:**
Aulasa Liendo, MA, MPH  
BRFSS Coordinator  
Section of Chronic Disease Prevention and Health Promotion, Division of Public Health,  
Alaska Department of Health and Social Services  
3601 C Street, Suite 722  
Anchorage, Alaska 99503  
Phone: (907) 465-8540  
Email: Aulasa.liendo@alaska.gov

**LINKS:**
AK BRFSS Home Page:  
http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx  
Alaska Indicator-Based Information System for Public Health – Indicator Reports:  
http://ibis.dhss.alaska.gov/indicator/Introduction.html

**DATA REQUESTS AND DATABASE ACCESS:**
For data requests that cannot be satisfied through the available links or to learn how to obtain copies of the BRFSS data files, contact the BRFSS Coordinator by calling (907)465-8540 or by emailing BRFSS@alaska.gov.

**TOPICS:**
- Adverse Childhood Experiences (ACEs)
- Alcohol consumption
- Anxiety and depression
- Asthma
- Cardiovascular disease
- Child health insurance
- Cancer screening
- Chronic diseases
- Demographics
- Diabetes
- Disability
- Drinking and driving
- Emotional support and life satisfaction
- Exercise
- Falls
- Food security
- Health care access
- Health care provider
- Health status
- Healthy days
- HIV/AIDS
- Immunization
- Injury
- Marijuana use
- Mental health
- Nutrition
- Oral health
- Obesity
- Seatbelt use
- Sexual violence and intimate partner violence
- Smokeless tobacco use
- Tobacco use
- Veteran’s status
- Women’s health
**LIMITATIONS:**
The main limitation of any telephone survey is that those people without phones cannot be reached and are not represented. This issue has been partially addressed since 2011 with the inclusion of cellular telephones.

In some cases, when responses are stratified by categories of interest, the denominator in one or more subgroups drops below 50, producing an unreliable result. For this reason, data from multiple years may be aggregated and reported as a multi-year annual average. This strategy reduces the impact of variations in the data between years and improves the precision of the prevalence estimates. When desired, Alaska data can be age-adjusted using the US 2000 Standard Population to allow for comparability with national data.
ALASKA PUBLIC HEALTH DATA SOURCE:
Childhood Understanding Behaviors Survey (CUBS)

PURPOSE:
The Childhood Understanding Behaviors Survey (CUBS) is a three-year follow-up survey to the Alaska Pregnancy Risk-Assessment Monitoring System (PRAMS). CUBS sends a survey in the mail to all mothers living in Alaska who completed PRAMS after their pregnancy and whose infant was living with them at that time. Phone interviews are attempted with women who do not respond by mail. About 90 women are sent a CUBS survey every month. The CUBS program began sending out surveys as a three-year follow-up in 2008. CUBS asks questions about the 3-year-old child, the mother, and the household. CUBS seeks to inform public health program planners, evaluators, and policy makers by collecting and disseminating population-based information related to behaviors, health, health care access, parenting, and school readiness among young Alaskan children. By using the methodology of re-interviewing women who completed a PRAMS survey, CUBS is able to evaluate those factors present at birth or early life that increase risk for later adverse childhood outcomes. CUBS data can be linked to the PRAMS survey as well as birth certificates.

CUBS data are weighted to represent the entire population of mothers who delivered a baby in Alaska in the calendar year 3-years prior to the year of data collection. Data can be provided by geographic region (based on the mother’s residence at the time of CUBS) and demographic characteristics available from the birth certificate.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 2008. Analysis datasets are available on an annual basis after data weighing is complete.

IDENTIFICATION OF RACE/ETHNICITY:
Race information is based on maternal race on birth certificates.

CONTACT:
Margaret Young, MPH
CUBS Program Coordinator
Section of Women’s, Children’s and Family Health, Division of Public Health
Alaska Department of Health and Social Services
3601 C Street, Suite 358
Anchorage, Alaska 99503
Phone: (907) 269-5657
Email: Margaret.Young@Alaska.gov

LINKS:
CUBS Home Page:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/cubs/default.aspx
CUBS Data Sheets:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/cubs/data.aspx
Alaska Indicator-Based Information System for Public Health – CUBS Query Module:

DATA REQUESTS AND DATABASE ACCESS:
For data requests that cannot be satisfied through the above links, contact the CUBS Coordinator, call (907) 269-3400, or email mch-epi@alaska.gov.

TOPICS:
Childcare
Child Life Experiences
Health & Development
Health Care
Injury
Immunizations
Maternal Mental Health, Abuse & Stress
Nutrition
Oral Health
Parenting & Safety
Socioeconomic Status
Substance Use
LIMITATIONS:
Population sampled: PRAMS samples mothers who have recently had a live birth. The CUBS survey is sent to all women who responded to PRAMS, whose child was living with them at the time of PRAMS, and who are still living in Alaska at the time of CUBS (one month after the child’s 3rd birthday).
Self-reporting: Some bias is expected from any survey based on self-reported information. The potential for under-reporting as well as over-reporting bias must be kept in mind when interpreting results.
Recall bias: Some CUBS questions ask the respondent to remember events or behaviors that may have happened since her child was born (3 years prior to receiving the survey).
Response rates: Survey response rates may also affect the potential for bias in the data.
Reliability: The reliability of a prevalence estimate depends on the actual, unweighted number of respondents in a category (not a weighted number). Interpreting and reporting weighted numbers that are based on a small, unweighted number of respondents can be misleading. The degree of precision increases if the sample size is larger and decreases if the sample size is smaller.
ALASKA PUBLIC HEALTH DATA SOURCE: Fatality Analysis Reporting System (FARS)

PURPOSE:
FARS is a national data collection system that contains information on all known motor vehicle traffic crashes in which there was at least one fatality. For the purposes of the FARS program, a reportable fatality is a death that occurs within 30 days (or more precisely, 720 hours) of the motor vehicle traffic crash and is a direct result of the crash. Initial identification of fatalities under FARS often comes from police crash reports but may come from any available source. Detailed information on the circumstances of the crash and persons and vehicles involved are obtained from a wide variety of sources including police crash reports, driver licensing files, vehicle registration files, state highway department data, emergency medical services records, medical examiner/coroner reports, toxicology reports, and death certificates. Data are collected as each fatal crash occurs, and are typically available in the database 30-60 days after the crash event.

SPONSOR:
National Highway Transportation Safety Administration (NHTSA), through contract with the Alaska Highway Safety Office (AHSO)

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 1994.

IDENTIFICATION OF RACE/ETHNICITY:
Race is as reported on the death certificate.

CONTACT:
Miles Brookes
Research Analyst III
Alaska Highway Safety Office
3132 Channel Drive
Juneau, AK 99801
Phone: (907) 465-8532
Email: dot.fars@alaska.gov

LINKS:
Alaska FARS Website:
http://www.dot.state.ak.us/highwaysafety/fars.shtml

DATA REQUESTS AND DATABASE ACCESS:
Access is limited to persons with credentials to the USDOT Crash Data Acquisition Network (CDAN). In Alaska, access is limited to the FARS Analyst. Queries (1994 to present) and reports can be generated at no cost by the analyst.

TOPICS:
Fatal Motor Vehicle Crash Fatalities

LIMITATIONS:
The data entered into FARS is only as complete and accurate as it is collected by law enforcement, EMS respondents, medical examiners, and state crime lab testing (in both Alaska and Washington). In addition, data for a calendar year is closed upon the end of the following calendar year (i.e. 2016 data will be finalized on 12/31/2017) and cannot be amended once closed.
Purp0se:
The Alaska Health Facilities Data Reporting Program collects inpatient, emergency department, and outpatient discharge data from Alaska health care facilities. These facilities include private, municipal, state, or federal hospitals; hospitals operated by Alaska Native organizations; psychiatric hospitals; independent diagnostic testing facilities; residential psychiatric treatment centers; and ambulatory surgical centers.

The data collected from these facilities comprise the Alaska Inpatient, Emergency Department, and Alaska Outpatient Datasets. Health facilities' discharge data show utilization of health services and provide evidence of the conditions for which people receive treatment. Data provide valuable information for decision makers at all levels, monitoring emerging issues in health status and health service delivery, and need for expanded services and facilities.

Data from the HFDR Program are used for public health planning, community health status assessments, and injury and disease surveillance. They can contribute to quality assessment and performance improvement activities, health services research, and inform policy deliberations and legislation. As a longitudinal data set, trends can be monitored over time; standardization enables comparison to national benchmarks.

Dates/Frequency of Data Collection:
2001-2012: Participation by most larger hospitals in the state; 2015 forward: Mandatory participation by all hospitals and ambulatory surgical centers in the state. Data from 2013-2014 are not available due to the transition from voluntary to mandatory reporting.

Identification of Race/Ethnicity:
Race is as reported on standardized billing records.

Contact:
Kim Laird
Research Analyst III
Health Analytics and Vital Records Section
Division of Public Health
5441 Commercial Blvd
Juneau, AK 99801
Phone: (907) 465-1285
Email: kim.laird@alaska.gov
or
HealthAnalytics@alaska.gov

Links:
Health Facilities Data Reporting Program Website:
http://dhss.alaska.gov/dph/VitalStats/Pages/HFDR/default.aspx

Data Requests and Database Access:
Additional information on HFDR data is available by special request. There is a $75/hour fee for special research requests. For more information, please contact us at:
Phone: (907) 465-8604
Fax: (907) 465-4689
E-mail: HealthAnalytics@alaska.gov

Topics:
Ambulatory surgery Health care charges
Anxiety and depression Health care utilization
Asthma HIV/AIDS
Cancer Hospitalizations
Cardiovascular disease Injury
Chronic disease Mental health
Demographics Oral health
Diabetes Outpatient surgery
Emergency department Preventable
visits hospitalizations
Expected payer
Falls
Women’s health

Limitations:
Charges are billed charges and do not reflect actual amounts paid or contracted amounts. Diagnosis and procedure codes are as reported through billing processes.
ALASKA PUBLIC HEALTH DATA SOURCE:
Informed Alaskans Initiative

PURPOSE:
Informed Alaskans is a data visualization initiative designed to make health data more easily accessible by individuals, health organizations, health providers, and policy makers. The initiative has two primary components, InstantAtlas and AK-IBIS, which are described in greater detail below. Informed Alaskans uses a combination of descriptive profiles, regional maps, tables, and charts to display health data in an intuitive and interactive format, allowing users to easily perform their own investigations into health risks, disparities, and disease prevalence in Alaska.

InstantAtlas Health Maps

What is InstantAtlas?
InstantAtlas (IA) is a geographic information system produced by GeoWise that allows for the creation of interactive maps. The IA displays included in the Informed Alaskans initiative allow users to view health data collected from various Alaska public health data sources in a variety of regional formats, including Alaska public health regions, behavioral health systems regions, tribal health regions, and boroughs/census areas. Multiple map templates are available in InstantAtlas and are described in greater detail below. However, not all map templates are available for all public health data sources.

1. Single Map Template – combines a map, bar chart, and time-series chart for viewing a single variable across all regions
2. Double Map Template – allows the selection of two variables (with their own maps) to be compared in a bi-variable graph across regions
3. Area Profiles – Spine Chart Template – examines multiple variables for a single region
4. Tabular Health Profiles – a non-graphical option for viewing data in an IA display, intended for users who desire a text-based or accessible alternative to other templates
Informed Alaskans Initiative

What is currently available in InstantAtlas?
InstantAtlas health profiles are currently available on the Informed Alaskans website for the following surveillance data sets: the Behavioral Risk Factor Surveillance System (BRFSS), the Student Weight Status Surveillance System (SWSSS), the Youth Risk Behavior Surveillance System (YRBSS), Chlamydia and Gonorrhea Reportable Conditions, and Infectious Diseases Reportable Conditions. InstantAtlas health profiles on firearm injuries are currently available on the Injury Surveillance Program website, and will be added to the Informed Alaskans page in the future. The following table provides more detail on the displays that are available for each surveillance data set.

<table>
<thead>
<tr>
<th>InstantAtlas Health Profile</th>
<th>Available Displays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Risk Factor Surveillance System</td>
<td>Single Map Template, Double Map Template, Area Profiles – Spine Chart, and Tabular Health Profile:</td>
</tr>
<tr>
<td></td>
<td>1. Public Health Regions</td>
</tr>
<tr>
<td></td>
<td>• By race – 1yr</td>
</tr>
<tr>
<td></td>
<td>• By disability – 3yr</td>
</tr>
<tr>
<td></td>
<td>2. Metro/Micropolitan Statistical Areas</td>
</tr>
<tr>
<td></td>
<td>• By race – 1yr</td>
</tr>
<tr>
<td></td>
<td>• By age 65+ – 3yr</td>
</tr>
<tr>
<td></td>
<td>(Note: not available as Double Map)</td>
</tr>
<tr>
<td></td>
<td>3. Boroughs/Census Areas</td>
</tr>
<tr>
<td></td>
<td>• By race – 3yr</td>
</tr>
<tr>
<td></td>
<td>• By race – 5yr</td>
</tr>
<tr>
<td></td>
<td>4. Tribal Health Regions</td>
</tr>
<tr>
<td></td>
<td>• By race – 3yr</td>
</tr>
<tr>
<td></td>
<td>• By race – 5yr</td>
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<tr>
<td></td>
<td>5. Division of Behavioral Health Regions</td>
</tr>
<tr>
<td></td>
<td>• By race – 1yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Risk Factor Surveillance System (continued)</th>
<th>Available Displays</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Public Health Nursing Regions</td>
<td></td>
</tr>
<tr>
<td>• By race – 1yr</td>
<td></td>
</tr>
<tr>
<td>7. Behavioral Health Systems Regions</td>
<td></td>
</tr>
<tr>
<td>• By race – 1yr (Note: not available as Double Map or Spine Chart)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Weight Status Surveillance System</th>
<th>Available Displays</th>
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</thead>
<tbody>
<tr>
<td>Single Map Template:</td>
<td></td>
</tr>
<tr>
<td>1. Alaska School Districts</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Risk Behavior Surveillance System</th>
<th>Available Displays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Map Template and Tabular Health Profile:</td>
<td></td>
</tr>
<tr>
<td>1. Behavioral Health Systems Regions</td>
<td></td>
</tr>
<tr>
<td>• By race – 1yr</td>
<td></td>
</tr>
<tr>
<td>2. Alaska School Districts</td>
<td></td>
</tr>
<tr>
<td>• By race – All high schools – 1yr</td>
<td></td>
</tr>
<tr>
<td>• By race – Traditional high schools – 1yr</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Chlamydia and Gonorrhea</th>
<th>Available Displays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Map Template:</td>
<td></td>
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<tr>
<td>1. Tribal Health Regions</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Infectious Disease</th>
<th>Available Displays</th>
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<tbody>
<tr>
<td>Single Map Template:</td>
<td></td>
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<tr>
<td>1. Public Health Regions</td>
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<thead>
<tr>
<th>Firearm Injuries</th>
<th>Available Displays</th>
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<tbody>
<tr>
<td>Single Map Template:</td>
<td></td>
</tr>
<tr>
<td>1. Public Health Regions</td>
<td></td>
</tr>
<tr>
<td>2. Behavioral Health Systems Regions</td>
<td></td>
</tr>
<tr>
<td>3. Tribal Health Regions</td>
<td></td>
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</tbody>
</table>
AK-IBIS Health Data

What is AK-IBIS?
The Alaska Indicator-Based Information System for Public Health (abbreviated AK-IBIS or IBIS-PH) is a database and query system that is designed to provide context to public health data. The web-based application was developed by the Utah Department of Health using funding from the Centers for Disease Control and Prevention (CDC). Users can browse health topics to learn how different areas, such as the environment, nutrition, and education, are important to public health and receive links to public health data in these areas. Users can also view indicator reports, which provide data and background information on more than 100 indicators ranging from infectious disease to mental health. Finally, users can perform their own public health investigations using the ‘Explore Datasets’ option, which allows users to run queries on multiple surveillance datasets.

What is currently available in AK-IBIS?

Health Topics:
The Topics section of AK-IBIS organizes website content into 4 overarching areas, or Topic Pages. The four Topic Pages are Population Characteristics, Risk and Resiliency Factors, Health Care Services and Systems, and Health Outcomes. Each of these areas is further divided into subcategories and individual health topics. Nearly 30 health topics are currently available for review in AK-IBIS, and can be found using the following link:

Indicator Reports:
There are currently over 100 indicator reports available in AK-IBIS, including the Healthy Alaskans 2020 Leading Health Indicators and other reports on a variety of public health topics. Each indicator report provides an explanation of why the indicator is important to public health; one or more charts and tables expressing data on the indicator; an analysis of how Alaska is doing on the indicator, what is being done in Alaska to drive the desired change in the indicator, and how Alaska compares to the nation as a whole in the measure of the indicator; relevant resources; and links to other indicators that may be of interest. Indicator Reports can be accessed in AK-IBIS through a Categorized Index, in which indicator reports are grouped by topic, or through an Alphabetical Index, in which indicator reports are listed alphabetically. For a full list of currently available indicators, see
http://ibis.dhss.alaska.gov/indicator/index/Alphabetical.html.
Explore Datasets:
Currently, six datasets are able to be queried through the Explore Datasets tool in AK-IBIS. These datasets are the Behavioral Risk Factor Surveillance System (BRFSS), the Childhood Understanding Behaviors Survey (CUBS), the Office of Children’s Services (OCS) - Child Maltreatment, the Pregnancy Risk Assessment Monitoring System (PRAMS), the Youth Risk Behavior Survey – Local (YRBS Local), and the Youth Risk Behavior Survey – Statewide (YRBS Statewide). (Note: The YRBS Local query module should only be used to estimate regional or school district prevalence of behaviors, as it is not representative of students statewide). These query modules can be accessed here http://ibis.dhss.alaska.gov/query/Introduction.html.

Using these query modules, users can choose a question they’d like to investigate and look at data for that question over a variety of years with breakouts such as sex, age, race, or region. In this way, users can conduct their own research into public health topics without requesting a dataset or performing their own data analysis.

CONTACT:
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Public Health Data Analyst
Section of Chronic Disease Prevention and Health Promotion
Division of Public Health
Alaska Department of Health and Social Services
Juneau, AK 99811
Phone: (907) 465-8234
Email: david.howell@alaska.gov

LINKS:
Informed Alaskans Initiative Homepage
http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/default.aspx

InstantAtlas Health Profiles Homepage
http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/instantatlas.aspx

AK-IBIS Health Data Homepage
http://ibis.dhss.alaska.gov/

AK-IBIS Query Modules
http://ibis.dhss.alaska.gov/query/Introduction.html

DATA REQUESTS AND DATABASE ACCESS:
Data in InstantAtlas and AK-IBIS are readily available for public use and do not require a data request. Training in InstantAtlas or AK-IBIS for individuals or organizations is available by calling (907) 269-8030 or contacting IBIS-PH@alaska.gov.

TOPICS:
As Informed Alaskans contains data from a variety of surveillance systems, information is available for a wide array of topics. This list is constantly expanding as new indicator reports and other features are added.
ALASKA PUBLIC HEALTH DATA SOURCE:
Juvenile Offender Management Information System (JOMIS)

PURPOSE:
The Juvenile Offender Management Information System (JOMIS) is the Alaska Division of Juvenile Justice’s (DJJ) primary repository for juvenile offense history records and DJJ provided services. JOMIS is a statewide computer information system that combines probation and facility records into a shared, web-based electronic file system. It is intended to support probation and facility staff involved with holding juvenile offenders accountable and providing skills for alternatives to law-breaking behavior. JOMIS also supports program and policy staff in making decisions for community safety and victim restoration.

DATES/FREQUENCY OF DATA COLLECTION:
JOMIS is a live case management system that began in 1990.

IDENTIFICATION OF RACE/ETHNICITY:
Race and ethnicity are self-reported.

CONTACT:
Craig Kahklen
Research Analyst IV
Division of Juvenile Justice
Alaska Department of Health and Social Services
240 Main St., Suite 701
Juneau, AK 99811-0635
Phone: (907) 465-3863
Email: craig.kahklen@alaska.gov

LINKS:
Division of Juvenile Justice Website:
http://dhss.alaska.gov/djj/Pages/default.aspx

Division of Juvenile Justice Statistical Information website:
http://dhss.alaska.gov/djj/Pages/GeneralInfo/Stats.aspx

DATA REQUESTS AND DATABASE ACCESS:
Aggregated juvenile justice information not found on the Statistical Information website is available upon request.

TOPICS:
Juvenile Referrals, Charges, Offenses
Juvenile Probation
Youth Facility Admissions
Youth Facility Capacity

LIMITATIONS:
Personal identifying information is not disclosed. Charges are not publicly reported for rural villages where less than 3 juveniles are charged to ensure confidentiality.
ALASKA PUBLIC HEALTH DATA SOURCE:
Maternal and Child Death Review (MCDR) Program

PURPOSE:
The Alaska Maternal and Child Death Review (MCDR) is a program based on a national evidence-based model to systematically and comprehensively review deaths using a multi-disciplinary consensus decision-making approach. This model specifically aims to identify causes and contributing factors to maternal, infant, and child deaths in Alaska and develop recommendations to prevent future deaths. The MCDR Program reviews all child deaths, as well as the death of any woman who dies within a year of having been pregnant. Data (including medical records, autopsy reports, and death scene investigation reports) are collected on an ongoing, continual basis as fatalities occur and are reviewed by medical committees. Because they draw from many disparate data sources, MCDR Program data are comprehensive and can serve as a gathering point for different agencies interested in preventing premature mortality.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 1991. Initially, the program only reviewed maternal, infant and occasionally fetal deaths. In 2005, the program began reviewing child deaths as well, although for several years only deaths among children through the age of 14 years were reviewed. In 2016, the age criterion was expanded to include children up to 18 years of age.

IDENTIFICATION OF RACE/ETHNICITY:
Race is available in bridged race categories.

CONTACT:
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Senior Epidemiologist
MCH-Epidemiology
AK Dept. of Health & Social Services
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Fax: (907) 269-3493
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LINKS:
Maternal and Child Death Review Program Website:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/mcdr/default.aspx

Reports and Fact Sheets:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/mcdr/reportfact.aspx

DATA REQUESTS AND DATABASE ACCESS:
The Case Reporting System is only available to program staff. However, data requests can be made to the program by filling out the MCH-Epi Data Request Form.

TOPICS:
Child mortality
Infant mortality
Maternal mortality
Prevention of premature mortality
Sudden Unexpected Infant Death (SUID)
Youth suicide

LIMITATIONS:
MCDR Program data are limited in that the program cannot release potentially identifiable data (n<6). Additionally, the age range of deaths reviewed over time has varied somewhat, and therefore full data are not available for all children 0-18 for all years.
ALASKA PUBLIC HEALTH DATA SOURCE:
Office of Children’s Services (OCS)

PURPOSE:
The Office of Children’s Services (OCS) works in partnership with families, Tribes and communities to support the safety, permanency and well-being of Alaska’s children and youth through the provision of a wide range of services and support systems. These services include child abuse and neglect prevention services, child protective services, foster care, residential care, family support and family preservation services, permanency planning, independent living, and post-adoption and guardianship.

OCS collects data on children and families referred for child protective services and on providers for out-of-home placements. The data are used to:
• Determine the incidence of child abuse reports in Alaska with respect to geographic and demographic characteristic;
• Keep track of the number of protective service reports that are screened-out, screened-in, substantiated, and/or result in an out-of-home placement;
• Monitor trends over time; and
• Determine how Alaska compares with the rest of the Nation.

Statistical information is compiled and posted to the website by the 15th of each month in accordance with Alaska Statute AS 47.05.100.

DATES/FREQUENCY OF DATA COLLECTION:
Accurate data for all topics are available from 2005 forward. Prior to 2005, data were tracked through a different system and may not be as accurate or complete. These data should be used with caution.

IDENTIFICATION OF RACE/ETHNICITY:
Race information is collected through interviews with parents, tribes, and children, and through the Eligibility Information System (EIS) and Electronic Vital Records System (EVRS) if race is noted.

CONTACT:
Tim Morse
Research Analyst IV
Office of Children’s Services Research Unit
Alaska Department of Health and Social Services
Phone: (907) 465-5006
Email: timothy.morse@alaska.gov

LINKS:
OCS Statistical Information: http://dhss.alaska.gov/ocs/Pages/statistics/default.asp
OCS Publications: http://dhss.alaska.gov/ocs/Pages/publications/default.aspx

DATA REQUESTS AND DATABASE ACCESS:
The Online Resource for the Children of Alaska (ORCA) is a welfare management system that houses the details of every child in foster care in the state. Database access is limited to the OCS staff. Aggregated statistics are available on the OCS website under the section titled “Statistics”. Resources here include summary data on the number of protective service reports, initial assessments, and children living out-of-home for the past 5-years. These numbers can be viewed by year, location, demographics of victim (i.e., age, sex, and race), and allegation. In addition, data on the number of facilities licensed by OCS over the past five-years are available by year, location, and type of facility (e.g., assisted living, foster group home, tribal foster home, etc.). Aggregated statistics not found in these resources are available by request by emailing the OCS Research Unit contact at timothy.morse@alaska.gov.

TOPICS:
Number of Protective Service Reports
Number of Initial Assessments
Number of Children Out of Home
Number of Licensed Foster and Foster Group Homes
Annual Progress and Services Reports
Child and Family Services Reviews

LIMITATIONS:
Data is suppressed for numbers under 20 to ensure confidentiality. Historical data prior to 2004 is not available.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)

PURPOSE:
The Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of mothers of newborns that has been on-going in Alaska since 1990. PRAMS is a collaborative project between the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health and the Alaska Division of Public Health. It collects information about behaviors and circumstances of Alaskan mothers and their infants surrounding the pregnancy and postpartum period. Sampled mothers are asked to participate by mail. Phone interviews are attempted with women who do not respond by mail. Outside of what Vital Records can provide, PRAMS is the premier source of population-based data on maternal and infant issues for Alaska. As the sampling frame for PRAMS is drawn from birth certificates registered at the Health Analytics and Vital Records Section, PRAMS data are weighted to represent the entire population of women who delivered a live-born infant in Alaska in a particular birth year, whether or not the baby subsequently died or was adopted out. Some demographic data like maternal race, age, and residence are from the birth certificate, which are linked to survey responses. This allows for data breakouts by maternal characteristics, including geographic region of residence.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection has been ongoing since 1990.

IDENTIFICATION OF RACE/ETHNICITY:
Race information is based on birth certificates.

CONTACT:
Kathy Perham-Hester, MS, MPH
Alaska PRAMS Coordinator
Section of Women’s, Children’s and Family Health Division of Public Health
Alaska Department of Health and Social Services
3601 C Street, Suite 358
Anchorage, Alaska 99503
Phone: (907) 269-3447
Email: Kathy.Perham-Hester@alaska.gov

LINKS:
Website:
http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/prams/default.aspx
Alaska Indicator-Based Information System for Public Health – PRAMS Query Module:

DATA REQUESTS AND DATABASE ACCESS:
For data requests that cannot be satisfied through the above links, contact the PRAMS Coordinator, or email mch-epi@alaska.gov or call (907)269-3400. Download the PRAMS or CUBS Summary Data Request form and submit it to mch-epi@alaska.gov.
If you want to analyze a de-identified PRAMS dataset, submit a completed WCFH Data Utilization Agreement and Data Request form to mch-epi@alaska.gov. Data are also available for online analysis through the AK-IBIS query module at: PRAMS Query Module Configuration Selection

TOPICS:
Alcohol consumption
Anxiety and depression
Birth control use
Breastfeeding
Demographics
Family income
Health insurance
Home visiting
Infant sleep environment
Intimate partner violence
Postpartum checkup

LIMITATIONS:
Some PRAMS questions ask the respondent to remember events or behaviors up to 12 months before they got pregnant. On average, the infant is three to four months old at the time the mother responds to the questionnaire. Mothers who respond to the survey when their infant is younger may recall events more accurately than mothers who respond when their infant is older. Survey response rates may also affect the potential for bias in the data.
ALASKA PUBLIC HEALTH DATA SOURCE:
Prescription Drug Monitoring Program (PDMP)

PURPOSE:
The Prescription Drug Monitoring Program (PDMP) is an electronic database that collects information on schedule II – IV controlled substances and provides information on prescribing trends within Alaska. The PDMP also allows prescribing providers and pharmacists to review dispensation history for their patients, which can be used as a potentially useful tool to inform clinical decisions and improve medical care by encouraging appropriate treatment options. The PDMP also allows providers to view their prescribing trends in relation to others within the same occupation and similar specialty. The PDMP analytics tool, Tableau, provides insight into the number of registered users, patient queries (patient history reviews conducted) conducted, the number of opioids versus non-opioids dispensed, and pharmacy dispensation activity. Additional functions of the PDMP include assisting in the investigation of drug diversion and detection of potential doctor shopping through secure patient alert notifications between treating providers.

DATES/FREQUENCY OF DATA COLLECTION:
Data are available from 2014 forward; however, prescription history for individual patients is not disclosed farther back than two years.

IDENTIFICATION OF RACE/ETHNICITY:
Not currently available

CONTACT:
Laura Carrillo
Alaska Prescription Drug Monitoring Program
Juneau, AK 99811
Phone: (907) 269-8404
Email: akpdmp@alaska.gov

LINKS:
Prescription Drug Monitoring Program Website:
https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx

DATA REQUESTS AND DATABASE ACCESS:
Only individuals who hold a current Alaska professional license number and a DEA registration valid to practice in any state can register. However, individuals without a DEA registration but with an active professional license, registration, or certification can register as a delegate. Not all who have access must register to use the PDMP; access is restricted to:

- personnel of the board,
- personnel of another board or agency,
- authorized board personnel or contractors,
- a licensed practitioner having authority to prescribe controlled substances,
- agent or employee of the practitioner whom the practitioner has authorized,
- licensed or registered pharmacist having authority to dispense controlled substances,
- agent or employee of the pharmacist whom the pharmacist has authorized,
- federal, state, and local law enforcement authorities,
- individual who is the recipient of a controlled substance prescription,
- licensed pharmacist employed by DHSS,
- licensed pharmacist, licensed practitioner, or authorized employee of DHSS,
- state medical examiner,
- authorized employee of DHSS,
- practitioner, pharmacist, or clinical staff employed by Native / federal health organization

LIMITATIONS:
Information in the PDMP is only stored for two years. Additionally, there may be several accounts for one patient (different name, alternate spelling, wrong date of birth, wrong gender, etc.); manual consolidation of the accounts is required.
ALASKA PUBLIC HEALTH DATA SOURCE:
Student Weight Status Surveillance System (SWSSS)

PURPOSE:
SWSSS is comprised of Alaska student weight status data obtained voluntarily from school districts that have contributed their data as a means of monitoring obesity trends. Participating school districts provide DHSS de-identified student data (i.e. measured height and weight, age, and sex). DHSS conducts the analysis to generate body mass index (BMI), BMI percentile, and the associated weight status classifications of underweight, healthy weight, overweight and obese.

School districts across the state vary in the grades for which they routinely collect height and weight data. Some districts aim to measure and weigh every student, every year, while other districts target only students in Kindergarten, 1st, 3rd, 5th and 7th grades. To standardize the results displayed in InstantAtlas, SWSSS is limited to Kindergarten, 1st, 3rd, 5th, and 7th grade measurements, labeled "K-8 combined" on the individual district reports. Each participating district’s data are weighted to district enrollment levels. Overweight and obesity prevalence for grades K-8 are comparable to two of the Healthy Alaskans 2020 Statewide Leading Health Indicators (childhood overweight and obesity). To provide districts with as much information as possible, DHSS also publishes individual school district weight status reports that provide additional details not found in InstantAtlas. These reports include overweight and obesity prevalence by grade or grade grouping, race/ethnicity reflective of the district enrollment, and, when available, socioeconomic status. These reports include data from grades outside of the K-8 combined indicator so may not match the InstantAtlas results exactly. Individual school district weight status reports are available at http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/weightstatus.aspx.

We know how important good health is to learning. With the current research about obesity, participating school districts are aware of the effect on academics and our students’ present and future health. That is why they partner with the Department of Public Health to receive a Student Weight Status Report. Student Weight Status Reports assess the status of the district to identify the percentage of students who are potentially at risk for weight-related health problems. The report can be used to create awareness among school and health personnel, community members and policy makers of the extent of the problem as well as measure the effectiveness of school policies, programs and practices aimed to improve school health. The report does not include information about individual students. An individual student’s height, weight, and BMI are private and confidential—they can be given to a parent directly by their school nurse or healthcare provider.

DATES/FREQUENCY OF DATA COLLECTION:
Data are summarized by academic year as far back as 2003-2004 for selected school districts.

IDENTIFICATION OF RACE/ETHNICITY:
SWSSS data in InstantAtlas are available for the following race categories: All Races, White, Alaska Native or American Indian, Other Races.

CONTACT:
Lauren Kelsey, MPH
School Partnership Coordinator
Section of Chronic Disease Prevention and Health Promotion
Division of Public Health
Alaska Department of Health and Social Services
3601 C Street, Suite 722
Anchorage AK 99503
Phone: (907) 269-8185
Email: lauren.kelsey@alaska.gov
Student Weight Status Surveillance System (SWSSS)

LINKS:
Informed Alaskans: Student Weight Status Surveillance System Health Profiles
http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/swsss/swsss_health_profiles.aspx

InstantAtlas Interactive Health Map:
http://www.hss.state.ak.us/instantatlas/swsss/sm/cr/sd/atlas.html

DATA REQUESTS AND DATABASE ACCESS:
For data requests that cannot be satisfied through the available links, call (907) 269-3457 or contact obesity@alaska.gov.

TOPICS:
Obesity  
Schools  
Student weight  
Student height  
Weight status

LIMITATIONS:
One limitation of SWSSS is that height and weight measurements are not collected through a sampling procedure, but are obtained as part of the routine school health screening process. There is variation across school district, grade, and school years in the percentage of enrolled students who contribute to SWSSS. However, because in most school districts efforts are made to screen all students in grades K, 1, 3, 5, 7, it is unlikely that the prevalence of overweight and obesity is subject to a bias that would result in the disproportionate selection of more obese students. Also, we take steps to minimize bias by weighting the data to district enrollment by race, sex and grade.

There is also considerable variation in the measurement procedures implemented across districts. There are not enough trained professionals such as a school nurse to collect all height and weight measurements in all schools, in all districts. Teachers and other school staff may be called upon to help perform this task. However, at each district a professional such as a school nurse or a public health nurse has oversight of the measurements, and DHSS offers a free online training in measurement protocol to all districts, located at http://anthc.adobeconnect.com/p3bundbielk/.

A third limitation is related to measurement equipment. Both within and across districts, schools use different types of measurement equipment. Grantee school districts are required to use approved equipment if using grant funds to purchase measurement equipment. While the variations in procedure and equipment likely result in some degree of random error, it is unlikely the variations would be responsible for systematic under- or over-estimate of weight status.

Another limitation is that historically, Anchorage's students have been over-represented in SWSSS. During the 2013-2014 school year Anchorage represented 37% of all students statewide and 59% of the students in SWSSS. It is important to note the surveillance system is still in development and will continue to grow as additional school districts participate. This means that SWSSS will become increasingly representative of students statewide; however, it also means that any analysis involving a trend component will need to be interpreted with caution.

Participating school districts also vary in the exact methods they use to extract health record data. To minimize this variation, district contacts are provided a detailed list of required and optional data elements (see table 2 at http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/swsss/swsss_health_profiles.aspx).
ALASKA PUBLIC HEALTH DATA SOURCE:
Syndromic Surveillance

PURPOSE:
The purpose of syndromic surveillance is to provide rapid or real-time information on the health conditions experienced by Alaskans. It is most commonly used for outbreak identification and monitoring, and for monitoring the health of populations following natural disasters or other large-scale events. Syndromic surveillance data can also be used in any situation where knowledge of emergency visit data over time and space might be helpful.

DATES/FREQUENCY OF DATA COLLECTION:
Data collection is ongoing. Earliest data are from August 2014 but reliability of data improved after May 2016 as more hospitals onboarded to the syndromic surveillance system.

IDENTIFICATION OF RACE/ETHNICITY:
Race is as recorded on the electronic health record.

CONTACT:
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Research Analyst II
Section of Epidemiology, Division of Public Health
Alaska Department of Health and Social Services
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Email: anna.frick@alaska.gov

Louisa Castrodale, DVM, MPH
Infectious Disease Program Manager
Section of Epidemiology, Division of Public Health
Alaska Department of Health and Social Services
Phone: (907) 269-8002
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LINKS:
Alaska program:
http://dhss.alaska.gov/dph/Epi/id/Pages/synd_surv/default.aspx

Nationwide:
https://www.cdc.gov/nssp/index.html

DATA REQUESTS AND DATABASE ACCESS:
Contact Anna Frick or Louisa Castrodale for policies and forms. Public Health employees may be granted user accounts to access data directly; all others will only be given a limited data set.

TOPICS:
Because syndromic surveillance uses a database of records from emergency department visits, it is possible to query the system regarding most topics.

LIMITATIONS:
Hospitals have onboarded to this system at various times, and not all hospitals in Alaska are participating in syndromic surveillance at this time. Only information from emergency department visits is included - no outpatient settings, no inpatient information, and no lab results. It is not always possible to link a patient who has visited emergency departments multiple times, and in general it would be difficult to link a syndromic surveillance record to any other database. The search process is dependent on text entered by healthcare providers, which can contain varying levels of detail.
ALASKA PUBLIC HEALTH DATA SOURCE:
Alaska Immunization Information System (VacTrAK)

PURPOSE:
VacTrAK is the confidential, web-based Immunization Information System (IIS) that maintains consolidated immunization records for Alaskans of all ages. Health care providers are required to report all administered vaccines to VacTrAK within 14 days of administration (7 AAC 27.650).

VacTrAK is used by health care providers to
• Obtain consolidated immunization records for patients
• Print official immunization records to meet school and childcare requirements
• Manage vaccine ordering and inventory
• Accurately account for state-supplied and privately purchased vaccine
• Determine vaccination forecast based on Advisory Committee on Immunization Practices (ACIP) recommended immunization schedules
• Assess immunization completion rates for patients within their health care practice
• Generate reminder/recall notices for patients due or overdue for recommended vaccines

DATES/FREQUENCY OF DATA COLLECTION:
VacTrAK was established in 2008 under the authority of Alaska Statute (AS 18.15.360) with voluntary reporting of vaccinations. Effective 12/29/2013, reporting of administered vaccines within 14 days is required by Alaska Administrative Code (7 AAC 27.650).

IDENTIFICATION OF RACE/ETHNICITY:
Race/ethnicity is not consistently reported in immunization records.

CONTACT:
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VacTrAK Program Manager
Section of Epidemiology, Division of Public Health, Alaska Department of Health and Social Services
3601 C Street, Suite 540
Anchorage, Alaska 99503
Phone: (907) 269-8003
Email: tricia.franklin@alaska.gov
or vactrak@alaska.gov

LINKS:
VacTrAK website:
http://dhss.alaska.gov/dph/Epi/iz/Pages/vactrak/default.aspx

VacTrAK login portal:
https://vactrak.alaska.gov/iweb/

Other Resources for Immunization Information:
National Immunization Survey (NIS) - The NIS is an annual phone survey of vaccination coverage sponsored by the CDC since 1994. It includes data on children 19-35 months, teens 13–17 years, and flu vaccinations for children 6 months–17 years.
Link: https://www.cdc.gov/vaccines/imz-managers/nis/index.html

DATA REQUESTS AND DATABASE ACCESS:
Access to VacTrAK is limited to authorized health care providers through the VacTrAK login portal.

Data requests that cannot be satisfied through the available links can be directed to the VacTrAK Program Manager. A $10/record fee may apply, and data request are limited by the following protocol and regulations:
• Section of Epidemiology Confidentiality Policies and Procedures and Data Request Protocol
• Permitted disclosures of identifiable health information (7 AAC 27.893)
• Data from the immunization information system (7 AAC 27.655)
TOPICS:
Immunization records
Vaccine
Childhood vaccinations
Adolescent vaccinations
Adult vaccinations
Vaccine preventable diseases

LIMITATIONS:
Population data in VacTrAK is over-represented because patient records have continually been added since 2009. At the population health level, there is limited ability to accurately determine which patients with records in VacTrAK reside in the state at any given time. Health care providers can limit reports to patients active in their practice to determine accurate coverage assessments. Patient records in VacTrAK may be incomplete. VacTrAK does not include data from Department of Defense (military bases) or Veterans Administration. Reporting of historical vaccinations is not required by regulation.
**ALASKA PUBLIC HEALTH DATA SOURCE:**
Youth Risk Behavior Surveillance System (YRBSS)

**PURPOSE:**
The Youth Risk Behavior Surveillance System (YRBSS) is part of an epidemiological surveillance system established by the Centers for Disease Control and Prevention in 1990 and first implemented in Alaska in 1995. Data are collected via the Youth Risk Behavior Survey (YRBS), a biennial, anonymous, and voluntary survey that is used to monitor the prevalence of health risk behaviors among students in grades 9-12. The Alaska YRBS is administered in public traditional, alternative, and correctional schools (excluding boarding, home study, and correspondence schools). Participation requires written parental consent. Alaska statewide and district-level YRBS data that meet minimum overall response rates are weighted to represent the populations from which they were drawn.

**DATES/FREQUENCY OF DATA COLLECTION:**
Data are available for odd-numbered years since 1995 (except 1997 - no survey attempted, 1999 - lacked Anchorage School District, 2001 - did not obtain representative sample, and 2005 - did not obtain representative sample for statewide survey). Samples of local school districts are available since 2003.

**IDENTIFICATION OF RACE/ETHNICITY:**
Data are available in bridged race categories.

**CONTACT:**
**Tazlina Mannix, MPH**  
YRBS Coordinator  
Section of Chronic Disease Prevention and Health Promotion  
Division of Public Health  
Alaska Department of Health and Social Services  
3601 C Street, Suite 722  
Anchorage, Alaska 99503  
Phone: (907) 269-8107  
Email: Tazlina.Mannix@alaska.gov

**LINKS:**
AK YRBS Home Page:  
http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx

Alaska Indicator-Based Information System for Public Health – Indicator Reports:  
http://ibis.dhss.alaska.gov/indicator/Introduction.html

Alaska Indicator-Based Information System for Public Health – YRBS Query Modules:  
http://ibis.dhss.alaska.gov/query/Introduction.html

CDC YRBSS Home Page:  
https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Alaska Youth Risk Behavior Survey Preliminary 2017 Highlights:  

Alaska 2017 YRBS Traditional High School Trends Report:  

Alaska 2017 YRBS Traditional High School Summary Tables Report:  
http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2017AKTradHS_YRBS_SummaryTables.pdf

**DATA REQUESTS AND DATABASE ACCESS:**
For data requests that cannot be satisfied through the available links or to learn how to obtain copies of the YRBS data files, contact the YRBS Coordinator at (907) 269-8107 or at YRBS@alaska.gov.
TOPICS:
Alcohol use          Student connectedness
Diet and nutrition  Tobacco use
Drug use            Unintentional injuries
Physical activity   Weight status
Safety              Violence
Sexual behavior     

LIMITATIONS:
The results represent Alaska high school students who attend public traditional, alternative, and correctional high schools and not all Alaskans in this age group. Additionally, written parental consent is required for participation in the Alaska YRBS, so students without parental permission are not represented. The YRBS relies on self-report, which may result in under- or over-reporting of behaviors; however, YRBS questions have shown good test-retest reliability. (Reference: Kahn L, McManus T, Harris WA, et al. Youth Risk Behavior Surveillance – United States, 2015. MMWR Surveill Summ 2016;65(6):1-174.)
1. **Alaska Section of Epidemiology (SOE) Links**

   1. **Confidentiality Policies and Procedures and Data Release Protocols, Updated January 2017**
      
      All programs within SOE must adhere to these policies and procedures, which are intended to protect the privacy of patients and facilities reporting data to SOE, to ensure the integrity of reported data, and to comply with confidentiality-protecting legislation and administrative rules. Please review these policies prior to requesting data from SOE.
      

   2. **Summary Data or Limited Data Set Request and Utilization Agreement Form**
      
      This form is used to request data from a program within SOE.
      
      [http://dhss.alaska.gov/dph/Epi/Documents/confidentiality/DataRequestForm.docx](http://dhss.alaska.gov/dph/Epi/Documents/confidentiality/DataRequestForm.docx)

2. **Alaska Section of Women’s, Children’s, and Family Health (WCFH) Links**

   1. **Data Utilization Agreement**
      
      This form is used to request raw data from a program within WCFH.
      
      [http://dhss.alaska.gov/dph/wcfh/Documents/mchepi/Fillable_Data_Request_Form_2-2016.pdf](http://dhss.alaska.gov/dph/wcfh/Documents/mchepi/Fillable_Data_Request_Form_2-2016.pdf)

   2. **Summary Data Request Form**
      
      This form is used to submit a static request for PRAMS or CUBS data.
      