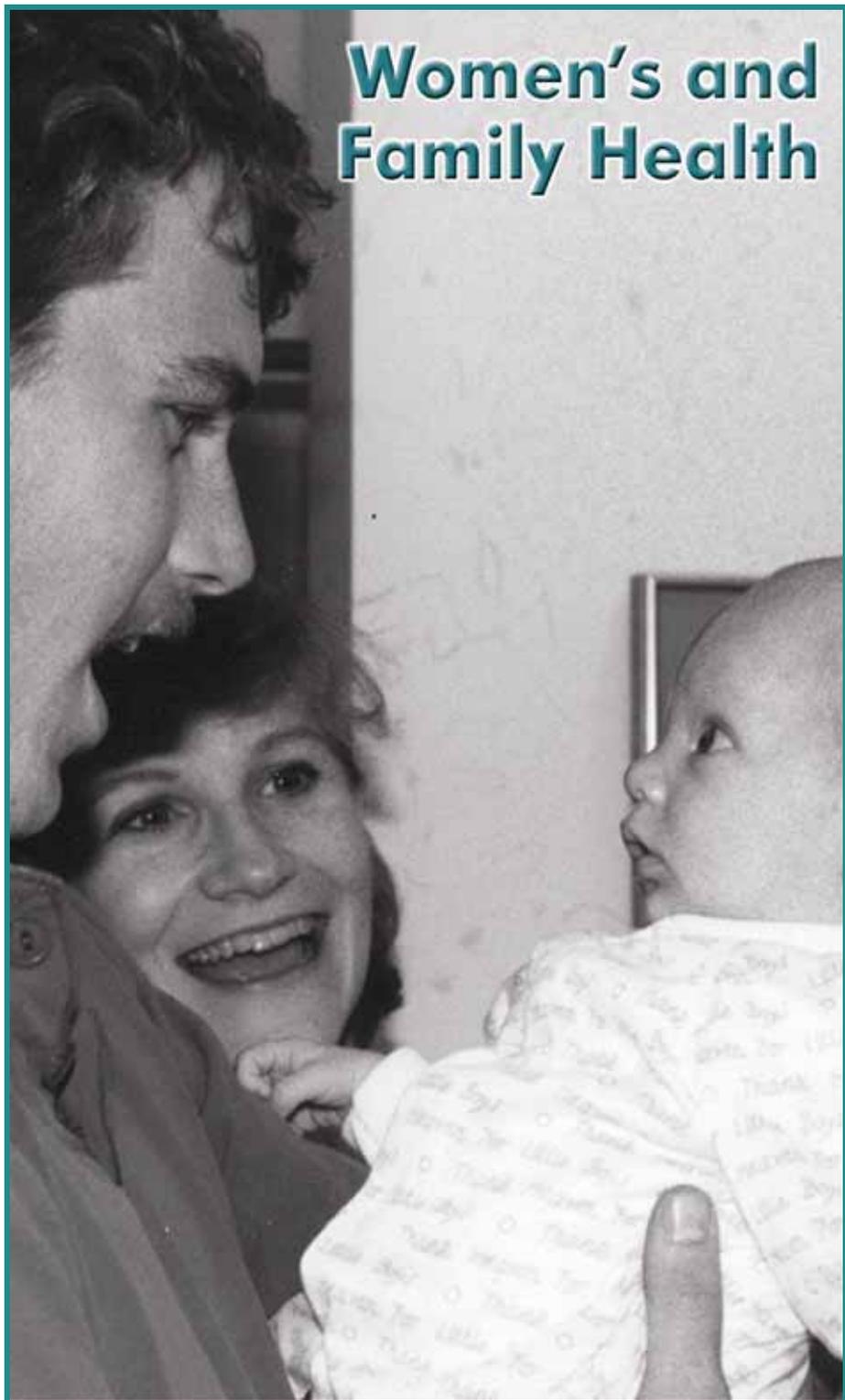


Women's and Family Health



Female Mortality

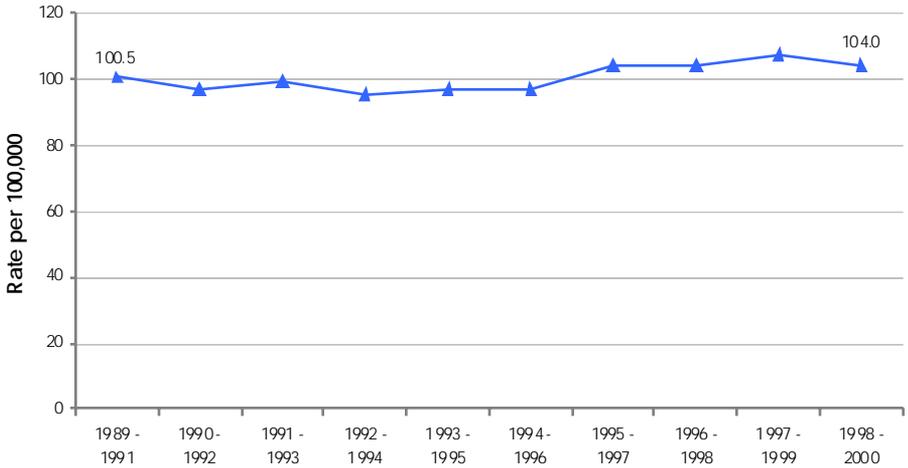
As a sentinel event, mortality is an acceptable indicator for learning about a population's health status. As with other Alaskan populations, women of childbearing age are substantially affected by unintentional injuries, the leading manner of death in this population. As women get older, the mortality rate due to unintentional injury decreases, and death rates associated with cancer become more prevalent. Over the last decade there has been no significant change in the overall mortality rate for Alaskan females ages 15 - 44 years.

- ◆ In 1998 - 2000, the mortality rate for Alaskan women of childbearing age (15 - 44 years) was 104 per 100,000 population, considerably higher than the national average of 88.6 per 100,000 in 2000. Alaska's female mortality rate among 15 - 44 year-olds is 17.4% higher than the national rate.
- ◆ In 1998 - 2000, more than one-fourth (27%) of all deaths among Alaska women of childbearing age were caused by unintentional injuries. The unintentional injury mortality rate for this population was about 20% higher than the national rate for 2000.
- ◆ Malignant neoplasm (cancer), made up 18% of all deaths among Alaskan women ages 15 - 44 years. Over the last decade, suicide and homicide among this age group were the third and fourth leading causes of death, comprising 12% and 7% of total mortality, respectively.

Data Source: Alaska Bureau of Vital Statistics.

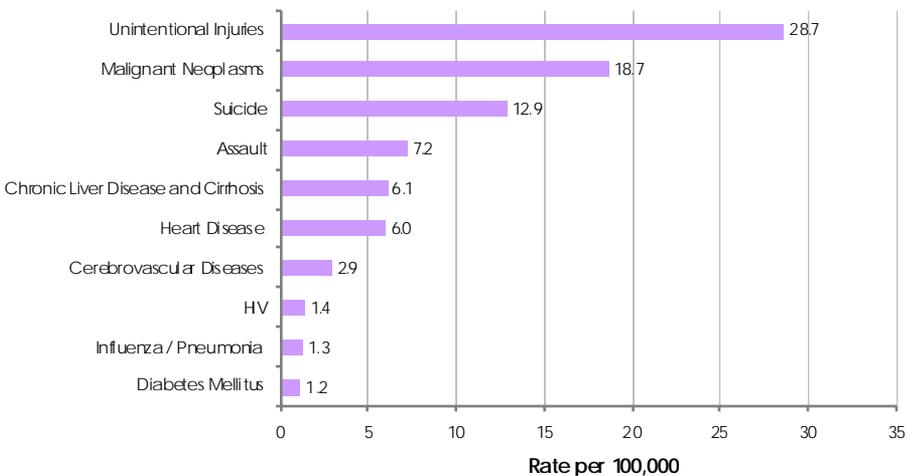
Women's and Family Health

Female Mortality Rate by Three-Year Moving Average, Ages 15-44, Alaska, 1991-2000



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Most Common Causes of Female Mortality, Ages 15-44, Alaska, 1991-2000



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Unintentional Injury Mortality

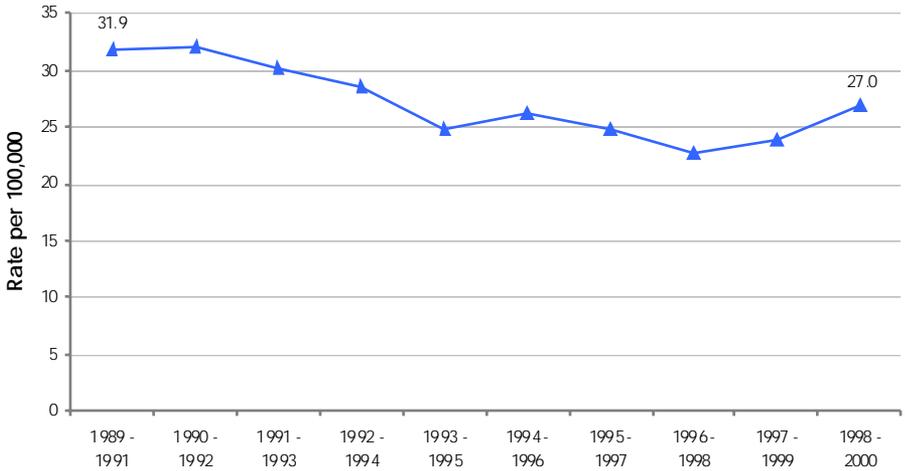
Unintentional injury accounts for almost 20% of deaths among females of childbearing age (15 - 44 years) in the United States, with motor vehicle crashes the leading cause of unintentional injury mortality. Although largely preventable, unintentional injury deaths among women of childbearing age have not declined in Alaska over the last decade and the unintentional injury mortality rate is much higher than the national average.

- ◆ In 1998 - 2000, Alaska's unintentional injury mortality rate was 27 per 100,000 for females age 15 - 44 years, compared to 17.2 per 100,000, the national rate in 2000. Alaska's unintentional injury mortality rate among females of childbearing age was almost 60% higher than the national rate.
- ◆ The leading cause of unintentional injury deaths among Alaskan females over the last decade was motor vehicle crashes, accounting for almost one-half (45%) of all unintentional injury deaths in this population.
- ◆ Motor vehicle crashes resulting in death to females ages 15 - 44 years account for 12% of all deaths to this group.
- ◆ The second leading cause of unintentional injury deaths to Alaskan females over the last decade was poisoning. Deaths due to poisoning accounted for 21% of all unintentional injury deaths and 6% of deaths overall among women of childbearing age.

Data Source: Alaska Bureau of Vital Statistics.

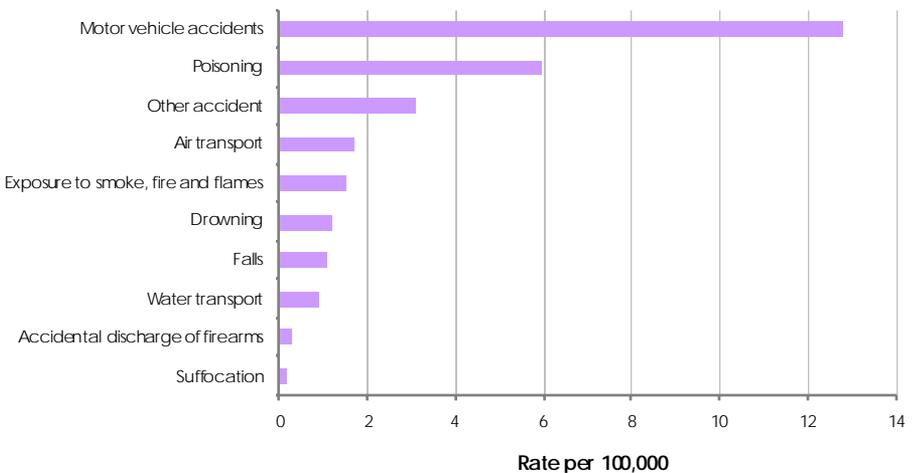
Women's and Family Health

Female Mortality Due to Unintentional Injury by Three-Year Moving Average, Ages 15-44, Alaska, 1991-2000



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Most Common Causes of Female Mortality Due to Unintentional Injuries, Ages 15-44, Alaska, 1991-2000



Data Source: Alaska Bureau of Vital Statistics. Prepared by MCH Epidemiology Unit.

Healthy Parenting

Research has suggested that home visits by a health care worker can improve maternal and infant outcomes. Effective programs should be culturally sensitive, intensive and adequately staffed and financed. Taking parenting classes, whether during pregnancy or after delivery of the child, helps prepare parents for childrearing.

- ◆ Of women who had a baby during 1996 - 1999, 13.4% indicated that they took parenting classes during their pregnancy. Black mothers were most likely to have taken parenting classes prenatally (21.0%) and Asian/Pacific Islander mothers were least likely (8.3%).
- ◆ Of women who had a baby during 1996 - 1999, 13.1% had home visits by a health care worker or nurse while they were pregnant. Alaska Native women had the lowest prevalence (10.8%), while black or Asian/Pacific Islander mothers had the highest prevalence of prenatal home visits (nearly 20%).
- ◆ Forty-two percent of women surveyed at an average of 15 weeks postpartum, indicated that they were currently in school or working outside the home. When asked who usually takes care of the baby the top three responses were “husband or partner” (35.1%), “babysitter, nanny, or other child care provider” (20.9%), and “other close relative” (19.5%).

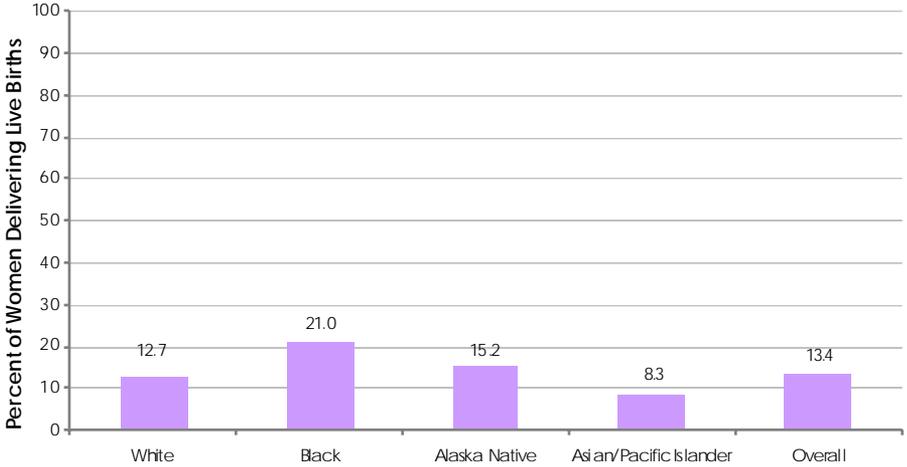
Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

Working Smoke Alarm in the Home Among Families With Newborns by Maternal Race, Alaska, 1996-1999	%
White	97.1
Alaska Native	89.7
Black	97.6
Asian/Pacific Islander	91.5
Overall	95.1

Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

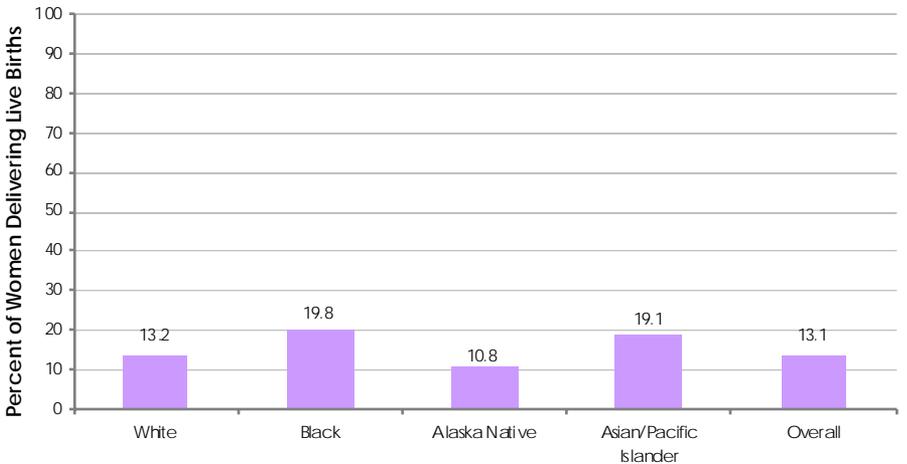
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Participation in Parenting Classes During Pregnancy by Maternal Race, Alaska, 1996-1999



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Home Visits by a Health Care Worker During Pregnancy by Maternal Race, Alaska, 1996-1999



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Domestic Violence

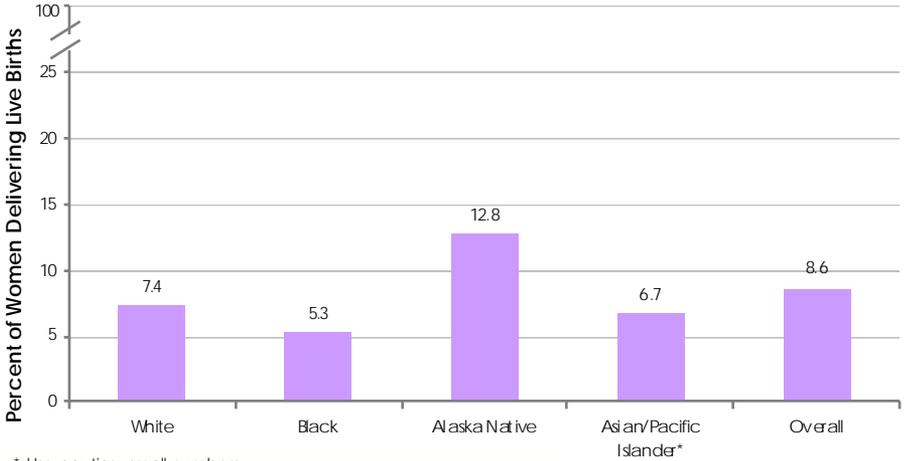
The working definition of domestic violence has traditionally been limited to the issue of physical abuse. In recent years, this definition has broadened in nature to encompass the core issue surrounding domestic violence situations, that of power and control by an intimate partner. Beginning in the year 2000, the Alaska Pregnancy Risk Assessment Monitoring System began to collect data on the presence of a controlling partner in the mother's life. Specifically, it asks whether her husband or partner threatened her, limited her activities against her will, or made her feel unsafe in any other way.

- ◆ Nearly 9% of women who recently delivered a live-born infant in 2000 indicated that they had a controlling partner. Alaska Native women were most likely to have a controlling partner (12.8%), followed by white women (7.4%).
- ◆ Women with a high school education (11.6%) or less than a high school education (12%) were 2.5 times more likely to have a controlling partner than women with more than a high school education (4.5%).
- ◆ According to the Alaska Pregnancy Risk Assessment Monitoring System, approximately 800 Alaska-resident women who delivered a live-born infant during 1996-1999 were the victims of sexual assault.
- ◆ Alaska Native and black women were nearly 3 times as likely as white women to indicate they had been forced to have sexual activities when they did not want to, either during their most recent pregnancy or since their new baby was born.

Data Source: Alaska Pregnancy Risk Assessment Monitoring System.

Women's and Family Health

Mothers of Newborns who are Involved with a Controlling Partner by Race, Alaska, 2000



Data Source: Alaska Pregnancy Risk Assessment Monitoring System, MCH Epidemiology Unit.

Breast and Cervical Health

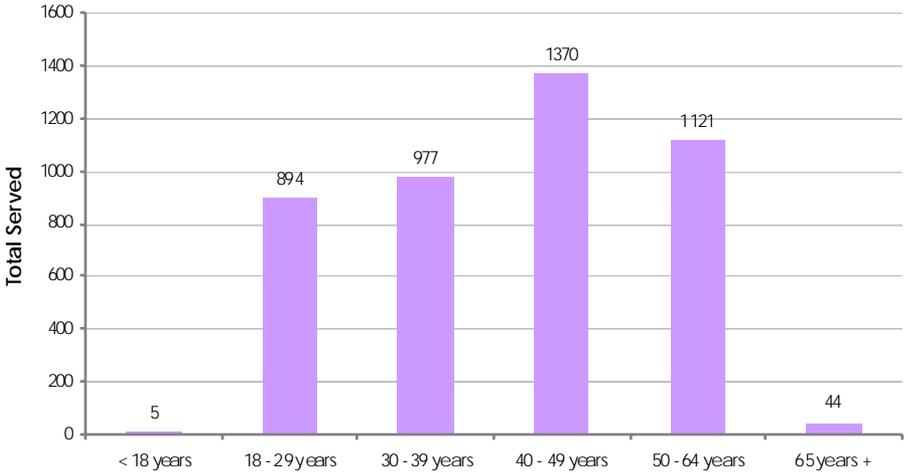
According to the Department of Health and Social Services, Division of Public Health, Section of Maternal Child and Family Health, Women's and Adolescent Health Unit, the Breast and Cervical Health Check (BCHC) program reports that 4,411 woman received BCHC services in Alaska during 2000.

- ◆ Regular mammograms are recommended after age 40 and most women seen by the BCHC program during 2000 were 40 - 64 years old. Younger women also utilized BCHC services with women ages 18 - 39 years comprising 42% of clientele in 2000.
- ◆ Most women who received services through BCHC were white. Alaska Natives were under-represented among women receiving BCHC services.

Data Source: Breast and Cervical Health Check program, Section of Maternal Child and Family Health.

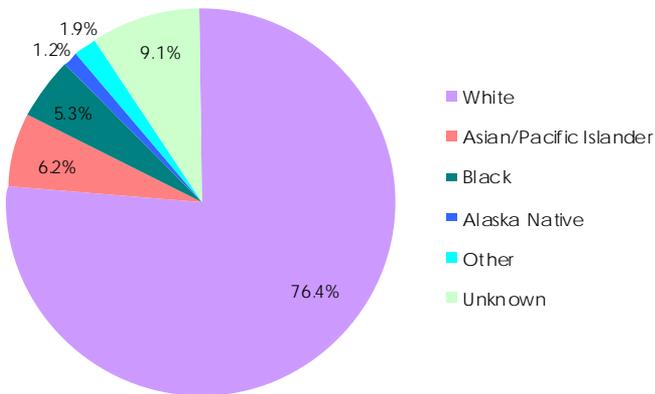
Women's and Family Health

Breast & Cervical Health Check, Women Receiving Services, Alaska, 2000



Data Source: Alaska Breast and Cervical Health Check Program. Prepared by MCH Epidemiology Unit.

Breast & Cervical Health Check, Women Receiving Services by Race, Alaska, 2000



Data Source: Alaska Breast and Cervical Health Check Program. Prepared by MCH Epidemiology Unit.